



PROVIDER *bulletin*

May 28, 2020

Kern Health Systems (KHS) strives to provide periodic updates to our contracted network regarding benefit and coverage or process changes for Kern Family Health Care members as directed by our regulatory body, the Department of Health Care Services (DHCS).

In response to the COVID-19 pandemic, the DHCS has granted KHS temporary flexibility with Prior Authorization time frames requested by our contracted network providers. Until recently, outpatient authorizations were typically valid for a period of 120-180 days.

Given COVID-19 has severely impacted the member's ability to complete the services authorized, KHS has made the decision to temporarily extend outpatient authorizations beginning in January 1, 2020 through May 31, 2020 to remain valid until December 31, 2020. KHS believes this will alleviate the need for provider resubmission and allow the member to receive the service timely.

As always, Providers should verify member's current eligibility under KHS plan coverage to receive the previously approved services.

If you have questions, please contact the Utilization Management (UM) Department at (661) 664-5000.

Thank you,

Deborah Murr, RN, BS-HCM
Chief Health Services Officer
Kern Health Systems

