

BlueLink



Medical News & Updates

December 2021 | Volume 23 | Issue 6

Mandates and Legislation

- New CareFirst Member ID Cards to Display Additional Benefit Information
- Update on the Consolidated Appropriations Act (CAA)

Learning and Engagement

- Coming Soon: New Interactive CareFirst Direct User Guides
- Review the Latest Updates to CareFirst's Medical Provider Manual
- Are You Taking Advantage of our New Provider Education Site?

Clinical Corner

- FOBT Colorectal Cancer Screening on the Rise – Kevin Schendel, M.D.

Networks

- Launch of CareFirst BlueCross BlueShield Group Medicare Advantage Plan
- BlueHPN Updates for 2022
- CareFirst Expands its Available Networks – Are you In- or Out-of-Network?

Pharmacy

- Medical Preferred Drug Strategy Update – January 1, 2022

Care Management

- High Risk OB Care Management Overview and Referral Process

Healthcare Policy

- Effective Dates, Current Procedural Terminology (CPT®) Codes and Policy Updates for December

Claims and Billing

- New Place of Service Pre-Processing Edit

For more information, visit carefirst.com/bluelink

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- New Year, New Office Habits for CareFirst Direct Users

Quality

- Are you Up to Date on Best Practices and Quality Standards?

COVID-19 Resources

- Available Vaccine Resources

Mandates and Legislation

New CareFirst Member ID Cards to Display Additional Benefit Information

In December 2020, Congress signed the Consolidated Appropriations Act (CAA) into law. One section of the new law, referred to as the No Surprises Act, requires carriers to display deductible and maximum out-of-pocket limitations on member ID cards for coverage beginning January 1, 2022.

For plan years beginning January 2022 or later, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) will be updating and re-releasing membership ID cards to our members at renewal. The new ID cards will now include medical and pharmacy plan deductibles and out-of-pocket maximums.

In addition to meeting the requirements of the CAA, updating our ID cards is an opportunity for us to enhance cost transparency and make it easier for your patients to understand and use their CareFirst plans.

Standalone dental and vision, Medicare Advantage and Medicaid members are not included in this mandate and are not part of this re-carding.

Please note: Patients can still use their old cards to receive care since the update does not change the information you need to file claims.

Update on the Consolidated Appropriations Act

In the [October 2021 issue](#) of BlueLink, we notified you of our goals to roll out the CAA. Although the government announced that several key aspects of the legislation have been deferred, we will be moving forward on-schedule with our rollout of ID card changes and provider directory accuracy.

For information about our roll out of ID card changes, see the first article in this newsletter, *New CareFirst Member ID Cards to Display Benefit Information*.

See the table below for details on the provider directory initiative.

Name of Change	Effective Date	Summary of Changes
Provider Directory	01/01/2022	<ul style="list-style-type: none"> • Providers will be required to update their directory information every 90 days, may be required to provide refunds to members when data is inaccurate, and will be removed from directories if non-responsive.

		<ul style="list-style-type: none"> • Requires plans to request providers to update their information quarterly and promptly process updates received. • Requires plans to respond to members' network questions within one business day and retain communications for at least two years. • If a member provides documentation that they received incorrect information from the directory, they are only responsible for in-network cost-sharing.
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We will continue to provide general updates related to CAA and Consumer Transparency rules in upcoming issues of BlueLink. In the meantime, we encourage you to register for [CareFirst Direct](#) if you haven't already as this will be the primary resource used to update and verify provider directory information.

**Select updates will not be reflected in the directory until validated.*

Education and Training

Coming Soon: New Interactive CareFirst Direct User Guides

It is important to us to bring you resources that you need to do business with us! We are excited to launch, by the end of 2021, all CareFirst Direct user guides in an interactive format on our Center for Provider Education. In addition to the [Eligibility and Benefits](#) and [Claim Status](#) guides, we will be adding the following guides to our on-demand library:

- Registering for CareFirst Direct
- Creating a New User in CareFirst Direct
 - **Note:** This guide will combine three previously separate user guides: (Creating New User Facilities, Creating New User-Practitioner and Creating New User-Office Support Staff)
- Resetting a CareFirst Direct Password
- Locking and Unlocking a CareFirst Direct Account
- Submitting Claims Inquiries in CareFirst Direct
- Accessing Fee Schedules in CareFirst Direct
- Updating Your Profile in CareFirst Direct
- Adding Access to a Current User in CareFirst Direct
- Managing User Access Requests in CareFirst Direct
- Terminating an Account in CareFirst Direct
- Submitting an Inpatient Authorization
- Submitting an Outpatient Authorization

We are constantly adding additional resources to our libraries, so be sure to check back frequently to keep up to date on the most recent information and changes. With most of our courses available on-demand,

you can access them 24/7.

As always, our goal is to provide resources and content that meet your needs. We are always looking for ways to connect you to the right information. Please reach out to providereducation@carefirst.com to provide feedback or suggestions on the courses and content we offer. We would love to hear from you.

Review The Latest Updates to CareFirst's Medical Provider Manual

To keep you informed of changes and improvements, CareFirst has updated our [Medical Provider Manual](#). Updates were made to the following sections:

- [Chapter 1](#)
 - Updated the chapter with Social Determinants of Health Information
- [Chapter 2](#)
 - Added information about our Blue High Performance NetworkSM (BlueHPNSM)
 - Changed NCAS to align with our Dental manual
- [Chapter 3](#)
 - Added Music Therapist as a new provider type
- [Chapter 9](#)
 - Clarified where to find Place of Service information
- [Chapter 10](#)
 - Added information about Care Management Programs for Medicare Advantage Members
- [Chapter 11](#)
 - Added a new chapter titled "Group Medicare Advantage"

Are You Taking Advantage of our New Provider Education Site?

We recently relaunched our microsite, [Center for Provider Education](#), and we've added many new resources for you.

Take advantage of upcoming webinars like:

- CareFirst Group Medicare Advantage
- Entering Inpatient Notifications and Prior Authorizations via Altruista Health
- BlueCard 101 and BlueCard 201 (separate courses)
- Hospital Quarterly, and more!

Don't have time to attend a live webinar? Then view our on-demand courses. Some of the courses already posted include:

- CareFirst Networks
- CareFirst On Call
- Authorizations

- Submitting Claims for Medical Providers
- How to Read Notice of Payments for Medical Providers, and more!

You can find these courses on our [On-Demand webpage](#) or our [Courses by Topic webpage](#).

We also offer dental continuing education courses and plan to add medical continuing education courses. View these courses on our [Continuing Education webpage](#).

Visit the site today at carefirst.com/providereducation.

Clinical Corner

FOBT Colorectal Cancer Screening on the Rise – Kevin Schendel, M.D.

For 2021, the newest colorectal cancer data estimates there are 150,000 new cases.¹ Just this past year, there were approximately 53,000 deaths attributed to colorectal cancer. This makes colorectal cancer the second deadliest cancer for men and women.²

The American Cancer Society recommends colorectal screening for people with average risk starting at age 45. There are five ways to accomplish this:

- Fecal Occult Blood Testing/Fecal Immunochemical Test (FOBT/FIT) testing
- Multi-target DNA testing
- Flexible sigmoidoscopy
- CT colonography
- Colonoscopy³

From 2000 to 2018, the screening rate has increased from 38% to 66%. This is great progress; however, the American Cancer Society's goal is to reach an 80% screening rate or better.

There are racial disparities in screening for colorectal cancer. For patients over the age of 50, 68% of Caucasians have been screened compared to 65% of African Americans, 59% of Hispanic patients and 55% of Asian patients. When looking at the insurance status for patients over 50, 65% of privately insured patients have been screened compared to 30% of uninsured patients.

The COVID-19 pandemic has shifted patient attitudes about colorectal cancer screening. The key takeaways from a survey of 765 patients eligible for colorectal screening since the pandemic have found a preference for the FOBT versus a colonoscopy.⁴

¹ Siegel et al, *Cancer Statistics 2021*. *Ca. J Clin Oncol* 2021; 39(1):7-20. ² National Health Interview Survey 3. <https://acsjournals.onlinelibrary.wiley.com/doi/pdfdirect/10.3322/caac.21654>

² *Colorectal Cancer: Statistics*. <https://www.cancer.net/cancer-types/colorectal-cancer/statistics>

³ *American Cancer Society Guideline for Colorectal Cancer Screening*. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>

⁴ *Covid-19 pandemic shifted patient attitudes about colorectal cancer screening*. *American College of Surgeons* 23-10-2021 <https://www.facs.org/media/press-releases/2021/colorectal-screening-102321>

Since the pandemic, 48% of patients completed the FOBT test, compared to 32% in the pre-pandemic period. The survey results also showed less colonoscopies were performed during the pandemic compared to pre-pandemic periods. The key factors for this trend are related to COVID-19 infection concerns and the financial strain of the pandemic.

In summary, the survey suggested that FOBT testing during the pandemic has served as an alternative to colonoscopy to improve access to colorectal cancer screening.

Networks

Launch of CareFirst BlueCross BlueShield Group Medicare Advantage Plan

In January 2022, CareFirst BlueCross BlueShield Medicare Advantage will offer a new CareFirst BlueCross BlueShield Group Advantage (PPO) plan across the CareFirst geographic service area (*CareFirst members can reside anywhere in the U.S. and Puerto Rico*). The CareFirst BlueCross BlueShield Group Advantage plan will be welcoming approximately 1,300 new members at that time.

In the coming weeks, some of your current patients may be enrolled in the new plan through their employer's retiree plan, and some may become eligible during the plan year. They may reach out to you to learn if they can continue as a patient under their new plan.

Here is some helpful information for you and your staff to respond to patient inquiries:

- CareFirst BlueCross BlueShield Group Advantage will provide coverage for these members under a group (or an employer-sponsored) Medicare preferred provider organization (PPO) plan.
- The members' in-network and out-of-network benefits and cost-shares are the same under this plan. This means you can provide services to any member of this plan if you are a Medicare provider without concerns about a large out-of-network deductible or cost-share.

Not currently part of the CareFirst BlueCross BlueShield Group Advantage Network?

- If you are not part of the CareFirst BlueCross BlueShield Group Advantage network, but you are eligible to be paid by Medicare (Medicare provider), you can treat and receive payment for patients who are enrolled in a CareFirst BlueCross BlueShield Group Advantage plan by billing claims electronically to CareFirst in the same manner as you bill Traditional Medicare.
 - *Members of this plan are aware they can see out-of-network providers and may bring information to you from CareFirst explaining the plan.*
- CareFirst BlueCross BlueShield Group Advantage pays out-of-network providers according to the original Medicare fee schedule, less any applicable member cost-shares. Providers should not balance bill CareFirst BlueCross BlueShield Group Advantage plan members.
- Providers who have not yet joined the new CareFirst BlueCross BlueShield Group Advantage network and want to learn more about becoming a CareFirst BlueCross BlueShield Group Advantage contracted provider should reach out to Provider Services at **1-855-290-5744** or MedicareAdvantage@carefirst.com.

Identifying CareFirst BlueCross BlueShield Group Advantage plan members:

			
CareFirst BlueCross BlueShield Group Advantage (PPO)		CareFirst BlueCross BlueShield Group Advantage (PPO)	
Member Name	PCP Office Visit IN: OON:	Specialist Office Visit IN: OON:	Urgent Care Center IN: OON:
Member ID	Emergency Room IN: OON:	RxBIN 004336	RxPCN MEDDADV
Group Number		RxGRP RX5522	
Effective Date	BC/BS Plan Codes 193/693	Issuer (80840)	CMS-H7379-801
			

- 1 CareFirst Medicare Advantage Logo
- 2 Product Name – CareFirst BlueCross BlueShield Group Advantage
- 3 Unique Prefix - EGE
- 4 Unique Plan Codes – 193/693
- 5 The “MA” in the suitcase indicates a member who is covered under the Medicare Advantage PPO national network sharing program
- 6 Claims Submission Information

[Enroll today](#) in a live webinar to learn more about this plan and get answers to questions about verifying eligibility and benefits, claims submission, cost-sharing and more. You can also access our on-demand training 24/7 [here](#).

Please refer to the [Member Frequently Asked Questions document](#) or contact your Provider Relations Representative for additional questions. You can find your Provider Relations Representative at carefirst.com/providerrep.

BlueHPN Updates for 2022

A new BlueHPN product is launching on January 1, 2022. This new point-of-service product is being offered to groups within our service area and is a complement to the BlueHPN product currently offered. These products:

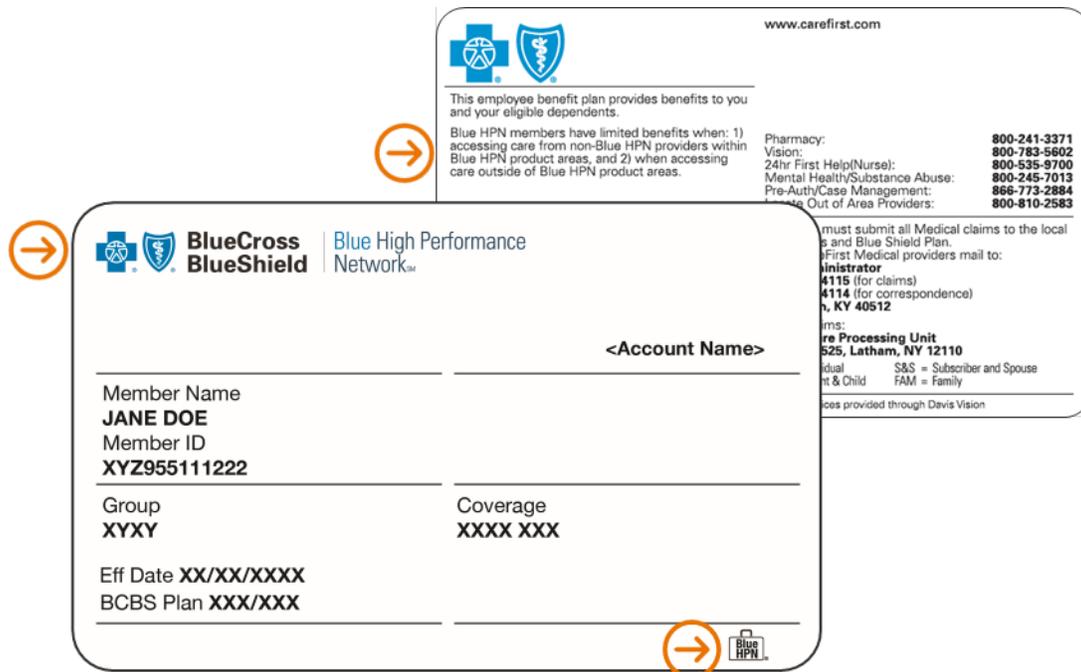
- Have an in-network only plan design (BlueEssential is considered in-network within the CareFirst service area)
- Follow BlueChoice rules for labs and authorizations

Providers who contract with the BlueEssential network will be considered in-network for this product. All other contracts are considered out-of-network within CareFirst's service area (Maryland, Washington, D.C.,

Northern Virginia east of Route 123) and the member will be responsible for any non-covered costs. Emergent and urgent services will be considered in-network regardless of a provider's network participation.

BlueHPN members can be recognized by key indicators on their ID cards:

- The BlueCross BlueShield Association & Blue High Performance Network logos
- "BlueHPN" stacked inside the suitcase
- BlueHPN disclaimer on the back of the ID card



We've developed training opportunities to help providers navigate BlueHPN members as BlueEssential providers. Providers may sign-up to attend our webinar at [1 pm on December 16](#).

Note: Additional information about BlueHPN will be added to the [Center for Provider Education](#) (CPE) website as it's made available. Providers can visit the CPE site at [carefirst.com/providereducation](#).

CareFirst Expands its Available Networks—Are you In- or Out-of-Network?

Recent market trends show a clear desire for more innovative and affordable product choices—and CareFirst has been listening.

In response, we have pursued network and product strategies aimed at reducing costs and improving outcomes for our members. CareFirst is developing additional provider networks, while keeping our existing networks in place, to ensure we can respond to the needs of our customers, members and the communities we serve.

As our networks expand, it is important that you are aware of the networks in which you are participating. Your awareness will ensure that CareFirst members are informed about any potential network-related out-of-pocket costs.

Important note: Participating with CareFirst does not mean you are participating with every network we have available.

Our current networks:

Existing Networks	Network Expansion	Government Programs
<ul style="list-style-type: none"> HMO—CareFirst BlueChoice Participating Provider Network PPO—CareFirst Regional Participating Provider Network (RPN) and CareFirst Participating Provider Network 	<ul style="list-style-type: none"> Blue High Performance NetworkSM (BlueHPNSM) BlueEssential Participating Provider Network 	<ul style="list-style-type: none"> Medicare Advantage (MA) HMO Network Medicare Advantage (MA) Group PPO network (effective 1/1/2022) CHPDC Medicaid CHPMD Medicaid and Medicare Advantage (MA) DSNP)

How Do You Know Which Network You Participate In?

You can find which networks you participate in on your Participation Agreement(s) and network Appendices. The title of the agreement(s) will include the network name. You can also find this information using the [Find a Doctor tool](#).

Important Note: The Find a Doctor tool will only show if you are participating in the networks listed below.

- HMO—CareFirst BlueChoice Participating Provider Network
- PPO—CareFirst RPN and CareFirst Participating Provider Network
- BlueHPN
- BlueEssential Participating Provider Network
- Medicare Advantage (MA) HMO Network
- Medicare Advantage (MA) Group PPO

Watch [this video](#) to learn how to check your networks using the Find a Doctor tool.

Note: There are no changes to how you access information and support for our Medicaid plans. All operational procedures and points of contact remain the same. For a list of participating providers, go to:

- [Provider locator](#)—Community Health Plan DC
- [Provider locator](#)—Community Health Plan MD

Pharmacy

Medical Preferred Drug Strategy Update – January 1, 2022

In December, we emailed you about our updated Medical Preferred Drug Strategy, which will be effective

January 1, 2022. Within that communication, you can find changes based on CareFirst's line of business. Review the [email](#) in its entirety for more information.

Care Management

High Risk Obstetric (OB) Care Management Overview and Referral Process

High Risk OB Care Management provides coordination of care to patients with various diagnoses that make a member high risk during their pregnancy. There is a collaboration with the member, OBGYN, Maternal Fetal Medicine (MFM), and any ancillary support service required to ensure members' needs are met.

High Risk OB Care Management also coordinates the use of healthcare benefits to create a care plan that maximizes benefits effectively without compromising the quality of care. High Risk OB care managers may work with the member and their family to assess functional capabilities, social determinants of health and other medical and behavioral healthcare needs to avoid unnecessary hospitalizations, emergency department use and optimize site of care whenever possible.

Care Management interventions are appropriate for members with:

- Gestational Diabetes
- Gestational Hypertension/Preeclampsia/Postpartum Preeclampsia
- Preterm Labor/Previas
- Kidney Stones/Gallstones/Trauma that occurs while pregnant

The care manager will assist the OBGYN/MFM teams in coordinating all elements of the patient's healthcare, follow up on all action steps and ensure the care plan is within the member's existing benefits.

Providers should refer members who would benefit from these services as soon as they are identified. Please call **800-245-7013** to reach our Care Management Referral Line.

Healthcare Policy

Effective Dates, Current Procedural Terminology (CPT®) Codes and Policy Updates for December

Our Healthcare 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 review. 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 the Federal Employee Program (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 in the following table represent claims with date of service processed on and after that date.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.02.020A Incontinent Garments	Updated Description section. Report service using appropriate HCPCS code. Updated Cross References to Cross References to Related Policies and Procedure section. Updated References. Refer to policy for details.	Periodic review and update Effective 11/01/21
4.01.004A Cervicography (Cervigram)	Updated Description section. Report service using appropriate category I CPT® code. Updated References. Updated Cross References to Cross References to Related Policies and Procedure section. Updated References. Refer to policy for details.	Periodic review and update Effective 11/01/21
5.01.017 Human Papillomavirus (HPV) Recombinant Vaccines	Updated Description section. Updated Policy section. Updated Policy Guidelines. Updated Benefit Application section. Updated Provider Guidelines section. Report service using appropriate category I CPT® code. Updated References. Refer to policy for details.	Periodic review and update Effective 11/01/21
6.01.031 Computerized Ophthalmic Diagnostic Imaging	Updated Description section. Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT® code. Updated References. Refer to policy for details.	Periodic review and update Effective 11/01/21
11.01.036 Lipoprotein-Associated Phospholipase A2 (Lp-PLA2)	Updated Description section. Updated Policy section. Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT® code. Updated References. Refer to policy for details.	Periodic review and update Effective 12/01/21
11.01.068 The 4Kscore® Test for Cancer Risk Assessment of Prostate Cancer	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT® code. References updated. Refer to policy for details.	Periodic review and update Effective 11/01/21
10.01.005 Ambulance Services	Updated Description section. Updated Policy Guidelines section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate HCPCS code. References updated. Refer to policy for details.	Periodic review/revision and update Effective 11/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.070A Breast Pumps and Related Supplies	Report service using appropriate HCPCS code. References updated. Refer to policy for details.	Periodic review and update Effective 12/01/21
2.01.062 Bioimpedance for Assessment of Lymphedema	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT® code. References updated. Refer to policy for details.	Periodic review and update Effective 12/01/21
3.01.018 Treatment of PANS / PANDAS	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT® code. References updated. Refer to policy for details.	Periodic review and update Effective 12/01/21
4.01.008 Uterine Artery Embolization for Fibroid Tumors (Leiomyomata)	Updated Title of Policy. Updated Description section. Updated Policy section. Under Policy Guidelines, updated 2021 rationale statement. Report service using appropriate category I CPT® code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update Effective 12/01/21
6.01.002 Bone Mineral Density Studies	Updated Policy Guidelines section. Updated Cross References to Related Policies and Procedures section. Report service using appropriate category I CPT® code. Updated References. Refer to policy for details.	Periodic review and update Effective 12/01/21
6.01.049A Breast Cancer Screening and Notification Amendment Act of 2018 (D.C. Mandate)	Report service using appropriate category I CPT® or HCPCS code. Refer to policy for details.	Periodic review and update Effective 12/01/21
7.01.029 Thermal Capsulorrhaphy for Joint Instability	Updated Description section. Policy Guidelines updated. Report service using appropriate category I CPT® or HCPCS code. Updated References. Refer to policy for details.	Periodic review and update Effective 12/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.044 Sinus Antrostomy Using Dilation Balloon	Under Policy Guidelines, updated 2021 rationale statement. Report service using appropriate category I CPT® code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update Effective 12/01/21
7.01.093 Total Ankle Arthroplasty / Replacement	Under Policy Guidelines, updated 2021 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update Effective 12/01/21
7.01.117 Minimally Invasive Lumbar Decompression for Spinal Stenosis	Under Policy Guidelines, updated 2021 rationale statement. Report service using appropriate category I CPT® code. References updated. Refer to policy for details.	Revision and update Effective 12/01/21
11.01.005 Cathepsin-D	Under Policy Guidelines section, updated 2021 rationale statement. Report service using appropriate category I CPT® code. References updated. Refer to policy for details.	Periodic review and update Effective 12/01/21
11.01.019 In Vitro Chemotherapeutic Drug Assays	Updated Description section. Under Policy Guidelines updated TEC criteria and added an updated 2021 rationale statement. Report service using appropriate category I CPT® code. References updated. Refer to policy for details.	Periodic review and update Effective 12/01/21
11.01.028 Serum Proteomic Pattern Analysis Testing for Screening or Diagnosis of Ovarian Cancer	Updated Policy section. Under Policy Guidelines updated TEC criteria and added an updated 2021 rationale statement. Report service using appropriate category I CPT® code. References updated. Refer to policy for details.	Periodic review and update Effective 12/01/21

Claims and Billing

New Place of Service Pre-Processing Edit

Effective February 14, 2022, CareFirst will implement a new pre-processing edit (PPE) to reject medical claims with different claim vs. line-level Place of Service values. Providers will be required to submit separate claims for each respective Place of Service.

The following transactions are impacted:

- 837P
- Loop 2300, Segment CLM05-1 (claim-level Place of Service)
- Loop 2400, Segment SV105 (line-level Place of Service)

Please note: These changes are not applicable to Dental and Coordination of Benefits Contractor (COBC) Medicare Crossover claims.

New Year, New Office Habits for CareFirst Direct Users

The new year is just around the corner. There's no better time than now to think about ways to make your office more efficient.

As part of our ongoing effort to improve how your practice does business with us, CareFirst Provider Service asks all providers to use CareFirst Direct for general claim status and eligibility inquiries. This process change will be effective immediately.

What Does This Mean for My Office?

- Your office staff should review its current portal administrator access policy to ensure your account and patient information continues to be secure and that the right staff members in your office are checking eligibility, benefits and general claims status.
- This will allow our provider service area to more effectively address inquiries that cannot be resolved via CareFirst Direct and will give your office staff valuable time better spent with your patients.
- Our self-service portal is accessible 24/7, with exceptions being made for system maintenance. This means that you and your office staff can check eligibility and benefits at times that are convenient for you.

Are There Any Resources Available for My Office?

- You can access our interactive CareFirst Direct user guides [here](#).
- Step by Step Interactive Guides for [Checking Eligibility and Benefits](#) and [Checking Claim Status](#) on CareFirst Direct can be found on our [Center for Provider Education](#) landing page.
- Our Provider Service Unit will be available to handle more complex inquiries, and your [Provider Relations Representative](#) will be available to support your office if you have any questions about this change.

As a reminder, you can access the following information on CareFirst Direct:

- Eligibility
- Benefits
- Benefit Accumulations (like maximums and deductibles)
- Claim Status and the ability to submit Claim Status Inquiries
- Remittances/NOPs
- Fee Schedules
- PCP information, when applicable
- Membership Identification Cards

Quality

Are You Up to Date on Best Practices and Quality Standards?

From recommending preventive care options for your patients to managing day-to-day office operations, the clinical resources on our provider website offer valuable, timesaving tools. You can use these resources to help support your treatment plan for patients with chronic diseases and those in need of preventive services.

CareFirst's Quality Improvement Council reviews our clinical resources annually and adopts nationally recognized guidelines and best practices to make sure you are updated when information changes.

Click on the links below for details on topics that can help you improve your patient's care:

General Guidelines and Survey Results	
Topic	Website Link
CareFirst's Quality Improvement Program Includes processes, goals and outcomes.	carefirst.com/qualityimprovement
Clinical Practice Guidelines Includes evidence-based clinical practice guidelines for medical and behavioral conditions.	carefirst.com/clinicalresources > <i>Clinical Practice Guidelines</i>
Preventive Health Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults.	carefirst.com/clinicalresources > <i>Preventive Health Guidelines</i>
Accessibility and Availability of Appointments Includes medical and behavioral health accessibility and availability standards for routine care appointments, urgent care appointments and after-hours care.	carefirst.com/clinicalresources > <i>Practitioner Office Standards</i>
Care Management Programs	
Topic	Website Link
Access to Care Management Includes instructions for making referrals for both medical and behavioral health. Or you can, call 800-245-7013.	carefirst.com/providermanualsandguides
Practitioner Referrals for Disease Management	carefirst.com/clinicalresources > <i>Disease Management</i>

Includes information on how to use services, how a member becomes eligible and how to opt in or opt out.	
Pharmaceutical Management	
Topic	Website Link
Pharmaceutical Management Includes the formularies, restrictions/preferences, guidelines/policies and procedures.	carefirst.com/rx
Utilization Procedures	
Topic	Website Link
Utilization Management Criteria Includes information on how to obtain utilization management criteria for both medical and behavioral health.	carefirst.com/bluelink > <i>February 2021</i>
Physician Reviewer Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health.	carefirst.com/bluelink > <i>February 2021</i>
Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management.	carefirst.com/bluelink > <i>February 2021</i>
Member Related Resources	
Topic	Website Link
Quality of Care Complaints Includes policies and procedures for complaints involving medical issues or services given by a provider in our network.	carefirst.com/qoc > <i>General Inquiries > Quality of Care Complaints</i>
How to File an Appeal Includes policies and procedures for members to request an appeal of a claim payment decision.	carefirst.com/appeals
Member's Privacy Policy Includes a description of our privacy policy and how we protect our members' health information.	carefirst.com/privacy > <i>Notice of Privacy Practices</i>

<p>Member's Rights and Responsibilities Statement</p> <p>Outlines responsibilities to our members.</p>	<p>carefirst.com/myrights</p>
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To request a paper copy of any of the documents listed above, please call 800-842-5975.

COVID-19 Resources

Available Vaccine Resources

The Maryland Department of Health has developed resources that any practice can use to support COVID-19 vaccine patient communications and outreach. They've also included information on how Maryland practices can become a vaccination site.

The links below are also on the Provider section of our Coronavirus Resource Center. As a reminder, in April, we [raised payment rates](#) for COVID-19 vaccine administration to better support your efforts.

- [Steps to Administer Vaccines in Maryland](#): For Maryland providers, guidance on how to become a vaccination site and all necessary technical and workflow preparation
- [Vaccine Communications Toolkit](#): Guidance on communication and outreach to patients to get the COVID-19 vaccine
- [Reaching the 65+ Community](#): Guidance on addressing barriers and communicating with the 65+ older community to get the COVID-19 vaccine
- [Vaccine Call Script](#): Guidance on speaking with patients who are hesitant about receiving the COVID-19 vaccine
- [Vaccine Hesitancy Guide](#): Guidance on understanding vaccine hesitancy and how to have conversations with those patients

You can find these resources and more at the Maryland Primary Care Program's [webpage](#).

Additionally, CareFirst [recorded a webinar](#) with Dr. Russell Lewis, CareFirst's Medical Director, to answer questions and alleviate concerns about getting vaccinated. This webinar is available on the [Events and Webinars](#) section of our [Coronavirus Resource Center](#).