

WINTER

CLEAR SPRING HEALTH

PROVIDER NEWSLETTER

2023



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NEW CSNP PLANS

Clear Spring Health is excited to introduce the CSNP line of business for 2024 in the following states:

- ▶ Colorado
- ▶ Virginia
- ▶ Illinois

All our new plans and their benefits are listed on our website at the following link:

<https://clearspringhealthcare.com/plan-documents/>. Should you have any questions, please feel free to contact us at 877-364-4566 (TTY: 711).

PBM CHANGE

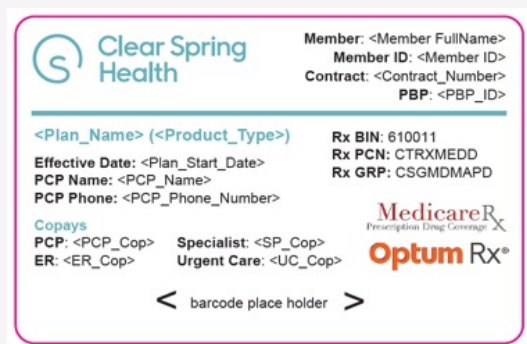
Effective January 1, 2024, Clear Spring Health is switching our Prescription Drug Manager from Express Scripts to Optum Rx. Members will receive new ID cards by mid-December 2023 reflecting this change.

Should you have any questions, please contact Member Support – Medicare Advantage Plans: 877-364-4566 (TTY: 711). Our hours of operation are from October 1 – March 31, 8:00 a.m. – 8:00 p.m., seven days a week and from April 1 – September 30, 8:00 a.m. – 8:00 p.m., Monday through Friday (you may leave a voicemail Saturday, Sunday and Federal Holidays).

NEW 2024 MAPD MEMBER ID CARDS

Clear Spring Health updated the ID card to provide additional contact information in the back of the ID card.

Please note that the ID cards will have the member's original effective date. For example, if they joined Clear Spring on 01/01/2019, this will be the effective date on the new ID card.



Q4 NEWSLETTER PROMPTS

MOC ATTESTATIONS

The Centers for Medicare and Medicaid Services (CMS) require that health plans that offer a Model of Care (MOC) provide their network physicians with information and training. Education and training apply to both Dual Eligible Special Needs Plan (D-SNP) members, who are eligible for Medicare and Medicaid, and Chronic Condition Special Needs members (C-SNP) who have one or more qualifying conditions.

The MOC provides the basic framework under which the SNP will meet the needs of its members. The MOC is a vital quality improvement tool and integral component for ensuring that the unique needs of each member are identified and addressed through the health plan's care management practices. The MOC provides the foundation for promoting SNP quality, care management, and care coordination processes.¹

We ask that you partner with us to ensure we are giving the highest quality of care possible to our SNP members by performing the following activities:

- Complete the annual MOC training posted in our website found under PROVIDERS › PROVIDER OVERVIEW › MOC TRAINING
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- ➔ Upon completion of the training, please complete the Model of Care (MOC) Attestation form located under PROVIDERS › PROVIDER OVERVIEW › MOC ATTESTATION and send back to our Provider Relations department.
 - ➔ Actively communicate with our Care Management department if there are any questions with regard to a SNP member's care plan.
 - ➔ Collaborate with the health plan, care managers, member, and caregivers to update member's care plan.
 - ➔ Accept invitations to attend member's Interdisciplinary Care Team (ICT) meeting whenever possible.
 - ➔ Maintain copies of the Member's Care Plan, Transition of Care Notifications (admission/discharge letters) in the member's medical record when received.
 - ➔ For a complete copy of the Model of Care submitted and approved by the National Committee for Quality Assurance, you may reach out to:
Clear Spring Health's Quality Improvement Department: 844-895-9047.

1. Model of Care (MOC): <https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/SNP-MOC>

Q4 NEWSLETTER PROMPTS

CLEAR SPRING HEALTH PROVIDER PORTAL

Clear Spring Health is excited to announce our Provider Portal is now available! Below you'll find details as to our portal's functionality and instructions for registering.

We are granting you access to the Provider Portal, enabling you to access your members' information. Our Provider Portal allows your team to verify member eligibility, submit authorization requests, utilization reports, membership reports, and health plan notifications. With the click of a button, you'll get access to patient details, updates on health changes, and more. Streamline your workflow and make patient care easier than ever with our Provider Portal!

Providers, please designate an "Administrator" for your office to be responsible for the web portal. The administrator will have the ability to add authorized representatives ("staff"), within the office, to the account.

Registration Instructions: If you would like to access the portal, please navigate to <https://clearspring.vernier.health/login> or locate it on our website clearspringhealthcare.com. To access through the Clear Spring Health website, users should select the 'Provider' option from the header, followed by 'MAPD Provider Portal' from the drop-down menu. You will need the Authentication Code of "clearspring" to sign up.

Training on our new Provider Portal and available functionality is published on our website by selecting the 'Provider' option from the header, followed by 'Provider Overview' from the drop-down menu.

Should you have any queries, please utilize the chat icon in the bottom right corner of the portal login page or, alternatively, please contact Clear Spring Health Provider Relations at 1-833-988-1607 Ext. 4.



Q4 NEWSLETTER PROMPTS

FLU VACCINE REMINDER

It is more important than ever to get members vaccinated against the flu. Please strongly recommend and offer the flu vaccine to your patients. Your recommendation makes a huge difference in a patient's decision to get vaccinated. Flu vaccination is especially important for people at high risk for flu-related complications. Even for patients who are not at high risk for complications, it is anticipated that the co-circulating COVID-19 virus means it is more important than ever for us to increase flu immunizations in all of those who can be vaccinated.

Flu Vaccine Coverage

- ➔ One flu vaccine is covered for members 19 years of age and older through Clear Spring Health prescription drug benefit and the medical benefit.
- ➔ Flu vaccines administered by pharmacies do not count against a member's monthly prescription limit, and there is no copay to members.
- ➔ Members can receive the vaccine in any pharmacy.

Process for Billing/Authorization

- ➔ The seasonal flu vaccine does not require authorization.
- ➔ Any additional flu vaccine does require authorization and may be covered if medically necessary.

Please fax your request for additional flu vaccines to the Utilization Management Department
Fax #: 1-866-613-0157

INTRODUCING VIRTIX

Clear Spring Health has partnered with Virtix Health for the retrieval of medical records for purposes of Medicare Risk Adjustment and HEDIS/STARS. This new process will allow Clear Spring to maximize the ability to identify, obtain and analyze medical data quickly, easily, and securely.

Virtix Health is one of the industry leaders in replacing manual medical record retrieval with automated data acquisition. This allows us to assist you (our providers) by reducing the burden medical record requests places on the office staff and increase the amount of information gathered.

If you have any questions about Virtix you can call the Quality Improvement Department 844-895-9047.



No-Cost Benefit

New

Get the Care You Need from the Comfort of Your Home

Clear Spring Health has now partnered with Porter to offer you In-Home or Telehealth provider visits.



Additional Benefits



At Home Clinical Visits

- ✓ Health Professional in Your Home
- ✓ Conducts Preventive Screenings
- ✓ Discusses Health, Meds, History
- ✓ Answers Any Health Questions



Personal Health Coordinator

- ✓ Coordinates Healthcare Appointments
- ✓ Handles Food and Transportation Issues
- ✓ Secures Needed Services and Supplies
- ✓ Listens to Your Unique Health Needs



All-In-One Health Platform

- ✓ Manage Appointments and Transportation
- ✓ Get the Most from Your Plan Benefits
- ✓ Access Personalized Health Education
- ✓ Track Screenings & Assessment Results

"My Care Guide helped clear my energy bill and enrolled me in a Medical Rate Reduction Program."

– J.M., Illinois

"My Care Guide helped me get Chronic Condition meals, activated my monthly flex benefit, and qualified me for utility and grocery assistance."

– L.S., Maryland

How to Get Started

1. Reach out to us **1-800-558-9922** or **help@helloporter.com**
2. We will review and support any immediate health needs
3. We will schedule your in-home visit with your Porter Practitioner
4. We will assist you in maximizing your health plan benefits
5. We will support all your health needs for the next 30-Days

Want to learn more?



Scan Me

Your Care, Our Passion. Your Health, Our Priority.

www.helloporter.com

Q4 NEWSLETTER PROMPTS

2024 MEDICARE ADVANTAGE FINAL RULE (CMS 4201-F)

In accordance with the recently published 2024 Medicare Advantage Final Rule (CMS 4201-F), Clear Spring Health will modify its current rules and practices.

Medicare Advantage plans are required to adhere to the standards set out by Local Coverage Determinations (LCDs), National Coverage Determinations (NCDs), and other Traditional Medicare laws for all reviews, including prior authorization, concurrent review, and retrospective review. When CMS hasn't set standards, other criteria may be utilized to assess medical necessity for services. MCG care guidelines will be followed by Clear Spring Health and made available to members and clinicians alike.

To make sure that CMS regulations are met, Clear Spring Health will set up a Utilization Management Committee that will conduct an annual evaluation and assessment of consistency with coverage criteria.

Unless a one-day inpatient stay is judged required based on a patient's unique medical condition and comorbidities, or unless the admission is for a procedure on the Inpatient Only List, Clear Spring Health will adhere to the Two-Midnight Rule for medical and psychiatric inpatient admissions.