BlueLink

Medical News & Updates

August 2022 | Volume 24 | Issue 4

Mandates and Legislation

- Reminder—Attest/Update Your Provider Data

Data and Privacy

- Working Together to Improve Member Data and Documentation

Administrative Support

Looking for Support?

We know you are busy and want to find answers to your questions quickly. That's why we've pulled together a new webpage titled "Looking for Support?"

This page pulls together common requests from providers and shows providers where they can get the information they need. Topics include:

- Credentialing
- Updating Provider Data
- CareFirst Direct Access
- Eligibility, Benefits and Claims Status
- Claims Questions
- Fee Schedules
- Medical Policy
- Electronic Capabilities
- Training and Resources
- Escalated Issues

You can find the "Looking for Support?" page at carefirst.com/providersupport. Be sure to bookmark this page and check back regularly for updates.

988—The New Hotline for the National Suicide Prevention Lifeline

In mid-July, the National Suicide Prevention Lifeline added a new, easy-to-remember three-digit dialing code to better help people in crisis. The new number—988—connects callers to compassionate, accessible care and support offered by the Lifeline's network of more than 200 crisis centers. This service is also available to people who may be worried about a friend or loved one. For more information and resources, please visit the Substance Abuse and Mental Health Services Administration (SAMHSA) site.

Reminder—Updated HIPAA Verification for Member Security for Provider Service

In July, we notified you about changes to ensure all member data is confidential and protected when you call into Provider Service.

As a reminder, when you call into Provider Service, you will now need to provide the patient's full name (first and last), along with **three** other pieces of information.

Acceptable patient information includes:

- Date of birth
- Address
- Zip code
- Identification number
- Phone number

Please have this information readily available when you make a phone call to Provider Service.

Prior Authorization

Medications Added to "Prior Authorization" and "Site of Care" Management Lists—Effective September 1, 2022

Effective September 1, 2022, the medications below will be added to the list of drugs subject to prior authorization and site of care management 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 settings.

The "Specialty Drug List" includes all medications covered under the medical benefit subject to prior authorization and/or site of care management. This list is updated monthly.

Why the change?

CareFirst is continually working with healthcare delivery partners to optimize utilization management strategies to increase efficiencies and control costs while ensuring members receive affordable, quality care. Prior authorization helps balance access with appropriate and safe use of these high-cost medications.

Through prior authorization, site of care criteria is applied for select 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 most expensive options for specialty infusions with costs up to three times higher compared to non-hospital settings.

Prior authorization additions

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.

Drug Name	Drug Class
Tezspire	Asthma
Enjaymo	Blood disorders
Leqvio	Lipid disorders

Drug Name	Drug Class
Vyvgart	Myasthenia gravis
Releuko	Neutropenia
Susvimo **Xipere** **Vabysmo**	Ocular disorders
Besremi **Fyarro** **Kimmtrak** **Opdualag** **Pluvicto**	Oncology

Site of care management additions

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

Drug Name	Drug Class
Tezspire	Asthma
Enjaymo	Blood disorders

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 Prior Auth/Notifications tab. Training resources for entering prior authorizations are available on our Learning and Engagement Center.

As a reminder, the following specialties/scenarios are out-of-scope and do not require prior authorization for medications covered under the medical benefit:

- Ambulatory Surgery Centers
- Birthing Centers
- Dialysis
- Emergency Room
- Home Health Agencies
- Hospice
- Lithotripsy
- Inpatient Hospital Stay
- Mental Health Facilities and Halfway Houses
- Outpatient Department during Surgery
- Patients in Observation
- Skilled Nursing Facilities

Drug Prior Authorization: Enhancements to NCCN Supported Regimen-Level Review

—Effective September 1, 2022

Beginning September 1, 2022, the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology will be integrated into our electronic prior authorization (ePA) tool to support regimen-level reviews for the following cancer types:

- Anal Carcinoma
- Soft Tissue

The ePA tool will continue to support regimen-level reviews for the treatment of the following cancer types:

- Breast
- Colorectal
- Lung
- Kidney
- Prostate
- Pancreatic
- Chronic Myeloid Leukemia
- Esophageal and Esophagogastric Junction
- Gastric
- Hepatobiliary
- Cutaneous Melanoma
- Ovarian
- Bladder
- Uterine
- Vulvar
- Cervical
- Thyroid
- Small Cell Lung Cancer
- Malignancy Pleural Mesothelioma
- Head and Neck
- Thymomas and Thymic Carcinomas
- Neuroendocrine and Adrenal Tumors
- Occult Primary Tumor
- Myeloproliferative Neoplasms
- Myelodysplastic Syndromes
- Squamous Cell Carcinoma
- Uveal Melanoma

NCCN supported regimen-level benefits

The integration of the NCCN guidelines into our ePA tool offers physicians many benefits such as:

- Administrative efficiency to receive authorizations for multiple drugs through a single request when clinical criteria are met
- Access to the most up-to-date cancer regimen options based on nationally recognized guidelines
- Visibility across both medical and pharmacy benefits, which may improve patient outcomes and mitigate inappropriate and/or harmful drug combinations

How does it work?

When a prior authorization is submitted for members* with an eligible cancer diagnosis, the system will present all NCCN supported regimen options based upon the current standards of care for that cancer type. All NCCN supported regimen options and data that supports each recommendation will be available prior to selecting the most appropriate option.

When an NCCN supported regimen option is selected and meets clinical criteria, all the drugs that require

Go to page 1

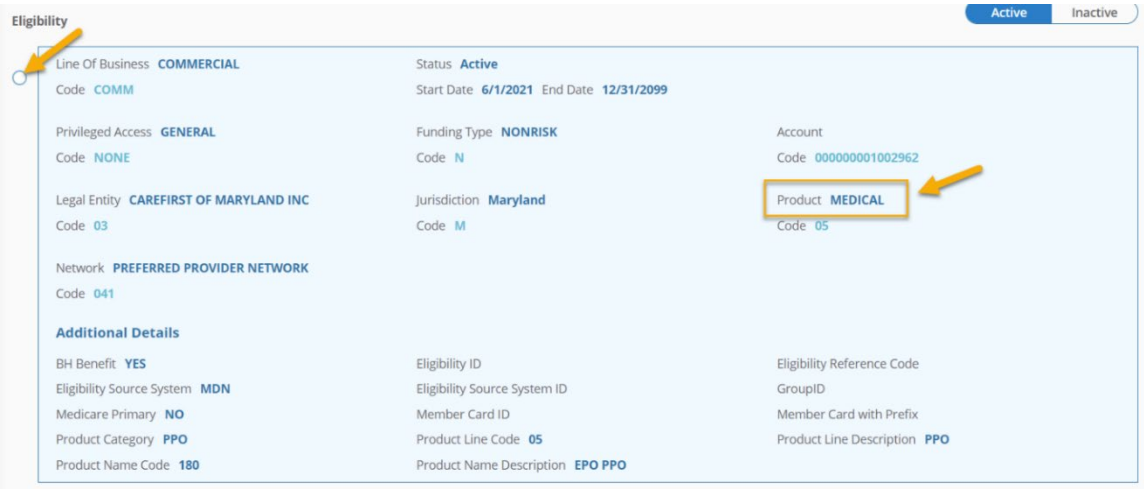
a prior authorization within that regimen will be approved. Please note this regimen will include all recommended drugs for a patient's care and may include drugs covered under the patient's medical benefit and/or pharmacy benefit.

*The NCCN regimen-level reviews apply to members who have CareFirst medical and pharmacy benefits.

New Prior Authorization/Notification System Best Practices

In the April 2022 and June 2022 issues of BlueLink, we reminded you of a few best practices that will help expedite decisions for the authorizations you submit. Here is a recap of those best practices along with a few more to assist you.

- **Select the Medical Product:** When entering your authorizations, you will notice for members who have drug, vision and/or dental benefits with CareFirst, those products will appear as you scroll through the eligibility section of the prior auth/notifications system, in addition to their medical benefit.
  - You will want to ensure you are selecting the **'Medical'** product for your authorizations (see the example below). Selecting a product other than 'Medical' will result in your submission being cancelled, and you will need to submit a new authorization.
  - Selecting a product other than 'Medical' in error could also impact the diagnosis and procedure codes that display. If you notice that you cannot find a specific code that you need, it could be because you did not select the 'Medical' product.



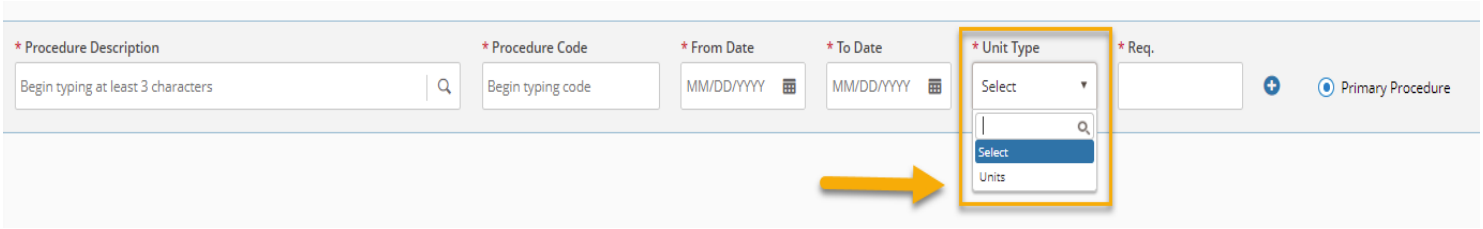
- **In-Patient Auto-Approval Rules for Days on Initial Request:** Following the rules outlined below for your initial patient admissions will trigger auto-approvals for your requests. Additional days can be added through the concurrent review process.

MD Hospital ER Admission	DRG Hospital ER Admission	In-Patient Behavioral Health Admission	Behavioral Health/Substance Use Residential Treatment Center
Up to three calendar days	Up to 10 calendar days	Up to five calendar days	Up to 30 calendar days

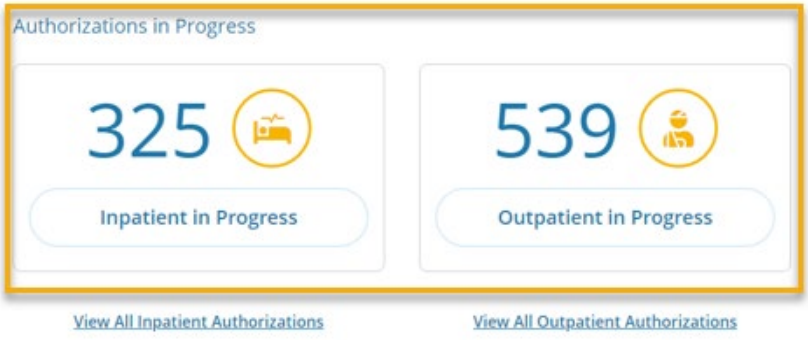
  - **Important Note:** Any days added to your request above what is detailed here will cause your

request to be placed in pending status, ultimately delaying a decision. Request review timelines may vary, and are based on applicable NCQA, state and federal requirements.

- **Outpatient Authorizations—Select 'Units' for 'Unit Type' for ALL Outpatient Authorizations:** To ensure MCG auto-approval guidelines are triggered for all outpatient authorizations, you now only have the option to select 'Units' as the 'Unit Type.'
  - You should enter 'Units' based on your authorization type. For example, if you are entering an authorization for PT, OT or ST, the number of units you enter should be equivalent to the number of sessions or visits the patient needs.

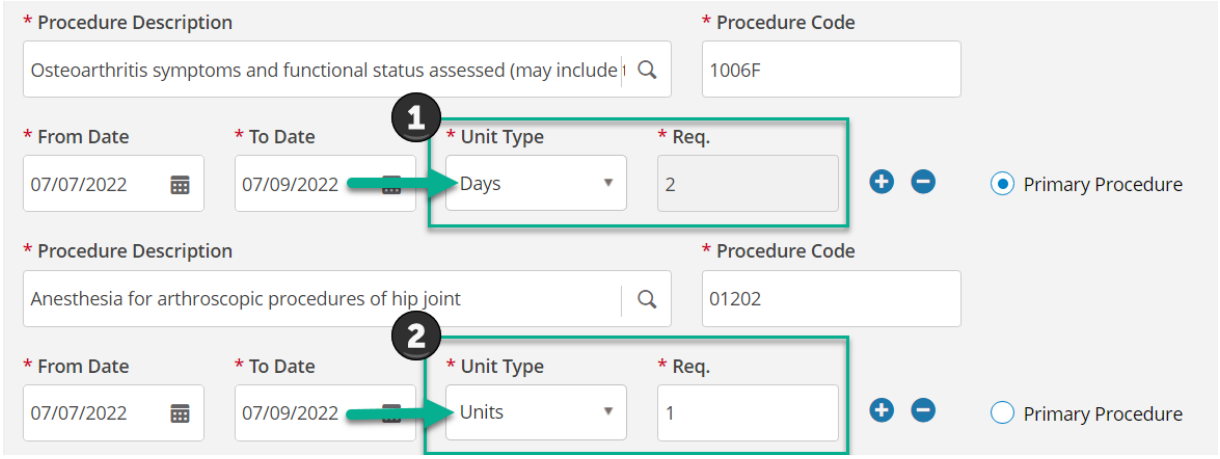


  - **Note:** Auto-approval decisions are based on the MCG guidelines for the authorization submitted and are not guaranteed to be granted.
- **Selecting Providers and Facilities Reminder:** When entering Provider and Facility information for your authorizations, be sure you are selecting correctly based on the field. For example, be sure not to enter 'Facility' information in the 'Rendering or Servicing Provider' fields and vice versa. Accurate entry of your authorization information will help avoid approval delays.
- **Submitting Retrospective Authorizations:** Authorizations must be submitted within three calendar days for outpatient requests and within seven calendar days for inpatient requests. The system will not allow you to enter an authorization outside of these guidelines.
- **Clarification on Authorizations in Progress Numbers:** On the authorization system homepage, you can see your number of 'Authorizations in Progress.' These numbers reflect the total of both:
  - Authorizations that **have been** decided but not closed (i.e., services have not been rendered yet), and
  - Authorizations that **have not been** decided.
    - When an authorization is closed, it will be removed from that section.



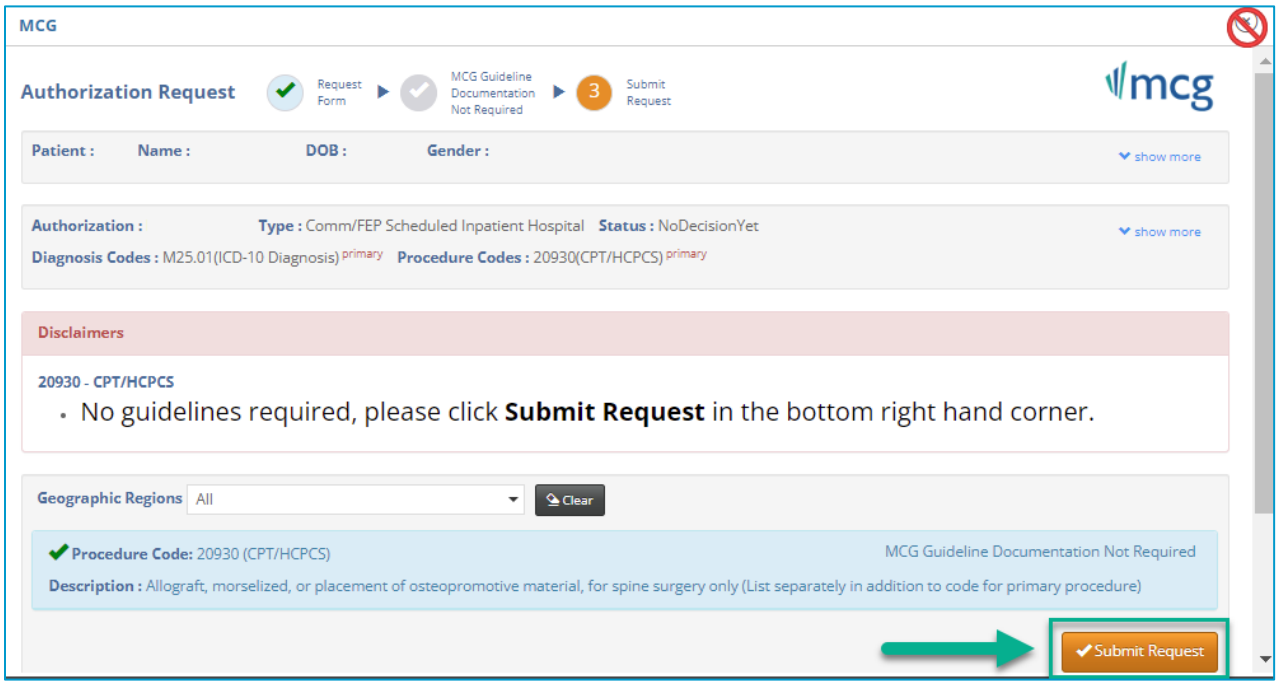
- **Inpatient Authorizations—'Unit Type' Guidelines:** 'Days' must be selected as the 'Unit Type' for the first line of service (i.e., the first procedure code) for all inpatient authorizations. If you need to add additional procedure code lines you must then select 'Units' as the 'Unit Type.' Only the first line of

service can have a 'Unit Type' of 'Days.' Following this guidance will help reduce decision delays and increase the potential for your authorization to auto approve when appropriate guidelines are met.

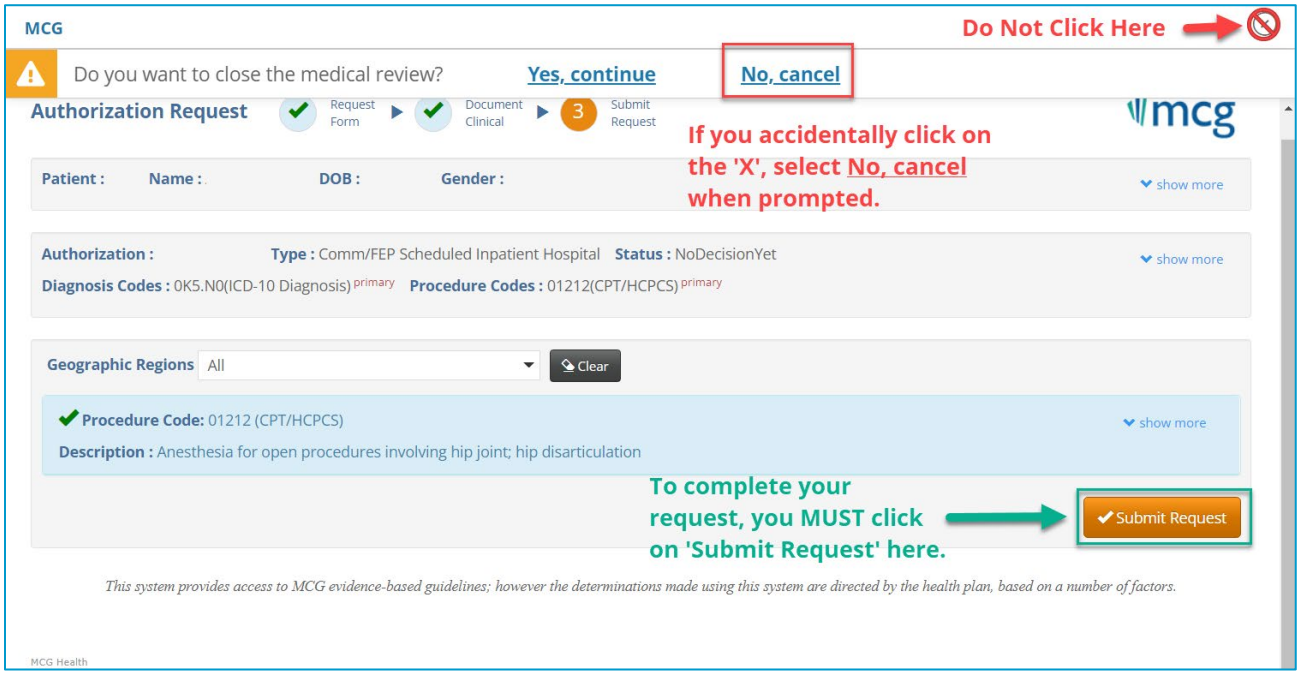


Note: Procedure codes displayed here are for example purposes only.

- **MCG Interface Guidance—Ensure you select 'Submit Request':** When completing the MCG interface information for your authorizations, be sure to select 'Submit Request' after you save any guidelines selected to ensure the information is transferred to Utilization Management. If no guidelines are required, you will see a 'Disclaimer' and a reminder to click, 'Submit Request.' Keep in mind, you may have to scroll down to see the 'Submit Request' button.



- **Do Not Click the 'X' on the MCG Interface:** If you close the MCG interface using the 'X' in the upper right corner and select 'Yes—continue' when the message indicated below is populated, your authorization will automatically pend for review and any information selected within MCG could be lost causing decision delays.



For additional resources and training, please access our Frequently Asked Questions, as well as our Prior Authorizations/Notifications on-demand training here.

Claims and Billing

CareFirst Provides Update on ClaimsXten® Edits

In the April 2022 BlueLink, CareFirst notified you about upcoming ClaimsXten edits that would be implemented in June.

We would like to clarify that claims for out-of-area members will continue to adhere to the retrospective post-payment claim audits. This means that you may be contacted by one of our third-party vendors regarding these claims.

Our team is working to ensure that the out-of-area claims will follow the prospective process as shared in the April 2022 BlueLink starting later this year.

For claims or member-specific questions, please contact Provider Service at the number listed on the back of the member's identification card.

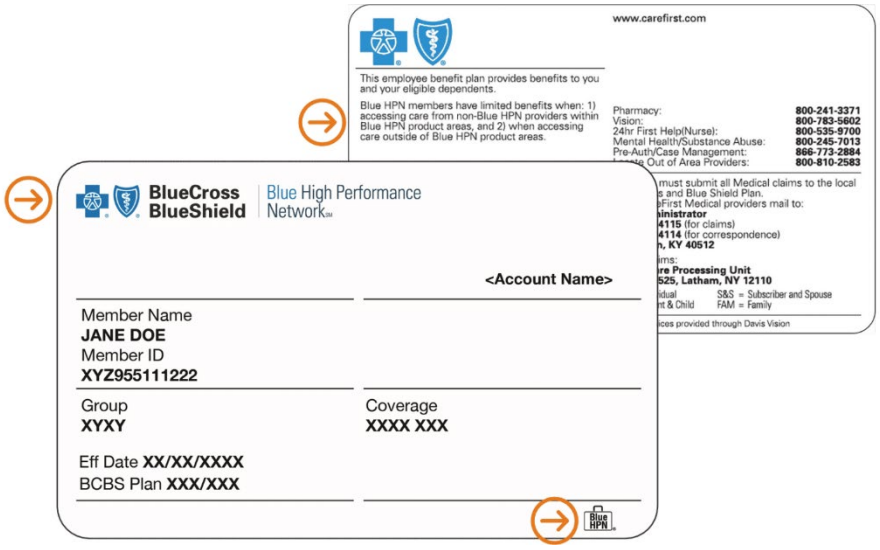
Submit Your Blue High Performance Network℠ (BlueHPN℠) Claims to CareFirst

If you are an in-network CareFirst provider and have a contract with BlueEssential, submit your claims directly to CareFirst. This will ensure that claims are filed and paid in a timely manner.

As a reminder:

- In CareFirst's service area, BlueHPN products are supported by the BlueEssential network.

- If you are a participating BlueEssential provider, you may see BlueHPN members as an in-network provider.
- A BlueHPN patient can easily be identified by their member ID card.
  - The card will feature the Association and BlueHPN logos.
  - "BlueHPN" will be stacked inside the suitcase in the bottom right-hand corner of the ID card.
  - The BlueHPN disclaimer will be on the back of the ID card.



Important Note: Only certain providers are considered in-network for BlueHPN members. To find an in-network BlueHPN provider, visit carefirst.com/doctor.

You can find training on the BlueHPN product on our Learning and Engagement Center. Navigate to 'Courses by Topic' and select the 'Products' accordion or click here.

Learning and Engagement

Have You Checked Out Our New Health Equity Page?

In July, we notified providers of new resources on the Learning and Engagement Center, including a "Health Equity" webpage.

On this page you will find on-demand training resources specific to our member population. Courses include:

- Structural Competency
- LGBTQ+ Cultural Competency
- What's Happening in My Backyard?

Continue to check this page regularly as we will continue to add more resources to the site, including articles and case studies.

Like Us, Follow Us on Social Media

Did you know that CareFirst has a social media presence? When you follow us, you will learn about different care management programs, ways we are promoting health equity, training and more. Give us a follow!

You can find us at the following channels:

- Facebook
- LinkedIn
- Instagram
- Twitter

Review the Latest Changes to the CareFirst Provider Manual

To keep you informed of changes and improvements, CareFirst has updated our Medical Manual. Updates were made to the following chapters:

- Chapter 3: Updated Provider Relations phone numbers
- Chapter 5: Clarified where to find CareFirst Direct User Guides
- Chapter 6: Added language around recouping claims.
- Chapter 7
  - Clarified Prior Authorization review timelines
  - Added Medication Reconciliation Post-Discharge under Clinical Programs
- Chapter 8
  - Clarified Prior Authorization review timelines
  - Changed all references of “Abortion” to “Abortion Care”
- Chapters 10 and 11: Combined both chapters into one chapter titled “Medicare Advantage” and removed Chapter 11 from the website.

Internet Explorer No Longer Supported on CareFirst Applications

Recently, Microsoft announced that it will stop supporting the Microsoft 365 platform on Internet Explorer. This means that certain functionality will not work in Internet Explorer when you view our on-demand training modules, or when you access CareFirst Direct.

Going forward, please use another browser that supports Microsoft when working with CareFirst, such as Microsoft Edge or Google Chrome.

Networks

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 make sure that CareFirst members are informed about any potential network-related out-of-pocket costs.

Our current networks:

Existing Networks	Network Expansion	Government Programs
▫ HMO—CareFirst BlueChoice Participating Provider Network ▫ PPO—CareFirst Regional Participating Provider Network (RPN) and CareFirst Participating Provider Network	▫ BlueEssential Participating Provider Network	▫ Medicare Advantage (MA) HMO Network ▫ Medicare Advantage (MA) Group PPO network (effective 1/1/2022) ▫ CHPDC Medicaid ▫ CHPMD Medicaid and Medicare Advantage (MA DSNP)

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

Use the Find a Doctor Tool

Did you know that you can use our Find a Doctor tool to determine which networks you participate in at CareFirst?

Our 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
- BlueEssential Participating Provider Network
- MA HMO Network
- MA PPO Network

We've also added the following language listed below to the Find a Doctor tool to help you determine if you are a participating DSNP and/or Medicaid Provider.

> **Note:** This provider directory only reflects providers that participate in CareFirst's Commercial, Federal Employee Program and Medicare Advantage (Individual and Group networks). If you are looking to confirm whether a provider participates in our Medicaid or Dual Eligible Special Needs Plan network, please navigate to the following:

- CareFirst BlueCross BlueShield Community Health Plan Maryland
- CareFirst BlueCross BlueShield Community Health Plan District of Columbia
- CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

Finally, watch this video to learn how to check your networks using the Find a Doctor tool.

Healthcare Policy

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

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 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 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 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
1.01.006 - Ultrasound Accelerated Fracture Healing Device	Updated Policy Guidelines section. Updated References. Refer to policy for details.	Periodic review and update. Effective 07/01/2022
1.01.010 - Transcutaneous Electrical Nerve Stimulators (TENS)	Updated Description section. Updated Policy. Updated Policy Guidelines section. Updated References. Refer to policy for details.	Revision and update. Effective 08/01/2022
1.01.019A - Archived Air Cleaner / Purifier	Updated Title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate HCPCS code. Updated References. Policy Archived. Refer to policy for details.	Periodic review and update. Effective 08/01/2022

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.021A - Archived Bathroom Aids	Updated Title. Updated Description section. Updated Benefit Application section. Report service using appropriate HCPCS code. Updated Cross References to Related Policies and Procedures section. Policy Archived. Refer to policy for details.	Periodic review and update. Effective 08/01/2022
1.01.022A - Bed Related Accessories	Updated Description section. Updated Benefit Application section. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update. Effective 08/01/2022
1.01.028A - Commode Chair	Updated Description section. Updated Benefit Application section. Report service using appropriate HCPCS code. Added References section. Refer to policy for details.	Periodic review and update. Effective 08/01/2022
1.03.002 - Adjustable Cranial Orthoses for Positional Plagiocephaly and for Craniosynostosis	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category HCPCS, and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 08/01/2022
2.01.004 - Hyperbaric Oxygen Therapy	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Added Benefit Application section. Updated Provider Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 11/01/2022
2.01.010 - Quantitative Electroencephalogram / Topographic Brain Mapping	Updated Policy section. Updated Policy Guidelines section. Added Benefit Application section. Report service using appropriate category I CPT and ICD-10 code. Updated References. Refer to policy for details.	Periodic review and update. Effective 08/01/2022
2.01.018 - Sleep Disorders	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Added Benefit Application section. Updated Provider Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 11/01/2022

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.023 - Allergy Testing	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Added Benefit Application section. Report service using appropriate category I CPT and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 11/01/2022
2.01.039A - Eyeglasses and Contact Lenses for Medical or Post-Operative Conditions	Added Provider Guidelines section. Updated References. Refer to policy for details.	Periodic review and update. Effective 07/01/2022
2.01.045 - Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid	Report service using appropriate category I CPT and HCPCS code. Updated References. Refer to policy for details.	Revision. Effective 04/01/2022
2.01.078 - Amniotic Membrane and Amniotic Fluid Grafts and Injections	Report service using appropriate category I CPT and HCPCS code. Refer to policy for details.	Revision. Effective 11/01/2022
2.02.013 - Transcatheter Closure of the Left Atrial Appendage	Updated Policy Guidelines section. Added Benefit Application section. Report service using appropriate CPT and ICD-10 code. Added Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 08/01/2022
5.01.016 - Zoster Vaccine (Oka/Merck) (Zostavax®), (GlaxoSmithKline) Shingrix®	Updated Description section. Updated Policy section. Updated Policy Guidelines 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 08/01/2022
5.01.043 - Aducanumab (Aduhelm)	Updated Policy Guidelines section. Added Provider Guidelines section. Report service using appropriate HCPCS code. Added Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update. Effective 08/01/2022
6.01.021A - Archived Image-Guided Surgery	Updated Title. Updated Description section. Updated Provider Guidelines section. Updated References. Refer to policy for details.	Periodic review and update. Effective 08/01/2022

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
6.01.022 - Magnetic Resonance Imaging (MRI) of the Breast	Updated Description section. Updated Policy. Updated Policy Guidelines section. Added Provider Guidelines section. Report service using appropriate category I CPT and ICD-10 code. Updated References. Refer to policy for details.	Periodic review and update. Effective 11/01/2022
6.01.047 - Coronary Computed Tomography Angiography and Selective Noninvasive Fractional Flow Reserve	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT and ICD-10 code. Updated References. Refer to policy for details.	Periodic review and update. Effective 08/01/2022
7.01.006 - Archived Dynamic Cardiomyoplasty	Updated Title. Updated Description section. Updated Policy Guidelines section. Updated Benefit Application section. Added Provider Guidelines section. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 07/01/2022
7.01.085 - Archived Ultrasound Guided Cryoablation of Benign Fibroadenomas of the Breast	Updated Title. Updated Policy Guidelines section. Updated Benefit Application section. Added Provider Guidelines section. Updated References. Refer to policy for details.	Periodic review and update. Effective 07/01/2022
7.01.109 - Surgical Treatment of Femeroacetabular Impingement	Updated Policy Guidelines section. Updated References. Refer to policy for details.	Revision. Effective 07/01/2022
7.01.113 - Saturation Biopsy of the Prostate	Updated Description section. Updated Policy Guidelines section. Added Provider Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 07/01/2022
7.01.147 - Periurethral Transperineal Adjustable Balloon Continence Device	New Policy was developed based on decision from the Technology Assessment Committee meeting held on January 27, 2022. Refer to policy for details.	New Policy. Effective 09/01/2022

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
8.01.003 - Spinal Manipulation and Related Services - changed to Chiropractic Care including Spinal Manipulation	Updated Title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Application section. Report service using appropriate category I CPT and ICD 10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 11/01/2022
8.01.014 - Lymphedema Therapy	Report service using appropriate category I CPT HCPCS and ICD-10 code. Refer to policy for details.	Revision. Effective 07/01/2022
9.01.004A - Archived Anesthesia Consultation	Updated Title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 081/01/2022
11.01.029 - Serum Antibody Marker Testing for Inflammatory Bowel Disease	Updated Policy Guidelines section. Added Benefit Application section. Added Provider Guidelines section. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 11/01/2022
11.01.036 - Lipoprotein-Associated Phospholipase A2	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Added Benefit Application section. Added Provider Guidelines section. Report service using appropriate ICD-10 code. Added Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 08/01/2022
11.01.076 - Circulating Tumor Cell Detection in Management of Cancer Patients	Added Benefit Application section. Added Provider Guidelines section. Report service using appropriate category I CPT code Refer to policy for details.	Revision. Effective 08/01/2022
11.01.079 - Serum Biomarker Panel Testing for Systemic	Updated Policy Guidelines section. Report service using appropriate category I CPT and HCPCS code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 07/01/2022

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. 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 > *Clinical Practice Guidelines*
Preventive Health Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults	carefirst.com/clinicalresources > *Preventive Health Guidelines*
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 > *Practitioner Office Standards*
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 > *Disease Management*

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 > *February 2022*
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 > *February 2022*
Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management	carefirst.com/bluelink > *February 2022*
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 > *General Inquiries* > *Quality of Care Complaints*
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 > *Notice of Privacy Practices*

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.

Mandates and Legislation

Reminder—Attest/Update Your Provider Data

Important Reminder: Updating your data in CAQH does not satisfy the requirement for the mandate to update/attest your provider directory information. You must also attest/update your directory information directly with CareFirst. Also, please be sure to update/attest your data **AFTER** you register for CareFirst Direct. Registering for our Provider Portal does not satisfy mandate requirements.

In February, CareFirst informed you about changes we were making to the provider portal as it relates to the Consolidated Appropriations Act of 2021 (CAA).

As part of this mandate, providers are required to attest/update their directory information every 90 days. To support this process, CareFirst has developed a self-service tool, as well as training user guides. You can find information about attesting/updating your data by going to our "Update Practice Information" web page.

Important Note: If you haven't already, we encourage you to register for CareFirst Direct. This will be the primary resource used to update and verify provider directory information. Refer to this user guide for assistance.

If you need additional assistance with attesting/updating your data:

- Review our Frequently Asked Questions document.
- Review the Provider Directory Updates and Attestation Course on the Learning and Engagement Center.
- Contact our Provider Information and Credentialing department, specifically for questions about your provider data at 877-269-9593.

Data and Privacy

Working Together to Improve Member Data and Documentation

Quality Audits

Overview

As a health insurer, CareFirst is required to audit members' medical records. The volume of requests and the number of distinct audit efforts has grown in recent years due to increased federal regulation and our entrance into government markets. We recognize the burden these mandatory requests place on your

practice and are working to minimize our requests by streamlining processes.

Benefits

While record audits are a requirement, there are clear benefits to your engagement beyond simply remaining in compliance with your contract.

- Members' data will be **more accurate in CareFirst systems**, which allows us to better coordinate their care and identify resources or programs they are entitled to as part of their plan design.
- CareFirst can better report on and adjust for the complexity of our members. For those in value-based programs, this will translate into a **more accurate budget to care for your assigned population** and more actionable quality reporting from us to coordinate your patient's care.
- There will be **fewer gaps in quality data** and scoring tools. PCMH Quality Scorecard, CAHPS, HEDIS, Provider Profile Scores and Risk Adjustment performance will all benefit. **Better quality scores** can increase provider incentives, attract members to your practice and improve CareFirst health plan performance. This is not only for providers in value-based arrangements; we calculate a Provider Profile Score for nearly every practice in our commercial networks each year.

How CareFirst is addressing administrative burden

In order to do our part, we are taking the following steps over the coming months:

- **Publishing a calendar (coming soon)** of planned medical record audit efforts, vendors and timelines. The calendar will be updated and built out with more detail each quarter.
- **Continuing to mail a letter** to your practice prior to each record collection effort. Letters will detail the specific purpose and how records will be used, clear points of contact for record submission, and where to go if you have questions or concerns. This will help you understand which efforts apply to your practice, as not all will.
- **Coordinating escalated requests** through a single, trusted CareFirst point of contact to the extent possible once the request is elevated to us from the contracted vendor.
- **Investing in electronic solutions,** specifically with FIGmd. We are working to enroll in value-based practices before making them more broadly available. Once fully operational, FIGmd will serve as the single digital source for CareFirst to retrieve medical records from practices without disruption to staff dealing with multiple vendors.
- **Offering more transparent billing and quality guidance** online so that you can submit claims completely from the start, reducing the need for us to collect supplemental information.

How you can make this process easier

- **Assign someone** within your office to be responsible for championing and responding to medical record requests.
- Have this person **review our calendar** (coming soon) of planned medical record request efforts, vendors and timelines.
- **Consider the calendar when planning staffing resources**. You may want to build in additional staff for weeks with multiple record request initiatives.
- **Provide remote electronic medical record access** to vendors and designated CareFirst associates to minimize administrative burden on your practice. If remote is not feasible, on-site access can be arranged. Refer to the details in the audit-specific letter you received to arrange.

- **Respond to timely requests in a timely manner,** within one to two weeks. This will eliminate disruptive follow-up calls and requests.
- **Ensure your practice's email address is up to date** with BlueLink communications and CareFirst Contracting to receive the latest news and updates on record collection efforts electronically.
- **Review** our email communication with information security tips to help us protect member data.

Thank you for your engagement. By working together, we can improve quality of care in the communities we serve.

We are committed to continuing to improve our business partnership. Other ideas on how CareFirst can reduce the burden associated with record requests can be sent to learning@carefirst.com.