



Network Development and Administration
393 East Walnut Street – 7th Fl.
Pasadena, California 91188
(626) 405-3240

USPS Certified Mail, Return Receipt Requested

October 28, 2024

RE: Updated Information for Current Contract with Kaiser Foundation Hospitals

Dear Provider,

We are providing this notification to inform you of the availability of Kaiser Permanente's Network Development and Administration's (ND&A) Provider Manuals for Southern California contracted institutional providers and other useful provider information on our Southern California Community Provider Portal (CPP) website. These documents provide valuable information related to the performance of the parties' respective obligations under the current contract. All the documents are provided to you to support the current contractual relationship, and to maintain compliance with applicable California and federal laws and the licensure of Kaiser Foundation Health Plan, Inc. If you are participating in our Self-Funded product, we have also included information for this product. Please access the documents via this link:

<https://healthy.kaiserpermanente.org/southern-california/community-providers/provider-info>

This link will take you directly to the following documents and annual disclosures:

- The 2025 versions of the Southern California Provider Manuals for Contracted Institutional Providers
 - HMO Provider Manual for Contracted Institutional Providers
 - Self-Funded Provider Manual for Contracted Institutional Providers
- ICF-DD Authorization and Billing Provider Manual Supplement
- AB1455 Fee Schedule Confirmation
- Collection of Member Cost Share
- Notification for Psychiatric Emergencies and for Authorization for Post-Stabilization Care for Southern California Members (EPRP, OURS Notification)
- Member Service Call Center (Interactive Voice Response System)
- Cover Letter Member Grievance
- Member Grievance Appeal Medicare
- Member Grievance Appeal Form Non-Medicare
- NCQA Access to Care Decisions and Availability of Utilization Management Criteria/Guidelines
- Language Assistance Program (LAP) Information
- Provider Quick Reference Guide
- Impact Spending
- Skilled Nursing Facility Non-Emergent Transportation
- Recommended Home Health and Hospice Codes
- Provision of Ancillary Health Care Services to KP Members in Post-Acute or LTC Facilities
- Cost Sharing for Members Dually Enrolled in Medicare and Medicaid

- Kaiser Permanente Southern California Address/Phone/Fax/Email Change Form

For additional Medi-Cal information, including but not limited to Proposition 56, Coordination of Benefits and Medi-Cal Cost Avoidance, and Cultural Sensitivity Training, please visit:

<https://healthy.kaiserpermanente.org/southern-california/community-providers/medi-cal>

Please feel free to disseminate the link to others in your organization, including those involved in providing services to Kaiser Permanente members and those administering your agreement with Kaiser Permanente.

Included in your mailing is a hardcopy of the 2025 Kaiser Permanente Payor List (Including Self-Funded Plan Sponsors). Please review and retain this hardcopy communication with your contract documents.

In addition to the above, claims-related information, including without limitation, Kaiser Permanente's Claims Settlement Practices & Provider Dispute Resolution disclosure, which includes an updated copy of our current Clinical Review Payment Determination Policy, can be accessed via the following link:

<https://healthy.kaiserpermanente.org/southern-california/community-providers/claims>

We urge you to carefully review the documents made available via the above-listed links because they contain changes which may apply to you and the way your claims will be processed and reimbursed. Please note the Claims Settlement Practices & Provider Dispute Resolution Mechanisms disclosure and the HMO Provider Manual have been updated with a copy of our current Clinical Review Payment Determination Policy. Notable updates include:

- Section 10.6, Prohibited Billing Practices, of the HMO Provider Manual has been amended to describe restrictions on fees for missed appointments ("no-show" fees) and late cancellations; and
- A new section, Thirty-Day Readmission, has been added to the Clinical Review Payment Determination Policy to describe the process for reviewing and potentially denying charges by hospitals reimbursed based on DRG pricing for the readmission of a member to the same hospital for the same, similar, or related condition within 30 days of discharge.

Remember, if a provision of a Provider Manual appears to conflict with your Agreement, the terms of your Agreement will control. Please review each Provider Manual carefully, as not all provisions apply to all provider types.

If you have any questions or concerns relating to the updated Provider Manuals or the above-listed documents, please contact us immediately at the following address, email, or telephone number.

Kaiser Permanente, Network Development and Administration Department
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Sincerely,
KAISER FOUNDATION HOSPITALS
Southern California Region

By: 

Richard Snader
Vice President
Network Development and Administration
Southern California and Hawaii Region