



Vital Updates

Staying on Track with the Open Authorization Report

Follow-up care is a crucial step in ensuring that patients receive the treatments and services they need. That's why the *Open Authorization Report* from Kern Family Health Care (KFHC) is an essential resource for health care providers. This report helps you stay on top of approved authorizations that have not yet resulted in a claim, ensuring no necessary care is skipped or missed.

What is the Open Authorization Report?

The *Open Authorization Report* is a monthly update that lists approved authorizations for your eligible patients. These are services that have been authorized, but for which no claim has been submitted yet. It is a simple way to identify services that were approved but may not have been completed.



BULLETINS

- [Medi-Cal Provider Enrollment for Qualified Autism Service \(QAS\) Providers and Community-Based Organizations \(CBOs\)](#)
- [Updates to the Prior Authorization List](#)
- [Medi-Cal Rx – Educational Articles](#)
- [D-SNP Medicare Webinar – Save the Date](#)
- [Medi-Cal Rx Updates](#)
- [Monthly Technical Assistance Call for Enhanced Care Management and Community Supports Services](#)
- [Rising Minimum Performance Levels \(MPLs\) for MCAS MY2025](#)
- [Member Rewards Program \(MERP\) Updates](#)

Follow-up care is critical, and the Open Authorization Report helps make sure nothing gets overlooked. Timely communication of treatment plans, whether for lab work, specialist referrals, or other follow-up services—is an essential part of patient care. The report helps you track these services and ensures your patients complete their treatment plans.

Follow Us on Social Media!



Staying on Track with the Open Authorization Report (Cont'd)

How does it work?

The report is available on the **Provider Portal** at [our website](#).

It is updated every month to reflect the latest information.

You'll receive a reminder letter each month, notifying you of any approved authorization requests that have no associated claim.

Take a moment to explore the *Open Authorization Report* in the Provider Portal. If the service is still part of the treatment plan, reach out to your patient and assist with completing the service. If your patient needs transportation to their appointment, they or your office can contact **KFHC Member Services** at **1-800-391-2000** or **661-632-1590** for assistance.



Claims for services must be submitted within *six months* from the date the service was rendered. If claims are delayed, we may request medical records to assist with the submission process.

The *Open Authorization Report* is your ally in ensuring patients receive timely care and treatment, all while improving follow-up coordination. If you have any questions or need further assistance, our **Population Health Management (PHM) team** is ready to help at **661-426-7760** or **711 TTY/TDD**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Stay proactive, stay informed, and let's make sure every patient gets the care they've been authorized for!

Documentation Requirements for Claims and Disputes

To ensure timely and accurate processing of claims and disputes, it is of critical importance to submit complete and all appropriate documentation. Claims must include all required information and attachments to be considered clean and eligible for reimbursement.

Missing or incomplete documentation may result in claim denials or delays.

Please refer to Policy 6.01 (Claims Submission and Reimbursement) for additional information by visiting <https://www.kernfamilyhealthcare.com/>.



Documentation Requirements for Claims and Disputes (Cont'd)



Similarly, disputes must be submitted using the Provider Claims Dispute Resolution Request form and must include supporting documentation, a clear explanation of the issue, and identification of the disputed item. Disputes lacking the required content or documentation will be returned and must be resubmitted within 30 working days.

Timely and thorough documentation not only supports efficient adjudication, but also helps ensure compliance with regulatory standards. **Please refer to Policy 6.04 (Provider Disputes Regarding Claim Payments) for additional documentation by visiting <https://www.kernfamilyhealthcare.com/>.**

New October Vendors

CHW SERVICES

- Skye's the Limit Production, LLC (DBA: *Play Thru It*)
- Universal Healthcare MSO LLC (DBA: *Sunrise Wellness Care CHW*)

DOULA

- Alissa Avila-Hansen (DBA: *The Doulove Way*)

ECM

- Flood Bakersfield Ministries, Inc.

HOSPITALIST

- Horizon Multicare Group Inc.

OPHTHALMOLOGY

- Ventura Institute of Ophthalmology Inc.

PCP

- Cajon Medical Group PC

PHARMACY/INFUSION CLINIC

- Marin Wellness Pharmacy LLC (DBA: *Apex Infusion Pharmacy*)

PODIATRY (WOUND CARE)

- Robert Marriott Medical Corp (DBA: *Advantage Wound Care*)

RHEUMATOLOGY

- California Rheumatology Institute Inc. (DBA: *California Rheumatology Institute*)

SNF

- Antelope Valley SNF Healthcare LLC (DBA: *Antelope Valley Care Center*)
- 22125 Roscoe Corp (DBA: *Topanga Terrace Rehabilitation and Subacute*)
- Waimea Bay Holdings, LLC (DBA: *Meadow Creek Post-Acute*)
- Venice Beach Holdings LLC (DBA: *The Springs Post-Acute*)

URGENT CARE

- Fast Aid Urgent Care Inc.

welcome