



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Electronic Data Interchange (EDI) Claims Submission	Policy #	6.03-P
Policy Owner	CLAIMS	Original Effective Date	09/05/2006
Revision Effective Date	08/13/2024	Approval Date	02/07/2025
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

To provide guidelines for the submission of EDI claims.

II. POLICY

Kern Health Systems (KHS) shall establish and maintain a system for practitioners/providers (Providers) to submit Electronic Data Interchange (EDI) claims.

III. DEFINITIONS

TERMS	DEFINITIONS
EDI	Electronic Data Interchange

IV. PROCEDURES

A. PROVIDER ENROLLMENT AND APPROVAL FOR EDI SUBMISSION

Any Provider wishing to submit EDI claims must first contact KHS Provider Relations Representative who will work with the Provider to identify the Clearinghouses contracted with Kern Health Systems.

1. Current clearinghouses are: Cognizant/Trizetto, Office Ally, SSI, and Change Healthcare (formally Emdeon and Relay Health).

- a. KHS Payor ID for Office Ally, SSI, and Change Healthcare is 77039
 - b. KHS Payor ID for Cognizant/Trizetto professional claims is KERNH
 - c. KHS Payor ID for Cognizant/Trizetto institutional claims is UERNH
2. The Clearinghouse selected by the provider will work with the provider to complete set up and testing of claims to ensure correct formatting and requirements.

B. INQUIRIES

Providers may make inquiries if any problems or questions arise during the submission of test to the Clearinghouse. For live claims, provider may contact the clearinghouse or the KHS EDI help desk.

E-Mail: edi-support@khs-net.com

Telephone:(800) 391-2000

C. BILLING INSTRUCTIONS

1. EDI claims are processed through the same claim verification programs as paper claims. EDI and paper claims must meet the same edit and audit requirements. All claims must be submitted through one of the KHS Contracted Clearinghouses with the following exceptions:
 - a. Claims billing where an invoice is required for payment.
 - b. Claims requiring a sterilization or hysterectomy consent form (PM330 or equivalent)
 - c. Documentation that was requested from adjudication of a previously contested claim.
 - d. Claims with a California Children's Services (CCS) Notice of Action (NOA) which shows CCS has denied the case for coverage by CCS and therefore the claim to be processed by KHS.

V. ATTACHMENTS

Attachment A: N/A

VI. REFERENCES

Reference Type	Specific Reference
Choose an item.	

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	08/13/2024	The Senior Director of Claims updated the clearinghouses and operational process.	Robin Dow-Morales
Effective	09/05/2006	Policy created by the MIS Department for electronic claims filing	MIS

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Operating Officer		
Chief Financial Officer		
Chief Compliance and Fraud Prevention Officer		
Chief Information Officer		
*Signatures are kept on file for reference but will not be on the published copy		



Policy and Procedure Review

KHS Policy & Procedure: 6.03-P Electronic Data Interchange (EDI) Claims Submission

Last approved version: 09/05/2006

Reason for revision: Updating Clearinghouses, new processes.

Director Approval		
Title	Signature	Date Approved
Robin Dow-Morales Senior Director of Claims		
Amisha Pannu Senior Director of Provider Network		

Date posted to public drive: _____

Date posted to website ("P" policies only): _____