



## **Supplement to Kaiser Foundation Health Plan’s HMO Provider Manuals Relating to Intermediate Care Facilities for the Developmentally Disabled**

### **AUTHORIZATIONS AND BILLING**

**Effective January 1, 2024**

The purpose of this Supplement to the Kaiser Permanente HMO Provider Manuals listed below (this “Supplement”) is to provide additional information related to the provision of covered services to Kaiser Permanente Medi-Cal Members (referred to in this Supplement as “Members”) residing at Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Homes, Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H) Homes, and Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N) Homes (individually, a “Home” and collectively, “Homes”).

This Supplement is made part of, and is to be used in conjunction with, the applicable Provider Manual that is incorporated into the Agreement between you and Kaiser Permanente (“KP”). Capitalized terms used in this Supplement may be defined within this Supplement or if not defined herein, will have the meanings given to them in your Agreement. Any periodic updates to this Supplement, including in response to changes in operational systems or regulatory requirements, will be provided in accordance with the Agreement. If there is a conflict between this Supplement and your Agreement, the terms of the Agreement will control.

This Supplement has been prepared to inform authorization and claims management of Homes providing services to Members of KP’s Northern California (NCal) Region and Southern California (SCal) Region (each a “Region”).

**Homes which have not yet entered into a Health Care Services Agreement with KP should also follow this guidance.** Updates to this document may be made annually and posted to the KP Community Provider Portal locations identified below.

The Kaiser Foundation Health Plan HMO Provider Manuals are posted and updated annually on the KP Community Provider Portal (CPP) and contain a breadth of information beyond authorization and claims information. Homes are encouraged to locate and become familiar with the full content of the KP Provider Manuals.

The Kaiser Foundation Health Plan Northern California HMO Provider Manual may be found on the Northern California CPP at: <http://kp.org/providers/ncal/> and navigate to the “Provider Information” page therein.

The Kaiser Foundation Health Plan Southern California HMO Provider Manual may be found on the Southern California CPP at: <http://kp.org/providers/scal/> and navigate to the “Provider Information” page therein, “Institutional Services Providers” section.

## Authorizations

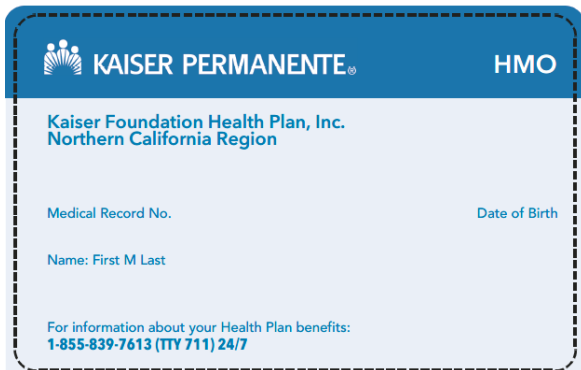
KP is responsible for all determinations of approval or denial of a Member’s admission to and/or continued residency in the Home. In making this determination, KP will utilize the determination and recommendation from the coordinating Regional Center and attending physician. As part of such review, KP will certify the medical necessity of institutional care. An initial Authorization is required for each Home admission. Homes must continue to submit Form 231 to KP with any initial or reauthorization requests. KP will accept Form 231 as evidence of the Regional Center’s determination and recommendation that the Member meets the Home level of care.

A request for reauthorization must be received by KP on or before the first working day following the expiration of a current authorization.

## Verify the Home Region of the Member

The Member’s home KP Region is identified on their KP Health ID Card. If you are unsure of the Member’s home Region, contact KP Claims Services at (800) 390-3510, choose option #1 when prompted, 8:00am – 5:00pm Pacific Time and have the Member’s KP Medical Record Number (MRN), name and date of birth available.

### Sample KP Health ID Card - Northern California



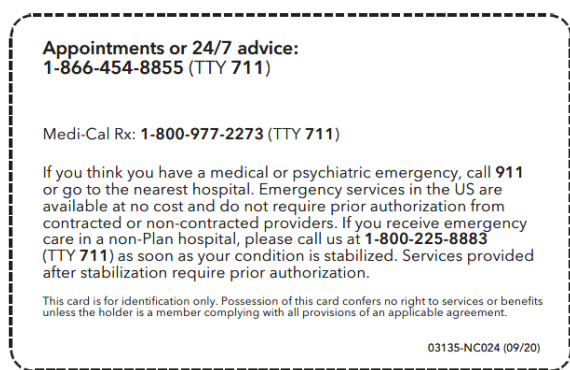
**KAISER PERMANENTE®** **HMO**

Kaiser Foundation Health Plan, Inc.  
Northern California Region

Medical Record No. Date of Birth

Name: First M Last

For information about your Health Plan benefits:  
**1-855-839-7613 (TTY 711) 24/7**



**Appointments or 24/7 advice:**  
**1-866-454-8855 (TTY 711)**

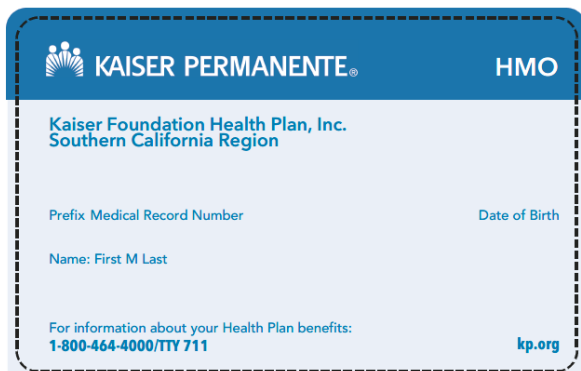
Medi-Cal Rx: **1-800-977-2273 (TTY 711)**

If you think you have a medical or psychiatric emergency, call **911** or go to the nearest hospital. Emergency services in the US are available at no cost and do not require prior authorization from contracted or non-contracted providers. 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. Services provided after stabilization require prior authorization.

This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.

03135-NC024 (09/20)

### Sample KP Health ID Cards - Southern California



**KAISER PERMANENTE®** **HMO**

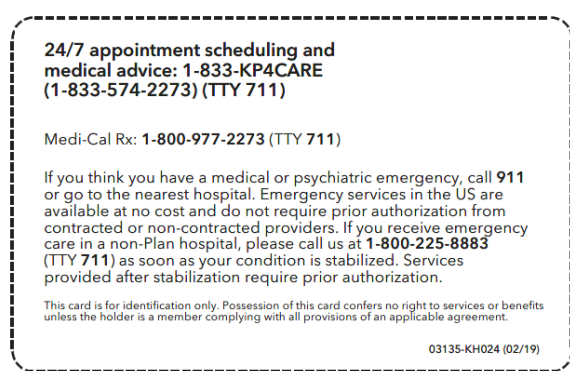
Kaiser Foundation Health Plan, Inc.  
Southern California Region

Prefix Medical Record Number Date of Birth

Name: First M Last

For information about your Health Plan benefits:  
**1-800-464-4000/TTY 711**

[kp.org](http://kp.org)



**24/7 appointment scheduling and medical advice: 1-833-KP4CARE (1-833-574-2273) (TTY 711)**

Medi-Cal Rx: **1-800-977-2273 (TTY 711)**

If you think you have a medical or psychiatric emergency, call **911** or go to the nearest hospital. Emergency services in the US are available at no cost and do not require prior authorization from contracted or non-contracted providers. 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. Services provided after stabilization require prior authorization.

This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.

03135-KH024 (02/19)

**Contact the Applicable KP Authorization Team to Obtain an Authorization**

Homes providing services to Members of the **KP NCal Region** must contact the Northern California authorization team at:

**Northern California SNF Complex Hub**  
**SNF-Authorizations@kp.org**  
**(510) 675-5090**

Homes providing services to Members of the **KP SCal Region** must contact the Southern California authorization team at:

**Southern California Complex Placement Hub**  
**scalcp-h-authorizations@kp.org**  
**(626) 405-7988**

**Claims Coding**

Utilize **only** the Bill Type, Revenue Code, and Accommodation Code schema identified in this document when billing for ICF/DD, ICF/DD-H or ICF/DD-N services provided to KP Members. This coding schema reflects the schema referenced in KP Agreements with Homes, but should also be used by Homes which have not yet entered into a Health Care Services Agreement with KP.

Note this coding schema is the same for claims submitted to KP for KP NCal Members and KP SCal Members, but may be different than that of other managed care payors.

<b>Bill Type</b>	<b>Revenue Code</b>	<b>Accommodation Code</b>	<b>Type(s) of Service</b>
066X	0101	41 (1-59 beds)	ICF/DD Services
066X	0180	43 (1-59 beds)	ICF-DD Services Bed Hold/Leave of Absence
066X	0101	41 (60+ beds)	ICF-DD Services
066X	0180	43 (60+ beds)	ICF/DD Services Bed Hold/Leave of Absence
066X	0101	61 (4-6 beds)	ICF/DD-H Services
066X	0180	63 (4-6 beds)	ICF-DD-H Services Bed Hold/Leave of Absence

<b>Bill Type</b>	<b>Revenue Code</b>	<b>Accommodation Code</b>	<b>Type(s) of Service</b>
066X	0101	65 (7-15 beds)	ICF-DD H Services
066X	0180	68 (7-15 beds)	ICF-DD-H Bed Hold/Leave of Absence
066X	0101	62 (4-6 beds)	ICF-DD-N Services
066X	0180	64 (4-6 beds)	ICF-DD-N Bed Hold/Leave of Absence
066X	0101	66 (7-15 beds)	ICF/DD-N Services
066X	0180	69 (7-15 beds)	ICF/DD-N Services Bed Hold/Leave of Absence

### **Claims Submissions**

To facilitate accurate and timely payment for ICF/DD, ICF/DD-H and ICF/DD-N services provided to KP Members, Homes should take care to do the following:

#### **Verify the Home Region of the Member**

The Member’s home KP Region is identified on their KP Health ID Card. If you are unsure of the Member’s home Region, contact KP Claims Services at (800) 390-3510, choose option #1 when prompted, 8:00am – 5:00pm Pacific Time and have the Member’s KP Medical Record Number (MRN), name and date of birth available.

#### **Route Your Claims Correctly**

KP encourages, but does not require, Homes to submit electronic claims (837I/P transaction). Electronic claim transactions eliminate the need for paper claims. Electronic Data Interchange (EDI) is an electronic exchange of information in a standardized format that adheres to all Health Insurance Portability and Accountability Act (HIPAA) requirements. KP requires all EDI claims be HIPAA compliant.

Homes must submit their EDI claim via a clearinghouse. Clearinghouses frequently supply the required PC software to enable direct data entry in the provider’s billing office. Homes may use their existing clearinghouse if their clearinghouse is able to forward the EDI claim to one of KP’s direct clearinghouses.

Each clearinghouse assigns a unique identifier for Kaiser Foundation Health Plan. Payer IDs for KP’s direct clearinghouses are listed below:

Clearinghouse	NCAL Payer IDs	SCAL Payer ID
<b>ChangeHealthcare (CHC)</b> <b>www.changehealthcare.com</b>	<b>94135</b>	<b>94134</b>
<b>Office Ally</b> <b>https://cms.officeally.com</b>	<b>94135</b>	<b>94134</b>
<b>Relay Health</b> <b>www.changehealthcare.com</b>	<b>RH009</b>	<b>94134</b>
<b>SSI</b> <b>http://thessigroup.com</b>	<b>NKAISERCA</b>	<b>SKAISERCA</b>

Homes may elect to receive payments electronically via Electronic Funds Transfer (**EFT**) and receive Electronic Remittance Advice (**ERA**). For inquiries about EDI, EFT, or ERA enrollment, or any issues related to EDI submissions (claim rejection, missing claims, etc.), Homes should contact the EDI Support Team at **EDISupport@kp.org**.

**Paper claims** for ICF/DD, ICF/DD-H and ICF/DD-N services provided to **KP NCAL Members** must utilize a **UB04 billing form** and should be sent to:

**Kaiser Foundation Health Plan, Inc.**  
**National Claims Administration**  
**P.O. Box 12923**  
**Oakland, CA 94604-2923**  
**Assistance and Inquiries: 1-800-390-3510**

**Paper claims** for ICF/DD, ICF/DD-H and ICF/DD-N services provided to **KP SCAL Members** must utilize a **UB04 billing form** and should be sent to:

**Kaiser Foundation Health Plan, Inc.**  
**California Claims Administration**  
**P.O. Box 7004**  
**Downey, CA 90242-7004**  
**Assistance and Inquiries: 1-800-390-3510**

**Invoice Submissions**

KP recognizes some Homes may be unfamiliar with billing forms typically used in the managed care industry. To facilitate accurate and efficient adjudication of Homes' claims, Homes should utilize a UB04 form. A UB04 form is a standard claim form used by long term care facilities to bill for services provided to residents. Homes without the ability to generate UB04 forms electronically from a billing system may opt to purchase paper forms at an office supply store or use a fillable pdf form. An example of a fillable pdf UB04 form may be found online at:

**PDFfiller - ub04 form.pdf**

## Completing a UB04 Form

A sample UB04 form is provided below. KP does NOT accept claim submissions which are handwritten, photocopied or faxed. Homes must use the following crosswalk of minimum data elements and field numbers on the UB04 form to complete electronic, paper or fillable pdf UB04 forms:

<b>Table 1 - ICF/DD Home Provider Information</b>		
<b>Data Element</b>	<b>Required/Optional</b>	<b>UB04 Field</b>
Billing provider National Provider Identifier (NPI) <sup>1</sup>	Required	56
Billing provider Tax Identification Number (TIN) <sup>1</sup>	Required	5
Billing Provider Name <sup>1</sup>	Required	1.1
Billing Provider First Name <sup>1</sup>	Optional	N/A
Billing Provider Last Name <sup>1</sup>	Optional	N/A
Billing Provider Phone Number <sup>1</sup>	Required	1.4
Billing Provider Address <sup>1</sup>	Required	1.2
Billing Provider City <sup>1</sup>	Required	1.3
Billing Provider State <sup>1</sup>	Required	1.3
Billing Provider Zip code <sup>1</sup>	Required	1.3
Rendering Provider NPI <sup>1,2</sup>	Required	56
Rendering Provider TIN <sup>2</sup>	Optional	5
Rendering Provider Name <sup>2</sup>	Required	1.1
Rendering Provider First Name <sup>2</sup>	Optional	N/A
Rendering Provider Last Name <sup>2</sup>	Optional	N/A
Rendering Provider Phone Number <sup>2</sup>	Required	1.4
Rendering Provider Address <sup>2</sup>	Required	1.2
Rendering Provider City <sup>2</sup>	Required	1.3
Rendering Provider State <sup>2</sup>	Required	1.3
Rendering Provider Zip code <sup>2</sup>	Required	1.3
<b>Table 2 - Member Information</b>		
<b>Data Element</b>	<b>Required/Optional</b>	<b>UB04 Field</b>
Member Client Identification Number <sup>3</sup>	Required	60a
Medical Record Number <sup>3</sup>	Optional	60a
Member First Name	Required	8b/58a
Member Last Name	Required	8b/58a
Member Homelessness Indicator	Optional	N/A
Member Residential Address <sup>4</sup>	Required	9a
Member Residential City <sup>4</sup>	Required	9b
Member Residential Zip code <sup>4</sup>	Required	9d
Member Date of Birth (format MM/DD/YYYY)	Required	10
<b>Table 3 - Service and Billing Information</b>		
<b>Data Element</b>	<b>Required/Optional</b>	<b>UB04 Field</b>
Primary Payer Identifier <sup>5</sup>	Required	51a
Payer Name <sup>6</sup>	Required	50a

Procedure Code <sup>7, 15</sup>	Required	44
Revenue Code <sup>8</sup>	Required	42
Bill Type <sup>8, 10</sup>	Required	4
Value (Accommodation) Code <sup>8, 9</sup>	Required	40
Service Start Date <sup>11</sup>	Required	6/45
Service End Date <sup>11</sup>	Required	6
Service Name <sup>12</sup>	Required	43
Service Unit Count <sup>13</sup>	Required	46
Place of Service <sup>10</sup>	Optional	4
Member Diagnosis Code(s) <sup>14</sup>	Required	67/69
Service Unit Cost(s) <sup>15</sup>	Required	47
Number of Units Billed <sup>13</sup>	Required	46
Total Gross Amount	Required	Total 47
Share of Cost <sup>16</sup>	Required	39
Total Net Amount	Optional	N/A
<b>Table 4 - Administrative Information</b>		
<b>Data Element</b>	<b>Required/Optional</b>	<b>UB04 Field</b>
Invoice Date (format MM/DD/YYYY)	Required	Line 23 meets Column 45
Invoice Number <sup>17</sup>	Required	3a
Control Number <sup>17</sup>	Optional	3a
Authorization Number <sup>18</sup>	Required	63

### **Footnotes**

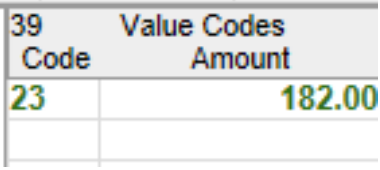

- <sup>1</sup> For the purpose of Homes' claims, the demographics of Billing Provider is same as those for the Rendering Provider.
- <sup>2</sup> Rendering Provider is the individual Home providing services to the Member. The NPI of the Rendering Provider is required if the Contractor operates different types of Homes among ICF/DD, ICF/DD-H, and/or ICF/DD-N, and/or if the Billing Provider operates Homes of the same type, but the Homes have different bed counts.
- <sup>3</sup> Member Client Identification Number is the same as Medical Record Number and is the Member's KP-issued Medical Record Number (MRN).
- <sup>4</sup> Member Residential Address is the same the Billing/Rendering Provider Address, i.e., the physical address of the Home.
- <sup>5</sup> Primary Payer Identifier is the KP Group Number or Member's KP Medical Record Number.
- <sup>6</sup> Payor Name is Kaiser Permanente or Kaiser Foundation Health Plan.
- <sup>7</sup> Procedure Code – report appropriate Procedure Codes and/or HCPCS Codes when billing for services/items excluded from the per diem payment rate and payable separately to Homes.
- <sup>8</sup> See Page 3 of this document to identify the appropriate Revenue Code, Bill Type, and Accommodation Code.

- <sup>9</sup> Accommodation Codes should be reported with date sensitivity. If the Member transitions to/from a Bed Hold or Leave of Absence during the Home's billing cycle, the Home should split the bill so no more than one Accommodation Code is reported on an individual claim.
- <sup>10</sup> Bill Type is the same as Place of Service. The final character of the Bill Type is a variable. Homes should use the correct variable from the following options:
- 0661** = Claim reflects service dates from admit thru discharge. Note, discharge does not mean the Member began a Bed Hold or Leave of Absence period.
  - 0662** = Claim is a first interim claim only, i.e., the very first claim submitted to KP by a Home for an individual Member.
  - 0663** = Claim is second or any subsequent interim claim, i.e., each subsequent claim following the first interim claim submitted to KP by a Home for an individual Member.
  - 0664** = Claim is a last interim claim, used upon final discharge. Note, the last interim claim should be submitted to KP by a Home for an individual Member ONLY when the Member is no longer a resident of the Home. This does NOT apply to a Bed Hold or Leave of Absence period.
  - 0665** = Claim reflects a late charge by a Home, is related to prior claim and is subject to timely filing requirements to avoid payment reduction.
  - 0666** = Reserved for future use and not applicable to Homes.
  - 0667** = Claim is a replacement of a prior claim, reflecting a correction.
- <sup>11</sup> Service Start Date and Service End Date are specific to only the services reported on the individual claim.
- <sup>12</sup> Service Name = ICF/DD, ICF/DD-H or ICF/DD-N
- <sup>13</sup> Service Unit Count is the same as Number of Units Billed and is the total number of calendar days billed on the claim.
- <sup>14</sup> Member Diagnosis Codes must utilize ICD-10 Codes, with the primary diagnosis listed first.
- <sup>15</sup> Service Unit Cost is the applicable DHCS-published per diem. KP will reduce the applicable per diem payment by the Member's share of cost, if any, as reported on the claim by the Home. Service Unit Cost also includes charges for services/items excluded from the per diem payment rate and payable separately to Homes.
- <sup>16</sup> Share of Cost – see instructions in the section below for reporting Member's share of cost, if any.
- <sup>17</sup> Invoice Number and Control Number are generated by the Home for operational purposes.
- <sup>18</sup> Authorization Number as issued by Kaiser Permanente. The authorization number may change over time as services are reauthorized by KP. The dates of service on the Home's claim must be within effective date range of the applicable authorization. Separate claims should be submitted when the Home's billing period spans the effective dates of different KP authorizations.



**Special Considerations for Reporting Share of Cost and Accommodation Codes**

Homes have additional coding obligations to capture unique variables which affect reimbursement for ICF/DD, ICF/DD-H and ICF/DD-N services. The following provides guidance to complete bills successfully:

	<p>KP requires Homes to bill a <b>Share of Cost (SOC)</b> on all claims, regardless of the amount. For claims billed without the share of cost, the claim will deny. If your claim was incorrectly denied, please follow the dispute process to dispute the denial.</p> <p>To prevent denials, report <b>value code 23</b> in field 39 on all paper UB04 claims. Electronic claims submissions should report <b>value code FC</b> in field 39.</p> <p>If the member has no share of cost (or it was billed on a prior claim), please reflect “0.00” with value code 23 in field 39.</p>
<p>The appropriate <b>Accommodation Code</b> must be billed in conjunction with the applicable date(s) of service. If a Member transitions to or from Bed Hold or Leave of Absence during the billing cycle of the Home, both circumstances may be billed on the same bill, according to the applicable service date(s) of each.</p> 	<p>Although Accommodation Codes are not included on your KP authorization, KP requires the appropriate Accommodation Codes to be billed on the UB04 in field 40. Please use value code 24 in field 40 along with the two-digit Accommodation Code. For example, “0.41”, “0.43”, “0.63” etc.</p> <p>Please reference the payment exhibit of your KP Health Care Services Agreement or the California Department of Health Care Services website at <a href="http://www.DHCS.ca.gov">www.DHCS.ca.gov</a> for more information about Accommodation Codes.</p>
<p><b>Prevent claim denials.</b> Improperly coded claims will be denied with code <b>CLD89</b>, <i>Review Provider Contract for Information</i></p>	<p>If a Home submits an otherwise clean claim but reported a Revenue Code, Bill Type and/or Accommodation Code not recognized for ICF/DD, ICF/DD-H or ICF/DD-N claims, the claim will be denied.</p> <p>Please reference the payment exhibit of your KP Health Care Services Agreement or the California Department of Health Care Services website at <a href="http://www.DHCS.ca.gov">www.DHCS.ca.gov</a> for more information about Revenue Codes, Bill Types and Accommodation Codes.</p>

### **Transmission Methods, Frequency and Timeliness**

Completed paper claims/invoices should be mailed to the applicable address in the **Claims Submission** section above. Homes may submit claims/invoices in batches, i.e., simultaneous submission of multiple invoices for the same Member and/or multiple invoices for multiple Members.

Homes may submit claims/invoices as frequently as desired, but claims/invoices should not be submitted later than six (6) calendar months following the provision of services. For example, if a service is rendered on April 15th, the Home should submit the claim/invoice before October 31st of the same year to avoid payment reduction. KP will administer the payment reduction methodology for untimely submissions as provided in the Claim Submission and Timeliness Overview in the DHCS Long Term Care (LTC) Provider Manual.

### **Online Affiliate**

Homes are invited and encouraged to request access to KP's **Online Affiliate** tool.

Online Affiliate is enabled with a robust set of features that can help simplify the process of obtaining KP member information and performing claim reconciliation. Many actions can be performed with Online Affiliate, such as viewing patient eligibility/benefits, viewing detailed claim status, downloading Explanations of Payment (EOPs), filing disputes/appeals, submitting an online claim or payment inquiry, and responding to KP requests for information (RFI). With access to Online Affiliate, these features are available on a self-serve basis 24 hours per day, 7 days per week. For more information and to initiate the provisioning process, please visit KP's Community Provider Portal at:

Northern California: <http://kp.org/providers/ncal/>

Southern California: <http://kp.org/providers/scal/>



### KP LTSS Liaisons

The following individual(s) are the Kaiser Permanente LTSS liaisons available to Homes, and are the appropriate point of contact for questions beyond which this document provides a specific resource.

County/KP Service Area	KP LTSS Liaison	Contact Number	Email
Alameda	Praneeti Parjan	510-301-8714	Praneeti.Parjan@kp.org
Amador	Irene Alvarez-Zamzow Kio Pak	916-486-4746 916-938-1828	Irene.L.Alvarez-Zamzow@kp.org Henty.K.Pak@kp.org
Antelope Valley	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Baldwin Park	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Contra Costa	Praneeti Parjan	510-301-8714	Praneeti.Parjan@kp.org
Downey	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
El Dorado	Irene Alvarez-Zamzow Kio Pak	916-486-4746 916-938-1828	Irene.L.Alvarez-Zamzow@kp.org Henty.K.Pak@kp.org
Fresno	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Imperial	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Kern	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Kings	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Los Angeles	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Madera	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Marin	Praneeti Parjan	510-301-8714	Praneeti.Parjan@kp.org
Mariposa	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Napa	Praneeti Parjan	510-301-8714	Praneeti.Parjan@kp.org

County/KP Service Area	KP LTSS Liaison	Contact Number	Email
Orange	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Panorama City	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Placer	Irene Alvarez-Zamzow Kio Pak	916-486-4746 916-938-1828	Irene.L.Alvarez-Zamzow@kp.org Henty.K.Pak@kp.org
Riverside	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Sacramento	Irene Alvarez-Zamzow Kio Pak	916-486-4746 916-938-1828	Irene.L.Alvarez-Zamzow@kp.org Henty.K.Pak@kp.org
San Bernardino	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
San Diego	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
San Francisco	Praneeti Parjan	510-301-8714	Praneeti.Parjan@kp.org
San Joaquin	Irene Alvarez-Zamzow Kio Pak	916-486-4746 916-938-1828	Irene.L.Alvarez-Zamzow@kp.org Henty.K.Pak@kp.org
San Mateo	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Santa Clara	Praneeti Parjan	510-301-8714	Praneeti.Parjan@kp.org
Santa Cruz	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Solano	Praneeti Parjan	510-301-8714	Praneeti.Parjan@kp.org
Sonoma	Praneeti Parjan	510-301-8714	Praneeti.Parjan@kp.org
South Bay	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Stanislaus	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Sutter	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Tulare	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org

County/KP Service Area	KP LTSS Liaison	Contact Number	Email
West Los Angeles	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
Woodland Hills/West Ventura	Christa Ognissanti	916-746-3506	Medi-Cal_CDO_inquiries@kp.org
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