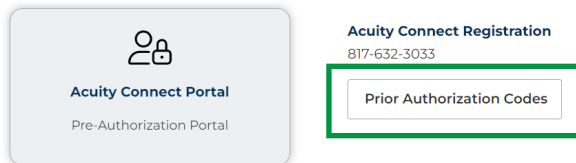


Pre-Authorizations and Referrals

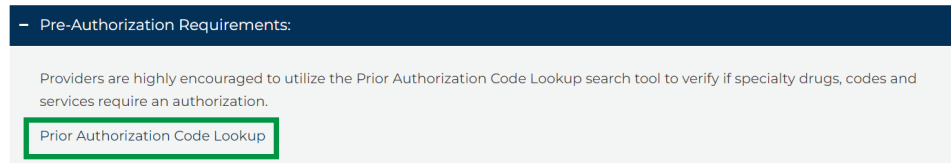
Prior Authorization Code Lookup

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.cnhealthplan.com/codes>

Authorization and Referrals



Care N' Care's Utilization Management, Pre-Authorization and Referrals are coordinated by Southwestern Health Resources (SWHR).



Prior Authorization Code Lookup Updates

The following codes have been removed from requiring an authorization, [click here](#).

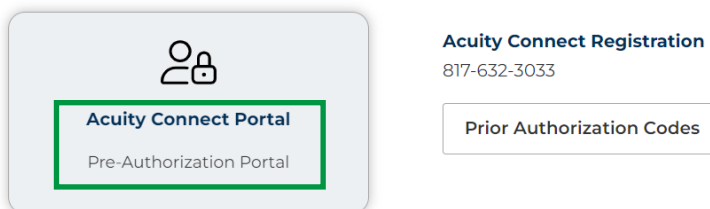
The following codes have been added in requiring an authorization, [click here](#).

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/>

Authorization and Referrals



PPO and HMO Provider Out-of-Network Utilization

HMO plans do not have out-of-network benefits.

PPO plans have the option for out-of-network benefits. Utilization Management reviews authorization requests for reconsideration in utilizing in-network providers. Out-of-network benefits are a higher out of cost expense to the member.

Home Health Providers

As a reminder, the S codes are not accepted, per the Prior Authorization Code Lookup resource these are the G codes for Home Health.

LexisNexis

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.

Quality

HEDIS Chart Chase

The HEDIS Chart Chase season started in mid-February to the end of April this year. We are very grateful to our network providers who partnered with us for EMR (Electronic Medical Records) access in addition to appreciate the time of the practices submitting the requested medical records. Thank you for your partnership!

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.

[Stewardship of Resources/Medication Adherence](#)

[Important Decision Making](#)

[Health Outcomes Survey \(HOS\)](#)

[Falls and Urinary Incontinence](#)

[Physical Activity](#)

Provider Resources

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

The screenshot shows a dark blue header with the text "For Providers" and "Provider Resources". Below the header is a light gray section with a paragraph: "Care N' Care is committed to providing our network providers guidance, training, tools, resources, and support. The Provider Resources helps you access benefits and eligibility verification information, claims status, and plan-specific details." Below this paragraph are six white boxes with rounded corners, each containing a title and a brief description of a service:

- Provider Portal**: Access Availity
- Benefits & Eligibility**: View information regarding benefits highlights, Availity Registration, Acuity Connect Portal, and additional resources
- Claims Information**: View claims status reprocess or dispute claims
- Authorizations & Referrals**: Access Acuity Connect Portal and information on pre-authorization requirements, referrals
- Provider Demographic Information Update**: Online request forms to update existing demographic information for the Group, Ancillary Facility, or Individual Provider
- Join the Care N' Care Network**: Request to contract a new TIN or Add a provider to an existing contract

Availity Provider Portal:

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

[Availity Provider Portal](#)

[To register for the Provider Portal](#)

Benefits and Eligibility

Availity Provider Portal Login
Benefits & Eligibility Verification
Claims Status & Details
Plan Specific Information

IVR (Automated Service)

844-806-8215

HIPAA Eligibility Transactions

(270/271 Benefits & Eligibility Files): For set up, your IT & clearinghouse must contact Change Healthcare (CNC clearinghouse vendor).

Customer Service

844-806-8216 (M-F 7:30am – 5:00pm)

Availity Registration

Providers can now register for the new Provider Portal service with Availity at [availity.com/provider-portal-registration](https://www.availity.com/provider-portal-registration).

How to get assistance with the Availity Provider Portal?

Availity Provider Portal users, please contact Availity at 1-800-282-4548.

Provider Demographic Information Update Form:

This [form](#) is the form 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.

For Providers
Provider Resources

Care N' Care is committed to providing our network providers guidance, training, tools, resources, and support. The Provider Resources helps you access benefits and eligibility verification information, claims status, and plan-specific details.

- Provider Portal**
Access Availability
- Benefits & Eligibility**
View information regarding benefits highlights, Availability Registration, Acuity Connect Portal, and additional resources
- Claims Information**
View claims status reprocess or dispute claims
- Authorizations & Referrals**
Access Acuity Connect Portal and information on pre-authorization requirements, referrals
- Provider Demographic Information Update**
Online request forms to update existing demographic information for the Group, Ancillary Facility, or Individual Provider
- Join the Care N' Care Network**
Request to contract a new TIN or Add a provider to an existing contract

Stewardship of Resources/Medication Adherence

Stewardship of Resources interventions address barriers to medication adherence by examining the factors that affect your patient's ability to take their medications. These barriers may be complex and include factors related to socioeconomics, health care system structures and processes, severity of co-occurring medical conditions, complexity of medical and nonmedication therapies and patient concerns.

It is important to have conversations with your patients throughout the year to help improve their experience, health outcomes and retention rate. These conversations also impact Star Quality Ratings and CMS payments to you, the provider and health plans.

Patients are more engaged when a mutually agreed upon health care plan is developed, resulting in:

- Higher rates of adherence to medications
- Greater likelihood of completing recommended preventative screening
- Positive perception of their overall health care experience

Discuss these factors that affect medication adherence to eliminate issues:

- Medication cost
- Busy schedules that make it hard to remember to take medications consistently
- Ease of scheduling appointments
- Ease and comfort level of communicating with the pharmacist or other providers
- Understanding when and how to take medication
- Ability to sync medications and receive automated 30-day or 90-day refills
- Health condition severity and beliefs about their condition
- Expectations around possible effects of the medication

Note: Questions pertain to Stewardship to Resources/Medication Adherence are included in several Patient Experience survey tools deployed within the SWHR Clinically Integrated Network (CIN) and by various payors.

Important Decision Making

Shared Decision Making (SDM) is a key component of patient-centered care. SDM occurs when providers and patients work together to make important decisions about care and treatment based on clinical evidence while balancing risk and expected outcomes with patients' preferences and values.

Try these phrases when introducing SDM with your patients:

- What about your condition/diagnosis worries you most? Let's address this together and come up with a plan.
- There are several possible options. Let's work together so we can come up with the decision that is right for you.
- Your goals and concerns may differ from others. As you think about your options, what is important to you?

Patients are more engaged when a mutually agreed upon health care plan is developed, resulting in:

- Higher rates of adherence to medications
- Greater likelihood of completing recommended preventative screening
- Positive perception of their overall health care experience

Note: Questions pertain to Shared Decision Making – SDM are included in several Patient Experience survey tools deployed within the SWHR Clinically Integrated Network (CIN) and by various payors.

References:

Six Steps of Sharing Decision Making – Informed Medical Decisions Foundation

Patient Engagement in Ambulatory Settings – The Beryl Institute

Decision Support as a clinical Toolkit – Dartmouth Center for Shared Decision - Making

Shared Decision Making – Finding the Sweet Spot – NEJM 2016 – Teri Fried MD

Health Outcomes Survey (HOS)

The Health Outcomes Survey (HOS) assesses the ability of an MA organization to maintain or improve the physical and mental health of its members over time. In addition to health outcomes measures, the HOS data is used to determine HEDIS effectiveness of care measures. A random sample of health plan members are selected from eligible MA contracts to participate in this survey each year. The surveys are administered between July and October by mail.

As a physician, you have an opportunity to drive performance on the following HOS quality measures. You will find impactful talking points and advice with each measure.

Management of Urinary Incontinence in Older Adults

Patients who report having a urine leakage problem are asked whether they have discussed it with their doctor. Those who have are asked whether they received treatment for the problem.

- When you recommend Kegel exercises or other less conventional remedies, emphasize that you are providing treatment options so patients will take your recommendations seriously.
- Consider recommending treatment options, if clinically appropriate, no matter the frequency or severity of the bladder control problem.

Physical Activity in Older Adults

Patients report whether they have discussed exercise with their doctor and if they were advised to start, increase, or maintain their physical activity level during the year.

- Strengthen recommendations by being specific. For example, suggest walking at a particular local park or shopping mall so patients have a specific, actionable idea.

Fall and Risk Management

Patients who had a fall or problems with balance and discussed it with their doctor or other healthcare provider are asked whether they received a fall-risk intervention in the last year.

- In the U.S., about 36 million older adults fall each year. * Remind patients that installing handrails or using a cane can help prevent falls.

Note: Questions that pertain to HOS Survey are included in several Patient Experience tools deployed within the SWHR Clinically Integrated Network (CIN) and by various payors.

Reference:

Health Outcomes Survey (HOS), Health Outcomes Survey (HOS) | CMS; Agency for Healthcare Research and Quality (AHRQ); CAHPS Patient Experience Surveys and Guidance | Agency for Healthcare Research and Quality (ahrq.gov)

Falls and Urinary Incontinence

Falls and Urinary Incontinence continue to be a major threat to the health and well-being of aging patients. The risk of hospitalization, admission to SNIFs, and increased risk of morbidity with other associated disease conditions continues to rise. As a clinician, you have an opportunity to encourage educational conversations with your patients on how to keep their bladder as healthy as possible and simple fall prevention measures - from reviewing medications to hazard-proofing their homes. The following tips will provide an awareness in preventing falls and urinary incontinence.

Urinary Incontinence Conversation Starters:

- How often do you feel the uncontrollable urge to use the bathroom?
- Do you leak urine? If so, are there things that set it off?
- Does anything you eat, or drink contribute to these issues?

Urinary Incontinence Tips:

- Change your bathroom habits – Go to the bathroom when you need to go
- Quit Smoking
- Avoid Constipation
- Do Pelvic floor exercises
- Limit beverages that contain caffeine and skip alcohol

Fall Prevention Conversation Starter:

- I'd like to talk about preventing falls with you. Falling is not a normal part of aging, so we want to talk about preventing that from happening.

Fall Prevention Tips:

- Access the patients fall history
- Discuss any medication – related risk
- Educate the patient of ways to remove home hazards
 - Remove electrical cords, boxes, and papers from walkways
 - Secure rugs with tacks, double-sided tape, or slip-resistant backing
 - Repair loose flooring right away
 - Immediately clean spills of food or liquids
 - Remove plant stands, end-tables, and magazine racks from high traffic areas
 - Use nonslip mats in your tub or shower
 - Store clothing, dishes, food, and other necessities within easy reach

Note: Questions that pertain to Urinary Incontinence & Fall Prevention are included in several Patient Experience survey tools deployed within the SWHR Clinically Integrated Network (CIN) and by various payors.

Reference: Prevention of Bladder Control Problems (Urinary Incontinence) & Bladder Health, US Department of Health and Human Services – July 2021; Fall Prevention: Simple tips to preventing falls, Mayo Clinic – February 2022; Australian Journal of Physiotherapy 2009 Vol. 55

Physical Activity

Maintaining positive physical health routines is one of the most important things we can do. Increase cases of heart related disease, obesity, and diabetes has caused more physical health concerns. As a provider, you lead a team who can educate and partner with patients to Improve overall physical activity. Sharing these tips and their benefits will increase patient's awareness and ability to maintain physical activity.

Get Active:

- Find the workout regimen that's best for you.
- Plan and set realistic goals.
- Set an alarm to go off every hour and prompt you to move around for a minute or two.
- Stretch your body as you warm up and after exercise, this will keep you flexible, loose, and limber.
- Move more. Take the stairs instead of the elevator.

Maintain Healthy Diet:

- Eat a well-balanced diet.
- Drink plenty of water and limit alcohol intake.
- Replace saturated fats, like butter or meat fat, with unsaturated fats, like vegetable oils.
- Cut back on sodium and sugar.
- Choose complex carbs, like whole-grain breads, cereals, starchy vegetables, and legumes.
- Choose fresh fruits and vegetables.

Maintain Healthy Body Weight:

- Aim for 150 minutes of moderate intensity activity every week.
- Wear comfortable, properly fitting shoes.
- Get plenty of sleep.
- Avoid tobacco products.
- Change your surroundings. Remove temptations.

Benefits of Improving and Maintaining Physical Health

- Reduce your health risk of cardiovascular disease, type 2 diabetes and metabolic syndrome, and some cancers (bladder, breast, colon, endometrium, esophagus, kidney, lung, and stomach).
- Improve your ability to do daily activity and prevent falls.
- Strengthen your bones and muscles.
- Increase your chances of living longer.

Note: Questions that pertain to Improving and Maintaining Physical Health are included in several Patient Experience survey tools deployed within the SWHR Clinically Integrated Network (CIN) and by various payors.

Reference:

Your Healthiest Self – Physical Wellness Checklist 2020, National Institute of Health – U.S. Department of Health and Human Services; Benefits of Physical Activity 2021, Centers for Disease Control and Prevention

The following codes have been removed from requiring an authorization:

Code	Procedure and Services
92507	Speech Therapy
92508	Speech Therapy
92523	Speech Therapy
93797	Cardiac
93798	Cardiac
90791	Psychiatry
90792	Psychiatry
90834	Psychiatry
90837	Psychiatry
96130	Psychiatry
96131	Psychiatry
96136	Psychiatry
96138	Psychiatry

The following codes have been added in requiring an authorization:

Code	Procedure and Service	Note
J3490	Unclassified Drugs	No authorization is required for claims billed with charges \$100 and under

Tools You Can Use



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

Care N' Care is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal. Care N' Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Care N' Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This information is not a complete description of benefits. Call 1-877-374-7993 (TTY 711) for more information. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call. 1-877-374-7993.