October 1 has Passed; What Now?

Here’s What You Need to Know Regarding Health Care Reform

Healthcare Exchanges in Maryland, Virginia and the District of Columbia established under the Affordable Care Act (ACA) of 2010 have begun enrolling individuals, families and small employers who purchase health insurance plans offered by CareFirst and other carriers. Enrollment continues through March 31, 2014, with a first effective date for new members of Jan. 1, 2014.

What Does This Mean for Providers?

Providers should continue to follow current procedures, including:

- CareFirst Direct or the FirstLine VRU to check eligibility, benefits and claim status
- Claims submission guidelines and processes
- Pre-Authorizations
- Referrals

What Products and Networks Are Offered on the Exchanges?

Products

CareFirst products offered on the Exchanges are based on current commercial products, such as HealthyBlue, BlueChoice, BluePreferred and Point of Service.

Benefits provided through these products include the ACA required Essential Health Benefits.*

Products cover the same core benefits, but have different monthly premiums and varying out-of-pocket costs, i.e., deductibles, coinsurance and copayments.

Networks

All CareFirst products offered on the Exchanges will use the Regional CareFirst BlueChoice (HMO) and the Regional Participating Provider Network (RPN) networks.

BlueCard for Exchange Members

Members enrolled through the Exchanges will have access to the BlueCard program (PPO products only).

*The law requires that all plans cover these Essential Health Benefits:

- Ambulatory patient services
- Maternity and newborn care
- Prescription drugs
- Laboratory services
- Preventive/wellness care
- Pediatric dental and vision care
- Emergency services
- Hospitalization
- Mental health/substance abuse
- Rehabilitative/habilitative services and devices
Urgent Care Centers, A Cost-Effective Option

As a physician, you provide the best care possible for your patients, as well as inform and educate them on how they can save on the costs of health care.

Your diligent care is a given, but many patients are unfamiliar with how to save on health care costs. CareFirst has tools and resources to help you educate your patients on how they can save. One way is by using Urgent Care Centers instead of Emergency Rooms for non-life threatening conditions that require prompt medical attention.

Patients who use Urgent Care Centers instead of Emergency Rooms can save up to 35 percent in out-of-pocket costs* and the physicians and staff can treat anything from cuts and bruises to back pain and sore throats.

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>EMERGENCY ROOM</th>
<th>URGENT CARE CENTERS</th>
<th>POTENTIAL SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Bronchitis</td>
<td>$814</td>
<td>$122</td>
<td>85%</td>
</tr>
<tr>
<td>Acute Pharyngitis</td>
<td>$620</td>
<td>$93</td>
<td>85%</td>
</tr>
<tr>
<td>Attention to dressing and/or removal of sutures (surgical and non-surgical)</td>
<td>$345</td>
<td>$76</td>
<td>78%</td>
</tr>
<tr>
<td>Low Back Pain</td>
<td>$751</td>
<td>$113</td>
<td>85%</td>
</tr>
<tr>
<td>Otitis Media (Middle Ear Infection)</td>
<td>$498</td>
<td>$100</td>
<td>80%</td>
</tr>
</tbody>
</table>

This information represents a sample of conditions commonly treated in both settings and includes all patients with these diagnoses, but does not take into account the severity of their illness. Costs are based on average CareFirst member's costs in 2012 and may not represent your patient's actual cost of care for the same services.

Finding an Urgent Care Center is easy and most are open seven days a week. It’s important that you inform your patients on the savings they may realize by using Urgent Care Centers instead of Emergency Rooms, when clinically appropriate.

Additional information to help your patients manage care costs is available on our Member site under the Managing Health Care Costs section.

*Based on Emergency Room/Urgent Care Center and Physician Office Setting Reimbursement Analysis for claims paid during the calendar year 2011 paid through May 2012 for select procedures.
CVS, Target and Walgreens Added to In-Network Pharmacy List

For the Administration of Flu, Shingles and Pneumonia Vaccines

Did you hear? Rite Aid Pharmacy administers three vaccines to CareFirst members as an in-network benefit.

We have added three pharmacies to our list. Now, when your patients want to obtain the flu, shingles or pneumonia vaccine, they can go to a CVS, Target or Walgreens pharmacy within the CareFirst service area to obtain the vaccine as an in-network medical benefit.

### PHARMACY | EFFECTIVE COVERAGE DATE
--- | ---
CVS | Sept. 15, 2013
Target | Sept. 15, 2013
Walgreens | Sept. 15, 2013
Rite Aid | July 15, 2013

As a reminder, patients can also obtain the flu, shingles or pneumonia vaccine when visiting a participating retail clinic (Minute Clinic or Target Clinic).

What’s the best part for you?

All network pharmacies and clinics adhere to the same claim submission process. Always submit the claim according to the member’s medical benefit plan.

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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:

1. **New Online Tools & Resources** – Discover the newest enhancements to our Provider Portal ([CareFirst Direct](https://www.carefirst.com/providers)) designed to make your job easier.
2. **Health Care Reform Updates** – Learn about updates or changes that may impact your practice.
3. **Changes to Policies and Procedures** – Stay informed of any changes to our provider manuals, guides, forms and more.
4. **Claims & Billing Information** – Get tips to help you reduce rejections and receive faster claim payments.
5. **BlueLink Announcements** – Receive notifications when new BlueLink issues are available online.

**Stay Curious. Stay Engaged. Stay Connected.**

Don’t spend time searching for information, we’ll deliver news right to your inbox. Visit [www.carefirst.com/stayconnected](http://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.

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**In Case You Missed It:**

**Speed Up Your Pre-Authorization Requests**

We know you’re busy. Our “In Case You Missed It” feature is here to help. Each issue, we provide helpful tips, reminders and highlights that you may have missed. This issue, we focused on pre-authorization requests. Answer the questions below to find out how much you know.

1. **Did you know that there is a fast way to determine which services require pre-authorization?** Visit [www.carefirst.com/preauth](http://www.carefirst.com/preauth) to access a list of services that require pre-authorization and view the criteria for pre-authorization decisions.
2. **Does your practice submit pre-authorization requests online?** Login to the Provider Portal (CareFirst Direct) at [www.carefirst.com/providers](http://www.carefirst.com/providers) to submit and track your pre-authorization requests online. You can upload any applicable documents for medical review and attach directly to the request.

Want to learn more? (We’ve added four new pre-authorization webinars to our webinar listings. Check out this issue’s CPET Corner for more information.)

**Stay in the Loop**

Click the “In Case You Missed It” icon to catch up on more provider news, including:

- Updated Clinical Resources
- Women’s Preventive Services under PPACA
- The Mobile App Available for CareFirst Members

All of our provider news updates are also available online at [www.carefirst.com/providers](http://www.carefirst.com/providers) > View Provider News Archives.
Claims and Billing

Revised CMS-1500 Claim Form Starting January 2014

A new CMS-1500 Health Insurance Claim Form has been approved for official use beginning Jan. 6, 2014, to support the use of the ICD-10 diagnosis code set. The revised CMS-1500 form (version 02/12) will replace version 08/05.

The new form:
- Gives providers the ability to indicate whether they use ICD-9 or ICD-10 diagnosis codes, which is important as the Oct. 1, 2014, transition approaches.
- Allows for additional diagnosis codes, expanding from four possible codes to 12. There will be a dual acceptance period until March 31, 2014.

Beginning April 1, 2014, all paper claims must be submitted on the new form or they will be returned to the provider. As a reminder, ICD-9 codes must be used for services provided before Oct. 1, 2014, while ICD-10 codes should be used for services provided on or after Oct. 1, 2014.

You may order the new CMS forms through your normal process.

Health Care Policy

Medical Policy Updates

Our Health Care Policy department continuously reviews medical policies and operating procedures as new, evidence-based information becomes available regarding advances on new or emerging technologies, as well as current technologies, procedures and services. The table below is designed to provide updates on changes to existing or new local policies and procedures during our review process. Each local policy or procedure listed includes a brief description of its status, select reporting instructions and effective dates. Policies from non-local accounts, such as NASCO and FEP, may differ from our local determinations. Please verify member eligibility and benefits prior to rendering service through FirstLine or CareFirst Direct.

Note: The effective dates for the policies listed below represent claims processed on and after that date.

<table>
<thead>
<tr>
<th>MEDICAL POLICY AND/OR PROCEDURE</th>
<th>ACTIONS, COMMENTS AND REPORTING GUIDELINES</th>
<th>POLICY STATUS AND EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.01.018 Sleep Disorders</td>
<td>Policy statements are unchanged. Under Policy Guidelines, added 2013 rationale statement. Report with appropriate Category I CPT® and HCPCS codes.</td>
<td>Periodic review and update Effective 9/23/13</td>
</tr>
<tr>
<td>2.01.070 Fecal Microbiota Transplantation</td>
<td>Fecal microbiota transplantation is considered medically necessary for chronic C. difficile infection that has become refractory to treatment with antibiotics. All other conditions are considered experimental / investigational. Report service with Category I CPT® code 44705. Refer to policy for details.</td>
<td>New policy Effective 9/23/13</td>
</tr>
</tbody>
</table>
### Medical Policy Updates (CONTINUED)

<table>
<thead>
<tr>
<th>MEDICAL POLICY AND/OR PROCEDURE</th>
<th>ACTIONS, COMMENTS AND REPORTING GUIDELINES</th>
<th>POLICY STATUS AND EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.01.035 Cardiac Computed Tomography (CT) and Coronary CT Angiography (CTA)</td>
<td>Policy statement is unchanged. Under Policy Guidelines, added 2013 rationale statement. Report service with Category I CPT® codes 75572, 75573 or 75574.</td>
<td>Periodic review and update Effective 9/23/13</td>
</tr>
<tr>
<td>7.01.042 Percutaneous Intracranial Angioplasty With or Without Stent Insertion</td>
<td>Policy statements are unchanged. Under Policy Guidelines, added 2013 rationale statement. Report service with Category I CPT® code 61624.</td>
<td>Periodic review and update Effective 12/23/13</td>
</tr>
<tr>
<td>11.01.031 Pharmacogenomic and Serologic Metabolite Markers for Inflammatory Bowel Disease Patients Treated with Azathioprine</td>
<td>Policy statements are unchanged. Under Policy Guidelines, added 2013 rationale statement. Report service with Category I CPT® code 81401.</td>
<td>Periodic review and update Effective 9/23/13</td>
</tr>
</tbody>
</table>

### CPET CORNER

**CPET Corner—Four New Ancillary Pre-Authorization Webinars**

The Center for Provider Education and Training offers Professional, Hospital and Ancillary seminars, as well as an array of webinars to attend without leaving your office.


**This issue’s highlight:**
Four new ancillary pre-authorization webinars have been added to the webinar listings. As of Sept. 17, 2013, CPET now offers a Home Health Pre-Authorization, DME Pre-Authorization, Home-Hospice Pre-Authorization and Home Infusion Therapy Pre-Authorization webinar.
**PROVIDER SEMINARS**

**CPET Training Sessions Announced**

See what the Center for Provider Education and Training has to offer. View upcoming sessions and find an opportunity that works for you and your staff.

### Professional Seminars

<table>
<thead>
<tr>
<th>DATE AND TIME</th>
<th>LOCATION</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basics, Updates &amp; More</strong>&lt;br&gt;Wednesday, Oct. 16, 2013 10 a.m. to 1 p.m.</td>
<td>Fair Oaks Hospital&lt;br&gt;3700 Joseph Siewick Drive&lt;br&gt;Fairfax, Va., 22033</td>
<td>Conference Room</td>
</tr>
<tr>
<td><strong>Basics, Updates &amp; More</strong>&lt;br&gt;Thursday, Oct. 24, 2013 10 a.m. to 1 p.m.</td>
<td>Holiday Inn Express, Hagerstown&lt;br&gt;241 Railway Lane&lt;br&gt;Hagerstown, Md. 21740</td>
<td>Conference Room</td>
</tr>
</tbody>
</table>

### Hospital Seminars

<table>
<thead>
<tr>
<th>DATE AND TIME</th>
<th>LOCATION</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Quarterly</strong>&lt;br&gt;Thursday, Dec. 5, 2013 10 a.m. to 1 p.m.</td>
<td>Johns Hopkins at Keswick South Building&lt;br&gt;3910 Keswick Road&lt;br&gt;Baltimore, Md. 21211</td>
<td>Second Floor Classroom</td>
</tr>
<tr>
<td><strong>Hospital Quarterly</strong>&lt;br&gt;Thursday, Dec. 12, 2013 10 a.m. to 1 p.m.</td>
<td>Holy Cross Hospital&lt;br&gt;1500 Forest Glen Road&lt;br&gt;Silver Spring, Md. 20910</td>
<td>Rooms 2 and 3</td>
</tr>
</tbody>
</table>

### Ancillary Seminars

<table>
<thead>
<tr>
<th>DATE AND TIME</th>
<th>LOCATION</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospice</strong>&lt;br&gt;Tuesday, Oct. 15, 2013 10 a.m. to 1 p.m.</td>
<td>CareFirst Columbia Gateway&lt;br&gt;6731 Columbia Gateway Drive&lt;br&gt;Columbia, Md. 21046</td>
<td>Redwood Room</td>
</tr>
<tr>
<td><strong>Dialysis</strong>&lt;br&gt;Wednesday, Oct. 23, 2013 10 a.m. to 1 p.m.</td>
<td>CareFirst Columbia Gateway&lt;br&gt;6731 Columbia Gateway Drive&lt;br&gt;Columbia, Md. 21046</td>
<td>Redwood Room</td>
</tr>
</tbody>
</table>
Quality Improvement (QI) Program: Raising the Bar for Improved Care and Service

CareFirst and CareFirst BlueChoice are committed to providing high quality care and service. The QI program strives to continuously improve the quality and safety of care (clinical and behavioral health) and services provided to members in all health care settings and at all levels. The QI Council works with community physicians to develop and implement the QI program. As part of this effort, QI works to provide access to health care that meets The Institute of Medicine's goals of being safe, timely, effective, efficient, equitable and patient-centered.

CareFirst annually implements a QI work plan that outlines specific clinical and service-related improvement activities. Data is collected and analyzed for each clinical and service-related improvement activity throughout the year, including the analysis for an increasingly diverse population. The QI program is comprehensive and dynamic, and includes processes to identify, monitor, analyze, prioritize and implement interventions as necessary to promote accessible, efficient, quality health care for every member.

Here's a more detailed description of our QI program, including objectives and our progress toward meeting our goals. You can also call Clinical Innovations/Quality Improvement at 410-605-2677 to request a paper copy.

As part of our QI effort, CareFirst participates in the annual Healthcare Effectiveness Data and Information Set (HEDIS®) project.

Why is HEDIS Important?

HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.

CareFirst's HEDIS 2013 (measurement year 2012) results revealed the following strengths and opportunities:

Strengths

The following measure results were in the 90th percentile nationally:

- Appropriate testing for children with pharyngitis (BlueChoice and BluePreferred)
- Use of appropriate medications for people with asthma (BluePreferred)
- Antidepressant medication management – acute phase (BluePreferred)
- Antidepressant medication management – continuation phase (BluePreferred)
- Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid (BlueChoice)
- Flu shots for adults 50-64 (BluePreferred)

Opportunities for Improvement

A number of opportunities for improvement were identified, and the following have been determined to be those with the most impact on improving care for our members:

- Women's Health Issues
  - Breast Cancer Screening
  - Cervical Cancer Screening
  - Prenatal and Postpartum Care
- Cardiovascular Care
  - Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening
  - Controlling High Blood Pressure
- Comprehensive Diabetes Care
  - HbA1c Testing and HbA1c Poor Control
  - Retinal Eye Exam
- Behavioral Health
  - Follow-up After Hospitalization for Mental Illness within 7 Days
  - Follow-up Care for Children Prescribed ADHD Medication
Annual Criteria Review

CareFirst’s medical directors and a panel of regional practitioners meet annually for Criteria Review. In 2012, the panel, which included primary care physicians and multiple specialists, reviewed and approved:

- Modified AEP Criteria
- 2011 Apollo Managed Care Physical Therapy
- Occupational Therapy
- Rehabilitation Criteria

The Magellan Behavioral Health Medical Necessity 2011 Criteria were also reviewed and approved. The criteria took effect Jan. 1, 2013 and a copy of any of the criteria can be obtained or reviewed by calling 410-528-7041.

CareFirst makes available physician reviewers to discuss utilization management decisions. Physicians may call 410-528-7041 or 1-800-367-3387 ext. 7041 to speak with a physician reviewer. All cases are reviewed on an individual basis.

Note: CareFirst affirms that all Utilization Management (UM) decision-making is based only on the appropriateness of care and service. We do not reward practitioners or other individuals conducting utilization review for denials of coverage or service. In addition, financial incentives for UM decision-makers do not encourage denials of coverage or service.

2013 Medical Record Review

CareFirst and CareFirst BlueChoice annually evaluate a random sample of medical records for adherence to select clinical guidelines, preventive services standards and medical record documentation standards. The record review is conducted concurrently with the HEDIS data collection cycle.

For the 2013 HEDIS cycle, the following questions were added to the medical record review for the Comprehensive Diabetes Care measure:

- Is there evidence in the medical record that the member was screened for depression during 2012?
- Is there evidence in the record that the member had at least one medication entered on a medication list or other chart location OR an indication that no medications were ordered during 2012?
- Is there evidence in the record that the member had at least one medication allergy listed OR an indication of No Known Medication Allergies (NKDA) documented during 2012?

Data Collection and Analysis:

A total of 968 records were reviewed. Medical records from the following specialties were included: Internal Medicine, Family Practice, General Practice, Pediatrics and Endocrinology. Data was collected on all reviews performed (on-site or faxed). The records were divided further into electronic medical records (EMRs) and paper records to identify any variations in documentation. Seven reviews that were conducted on-site did not have scanned medical records.
The following table shows the results of the 2013 review.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>TOTAL RECORDS REVIEWED = 961</th>
<th>EMRS REVIEWED = 613</th>
<th>PAPER RECORDS REVIEWED = 348</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there evidence in the medical record that the member was screened for depression during 2012?</td>
<td>YES: 286, COMPLIANCE RATE: 29.5%</td>
<td>YES: 215, COMPLIANCE RATE: 35.1%</td>
<td>YES: 71, COMPLIANCE RATE: 20.4%</td>
</tr>
<tr>
<td>Is there evidence in the record that the member was asked about current or past history of ANY OF THE FOLLOWING: Smoking, Alcohol, and/or other substance use during 2012?</td>
<td>YES: 628, COMPLIANCE RATE: 64.9%</td>
<td>YES: 463, COMPLIANCE RATE: 75.5%</td>
<td>YES: 162, COMPLIANCE RATE: 46.6%</td>
</tr>
<tr>
<td>Is there evidence in the record that the member had at least one medication entered on a medication list or other chart location OR an indication that no medications were ordered during 2012?</td>
<td>YES: 839, COMPLIANCE RATE: 86.7%</td>
<td>YES: 560, COMPLIANCE RATE: 91.4%</td>
<td>YES: 275, COMPLIANCE RATE: 79.0%</td>
</tr>
<tr>
<td>Is there evidence in the record that the member had at least one medication allergy listed OR an indication of No Known Medication Allergies (NKDA) documented during 2012?</td>
<td>YES: 738, COMPLIANCE RATE: 76.2%</td>
<td>YES: 527, COMPLIANCE RATE: 86.0%</td>
<td>YES: 208, COMPLIANCE RATE: 59.8%</td>
</tr>
</tbody>
</table>

The compliance rate for depression screening increased 12 percentage points compared to the 2012 rate. This is a statistically significant improvement. Compliance was higher among those who used an EMR.

The compliance rates for substance use screening, documentation of medications and documentation of allergies also indicate a statistically significant improvement compared to 2012. It should be noted that in 2012, the questions on substance use screening, documentation of medications and documentation of allergies were added to the medical record review for the Adult BMI Assessment (ABA) measure. Therefore this comparison represents assessment of adults in the general population (2012) versus those with a chronic condition (2013). Likewise, compliance was higher among those who used an EMR. The percentage of documentation found in an EMR versus paper record also was substantially higher. Sixty-three percent of records were from EMRs compared to 20-27 percent last year. These increases may be explained by these measures being among the 15 “Core Objectives” required in the CMS EHR Incentive Program.

Opportunity

Depression screening is an opportunity for improvement even though the compliance rate improved significantly compared to 2012. According to CareFirst’s “Clinical Practice Guidelines for Depression in Adults in the Primary Care Setting,” depression screening is recommended for:

- All new patients
- Existing patients (at least annually)
- High-risk patients (e.g., stroke, dementia, diabetes, coronary artery disease, chronic pain)
New Process for Synagis® Requests for 2013-2014 RSV Season

CareFirst requires Synagis® to be authorized prior to treatment for respiratory syncytial virus (RSV).

To obtain prior authorization approval for Synagis®, fax the Physician Request for Synagis® form to CVS Caremark* at 800-323-2445. If you have any questions, call CVS Caremark at 800-237-2767.

Don’t forget to submit your pre-authorizations online. Visit www.carefirst.com/preauth for a list of services requiring pre-authorization.

*CVS Caremark is an independent company that provides specialty pharmacy management services.