



Provider Manual

Advantage Behavioral Health
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Introduction to Advantage Behavioral Health

Advantage Behavioral Health is a not-for-profit behavioral health managed care organization driven by its mission to improve behavioral health services and to strengthen the care delivery system.

In 2004, Advantage was formed as a partner organization to Centerstone of America (formerly Centerstone Community Mental Health) to create a not-for-profit behavioral health managed care organization to provide behavioral health services. As a provider-owned, not-for-profit company, Advantage is uniquely positioned to understand and address the needs of both members and providers.

Through Advantage Behavioral Health, we seek to increase access to services that work, decrease administrative burden and focus on stabilization, resilience and recovery. The team at Advantage Behavioral Health has spent many years working in the behavioral health system and is acutely aware of the daily challenges that behavioral health providers face. Experience has shown that partnership, collaboration and a strong working relationship between the health plan and the provider are the building blocks for success in the provision of behavioral health services and in strengthening the delivery system.

At Advantage, we strive for high quality services to our providers and members. This manual was developed to simplify the relationship between Advantage and its network of providers. We look forward to a positive and productive partnership with you and other providers and encourage you to share any concerns and/or suggestions for improvement. If you have any questions, do not hesitate to contact a member of our team at 1-866-726-4560.

Network Participation

Advantage Behavioral Health contracts with organizations such as Community Mental Health Centers, inpatient psychiatric hospitals and individual practitioners such as psychiatrists, psychologists, social workers and other licensed practitioners to provide quality behavioral health services to the community.

Compliance with Applicable Laws

Organizational Providers and Practitioners shall maintain all appropriate licenses, certifications, training and standards required by applicable federal and state laws, and regulations for the provision of Covered Behavioral Health Services. Providers and practitioners must comply with all Medicare laws, regulations and CMS policies, including with limitation the Medicare Advantage regulations set forth at 42 CFR Parts 417 and 422, and state laws, rules and regulations, including: federal laws and regulations designed to prevent fraud, waste and abuse, including without limitation applicable federal criminal law, the federal False Claims Act and the federal anti-kickback statute; and the rules promulgated under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Provider agrees to comply with (a) title VI of Civil Rights Act of 1964; (b) The Rehabilitation Act of 1973; (c) title II of the Americans with Disabilities Act of 1990; (d) The Age Discrimination Act of 1975 (45 CFR part 91); and (e) laws applicable to recipients of federal funds. Any revisions to such federal or state requirements shall automatically be incorporated by reference as they become effective.

Credentialing

All providers are required to be credentialed prior to rendering services. Providers will be re-credentialed every three years. The Advantage Behavioral Health Credentialing Program has been developed in accordance with standards of the National Committee for Quality Assurance (NCQA).

The information gathered for credentialing is confidential and disclosure of information is limited to parties providing application processing and peer review functions. No applicants shall be deemed ineligible on the basis of gender, race, religion, color, age, marital status, sexual orientation, disability, national origin, types of patients treated, or types of services provided.

Practitioners/organizations have the right to review all information in the credentialing file except peer references or recommendations protected by law from disclosure. Practitioners/organizations have the right to review information to support their credentialing application; to correct erroneous information; to be informed of the status of their credentialing or recredentialing application, upon request.

The decision to accept or deny an applicant is based on the recommendation of the Advantage Credentialing Committee. Providers are notified in writing within five (5) days of the credentialing committee's decision. Providers may not render services before receipt of the letter.

Recredentialing

In order to ensure continuation of quality healthcare delivery all Providers with an active Advantage Contract are recredentialed every (3) years through information verified from primary sources. Recredentialing also includes a review of quality performance data and a site visit if applicable.

At least six months prior to the recredentialing due date, a recredentialing packet is sent to the practitioner. Practitioners are instructed to update or complete the information and make corrections as necessary, answer all questions and sign and date the attestation and release of information statements. If a practitioner fails to return the completed recredentialing packet to Advantage within four weeks, the practitioner will be given a reminder telephone call. If a practitioner fails to return the completed recredentialing packet to Advantage within two weeks of the reminder call, the practitioner will be mailed a reminder notice. If a practitioner fails to return the completed recredentialing packet four weeks after the reminder, the practitioner will be sent notice that s/he may be terminated from the Advantage network. The completed application will be processed upon submission.

Reporting

Reporting of Actions against Providers

Providers must notify Advantage Behavioral Health within five (5) business days of:

- (1) Initiation of any legal or administrative proceeding which could result in a limitation, qualification, conditioning, suspension, revocation or restriction of the license or certification of any Practitioner to provide health care services;
- (2) Any written complaint or claim relating to professional liability reported by Provider or a Practitioner to its insurance carrier;
- (3) Any disciplinary proceeding or action naming Provider or a Practitioner before an administrative agency of the State or any federal agency in the lawful exercise of its regulatory authority;
- (4) Any action taken to restrict, suspend or revoke the participation of Provider or a Practitioner in the Medicare, CHAMPUS or Medicaid Programs;
- (5) Any complaint submitted to a regulatory agency (including without limitation CMS) or lawsuit filed in court by an Enrollee against Provider or a Practitioner; or
- (6) In the case of Practitioners who are physicians, any disciplinary action to restrict or terminate his/her staff privileges by any licensed hospital or other facility.

Providers must notify Advantage within one (1) business day of:

- (1) Any felony information or indictment instituted by any federal or state agency in the lawful exercise of its regulatory authority naming Provider or a Practitioner; or
- (2) Any cancellation or reduction of the professional liability insurance coverage required to be maintained hereunder. Notification by Provider shall include a brief description of the circumstances giving rise to the matter being reported. Upon request by BHO, Provider shall provide BHO with report(s) (including but not limited to a copy of the Enrollee medical record) of the status or final disposition of any such matter.

Providers must notify BHO within one (1) business day of any decision or other dispositions resulting from an action or proceeding specified above.

Reporting Changes of Provider Information

Providers must notify Advantage, in writing, at least 30 calendar days prior to any anticipated change, and within ten (10) calendar days after any unanticipated

change in the address, business telephone number, business hours, tax identification number, license number and, if applicable, Drug Enforcement Administration registration number, of Provider, Practitioners or Provider facilities or any changes in provider panels.

Ongoing Monitoring

Advantage monitors all practitioners on a continuous basis between credentialing cycles and takes appropriate action when poor quality is identified. Medicare and Medicaid Sanctions are monitored through the OIG website. This website is checked quarterly by credentialing staff. Sanctions or limitations on licensure are monitored through the licensure board on a quarterly basis.

Member complaint and adverse events are monitored through Provider Relations and are ongoing. Adverse events that cause injury to a member while receiving healthcare from a practitioner may be identified by any source and verified by an employee of Advantage. Adverse events are reported to the Quality Department. The Quality Department collects all relevant data, including medical records when indicated, in a timely fashion and presents the materials to the Credentialing Committee. The Credentialing Committee may recommend immediate action, including but not limited to, suspension or termination of the practitioner. If timely action is required, the Advantage Medical Director may take action prior to the meeting of the Credentialing Committee.

Unavailable Status

In order to enhance network access for the health plan members and convenience for individual practitioners, we offer you the ability to list yourselves as temporarily unavailable for new referrals. Some common reasons for requesting unavailable status are extended illness, vacation plans and lack of available appointments. Should you need to request unavailable status, it is best to notify us of your lack of availability for referrals as soon as possible, but at most within 10 days of the date you become unavailable. Individual practitioners may remain unavailable for any period of time not to exceed six months. It is your responsibility - and to our mutual advantage - to notify Advantage when you are once again available for referrals. Practitioners who have been on unavailable status for five months will receive a letter reminding them to contact Advantage. Failure to contact Advantage within 30 calendar days of the date of the reminder letter may result in the termination of your practitioner agreement.

Claims

Advantage Behavioral Health typically does not process claims. Health plans with which Advantage contracts or their authorized agents are responsible for processing, adjudication and payment of claims for Covered Behavioral Health Services submitted by Providers (other than deductibles and co-payments which are the responsibility of Members). Advantage is not responsible or liable for claims decisions by health plans or payment of claims for Covered Behavioral Health Services rendered to Members submitted by Providers. Advantage is not an insurer, guarantor or underwriter of the responsibility or liability of any health plans to pay claims for Covered Behavioral Health Services under any Benefit Plan. Advantage will assist you in resolving claims issues with health plans.

Processes for claims submission are specific to the health plans listed on your agreement and are available through the Advantage website at www.advantagebehavioral.org. The mailing or submission in any form of claims to Advantage Behavioral Health will slow payment. Please refer to the Advantage website for the link to the applicable health plan.

Marketing

Advantage Behavioral Health may include references to Organizational Practitioners and Individual Practitioners and their business addresses and telephone numbers in promotional materials provided to Enrollees, and in any materials used by Advantage to inform other participating providers of network affiliations.

Organizational Practitioners and/or Individual Practitioners must not distribute any marketing materials regarding benefit plans to Enrollees without prior approval of Advantage Behavioral Health, respective health plans and/or CMS.

Continuing Opportunities

From time to time you may be contacted by Advantage Behavioral Health concerning an opportunity to contract for an additional product. We hope you will respond thus furthering your opportunities for growth.

There also may be occasions when an amendment to your original contract will be deemed necessary. Please do not hesitate to contact us with any questions or concerns you may have in these instances.

Contact Information

Advantage Behavioral Health
1101 Sixth Ave. North
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www.advantagebehavioral.org

Provider Services Representative: Kathy Campbell

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