

Blue Impressions [STAY CONNECTED]

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Are You Using the Correct NPI Number?

National Provider Identifiers (NPIs) are unique identification numbers required of all health care providers. This 10-digit number will ultimately replace your current provider number.

There are two categories of NPI numbers:

- Individual Providers – Entity Type 1
- Organization Providers – Entity Type 2

To adjudicate and pay claims correctly, dental providers must be sure the correct type of NPI number is submitted on claims. Has your office obtained the correct entity type NPI number?

Dental Provider Networks and Credentialing has received your forms with the Individual Provider NPI. However, through the electronic claim submission

process, we find that many practices do not submit with an Organization Provider NPI for the correct entity type.

If your practice submits a claim with an Individual Provider NPI but the practice has an Organization NPI, the claim may get rejected for an invalid NPI type.

The National Provider Identifier (NPI): What You Need to Know is a useful tool to read and help you to verify that your practice is submitting claims correctly.

If you have an Organization Provider NPI number, send it to the Dental Provider Contracting department by email to dentalcontracting@carefirst.com or fax with your NPI notification letter to 410-720-5080.

Inside This Issue

ALL THINGS DENTAL 2

CLAIMS AND BILLING 2

Remittance Data Now Available on CareFirst Direct

Announcing CareFirst on Call

Verifying Member ID Cards

WHAT'S HAPPENING 3

The Webpages You Use Most + The Links to Get You There

5 Reasons Why You Need Provider News & Updates Emails

Answers to Health Care Reform

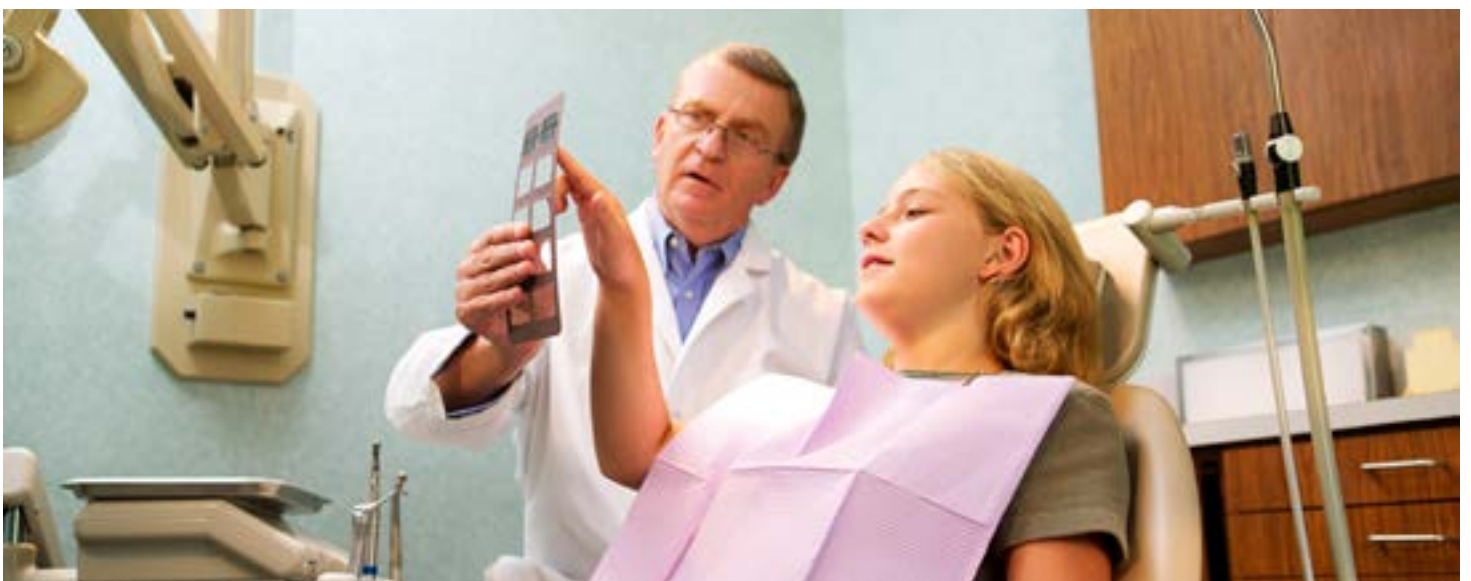
Chesapeake Dental Conference

Holiday Closings

Affordable Care Act (ACA)

Orthodontia Forms Now Available Online

How Are We Doing?



ALL THINGS DENTAL



All Things Dental

In this issue's All Things Dental, Kim Rothman, a CareFirst Senior Dental Provider Education Specialist, explains CareFirst's new partnership with the GRID Dental Corporation and FEP BlueDental, the Federal Employee Plan's new secondary dental option.

[Listen](#) as Kim tells how FEP BlueDental members can access the GRID+ network as their in-network provider source.

Check each issue of *BlueImpressions* to hear us explain and/or highlight new dental programs and initiatives, as well as provide insight in how they can help you.

CLAIMS AND BILLING

Remittance Data Now Available on CareFirst Direct

If your practice submits claims electronically, you are eligible to receive an 835 Remittance Advice online through the CareFirst Provider Portal ([CareFirst Direct](#)). This is available to users who view claims status through [CareFirst Direct](#) and does not replace the 835 Remittance Advice you receive from your clearinghouse.

Providers who wish to receive an 835 Remittance Advice and want to be able to look up remittance data on [CareFirst Direct](#) must register directly through your clearinghouse.



Announcing CareFirst on Call

CareFirst on Call is the new provider interactive voice response (IVR) system used for verifying member eligibility, benefits and claims status information. Replacing the FirstLine and BlueLine voice response systems, *CareFirst on Call* provides you with reliable information and functionality along with the following added features:

- Speech recognition
- Easier navigation
- The ability to listen to additional detail on each claim as desired
- Separate options for eligibility, benefits, deductibles and maximums
- Options to manually select the network level for specific information
- A fax back option
- Frequently requested information

The best part? *CareFirst on Call* uses the same telephone numbers and the same provider and member identifiers as the previous systems.

Visit www.carefirst.com/providermanualsandguides > *Reference Guides* > Dental to print out the *CareFirst on Call* dental reference card to use in your office. Or, click the link below:

- [CareFirst on Call Dental Reference Card](#)

Questions? Contact your [Provider Representative](#).

CLAIMS AND BILLING

Verifying Member ID Cards

Many CareFirst members receive new identification cards at the beginning of their renewal year. Due to changes with the Affordable Care Act, it is important to ask the member for the most current copy of their ID card at each visit.

Here are several helpful tips and our [Membership Identification Card Quick Reference Guide](#):

- Ask members for their ID card at every visit. Since new ID cards are issued throughout the year, this confirms that you have the most up-to-date information in your patient's file.
- Copy the front and back of the member's ID card and pass this information to your billing staff.
- All Blue Cross and Blue Shield membership identification cards include a **three-digit alpha prefix** in the first three positions of the member's ID number, or an **R for Federal Employees**. When filing the claims, always enter the identification number exactly as it appears on the member's card, including the alpha prefix.
- Member ID numbers must be reported exactly as shown on the ID card. Do not add, omit or alter any characters from the member's ID number.
- Look for the Dental Indicator on the member's ID card and submit the claim electronically using payer ID #00580. If you submit paper claims, send the claim to the appropriate claims processing address as indicated on the [Dental Claims and Service Reference Guide](#).

WHAT'S HAPPENING

The Webpages You Use Most + The Links to Get You There

Have you seen our new [Dental Provider Link List](#)? It includes the web pages you need, with a user-friendly link to get you there quickly.



Dental Provider Link List

What You Need	How It Will Help You	Where To Find It
BlueImpressions Provider Newsletter	A bi-monthly administrative provider newsletter offered online	www.carefirst.com/blueimpressions
CareFirst Direct	Confirm patient eligibility and benefits, check claim status and update your provider information	www.carefirst.com/carefirstdirect
CareFirst Provider Homepage	The point of entry for all CareFirst provider information	www.carefirst.com/providers
CareFirst Dental Provider Page	The point of entry for all CareFirst dental provider information	www.carefirst.com/providers/dental
Dental Electronic Claims	Track your claims submissions, help save on administrative costs and improve your dental claims process	www.carefirst.com/dentaledi
Provider Manuals and Quick Reference Guides	Administrative policies and procedures	www.carefirst.com/providermanual-sandguides
Provider News and Email Updates	Sign up for the CareFirst news you need by email	www.carefirst.com/stayconnected
Provider Representative	Find your provider rep	www.carefirst.com/providerrep
Quality and Affordability Resources	Information on lower cost settings	www.carefirst.com/qualityandaffordability
The Center for Provider Education and Training	Seminars, webinars and more	www.carefirst.com/cpet

Make It Easy

Print and post this list for fast access to our most important web sites. The form, phone number or information you need is just a link away.

Print your [Dental Provider Link List](#) today.

WHAT'S HAPPENING

5 Reasons Why You Need Provider News & Updates Emails

Here are five great reasons why you should register to receive CareFirst Provider News & Updates by email:

- New Online Tools & Resources – Discover the newest enhancements to our Provider Portal ([CareFirst Direct](#)) designed to make your job easier.
- Health Care Reform Updates – Learn about updates or changes that may impact your practice.
- Changes to Policies and Procedures – Stay informed of any changes to our provider manuals, guides, forms and more.

- Claims & Billing Information – Get tips to help you reduce rejections and receive faster claim payments.
- *BlueImpressions* Announcements – Receive notifications when new *BlueImpressions* issues are available online.

Stay Connected...It Matters for Your Patients.

Visit www.carefirst.com/stayconnected or text* CFPROVIDER to 67463 to register.

**Standard messaging rates apply. You will only receive a registration and a confirmation text message from CareFirst. No additional text messages will be sent to your phone.*

Answers to Health Care Reform

Questions about the Affordable Care Act (ACA) or its Grace Period? If so, we hope to help. This issue focuses on answers to your frequently asked questions regarding the ACA.

Q: Can I tell if a member is subsidy-eligible based on information on the ID card?

A: No. No such information is on the card. Moreover, as not all members who purchased CareFirst products on the Exchange are subsidy-eligible, providers should not assume that individuals who purchase on-Exchange products are receiving subsidies.

Q: Will I be paid for services provided if a patient who purchased coverage on the Exchange stops paying their premium?

A: Providers will be paid for eligible services provided during the first 31 days that the member premium is delinquent.

Q: What is the ACA-mandated Grace Period and does it only apply to CareFirst members who purchased from the Exchange?

A: Under the ACA, Exchange members who are receiving an Advanced Premium Tax Credit (APTC) – also referred to as a premium subsidy – are given a three month grace period in which to pay any delinquent premiums. Providers will be paid for eligible claims during the first 31 days of this period. Claims for eligible services provided to APTC members during the second and third months of the grace period will be pended until the delinquent premiums are paid.

Q: How will providers know when a CareFirst member's claims are being pended due to the ACA Grace Period requirements?

A: If a CareFirst member is receiving an APTC and is in the second or third month of the ACA Grace Period, CareFirst will provide the following notice on the Notice of Payment (NOP) or 835 in response to eligible provider claim submissions:

“Please be advised that premium has not been received for this premium subsidy eligible member, and that the member is and at the time that your care was provided, was in the second or third month of the Exchange individual grace period. The above-referenced claim was pended due to non-payment of premium, and will be denied if the premium is not paid by the end of the grace period. Please do not resubmit this claim. Upon receipt of the member's premium, the Plan will automatically adjust a clean claim submitted in accordance with the member's contract in effect at the time of service rendered.”

WHAT'S HAPPENING

Chesapeake Dental Conference

The Chesapeake Dental Conference will be held from Sept. 19 through Sept. 21, 2014, at the Ocean City Convention Center.

The Maryland State Dental Association (MSDA) has scheduled 20 world class speakers, 26 scientific sessions and will offer continuing education courses for your entire staff. You can also visit the Vendor Exhibits and Silent Auction.

Registration opens June 1, 2014. Additional information is available on the [MSDA website](#).

Be sure to stop by the CareFirst booth #217 to meet the CareFirst Dental Provider Relations team. We look forward to seeing you there.

Holiday Closings

CareFirst, CareFirst BlueChoice and The Dental Network will be closed on the following dates:

- Friday, July 4, 2014 – Fourth of July
- Monday, Sept. 1, 2014 – Labor Day

Orthodontia Pre-Authorization Forms Now Available On-Line

The pediatric dental orthodontic benefit requires pre-authorization for medical necessity. Part of the work up includes the completion of the HLD Score Sheet or the Salzmann Evaluation Form. Complete details regarding the pre-authorization requirements can be found in the [March 2014](#) issue of *BlueImpressions*. Pre-authorization is not required for members whose scores make them ineligible for coverage.

The following forms are now available online and can be found at www.carefirst.com/providers/dental in the Resources section.

- [Handicapping Labio-Lingual Deviations \(HLD\) Orthodontic Treatment Score Sheet](#) (Maryland & DC providers)
- [Salzmann Evaluation Form for Orthodontic Services](#) (Virginia providers)
- [Continuation of Care Form for Orthodontic Treatment](#)

Instructions on submitting the forms with the required attachments are listed on the documents. Use the [Continuation of Care Form](#) for members who have recently enrolled in a compliant dental plan and are eligible according to the Score Sheet or Evaluation.

How Are We Doing?

During the past year we've made several changes and enhancements to *BlueImpressions* with one goal in mind: to serve you better and improve the way we work together.

We've added new features, increased the use of audio segments and improved the use of pictures, graphics and charts – at the same time delivering timely news to help you help your patients, our members.

More changes are in the works, but we'd like to know whaddaya think of what we've done so far? Are our efforts good? Bad? Hardly noticeable? What else would you like to see us do?

Email your comments to newsletter.editor@carefirst.com and let us know.