

Frequently Asked Questions

Who is Care N' Care's delegated Claim's vendor?

TMG Health is the delegated claims vendor for Care N' Care.

How do I submit a claim?

Claims can be sent electronically or by mail to:

Payer ID: 66010

Mailing Address:

Care N' Care Claims

P.O. Box 4375

Scranton, PA 18505

What clearinghouse does Care N' Care use?

Care N' Care uses Change Healthcare as its clearinghouse. If your clearinghouse is Change Healthcare, update your account to include Care N' Care Payer ID# 66010. If it's not, contact your clearinghouse and request to add Care N' Care's Payer ID to your account. Contact your clearinghouse if you experience any issues.

What payment methods are available?

Check runs are twice a week on Monday and Thursdays either electronically through Change Healthcare or by mail. Providers will need to register for Electronic Funds Transfer (EFT) with Change Healthcare. If not registered with Change Healthcare for EFT, then payments will default to paper checks and mailed.

How do I register for EFT payments with Change Healthcare?

To register, contact Change Healthcare at:

Phone: 866-506-2830 (option 2)

EFT Enrollment Registration link: <https://support.changehealthcare.com/customer-resources/enrollment-services/medical-hospital-eft-enrollment-forms>

Providers must be enrolled in Change Healthcare's Electronic Remittance Advise (ERA) before enrolling into Change Healthcare's EFT services.

How can I receive Electronic Remittance Advice (ERA)?

Providers currently registered with Change Healthcare will need to add the Care N' Care Payer ID# 66010. To register to receive ERA's contact Change Healthcare at:

Phone: 866-506-2830 (option 4)

Website: <https://support.changehealthcare.com/customer-resources/enrollment-services/medical-hospital-era-enrollment-forms#sort=relevancy&numberOfResults=12>

How do I check claim status?

Provider Portal: availability.com/provider-portal

Claims Provider Customer Service: 844-806-8216

How should I send a refund check made payable to Care N' Care?

Care N' Care Finance

1603 Lyndon B Johnson Freeway Ste. 300

Farmers Branch, TX 75234

Include the following in the company letter:

- Claim#
- Member ID & Name
- DOS
- Amount
- Reason for return

Received a check in error and did not deposit. Where should I return the check to?

Mail the check back to Care N' Care at the following address:

Care N' Care Claims

P.O. Box 4375

Scranton, PA 18505

Include the following the company letter:

- Claim#
- Member ID & Name
- DOS
- Amount
- Reason for return

How are in-network disputes handled?

First level, call Claims Customer Service at 844-806-8216.

Second level, Providers have 60 days from the date of notification of the claims decision to file a written dispute to Care N' Care to include:

- A dispute request on your company letterhead
- Copy of original claim form
- Remittance notification of denial
- Clinical/supporting documentation that supports the providers reason for reimbursement
- Second level Disputes can be mailed to:

Care N' Care Provider Claims Disputes Department

1603 Lyndon B Johnson Freeway Ste. 300

Farmers Branch, TX 75234

How to Submit Out-of-Network Appeals

First level, providers can contact Provider Customer Service at 844-806-8216.

Second level, if a claim has been processed but you disagree with the outcome you must file your written appeal request within 60 calendar days from the remittance notification date. Your request must include the following:

- An appeal request of company letterhead

- A copy of the original claim form
- Remittance notification showing the claim in question
- Any clinical records or documentation that supports the provider's arguments for reimbursement.
- A signed Waiver of Liability Form promising to hold the member harmless regardless of the outcome as required by the Centers for Medicare and Medicaid Services (CMS).
- Appeal's Mailing Address:
Care N' Care Appeals & Grievances Department
1603 Lyndon B Johnson Freeway Ste. 300
Farmers Branch, TX 75234
- Fax: 817-810-5214 (Attention: Appeals & Grievances)

How do I register for the Provider Portal?

Providers can register at <https://www.availity.com/provider-portal-registration>

What is the phone and fax number for the Pre-Authorization Department?

- Phone: 855-359-9999
- Fax: 888-965-1964

Which plan requires a referral?

- HMO members require a referral from their PCP to specialists.
- PPO members do not require a referral however, providers are encouraged to submit the referral as information to UM Department.

How can I verify if a pre-authorization is required?

- Providers can search the Pre-Authorization Code Lookup resource to verify if an authorization is required.
- Pre-Authorization Code Lookup Code at <https://pal.cnchealthplan.com/codes>

How can I register for Acuity Connect (Pre-Authorization Portal)?

Phone: 817-632-3033

Where can I locate Pre-Authorization forms to submit a pre-authorization request?

- Pre-Authorization forms can be found at <https://www.cnchealthplan.com/providers/tools-resources-2022/#toggle-id-3>

How do I obtain Care N' Care member eligibility and benefit information?

- Availity Provider Portal: [availity.com/provider-portal](https://www.availity.com/provider-portal)
- HIPAA Eligibility Transactions (270/271 Benefits & Eligibility files). Contact your IT and Clearinghouse to work with Change Healthcare to set up this service.
- IVR (Automated): 844-806-8215
- Benefits & Eligibility: 844-806-8216

Be prepared to give the following information when calling Benefits & Eligibility:

- Provider or Group/ Facility Name
- Name
- Provider NPI & TIN

- Member Last Name, First Name
- Member DOB
- Member ID# or Medicare#
- Gender

The member ID card has a separate phone number for Dental Benefits. Is that the phone number I call for those benefits?

The phone number on the ID card is for Members who have the supplemental Dental rider. If the member did not enroll in the supplemental rider, call the benefits and eligibility line.

How do I check if we are a contracted provider?

Network status can be viewed on our online provider directory at <https://eform.cnchealthplan.com/2022/providerssearch/en/>

How do I submit a change in my demographic information (address, NPI, TIN, etc.)?

Providers may submit demographic changes by filling out the Provider Update form and fax or email to Provider Concierge Department. Remember, to include a W9 as applicable.

Provider Update Form: <https://www.cnchealthplan.com/providers/provider-update/>

Email: providerconcierge@cnchealthplan.com

Fax: 682-503-5427

Any changes in TIN, NPI, adding a provider an existing agreement or termination notice then Providers must email Contracting Department with their detail request at contracting@cnchealthplan.com.

If provider is contracted through an IPA please contact your IPA as they will submit changes to Care N' Care.

How do I add a new provider, Tax Identification Number (TIN), etc.?

Providers must email the Contracting Department with their detail request:

Email: contracting@cnchealthplan.com

How can I get a copy of my provider agreement?

Email your Provider Concierge requesting a copy of your provider agreement. Please include your Tax ID # and NPI# along with request.

Email: providerconcierge@cnchealthplan.com

Phone: 817-687-4004