

BlueLink

[STAY CONNECTED]

FIND IT ONLINE AT WWW.CAREFIRST.COM/BLUELINK

AUGUST 2014

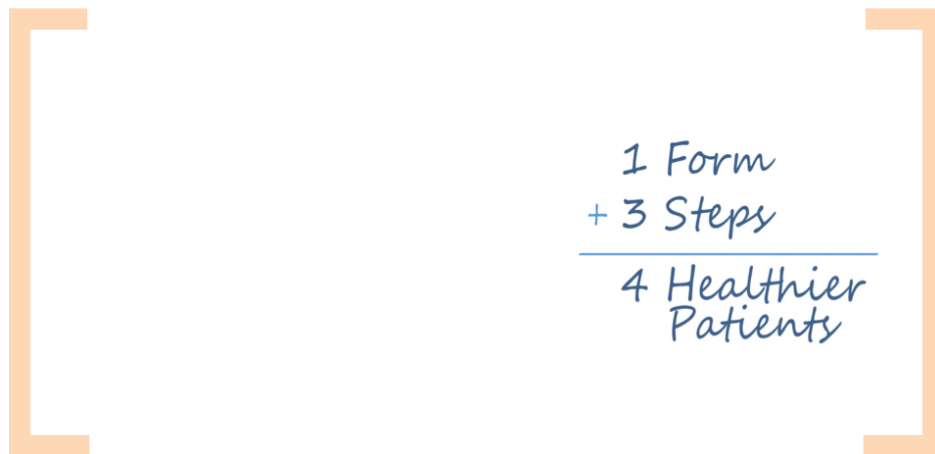
VOL. 16, ISSUE 5

Healthy Relationships. Healthy Rewards. HealthyBlue.

Our HealthyBlue products are designed to reward members for forming relationships with their primary care providers and working to improve their health.

HealthyBlue: 1 Form + 3 Steps 4 Healthier Patients

To make it easy for you to provide care for our HealthyBlue members, we've streamlined the Healthy Reward program across products. Now, using just one form and three easy steps, you can help your patients earn a Healthy Reward. Check out this [short video](#) to learn more.



1 Form
+ 3 Steps

4 Healthier Patients

We've also made other enhancements to our product line:

- No referrals.
- No copay for preventive or routine care.
- Included product names on member ID cards.

Visit www.carefirst.com/providers/healthyblue to download our updated [Quick Reference Guide](#) to learn about the differences in benefit designs.

Stay Connected...It Matters for Your Patients.

Visit www.carefirst.com/stayconnected to sign up to receive HealthyBlue emails.

IN THIS ISSUE:

DR. WINN SAYS...

Dr. Winn Says... 2

WHAT'S HAPPENING

In Case You Missed It 2

Attention PCPs:

Join the CareFirst PCMH Program 2

Stay Connected...It Matters For Your Patients 3

Catch Up on the Latest Clinical Resources for 2014 3

How Do You Start the Preventive Health Dialogue? 4

CLAIMS AND BILLING

Facilities Must Obtain Pre-Auths/ Notifications for Inpatient Services 4

Antigen Leukocyte Cellular Antibody Test: Experimental Investigational 4

Professional Provider Manual Update: Procedure Code Exception Charts 5

HEALTH CARE POLICY

New Technology Evaluated 5

Medical Policy Updates 6

QUALITY IMPROVEMENT

2013 Practitioner Satisfaction Survey 9

Practitioner's Role in Resolving Member Complaints 11

CPET CORNER

Register for Pre-Authorizations Online 11

We're Waiting.....to hear from you 11

DR. WINN SAYS...



Dr. Winn Says...

In this recurring feature, Dr. Daniel Winn, an internist and CareFirst Vice President and Senior Medical Director, offers tips of importance to you and your staff.

[Listen](#) as Dr. Winn discusses the Mouth-Body Connection: Medical-Dental Integration.



WHAT'S HAPPENING

In Case You Missed It

Check out our “In Case You Missed It” feature in each *BlueLink* issue. Catch up on important updates to help keep your practice running efficiently. Click the icon to read recent provider news.

Here's an update you may have missed:

Reminder: Verify Your Provider/ Practice Info Now

Have you verified your provider/practice information recently? If not, you may be missing more than just your mail – including opportunities for new patients.

Don't lose control of your data. Simply log in to the Provider Portal (CareFirst Direct) at www.carefirst.com/providers to view the information we have on file for your practice. Use this [step-by-step guide](#) for details.

Is the information correct? Click the “Verify Provider Information” button to confirm.

Need to make changes? Use the “Update” links or use the appropriate Change in Provider Information Form located at www.carefirst.com/providerforms.

Better Data. Better Service. You're in Control.

Attention PCPs: Join the CareFirst PCMH Program

You can receive an increased fee schedule and an opportunity to earn additional rewards by joining the CareFirst Patient-Centered Medical Home (PCMH) program.

More than 4,000 primary care physicians and nurse practitioners across the region have already joined our PCMH. But joining the CareFirst PCMH program has many advantages, including:

- Become eligible to receive a 12 percentage point increase on your fee schedule.
- Earn additional incentives for meeting care coordination, quality and efficiency targets.
- Have a dedicated support team of registered nurses to help you manage and coordinate care for your sickest patients.

Join us to learn more at the upcoming PCMH Town Hall. To register, email PCMHTOWNHALL@carefirst.com or visit www.carefirst.com/joinpcmh. You can also contact our PCMH Enrollment Coordinator at (410) 872-3519.

WHAT'S HAPPENING



Stay Connected...It Matters For Your Patients

There's no better way to help your patients beat the heat than staying up-to-date on the latest hot provider news.

Visit www.carefirst.com/stayconnected or text* "CFPROVIDER" to 67463 to register for CareFirst Provider News by email.

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

Select your networks, specialties, provider type and provider role to receive news that matters the most to you and your practice. That way you can sit back, relax and focus on providing quality care to our members.

Catch Up on the Latest Clinical Resources for 2014

Whether you're recommending preventive care options to your patients or managing day-to-day office operations, the clinical resources available on our provider website can be valuable, time-saving tools to help support your treatment plan for patients with chronic diseases.

CareFirst's Quality Improvement Council annually reviews the clinical resources and adopts nationally recognized guidelines and best

practices to make sure when information changes, you know about it.

The following guidelines and standards have been updated for 2014:

- [Preventive Service Guidelines](#)
- [Clinical Practice Guidelines \(for Depression in Adults in the Primary Care Setting\)](#)
- [Documentation and Office Standards](#)

These PDFs and additional clinical materials can also be found online in the Resources section of www.carefirst.com/providers.

To request hard copies of the guidelines or resources mentioned above, please call Clinical Innovations at (410) 605-2677 or (800) 323-4472.

WHAT'S HAPPENING



How Do You Start the Preventive Health Dialogue?

In the past two months we've asked you to share your thoughts with us in terms of preventive services – the approaches you use, best practices and how you motivate your patients to follow through.

So far, we have received more than 40 responses from you and your colleagues. But we want more.

As you know, talking to your patients about important preventive screenings, immunizations and services is the first step. So tell us:

Email newsletter.editor@carefirst.com to share your thoughts. By sending us an email, you will be entered to win a free gift and your answer could be featured in an upcoming issue of *BlueLink*.

CLAIMS AND BILLING

Facilities Must Obtain Pre-Auths/Notifications for Inpatient Services

Inpatient facilities must obtain pre-authorizations/notifications for [certain inpatient services](#) for out-of-area Blues members rendered on or after July 1, 2014. Physician offices are not responsible for obtaining authorizations for facility services.

What this means for your facility:

- If you do not obtain the authorization, a penalty (per the member's contract) will be applied or the claim will be denied.
- You may not balance bill the member for services if an authorization was not obtained. The member is to be held harmless.

We've made updates to our [Professional](#) and [Institutional](#) provider manuals to reflect this requirement. Download the latest versions at www.carefirst.com/providermanualsandguides.

Save Time, Submit Pre-Auths Online

Prior authorizations for out-of-area and local members can be obtained online through our Provider Portal (www.carefirst.com/providers). To learn more about this process, visit www.carefirst.com/cpet to register for an upcoming Out-of-Area Notifications webinar.

If you have any questions, call your [Institutional Provider Representative](#).

Antigen Leukocyte Cellular Antibody Test: Experimental Investigational

CareFirst has clarified the appropriate billing for Antigen Leukocyte Cellular Antibody Test (ALCAT), a cytotoxic food test that is considered experimental/investigational. Under Policy Guidelines, a 2013 rationale statement was added to indicate cytotoxic food tests should be reported with Category I CPT® unlisted allergy/clinical immunologic service or procedure code 95199.

Reporting of immunoassay for analyte other than infectious agent antibody or infectious agent antigen (CPT® 83516 or 83520) is limited to a frequency of five (5) units. The effective date for this policy change was June 17, 2013, and it impacted claims processed on and after the date. This information can be found at www.carefirst.com/providers.

ALCAT services billed to CareFirst must be reported with CPT® code 95199; do not report ALCAT services with CPT® 83516. An update to [Medical Policy 2.01.023 Allergy Testing](#) appeared in the [April 2013](#) edition of *BlueLink*.

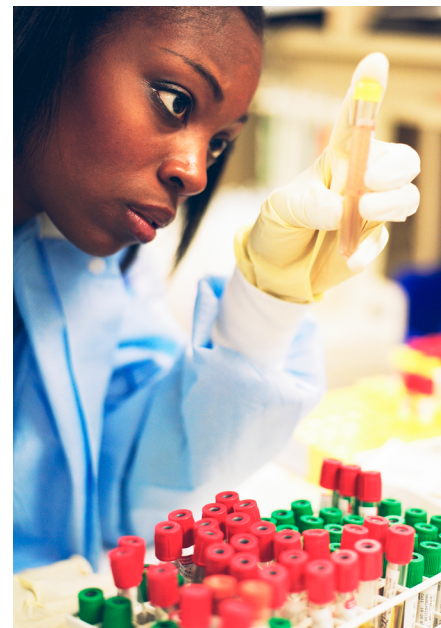
CLAIMS AND BILLING

Professional Provider Manual Update: Procedure Code Exception Charts

Effective June 1, 2014, procedure codes 88738, 83655 and 85018 (for lead and hemoglobin testing) can be performed by all PCPs/specialists in a physician office setting. Remember to verify member eligibility and coverage through [CareFirst Direct](#) or *CareFirst on Call* ([professional](#) and [institutional](#)) prior to rendering services, as benefit limitations and medical policy requirements still apply.

A complete list of codes is located in the [Procedure Code Exception Chart section](#) of the Professional Provider Manual found at www.carefirst.com/providermanualsandguides.

CareFirst and CareFirst BlueChoice expects all providers who perform laboratory or imaging tests, at any site, obtain and/or maintain the appropriate federal, state and local licenses and certifications; training; quality controls; and safety standards pertinent to the tests performed.



HEALTH CARE POLICY

New Technology Evaluated

Our Technology Assessment Unit evaluates new and existing technologies to apply to our local indemnity and managed care benefit plans. The unit relies on current scientific evidence published in peer-reviewed medical literature, local expert consultants and physicians to determine whether those technologies meet CareFirst and CareFirst BlueChoice criteria for coverage. Policies for non-local accounts like NASCO and FEP may differ from our local determinations. Please verify member eligibility and benefits prior to rendering services via *CareFirst on Call* ([professional](#) and [institutional](#)) or [CareFirst Direct](#). The Technology Assessment Unit recently made the following determinations:

TECHNOLOGY	DESCRIPTION	CAREFIRST AND CAREFIRST BLUE CHOICE DETERMINATION
Ultrafiltration for acute decompensated heart failure	Similar to dialysis, membrane filter system removes water from the blood to reduce load on the heart	Considered experimental / investigational CPT® reporting code 90999
ConfirmMDX® test for occult prostate cancer	Used in cases of negative prostate biopsy when other factors suggest presence of prostate cancer	Considered experimental / investigational CPT® reporting code 81479

New Category III CPT® Codes Effective 7/1/14:

0347T	Experimental / investigational	0352T	Experimental / investigational
0348T	Experimental / investigational	0353T	Experimental / investigational
0349T	Experimental / investigational	0354T	Experimental / investigational
0350T	Experimental / investigational	0355T	Experimental / investigational
0351T	Experimental / investigational	0356T	Experimental / investigational

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 *CareFirst on Call* ([professional](#) and [institutional](#)) or [CareFirst Direct](#).

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

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
2.02.002 Microvolt T-Wave Alternans	Under Policy Guidelines, added 2014 rationale statement. Policy statement unchanged. Report service with Category I CPT® code 93025.	Periodic review and update Effective 5/19/14
3.01.009 Attention Deficit Disorder (ADD) with or without Hyperactivity	Under Policy Guidelines, added 2014 rationale statement. Policy statement unchanged. Report service with appropriate Category I CPT® code. See policy for details.	Periodic review and update Effective 5/19/14
6.01.012 Thermography and Temperature Gradient Studies	Under Policy Guidelines, added 2014 rationale statement. Policy statement is unchanged. Report service with Category I CPT® 93740.	Periodic review and update Effective 5/19/14
6.01.036 Magnetoencephalography and Magnetic Source Imaging	Under Policy Guidelines, added 2014 rationale statement. Policy statement is unchanged. Report service with Category I CPT® codes 95965, 95966 and 95967.	Periodic review and update Effective 5/19/14
7.01.040 Cavernous Nerve Stimulation Device	Under Policy Guidelines, added 2014 rationale statement. Policy statement is unchanged. Report service with Category I CPT® unlisted code 95999.	Periodic review and update Effective 5/19/14
7.01.091 Minimally Invasive Intervertebral Disc Decompression Procedures (for Low Back Pain)	Under Policy Guidelines, added 2014 rationale statement. Policy statement is unchanged. Report service with Category I CPT® 62287 or HCPCS code S2348.	Periodic review and update Effective 5/19/14
7.01.092 Interspinous Vertebral Decompression Implantation for Spinal Stenosis	Under Policy Guidelines, added 2014 rationale statement. Policy statement is unchanged. Report service with Category III CPT® 0171T and 0172T.	Periodic review and update Effective 5/19/14

HEALTH CARE POLICY

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
2.01.018 Sleep Disorders	Policy revised to include Provent™ sleep apnea therapy is considered experimental/investigational for the treatment of obstructive sleep apnea. Report service with HCPCS code E1399.	Policy revision Effective 6/23/14
3.01.006 Pervasive Developmental Disorders (e.g. Autism)	Provider Guidelines section updated with reporting guidelines. Report applied behavior analysis (ABA) services using the Category III CPT® codes for adaptive behavior treatment (0359T – 0374T). Refer to Policy for details.	Review and update Effective 6/23/14
3.01.011A Autism Spectrum Disorder (Virginia Mandate)	Provider Guidelines section updated with reporting guidelines. Report applied behavior analysis (ABA) services using the Category III CPT® codes for adaptive behavior treatment (0359T – 0374T). ABA services may only be reported by a licensed Behavior Analyst. Preauthorization may be required by the Plan to determine appropriateness and medical necessity for treatment. Refer to Operating Procedure for details.	Review and update Effective 6/23/14
7.01.007 Electrical Bone Growth Stimulation	Periodic review and update. Under Policy Guidelines, added updated 2014 rationale statement. Report service with appropriate Category I CPT® codes 20974 or 20975 or HCPCS codes E0747, E0748 or E0749.	Periodic review and update Effective 6/23/14
7.01.017 Cosmetic and Reconstructive Surgery with Attached Companion Table	Updated Guidelines for Cosmetic and Reconstructive Surgery. Attached table to include statements about facial bone reduction, gluteal implant for buttock augmentation, waxing for hair removal, lipofilling, and pectoral implant. Refer to Policy for details.	Policy revision Effective 6/23/14
7.01.073 Radiofrequency Ablation of Malignant Tumors of the Liver	Periodic review and update. Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® codes 47370, 47380 or 47382.	Periodic review and update Effective 6/23/14
7.01.100 Cervical Vertebral Disc Replacement	Policy Statement updated to state cervical intervertebral disc replacement is considered medically necessary at a single level for patients with cervical degenerative disc disease. Report service with Category I CPT® codes 22856, 22861 or 22864. Refer to Policy for details.	Policy revision Effective 6/23/14
7.01.105 Endoscopic Radiofrequency Ablation for Barrett's Esophagus	Periodic review and update. Under Policy Guidelines, added updated 2014 rationale statement. Report service with Category I CPT® code 43499.	Periodic review and update Effective 6/23/14
7.01.123A Transgender Services	New Operating Procedure to describe benefits for transgender services if available in the member's contract. Refer to Operating Procedure for details.	New Operating Procedure Effective 6/23/14

HEALTH CARE POLICY

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
8.01.011A Habilitative Services (MD and DC mandates)	Benefit Application section updated with District of Columbia Mandate effective 1/1/14 and extension of the 2012 Maryland Mandate to include applied behavior analysis (ABA) services effective 3/17/14. Preauthorization may be required. Refer to Operating Procedure for details.	Review and update Effective 6/23/14
10.01.011A Emergency Services Auto Codes	Operating Procedure updated to add additional diagnoses approved for emergency services. Refer to attached table dated 6/23/14 for details.	Review and update Effective 6/23/14
11.01.057 KRAS Mutation Analysis for Non-Small Cell Lung Cancer	New Policy. KRAS mutation analysis for non-small cell lung cancer is experimental/investigational. Report service with Category I CPT® codes 81275, 81403, or 81405. Refer to Policy for details.	New policy Effective 6/23/14
5.01.020 Xofigo Radium-223 Injection for Bone-Metastatic Prostate Cancer	New Policy. Procedure is considered medically necessary for specific criteria. Report service with Category I CPT® code 79101. Refer to Policy for details.	New policy Effective 4/1/14
1.01.006 Ultrasound Accelerated Fracture Healing Device	Periodic review and update. Under Policy Guidelines added updated 2014 rationale statement. Policy statements are unchanged. Report service with Category I CPT® code 20979 or HCPCS code E0760.	Periodic review and update Effective 7/21/14
4.02.001 Assisted Reproductive Technology (ART) Procedures: In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Zygote Intrafallopian Transfer (ZIFT)	Periodic review and update. Under Policy Guidelines, added updated 2014 rationale statement. Policy statement regarding the cryopreservation, storage, and thawing of oocytes changed from experimental/investigational to medically necessary for specific criteria related to cancer treatment. Report service with appropriate Category I CPT® codes 89346 (storage), 89356 (thawing of oocytes), or Category III CPT® code 0059T (cryopreservation). Refer to Policy for details.	Periodic review and update Effective 7/21/14
7.01.011 Bone Lengthening for Angular Deformities and Limb Length Discrepancies of Long Bones	Policy statements are unchanged. Report service with appropriate Category I CPT® code 20690, 20692, 20693, 20694, 20696 or 20697. Refer to Policy for details.	No further review scheduled Effective 7/21/14
7.01.111 Transanal Endoscopic Microsurgery (TEM)	Periodic review and update. Under Policy Guidelines, added updated 2014 rationale statement. Report service with Category I CPT® code 0184T.	Periodic review and update Effective 7/21/14
8.01.002 Cardiac Rehabilitation	Periodic review and update. Under Policy Guidelines, added updated 2014 rationale statement.	Periodic review and update Effective 7/21/14

HEALTH CARE POLICY

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
11.01.050 Genetic Testing for Familial Cardiomyopathies	Periodic review and update. Under Policy Guidelines, added updated 2014 rationale statement. Report service with appropriate Category I CPT® codes 81403, 81405, 81406 or 81407. Refer to Policy for details.	Periodic review and update Effective 7/21/14
11.01.038 Pharmacogenomic Testing for Warfarin Sensitivity	Periodic review and update. Under Policy Guidelines, added updated 2014 rationale statement. Report service with appropriate Category I CPT® codes 81227 or 81355. Refer to Policy for details.	Periodic review and update Effective 10/13/14

QUALITY IMPROVEMENT

2013 Practitioner Satisfaction Survey

CareFirst wants to know how satisfied its primary care physicians are with the medical management of the BlueChoice and BluePreferred health plans. We conduct a survey each year to evaluate: how well we are doing, how we compare to our competitors and what we need to improve upon.

Last year's survey was fielded from October through November and the sample consisted of CareFirst practitioners and an online independent panel of practitioners (to supplement the number of completes). A total of 267 physicians responded.

Providers rated their satisfaction with CareFirst on a scale of 1 – 10 in the following areas: overall satisfaction, utilization management, specialist availability, claims processing, case management, patient information and communications, technology/social media, and HealthyBlue. In comparison to the competition, CareFirst is rated on a scale of 1 – 5, in which 5 is much better than the competition and 1 is much worse than the competition.

For each category below, we've also listed the CareFirst rating according to the scale.

Strengths

- **Overall satisfaction with BlueChoice and BluePreferred** – more than half of the practitioners are highly satisfied with BlueChoice and BluePreferred. Rating: 8 to 10
- **Utilization Management for BluePreferred** – 51% of the BluePreferred practitioners are highly satisfied with utilization management. Rating: 8 to 10
- **Claims process for BluePreferred** – 50% of the BluePreferred practitioners are highly satisfied with the claims process. Rating: 8 to 10
- **Case Managers overall** – 60% of BlueChoice practitioners and 58% of BluePreferred practitioners are highly satisfied with case managers overall. Rating: 8 to 10
- **General availability of specialists** – more than 60% of the practitioners are highly satisfied with the general availability of specialists overall. Rating: 8 to 10
- **Feedback to PCPs from specialists and hospitals** – more than 80% of practitioners regularly receive feedback from specialists, while more than 60% of practitioners regularly receive feedback from hospitals.
- **HealthyBlue Health and Wellness Evaluation form** – of the practitioners who completed the form, more than 60% are highly satisfied with the form. Rating: 8 to 10
- **Electronic services** – at least 75% of the practitioners who use electronic services are highly satisfied with them. Rating: 8 to 10
- **Website: accuracy, timeliness and usefulness of information** – of the practitioners using the website, about 65% of the practitioners are highly satisfied with the accuracy, timeliness and usefulness of information. Rating: 8 to 10

(continued)

QUALITY IMPROVEMENT

2013 Practitioner Satisfaction Survey (continued)

Better Than the Competition

- **Utilization Management overall** – 49% of BlueChoice practitioners and 52% of BluePreferred practitioners rated CareFirst as much/somewhat better than the competition. Rating: 4 to 5
- **General availability of specialists** – 49% of BlueChoice practitioners and 55% of BluePreferred practitioners rated CareFirst as much/somewhat better than the competition. Rating: 4 to 5
- **Case Managers** – 59% of practitioners rate CareFirst case managers better than the competition on willingness to work with you, and over 50% of practitioners rate the expertise of the CareFirst case managers better than the competition. Rating: 4 to 5

Opportunities for Improvement

- **Availability of behavioral health practitioners** – particularly adult and child psychiatrists
- **Appointment access to behavioral health** – limited hours/locations and too long to get an appointment
- **Feedback to PCPs from behavioral health and skilled nursing facilities** – significantly more PCPs report receiving information from behavioral health practitioners in 2013

Improvement Efforts by CareFirst and Magellan

- Recruited and contracted with five child psychiatrists
- Focused recruitment in Northern Virginia, Washington, D.C., Prince George's and Montgomery Counties, in addition to large medical systems and practitioners in CareFirst's competitors' networks that are not in the CareFirst networks
- Provided behavioral health clinical liaisons to PCMH practices to coordinate and provide access to practitioners and community resources
- Assisted members through My Care Linkup to find a practitioner by either providing a list of practitioners or scheduling an appointment
- Launched a six-month pilot for BlueChoice members through Magellan's Telehealth solution to expand the availability of mental health services online
- Communicated discharges by the Hospital Transition Coordinators (HTC) with PCMH Local Care Coordinators (LCC) who can, given access, message directly into a practice's Electronic Health Record (EHR) and coordinate transitional care
- Provided access to iCentric to select Urgent Care Centers (UCC) to enter treatment and discharge summaries
- Reminded key behavioral health groups about obtaining patient consents to release information to their PCP and then sending the information



QUALITY IMPROVEMENT

Practitioner's Role in Resolving Member Complaints

CareFirst's Quality of Care (QOC) Department investigates complaints related to the quality of care and service provided by practitioners and providers in the CareFirst network and takes action, when appropriate. We evaluate complaints annually to identify and address opportunities for improvement across the network.

What happens when we receive a complaint from a member involving a practitioner or provider?

The QOC Department has only the member's perspective of the complaint and will contact you for additional information and your perception. At the conclusion of our investigation, we will advise you and the member of the findings and resolution. We are committed to resolving member complaints within 60 days, and your timely response helps us meet that goal.

Can I register a complaint on behalf of a CareFirst or CareFirst BlueChoice member?

A practitioner may register a complaint on behalf of a member regarding the quality of care or service provided to the member by another practitioner or provider. You may submit the complaint in one of three ways:

- Email quality.care.complaints@carefirst.com
- Fax a written complaint to (301) 470-5866
- Mail a written complaint to:
CareFirst Quality of Care Department
Central Appeals Unit
P.O. Box 17636
Baltimore, MD 21297

Please include the following information when submitting a complaint:

- Your telephone number
- Your provider number
- Member's name
- Member's ID number
- Date(s) of service
- As much detail as possible about the event

CPET CORNER

Register for Pre-Authorizations Online

The [Center for Provider Education and Training](#) provides convenient and resourceful webinars and seminars for you and your staff.

If you're an Infertility Specialist, Chiropractor or a provider with questions about which medicines need pre-authorizations, you're in luck. This month, CPET offers pre-authorization webinars that are designed to train you and your staff how to submit pre-authorizations online.

- The [Infertility, PT/OT/ST Chiropractic](#) and [Pharmacy Pre-Authorization](#) webinars are designed specifically for Professional providers. These engaging 30-minute webinars will give you a step-by-step overview on how to create pre-authorizations and notifications online using the new Pre-Authorization section located on the Provider Portal.

Enroll in these convenient webinars today at www.carefirst.com/cpet or call (877) 269-2219 for more information.

We're Waiting... ...to hear from you

You've surely noticed the changes we've made to *BlueLink* over the past year or so, haven't you?



Some of the changes were big, some were small, but all were made to improve the way we work with you and, ultimately, improve the care you provide for your patients, our members.

So, what do you think? Are our changes good, bad, useful, useless or mostly unnoticed? Email your comments to newsletter.editor@carefirst.com and let us know.

CHIEF MEDICAL OFFICER AND
SR. VICE PRESIDENT OF MEDICAL AFFAIRS
Jon P. Shematek M.D.

EDITOR
Robert Hilson

CareFirst 
The CareFirst BlueCross BlueShield
family of health care plans