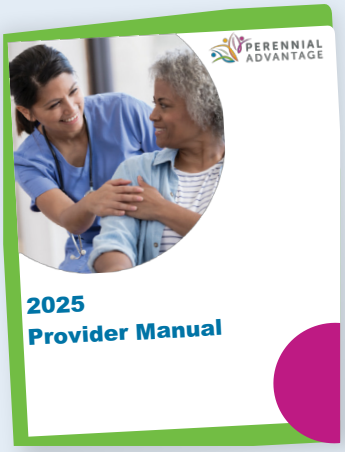
PERENNIAL ADVANTAGE

Provider Newsletter

Q4 2025

The Plan Provider Website

The Plan Provider Website is a valuable resource for both Provider and Facility staff. For more details on the topics covered in this newsletter, please visit the Plan website and navigate to the **"For Providers"** section. There, you will also find the comprehensive **Online Provider Manual**.



We encourage all providers to regularly consult the Provider Manual, which includes essential information such as:

- Key Contacts
- Eligibility
- Member Benefits
- Billing and Claims
- Credentialing Requirements
- Quality Improvement
- Provider Participation Standards
- Member Rights and Responsibilities
- Plan Compliance Program

As a participating provider, it is vital to stay informed about the Plan's participation standards. Detailed descriptions of each standard can be found in the Provider Manual.

Visit the plan website at: **PerennialAdvantage.com**

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Credentialing Process Update:

Transition to CredentialStream

As of **September 1, 2025**, we are no longer be using Andros as our Credentialing Verification Organization (CVO). Instead, **we are overseeing the credentialing process internally using a new, streamlined platform—CredentialStream**.

Credentialing notices such as requests, notification letters, and reminders are now sent from our new email address: **CuranaHealth@verity.cloud.**

When you receive emails from our new email address, please log into the system directly with the provided log in credentials to upload missing documents and/or information.

If you have any questions about your current credentialing status, the change of platform or plan credentialing requirements, email:

credentialingoperations@curanahealth.com

What's New With CredentialStream?

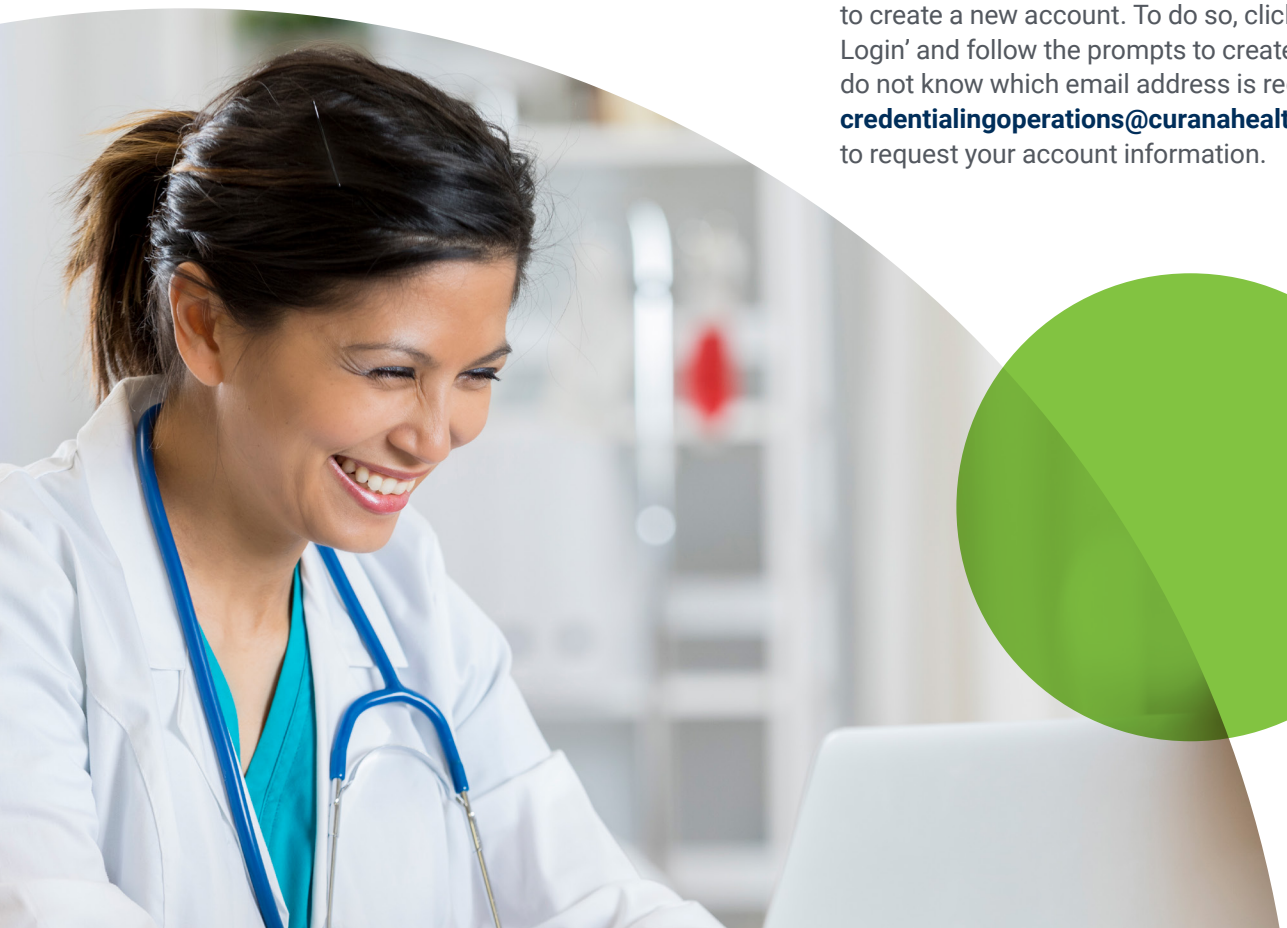
The platform offers several exciting features designed to enhance your experience, including:

- A more user-friendly and intuitive interface
- Faster credentialing turnaround times
- Real-time application tracking
- Automated reminders and document submission tools
- Greater transparency throughout the process

Log In to See Your Credentialing Status

The platform offers several exciting features designed to enhance your experience, visit **https://hub.veritystream.cloud/app/39401/userlogin**

Use the primary email address listed on your CAQH to create a new account. To do so, click on 'First Time Login' and follow the prompts to create an account. If you do not know which email address is registered, email: **credentialingoperations@curanahealth.com** to request your account information.



Quality Corner

Model of Care Performance

As part of our ongoing commitment to provide members with the highest quality of care, we are pleased to share an update on the Plan's Model of Care performance, guided by Centers for Medicare & Medicaid Services (CMS), which focuses on coordinated, high-quality healthcare to improve health outcomes and overall experience.

Ohio Performance Highlights:

1. **Improved Health Outcomes:** We performed well in key quality metrics, enhancing medication safety, preventive care and chronic condition management.
2. **Effective Care Coordination:** We have strengthened our care coordination efforts to ensure seamless transitions across healthcare settings.
3. **Enhanced Member Experience:** Our member satisfaction scores continue to be positive, reflecting our dedication to providing personalized and compassionate care.

Colorado Performance Highlights:

1. **Improved Health Outcomes:** We performed well in key quality metrics, enhancing medication safety, preventive care and chronic condition management.
2. **Expert Provider Network:** We have strengthened our care coordination efforts to ensure seamless transitions across healthcare settings.
3. **Enhanced Care Coordination:** The care team has been thoroughly trained on our unique care model, providing tailored and coordinated care for each member.

As we build on these achievements, providers play a pivotal role in driving continued success. By actively participating in care coordination and maintaining open communication across care teams, providers help ensure members receive the right care at the right time. Your dedication, expertise, and compassion are the foundation to our success-and we deeply appreciate the impact you make every day.

Upcoming Member Experience Survey

Our Plan is committed to delivering high-quality services, benefits, and health care to our members. To support this commitment, we conduct an annual member survey to gather feedback on the member experience.

The survey asks members about their experience with:

- Provider communication
- Access to care
- Support services.

Beginning in January 2026, an independent survey vendor, SPH Analytics (SPH), will send the survey to a random sample of members or their designated representatives. The insights gained from this survey are critical in helping us identify opportunities to enhance the services and care we provide. **If a member asks about the survey, please encourage their participation** and let them know it is a valuable opportunity for their voice to be heard. For questions regarding the member survey, please email **QualityTeam@curanahealth.com**

Model of Care Training

The Model of Care (MOC) is a detailed, written commitment we as the plan make to CMS on how we provide care to enrolled members.

The key sections to the MOC are:

- Description of the SNP Population
- Care Coordination
  - Health Risk Assessment Tool (HRAT)
  - The Individualized Care Plan (ICP)
  - The Interdisciplinary Care Team (ICT)
  - Care Transition Protocol
- Provider Network
- Quality Measurement and Performance Improvement

The Model of Care goals are:

- Improve access to medical, mental health, and social services
- Improve access to affordable care
- Improve coordination of care through an identified point of contact
- Improve transitions of care across health care settings and providers
- Improve access to preventive health services
- Assure appropriate utilization of services; and
- Improve member health outcomes

Yearly MOC training:

CMS requires initial and annual MOC training for all network and out-of-network providers who provide care to Special Need Plan (SNP) members on a routine basis. If you currently service the plan's special needs members, you must complete the SNP MOC training annually. To review the training, visit the Model of Care Training section of the provider website **https://perennialadvantage.com/model-of-care-training-attestation/**

Make It Easy for Members to Find You

Accurate and complete provider information in our Provider Directory is essential to helping members find and access the care they need. The directory serves as a key resource for members seeking providers within our network. We encourage you to regularly review your directory listing and inform us of any updates or changes as soon as possible—and no later than thirty (30) calendar days before the effective date of the change.

To report updates, please contact your Plan Network Support Representative or call Provider Services. Timely updates help ensure that members can find and reach you when they need care most.

Cultural Competency

CMS defines health equity as “the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes”.

Participating providers must provide services to all plan customers, consistent with the benefits covered in their policy, without regard to English proficiency or reading skills, ethnic, cultural, racial or religious background, mental or physical disabilities, sexual orientation, gender identity, socioeconomic or financial background, 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.

We encourage providers to visit the U.S. Department of Health and Human Services Office of Minority Health website for resources, training, policies, programs and best practices on Cultural and Linguistic Competency: **Cultural and Linguistic Competency | Office of Minority Health (hhs.gov)**

Compliance

Fraud, Waste, And Abuse (FWA) Monitoring

Our plan has established robust policies and procedures to detect and prevent fraud, waste, and abuse (FWA) across all aspects of our network, including provider billing practices. These efforts support compliance with Medicare requirements and include coordination with CMS and law enforcement when necessary. We would like to remind you that as part of this work, we conduct routine analysis of CPT, ICD-9/ICD-10, and HCPCS coding to identify anomalies and ensure proper documentation. Participating providers must maintain accurate records and submit requested documentation promptly to avoid repayment obligations or regulatory referrals. Please ensure to reply to plan medical record request promptly. For more details, refer to the Provider Manual.

Compliance With Federal And State Laws

Our plan is committed to full compliance with federal and state regulatory requirements applicable to our Medicare Advantage and Medicare Part D lines of business. Non-compliance with regulatory standards undermines plan business reputation and credibility with the federal and state governments, subcontractors, pharmacies, providers, and most importantly, our members. Our plan employees are also committed to meeting all contractual obligations outlined in plan contracts with CMS. These contracts allow the plan to offer Medicare Advantage and Medicare Part D products and services to Medicare beneficiaries.

The Corporate Compliance Program prevents violations of federal and state laws governing plan lines of business, including but not limited to, healthcare fraud, waste, and abuse laws. In the event such violations occur, the Corporate Compliance Program will promote early and accurate detection, prompt resolution, and when necessary, disclosure to the appropriate governmental authorities.

If you have compliance concerns or questions, call the Compliance Hotline as listed on the plan provider website.

Provider Satisfaction Survey Results

Your Voice Matters – Help Us Improve Provider Support

We are committed to fair and inclusive practices. We do not discriminate in terms of participation or reimbursement against any healthcare professional who is licensed or certified under applicable state law and operating within their scope of practice—regardless of the populations they serve. We deeply value our ongoing partnership with our provider community and actively seek your input to strengthen our services.

As part of our efforts to enhance the provider experience, we conducted an online Provider Satisfaction Survey in 2024, distributed through the emailed newsletter. While we received some valuable responses, the overall participation level was insufficient to generate a statistically valid sample.

We're asking for your participation this year to help shape meaningful improvements. Your feedback directly influences our strategic planning and helps us better support your practice and the members you serve.

Please take a few moments to share your insights with us. Your voice makes a difference. Thank you for your continued partnership and commitment to quality care.

https://forms.office.com/r/nFatVjwE05

Contact Us

Online

Provider Portal: **https://secure.healthx.com/PerennialAdvantage.provider**

Contact Us Page: **https://perennialadvantage.com/contact-us/**

Customer Service Email: **customerservice@perennialadvantage.com**

By Phone

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

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

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