

Welcome to Perennial Advantage!

In this guide, you will find helpful information and a few action items to complete for a smooth start. You are critical to the success of the plan and the well-being of our members! We want to make sure you are involved, know how to bill, review outstanding claims, and are plugged in to our Model of Care. Let us know if you see things that we are doing well, have ideas for improving our plan, or notice areas where we need to do better.



What is Perennial Advantage?

We are a provider-owned health plan with a strong commitment to our local network of physicians, hospitals, and other healthcare professionals who take care of our members.

Perennial Advantage is a Medicare Advantage Prescription Drug Plan offering three distinct products/plans designed to improve care for residents. The plan is intended for residents living in any of our contracted senior living communities.



Perennial Advantage offers three Plans to the residents

1

Perennial Advantage Strive

Institutional Special Needs Plan (I-SNP):

Designed to improve care for the residents living in one of our contracted senior living communities who are dual eligible. Our members are all institutionalized Medicare beneficiaries who reside (or expect to reside) in a long-term care or assisted living community for 90 days or longer.

2

Perennial Advantage Premier*

High Institutional Special Needs Plan (HI-SNP):

Designed to improve care for the residents living in one of our contracted senior living communities who are private pay and need help with two or more ADLs. Our members are all institutionalized Medicare beneficiaries who reside (or expect to reside) in a long-term care or assisted living community for 90 days or longer.

3

Perennial Advantage Freedom*

Medicare Advantage Prescription Drug Plan (MAPD):

Designed to improve care for the residents who reside (or expect to reside) in contracted Independent Living and/or Assisted Living communities or at home that do not need assistance with ADLs.

*Point of Service (POS) option is available to Premier and Freedom plan members in Ohio and Colorado.

General Information

Name of Health Plan: Perennial Advantage

Website: PerennialAdvantage.com

Provider Page: [For Providers - Perennial Advantage](#)

When calling Provider Services, first select option #2.

General Provider Inquiries

Phone: 1-844-788-6986 (TTY 711) - OH; 1-844-788-6959 (TTY 711) - CO & PA

Fax: 1-833-610-2390 - OH; 1-833-610-2390 - CO & PA

Preferred Method of Contact

Email: customerservice@perennialadvantage.com

Web Address: <https://secure.healthx.com/PerennialAdvantage.Provider>

Claims Helpdesk

Phone: 1-844-788-6986 (TTY 711) - OH; 1-844-788-6959 (TTY 711) - CO & PA

Mailing Address: Perennial Advantage

Attn: Claims Dept

PO Box 730, Glen Burnie, MD 21060-0730

Utilization Management

Phone: 1-844-788-6986 (TTY 711) - OH; 1-844-788-6959 (TTY 711) - CO & PA

Fax: 1-833-610-2399 - OH, CO, & PA

Authorization Inquiry

Call to start an authorization, check the status of an authorization, provide clinical information over the phone, or get referrals for specialists

Navitus Pharmacy Helpdesk

Web Address: www.navitus.com **Phone:** 1-866-270-3877 (TTY 711)

Network Support

Phone: 1-844-788-6986 (TTY 711) - OH; 1-844-788-6959 (TTY 711) - CO & PA

Email: OH - PerennialOH@allyalign.com; CO and PA - PerennialCO@allyalign.com

SSI Claimsnet Customer Support

Phone: 1-800-356-0092

Email Address: HelpDesk_Dallas@ssigroup.com

Sample Member ID Card:

*Note card sample below is an example. Different plans will have different payer IDs, etc.

Ohio Plans:

- H8797_001 HMO I-SNP (Strive)
- H8797_003 HMO-POS (Freedom)
- H8797_004 HMO-POS I-SNP (Premier)

Colorado Plans:

- H3419_001 HMO I-SNP (Strive)
- H3419_003 HMO-POS (Freedom)
- H3419_004 HMO-POS I-SNP (Premier)

Pennsylvania Plans:

- H3419_005 HMO I-SNP (Strive)
- H3419_006 HMO (Freedom)
- H3419_007 HMO I-SNP (Premier)

PERENNIAL ADVANTAGE *A participating provider of BETHANY WILLAGE*

Perennial Advantage Strive (HMO I-SNP)
Jane Doe
Member ID 000xxxxx

RxBin 610602	Medical Payer ID PAOH1
RxPC NVTD	Dental Payer ID CX083
RxGR H8797001	
P	<i>See back for dental</i>

CMS - H8797 001 **Medicare^R**
Prescription Drug Coverage

In case of emergency, call 911. Then, call plan within 24 hours or ASAP.

Member Services
For assistance, visit perennialadvantage.com

Prescription Drug Customer Service:
1-844-788-6986 (TTY 711)

Pharmacy Help Desk:
1-866-270-3877 (TTY 711)

Dental Help Desk:
1-866-544-1949 (TTY 711)

Members: <http://PerennialAdvantage.com/for-members>
 Providers: <http://PerennialAdvantage.com/providers>

Mail Medical Claims to:
 PO Box 730
 Glen Burnie, MD 21060

Mail Pharmacy Claims to:
 Navitus Health Solutions, LLC
 PO Box 1039

Mail Dental Claims to:
 Liberty Claims Center
 P.O. Box 401086
 Las Vegas, NV 89140



Get Started

Take the following steps to ensure a smooth start:



Review Model of Care (applies to Strive and Premier plans)

Learn about the services, care coordination, and extra support we provide for our Members and physician partners.

[Model Of Care Training Attestation - Perennial Advantage](#)



Sign up for Electronic Billing and Payment

Our EDI Payer ID is:

- Colorado: PAC01
- Ohio and Pennsylvania: PAOH1

Provider Payment Set Up

For ease of processing payment, electronic claims are preferred; however, if you are unable to send us a claim electronically, please mail it to:

Perennial Advantage
P.O. Box 730
Glen Burnie, MD 21060-0730



Set up your office staff on our Provider Portal

Perennial Advantage has a Provider Portal that allows you to submit authorization requests, inquire about the status of an authorization or claim, and verify member eligibility/benefit utilization.

Get connected at the **[Perennial Advantage Provider Portal](#)**



Be compliant

CMS requires all providers to complete Fraud, Waste, and Abuse Training. Additionally, Perennial Advantage has a Standards of Conduct for all Providers and Vendors.

Complete the required **[CMS Compliance Training](#)**

Read and Acknowledge **[Standards of Conduct](#)** and **[Perennial's Fraud, Waste and Abuse Policy](#)**



Understand our Authorization Process

Prior authorization is designed to:

- Promote the utilization of medically necessary services
- Prevent unanticipated denials of coverage
- Ensure that participating providers are utilized, and that all services are provided at the appropriate level of care for the member's needs
- Primary Care Physicians, Nurse Practitioners, and Medical Concierges are actively involved with all referrals and treatment recommendations and should be notified of recommendations before submitting requests for prior authorization

Check out the complete list of [Provider Documents - Perennial Advantage](#)



Learn More

The Perennial Advantage Provider Manual is an easy reference document for all things related to the Plan: Member Rights, Provider Responsibilities, Claims Payment, Appeals and Grievances, Utilization Review, and more.

Read the [Perennial Advantage Provider Manual](#) and print a copy for your office



Community Liaison and Permission to Contact

Perennial Advantage must be introduced to residents or responsible parties and give their permission for Perennial Advantage to reach out and discuss the plan with interested residents or responsible parties.

A dedicated staff member, identified as the Perennial Liaison to generate permission to contact (PTCs) via outbound calls, is the best way to grow membership at your building



Enrollment and Growth

Once a PTC is generated, a Perennial Advantage Medicare Benefits Consultant will connect with the resident or responsible party to discuss the plan.

If the resident or responsible party would like to enroll in Perennial Advantage, the Medicare Benefits Consultant will complete the enrollment.

Provision of Healthcare Services

Participating providers shall provide health care services to all customers, consistent with the benefits covered in their policy, without regard to race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), genetic information, source of payment, or any other bases deemed unlawful under federal, state, or local law.

Participating providers shall provide covered services in a culturally competent manner to all customers by making a particular effort to ensure those with limited English proficiency or reading skills, diverse cultural and ethnic backgrounds, and physical or mental disabilities receive the health care to which they are entitled.

Examples of how a provider can meet these requirements include, but are not limited to: translator services, interpreter services, teletypewriters or TTY (text telephone or teletypewriter phone) connection.

Perennial Advantage offers interpreter services and other accommodations for individuals with hearing impairments. Translator services are available for non-English speaking or Limited English Proficient (LEP) customers. Providers can call Perennial Advantage customer service at 1-844-788-6959 (TTY 711) for Colorado and Pennsylvania or 1-844-788-6986 (TTY 711) for Ohio to assist with translation and TTY services if these services are not available at their office location.



Physician Responsibilities

You must treat Perennial Advantage customers the same as all other patients in your practice, regardless of the type or amount of reimbursement.

You may not balance bill a customer for services covered by Perennial Advantage, excluding the collection of standard copays. You may bill a customer for a procedure that is not a covered benefit if you have followed the appropriate procedures outlined in the Claims section of the Provider Manual.

Our Contracted Providers

For a complete list of contracted providers with Perennial Advantage, please visit the Interactive Provider Directory: [Find a Provider - Perennial Advantage](#). If you do not see your provider listed, check with the Medical Concierge (MC) for confirmation.

Out of Network Process:

1. Medical Concierge (MC) calls the provider to see if they are willing to take Perennial Insurance. The MC can offer a Single Case Agreement (SCA) to the provider. A SCA is a one-time contract between an insurance company and an out-of-network healthcare provider, allowing a patient to receive care from that provider using their in-network benefits. Perennial does not require a SCA, but it is an option for the provider if requested.

2. Medical Concierge will check if an authorization is required. The MC can then fill out an SCA form along with the authorization, if needed. Once complete, the form is sent to the Plan Management.

3. Plan Management will work with the provider network team for completion. We will also submit a request for the provider to become a participating provider.

***MC should notify both Plan Management and the Plan Nurse Practitioner of all ER visits and hospitalizations.**

