

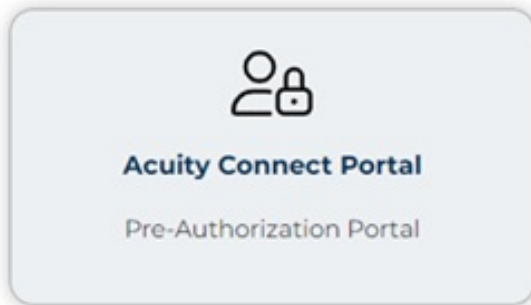
September 13, 2023

Pre-Authorizations and Referrals

Prior Authorization Code Lookup

Providers can search on the Prior Authorization Code Lookup to verify if specialty drugs, codes, and services require an authorization. You can find this tool in our website at <https://pal.cnchealthplan.com/codes>

Authorization and Referrals



Acuity Connect Registration

817-632-3033

Prior Authorization Codes

Acuity Connect (Authorization Portal)

When submitting Part B Specialty Drug requests through the Acuity Connect (Authorization Portal) please ensure to select with PHARM-Standard (72-hour turn-around time) or the PHARM-Expedited (24 hour turn-around time). If the request is not a Part B Specialty Drug requests, please use the PTS-Expedited or PTS-Standard appropriately. PTS-Expedited and PHARM-Expedited is defined as **life or limb threatening**.

Acuity Connect <https://acuity.southwesternhealth.org/production/>

DME Pre-Authorization Form

The DME Pre-Cert forms now have an added section for DME providers to identify the number of units need to be requested. If the number of units are not identified, then it will default to 1 unit only. Providers are encouraged to review their units in the Acuity Portal or the approval fax letter to ensure its correct.

DME Pre-Authorization Request Form: https://www.cnchealthplan.com/wp-content/uploads/SILVERBACK-TX-DME-AUTH-FORM-v1.3_FF.pdf

<input type="checkbox"/> RENTAL		<input type="checkbox"/> PURCHASE	
ICD-10 CM Diagnosis Description	ICD-10 CM Code		
Procedure: CPT/HCPCS Exact Description	CPT/HCPCS Code		# of Visits

It is vital to keep provider information as accurate as possible in our provider directories. It's critical for our members to rely on this accurate information in our provider directories to locate your practice information, when searching for medical, vision, dental, acupuncture and behavioral health services. This also benefits providers when needing to refer to other specialty providers within the network. This information is also used by our health plan to get a hold of the practice for any communication.

As a requirement, 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 quarterly or upon a significant change to ensure provider directory has the most current information. The accuracy of the Provider Directories help prevents our members from unexpected expenses or medical care delays.

Care N' Care has partnered with Lexis Nexis Health Care and it's Verify Health Care Portal (Verify HCP) solution. Lexis Nexis will be reaching out quarterly to our contracted providers' practice locations either via phone, fax, or by email to confirm provider information is accurate in our provider directories.

Providers can review their current listing information in our provider directories on our website at <https://www.cnchealthplan.com/find-a-provider/> or when receiving an email from VerifyHCP@lexisnexisrisk.com with a link to their website to review provider information.

Providers can submit demographic changes by filling out our Provider Demographic Information Update Form on our Care N' Care website at <https://www.cnchealthplan.com/providers/provider-update/>. Providers under an IPA (Independent Physician Association) must report the changes to their assigned IPA Representative. The IPA's report their updates monthly to CNC Contracting Department.

Information that we need verified:

- Provider Name
- Practice Name
- Specialty
- Address locations
- Phone Number(s)
- Office hours
- Panel status if you are accepting new patients
- Languages you or your office staff speak
- Hospital affiliations

We appreciate your attention to this important initiative.

Claims

Availity Provider Portal

For prompt service to view claims status, verify eligibility and benefits utilize Availity Provider Portal. Availity Portal link: <https://apps.availity.com/availity/web/public.elegant.login>

Quality

Care N' Care Quality services are delegated to Southwestern Health Resources (SWHR) Quality Department. The Eye Exams for members with Diabetes (EED), is one of the health plan's HEDIS (Health Effectiveness Data and Information Set) measures. High blood sugar damages blood vessels in the retina and can cause vision loss and blindness. It is important to find and treat eye problems early to protect their vision.

- Identify members between 18-75 years old with diabetes diagnosis due for retinal eye exam, discuss with member and order retinal or dilated eye exam.
- Contact and schedule members for overdue office visits and retinal eye exams (either an optometrist or ophthalmologist).
- Educate to members the importance of blood sugar control and its impact on their eye health.
- Encourage members who have retinopathy to have a comprehensive eye exam every year or every two years if there is no evidence of retinopathy.
- Escalate abnormal results to expedite follow-up care.

Quick reminders, to capture the following documentation in the member's medical records:

- The full name of the provider performing exam.
- Results of the exam
- Date of Service
- Document bilateral eye enucleation at any time in the patient's history.
- Exceptions/exclusions in encounter, past medical history, and surgical history.
- Collaborate with your billing specialists apply the appropriate code when a person is enrolled in palliative care, hospice care and Institutional Special Needs Plan (I-SNP) or Long-term Institutional Care (LTI).

If you have any questions, please feel free to contact Quality at pcpqualityandpi@southwesternhealth.org.

Patient Experience

Thank you for your continued partnership.

Believing that we are better together, our collaboration helps ensure your members experience exceed their expectations. As a clinician, you have an opportunity to shape the trajectory and change the way our members perceive their care. Take a moment to review the reminders outlined below. Together, we are building a better way to care together.

[Care Coordination](#)

[Improving Provider Rating](#)

[Physical Activity](#)

[Access to Specialists](#)

[Safe and Quality Care](#)

Provider Resources

Providers Offering Telehealth

An additional access to care our providers are providing is telehealth medicine to our members. If your practice is offering telehealth services, remind patients this is another option being provided by your practice. Share information about your practice telehealth services with patients to make them aware of this service. This communication can be done in having available information on your practice website, brochure, flyers, etc. Provide patients with the information they need to know to be aware of what to expect and how it works to have a productive telehealth session.



Providers who may not be offering telehealth services, Care N' Care telehealth vendor is MDLIVE in providing telehealth benefits to our PPO and HMO members. Convenient care for minor illness and other non-emergency medical conditions. Members can talk to a doctor in 15 minutes either by phone or video, 24/7, to include weekends and holidays. Care N' Care Members can be guided to contact MDLIVE at <https://app.mdlive.com/landing/carencare> or can call 1-833-791-2188.

Provider Services Department Email:

We are updating our email address from Provider Concierge to Provider Services on 10/1/23. Both email addresses will work until we fully transition over to the new email address at providerservices@cnchealthplan.com.

CNC/Provider Website:

Visit our updated Provider section on our website at <https://www.cnchealthplan.com/providers/>

Availity Provider Portal:

The Availity Provider Portal has the capability to verify benefits, eligibility, and view claims status.

Availity Provider Portal (<https://apps.availity.com/availity/web/public.elegant.login>)

To register for the Provider Portal (<https://www.availity.com/Essentials-Portal-Registration>)

Provider Demographic Information Update Form:

This form is the form
(<https://www.cnchealthplan.com/providers/provider-update/>)

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.

Provider Demographic Information Update

Online request forms to update existing demographic information for the Group, Ancillary Facility, or Individual Provider

[Catch Up On Provider Alerts](#)

[Need Forms?](#)

[How To Submit Claims](#)

[Need To Update Your Information?](#)

**Have Questions? Contact Provider Service:
817-687-4004 | providerconciierge@cnchealthplan.com
Monday - Friday, 8 a.m. to 5 p.m.**



Sent by Care N' Care Insurance Company, Inc. 1603 Lyndon B. Johnson Freeway, Suite 300, Farmers Branch, TX 75234

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