

December 8, 2023

Care N' Care is your local Medicare Advantage plan affiliated with Texas Health Resources and UT Southwestern Medical Center.

For Plan Year 2024 Care N' Care is excited to offer four PPO Plans and two HMO Plans, most offering **\$0 deductibles, \$0 premiums, \$0 PCP and \$0 Specialist Copays.**

PPO Plans:

- Care N' Care Choice Premium (PPO)
- Care N' Care Choice Plus (PPO)
- Care N' Care Choice (PPO)
- Care N' Care Choice MA- Only (PPO)

HMO Plans:

- Care N' Care Classic (HMO)
- Southwestern Health Select (HMO)

Benefit Highlight Brochure (HMO & PPO Co-pays): https://www.cnchealthplan.com/wp-content/uploads/PY2024_Benefit-Highlight-Brochure_V11_Final.pdf

How to verify Eligibility & Benefits?

- **Availity Provider Portal (Benefits, Eligibility & Claims view):** www.availity.com/provider-portal
- **IVR (Automated Service):** 844-806-8215
- **Customer Service:** 844-806-8216 (Monday-Friday from 7:30 a.m.-5 p.m. CST)

Additional Benefits: <https://www.cnchealthplan.com/providers/tools-resources/#toggle-id-4>

Prior Authorization Search Code Lookup:

- Changes and updates have been made to the 2024 PAL list.
- Search the 2024 PAL list to verify if specialty drug(s), codes, and services require an authorization.
- You can find this resource in our website (coming soon).

How to submit a Prior Authorization Request?

1. **Acuity Connect (Authorization Portal):** PCP's and Specialists are highly encouraged to register and utilize the Acuity Connect (Authorization Provider Portal). Providers may submit, obtain status, and submit documentation for referrals and prior authorizations.
2. **Fax (no access to Acuity Connect) your Prior Authorizations & Referrals:**
 - PCPs & Specialists: 888-965-1964
 - DME: 888-965-1964
 - Home Health: 855-446-9982
 - SNF, LTAC & Rehab: 855-446-9981

How to Register for Acuity Connect (Authorization Portal)?

- PCP Access Request Form: [System Access Request Form for PCP Offices](#)
- Specialists Access Request Form: [System Access Request Form for Specialty Offices](#)
- SWHR Service Desk: 817-632-3033

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

Referrals:

- **HMO Classic & HMO Select Plans:**
 1. **REFERRALS ARE NOT REQUIRED** in 2024 in the HMO for the majority of specialists. Referrals are required for cardiac rehabilitation, pulmonary rehabilitation, podiatry, mental health services (individual and group with a psychiatrist or other mental health specialist), physical therapy, speech therapy, occupational therapy, outpatient substance abuse programs, and opioid treatment programs.
 2. Referrals made to an out of network provider or facility will be reviewed for redirection.

- **PPO Plans:** Do not require referrals, however, providers are encouraged to submit as notification.

Appeals and Grievances

A reminder, In-Network providers have 60 days from the date of notification (unless indicated different in your provider agreement) of the claims decision to file a written dispute to Care N' Care to include:

- A written dispute request on company letterhead.
- Provide a copy of the original claim form.
- Include a copy of the remittance notification of the denial.

Mailing Address:

Care N' Care
Attention: Appeals & Grievances Department
1603 Lyndon B Johnson Freeway, Ste. 300
Farmers Branch, Tx 75234

If you need status on a filed dispute, please fill out form https://www.cnchealthplan.com/wp-content/uploads/CNC_Status-of-a-Filed-Dispute-or-Appeal.pdf This form serves the purpose to obtain status on a filed dispute(s) or appeal(s) only.

LexisNexis

Provider Directory & Lexis Nexis

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 prevent our members from unexpected expenses or medical care delays.

Care N' Care has partnered with Lexis Nexis Health Care and its 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 to CNC Contracting Department monthly.

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.

Select Your Type Of Plan

SOUTHWESTERN HEALTH SELECT HMO H2171-003	CARE N CARE CLASSIC HMO H2171-001	CARE N CARE PPO PLAN All H6328
Available in these counties:	Available in these counties:	Available in these counties:
Collin Dallas Denton Rockwall Tarrant	Collin Johnson Cooke Palo Pinto Dallas Parker Denton Rockwall Ellis Somervell Erath Tarrant Hood Wise	Collin Johnson Cooke Palo Pinto Dallas Parker Denton Rockwall Ellis Somervell Erath Tarrant Hood Wise
<input style="background-color: #800000; color: white; border: none;" type="button" value="Select"/>	<input style="background-color: #800000; color: white; border: none;" type="button" value="Select"/>	<input style="background-color: #800000; color: white; border: none;" type="button" value="Select"/>

Quality

Ordering a Mammogram, SAVES a mom, sister, wife, or daughter's life.

Description:

- As we observed "Breast Cancer Awareness Month" back in October and uphold our dedication to the health and well-being of our female members, consider this gentle nudge to prioritize mammogram orders for women 50-74 years of age. Early detection can be a game changer and it all starts with you!

Best Practice Recommendations:

- Schedule a Mammogram or provide a referral. Offer a list of available mammogram facilities to the member.
- Send screening reminders to members who have not yet completed their screening. Address any concerns; For example, newer mammogram systems are more comfortable and involve less radiation.
- Document the date of the exam and result, such as positive or negative, in the EHR.
- Document exclusions if applicable, such as bilateral or two unilateral mastectomies in the surgical history in your EHR.
- Reminders:
 - Biopsies, breast ultrasound or MRI are not suitable methods for breast cancer screening.
 - If a member has had a unilateral mastectomy, a mammogram is required for the remaining breast tissue.

Pharmacy

Something to consider with your Diabetic patients

Statin Therapy

Many of our members are included in statin-related CMS clinical quality measures that require a fill of a statin medication to be compliant with the measure. Below is a quick overview of the **Statin Use in Persons with Diabetes (SUPD)** measure and many of the appropriate exclusion codes that need to be documented to prevent members from being considered non-compliant. *Note – the following measures are related to statin medications only. PCSK9 inhibitors (i.e. Repatha® and Praluent®) are not statins and do not meet the requirements to fulfill the SUPD measure.*

The SUPD measure includes members aged 40-75 who were dispensed two or more prescription fills for a hypoglycemic agent during the measurement year.

According to the most current Cholesterol Clinical Practice guidelines¹ and the 2023 Standards of Care in Diabetes², patients aged 40 to 75 years old with diabetes mellitus, without ASCVD and regardless of estimated 10-year ASCVD risk, should be initiated on a moderate-intensity statin for primary prevention. In order for included patients to be compliant with the SUPD measure, they would need to have at least one fill of any statin or statin

combination drug (listed below).

Statins and Statin Combinations

Atorvastatin	Pitavastatin
Lovastatin	Niacin/Lovastatin
Rosuvastatin	Niacin/Simvastatin
Pravastatin	Atorvastatin/Amlodipine
Simvastatin	Ezetimibe/Simvastatin
Fluvastatin	

Patients can be excluded from this measure if they have an applicable exclusion, however, the appropriate exclusion code must be **documented in the patient's chart and be present on an office visit claim** prior to the end of the measurement year.

- Some common SUPD exclusion examples include:
 - Prediabetes – R73.03, R73.09
 - Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, initial encounter (*statin intolerance*) – T46.6X5A
 - Myopathy – G72.0, G72.89, G72.9
 - Myositis – M60.80, M60.9
 - Rhabdomyolysis – M62.82
 - ESRD – I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2
 - Cirrhosis – K70.30, K70.31, K71.7, K74.XX, P78.81
 - Pregnancy – O00.XXX-O9A.XXX, Z33.X, Z34.XX
 - Lactation – O91.XX, O92.XX, Z39.1
 - PCOS – E28.2

Insulin Therapy

Per the 2023 Standards of Care in Diabetes guidelines, the preferred injectable therapy for type 2 diabetics include a GLP-1 agonist or GIP/GLP-1 agonist prior to initiating insulin.⁴ However, insulin may be warranted if the patient is already on a GLP-1 agonist or GIP/GLP-1 agonist and needs additional glycemic control, if the glucagon-like agents are not appropriate, or if insulin is preferred.⁴ Insulin treatment is an effective option to control extremely uncontrolled diabetes and is commonly initiated when patients present with blood glucose levels ≥ 300 mg/dL or A1C $> 10\%$, if the individual has symptoms of hyperglycemia (i.e., polyuria or polydipsia), or evidence of catabolism (weight loss).⁴ Insulin, in some cases, can be a more cost-effective option to consider than adding additional oral or other injectable options to a patient's regimen.

As a result of the Inflation Reduction Act of 2022, all Medicare Part D enrollees have their insulin out-of-pocket cost capped at \$35 for up to a 30-day supply.⁵ This currently applies to all Medicare Advantage plans and as of July 1st, includes insulin used in a traditional insulin pump covered under Medicare Part B.⁵ Care N' Care also covers a 3-month supply of formulary insulins for \$70. Manufacturers also offer patient assistance programs to both Medicare and commercial patients for further financial assistance for many brand name diabetes medications, including insulins. With the numerous insulin products currently on the market, including insulin pens and automated insulin delivery systems, transitioning a patient to insulin therapy could make it easier for the patient to manage their blood glucose on a daily basis.

There are some drawbacks to insulin therapy, including weight gain and risk of hypoglycemia.⁴ As a reminder, patients on insulin therapy are not included in the Medicare Part D Medication Adherence Diabetes measure. This includes treatment with the GLP-1 agonist and insulin combination products, Soliqua (Insulin glargine/lixisenatide) and Xultophy (insulin degludec/liraglutide). Consider transitioning patients to insulin therapy if treatment with other medications is not adequately controlling the patient's diabetes.

REFERENCES:

1. Grundy, S.M., Stone, N.J., et. al. (2018). 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol. *Journal of the American College of Cardiology*, 73 (24), e285-350. <https://doi.org/10.1016/j.jacc.2018.11.003>
2. ElSayed, N.A., Aleppo, G., et. al. (2023). Standards of Care in Diabetes – 2023. *Diabetes Care* 2023;46(Suppl. 1), s1-292. <https://doi.org/10.2337/dc23-SINT>
3. Centers for Medicare & Medicaid Services. *Medicare 2023 Part C & D Star Ratings Technical Notes*. <https://www.cms.gov/files/document/2023-star-ratings-technical-notes.pdf>
4. El Sayed, N.A., Aleppo, G., et al. (2023) Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes—2023. *Diabetes Care* 2023;46(Suppl. 1):S140–S157. <https://doi.org/10.2337/dc23-S009>
5. Sayed, B.A., Finegold, K., et al. (2023, January 24). Insulin Affordability and the Inflation Reduction Act: Medicare Beneficiary Savings by State and Demographics. <https://aspe.hhs.gov/sites/default/files/documents/bd5568fa0e8a59c2225b2e0b93d5ae5b/aspe-insulin-affordability-datapoint.pdf>

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.

Courteous & Helpful Office

Health care at its best improves patients' outcomes by providing care that's effective, compassionate, coordinated, and safe. Courteous and helpful office staff play a major role in providing quality care. It is equally important to provide meaningful resources to clinic staff that provide care to patients. As a clinician, you have an opportunity to encourage and foster positive interactions with the clinic staff and patients.

Consider sharing these practices with your staff and patients:

Resources for Clinic Staff:

- Supply ongoing education, a comprehensive training program, and a supportive work environment
- Provide resources and support for staff members emotional well-being.
- Get ahead of burnout by establishing an open, two-way communication strategy that prioritizes continuous listening

Clinic Staff Reminders:

- Make eye contact, smile, and use welcoming body language
- Make a personal connection with your patients- building trust leads to better health outcomes
- Try to answer patients' questions and provide accommodating options
- When providing patients with instructions about their care, utilize the Teach Back Method. This ensures the patient understands what they have heard and know how to take care of themselves
- Always thank patients for visiting the practice prior to departure

Clinic Staff Reminders to Patients :

- Write down any questions that you may have for your clinician
- Bring a list of your prescriptions to your appointment
- Arrive 10-15 minutes before your scheduled appointment to complete necessary documents
- Bring your insurance card to your appointment

Note: Questions that pertain to Courteous & Helpful Office Staff are included in several Patient Experience survey tools deployed within the SWHR Clinically Integrated Network (CIN) and by various payors.

Reference:

Northwestern Medicine and Northwestern Memorial Health: Quality Measures 2021; <https://www.nm.org/about-us/quality/quality-measures/sites-of-care/northwestern-medical-group/patient-satisfaction/Courteous-and-helpful-office-staff>

Press Ganey: Spreading Good News: Community Support Keeps Morale Up in Hospitals August 2020; Industry Edge A Press Ganey Publication. [Spreading Good News - Community Support Keeps Morale Up in Hospitals.pdf](#)

Press Ganey: How to Get Ahead of Burnout: 3 Lessons Top Health Care Organizations Learned During COVID-19 2020; Press Ganey Associates LLC. [How to Get Ahead of Burnout.pdf](#)

Access to Specialist

During your care, you may have different care team members. Your care team may include different specialists that each play a role in your care journey. Sometimes, your doctor may want you to see a specialist for special

care. For example, kidney disease, heart failure, physical therapy, or more. We believe everyone should be able to get the care they need. If you have a hard time finding care, we want to help. Teamwork is an important part of your care. Your best health happens when your doctor, specialist and you are all on the same page.

These tips may help:

- Talk to your primary doctor. Your doctor can work with you to find the specialists you need. They can make a referral to a specialist for you. Call your doctor if you have not heard back about your referral after a week.
- If you have questions after your specialist appointment or need help scheduling another appointment, contact your primary care physician.
- While at your specialist appointment, request care and medication information to be sent directly to your primary care physician.
- Call your insurance or use their website. If you have insurance, check to see if there is a way to see specialists in your area that accept your plan.
- Ask your specialists if they offer telehealth or virtual visits. You may even be able to get an appointment sooner than you expect.
- Ask your specialists if they have an online patient portal. This is a great way to stay in contact with your care team, check lab results, and more.

American Academy of Family Physicians, 2010: Five Ways to Improve Access to Care.

<https://www.aafp.org/fpm/2010/0900/p48.html>

Health Promotion and Education

Health Promotion and Education is the process of enabling patients to increase their awareness and understanding to improve their health. Every year, millions of people get sick, hundreds of thousands are hospitalized, and thousands to tens of thousands of patients die from *Flu*. With the holiday season in full swing, and large gatherings becoming imminent, proactively advocating for the health of your patients could ensure safer encounters. As a clinician, you can encourage your patients to take charge of their health this year' by staying informed and keeping up to date on what they can do to better manage their health: scheduling an annual wellness visit routine physical and yearly vaccine review (flu shot every flu season) and routine preventive screenings.

Sharing these everyday preventive actions with your patients can slow the spread of germs associates with the Flu.

Get Yourself and Your Family Vaccinated:

- A yearly flu vaccine is the first and most important step in protecting against flu viruses.
 - Everyone 6 months or older should get an annual flu vaccine.

Stop The Spread:

- Avoid close contact with sick people.
- Avoid touching your eyes, nose, and mouth.
- Cover your cough and sneezes.
- Wash your hands often (with soap and water).

Provider Resources

Providers Offering Telehealth

An additional access to care several in-network providers are providing 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.

CNC/Provider Website:

Visit our 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:

To send any demographic updates to reflect our systems and Provider Directories please fill out the Provider Demographic Information Update form at <https://www.cnhealthplan.com/providers/provider-update/>

Providers contracted under an IPA must contact their IPA Representative.

Provider Services Department Email:

We've updated our department email address from providerconciierge@cnhealthplan.com to providerservices@cnhealthplan.com.

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Provider Alerts](#)

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[How To
Submit Claims](#)

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Your Information?](#)

**Have Questions? Contact Provider Service:
817-687-4004 | providerconciierge@cnhealthplan.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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