

## Claims Process FAQs

### Who is Care N' Care's delegated claims vendor?

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

### What is Care N' Care's Payer ID Number?

The CNC Payer ID is 66010

### 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's new Payer ID# 66010. If it is not, contact your clearinghouse and request to add Care N' Care's new Payer ID to your account. Contact your clearinghouse if you experience any issues.

### How do I submit claims?

Claims are accepted both electronically and by paper.

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

### How do I get status on claims?

Providers can get claims status on the provider portal or by calling Provider Claims Customer Service.

**Provider Portal Registration:** <https://cncproviderportal.tmghealth.com/registration>

**Provider Portal Home:** <https://cncproviderportal.tmghealth.com/portal/home>

**Provider Claims Customer Service:** 844-806-8216

### What payment methods are available?

Claims are paid 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 payments, payment method will default to paper checks and mailed via USPS. All claims payments will be distributed once a week.

## 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://www.changehealthcare.com/docs/default-source/enrollment-services/eft-enrollment-draft.pdf?sfvrsn=49b93116\\_2](https://www.changehealthcare.com/docs/default-source/enrollment-services/eft-enrollment-draft.pdf?sfvrsn=49b93116_2)

Providers must be enrolled in Change Healthcare's Electronic Remittance Advice (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://www.changehealthcare.com/support/customer-resources/enrollment-services/medical-hospital-era-enrollment-forms>

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

**Provider Portal:** <https://cncproviderportal.tmghealth.com/portal/home>

**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

## How can I identify the Care N' Care member ID number?

The member ID number starts with "CC" followed by 7 digits. Sample of CNC Member ID card shown below.

		<b>2021 Care N' Care Choice (PPO)</b>	
<b>Member Name:</b> TEST3 REISSUE		Rx Bin#: 012312 Rx PCN#: PartD	
<b>MemberID</b> CC0002014		Rx Bin# Part B: 009893 Rx PCN# Part B: ROIRX Rx GRP#: CNC003	
<b>HealthPlan</b> (80840)			
<b>Copays:</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
PCP:	\$15	\$50	
Specialist:	\$35	\$70	
ER:	\$90	\$90	
H6328 003			

In an emergency, call 911 or go to the nearest emergency room. Medicare limiting charges apply.	
<b>Members:</b>	
<b>Customer Experience Team:</b> Toll Free: 877-374-7993 TTY/TDD: 711 <a href="http://www.cnchealthplan.com">www.cnchealthplan.com</a>	<b>Pharmacy Customer Service:</b> 855-791-5302 <b>Dental/Hearing/Vision/Over-the-Counter (OTC)/Acupuncture Customer Service:</b> 833-492-9866
<b>Providers:</b>	
<b>Prior Auth/Cert/Service:</b> 855-359-9999 <b>Provider Eligibility &amp; Benefits:</b> 844-806-8216 (Representative and IVR) <b>Acupuncture Claims:</b> 800-972-4226	<b>Pharmacy Claims:</b> 855-791-5302 <b>Dental Claims:</b> 833-492-9866 <b>Vision Claims:</b> 800-521-3605 <b>Medical Claims Phone:</b> 844-806-8216 <b>Medical Claims Payer ID#:</b> 66010 <b>Medical Claims Address:</b> P.O. Box 4375, Scranton, PA 18505
	

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

### **Mail the refund check to:**

Care N' Care Finance  
1701 River Run, Suite 402  
Fort Worth, TX 76107

## **I 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 in company letter:**

Claim#  
Member ID & Name  
DOS  
Amount

## **How are in-network disputes handled?**

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

Second level, submit appeal in writing to Care N' Care. Appeal must 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 appeals can be submitted by mail:

Care N' Care  
Provider Claims Disputes Department  
1701 River Run, Suite 402  
Fort Worth, TX 76107

## **How are out-of-network appeals handled?**

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 on 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;
- And, a signed Waiver of Liability Form promising to hold the member harmless regardless of the outcome as require by the Centers for Medicare and Medicaid Services (CMS).

### **Your appeal may be mailed or faxed to:**

Care N' Care Appeals & Grievances  
1701 River Run, Ste. 402  
Fort Worth, Tx 76107

Fax: 817-810-5214 (Attention: Appeals & Grievances)