

# Permanente Advantage – your health advocate



With your Kaiser Permanente Insurance Company (KPIC) Point-of-Service (POS), PPO, or Out-of-Area Indemnity (OOA) plan, you have the freedom to decide where you get care. But sometimes managing your choices can seem overwhelming. **Permanente Advantage** is here to help you understand your options so you can focus on what's important – getting better.

## Precertification

As your health advocate, Permanente Advantage helps make sure medical services ordered by your doctor are:

- Medically necessary
- Cost-effective
- The most appropriate treatment for your condition based on nationally recognized standards

That's why you may need approval before you get certain services from participating or non-participating providers. This is called **precertification**.

Services that need precertification include:

- Hospital admissions
- Outpatient surgeries
- Inpatient rehabilitation, hospice, or skilled nursing facility services
- MRI, CT, and PET scans
- Home infusion/home health
- Durable medical equipment, prosthetics, or orthotics
- Genetic testing

- Radiation therapy
- Physical, speech, or occupational therapy
- Pain management

For a complete list of services that require precertification, see your *Certificate of Insurance*.

You or your doctor should call to ask for precertification before you get services.\*

### Need precertification or other help?

For precertification, call **1-888-251-7052**, Monday through Friday, 6 a.m. to 6 p.m. If you call after hours, we'll page a nurse.

For more information about Permanente Advantage, visit [kp.org/permanenteadvantage](http://kp.org/permanenteadvantage).

If you have other questions about your health plan, call KPIC Member Services at **1-800-788-0710**.

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## Helping you manage a serious condition

If you're getting care for a serious condition, our Care Management Program may assign a registered nurse to be your personal care manager.

Your care manager will:

- Work with your health care providers to plan, coordinate, and monitor your care
- Help you understand your health plan benefits
- Help you coordinate any services requiring precertification
- Assist with transitions in care such as coordinating outpatient or home services after a hospital stay
- Let you know about medical, mental health, and social services that may be helpful to you
- Refer you to wellness, disease management, or maternity programs

## When do I need a care manager?

A care manager may be helpful when you're dealing with a serious condition such as cancer, a high-risk pregnancy, or trauma. They can help make the care process easier and give you peace of mind while you focus on feeling better.

## What will a care manager do for me?

A care manager will give you customized advice for your situation. They'll help you:

- Consider your treatment options
- Arrange for any services you need

## How do I get a care manager?

You or your doctor can call Permanente Advantage at **1-888-251-7052**. We'll take a look at whether a care manager is appropriate for your condition.

Permanente Advantage is accredited by URAC. URAC's accreditation is recognized nationwide by state and federal regulators and ensures organizations are delivering health care in a manner consistent with national standards.

**\*POS members:** Emergency care, up until the point when you are stable for transfer, is covered under the HMO tier. Please call the number on the back of your blue Kaiser Permanente ID card or 1-800-225-8883 for more information.

**PPO and OOA members:** Emergency care does not require precertification, but precertification for inpatient admission requires notification within 24 hours.

Kaiser Permanente Insurance Company (KPIC) underwrites the PPO plan, Out-of-Area Indemnity plan, and the Participating and Non-Participating Provider tiers of the POS plan. KPIC is a subsidiary of Kaiser Foundation Health Plan, Inc.