



December 23, 2025

Updated Prior Authorization Timeframes

Dear Provider,

The Department of Health Care Services (DHCS) has issued updated federal requirements for prior authorization processing timeframes. Effective January 1, 2026, the following changes will take effect:

Routine Authorization Requests

- Kern Health Systems (KHS) will make a decision within **seven (7) calendar days** from the date the authorization is received. Notification of the decision will be communicated to the Provider and KHS member within the timeframe listed above.

Urgent Authorization Requests

- The time frame for decisions Urgent authorization requests is not changing, which will remain 72 hours from the request.

In addition, KHS will no longer delay authorization decisions to request additional information. Until March 1, 2026, KHS will accept additional information from the requesting provider up to the fourth day from the request date. After this transition period, decisions for an authorization will be based on the information provided in the original authorization request.

Reminder: For non-emergent services that require prior authorization, approval must be received before services are rendered. If an authorization request is denied, an appeal with appropriate supporting documentation should be submitted. Providers should not expect post-service disputes to overturn claim determinations by submitting additional information after services have been rendered.

[Provider Bulletins](#) are available on the [KHS website](#). Please visit the site regularly to stay informed about the latest updates and announcements.

If you have any additional questions, please contact your Provider Relations Representative at 1-800-391-2000, silent prompt option #5.

Sincerely,

Kristie Onaindia
Provider Relations Manager
Kern Health Systems