



SEPTEMBER 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!

Members can start using the new Comfort Care Catalog on Oct 1st!

The new and improved Comfort Care Catalog will be available on October 1st! Member Advocates will begin meeting with CCA members to help place orders, and Member Advocates will throw catalog parties with a buildings' approval and convenience. Provider Engagement Managers and Field Sales Reps will start giving several catalogs to their facilities. The catalog will also be available online at <https://communicare-advantage.com/members/>. The order form is on the last page of the catalog but is also attached to this newsletter.



Order Submission

- Member Advocates will help members with their orders.
- Members or their representatives can place orders at any time or facility personnel can assist them.

Order Workflow

- If orders are placed by 12 p.m. Tuesdays, we expect packages to be delivered by Amazon by that Friday. Fax orders to (513) 605-6845 or email to comfortcare@communicare-advantage.com.
- Deliveries will be made 9 a.m.—3 p.m., Monday—Friday.
- All orders received after 12 p.m. Tuesdays will be fulfilled the following week.
- Please find the attached digital order form that may be submitted via fax, email, or regular mail.

Order Delivery

- Every effort will be made to have all orders placed by Tuesday, 12 p.m., to be delivered by Friday afternoon.
- Facility reps will confirm receipt and deliver orders to the members.

Any questions, contact your facility's Member Advocate or the Concierge Manager. Contact info is on the last page of this newsletter.

www.communicare-advantage.com

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

Be aware!

Medicare Fraud Scheme

CMS informed the Health Plan to be aware of a Medicare fraud scheme that is targeting providers. Providers may receive faxes phishing and/or demanding patient information and medical record details for Medicare beneficiaries within a 72-hour deadline. These phishing faxes may include what appear to be authentic CMS or National Archives and Records Administration (NARA) headers.



Please note an authentic Medicare beneficiary medical record review request or request for patient information will be very specific:

- Requesting specific Medicare beneficiary details; list specific MBI #'s for which medical record information is being requested.
- Specific time period(s); specific dates of service for which medical record information is being requested.
- Specific encounter details; specific dates of service.
- Specific prescription drug event details; specific dates of service and prescription details.
- CMS typically allows 30-45 days to return requested information; they will not demand a 72-hour turnaround time.

If you receive a request for the immediate return of Medicare Beneficiary medical records/medical information, please contact Health Plan Compliance by emailing healthplan-compliance@chs-corp.com so we can report it to CMS and I-MEDIC teams.

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 Teams 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.



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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.

Submit Your Claims

Submit any remaining claims for the year before your billing staff goes on holiday break. Prevent missing any deadlines to file your claims and avoid loss of revenue or denied claims.



Know how to spot FWA and how to avoid committing it!

(The following is from https://cmsnationaltrainingprogram.cms.gov/sites/default/files/shared/C-10_FAQ_Medicare_%26_Medicaid_Fraud_Waste_Abuse_Prevention_12-8-2022.pdf)

“Fraud is when someone knowingly deceives, conceals, or misrepresents to obtain money or property from any health care benefit program. Medicare and Medicaid fraud is considered a criminal act.

“Waste is overusing services or other practices that directly or indirectly result in unnecessary costs to any health care benefit program. Examples of waste are conducting excessive office visits, prescribing more medications than necessary, and ordering excessive laboratory tests.

“Abuse is when health care providers or suppliers perform actions that directly or indirectly result in unnecessary costs to any health care benefit program. Abuses includes any practice that doesn't provide patients with medically necessary services or meet professionally recognized standards. Examples of abuse are billing for services that aren't medically necessary, overcharging for services or supplies, and misusing billing codes to increase reimbursement.

“The difference depends on circumstances, intent, and knowledge.”

To report Health Plan-related concerns or issues, contact the Health Plan Compliance team at healthplan-compliance@chs-corp.com or the Complaint ActionLine at (800) 238-1770 anonymously and confidentially, 24/7.

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

1. Description of the SNP (Special Needs Plan) population

Our ISNP (Institutional Special Needs Plan) is for members who live in a nursing home or long-term care facility. Our CSNP (Chronic Special Needs Plan) is for members who have congestive heart failure, coronary artery disease, and/or diabetes mellitus.

Our CCA members are economically diverse and include individuals who are dually eligible for Medicare and Medicaid, may have inadequate support systems, have varying levels of ability, function, and independence, and may have hearing and/or vision impairments.



Your Partners at CommuniCare Advantage

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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.

Member Advocates:

- >Ohio
OhioMemberAdvocacy@communicare-advantage.com
- >Indiana
IndianaMemberAdvocacy@communicare-advantage.com
- >Maryland
MarylandMemberAdvocacy@communicare-advantage.com

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



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