



2024
Kaiser Permanente Northern California
Self-Funded Program
Provider Manual
Administered by
Kaiser Permanente Insurance Company
(KPIC)



Welcome to the Kaiser Permanente Northern California Self-Funded Program

It is our pleasure to welcome you as a Contracted Provider (Provider) participating in the Self-Funded Program administered by the Northern California Kaiser Permanente Insurance Company (KPIC). We want this relationship to work well for you, your medical support staff, and our Members.

This Provider Manual is to help guide you and your staff in understanding Northern California KPIC's policies and procedures for the Kaiser Permanente Self-Funded Program and related administrative procedures.

During the term of such agreement, Providers are responsible for (i) maintaining copies of the Provider Manual and its updates as provided by Kaiser Permanente, (ii) providing copies of the Provider Manual to its subcontractors and (iii) ensuring that Provider and its practitioners and subcontractors comply with all applicable provisions. The Provider Manual, including but not limited to all updates, shall remain the property of Kaiser Permanente and shall be returned to Kaiser Permanente or destroyed upon termination of the obligations under such agreement.

If you have questions or concerns about the information contained in this Provider Manual, you can reach our Medical Services Contracting Department by calling **(844) 343-9370**.

Additional resources can also be found on our Community Provider Portal website at: <http://kp.org/providers/ncal/>

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Introduction

This Provider Manual for Kaiser Permanente Northern California Self-Funded Program is referenced in your agreement (Agreement) with a Kaiser Permanente (KP) entity. The information in this Provider Manual is proprietary and may not be used, circulated, reproduced, copied or disclosed in any manner whatsoever, except as permitted by your Agreement, or with prior written permission from KP.

This Provider Manual will be updated in the manner described in your Agreement. Updates will be distributed periodically.

To the extent provided in your Agreement, if there is a conflict between this Provider Manual and your Agreement, as described in your Agreement, the terms of this Provider Manual will control. The term "Member" as used in this Provider Manual refers to currently eligible enrollees of Self-Funded Plans and their beneficiaries. The term "Provider" as used in this Provider Manual refers to the practitioner, facility, hospital or contractor subject to the terms of the Agreement. Additionally, unless the context otherwise requires, "you" or "your" in this Provider Manual refers to the practitioner, facility, hospital or contractor subject to the terms of the Agreement and "we" or "our" in this Provider Manual refers to KP. Operational instructions in this Provider Manual specifically relate to the Self-Funded Exclusive Provider Organization product. Some capitalized terms used in this Provider Manual may be defined within this Provider Manual or if not defined herein, will have the meanings given to them in your Agreement.

1. Self-Funded Program Overview

1.1 Kaiser Permanente Insurance Company (KPIC)

Kaiser Permanente Insurance Company (KPIC), an affiliate of Kaiser Foundation Health Plan, Inc. (KFHP), administers KP’s Self-Funded Program. KPIC contracts with each Self-Funded Plan Sponsor (an “Other Payor” under your Agreement) to provide administrative services for the Plan Sponsor’s Self-Funded plan. KPIC has a dedicated team to coordinate administration with the Plan Sponsors. KPIC provides network management and certain other administrative functions through an arrangement with KFHP.

1.2 Third Party Administrator (TPA)

KPIC has contracted with a Third Party Administrator (TPA), HealthPlan Services, a Wipro Company (formally known as Harrington Health), to provide certain administrative services for KP’s Self-Funded Program, including claims processing, eligibility information, and benefit administration.

The TPA administers the Customer Service System, with automated functions as well as access to customer service representatives, which allows you to check eligibility, benefit, and claims information for Members.

The automated system (interactive voice response or IVR) is available 24 hours a day, 7 days a week. Customer service representatives are available Monday–Friday from 7 A.M. to 9 P.M. Eastern Time Zone (ET) (4 A.M. to 6 P.M. Pacific Time Zone) – see Section 2.2 of this Provider Manual.

1.3 Self-Funded Products

KP offers a Self-Funded Exclusive Provider Organization product administered by KPIC.

1.3.1 Exclusive Provider Organization (EPO)

- Mirrors our HMO product, offered on a Self-Funded basis
- Self-Funded EPO Members choose a KP primary care provider and receive care at KP or (contracted) plan medical facilities
- Except when referred by The Permanente Medical Group, Inc. (TPMG) physician or their designee, Self-Funded EPO Members will be covered for non-emergency care only at designated plan medical facilities and from designated plan practitioners


1.4 Identification Cards


Each Member is issued a Health Identification Card (Health ID Card). Members should present their Health ID Card and photo identification when they seek medical care.

Each Member is assigned a unique Medical Record Number (MRN), which is used to locate membership and medical information. Every Member receives a Health ID Card that shows their unique number. If a replacement card is needed, the Member can order a Health ID Card online or call Self-Funded Customer Service.


The Health ID Card is for identification only and does not give a Member rights to services or other benefits unless they are eligible. Anyone who is not eligible at the time of service is responsible for paying for services provided.


Exclusive
Provider
Organization
(EPO)

| | |
|--|-------------------------------------|
|  KAISER PERMANENTE® Kaiser Permanente Insurance Company | |
| Exclusive Provider Organization (EPO) Northern California Region kp.org | |
| Name: | Date of Birth: 01/1950 |
| OGOMGBUNAM M CHUKWUNET | |
| Medical Record Number: | OV (PCP/Spec) \$00/\$00 |
| 12345678 | RX \$00/\$00/\$00 |
| RxPCN: NCSF | Coinurance 10% |
| RxBIN: 610127 | Deductible \$0000/\$0000 |
| | Out of Pocket \$0000/\$00000 |


| | | |
|---|---------------------------|---|
| Emergency | 911 |  |
| Appointments, 24/7 medical advice, and refills | 1-866-454-8855 TTY 711 | |
| Customer Service | 1-800-663-1771 | |
| Pharmacy benefit | 1-866-427-7701 | |
| Away from Home Travel Line (If you seek medical services away from home) | 1-951-268-3900 | |
| Mail claims to: KPIC Self-Funded Claims Administrator, P.O. Box 30547, Salt Lake City, UT 84130-0547 Payor ID # 94320 If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital. If you receive emergency care in a non-Plan hospital, please call us at 1-800-225-8883 (TTY 711) as soon as your condition is stabilized so that a Kaiser Permanente physician can access your medical information and discuss your care with the treating physician. Your call will facilitate authorization for post-stabilization care and will also help protect you from financial responsibility. Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement. | | |
| | | 05615-GEN_SF (10/20) |

Exclusive
Provider
Organization
(EPO)

| | |
|--|-------------------------------------|
|  KAISER PERMANENTE® Kaiser Permanente Insurance Company | |
| Exclusive Provider Organization (EPO) Northern California Region kp.org | |
| Name: | Date of Birth: 01/1950 |
| OGOMGBUNAM M CHUKWUNET | |
| Medical Record Number: | OV (PCP/Spec) \$00/\$00 |
| 12345678 | RX \$00/\$00/\$00 |
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| RxBIN: 610127 | Deductible \$0000/\$0000 |
| | Out of Pocket \$0000/\$00000 |

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| Emergency | 911 |  |
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| | | 05615-GEN_SF (10/20) |

Exclusive
Organization
(EPO)


KAISER PERMANENTE®
 Kaiser Permanente Insurance Company

Exclusive Provider Organization (EPO)
 Northern California Region kp.org


Name: **OGOMGBUNAM M CHUKWUNET** **Date of Birth:** **01/1950**

Medical Record Number:
12345678

RxPCN: NCSF **Deductible** \$0000/\$0000
RxBIN: 610127 **Out of Pocket** \$0000/\$00000

000001

| | | |
|-----------------------------|----------------|---------|
| Emergency | 911 | |
| Appointments, 24/7 | 1-866-454-8855 | |
| medical advice, and refills | | TTY 711 |




Customer Service 1-800-663-1771
 Pharmacy benefit 1-866-427-7701
 Away from Home Travel Line 1-951-268-3900
 (If you seek medical services away from home)

Mail claims to: KPIC Self-Funded Claims Administrator, P.O. Box 30547, Salt Lake City, UT 84130-0547 Payor ID # 94320

If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital. If you receive emergency care in a non-Plan hospital, please call us at 1-800-225-8883 (TTY 711) as soon as your condition is stabilized so that a Kaiser Permanente physician can access your medical information and discuss your care with the treating physician. Your call will facilitate authorization for post-stabilization care and will also help protect you from financial responsibility. Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

05615-GEN_SF (10/20)

Exclusive
Provider
Organization


KAISER PERMANENTE®
 Kaiser Permanente Insurance Company

Exclusive Provider Organization (EPO)
 Northern California Region kp.org


Name: **OGOMGBUNAM M CHUKWUNET** **Date of Birth:** **01/1950**

Medical Record Number: **12345678** **RxPCN:** NCSF
RxBIN: 610127

| | | |
|----------------------|------------------------|------------------------|
| | In Network | Out of Network |
| Deductible | \$0000/\$0000/\$0000 | \$0000/\$0000/\$0000 |
| Out of Pocket | \$0000/\$00000/\$00000 | \$0000/\$00000/\$00000 |

000001

| | | |
|-----------------------------|----------------|---------|
| Emergency | 911 | |
| Appointments, 24/7 | 1-866-454-8855 | |
| medical advice, and refills | | TTY 711 |



Customer Service 1-877-568-0774
 Pharmacy benefit 1-866-427-7701
 Away from Home Travel Line 1-951-268-3900
 (If you seek medical services away from home)

Mail claims to: KPIC Self-Funded Claims Administrator, P.O. Box 30547, Salt Lake City, UT 84130-0547 Payor ID # 94320

If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital. If you receive emergency care in a non-Plan hospital, please call us at 1-800-225-8883 (TTY 711) as soon as your condition is stabilized so that a Kaiser Permanente physician can access your medical information and discuss your care with the treating physician. Your call will facilitate authorization for post-stabilization care and will also help protect you from financial responsibility. Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

05615-GEN_SF (10/20)

2. Key Contacts

2.1 Key Contacts for Self-Funded Member Inquiries

| Department | Contact information | Help or Information Available from this Department |
|------------------------------|--|--|
| Self-Funded Customer Service | Customer service representatives are available Monday through Friday 7 A.M. to 9 P.M. Eastern Time Zone (4 A.M. to 6 P.M. Pacific Time Zone) Self-Service Interactive Voice Response (IVR) System available: 24 hours / 7 days a week (866) 213-3062 Website available: 24 hours / 7 days a week https://kpclaimservices.com | <ul style="list-style-type: none"> • General enrollment questions • Eligibility and benefit verification • Claims management • Billing and payment inquiries • Electronic Data Interchange (EDI) questions • Member appeals • Claims inquiries and disputes • Co-pay, deductible and co-insurance information • Members presenting without Health ID Card or MRN • Verifying Member’s PCP assignment |

2.2 Self-Funded Customer Service Interactive Voice Response System (IVR)

Self-Funded Customer Service IVR can assist you with a variety of questions. Call **(866) 213-3062** to use this service. Please have the following information available when you call into the system to provide authentication:

- Provider Tax ID or National Provider Identifier (NPI)
- Member’s MRN
- Member’s date of birth
- Date of service for claim in question

The IVR can assist you with verification of eligibility, benefits, authorizations, referrals, status of a Member’s accumulator (amount applied toward deductible); claims and payment status; or connect you to a customer service representative. Follow the prompts to access these services.

2.3 Self-Funded Website

KPIC’s TPA maintains a website that allows you and your staff to easily access claims, benefits, and eligibility information for our Self-Funded Members.

The Self-Funded website is mobile compatible and can be directly accessed at <https://kpclaimservices.com>. Utilizing this website is recommended as the most efficient method for obtaining claims, benefits, and eligibility information. Registration instructions are on the website.

NOTE: This website is restricted to information for individuals enrolled in Self-Funded plans administered by Northern California KPIC only. Information regarding Members enrolled in KP’s fully funded plans (e.g., HMO), cannot be accessed from the Self-Funded website.

2.4 Northern California Region Key Contacts

| Department | Area of Interest | Contact Information |
|--|--|---|
| Medical Services Contracting | <u>Contract Network Development and Provider Services</u> <ul style="list-style-type: none"> • Updates to Provider demographics, such as Tax ID, address and ownership changes • Practitioner additions/terminations to/from your group • Provider education and training • Contract interpretation • Form requests | (844) 343-9370 (510) 987-4138 (fax) P.O. Box 23380 Oakland, CA 94623-2338 mscprovcontractinbox@kp.org |
| TPMG Consulting Services | Practitioner Credentialing | (510) 625-5608 |
| Medical Services Contracting | Facility/Organizational Provider Credentialing | (844) 343-9370 MSCOPCRED@kp.org |
| Referral Operations | Authorizations, Referrals by Service | Referral Coordinators - Facility Listing - Section 2.5 |
| Outside Services Case Management | Case Management by Service | Facility Listing - Section 2.6 |
| Emergency Prospective Review Program (EPRP) CA Statewide Service | Emergency Notification | (800) 447-3777 Available 24 hours a day, 7 days a week |

| Department | Area of Interest | Contact Information |
|---------------------------------|--|---|
| The “HUB” | Non-Emergency Ambulance and Medical Transportation | (800) 438-7404 |
| Nephrology Specialty Department | Management of Adult Kidney Transplant patients 91 days and beyond after transplant | San Francisco: (415) 833-8726 So. Sacramento: (916) 688-6985 |
| National Transplant Network | Transplants: All Other | (510) 625-4134 (510) 625-5605 |

2.5 KP Outside Services

Referral Coordinators and Outside Services Case Managers work directly with Plan Physicians to authorize services to Providers.

Referral inquiries, including requests for additional authorized services, pending authorizations and details regarding the scope of authorized services should be addressed with the Referral Operations department (see Section 2.4). The Member Services Contact Center (MSCC) is an additional contact for questions about authorized referrals such as services and dates authorized.

KP Facilities and Referral Operations departments may be reached at the telephone numbers listed on the following pages.