



# PROVIDER *bulletin*

June 5, 2020

## **Retro Authorization Requests**

Dear Provider:

In an effort to provide exceptional service to Kern Health Systems (KHS) contracted providers, KHS Utilization Management Department has made a change to the length of time allotted to request for a retro authorization. Previously, KHS allowed a ten day timeframe from the date when services were rendered in which providers could request retro authorization. After careful consideration and assessing impact on the contracted network, KHS has decided to extend the time period to request a retro authorization to 60 days from the date of service.

Requests for retro authorization **need to be submitted on the KHS Provider Portal**, under the request type drop down, select retrospective. The request will be reviewed by the KHS Utilization Management Department to determine eligibility and to review if the service performed met the criteria for medical necessity. If the retro-authorization is approved, you should submit your claim as quickly as possible to avoid timely filing issues. If you have already submitted the claim and it was denied for no authorization, KHS will automatically reprocess upon approval of the retro-authorization. Please allow 14 business days to complete.

To reiterate – Retro-authorizations must be submitted through the KHS Provider Portal. If submitted via claims, the claim will be denied as no authorization exists.

For additional information, please contact your KHS Provider Relations Representative at (661) 664-5000.

Thank you,

Melissa Lopez  
Provider Relations Manager