



PROVIDER *bulletin*

March 26, 2018

Dear Provider:

KHS does not require prior authorization submission to KHS for covered services when a member has Medicare or other health insurance as their primary insurer. KHS will coordinate benefits for claims payment. An Explanation of Benefits (EOB) MUST accompany all claims submitted to KHS when secondary to Medicare, or Other Health Coverage (OHC). In the event KHS determines the services were not a medically necessary covered Medi-Cal benefit, KHS may deny payment for such services.

If you have questions please feel free to contact the KHS Provider Relations Department at 661-664-5000

Sincerely,

Jake Hall
Provider Relations Supervisor

