

BlueLink



Medical News & Updates

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For more information, visit carefirst.com/bluelink

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Noteworthy News

Coming Soon! A New and Improved Center for Provider Education

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) is constantly looking for ways to improve how we help your office do business with us. Based on your feedback, CareFirst is redesigning our Center for Provider Education website to meet the demand for high quality educational resources for you and your staff.

Our goal is to cultivate an educational roadmap for your office based on your strategic needs and driven by your office's healthcare specialties.

You may begin to see expansions to our Center for Provider Education landing page throughout the year. Stay tuned as we strive to curate learning opportunities tailored specifically to 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 section(s):

- [Chapter 3](#)
 - Added new section about treating family members or self
 - [Chapter 7](#)
 - Added additional information on Virtual Care options
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Education and Training

Are You Accepting New Patients...or Not?

Our members, your patients, rely on the information we have for you displayed in our print and online provider directories. They use these resources to find you, determine if you participate in their plan, if you are accepting new patients and to contact you to schedule an appointment.

But what if you aren't accepting new patients?

If you are a practitioner and not accepting new patients, we need that information from you as soon as possible to ensure your data is accurate.

Important: "Accepting New Patients" status is listed and updated at the practitioner level. Individual practitioners will need to ensure their status is correct.

Benefits of updating your status

- You remain compliant with your contractual requirements, specifically in the event CareFirst or a third
-

party audits your data.

- You will likely receive less calls to your office from potential patients you have to turn away.
- Our members have access to the most accurate provider data in our directories and spend less time trying to navigate the healthcare system.

How to contact CareFirst to update your status

There are three ways you can contact CareFirst to document you are not accepting new patients:

- Through [CareFirst Direct](#)
- By fax: 410-872-4107
- By mail: Mail Administrator
P.O. Box 14763
Lexington, KY 40512
(Subject to USPS delivery timeframes)

For fax or mail notifications, please include the following information:

- Provider ID
- Rendering NPI
- Contact name, phone number and email address

Note: Requests will be reviewed to ensure contractual requirements are met. Updates will be processed within 19 days of receipt.

New Prior Authorization System Now Coming Fall 2021

At the end of last year and in the [April issue of BlueLink](#), we shared information about the upcoming launch of the Altruista Health prior authorization system for Commercial and Federal Employee Plan (FEP) members. This new prior authorization system will be rolled out to all providers in the Fall of 2021.

To support providers with this upgrade, additional communication may be provided along with live webinar opportunities, as well as access to on-demand training and video tutorials. Be on the lookout for more specific details in the coming weeks.

In the meantime, [here](#) is a quick preview of the new system and its functionality.

Networks

CareFirst is Growing 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 you are participating in. 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 Network (HPN) BlueEssential Participating Provider Network 	<ul style="list-style-type: none"> Medicare Advantage HMO Network 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
- MA HMO Network

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

Clinical Corner

The Kidney Profile

In the United States, it is estimated that there are 75 million people at risk for chronic kidney disease (CKD) due to hypertension or diabetes, the most common causes of CKD. Currently, there are 30 million people

in the United States with CKD, but only 3.6 million are aware of their impaired kidney diagnosis. 40% of all Type 2 diabetics will go on to develop CKD. 10% of those develop end stage renal disease (ESRD), requiring dialysis. Of the 90% that do not develop ESRD, 50% die of cardiovascular disease. This means that CKD is a common risk factor for developing coronary artery disease, often thought of as a cardiovascular risk equivalent. The cost of care of CKD is \$84 billion annually, which accounts for 7% of the overall medical budget spent.

In 2019, the CareFirst Patient-Centered Medical Home (PCMH) Program implemented screening for diabetics with CKD as a Core 10 quality measure. It remains a measure in 2021. CKD is defined as a glomerular filtration rate (GFR) 60ml/min/M2 or markers of kidney damage for less than 3 months. This diagnosis is made using two tests, known as the Kidney Profile.

- The first test is the estimate GFR (eGFR) calculated using serum creatinine-using CKD-EPI formula.
- The second test is the urine albumin/creatinine ratio (uACR) measure with a spot urine specimen.

Both tests need to be done to screen for CKD. Those at risk should get annual testing.

The National Kidney Foundation [CKD risk stratification](#) map shows how this risk is categorized. For example, a patient could have a normal eGFR and have an elevated uACR and be at moderate risk for developing CKD. This is why administering both tests is so important.

For patients with diabetes, below are the recommendations of when to screen for CKD.

- Type 1 diabetics should be screened after five years of diagnosis, then annually.
- Type 2 diabetics should be screened at diagnosis, then annually.

If you would like more information about CKD screening, visit the National Kidney Foundation home page at education.kidney.org.

CME Courses

For information about a free CME course, check out the National Kidney Disease Foundation's course on [Chronic Kidney Disease and Primary Care](#).

References:

Alicic, R., Rooney, M., Tuttle, F. *Diabetic Kidney Disease: Challenges, Progress, and Possibilities*. *Clin J Am Soc Nephrol*. 2017;12:2032-2045.

Centers for Disease Control and Prevention. *Chronic Kidney Disease Initiative. Chronic kidney disease basics*. www.cdc.gov.

Centers for Disease Control and Prevention (CDC). *Chronic kidney disease in the United States, 2021*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2021. www.cdc.gov.

Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. *KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease*. *Kidney inter., Suppl.* 2013; 3: 1-150.

National Kidney Foundation (NKF) Fact Sheet. www.kidney.org.

United States Renal Data System (USRDS). *2020 USRDS annual data report: epidemiology of kidney disease in the United States*. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2020. www.usrds.org.

Care Management

Care Management Overview and Referral Process

Care Management provides care coordination to patients with acute and/or multiple chronic illnesses. It's carried out according to care plans developed under the direction of the PCP or another treating provider. Care Management also coordinates the use of healthcare benefits to create a plan of care that maximizes benefits without compromising the quality of care.

The 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. The goal is to avoid unnecessary hospitalizations, emergency department utilization and optimize site of care whenever possible.

Care Management interventions are appropriate for members:

- With chronic diseases (diabetes, asthma, COPD, coronary artery disease, congestive heart failure, hypertension, obesity), or a combination of comorbidities
- With acute or new diagnosis or condition
- Who require continuing care due to a catastrophic or life-threatening event, or acute exacerbation of a chronic illness
- With extended acute care hospitalizations
- With repeat hospital admissions within a limited period

The care manager prepares and coordinates a care plan in collaboration with the member, their PCP, other providers and family. The care manager will assist the PCP 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.

PCPs and other providers should refer patients who would benefit from these services as soon as they are identified. If you are a PCMH provider, please contact your care manager or your regional care director for more information or to refer a patient. If you are not a PCMH provider, please call 800-245-7013.

24/7 Virtual Care Options

CareFirst continues to build value-care partnerships with healthcare systems and provider groups, with a joint goal of improving affordability, accessibility, quality and patient experience for the communities we collectively serve. Access to virtual urgent care can prevent ER visits and hospitalization. Additionally, there are specialized services available, such as behavioral health and nutritional counseling, that can support members' overall well-being.

Access to 24/7 virtual care is a service our members and accounts continuously ask for to help them manage their health. To help respond to those needs, we continue to offer CareFirst Video Visit and are now featuring other telehealth options offered by select value-based care provider partners. These options can be found on our website at carefirst.com/virtualcare. Provider partners featured on this page have met several criteria outlined in our [Provider Manual](#). We have developed specific criteria for featured virtual care solutions on this webpage.

We encourage you to discuss the telehealth options your practice offers with your patients. If you don't offer telehealth, these partners are a great option for CareFirst members when you aren't available.

Healthcare Policy

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

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 provides 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 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
2.01.049 Xenon Chloride Excimer Laser Therapy for Treatment of Psoriasis and Vitiligo	Revised Policy statement and added experimental/investigational criteria. 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 05/01/21
5.01.003 Colony Stimulating Factors (CareFirst)	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate HCPCS code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update Effective 05/01/21
5.01.016 Zoster Vaccine (Oka/Merck) (Zostavax®), (GlaxoSmithKline) Shingrix® Zoster Vaccine, (GlaxoSmithKline) Shingrix®	Title modified. Updated Descriptions. Updated Policy section. Under Policy Guidelines, added updated rationale and updated TEC statement. Updated Provider Guidelines. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 05/01/21
6.01.003 Electron Beam Computed Tomography to Detect Coronary Artery Calcification	Under Policy Guidelines, updated TEC statement 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 05/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
6.01.043 Stereotactic Radiosurgery Using Gamma Rays	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 05/01/21
7.01.032 Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty	Under Policy Guidelines, updated guideline statement 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 05/01/21
7.01.067 Prolotherapy (Proliferative Therapy)	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 05/01/21
7.01.090 Pulmonary Vein Ablation/Isolation for Atrial Fibrillation	Under Policy Guidelines, added updated 2021 rationale statement, updated PMA statement and TEC statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 05/01/21
7.01.118 Minimally Invasive Interventions for Fecal Incontinence	Under Policy Guidelines, updated policy statement, added PMA statement and 2021 rational statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 05/01/21
11.01.045 Proteomics-Based Testing for Evaluation of Ovarian Masses	Under Policy Guidelines, updated 2021 rationale statement, updated TEC statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 05/01/21
11.01.078 Multibiomarker Disease Activity Blood Test for Rheumatoid Arthritis	Under Policy Guidelines, updated guideline statement 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 05/01/21
2.01.007 Phototherapy	Under Policy Guidelines, added TEC criteria and updated 2021 rationale statement. Report service using appropriate HCPCS code. Updated References. Refer to policy for details.	Periodic review and update Effective 06/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.011 Electrocorticography	Under Policy added TEC criteria, updated rationale statement and PMA statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 06/01/21
2.01.035 Biofeedback	Under Policy Guidelines, updated guideline statement and added an updated 2021 rationale statement. Report service using appropriate category I CPT code or HCPCS code. References updated. Refer to policy for details.	Periodic review and update Effective 06/01/21
2.01.067 Pulsed Radiofrequency Therapy for Chronic Pain	Under Policy Guidelines, updated guideline statement and added an updated 2021 rationale statement. Report service using appropriate category I CPT code. Updated Cross Reference to Related Policies and Procedures section. References updated. Refer to policy for details.	Periodic review and update Effective 06/01/21
2.01.068 Gas Permeable Scleral Contact Lens	Under Policy Guidelines, updated guideline statement and added an updated 2021 rationale statement. Report service using appropriate category I CPT or HCPCS code. References updated. Refer to policy for details.	Periodic review and update Effective 06/01/21
2.01.079 Artificial Pancreas Device Systems	Updated Description section. Under Policy, added premarket approved (PMA) criteria. Under Policy Guidelines, updated TEC criteria, added PMA statement and added updated rationale statement. Report service using appropriate HCPCS code. References updated. Refer to policy for details.	Periodic review and update Effective 06/01/21
2.01.080 Pasteurized Donor Human Milk	Under Policy Guidelines, updated TEC criteria and added an updated 2021 rationale statement. Report service using appropriate HCPCS code. References updated. Refer to policy for details.	Policy review and update Effective 06/01/21
6.01.038 Intensity Modulated Radiation Therapy	Updated Policy section. Under Policy Guidelines, updated guideline statement, added updated 2021 rationale statement and added PMA statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 06/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.097 Gastric Electrical Stimulation	Updated Policy section. Under Policy Guidelines, added Experimental/Investigational criteria and added 2021 rationale statement. Updated Provider Guidelines section with pre-authorization guidance. Report service using appropriate category I CPT code. Under References. Refer to policy for details.	Revision. Periodic review and update. Effective 06/01/21
7.01.125 Radiofrequency Ablation of Uterine Fibroid Tumors (Leiomyomata)	Under Policy Guidelines, updated guideline statement and added an updated 2021 rationale statements. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 06/01/21
7.01.132 Transperineal Periprostatic Placement of Absorbable Perirectal spacer (SpaceOAR®) for Prostate Cancer	Under Policy Guidelines, updated guideline statement, added an updated 2021 rationale statement and added PMA statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 06/01/21
7.01.133 Free-handed Transperineal Biopsy of the Prostate with a Transperineal Access System (PrecisionPoint™)	Under Policy Guidelines, updated guideline statement, added 2021 rationale statement and added PMA statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 06/01/21
8.01.009 Recreational Activity as Physical Therapy	Under Policy Guidelines, updated guideline statement and 2021 rationale statement. Report service using appropriate category I CPT code or HCPCS code. References updated. Refer to policy for details.	Periodic review and update Effective 06/01/21
11.01.029 Serum Antibody Marker Testing for Inflammatory Bowel Disease	Updated Policy section. Under Policy Guidelines, updated guideline statement and 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 06/01/21
11.01.073 Genetic Testing	Updated Policy section. Updated Policy Guidelines. Report service using appropriate category I CPT code. Updated References. Refer to policy for details.	Revision Effective 06/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.014A(C) Wheelchairs and Manual or Power Operated Vehicles	Updated Provide Guideline section with pre-authorization guidance. Report service using appropriate HCPCS code. Refer to policy for details.	Revision Effective 09/01/21

June Medical Technology Updates

Our technology assessment unit evaluates new and existing technologies to apply to our local indemnity and managed care benefits. 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 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 through CareFirst on Call ([Professional](#) and [Institutional](#)) or [CareFirst Direct](#).

The technology assessment unit recently made the following determinations:

Technology	Description	CareFirst and CareFirst BlueChoice Determination
GeneSight Psychotropic Test	A genetic test that determines how a person's genes might affect their response to certain medications commonly prescribed to treat depression, anxiety and other psychiatric conditions.	CareFirst's current medical policy regarding genetic testing states the GeneSight Psychotropic assay is considered medically necessary for patients with major depressive disorder who have failed at least one prior psychiatric medication trial. CPT reporting code(s) 81479
Intrasept Procedure	Radiofrequency ablation of basivertebral nerve for the purpose of relieving chronic low back pain.	This procedure will remain not covered. CPT reporting code(s) 22899
AxiaLIF (Axial lumbar interbody fusion)	Device used to perform spinal fusion of the L5-S1 vertebrae.	Experimental / investigational CPT reporting code(s) 22586

Category III CPT Codes Effective July 1, 2021

Code	Decision
0640T	Not Medically Necessary
0641T	Not Medically Necessary
0642T	Not Medically Necessary
0643T	Experimental/Investigational
0644T	Experimental/Investigational
0645T	Not Medically Necessary
0646T	Experimental/Investigational
0647T	Experimental/Investigational
0648T	Experimental/Investigational
0649T	Experimental/Investigational
0650T	Experimental/Investigational
0651T	Experimental/Investigational
0652T	Experimental/Investigational
0653T	Experimental/Investigational
0654T	Experimental/Investigational
0655T	Experimental/Investigational

Prior Authorization

Medications Added to Prior Authorization and Site of Care with Criteria Enhancement—Effective 8/1/21

Effective August 1, 2021, the medications below will be added to the prior authorization list and/or site of care to better manage rising specialty drug costs. These medications are covered under the medical benefit and are administered in the outpatient hospital, home or office setting.

In addition, site of care drug criteria will expand to include patients 14-20 years old and older than 65 years old. This program enhancement supports CareFirst's mission to drive members towards affordable and accessible care by steering use to lower-cost settings such as the home and office.

To view a full list of medications covered under the medical benefit that require prior authorization and/or site of care, visit the [Specialty Drug List](#). This list is updated monthly.

Why the change?

Prior authorization helps ensure appropriate and safe utilization of these high-cost medications.

Through prior authorization, site of care criteria is applied for selected medications as an opportunity to help reduce overall healthcare costs without compromising quality of care. The outpatient hospital setting is generally recognized as one of the costliest options for specialty infusions with costs up to three times higher than non-hospital settings.

Prior Authorization Program Additions

Drug Name	Drug Class	Drug Name	Drug Class
Abecma	Oncology	Cosela	Neutropenia
Amondys 45	Duchenne muscular dystrophy	Riabni	Oncology

Prior authorization approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia and/or evidence-based practice guidelines. Failure to obtain prior authorization for these medications may result in the denial of the claim payment.

Site of Care Program Additions

Drug Name	Drug Class
Oxlumo	Renal disease

Coverage for these medications at an outpatient hospital setting is approved only if medical necessity criteria are met at the time of prior authorization. Members have the option to receive their infusion at an alternate site, including their home, an ambulatory infusion center or a physician's office.

How to Request Prior Authorization

Providers may submit a prior authorization online by logging in to the Provider Portal at www.carefirst.com/providerlogin and navigating to the Pre-Auth/Notifications tab.

As a reminder, the following specialties are out-of-scope, and, you do not need to submit a prior authorization for these changes.

- Ambulatory Surgery Centers
- Mental Health Facilities & Halfway Houses
- Birthing Centers
- Dialysis
- Lithotripsy
- Skilled Nursing Facilities
- Home Health Agencies
- Hospice

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 offers valuable, timesaving tools. 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 Includes information on how to use the services, how a member becomes eligible and how to opt in or opt out.	carefirst.com/clinicalresources > <i>Disease Management</i>
Pharmaceutical Management	
Topic	Website Link
Pharmaceutical Management	carefirst.com/rx

Includes the formularies, restrictions/preferences, guidelines/policies and procedures.	
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>
Member's Rights and Responsibilities Statement Outlines responsibilities to our members.	carefirst.com/myrights

To request a paper copy of any of the documents listed above, please call 800-842-5975.

COVID-19 Updates

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 vaccine administration to better support your efforts.

- [Steps to Administer Vaccines](#): 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 vaccine.

Additionally, CareFirst recently recorded a webinar with Dr. Russell Lewis, Medical Director, to answer questions and alleviate concerns about getting vaccinated. This webinar will be available soon on the Events and Webinars section of our Coronavirus Resource Center.