

Overview

Welcome to Perennial Advantage! In this guide you will find helpful information for you 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 into 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 Plan offering two distinct products/plans designed to improve care for residents of living in any of the following contracted senior living communities:

- Christian Living Communities
- Continuing Healthcare Solutions
- Covenant Living of Colorado
- Graceworks
- Jennings
- Juniper Communities
- McGregor Foundation
- Ohio Living

1. **Institutional Special Needs Plan (I-SNP) –**

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

2. **Chronic Condition Special Needs Plan (C-SNP) –**

Designed for those with one or more disabling chronic conditions such as cardiovascular disorders (i.e., cardiac arrhythmias, coronary artery disease, peripheral vascular disease, chronic venous thromboembolic disorder), chronic heart failure or diabetes.

General Information

Name of Health Plan: Perennial Advantage

Phone:

1-844-788-6959 (TTY 711) for Colorado

1-844-788-6986 (TTY 711) for Ohio

Option 1	Enrollment services
Option 2	Medical Concierge and plan members
Option 3	Utilization management
Option 4	Provider services team, EZ-Net support, and claims helpdesk
Option 5	Provider contracting inquiries and network support
Option 6	Appeals and grievances

Fax Number:

- 1-833-610-2390

Mail: PO Box 2190 Glen Allen, VA 23058-2190

Website: [PerennialAdvantage.com](https://perennialadvantage.com)

Provider Page: <https://perennialadvantage.com/for-providers/>

Email: customerservice@perennialadvantage.com

Update Provider Data Information:

- Colorado: perennialco@allyalign.com
- Ohio: perennialoh@allyalign.com

Sample Member ID Card

Ohio Plans:

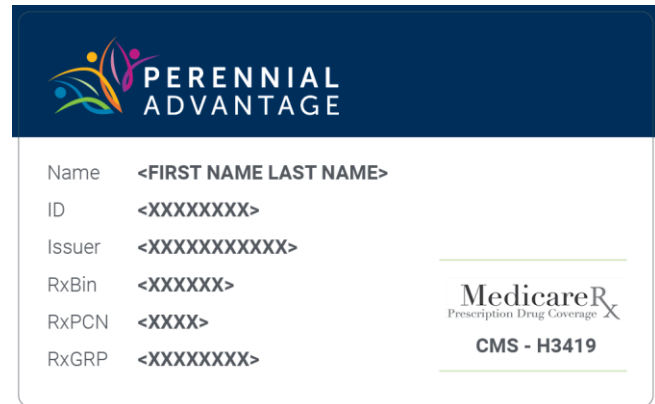
H8797_001 HMO I-SNP

H8797-002 HMO C-SNP

Colorado Plans:

H3419_001 HMO I-SNP

H3419_002 HMO C-SNP



Get Started: Take the following steps to ensure a smooth start

Action Items	Tasks
STEP 1: Review Model of Care	Learn about the services, care coordination, and extra support we provide for our Members and physician partners. Model of Care
STEP 2: Sign up for Electronic Billing and Payment	Our EDI Payer ID is: <ul style="list-style-type: none"> Colorado: PACO1 Ohio: PAOH1 <p>You can also receive payment electronically. An EFT Form for each state is available at the end of this guide for your convenience.</p> <p>Please complete the form and email it to us at:</p> <ul style="list-style-type: none"> Colorado: perennialco@allyalign.com Ohio: perennialoh@allyalign.com

Action Items	Tasks
<p>STEP 3: Setup your office staff on our Provider Portal</p>	<p>Perennial Advantage has a Provider Portal that allows you to submit authorization requests, inquire on the status of an authorization or claim, and verify member eligibility/benefit utilization.</p> <p>Get connected at the EZ-Net Portal</p>
<p>STEP 4: Understand claims and remittance advices</p>	<p>Claims and remittance advices can be submitted and retrieved electronically through your existing clearinghouse or billing company.</p> <p>If you do not use a clearinghouse or billing company, use EZ-Net Portal for online submission.</p> <p>Providers can submit claims through their clearinghouse and receive electronic remits. For EZ-Net support contact eznetsupport@allyalign.com.</p> <p>For ease of processing payment, electronic claims are preferred; however, if you are unable to send us a claim electronically, please mail it to:</p> <p>PO Box 908 Addison, TX 75001-0908</p>
<p>STEP 5: Be compliant</p>	<p>CMS requires all providers to complete Fraud, Waste and Abuse Training. Additionally, Perennial Advantage has a Standards of Conduct for all Providers and Vendors.</p> <p>Complete the required CMS Compliance Training</p> <p>Read and Acknowledge Standards of Conduct</p>

Action Items	Tasks
<p>STEP 6: Understand our Authorization Process</p>	<p>Prior authorization is designed to:</p> <ul style="list-style-type: none"> • 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 prior to submitting requests for prior authorization <p>Check out the complete list of services that require authorization</p>
<p>STEP 7: Learn More!</p>	<p>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.</p> <p>Read the Provider Manual and print a copy for your office</p>

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 providing services that are covered by Perennial Advantage. This excludes 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 Provider Manual.

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 the hearing-impaired. Translator services are made 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 or 1-844-788-6986 (TTY 711) for Ohio to assist with translator and TTY services if these services are not available in their office location.

Our Contracted Providers

For a full list of contracted providers with Perennial Advantage please visit the Interactive Provider Directory: <https://perennialadvantage.com/find-providers/#/>

Notify Plan of ALL ER or Hospitalizations: 1-844-788-6959 (TTY 711) for Colorado or 1-844-788-6986 (TTY 711) for Ohio.

Electronic Payment Authorization Form and Agreement for Colorado

This is an Agreement for electronic payments between Perennial Advantage CO ("Payor") and its applicable affiliate(s) and Name [_____], hereinafter referred to as "Payee".

SUBMISSION TYPE: <i>MUST SELECT ONE</i>		NEW	CHANGE	CANCEL
NPI NUMBER:		TAX ID NUMBER:		
PAYEE NAME:				
REMIT TO ADDRESS:				
NAME OF PAYEE'S CONTACT:				
TELEPHONE:		E-MAIL:		
PAYEE'S BANK or DEPOSITORY INSTITUTION ACCOUNT INFORMATION (US Based Banks ONLY)				
ACCOUNT TYPE		CHECKING	SAVINGS	
EFFECTIVE DATE OF CHANGE:				
BANK/DEPOSITORY INSTITUTION NAME:				
BANK/DEPOSITORY INSTITUTION ADDRESS:		TELEPHONE:		
		FAX:		
		E-MAIL:		
		BANK CONTACT NAME:		
BANK/DEPOSITORY ACCOUNT NAME:				
BANK/DEPOSITORY INSTITUTION ACCOUNT NUMBER:				
ABA/ROUTING NUMBER (9 DIGITS):				
E-MAIL ADDRESSES OF ANYONE WHO NEEDS TO BE NOTIFIED OF PAYMENTS:				
<p>The undersigned Payee hereby authorizes Payor to initiate credit entries and to credit on or after the effective date specified to Payee's above account at the above Bank (and to any additional Bank accounts of the Payee identified on addenda attached here to) that the Payee has correctly identified by ABA (American Banking Association) routing and account numbers. If Payee does not designate an effective date, the effective date shall be the date set forth under Payee signature below. The above account information and this authorization and Agreement shall remain in force until Payor has received written notification from the undersigned Payee of its amendment or termination at least 30 days in advance of the next payment date. Payments shall be made to Payee in accordance with existing payment terms between Payor and Payee, subject to the provisions on the second page of this Agreement. All terms and conditions of this Agreement are on the second page of this form. The undersigned agree to the terms and conditions set forth above and on the second page.</p> <p>The following MUST be included with the form for Payor to initiate change. Payor will process the change within 30 days of complete information received date:</p> <ul style="list-style-type: none"> • A Voided check or letter from your banking, with the routing and account number listed • W9 				
PRINTED NAME OF PAYEES AUTHORIZED SIGNATORY:				
SIGNATURE:			DATE:	
<p>* Return your completed EFT form via email to PerennialCO@allyalign.com</p> <p>* Allow 30 days for complete processing of your EFT request.</p>				

TERMS AND CONDITIONS

Payor shall, after the effective date, make payment for goods and/or services covered by any purchase order, invoice or agreement with Payee, now or hereinafter, by electronic funds transfer or by check, at its option, and Payee agrees to accept payment by any such method selected by Payor. The terms "Payor" and "Payee" are defined on page 1 of this Agreement.

For purposes of electronic funds transfers, Payor and Payee mutually agree as follows:

1. The Payee's Bank designated by ABA/routing number on page 1 of this Agreement has been selected by Payee for the purpose of receiving electronic business payments and Payee hereby directs AllyAlign Health to transmit payments to Payee's account as designated by Payee on page 1 of this Agreement, as such information may be amended from time to time, (all information on page 1 being Payee Data) by Payee providing Payor with amendments to Account information as identified on this Agreement. Payor will provide in writing to the undersigned Payee any revisions authorized by both parties.
2. The Payee's Bank must be able to receive such payments from Payor's originating Bank directly or from a correspondent Bank or through an automated clearing house or any other electronic payment network designated or acceptable to Payor and Payor originating Bank from time to time. The Payee's Bank must also be able to verify electronically or by other means the Payee Data on page 1 of this Agreement, as such may be amended from time to time by Payee pursuant to Section 3. Remittance data will be forwarded to the Remittance Data Mailing or E-mail Address provided for in the Payee Data, via ACH/bank support or other means acceptable by both parties.
3. The Payee may at any time request a change of any portion of the information included in the Payee Data by submitting to Payor a new Electronic Payment Authorization Form and Agreement. Payor agrees to process a valid change received at least thirty (30) days prior to the next scheduled electronic fund payment date to take effect by such date. The Payee understands and agrees that the Payee shall be responsible for any loss which may arise by reason of any error, mistake, or fraud regarding the information included in the Payee Data and that Payee is responsible for updating the information, including when Payee's Bank account number or Payee Bank's ABA routing number changes. In the event an electronic fund payment cannot be made to Payee's Bank because of Payee's failure to comply with the foregoing sentence, such payments shall be made after Payee information is updated and authorized by both parties. If any EFT payment is unable to be processed, a manual check will be issued within 15 days from original payment date.
4. If the electronic fund payment date is a non-Banking day, the electronic fund transfer will occur the following day that is a Banking Day. "Banking Day" for purposes of this Agreement shall mean the day in which both Payor's originating Bank and the Payee's Bank shall be available to transmit and receive electronic fund transfers. The electronic fund payment shall be deemed to have been made when the Payee's Bank receives the payment. In the event of a duplicate payment, overpayment or payment made in error, Payor shall notify the Payee of such payment and Payee agrees promptly but not later than the third Business Day thereafter to cause the return of funds to Payor at its designated originating Bank.
5. Neither party shall be responsible for delays in payment or information transmitted caused by force majeure or similar occurrence beyond its control, including without limitation acts of God, failure of communication networks or of Banks, the Banking system or the Automated Clearing House.
6. This Agreement amends the remittance of payment terms of any Agreements between the parties to the extent such terms are inconsistent with the terms of this Agreement.
7. This Agreement shall be binding upon and inure to the benefit of the successors and assigns of each of the parties hereto.
8. The Payee acknowledges that the origination of ACH transactions to Payee's account(s) and ACH payments must comply with the provisions of United States law. This Agreement shall be subject to and governed under the laws of the United States of America and the State(s) in which Payor and Payee are contracted in.

Electronic Payment Authorization Form and Agreement for Ohio

This is an Agreement for electronic payments between Perennial Advantage OH ("Payor") and its applicable affiliate(s) and Name [_____], hereinafter referred to as "Payee".

SUBMISSION TYPE: <i>MUST SELECT ONE</i>		NEW	CHANGE	CANCEL
NPI NUMBER:		TAX ID NUMBER:		
PAYEE NAME:				
REMIT TO ADDRESS:				
NAME OF PAYEE'S CONTACT:				
TELEPHONE:		E-MAIL:		
PAYEE'S BANK or DEPOSITORY INSTITUTION ACCOUNT INFORMATION (US Based Banks ONLY)				
ACCOUNT TYPE		CHECKING	SAVINGS	
EFFECTIVE DATE OF CHANGE:				
BANK/DEPOSITORY INSTITUTION NAME:				
BANK/DEPOSITORY INSTITUTION ADDRESS:		TELEPHONE:		
		FAX:		
		E-MAIL:		
		BANK CONTACT NAME:		
BANK/DEPOSITORY ACCOUNT NAME:				
BANK/DEPOSITORY INSTITUTION ACCOUNT NUMBER:				
ABA/ROUTING NUMBER (9 DIGITS):				
E-MAIL ADDRESSES OF ANYONE WHO NEEDS TO BE NOTIFIED OF PAYMENTS:				
<p>The undersigned Payee hereby authorizes Payor to initiate credit entries and to credit on or after the effective date specified to Payee's above account at the above Bank (and to any additional Bank accounts of the Payee identified on addenda attached here to) that the Payee has correctly identified by ABA (American Banking Association) routing and account numbers. If Payee does not designate an effective date, the effective date shall be the date set forth under Payee signature below. The above account information and this authorization and Agreement shall remain in force until Payor has received written notification from the undersigned Payee of its amendment or termination at least 30 days in advance of the next payment date. Payments shall be made to Payee in accordance with existing payment terms between Payor and Payee, subject to the provisions on the second page of this Agreement. All terms and conditions of this Agreement are on the second page of this form. The undersigned agree to the terms and conditions set forth above and on the second page.</p> <p>The following MUST be included with the form for Payor to initiate change. Payor will process the change within 30 days of complete information received date:</p> <ul style="list-style-type: none"> • A Voided check or letter from your banking, with the routing and account number listed • W9 				
PRINTED NAME OF PAYEES AUTHORIZED SIGNATORY:				
SIGNATURE:			DATE:	
<p>* Return your completed EFT form via email to PerennialOH@allyalign.com</p> <p>* Allow 30 days for complete processing of your EFT request.</p>				

TERMS AND CONDITIONS

Payor shall, after the effective date, make payment for goods and/or services covered by any purchase order, invoice or agreement with Payee, now or hereinafter, by electronic funds transfer or by check, at its option, and Payee agrees to accept payment by any such method selected by Payor. The terms "Payor" and "Payee" are defined on page 1 of this Agreement.

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1. The Payee's Bank designated by ABA/routing number on page 1 of this Agreement has been selected by Payee for the purpose of receiving electronic business payments and Payee hereby directs AllyAlign Health to transmit payments to Payee's account as designated by Payee on page 1 of this Agreement, as such information may be amended from time to time, (all information on page 1 being Payee Data) by Payee providing Payor with amendments to Account information as identified on this Agreement. Payor will provide in writing to the undersigned Payee any revisions authorized by both parties.
2. The Payee's Bank must be able to receive such payments from Payor's originating Bank directly or from a correspondent Bank or through an automated clearing house or any other electronic payment network designated or acceptable to Payor and Payor originating Bank from time to time. The Payee's Bank must also be able to verify electronically or by other means the Payee Data on page 1 of this Agreement, as such may be amended from time to time by Payee pursuant to Section 3. Remittance data will be forwarded to the Remittance Data Mailing or E-mail Address provided for in the Payee Data, via ACH/bank support or other means acceptable by both parties.
3. The Payee may at any time request a change of any portion of the information included in the Payee Data by submitting to Payor a new Electronic Payment Authorization Form and Agreement. Payor agrees to process a valid change received at least thirty (30) days prior to the next scheduled electronic fund payment date to take effect by such date. The Payee understands and agrees that the Payee shall be responsible for any loss which may arise by reason of any error, mistake, or fraud regarding the information included in the Payee Data and that Payee is responsible for updating the information, including when Payee's Bank account number or Payee Bank's ABA routing number changes. In the event an electronic fund payment cannot be made to Payee's Bank because of Payee's failure to comply with the foregoing sentence, such payments shall be made after Payee information is updated and authorized by both parties. If any EFT payment is unable to be processed, a manual check will be issued within 15 days from original payment date.
4. If the electronic fund payment date is a non-Banking day, the electronic fund transfer will occur the following day that is a Banking Day. "Banking Day" for purposes of this Agreement shall mean the day in which both Payor's originating Bank and the Payee's Bank shall be available to transmit and receive electronic fund transfers. The electronic fund payment shall be deemed to have been made when the Payee's Bank receives the payment. In the event of a duplicate payment, overpayment or payment made in error, Payor shall notify the Payee of such payment and Payee agrees promptly but not later than the third Business Day thereafter to cause the return of funds to Payor at its designated originating Bank.
5. Neither party shall be responsible for delays in payment or information transmitted caused by force majeure or similar occurrence beyond its control, including without limitation acts of God, failure of communication networks or of Banks, the Banking system or the Automated Clearing House.
6. This Agreement amends the remittance of payment terms of any Agreements between the parties to the extent such terms are inconsistent with the terms of this Agreement.
7. This Agreement shall be binding upon and inure to the benefit of the successors and assigns of each of the parties hereto.
8. The Payee acknowledges that the origination of ACH transactions to Payee's account(s) and ACH payments must comply with the provisions of United States law. This Agreement shall be subject to and governed under the laws of the United States of America and the State(s) in which Payor and Payee are contracted in.