care(n)care
Insurance Company, Inc.

Provider Newsletter

November 9, 2022

Benefits & Eligibility

Providers are encouraged to verify benefits and eligibility and can do so through the following options:
- Availity Provider Portal
    - Care N' Care's provider portal vendor is Availity which has the capability to verify benefits, eligibility and view claims status.
    - To access or register for this provider portal visit our website at cnchealthplan.com/providers/provider-portal/.
    - 2022 benefit flyer plan specific information (services and co-pays) are available on our provider portal webpage at cnchealthplan.com/providers/provider-portal/.
- IVR: 844-806-8215.
- HIPAA Eligibility Transactions 270/271 files: For set up, have your IT and clearinghouse contact Change Healthcare (CNC's clearinghouse).
- Customer Service: 844-806-8216.

Pre-Authorizations & Referrals

Prior Authorization Code Lookup Search Tool
Providers are highly encouraged to utilize the Prior Authorization Code Lookup search tool to verify if services require an authorization at https://pal.cnchealthplan.com/codes . If the code populates on the search tool, then an authorization is required.

The following codes have been added to the Prior Authorization Code Lookup: 91110, 33244,76856, and 76857. The following codes have been removed from the Prior Authorization search tool which will no longer re-quire an authorization: 98940, 98941,98942, A0425, 80307, G0279, 97161, 97162, 97163, 97165, 97166, 97167, 66982, and 94060.

Acuity Connect (Authorization Portal)
Acuity Connect is the Authorization portal with the capability to submit authorizations, referrals, attach supporting documentation and view status. Providers can register for Acuity Connect access, please contact the Help Desk at 817-632-3033 or email at help@southwesternhealth.org .

Requesting Prior Authorization
- Providers are encouraged to submit authorization requests prior to services being rendered unless care is rendered in an emergency setting.
- Prior Authorization requests are to be submitted by physician or facility providing services.
- To verify if an authorization is required, search the Prior Authorization Code Lookup search tool at https://pal.cnchealthplan.com/codes.
- Retro-Prior Authorizationrequests will only be reviewed in the scenario an out-patient requests was initially

approved, but at the time of service, the patient required more extensive in-patient procedure.
- Reminder to include the recent and appropriate clinical documentation with prior authorization requests.

Requesting Referrals
- HMO plans do require referrals for member to see any physician other than a PCP.
- Referrals must be submitted by the PCP.
- Reminder to include the recent and appropriate clinical documentation with referral requests.
- Referrals made to an out-of-network provider will be reviewed for redirection.
- PPO plans do not require referrals however, providers are encouraged to submit as notification.

How to Submit a Referral and/or Prior-Authorization
- Acuity Connect (Authorization Portal)
- Fax:
  - PCP & Specialists: 888-965-1964
  - DME: 888-965-1964
  - Home Health: 855-446-9982
  - SNF: 855-446-9981

How to obtain additional Prior Authorization Information:
- Providers can visit our website at cnchealthplan.com/providers/tools-resources-2022/#toggle-id-3

Claims

Providers are encouraged to register for an Availity Provider Portal account. Providers can add CNC's Payor ID#66010 to your existing Availity portal account to view CNC information. This portal has the capability to verify benefits, eligibility, and view claims status. Register for an Availity Provider Portal at cnchealthplan.com/providers/provider-portal/

How to submit an In-Network Dispute

- Providers have 60 days from the date of notification of the claims decision to file a written In-Network Dispute. Unless, your provider agreement indicates differently. The following information must be provided:

  - Send a written dispute request on company letterhead
  - Provide a copy of the original claim form
  - Attach a copy of remittance notification of denial
  - Include documentation that supports the reason for reimbursement.
  - Disputes may be mailed to:
    Care N' Care Insurance Company
    Attention: Appeals & Grievances Department
    1603 Lyndon B. Johnson Freeway, Ste. 300
    Farmers Branch, Tx 75234

How to Get Status on Your In-Network Disputes
- For status on your disputes, providers may complete the Dispute/Appeals Status Request Form available on our website at cnchealthplan.com/providers/tools-resources-2022/#toggle-id-4

Patient Experience

Patient Experience is here to support our physicians with educational resources, best practices, and to improve overall STAR ratings.

Medicare Beneficiaries receive annual surveys (CAHPS – Consumer Assessment of Healthcare Providers and Systems Survey or HOS – Healthcare Outcome Surveys). Patients are asked questions that fall under the following domains: Staying Healthy Screenings, Test, Vaccines, Managing Long Term Conditions, and Member Experience with Prescription Drug Plans.
[Patient Experience, Why It Matters](#)

LexisNexis

It is vital to keep provider data as accurate as possible in our provider directories so members have access to accurate, up-to-date provider information. To ensure this accuracy, the Texas Department of Human Services, the Texas Department of Insurance, and the Center for Medicare & Medicaid Services all require that providers review and update their information quar-terly or whenever there is a significant change.

To assist with this requirement, Care N' Care has partnered up with LexisNexis Health Care and it's Verify Health Care Portal (Verify HCP) solution. Verify HCP lets you verify provider directory information online. LexisNexis will be

outreaching to our providers on a quarterly basis by one or more of their three communication channels (phone, fax, and Verify Health Care Portal) to verify that your provider information is accurate.

As a quick reminder, here is the provider directory information that must be reviewed and updated:

- · Ability to accept new patients.
- · Street address.
- · Phone number.
- · Office hours.
- · Hospital privileges.
- · Any other information that affects availability to members.

Thank you for your cooperation with this important initiative.

Resources

We would like to provide you with our 2022 Provider Quick Reference Guide. This resource guide identifies the coreprovider resources and department contact information that any provider office may need for Care N' Care (CNC). The Provider Quick Reference Guide also lists the available resources such as how to identify Benefits & Eligibility, Claims information, Case Management and Utilization Management, Provider Concierge, etc.

[Provider Quick Reference Guide](#)

Here are other additional resources:

Provider Website Section: cnchealthplan.com/providers/ for all provider information.

Provider Tools & Resources: cnchealthplan.com/providers/tools-resources-2022/ this link will provide Benefits Information (Plans, services and co-pays), Evidence of Coverage, Pre-Authorization, Referrals, Claims Information, Alerts and Tools information.

Provider Office Point of Contact Information: [cnchealthplan.com/wp-content/uploads/2021-0002_Provider-Of-fice-Contact-Info_v2-FF.pdf](http://cnchealthplan.com/wp-content/uploads/2021-0002_Provider-Office-Contact-Info_v2-FF.pdf) this form can be filled out to identify who is your office point of contacts for HEDIS/Quality Measures, Billing Contact, Authorizations/Referrals, etc. This allows Provider Concierge and Care N' Care to contact the appropriate person in the office.

Provider Update Form: cnchealthplan.com/providers/provider-update/ is the form to be filled out for any demographic updates to the practice to reflect our systems and Provider Directory's accurately. Providers contracted through an IPA (Independent Practice Association) must contact their IPA Representative.

Tools You Can Use

Catch Up On Provider Alerts

Need Forms?

How To Submit Claims

Need To Update Your Information?

Have Questions? Contact Provider Service:

817-687-4004 | **providerconcierge@cnchealthplan.com**

Monday - Friday, 8 am to 5 pm

Patient Experience: Why It Matters

You work hard to provide the best care possible for your patients and that includes providing great patient interactions. By working together, we can help ensure that patients' perceptions exceed their expectations across the entire range of care.

Great patient experience encounters benefits your practice

Your Patients

- Patients with better care experiences often have better health outcomes.
- A patient experience that builds trust in the provider correlates with patient satisfaction, adherence to treatment plans, and health outcomes.
- Patients experience positively impacts improved outcomes in both disease management and prevention.

Your Practice

- Patients are loyal when they feel their doctor cares about them and delivers a quality experience. They are less likely to leave a provider if their experience is good.
- A good patient experience mitigates some malpractice peril.
- Patient experience improves employee satisfaction and reduces staff turnover with implemented efficient office processes.

Your Payer Relationship

- A good patient experience supports a positive experience for our members and in-network providers.
- Research shows that patient experience surveys are reliable predicators of quality measures including better outcomes.