## Provider Reference Guide



kp.org/providers/scal

## Southern California Community Provider Portal (CPP) and Online Affiliate (OLA)



 Online-Clinical Access to KP Members Medical Records (Access is Limited to Licensed Healthcare Professionals)

 Online-Administrative Access to KP Members, Membership status, Benefits & Eligibility

- Online Provider Disputes
- RFI Requests
- Online Claim Status



View Online: Community Provider Portal (Click Here)

Online Affiliate: New Group / User Registration (Click Here)

Service	Contact	Telephone	Claims Submission Address
HMO/DHMO/Senior Adv	vantage Products		
Benefits & Eligibility	Member Service Call Center	888-576-6789	Kaiser Foundation Health Plan, Inc. Claims Administration Department P.O. Box 7004 Downey, CA 90242 -7004 EDI Payor ID #94134
Claims	Claims Call Center	800-390-3510	
EDI	National Claims Administration	866-285-0361	
Self-Funded Product			2517 6 701 15 115 125 1
Self-Funded: Benefits, Eligibility, Claims		800-533-1833	KPIC Claims Administrator P.O. Box 30547
EDI		888-633-0835	Salt Lake City, UT 84130-0547 EDI Payor ID #94320
Service	Contact	Telephone	
<b>Council for Affordable Qualit</b>	y Healthcare (CAQH)		
	https://proview.cagh.org/PR/Registration	888-599-1771	
Compliance			
Report suspected wrongdoing	www.kp.org/compliance	888-774-9100	
Credentialing			
All Credentialing Requests	kaiserpermanente.regionalcredentialing@kp.org	626-405-3147	
Formulary			
KP's On-Line Formulary	http://online.lexi.com/login	Log-in: Scalformulary	Password: Kaiser
<b>Institutional Services Contrac</b>	cting		
Network Development & Administration (ND&A)	NDandA-ProviderRelations@kp.org	626-405-3240	
<b>Professional Services Contrac</b>	cting		
Affiliated Provider Services (APS)	kp-scal-professional-contracting@kp.org	626-405-3289	
<b>Regional Behavioral Health T</b>	eam		
	scal-bh-Panel@kp.org	626-381-7252	
Regional Quality Assurance			
	scal-quality-and-regulatory@kp.org	626-405-6482	
Utilization Management			
UM Criteria and Guidelines		626-405-3130	
Deferred and Authorization C	antact Information		

## **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	TELEPHONE NUMBER	AREA	TELEPHONE NUMBER
Antelope Valley	661-729-7108	Riverside	951-602-4294
Baldwin Park	562-622-3880	San Bernardino County	909-609-3262
Coachella Valley/Yucca Valley	951-602-4294	San Diego	619-589-3360
Downey	562-622-3880	South Bay	310-816-5324
Kern County	661-852-3482	West Los Angeles	213-351-4530
Los Angeles	323-783-4401	West Ventura	805-477-7720
Orange County	714-564-4150	Woodland Hills	805-477-7720
Panorama City	818-375-2806		