



FALL 2022

Provider Directory Review • AEP • eCare Home Monitoring Program

NAME CHANGE REMINDER

As a friendly reminder, EON Health has changed its name as of January 1, 2022. EON was acquired by Clear Spring Health, a subsidiary of Delaware Life on June 1, 2018. Operating in South Carolina and Georgia as Eon and in Illinois as Community Care Alliance, all Member ID Cards will have only the Clear Spring Health logo.

QUICK REFERENCE CONTACTS

Provider Services

Phone: 833-988-1607

- Confirm member eligibility and benefits
- Provide care coordination notification
- Check claims status
- Request prior authorization
- Update facility/practice data

TTY/TDD (for all departments)

711

Member Services

Phone: 877-364-4566

Vision

Phone: IL: 844-254-9491

**Phone: CO, GA, NC, SC,
VA: 844-824-2014**

As part of our ongoing quarterly outreach, Clear Spring Health would like to ensure that we have the most recent provider demographic information available for your group and physicians as members search and select their Specialists and Primary Care Physicians.

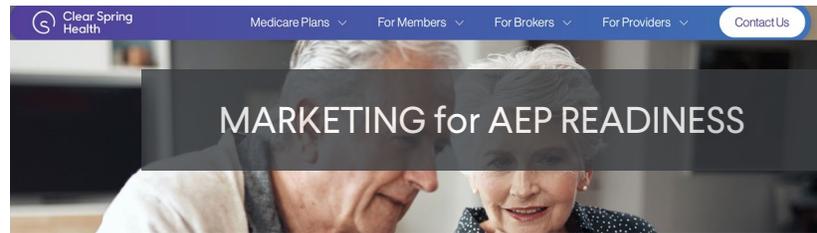
We would like to ask you to take a minute to please review all your demographic information on the Clear Spring Health Provider Directory

<https://clearspringhealthcare.com/for-providers/provider-overview/>

If you or your staff identify any discrepancies, please submit any information change requests or any additional/terminated locations we have not captured to providercontracting@clearspringhealthcare.com. Thank-you.



Clear Spring Health is excited to announce that in preparation for AEP, you can expect to see more of Clear Spring Health marketing and advertising than ever before. Outdoor campaigns have begun and will be supported with radio, DRTV, transit ads, a new website, a new drug search tool and digital advertising through Google, Microsoft and Facebook. We will make great use of the number 844-CLEAR65 in all of our marketing so you won't forget our number! With all these new marketing initiatives, we'll see you out there this AEP!



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.



Dental

Phone CO: 855-225-1731

Phone GA: 800-516-0124

Phone IL: 800-508-6780

Phone NC: 844-831-9098

Phone SC: 800-685-2371

Phone VA: 844-822-8109

Behavioral Health Services

Phone: 866-689-8761

Fitness Program

Phone: 888-423-4632

Over the Counter Program (OTC)

Phone: 877-234-4806

Hotline to Report Fraud and Abuse or Compliance Concerns

Phone: 866-467-6958

Prior Authorization Requests

(Medical and Behavioral Health)

Phone: 866-689-8761

Inpatient Fax: 866-611-1957

Outpatient Fax: 866-613-0157

Email:

utilization.management@clearspringhealthcare.com

Process for Billing/Authorization

- The seasonal Flu Vaccine does not require authorization.
- Any additional Flu Vaccine will require authorization and may be covered if medically necessary.

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

The Centers for Medicare and Medicaid Services (CMS) requires that health plans who offer a Model of Care (MOC) provide their network

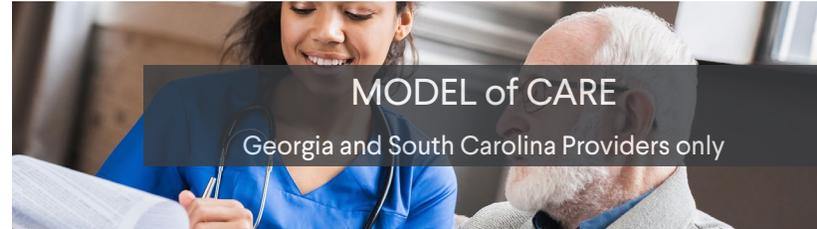
physicians with information and training. Education and training apply to both Dual Eligible Special Needs Plan (D-SNP) members, who are eligible for Medicare and Medicaid, and Chronic Condition Special Needs members (C-SNP) who have one or more qualifying conditions.

The MOC provides the basic framework under which the SNP will meet the needs of its member. 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 asked 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:

- Review the annual MOC training posted in our website found under PROVIDER OVERVIEW/ Quality Improvement.
- Upon completion of the training, please complete the Model of Care (MOC) attestation form located under PROVIDER OVERVIEW/ Quality Improvement and send back to our Provider Relations department.
- Actively communicate with our Care Management department if there are any questions with regards to SNP member 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.



MODEL of CARE

Georgia and South Carolina Providers only

Care Coordination / Case Management

Phone: 866-938-3720

FAX: 855-844-0303

email: caremanagement@clearspringhealthcare.com

Electronic Payments & Statements Enrollment

2022 Change Healthcare EDI
Payer ID Number: 85468

Pharmacy

Phone: 877-842-9788

Part D Prescriber Appeals

Phone: 844-374-7377

Hearing

Phone: 877-234-4761

Improve your patient's health outcomes and member experience.

The eCare Home Monitoring Program is tailored to monitor members with a diagnosis of Hypertension. Eligible Clear Spring Health

members receive special equipment allowing them to take their vital signs in the comfort of their home. The equipment transmits the results to an eCare Nurse Coordinator, who reviews the blood pressure readings as they are received. If the readings are not within normal range, the eCare Nurse contacts the member and the member's primary care physician to discuss the results and next steps.



The Goal

1. Improve member outcomes
 - Member accessing their own data have a better understanding of their disease
 - Empower members to better manage their health
2. Improve member experience
3. Enhances accessibility – factors such as distance, lack of vehicles, transportation cost and inadequate infrastructure can hinder a member from accessing care. Member living in rural areas pose a barrier to obtaining frequency of care. Remote monitoring is an effective way of reaching the members and assess if members are addressing their chronic needs.
4. Convenient care with real-time data – remote monitoring helps reduce gaps in member's health awareness.
5. Patient-provider communication – remote monitoring often increases the frequency of communication between members and their care team and consequently helps improve overall communication.
6. Delivery of elevated patient support – remote monitoring provides members with all the support they need not only by monitoring their blood pressure but also by having access to qualified nursing staff.
7. Reduce Cost:
 - Prevent or reduce all cause 30-day hospital readmission among High-Risk members with Hypertension
 - Allows early detection and decrease ER utilization due to an exacerbation of medical condition
 - Decrease the number of unnecessary outpatient visits

Who is Eligible?

Members eligible to participate in the eCare Home Monitoring Program must have the following criteria:

1. Diagnosis of Hypertension
2. Age: 65 and older

How does it Work?

Upon member enrollment to the eCare Program, the nursing staff performs the following:

- Reaches out to member to obtain member consent
- After consent is obtained and member's demographic information verified, the equipment is shipped to the member
- Vendor notifies the Plan once the equipment has been delivered to the member for additional member outreach

Members are monitored on a continuous basis through real-time software and based on this, the eCare nurses employ clinical protocols applicable to member's specific health care needs.

Daily Home Monitoring is performed: Monday – Friday 8:00 am to 6:00 pm EST. Nursing personnel is available for immediate member attention. After hours, weekends and Holidays, nursing assistance is available through the nursing hotline (Team Health).

A Care Plan is developed together with member by engaging member in joint decision-making. The member, provider and/or caregiver are encouraged to review the Care Plan and update goals and/or interventions that would assist the member in achieving improved health outcomes.

The eCare nurse communicates regularly with member and helps customize the care plan with member. Initial Care Plan is shared with primary care physician and every time there is a change in member's status (i.e., member hospitalization, or change in diagnosis, etc.).

The following communications is shared with member's primary care provider:

1. Initial Intake Survey
2. Member's individualized Care Plan
3. Out of range blood pressure alert readings
4. Monthly blood pressure reading reports to track and trend member's blood pressure readings over time
 - Out of range blood pressure alerts are shared with the provider or provider staff immediately upon identification
 - Both the out-of-range alerts and monthly reports are shared via fax and/or email

How to Refer Your Member?

eCare Home Monitoring Program information can be found in the Clear Spring Health website. Download the Provider Referral Form from our website, complete the form and email, or fax the form back to the Quality Improvement department.

The eCare nurse team takes care of the rest!

Download the [Provider Referral Form here](#).

We encourage all our participating providers to refer members to the eCare Home Monitoring Program!

For questions, please contact the Quality Improvement department at: 844-895-9047.

Home monitoring engages members with nursing personnel for improved outcomes.

Clear Spring Health evaluates health care service requests for medical necessity and clinical appropriateness



to ensure that CSH Members have access to quality care. CSH has forms you can use to help you submit your prior authorization requests; use of this form is encouraged but not required. You can find the Prior Authorization form, the Admission form, and a complete list of services/items/Part B drugs requiring prior authorization on the Health Plan website: <https://clearspringhealthcare.com/plan-documents/>. You can fax the completed form to fax # 1-866-613-0157. Clinical documentation is required for authorization processing, please attach all documents to avoid delays in processing your request.

CSH Utilization Management staff are available to providers during normal business hours Monday through Friday from 8:30am to 5:00pm CST and Saturdays from 9am to 1pm CST via toll-free phone number 1-866-391-6511. Service calls are responded to immediately during business hours but no later than within one (1) business day after receipt of a message.

The processing time frame for non-urgent requests is up to 14 days for services and items and 72 hours for Part B Drugs. The processing timeframe for urgent requests is 72 hours for services and items and 24 hours for Part B Drugs.



Clear Spring Health has a contract with Medicare to offer HMO, PPO and PDP plans. Clear Spring Health has contracts with the Georgia and South Carolina Medicaid programs. Enrollment in these plans is dependent upon annual contract renewal with the federal government.

2022 Clear Spring Health, 250 S. Northwest Highway, Suite 302, Park Ridge, IL 60068

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