

May 9, 2024

Prior-Authorizations & Referrals

How to verify if an Authorization is required?

Visit our 2024 Prior-Authorization list for all plans at cnhealthplan.com/providers/.

Is there a Portal to submit Authorizations or Referrals?

- **Acuity Connect (Authorization Portal):** PCP's and Specialists can register and utilize the Acuity Connect portal. This portal allows providers to submit obtain status and submit documentation for referrals and authorizations.
- **Acuity Connect Registration:** Service Desk 817-632-3033
- **Acuity Connect:** <https://acuity.southwesternhealth.org/production/>

Change Healthcare Impact

Care N' Care Insurance Company has an update for our providers regarding the recent cyber security incident impacting Change Healthcare.

Care N' Care is currently receiving electronic claims through the clearinghouse, Availity.

If providers are interested in signing up with Availity for electronic claims submission, Availity has created the Availity Essentials product to help providers get started.

Providers first need to register for Availity's portal (see link below).

[Availity Essentials Portal Registration](#)

If providers should have questions, Availity has created a helpful training site related to the registration process (see link below).

[Register and Get Started with Availity Essentials – Overview](#)

Availity has also created Availity Lifeline, a self-service resource for any providers interested in registering on and transacting with Availity Essentials (see link below).

[Availity Lifeline](#)

After registering for the portal, the next step will be to register for electronic remittance advices (ERAs) and enroll for electronic funds transfers (EFTs).

Providers will need a bank letter or voided check to submit their enrollment for EFTs. This check validation piece also helps with the overall validation process.

Care N' Care strongly encourages providers to enroll with Availity for EFTs as only providers enrolled with Availity for EFTs will be able to receive electronic payments from Care N' Care in the future.

Providers who are not enrolled with Availity for EFTs will receive paper checks as payment for claims. Care N' Care intends to maintain both Availity and Change Healthcare as clearinghouses for receipt of electronic claims going forward to increase the resiliency of our claims processing.

Our payer ID number for EDI claims submissions with both clearinghouses remains 66010.

Care N' Care's focus is on continuing to service our members and providers as we seek to minimize any disruptions.

We will continue to monitor the situation and provide updates as they become available.

Should you have any questions, please contact our Provider Services at 817-687-4004.

For current updates visit our website at <https://cnchealthplan.com/providers/>.

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.

[Falls and Urinary Incontinence](#)

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

[Overall health](#)

[Engage with Patients](#)

Pharmacy - 2024 Medicare Part D Updates

Does Medicare cover GLP-1 medications like Ozempic and Wegovy?

Glucagon-like peptide-1 agonists (also known as GLP-1 receptor agonists) represent a class of medications used to treat type 2 diabetes mellitus and, in some cases, obesity. The U.S. Food and Drug Administration recently approved a new indication for use for Wegovy (semaglutide) injection to reduce the risk of cardiovascular death, heart attack and stroke in adults with cardiovascular disease and either obesity or overweight. Medicare is prohibited under current law from covering drugs used for weight loss, but because of this new approval, Medicare Part D plans like Care N' Care can cover GLP-1s for all medically accepted indications, including diabetes and the reduction in risk of cardiovascular events in patients who are overweight.

Effective April 1, 2024, Care N' Care implemented a **prior authorization requirement for patients that are new to therapy with formulary GLP-1s**. Those patients that are currently using a formulary GLP-1 will not be subject to the prior authorization. The criterion for approval includes: the GLP-1 must be prescribed for an FDA-approved indication; AND for a diagnosis of Type 2 Diabetes Mellitus the patient must have a trial and failure, contraindication or intolerance to metformin or any metformin combination product. Examples of GLP-1s covered by Care N' Care include: Ozempic, Rybelsus, Trulicity, and Victoza. Wegovy is non-formulary but can be approved upon exception request with documentation of the new indication.

New 2024 Part D Benefit: 100-Day supply of medications now available

As of January 1, 2024 ALL Care N' Care Medicare Part D plans allow up to a 100 day supply of medication (excludes Tier 5 specialty medications) at a retail or mail order pharmacy. Prescribing a 100-day supply can provide your patient with significant cost savings as well as improve Medicare Star Ratings for medication adherence for statins, hypertension or oral diabetes medications. If a member fills (3) three 100-day supply fills in a year, they will be adherent for that measure.

Formulary Addendum

Below is a list of recent formulary changes for the benefit year 2024. This is not a complete list of drugs covered by the Part D plan. For a complete list of drugs covered by Care N' Care Insurance Company, Inc., please visit our website at www.cnchealthplan.com.

Recent formulary changes

Sources:

"Inflation Reduction Act and Medicare", Cms.gov, last accessed August 31, 2023 , <https://www.cms.gov/inflation-reduction-act-and-medicare>

"Saving money with the prescription drug law", Medicare.gov, last accessed August 31, 2023, <https://www.medicare.gov/about-us/prescription-drug-law>

"FDA Approves First Treatment to Reduce Risk of Serious Heart Problems Specifically in Adults with Obesity or Overweight", FDA.gov, last accessed April 22, 2024, <https://www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-reduce-risk-serious-heart-problems-specifically-adults-obesity-or>

Compliance

CMS Announced on April 4th that they will issue a Final Rule that revises the Medicare Advantage Program, Medicare Prescription Drug Benefit Program (Medicare Part D), Medicare Cost Plan Program and Programs of All-Inclusive Care for the Elderly (PACE). This rule addresses several key provisions that remain from the CY2024 Medicare Advantage and Part D proposed rule published on December 14, 2022. CMS Issued a Fact sheet that discussed the following major provisions of the 2025 Final Rule which can be downloaded at: <https://www.federalregister.gov/public-inspection/2024-07105/medicare-program-medicare-advantage-and-the-medicare-prescription-drug-benefit-program-for-contract>

Enhancements to Medicare Advantage and Medicare Part D Included:

- New Guardrails for Plan Compensation to Agents and Brokers to Stop Anti-Competitive Steering
- Limiting the Distribution of Personal Beneficiary Data by Third-Party Marketing Organizations
- Improving Access to Behavioral Health Care Providers
- Mid-Year Enrollee Notification of Available Supplemental Benefits
- New Standards for Supplemental Benefits for the Chronically Ill
- Annual Health Equity Analysis of Utilization Management Policies and Procedures
- Enhance Enrollee’s Rights to Appeal a Medicare Advantage Plan’s Decision to Terminate Coverage for Non-Hospital Provider Services
- Increasing the Percentage of Dually Eligible Managed Care Enrollees Who Receive Medicare and Medicaid Services from the Same Organization
- For D-SNP PPOs, Limit Out-of-Pocket Cost Sharing
- Contracting Standards for Dual Eligible Special Needs Plan Look-Alikes
- Standardized the Medicare Advantage Risk Adjustment Data Validation (RADV) Appeals Process
- More Flexibility to More Quickly Substitute Lower Cost Biosimilar Biological Products for Their Reference Products
- Medicare Part D Medication Therapy Management (MTM) Program

All areas of change identified within this new 2025 Final Rule are required to be implemented no later than January 1, 2025 as per the regulation requirements.

Provider Directory

We are asking for your cooperation in validating your provider directory information is listed correctly. 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.

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 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.

Providers can review their information listed in our provider directories at <https://www.cnchealthplan.com/find-a-provider/>.

For any demographic changes, fill out the Provider Demographic Information Update Form located on our website at <https://www.cnchealthplan.com/providers/provider-update/>.

If you participate with Care N’ Care through an Independent Practice Association (IPA), and your information is incorrect, please contact your IPA Representative.

If you have any questions, you may contact Provider Services at 817-687-4004 or email providerservice@cnchealthplan.com.

Provider Services

Provider Services Department is your Provider Relations team! Serve as the liaison between the health plan and our contracted community providers. They are your primary contact for any questions you may have with Care N’ Care for additional guidance. Contact your assigned Provider Services Representative or the team at:

E: providerservices@cnchealthplan.com
P: 817-687-4004
F: 682-503-5427

Thank you for your partnership!

[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 Insurance Company, Inc. (Care N' Care) is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal.

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