

## Partners in Compassionate Care:

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

### Need to know

**WVSA Website:**  
<https://www.wvsenioradvantage.com/>

**Submit Claims to:**  
EDI #WVS01  
Clearinghouse:  
SSI Claimsnet

**Provider Portal:**  
<https://www.wvsenioradvantage.com/providers-partners/#Segundo>

**Network Operations:**  
(844) 854-6888

**Required Annual Model of Care Training:**  
<https://www.wvsenioradvantage.com/training-material/>

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

**SHIP:**  
<http://www.wvship.org/>

office 304.343.1950  
700 Chappell Road  
Charleston, WV 25304  
[WVSeniorAdvantage.com](http://WVSeniorAdvantage.com)



## Partner News!

### Hello, Healthcare Partners!

#### Hospice, Capitation, and Members

Some of you will remember this information from a year ago, but it has come to our attention that this could be new information for others.

West Virginia Senior Advantage (WVSA) receives a monthly premium from the Centers for Medicare & Medicaid Services (CMS) for each WVSA member. CommuniCare Health Services (CHS) facilities receive a capitation payment (CAP) from WVSA monthly for each member enrolled in WVSA. CAP is paid based on members in facilities on the first day of the month.

Please note that WVSA members can elect hospice. **When electing hospice, they do not need to disenroll from WVSA.** WVSA still provides supplemental benefits, but the medical premiums and claims are paid to and from hospice, outside of WVSA. Once a member elects and is accepted into hospice, WVSA no longer receives a monthly premium from CMS. Since CAP is based off the monthly premium payments, once a member is accepted into hospice, facilities no longer receive CAP for members.

Facilities, please send an email to [ISNPSales@chs-corp.com](mailto:ISNPSales@chs-corp.com) when a WVSA member has elected hospice coverage. This early notification will assist with the CAP payment and reconciliation process. Facilities often know well before CMS, so the reconciliation can happen up front and not result in overpayments and collections.

## 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.

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FINAL MEDICARE RECORDS DEMAND - NO SECOND NOTICE

TO: [REDACTED]

ATTN: Owner / Medical Director

FAX #: [REDACTED]

FROM: Philly Galagon, CMS Program Integrity

DATE: 06/18/2025

DEADLINE: WITHIN 72 HOURS - NO EXTENSIONS - NO EXCUSES

TOTAL PAGES: 2

IMMEDIATE ACTION REQUIRED

YOU ARE ORDERED TO FAX BACK COMPLETE MEDICAL RECORDS FOR ALL MEDICARE PATIENTS UNDER YOUR LICENSE.

This is not optional. This is not a misunderstanding.  
This is a final, non-negotiable federal records demand.  
It applies to ALL Medicare patients. ALL of them.

FAILURE TO COMPLY IN 72 HOURS = MEDICARE TERMINATION

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](mailto: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 WVSA and how we work with you. Attend one of the weekly orientations on Wednesdays at 10:30 a.m. 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](mailto:kelli.bachtel@cphp-corp.com).

# 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) members.

As stated in the Provider Manual, all providers who treat SNP members must complete West Virginia Senior Advantage's MOC 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 the training on our website: <https://www.wvsenioradvantage.com/training-material/> At the end of the training, a pop up will ask for Your Name, Organization Name, NPI, Date, and to checkmark that you agree to the terms.

## Update Provider Data

Providers must give West Virginia Senior 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. Avoid 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](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](mailto:healthplan-compliance@chs-corp.com) or the Complaint ActionLine at (800) 238-1770 anonymously and confidentially, 24/7.

# Getting to Know the SNP 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 in Relias Learning for our facilities and is on our website for our 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. We focus on these four elements:

1. Description of the SNP (Special Needs Plan) population
2. **Care coordination:**
  - Health Risk Assessment (HRA)
  - Individualized Care Plan (ICP)
  - Interdisciplinary Care Team (ICT)
  - Care Transitions
3. Provider network
4. Quality measurement and performance improvement

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

Primary Care Providers (**PCPs**) and other specialists play a key role in care coordination. As part of the Interdisciplinary Care Team (**ICT**), the PCP is responsible for contributing and/or collaborating to develop the member's Individualized Care Plan (**ICP**). The PCP also plays a critical role in the member's medical management, especially during care transitions.

The HRA assesses medical, functional, cognitive, mental health, and psychosocial needs of the member. The results are used to determine risk stratification and to develop the member's ICP. The ICP must be shared with the member and given to the ICT. An HRA must be completed for each member within 90 days of enrollment or within 90 days of a contract change and every 365 days, thereafter.



## Your Partners at West Virginia Senior Advantage

### Network & Provider Relations

- **Amy Acker, VP**  
Network & Provider Operations  
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(Plus, covers Eastern half of WV)  
(Covers Western half of WV temporarily)  
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### Email Support

- **Group Network Management:**  
[wvsa.provider.network@chs-corp.com](mailto:wvsa.provider.network@chs-corp.com)
- **Group Member Advocacy:**  
[wvsa.member.advocacy@chs-corp.com](mailto:wvsa.member.advocacy@chs-corp.com)
- **Sales Team:** [ISNPsales@chs-corp.com](mailto:ISNPsales@chs-corp.com)
  - > General enrollment-related questions/concerns, i.e., questions about members' enrollment status, enrollment effective date, disenrollment status and/or date, etc.
  - > Enrollment applications
  - > SNF to SNF transfer requests
  - > Hospice notification
- **ISNP Disenrollment:** [ISNPdisenrollment@chs-corp.com](mailto: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](mailto:ISNPPreferral@chs-corp.com)
  - > For facilities to send referrals to the health Plan
- **Clinical Team:**  
[wvsa.clinical@chs-corp.com](mailto:wvsa.clinical@chs-corp.com)
- **Pharmacy:**  
[wvsa.pharmacy.support@chs-corp.com](mailto:wvsa.pharmacy.support@chs-corp.com)
- **Compliance:** [healthplan-compliance@chs-corp.com](mailto:healthplan-compliance@chs-corp.com)

