




Provider reference guide

HMO/DHMO, Senior Advantage, and KPIC Self-funded EPO

HMO	Senior Advantage	Self-Funded
 KAISER PERMANENTE® HMO Kaiser Foundation Health Plan, Inc. Southern California Region Prefix Medical Record Number _____ Date of Birth _____ Name: First M Last _____ Deductible \$1500 Out of Pocket Max \$4000 For information about your Health Plan benefits: 1-800-464-4000/TTY 711 kp.org	 KAISER PERMANENTE® HMO Kaiser Foundation Health Plan, Inc. Southern California Region Issuer: 80840 Prescription Drug Plan RxBIN: 011172 RxPCN: SCCMS RxGrp: SC CMS-H0524-034 Prefix Medical Record Number _____ Date of Birth _____ Name: First M Last _____ MedicareRx Prescription Drug Coverage kp.org	 KAISER PERMANENTE® Kaiser Permanente Insurance Company Exclusive Provider Organization (EPO) Southern California Region kp.org Name: XXXXXXXX Date of Birth XXXXXX Medical Record Number: XXXXXXXXXXXXX RxPCN SCSF Deductible \$000/\$000 RxBin 610127 Out of Pocket Max \$000/\$000

Service	Contact	Phone	Claims Submission Address
HMO/DHMO/Senior Advantage Products			
Benefits and Eligibility	Member Service Contact Center	1-800-464-4000	Kaiser Foundation Health Plan, Inc. Claims Administration Department P.O. Box 7004 Downey, CA 90242-7004
Claims Inquiries	Claims and Referrals	1-800-390-3510	
EDI	California Claims Administration	1-866-285-0361	
Provider Contracting-Facility	Network Development and Administration	626-405-3240	
KPIC Self-Funded EPO			
Benefits, Eligibility, Claims	Customer Service Interactive Voice Response	1-866-213-3062	Kaiser Permanente Insurance Company (KPIC), SF Claims Administrator P.O. Box 30547 Salt Lake City, UT 84130-0547 EDI Payor ID #94320
EDI	Customer Service Help Desk	1-888-633-0835	
Provider Contracting-Facility	Network Development and Administration	626-405-3240	
Credentialing	Emergency Prospective Review Program	Outside Utilization Review	
626-405-3147	1-800-447-3777	1-800-225-8883	
Language Assistance	Contact	Phone	
Telephone Interpretation	United Language Group	1-855-701-8100	
Sign Language Support	Interpreters Unlimited	1-844-855-0249	
Referral and Authorization Contact Information			
All referral and authorization requests should be made to the Outside Referral Department in the patient's home service area.			
Area	Phone	Area	Phone
Antelope Valley	661-729-7108	Panorama City	818-375-2806
Baldwin Park	562-622-3880	Riverside	951-602-4294
Downey	562-622-3880	San Diego	619-589-3360
Coachella Valley/Yucca Valley	951-602-4294	South Bay	310-816-5324
San Bernadino County	909-609-3262	West Los Angeles	323-783-4401
Kern County	661-852-3482	West Ventura	1-844-424-1869
Los Angeles	323-783-4401	Woodland Hills	1-844-424-1869
Orange County	714-564-4150		
Other Services			
Outpatient dialysis services (for all service areas): 626-405-4116			