



2025
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 **(925) 924-5050**.

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

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Introduction

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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.