



A Message from our Chief Medical Officer

More than 10,000 seniors here in North Texas have put their trust in us – you and Care N’ Care – to be their healthcare partners as they navigate the challenges and opportunities that come with life. Your patients and our members deserve the finest we can give as it relates to both quality care and exceptional service. The best way to achieve those goals is together.

Coordinating our efforts starts with great communication, so welcome to the first issue of our new provider e-newsletter. We’ll be sending these to you on a bi-monthly basis, and although we know how inundated you are with emails and texts, we hope you will find this newsletter to be of significant interest and value.

Our goal is to fill each issue with articles that both provide information and inspire as we discuss important issues your practice may be facing, educational resources and training opportunities for you and your office staff, clinical notes worth your attention and general information and data that will hopefully add value to your practice. In this first issue you’ll see articles pertaining to HEDIS measures for 2019, an introduction to our new claims vendor TMG (engaged to get you paid accurately and quickly), information on our unique provider concierge program and a discussion on the most important issue of all -- quality of care. I welcome your feedback to all of these and your suggestions on what you would like to see in future issues.

In this first issue, I’m taking the opportunity to introduce you to the Care N’ Care Leadership Team, each of whom join in our efforts to earn the trust and confidence of our members every day. Our team is led by CEO Wendy Karsten who joined Care N’ Care in 2015 and who brings to our plan nearly 30 years of healthcare leadership experience. She is joined by Vice President of Sales and Operations Scott Hancock, Director of Pharmacy Services Shane Greene Pharm.D., Director of Government Programs and Compliance Nakia Smith and Director of Health Plan Operations Bridjit Campbell. We also know our team is not complete without you on the front line helping your patients maintain the best health possible with recommended health screenings and annual checkups and providing great evidence-based care.

Thank you for all you do to help your patients-our members live life to its fullest. We are proud to have you on our team....and to be on yours.

David J Sand, MD MBA FACS
Chief Medical Officer

To learn more about Care N’ Care’s leadership team [Click Here](#)



At Your Service! Your Provider Concierge Team.

As a Care N’ Care in-network provider, you have a personal Provider Concierge who is local and will work closely with you each time you or your office staff needs assistance. [Learn More](#)



New Claims Processing Now Live!

New claims process is now in effect as of Wednesday, May 1, 2019. Get the information you need to ensure a smooth claims process....[Learn More](#)



HEDIS Measures for 2019

Take a look at the HEDIS measures being monitored this year and review the updated Advanced Illness/Frailty Guide...[Learn More](#)



What Does Quality of Care Look Like?

Dr. Sand sits down with Care N’ Care’s 5-STAR providers to ask their advice on best-practices and how to achieve 5-STAR performance. [Read More](#)

Tools You can Use



Catch up on
Provider Alerts



Need Forms?



How to submit claims



Need to update your
information?



Have Questions? Contact your Provider Concierge:
817-687-4004 | providerconcierge@cnhealthplan.com
Monday - Friday, 8 am to 5 pm



AT YOUR SERVICE!



Personal assistance from your Care N' Care Provider Concierge.

As a Care N' Care in-network provider, you have a personal Provider Concierge who is local and will work closely with you each time you or your office staff needs assistance.

Your dedicated Provider Concierge is your partner to assist with:



Inquiries on the health plan



Accessing the authorization portal



Educational material and resources



Quality & Stars programs



Office orientations/Site visits



We work hard to give our physicians and their staff excellent customer service. Whenever you have a question, we are here for you!

Email: providerconcierge@cnhealthplan.com **Phone:** 817-687-4004

[Back to top](#)

May 28, 2019

New Claims Processing Now Live!

Effective May 1, 2019, submit ALL claims to Care N' Care. This includes claims with dates of services (DOS) prior to May 1, 2019, however, not prior to April 1, 2018 (timely filing applies accordingly).



New Payer ID Number for Care N' Care Claims

- New Payer ID Number: 66010- Must be used when submitting claims as of May 1st
- Care N' Care uses Change Healthcare as it's clearinghouse.
- Update your clearinghouse to ensure they can file with Change Healthcare.
- Currently have a profile with Change Healthcare?- Update your profile to include your Care N' Care payment preference for Payer ID number 66010.
- To set-up a profile with Change Healthcare, [click here](#) to get started.
- Electronic Remittance Advice (ERA) must be set-up with Change Healthcare before enrolling in Change Healthcare's Electronic Fund Transfer (EFT)
 - Set-up your ERA by [clicking here](#), or calling 866-506-2830, option 4
 - Set-up your EFT by [clicking here](#) or calling 866-506-2830, option 2



How to Submit Claims

- Electronic
New Payer ID#: 66010
- New Mailing Address:
Care N' Care Claims
P.O. Box 4375
Scranton, PA 18505



Verifying Eligibility and Benefits

- 270/271 Eligibility and Benefit Inquiry and Response through your clearinghouse
- Provider Customer Service, 1-844-806-8216



New Member ID Number for Care N' Care Members

- Your Care N' Care patients have received a new Member ID card AND a new Member ID number as of May
- The new Member ID number will start with "CC" followed by 7 numbers
- You can bill using the Members' old ID number to submit claims until you have obtained the new ID number



Have Questions? Contact your Provider Concierge:
817-687-4004 | providerconcierge@cnhealthplan.com



Sent by Care N' Care Insurance Company, Inc. 1701 River Run, Suite 402, Fort Worth, TX 76107

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HEDIS MEASURES FOR 2019



Healthcare Effectiveness Data and Information Set (HEDIS) one of the most healthcare's performance improvement tools. There's 94 measures developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS is a look back at the year or years prior in review of the services and clinical care provided to our members. The HEDIS data collection consist of: Administrative Data being captured from claims, encounters, pharmacy and labs; Medical Record Review (MRR) also known as supplemental data; Hybrid data which is a combination of administrative data and MRR; lastly Survey data captured by CAHPS & HOS member surveys.

The HEDIS measures being monitored this year are:

- ABA-Adult BMI
- COL-Colorectal Cancer Screening
- CBP-Controlling Blood Pressure
- CDC Eye- Diabetic Retinal Eye exams
- CDC HbA1c-Testing completed
- CDC Neph-Medical condition for nephropathy documented
- CDC BP-Diabetic BP in control
- MRP-Medication Reconciliation Post Discharge
- TRC-Transition of Care

[Back to top](#)

HEDIS 2019 Advanced Illness/Frailty Guide, NCQA has updated current HEDIS performance measures for 2019. Nine Measures will exclude members 66 and older who have an advanced illness and frailty. The measures impacted are:

- Breast Cancer Screening
- Colon Cancer Screening
- Comprehensive Diabetes Care:
 - Annual Eye Exam
 - A1c
 - Medical Attention for Nephropathy
- Controlling Blood Pressure

Other measures impacted are:

- Persistence of Beta-blocker treatment after a heart attack
- Statin Therapy for patients with cardiovascular disease
- Statin Therapy for patients with diabetes

For member to be excluded, claims must include at least one code from both the Advanced Illness and Frailty lists. Click [here](#) for the list of Advanced Illness and Frailty codes.

[Back to top](#)

WHAT DOES QUALITY CARE LOOK LIKE?



We all want to do what's best for our patients – I truly believe that. And I remember being resistant to clinical pathways 30 years ago thinking “who are they to tell me how to treat my patients?!” Even I've evolved to recognize evidence-based best-practices are the foundation of excellent care. And that's exactly what HEDIS measures are: They are not just metrics we chase, they are true indicators of how well we take care of our patients.

I recently spoke with several of our 5-STAR providers. Year after year these doctors have demonstrated the high quality with which they take care of their patients. I asked them their opinions, and if they had any advice for us on best-practices and how to achieve 5-STAR performance.

What I heard was a selfless dedication to doing what's right in the pursuit of high quality care. I also heard that it's a team effort and how involved their staff are in providing care. Other common themes were communication, education and candor and the appreciation their patients have for hearing the plain and simple truth.

These individuals exemplify the type of doctor for whom we want to be known, and frankly, the type of doctor we would want for ourselves. Thank you doctors for the time you spent speaking with me and the care you provide our patients. Here's what they have to say:

Dr. Sand: What does it mean to you to be a 5-STAR provider?

Dr. Ellis: We try to do what's best for our patients. It's about them and their wellbeing. It's really not about me at all – I have a great staff who really care about the patients.

Dr. Bestawrous: I want to do what's right for my patients. It's not about the numbers.

Dr. Sand: I hear a lot about the role the office staff plays – how does that work in your office?

Dr. Lee: We keep a file of all our Medicare members. Everyone knows where it is and we routinely call them.

Dr. Bestawrous: I have a dedicated staff who make phone calls and work with my patients.

Dr. Ellis: My staff make calls when they see there's something that needs to be done and get the patients into the office.

[Back to top](#)

Dr. Sand: Sometimes it's difficult to help patients see the value in certain tests and screenings – how do you handle those situations?

Dr. Ellis: The patients appreciate frank, honest conversation. It makes them really sit up and take notice and they value it and understand. The colon cancer screening is the toughest gap to close. I let them know they can have a variety of tests, including colonoscopy, or they can deal with the possibility of having colon cancer in the future.

Dr. Lee: I tell them I get graded too and I don't want to flunk. I'm very straightforward with them ... if there's an important test, such as colon cancer screening (COL) or breast cancer screening (BCS) that they refuse to get, I have them sign a form that says we have discussed the need for the test and the reasons, and they refuse. They need to sign and date the form and that way if they develop cancer and the children ask, I can show them the form their parent signed. If they refuse regularly, I tell them they probably need to find a different doctor who is more aligned with their views.

Dr. Bestawrous: I love to provide education to my patients, not only about why they should have these tests and screenings, but in general. This is something we do year-round. Sometimes it takes more than one call. Early in the year it may not be the right time for them and we call later and they come in.

Dr. Lee: Medicine has changed a lot – we have to change with it.

[Back to top](#)