



August 18, 2023

Electronic Claims Submission Reminder

Kern Health Systems (KHS) wants to emphasize to all providers the most efficient method for submitting claims and quickest way to receive payment is by submitting your claims **electronically**.

Initial Claims:

Providers should consider the following when submitting initial claims electronically:

- Medical records **should not** be included with the initial claim submission as they are not required.
- Submitting medical records that are not required is a HIPAA violation.
- Should a medical record be required, KHS will request the records.

Paper Claims:

As a reminder the following are the **only exceptions** for a submission of a paper claim:

1. Any claim requiring the PM330 (Sterilization Consent Form) to be attached. (PM330 must be attached).
2. Any claim where contract requires invoice pricing. (Invoice must be attached).
3. Prior KHS claim submission resulted in an EOB where KHS requested documentation to be provided. Request from KHS or EOB requesting documentation must be attached. Do not submit a copy of the claim. The EOB and requested information is all that should be submitted.
4. Claims with a California Children's Services (CCS) Notice of Action (NOA) which show CCS has denied the case for coverage by CCS.

For the exceptions identified above, claims must be mailed to:

Attn: Claims Department
Kern Family Health Care
PO Box 85000
Bakersfield, CA 93380

Any paper claim submissions that do not meet one of the four exceptions above will be rejected and returned to you with instructions to submit electronically. Faxed and or hand delivered claims will not be accepted.

KHS allows electronic claims submissions through the following clearing houses:

<ul style="list-style-type: none">• Office Ally	<ul style="list-style-type: none">• Change Healthcare (Emdeon, Relay Health)
<ul style="list-style-type: none">• SSI	<ul style="list-style-type: none">• Cognizant (Trizetto)



KERN HEALTH SYSTEMS

These clearinghouses have no additional cost to you. If you need additional information to sign up with one of them, please contact your Provider Relations Representative for assistance.

- **KHS Payer ID: 77039 (Office Ally, SSI, Change Healthcare)**
- **KHS Payer ID: KERNH (Professional) (Cognizant/Trizetto)**
UERNH (Institutional) (Cognizant/Trizetto)

Denied Claims:

Providers should consider the following when KHS has denied a claim:

- A copy of the claim should not be submitted. Sending an additional copy of the claim will delay the process.
- Only documentation requested should be submitted.
 - For example, if the Plan requests an invoice or Trip Sheet, please do not send medical records.
- Ambulance services do not require Trip Sheet, KHS will request the Trip Sheet if needed.

Correct Claims:

As a reminder, please reference the following for corrected claims requirements:

- Do use Resubmission code or Frequency code 7 to identify a corrected claim.
- Do include the claim number of the claim you are correcting (Original claim or if submitted more than once, the last claim with payments on it).
- Do include all services that were performed (whether billed or paid previously), as the corrected submission will negate previous claim in its entirety.
- Do not submit corrected claims as disputes. They will be returned to you. Disputes follow the current process and are required to be mailed to:

Attn: Claims Department
Kern Family Health Care
2900 Buck Owens Boulevard
Bakersfield, CA 93308

Coordination of Benefits (COB):

For COB claims, enter the COB information into the electronic claim submission. If you are unsure how to enter, the clearinghouse will be able to direct you as to where to place the COB information. Electronic submission of EOBS and other attachments are not necessary and are not being accepted at this time.

PROVIDER Bulletin



KERN HEALTH SYSTEMS

Request for Retro-Authorization:

- In the event an **urgent or emergent service** is rendered to a patient without obtaining prior authorization, a retrospective authorization can be requested.
- All retro authorization requests must have the medical records attached to the request. If the retro-authorization is approved, with the approval submit your claim as quickly as possible to avoid timely filing issues.
- Retro-authorizations must be submitted through the KHS Provider Portal authorization process. If submitted via claims, the claim will be denied as no authorization exists.

KHS posts all bulletins on the KHS website, www.kernfamilyhealthcare.com, choose Provider, then Bulletins.

For any questions, please contact your Provider Relations Representative at 1-800-391-2000.

Sincerely,
Melissa McGuire
Deputy Director of Provider Network
Kern Health Systems