

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 the 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 occur twice a week on Monday and Thursday 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 be 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 Electronic Remittance Advise (ERA) before enrolling into Change Healthcare 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, 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 (7:30 a.m. to 5 p.m., Monday - Friday)

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

Care N' Care Finance

PO Box 674534

Dallas, TX 75267-4534

Include the following in the company letter:

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

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

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

Care N' Care Claims

P.O. Box 4375

Scranton, PA 18505

Include the following in the company letter:

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

How are in-network disputes handled?

Providers have 60 days from the date of notification of the claims decision, unless indicated differently on your provider agreement, to file a written dispute to Care N' Care which includes:

- A dispute request on your company letterhead
- Copy of original claim form
- Remittance notification of denial
- Second-level disputes can be mailed to:
Care N' Care

Attn: Appeals & Grievances Department

1603 Lyndon B Johnson Freeway Ste. 300

Farmers Branch, TX 75234

How to Submit Out-of-Network Appeals

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

- 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).
- Appeals Mailing Address:
Care N' Care
Attn: 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?

- Referrals are not required for the majority of HMO specialists. Referrals are required for cardiac rehabilitation, pulmonary rehabilitation, podiatry, mental health services, physical therapy, speech therapy, occupational therapy, outpatient substance abuse programs and opioid treatment programs.
- 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/#provider-authorization>

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 M-F 7:30am-5pm

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 #

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. If the member did not enroll in the dental supplement, call the Benefits & Eligibility line.

How do I check if we are a contracted provider?

Network status can be confirmed by searching our online Provider Directory at <https://www.cnchealthplan.com/find-a-provider/>

How do I submit a change in demographic info? (add/remove address, phone number, etc.)

Complete the Provider Demographic Information Update form at <https://www.cnchealthplan.com/providers/provider-update>. Include your W9, as applicable for changes.

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

Email: providerservices@cnchealthplan.com

Fax: 682-503-5427

Note: Providers under an IPA (Independent Practice Association) must contact their IPA representative to submit their updates to Care N' Care.

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

To add a new provider to an existing agreement, please fill out the Join Network form at <https://www.cnchealthplan.com/providers/join-our-network/>

For changes pertaining to NPI or TIN, providers should email the Contracting Department with their detailed request at contracting@cnchealthplan.com. If provider is contracted through an IPA please contact your IPA representative to submit the requested changes to the Contracting Department.

How can I get a copy of my provider agreement?

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

Email: providerservices@cnchealthplan.com

Phone: 817-687-4004