



JUNE 2025 NEWSLETTER

Partners in Compassionate Care:

We collaborate with many different providers to deliver personalized, high-quality healthcare seamlessly for our Medicare residents.



Need to know

CCA Website:

<https://communicare-advantage.com/>

Provider Services:

ISNP/CSNP/MAPD
(855) 969-5861

Submit Claims to:

EDI #34525

Clearinghouse: [SSI Claimsnet](#)

Provider Portal:

<https://ccaprovider.prod.healthaxis.net/login>

Required Annual Model of Care Training:

<https://communicare-advantage.com/resources/#provider-resources>

Medicare:

<https://www.medicare.gov/>

Partner News!

Hello, Healthcare Partners!

New and Improved Comfort Care Catalog

You asked, we listened, then acted. Your new and improved Comfort Care Catalog is in the works! Stay tuned, more to come.



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*CommuniCare Advantage is the DBA for the legal entity OH CHS SNP, Inc.

Helping to Make a Difference

Hello, Dr. Kalpana Char, Chief Medical Officer!

I am excited to join the team as the Chief Medical Officer of CommuniCare Advantage and West Virginia Senior Advantage. I graduated from the University of North Carolina and completed my internal medicine residency training at the University of Pittsburgh. My clinical experience includes primary care practice for over 25 years in a variety of settings including Kaiser Permanente, the VA health system, and PACE. My journey into the health plan sector began at UPMC Health Plan over five years ago where I served as a medical director for the MLTSS program and D-SNP. Over the past several years, I have collaborated with teams to design programs and benefits that enhance the lives of frail dual-eligible populations. My focus areas include aging in place initiatives, dementia care, post-acute services, and developing models of care for special populations.



On a personal note, I'll celebrate my 25th wedding anniversary this year and have two sons in their early 20s who are in college and medical school. I enjoy my morning yoga, all types of concerts, and I am an avid tennis spectator.

I look forward to working with all of you to continue making a positive impact on our members' health and well-being.

Ride Health

To assure that CCA members receive the appropriate Ride Health transportation for their needs, whoever is scheduling the rides MUST CHOOSE under **Mobility**:

- **Vehicle Type**
- **Assistance**

Then, click **Update**.

The Ride Health portal <https://communicare-advantage.ridehealth.com/login/ridehealth> has live chat support and telephonic assistance, 8:00 a.m.—8:00 p.m., Mon—Fri.

Any questions, contact your Partner Engagement Manager. See contact info on last page.

(Note: Maryland might be using a different process.)

Did You Know?

New hires in our SNF facilities, you are invited! Get an overview about CCA and how we work with you. Attend one of the weekly orientations on Tuesdays at 10:30 a.m. promptly. Get the Zoom link from your E.D. Ask questions and be informed in less than 20 minutes. We look forward to meeting you and anyone else who could benefit from this information!

Prior authorization forms are now submitted by our PHP NP Case Manager partners or by rendering providers! If submitted by rendering providers, it is important that they include clinical documents, any pertinent comments, their name and phone number, along with face sheets. If you have questions, contact RN Case Manager Kelli Bachtel, kelli.bachtel@cphp-corp.com.

Getting to Know the ISNP/CSNP MOC!

Beginning with the October 2023 newsletter, we started showing you parts of our Model of Care. This is not a substitute for taking the annual training and submitting an attestation, though. You will still need to do that per CMS requirements. MOC training is available online through Relias Learning for our facilities and is on our website for community providers.

What is our Model of Care and why do we have it?

An effective MOC describes the framework, processes, and systems used to coordinate care for our members and includes these four elements:

1. Description of the SNP (Special Needs Plan) population
2. Care coordination elements:
 - Staffing
 - Health Risk Assessment (HRA)
 - Individualized Care Plan (ICP)
 - Interdisciplinary Care Team (ICT)
 - Care Transition Protocol
3. Care provider overview
4. **Quality measurement and performance goals**

4. Quality measurement and performance goals

- CCA has implemented a quality improvement program that will ensure all CMS Model of Care requirements and member care coordination are met.
- CCA's Quality Improvement Program (QIP) monitors, evaluates, and facilitates quality improvement in the quality of health care services provided to CCA members through outcome measures such as HEDIS and STAR.
- In addition, the QIP covers a number of different domains including medical care, patient safety, member satisfaction, and the delivery of services.
- CCA utilizes a Quality Improvement Committee to develop the annual quality plan, conduct evaluations, and manage the overall quality activities of CCA.
- Providers and other stakeholders have the opportunity participate in CCA quality workgroups such as the Credentialing Committee.
- Information regarding CCA's performance is shared annually with key stakeholders including the provider network.
- CCA educates its network and membership with updates regarding performance measure and/or changes in the MOC.



Reminders!

Have you taken the CMS-required annual Model of Care training?

The Centers for Medicare & Medicaid Services (CMS) requires health plans to provide annual education and training on Model of Care to providers who treat Special Needs Plan (SNP) recipients. This applies to our Institutional Special Needs Plan (ISNP) and Chronic Condition Special Needs Plan (CSNP) members.

As stated in the Provider Manual, all providers who treat SNP members must complete CommuniCare Advantage's Model of Care training and submit an attestation annually.

- If you are our **partners in our skilled nursing facilities**, you will take the training online through Relias.
- If you are our **community partners**, you may take it on our website: <https://communicare-advantage.com/resources/#provider-resources> → scroll down to NOTICES & TRAINING. When you finish the training, a pop up will ask for your First Name, Last Name, Organization Name, NPI, and signature (to electronically draw your signature).

Update Provider Data

Providers must give CommuniCare Advantage adequate notice of changes to provider practice following the terms of their participating agreement with our health plan.

There are No Limitations for Rehabilitation Therapy When Medically Necessary!

When using our internal rehab therapy service, there are **no limitations** as to how many medically necessary therapy sessions a CCA member in our SNF facilities may receive each month. Plus, there are **no limitations** as to how many minutes each therapy session can last when medically necessary.

If a member requires more intense rehab and needs to be sent to an external or inpatient rehab facility, a prior authorization must be submitted.

If you still have questions, please contact your Contracting & Provider Relations Manager or the Concierge Manager. Contact information is on the last page of this newsletter.

Fraud, Waste, and Abuse (FWA)

Know what FWA is to avoid committing it and to know how to spot it!

Fraud: Intentional deception or misrepresentation to obtain payment, knowledge, willful execution of wrongdoing.

Waste: Unintentional overuse of services/benefits resulting in unnecessary costs.

Abuse: Practices that are inconsistent with sound, fiscal, business, or medical practices resulting in unnecessary costs, improper payments, or payment for services that fail to meet professional standards of care or that are medically necessary.

See more Compliance information on the next page to learn about what to report and what not to report!



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Compliance and You – What can you do about it?

If you become aware of any Health Plan-related compliance issues or concerns, whether actual or potential, please don't hesitate to contact the Health Plan Compliance Team or report it to the Complaint ActionLine.

What should I report to Health Plan Compliance?

- **Unethical behaviors:** If a Health Plan employee is behaving and/or conducting business in a manner that is in direct conflict with CommuniCare Health Service's Code of Conduct, ethical expectations, any state, federal laws, rules, regulations – Say something!
- **Committing fraud, waste, or abuse:**
 - If someone is using someone else's Medicare card or Health Plan Member ID to obtain/receive services/benefits – Say something!
 - If a provider is falsifying dates of services to correspond with member's coverage effective date.
 - If a provider or member is submitting false claims for payment.
 - If there's inappropriate coding or billing for services.
- **Operating in direct conflict with Health Plan policies or procedures.**
- **HIPAA-related concerns:** sharing of protected health information, whether maliciously or shared in error.
- **Sales agents enrolling members without their consent/or members who are not able to make decisions for themselves.**
- **Grievances and/or issues with the Health Plan;** i.e., Health Plan staff, processes related to administering benefits and services to enrollees, any issues related to how we do business with our business partners, etc.
 - It is best practice to report grievances or issues with the Health Plan directly to the Health Plan rather than directly to CMS or Department of Insurance.
 - While we will not stop you from reporting directly to CMS or Department of Insurance, both entities prefer to see that the health plans work closely with their business partners to resolve any issues and then, if an acceptable resolution is not achieved/achievable, contact them or the health plan self-report the issue.
 - We want to be good business partners and easy to do business with. We can't do either if we are not given the opportunity to make things right with our business partners.

What should I not report to Health Plan Compliance?

- **Human Resource issues:** If you are experiencing personnel-related issues or feeling unheard or mistreated, please contact Human Resources.
- **Facility-related non-compliance, FWA, or HIPAA issues:** Please contact Corporate Compliance.

If you are not sure whether to report something or not, it's best practice to go ahead and report your concern and let Compliance investigate it.

To report Health Plan-related concerns or issues you may contact the Health Plan Compliance team by emailing: healthplan-compliance@chs-corp.com

The Complaint ActionLine is also an option for reporting concerns anonymously and confidentially, 24/7. Access the Complaint ActionLine by:

Phone: 1-800-238-1770

Online: [EthicsPoint - CommuniCare Family of Companies](#)



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Your Partners at CommuniCare Advantage

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- **Shawn Krumm**, Partner News Editor; Manager,
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skrumm@communicare-advantage.com,
(513) 469-8555

Email Support

- **Sales Team:** ISNPsales@chs-corp.com
 - > Enrollment applications
 - > SNF to SNF transfer requests
 - > General enrollment-related questions/concerns, i.e., questions about members' enrollment status, enrollment effective date, disenrollment status and/or date, etc.
- **ISNP Disenrollment:** ISNPdisenrollment@chs-corp.com
 - > Disenrollment requests
 - > General enrollment-related questions/concerns, i.e., questions about members' enrollment status, enrollment effective date, disenrollment status and/or date, etc.
- **ISNP Referral:** ISNPPreferral@chs-corp.com
 - > For facilities to send referrals to the health plan
- **Compliance:**
healthplan-compliance@chs-corp.com
- **Utilization Management Team:**
um@communicare-advantage.com

Phone Support

- **Provider Services:** (855) 969-5861
- **Appeals/Grievances:** (855) 969-5861

