



# PROVIDER *bulletin*

## Changes to Electronic Claims Processing

October 18, 2018

Dear Provider:

Kern Health Systems (KHS) is making a change to the way in which it handles **electronic claims** received for members who were not enrolled with KHS on the date of service. Currently, when KHS receives an electronic claim for a member who was not enrolled with KHS, the KHS Claims Department will accept and process the claim, issuing a denial to the billing provider. Moving forward electronic claims for members not enrolled with KHS on the date of service will be rejected back to the clearinghouse. The billing provider will receive rejection Code 33 – ‘Subscriber and subscriber id not found’. These claims will not be accepted by KHS and therefore will not appear on the KHS Provider Portal.

Claims received for KHS members who are assigned to Kaiser Permanente (KP) will be handled similarly. Currently, when a claim is received for a KHS member assigned to KP on the date of service, the KHS Claims Department issues a denial informing the billing provider of the member’s KP enrollment and forwards a copy of the claim to KP. Moving forward electronic claims for members assigned to KP on the date of service will be rejected back to the clearinghouse. The billing provider will receive the rejection notification – ‘KHS member through Kaiser. Send to Kaiser via EDI Payor ID 94134 to pay this claim’. These claims will not be accepted by KHS and therefore will not appear on the KHS Provider Portal.

Effective November 5, 2018, you will receive a warning message only; and the claim will be accepted by KHS as it is today. This is to allow you to see which claims will need to be corrected. **As of 1/1/19, the edit will move to the permanent rejection and at that time the claims will reject back to the clearinghouse by KHS – as explained above.** We encourage you to review any warning messages you receive over the next month to prepare for this new process.

This process will expedite the turnaround time for these claim types and allow the billing provider to receive an immediate rejection notification.

KHS is not making any changes to procedures for processing paper claims. KHS encourages all providers to participate in electronic claim submission to take advantage of expedited processing and payment.

Member eligibility and enrollment should be checked every visit and can be validated via the KHS Provider Portal at [www.kernfamilyhealthcare.com](http://www.kernfamilyhealthcare.com).

For more information, additional training, or if you have any questions, please contact the Provider Relations Department at (661) 664-5566.

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