



MARCH 2026 NEWSLETTER

Partners in Compassionate Care:

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



Partner News!

Need to Know

CCA Website:

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

Provider Services:

ISNP/CSNP
(866) 225-8501

Submit Claims to:

EDI #70022
Clearinghouse: SDS

Provider Portal Access

Request Form:

ppmanagement@accesshealthservices.com

Provider Portal:

<https://portal.claims.aproposystems.com>

Required Annual Model of Care Training:

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

Medicare:

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

Hello, Healthcare Partners! Welcome, 2026!

Ride Health for Dialysis Rides?

Wondering if members should use Ride Health for their dialysis appointments? Trips to dialysis are a medically necessary Medicare covered benefit. These do not need to be scheduled through Ride Health. Ride Health is for transportation that is usually not covered by Medicare such as trips to doctor's appointments. Each member gets 36 one-way trips through Ride Health each year – that's 18 round trips to the doctor!

Any questions, please contact your Partner Engagement Manager:

- Donielle Madaris (Cincinnati & Southern IN), (513) 713-5099, donielle.madaris@communicare-advantage.com
- Sabra Lloyd (Cleveland & Northeast OH, Northern IN), (330) 815-8060, sabra.lloyd@communicare-advantage.com

OR

- Stacey Reitz, Sr. Director, Product Growth & Development (Maryland), (410) 916-7674, stacey.reitz@chs-corp.com
- Hannah Dickson, Concierge Manager, CHSConcierge@communicare-advantage.com

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.

Best Practice: Schedule four days before appointment for ambulatory, WAV, and ambulette.

Hello and Welcome, Chief Medical Officer Dr. Jennifer Riedinger!

Dr. Riedinger has spent her entire career working in nursing homes! Since her internal medicine residency at Johns Hopkins Bayview Medical Center in Baltimore and after a geriatric fellowship at the University of Colorado, Dr. Riedinger has been no stranger to PHP, having worked in long-term care/nursing homes in Maryland for 25 years. Three of those years were as a Maryland Divisional Medical Director. Then, she transitioned to CCA/WVSA and “loves working with the CommuniCare Family of Companies because of the shared mission.”

In her free time, Dr. Riedinger enjoys yoga, playing tennis, and snow skiing; and her husband—a physician—is “obsessed with fly fishing.” They enjoy two adult children: one is a high school teacher in Colorado, the other is a 4th year medical student in Baltimore.



Survey Says!

Thank you, Business Office Managers and Executive Directors, for taking the annual survey that was emailed to you on November 24, 2025! This was the first year that the EDs were invited to take the survey, and we were very happy to receive your responses.

Our teams are reviewing the results to improve our services to you this year and to continue doing what you enjoyed most last year.

Who responded the most? West Virginia at 41.94%, with Ohio close behind at 38.71%, followed by Indiana, then Maryland.

We are happy to report that one of the questions showed that you were “Mostly Satisfied” or “Very Satisfied” in 2025. We look forward to helping you more in 2026.

Did You Know?

New hires in our SNF facilities 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 Microsoft Teams link from your E.D. Ask questions and be informed in less than 20 minutes. We look forward to meeting you!

The Consent to Contact Form was updated and sent to you January 8th in a Monthly Highlight Reminder email. Please see it attached.

Rendering providers submit prior authorization forms! It is important that they include clinical documents, any pertinent comments, their name and phone number, along with face sheets. [Case Managers can assist with information and questions regarding prior auths, but they will no longer be completing the forms.](#) If you have questions, contact Nicole Werner, Director of Care Coordination, niwerner@communicare-advantage.com.

Reminders!

—It's end of 1st quarter 2026—

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.



Do you know how to detect health care fraud?

(The following is from <https://www.fbi.gov/investigate/white-collar-crime/health-care-fraud>)

Everyone is affected by health care fraud—individuals and businesses—resulting in tens of billions of dollars in losses every year. This fraud could increase taxes and raise health insurance premiums.

The FBI is the primary agency for investigating health care fraud for federal and private insurance programs. The FBI partners with federal, state, and local agencies to investigate these crimes.

Some of the common types of health care fraud committed by medical providers are:

- **Double billing:** Submitting multiple claims for the same service
- **Phantom billing:** Billing for a service visit or supplies the patient never received
- **Unbundling:** Submitting multiple bills for the same service
- **Upcoding:** Billing for a more expensive service than the patient actually received

Some of the common types of health care fraud committed by patients and other individuals are:

- **Bogus marketing:** Convincing people to provide their health insurance identification number and other personal information to bill for non-rendered services, steal their identity, or enroll them in a fake benefit plan
- **Identity theft/identity swapping:** Using another person's health insurance or allowing another person to use their insurance
- **Impersonating a health care professional:** Providing or billing for health services or equipment without a license

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.



CommuniCare ADVANTAGE

www.communicare-advantage.com

Did You Know This Important Enrollment/Disenrollment Info?

To remain on our plan, members must reside within a participating facility.

When a resident discharges to a home in the community or to a nonparticipating facility, it is important to communicate the discharge to the plan as soon as possible. This helps ensure timely removal of the resident from your membership roster.

Best Practice: As soon as possible upon discharge, complete and submit the Disenrollment/Discharge form to ISNPDisenrollment@chs-corp.com.

Scenario Example

- Resident discharges on April 11, 2026. Complete and send the Disenrollment/Discharge form that day.
- CMS contract requires the health plan to allow members the opportunity to regain eligibility to participate in the plan. As a plan, we have elected to allow 30 days to regain eligibility.
- A Disenrollment form is received by the plan the last business day of the month in which they discharged. In this example, if the plan received the discharge form by April 30, 2026 – member will disenroll and drop off your roster effective June 1, 2026.

Why is it important to notify the health plan timely?

If the plan isn't notified timely, the member remains on the health plan, while they reside outside of the facility, which causes a delay in the member obtaining other health plan coverage. Plus, the member would have to see the health plan providers and follow our health plan's benefits.

Note: Disenrollment dates are determined based on the date the plan submits the Disenrollment form and NOT on the date the individual discharged from the facility.

- Example from above: The resident would be covered and remain on your roster through May 2026; PLUS, the 30 days we are required to allow to regain eligibility.
- The resident would remain on the plan and on your roster through June 30, 2026, and disenrollment would become effective July 1, 2026.
- This causes the resident to remain on the plan and on your roster longer than is required.

Please note: Disenrollments/Discharges should be communicated to the Health Plan using the Disenrollment/Discharge form. Any other form of communication will result in a follow-up email requesting the official Disenrollment/Discharge form to be completed and submitted.



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

2. Care coordination elements: Health Risk Assessment (HRA)

The main objective of the HRA is to assess members' current health status, estimate their level of health risk, and facilitate the development of their Individualized Care Plan (ICP).

We use a Health Risk Assessment (HRA) that is comprehensive and specialized for a community-based population with diabetes mellitus, chronic heart failure, and/or cardiovascular disease (CSNP) or who reside in one of our ISNP facilities.

ISNP and CSNP members are encouraged to complete a health screening online or over the phone to identify individuals at risk and most in need of a care management visit. The screening is then used to triage the urgency of an in-person HRA which is completed with a care manager for CSNP or with a Personalized Health Partner (PHP) Nurse Practitioner (NP) for ISNP.

All HRAs are conducted within 90 days of enrollment and, at minimum, again within one year of completion of the last HRA.

Based on the HRA findings, the Plan uses a predictive model that rates each member's acuity and risk as low risk, moderate risk, or high risk. The results are maintained in the integrated clinical database and disseminated to the Interdisciplinary Care Team (ICT) participants.

The CSNP member's Case Manager and the ISNP member's PHP NP provide pertinent HRA and related ICP changes to the member's Primary Care Physician (PCP) and other providers who participate in the member's ICT.



Member Information

- **Dental** (submit claims to):
FCL Dental
101 Parklane Blvd.
Sugar Land, TX 77478
Customer Service: (866) 791-5550
Find a dentist at <https://search.fcl dental.com>
- **Hearing:**
NationsBenefits/NationsHearing
(866) 951-4327, (TTY/TDD: 711)
- **Podiatry:**
No vendor; submit as medical claim
- **Transportation** (non-emergent):
Ride Health
<https://communicare-advantage.ridehealth.com/login/ridehealth>
- **Vision** (new provider in 2026):
NationsBenefits/NationsVision
(866) 951-4327, (TTY/TDD: 711)
<https://communicareadvantage.nationsbenefits.com/vision>
- **Pharmacy** (submit claims to):
MedImpact
10181 Scripps Gateway Ct.
San Diego, CA 92131
Customer Service: (833) 697-8516
- **Comfort Care Catalog:**
CommuniCare Advantage
comfortcare@communicare-advantage.com
Fax order form to number on form:
(513) 605-6845
- **Member Portal** (to login to portal):
myamethyst.com
- **Access Health Services (AHS)**
(new third-party administrator for 2026):
Member Services: (866) 212-4582

Provider Information

- **Prior Authorization Form:**
(updated for 2026)
Form is on CCA website:
<https://communicare-advantage.com/resources/#provider-resources>
- **Access Health Services (AHS):**
(new third-party administrator for 2026):
Provider Services: (866) 225-8501
- **Provider Portal:**
<https://portal.claims.aprosystems.com>
- **Provider Portal Access Request Form:**
Send email to
ppmanagement@accesshealthservices.com
- **Submit Claims to:**
EDI: #70022
Clearinghouse: SDS



Your Partners at CommuniCare Advantage

Network & Provider Relations

- **Amy Acker**, VP, Network & Provider Operations
amy.acker@communicare-advantage.com,
(703) 789-1929
- **Robert Witham**, Senior Director
Contracting & Provider Relations
robert.witham@communicare-advantage.com
(804) 987-5283
- **Stacey Reitz**, Senior Director
Product Growth & Development
stacey.reitz@chs-corp.com
(410) 916-7674
- **Candy Harmon**, Indiana & Ohio
Contracting & Provider Relations Manager
candy.harmon@communicare-advantage.com
(812) 746-8050
- **Teresa Berry-Moragne EI**, Maryland
Contracting & Provider Relations Manager
tbmoragne@communicare-advantage.com,
(410) 259-1189
- **Hannah Dickson**, Concierge Manager
CHSConcierge@communicare-advantage.com
(304) 894-7257
- **Donielle Madaris**, Cincinnati
Partner Engagement Manager
donielle.madaris@communicare-advantage.com
(513) 713-5099
- **Sabra Lloyd**, Cleveland & Northeast OH
Partner Engagement Manager
sabra.lloyd@communicare-advantage.com
(330) 815-8060
- **Lisa Henry**, Maryland
Partner Engagement Manager
lisa.henry@communicare-advantage.com
(317) 695-8025
- **Shawn Krumm**, Partner News Editor; Manager,
Provider Education & Communication,
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.
 - > Hospice notification
- **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:** (866) 225-8501
- **Appeals/Grievances:** (866) 225-8501

