

Customer Service

Call 1-844-508-4677, Monday through Friday, 8 a.m. to 5 p.m., for help with:

- Benefit information
- Claims inquiries, status, and reconsiderations
- Prior authorization status
- Provider information/PHCS
- ID cards/creditable coverage letters
- General information and questions
- Member portal inquires
- Employer portal inquires
- Employer group account inquires

Pharmacy Customer Service: Call 1-866-341-8561.

How to Pay Your Employer Group Premium

- Online: <https://www.truehealthnewmexico.com/pay-my-bill/>, *How to Pay Your Bill: Employer Groups Only*.
- Check: Mail to True Health New Mexico, P.O. Box 913133, Denver, CO 80291-3133. **Write ID and group number on check and include stub from invoice.**

Billing Support

Email billingsupport@truehealthnewmexico.com or call 1-844-508-4677 and ask for Billing.

Enrollment Changes

How to Request Member Changes (address, family status, cancellation of coverage)

1. Complete the Employee Application Enrollment/Change Form on <https://www.truehealthnewmexico.com/employers-and-producers/> (look under *Forms for Employer Groups*).
2. Scan the completed form and email it **via secure email** to enroll@truehealthnewmexico.com. To send a secure email, go to <https://truehealthnewmexico.zixportal.com> and follow the instructions on the screen.
3. You may also fax the paper form to 1-888-523-0043.

Employer Group Terminations

Provide termination notice on business letterhead and email to enroll@truehealthnewmexico.com.

Paper Claims Submission

Mail paper claims to: True Health New Mexico, Attn: Claims Dept., P.O. Box 211468, Eagan, MN 55121.

Appeals and Grievance

- Form available at <https://www.truehealthnewmexico.com/member-forms/>
- Mail to True Health New Mexico, Attn: Appeal and Grievance Dept., P.O. Box 37200, Albuquerque, NM 87176.
- Fax to 1-800-747-9132, Attn: Appeal and Grievance Department.
- Email to member-a-and-g@truehealthnewmexico.com.

Pharmacy Benefits Manager (PBM) Information

Pharmacy reimbursement submission address:

CVS Caremark – RxClaim
P.O. Box 52136
Phoenix, AZ 85072-2136
1-866-341-8561
www.caremark.com

Specialty pharmacy:

CVS Specialty
1-800-237-2767
www.CVSSpecialty.com

CVS Caremark Mail Service (for certain long-term medications):

1-866-341-8561

PBM reference numbers for **small groups**:

Small Group On-Exchange:

- RXBIN: 004336
- RXPCN: ADV
- Rx group number: RX0973

Small Group Off-Exchange:

- RXBIN: 004336
- RXPCN: ADV
- Rx group number: RX0974

PBM reference numbers for **large groups**:

Large Group Plan Year:

- RXBIN: 004336
- RXPCN: ADV
- Rx group number: RX0975

Large Group Calendar Year:

- RXBIN: 004336
- RXPCN: ADV
- Rx group number: RX0976