



October 2025

Re: Coordination of Benefits and Medi-Cal Cost Avoidance

Dear Contractor,

Consistent with the terms of your Agreement with Kaiser Foundation Hospitals and/or The Permanente Medical Group, Inc., and as described in the Kaiser Permanente Provider Manual, you are required to cooperate with the administration of Coordination of Benefits (COB). This process prevents duplication of benefits and payment when an individual is covered by multiple health benefit plans providing benefits or services for medical or other care and treatment.

As a reminder, you are responsible for identifying the primary payor, seeking authorization from the primary payor (if authorization is required), and billing the appropriate party. Please refer to the Kaiser Permanente Provider Manual for information on how to verify member eligibility and benefits.

In addition, to ensure your continued compliance with the terms of your Agreement and applicable laws governing Medicaid programs with respect to services provided to Medi-Cal Members, please be aware of new requirements related to cost avoidance for Medi-Cal Members who have other health coverage (OHC). These new requirements are set forth in All Plan Letter 21-002 and include, without limitation, the following:

- To determine whether a Medi-Cal Member may have other health coverage (OHC) prior to delivering services, please access the DHCS Automated Eligibility Verification System at 800-427-1295 or the Medi-Cal Online Eligibility Portal available at:
<https://www.medi-cal.ca.gov/Eligibility/Login.aspx>
- If a Medi-Cal Member has active OHC and the requested service is covered by the OHC, you must instruct the member to seek the service through the OHC carrier. **Regardless of the presence of OHC, however, you must not refuse to provide covered services to Medi-Cal Members as authorized by Kaiser Permanente.**

In connection with any denied claim for services due to the presence of OHC for Medi-Cal Members, Kaiser Foundation Health Plan, Inc. will include OHC information in its payment denial notification. If you believe payment on a claim was adjudicated incorrectly, please refer to the Provider Dispute Resolution Process section of your Kaiser Permanente Provider Manual for information on claims disputes.

We appreciate your continued care of Kaiser Permanente's members. Should you have any questions about COB, please contact the Kaiser Permanente Member Services Contact Center at (888) 576-6789.