

# BlueLink



## Medical News & Updates

February 2022 | Volume 24 | Issue 1

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For more information, visit [carefirst.com/bluelink](https://carefirst.com/bluelink)

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## Mandates and Legislation

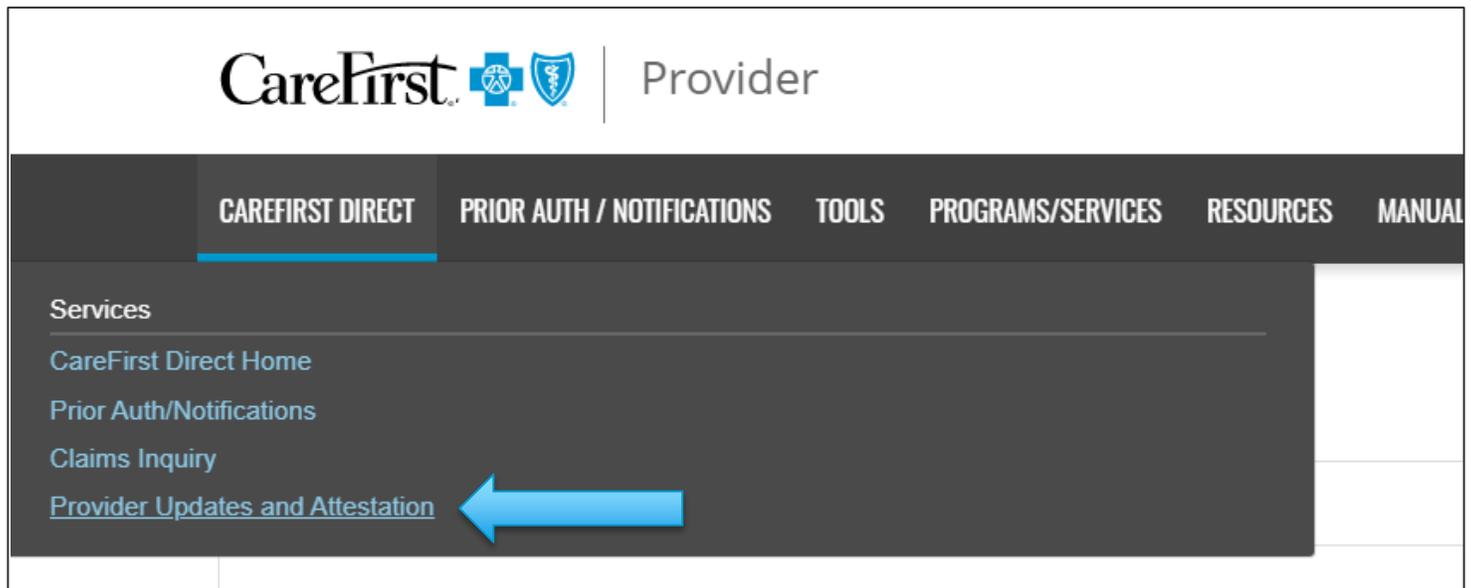
### Update on the Consolidated Appropriations Act (CAA)

In the [October](#) and [December](#) issues of BlueLink, we notified you of our goals to roll out the CAA, which included a summary of changes for the provider directory. As part of this mandate, all commercial providers are required to attest/update their directory information every 90 days. We've started to implement some of the mandated changes as described in the legislation.

**Important Note:** As we implement these changes, please register for [CareFirst Direct](#) if you haven't already as this will be the primary resource used to update and verify provider directory information.

### Where will I go to make updates?

On February 28, from the CareFirst Direct dropdown, access the Provider Updates and Attestation link to attest and update your provider directory information.



You will need to attest that your information is correct on every 90 days. To do so, you will need to have demographic information access in CareFirst Direct. You can find all of our CareFirst Direct user guides under the Courses By Topic section of the [Center for Provider Education site](#).

Be on the lookout for additional communications on the steps you need to take to verify your information. We will continue to provide general updates related to CAA and Consumer Transparency rules in upcoming issues of BlueLink.

## Care Management

### Care Management Updates—Effective January 1, 2022

CareFirst's Medical Directors and regional practitioners met on December 8, 2021, for the Annual Criteria Review. The panel, which included community physicians, reviewed and approved the following:

- Modified Appropriateness Evaluation Protocol (AEP) Criteria
- Apollo Managed Care Physical Therapy, Occupational Therapy, Speech Therapy, Rehabilitation Care and Pain Management Criteria
- CareFirst Medical Policy Reference Manual
- MCG Care Guidelines for Ambulatory Care, Inpatient & Surgical Care, Home Care, Behavioral Health Care and Medicare Compliance
- American Society of Addiction Medicine (ASAM) Criteria
- CareFirst's Dental Clinical Criteria

CareFirst physician reviewers are available to discuss Utilization Management (UM) decisions. Physicians may call 410-528-7041 or 1-800-367-3387 ext. 7041 to speak with a physician reviewer or to obtain a copy of any of the above mentioned criteria. All cases are reviewed on an individual basis.

**Important Note:** CareFirst affirms that all UM decision-making is based only on appropriateness of care and service. Practitioners and/or other individuals are not rewarded for conducting utilization review for denials of coverage or service. Additionally, financial incentives for UM decision makers do not encourage decisions that result in underutilization of coverage or service.

### No Charge Behavioral Health Digital Resource Now Available

Demand for behavioral health services is growing rapidly, especially with the pandemic. At CareFirst, we feel it's incumbent upon everyone in the medical community, regardless of status and specialty, to help patients safeguard their mental well-being. The new **CareFirst Behavioral Health Digital Resource**—available at no cost to most patients—can make a difference.

The CareFirst Behavioral Health Digital Resource is for anyone who needs to feel heard and wants to establish meaningful connections in a safe and confidential environment. Presented together with leading global behavioral health company 7 Cups of Tea (7 Cups), the CareFirst Behavioral Health Digital Resource is designed for all patients aged 13+, regardless of whether they're currently in therapy.

This service is complementary to members who already have an established relationship with a trusted behavioral health practitioner as support between appointments or those actively looking for a practitioner like you. And, it's especially valuable to both patients and caregivers who have experienced increased levels of stress and burnout during the pandemic.

**Important Note:** If you are a Behavioral Health Provider, please make sure your information is up-to-date with CareFirst, so we know if you are accepting new patients.

The Behavioral Health Digital Resource gives patients 24/7 access to:

- **Trained listeners:** More than 430,00 volunteer listeners provide support in more than 140 languages

via chat-based messaging.

- **Support forums:** A large, accepting community provides online discussion boards, topic-specific group chats and moderated chat rooms.
- **Personalized growth paths:** More than 35 individualized, self-paced exercises are available and based on cognitive behavioral therapies.
- **Licensed therapists:** CareFirst behavioral health care managers can help identify and schedule appointments with in-network providers.

While CareFirst members automatically have access to the premium level, any of your patients can use the new resource at no charge, regardless of their health plan. The help they need is waiting at [7cups.com](https://www.7cups.com).

### Share this resource

For your convenience, we created a poster ([English](#) and [Spanish](#)) for you to display in your office/patient waiting room(s) or to use as a handout—or both. After all, no one should struggle alone.

Learn more about CareFirst's [behavioral health](#) offerings, including the Behavioral Health Digital Resource.

## How to Refer Your Patients to the High-Risk Obstetric Care Management Program

High-Risk Obstetric (OB) Care Management provides care coordination for your patients with high-risk pregnancies. Our dedicated care managers are certified in high-risk pregnancies and collaborate directly with each member, OBGYN, Maternal Fetal Medicine (MFM) and any ancillary support service required to ensure members' needs are met.

High-Risk OB care managers work with the member and their family to help ensure the best possible outcomes by assessing 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.

The care manager will also 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.

The High-Risk OB Program is appropriate for your patients with:

- Gestational diabetes
- Gestational hypertension/preeclampsia/postpartum preeclampsia
- A multiple pregnancy
- Advanced maternal age
- Chronic or comorbid health conditions
- Preterm labor/previas
- Kidney stones/gallstones/trauma that occurs while pregnant

While early identification and intervention is preferable, our care managers work with at-risk expectant women at all stages of pregnancy.

## To refer your patients

Please call 800-245-7013 to reach our care management referral line. We have also developed a flier ([English](#) and [Spanish](#) versions) that outlines how patients may self-refer. Please feel free to share it with your CareFirst BlueCross BlueShield patients who may benefit from this program.

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## Learning and Engagement

### 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, Google Chrome or Mozilla Firefox.

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## Claims and Billing

### Ambulatory Surgery Center Billing Reminder

CareFirst has identified inaccurately billed claims from Ambulatory Surgery Centers (ASCs). Inaccurate billing could result in services being over or under paid. As a reminder, a Free-Standing ASC should bill using a UB-04 form unless Medicare is the patient's primary insurance in which case providers should bill using a CMS-1500 form.

For more information, refer to the *Free-Standing Ambulatory Surgery Center Payment Methodology* section in [Chapter 3: Provider Network Requirements](#) in the [Provider Manual](#).

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## 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

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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"> <li>HMO—CareFirst BlueChoice Participating Provider Network</li> <li>PPO—CareFirst Regional Participating Provider Network (RPN) and CareFirst Participating Provider Network</li> </ul>	<ul style="list-style-type: none"> <li>Blue High Performance Network<sup>SM</sup> (BlueHPN<sup>SM</sup>)</li> <li>BlueEssential Participating Provider Network</li> </ul>	<ul style="list-style-type: none"> <li>Medicare Advantage (MA) HMO Network</li> <li>Medicare Advantage (MA) Group PPO network (effective 1/1/2022)</li> <li>CHPDC Medicaid</li> <li>CHPMD Medicaid and Medicare Advantage (MA DSNP)</li> </ul>

## 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
1.01.013A – Coverage for Hair Prostheses	Updated Description section. Updated Policy section. Report service using appropriate HCPCS code. Updated References. Refer to policy for details.	Periodic review and update. Effective 01/01/22
2.01.006A – Hypnosis / Hypnotherapy	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Report service using appropriate category I CPT code. Updated References. Updated References. Refer to policy for details.	Periodic review and update. Effective 01/01/22
2.01.039A – Eyeglasses and Contact Lenses for Medical or Post-Operative Conditions	Updated Description section. Updated Benefit Application section. Updated Provider Guidelines section. Report service using appropriate category I CPT and HCPCS code. Cross References to Related Policies and Procedures. Refer to policy for details.	Periodic review and update Effective 01/01/22
2.01.045 – Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid	Updated Policy section. Report service using appropriate category I CPT and HCPCS code. Updated References. Refer to policy for details.	Revision and update Effective 01/01/22
2.01.085 – Bone Marrow Aspirate Concentrate	New policy developed based on decision of Medical Directors at Technology Assessment Committee meeting on at the September 23, 2021, that bone marrow aspirate concentrate is considered experimental / investigational for all indications.	New Policy Effective 10/01/21
5.01.001 – Off-label and Orphan Drug Use	Updated Description section. Updated Policy section. Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT and HCPCS code. References updated. Refer to policy for details	Periodic review and update Effective 01/01/22
5.01.014A – Mifepristone (e.g., Mifeprex™, RU 486)	Updated Description section. Report service using appropriate HCPCS code. References updated. Refer to policy for details.	Periodic review and update Effective 01/01/22
6.01.013A – Low Osmolar Contrast Media	Updated Description section. Updated Provider Guidelines. Report service using appropriate HCPCS code. References updated. Refer to policy for details.	Periodic review and update Effective 01/01/22

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.089 – Infrared Coagulation for Internal Hemorrhoids	Updated Description section. Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT code. Updated Cross References to Related Policies and Procedures section. References updated. Refer to policy for details.	Periodic review and update Effective 01/01/22
7.01.142 – Waterjet Tissue Ablation of the Prostate	New policy developed based on a decision of the Medical Directors at Technology Assessment Committee meeting on at the September 23, 2021, that waterjet tissue ablation of the prostate is considered medically necessary.	New Policy Effective 10/01/21
7.01.143 – Cryoablation for Chronic Rhinitis	New policy based on a decision of the Medical Directors at the May 24, 2021, Technology Assessment Committee meeting that cryotherapy for treatment of chronic rhinitis is considered experimental / investigational.	New Policy Effective 06/01/21
8.01.007A – Work Hardening Programs	Updated Description section. Updated Provider Guidelines section. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 01/01/22
9.01.006A – Obstetrical Anesthesia Services	Updated Description section. Report service using appropriate category I CPT code. Updated Reference section. Refer to policy for details.	Periodic review and update Effective 01/01/22
10.01.003A – Preventive Services	Updated Description section. Policy Guidelines updated. Report service using appropriate category I CPT or HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update Effective 01/01/22
10.01.004A – Standby Services	Under Description section. Updated Policy Guidelines section. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 01/01/22

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
10.01.006 – Care of the Normal Newborn	Updated Medical Policy Reference Manual type. Updated Description section. 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 01/01/22
10.01.009A – Global Surgical Care Rules	Updated Description section. Updated Benefit Application section. Report service using appropriate category I CPT code. Updated Cross References to Related Policies and Procedures section. References updated. Refer to policy for details.	Periodic review and update Effective 01/01/22
10.01.010A – Diagnosis: Family History of	Under Description section. Report service using appropriate category I CPT or HCPCS code. Updated Cross References to Related Policies and Procedures section. References updated. Refer to policy for details.	Periodic review and update Effective 01/01/22
2.01.015 – Vision Therapy (Orthoptics/Pleoptics)	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update Effective 01/01/22
2.01.030 – Archived Audiometric Testing	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update Effective 01/01/22
2.02.010 – Ultrafiltration for Fluid Overload in Decompensated Heart Failure	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update Effective 01/01/22
6.01.035 – Cardiac Computed Tomography (CT) and Coronary CT Angiography (CTA)	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update Effective 01/01/22
7.01.001 – Archived Catheter Ablation for Cardiac Arrhythmias	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
		Effective 01/01/22
7.01.003 – Bone-Anchored Hearing Aids	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update Effective 01/01/22
7.01.037 – Electrophrenic Pacemaker	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update Effective 01/01/22
7.01.041- Treatments for Urinary Incontinence	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update Effective 01/01/22
7.01.074 – Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update Effective 01/01/22
7.01.129 – Peroral Endoscopic Myotomy (POEM) for Esophageal Achalasia	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update Effective 01/01/22
7.01.130 – Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update Effective 01/01/22
7.01.140 – Intraosseous Basivertebral Nerve Ablation	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update Effective 01/01/22
8.01.010 – Pulmonary Rehabilitation Programs	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update Effective 01/01/22

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.024A – Crutches and Accessories	Under Description section. Report service using appropriate category I CPT or HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update Effective 02/01/22
1.02.002 – Amino Acid-Based Elemental Formulas for Treatment of Malabsorption Disorders	Updated Description section. Updated Policy section. Updated Benefit Applications section. Report service using appropriate HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update Effective 02/01/22
1.02.022A – Contraceptive Supplies	Updated Description section. Updated Policy section. Report service using appropriate HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update Effective 02/01/22
2.03.006 – Isolated Limb Perfusion	Updated Description section. Under Policy Guidelines, updated the 2021 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 02/01/22
2.03.011A – Screening for Colorectal Cancer	Updated Description section. Updated Benefit Applications section. Report service using appropriate category I CPT code. Updated References section. Refer to policy for details.	Periodic review and update Effective 02/01/22
7.01.035 – Extracorporeal Shock Wave Lithotripsy for Gallstones	Updated Description section. Updated Policy section. Under Policy Guidelines added 2021 updated policy statement, added TEC criteria. Updated Benefit Applications section. Report service using appropriate HCPCS code. Updated References section. Refer to policy for details.	Periodic review and update Effective 02/01/22
7.01.040 – Cavernous Nerve Stimulation Device	Updated Description section. Under Policy Guidelines added 2021 updated policy statement, added TEC criteria. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 02/01/22
7.01.050A – Computer Assisted Navigational Techniques in Orthopedic Surgery	Updated Description section. Updated Benefit Applications section. Report service using appropriate category I CPT code. Updated Reference section. Refer to policy for details.	Periodic review and update Effective 02/01/22

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.081 – Photocoagulation of Macular Drusen	Updated Description section. Updated Policy Guidelines section. Under Policy Guidelines added 2021 updated policy statement, added TEC criteria. Report service using appropriate category I CPT code. Updated Reference section. Refer to policy for details.	Periodic review and update Effective 02/01/22
7.01.144 – Microwave Tumor Ablation	New policy. Based on decision by medical directors at the September 23, 2021, Technology Assessment Committee meeting that microwave ablation of tumors will be medically necessary in some situations.	New Policy Effective 10/01/2021
11.01.009 – Hypo-osmotic Swelling Test for Sperm Function	Updated Description section. Updated Policy Guidelines section. Under Policy Guidelines added 2021 updated policy statement. Report service using appropriate category I CPT code. Updated Reference section. Refer to policy for details.	Periodic review and update Effective 02/01/22
11.01.015 – Preconception Sex Selection Techniques	Updated Description section. Updated Policy Guidelines section. Under Policy Guidelines added 2021 updated policy statement. Updated Provider Guidelines section. Report service using appropriate category I CPT code. Updated Reference section. Refer to policy for details.	Periodic review and update Effective 03/01/22
11.01.030A – Speculoscopy for Cervical Cancer Screening	Updated Description section. Updated Benefit Applications section. Report service using appropriate category I CPT code. Updated Cross References to Related Policies and Procedures section. Updated Reference section. Refer to policy for details.	Periodic review and update Effective 02/01/22
11.01.073 – Genetic Testing	Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 03/01/22
6.01.044 – Digital Breast Tomosynthesis	Updated Description section. Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT code. Updated References updated. Refer to policy for details.	Policy Effective Date 05/01/2022

## Clinical Corner

### Depression Screening in Your Office—Kevin Schendel, M.D.

Even before the Coronavirus pandemic, it was estimated that “depression affected approximately 8 percent of persons in the United States and accounted for more than \$210 billion in healthcare costs annually.” Approximately half of the costs are attributed to the workplace and the other to direct medical costs.

It is estimated that 10% of physician office visits are for depression. The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression for ages 12 and up, with an adequate system in place to ensure accurate diagnosis, effective treatment and appropriate follow-up. The CareFirst PCMH program has made depression screening one of the quality measures for 2022 as part of the Quality scorecard.

There are several validated screening tools available for depression screening. The Patient Health Questionnaire (PHQ), specifically PHQ-2 and PHQ-9, are commonly used screening tools. The PHQ-2 is two questions scored 0 to 3. If a patient scores greater than 3, the test is considered positive for depression. The PHQ-9 is nine questions, scored 0 to 3, and if the patient scores greater than 5, their test is considered positive. The PHQ-2 and the PHQ-9 have similar sensitivities of 89% and 81% respectively, but the PHQ-9 has better specificity. Additionally, there are many other validated screening tools that providers can utilize to screen for depression, such as the Beck Depression Inventory (BDI).

There are several workflow tips that the PCMH Medical Advisors have developed to facilitate depression screening. Many providers screen for depression as part of the annual wellness/annual physical visit. Some providers provide a paper copy of the PHQ-2 or PHQ-9 that the patient can fill out before the office visit either in the waiting area or in the exam room. Some practices have the medical assistant or other office staff administer the screen. CareFirst currently provides a Gaps in Care Report on Searchlight as well, which the medical advisors recommend using as a guide to identify patients who need depression screening. Most Electronic Health Records (EHRs) have depression screenings integrated into their system already, so developing a workflow in your practice is the key for increased depression screening for CareFirst patients.

*Reference, Depression: Screening and diagnosis, American Family Practice 2018 October 15;(8) 508-515.*

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## 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
<b>CareFirst's Quality Improvement Program</b> Includes processes, goals and outcomes.	<a href="https://carefirst.com/qualityimprovement">carefirst.com/qualityimprovement</a>
<b>Clinical Practice Guidelines</b> Includes evidence-based clinical practice guidelines for medical and behavioral conditions.	<a href="https://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a> > <i>Clinical Practice Guidelines</i>
<b>Preventive Health Guidelines</b> Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults.	<a href="https://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a> > <i>Preventive Health Guidelines</i>
<b>Accessibility and Availability of Appointments</b> Includes medical and behavioral health accessibility and availability standards for routine care appointments, urgent care appointments and after-hours care.	<a href="https://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a> > <i>Practitioner Office Standards</i>
Care Management Programs	
Topic	Website Link
<b>Access to Care Management</b> Includes instructions for making referrals for both medical and behavioral health. Or you can call 800-245-7013.	<a href="https://carefirst.com/providermanualsandguides">carefirst.com/providermanualsandguides</a>
<b>Practitioner Referrals for Disease Management</b> Includes information on how to use services, how a member becomes eligible and how to opt in or opt out.	<a href="https://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a> > <i>Disease Management</i>
Pharmaceutical Management	
Topic	Website Link
<b>Pharmaceutical Management</b> Includes the formularies, restrictions/preferences, guidelines/policies and procedures.	<a href="https://carefirst.com/rx">carefirst.com/rx</a>
Utilization Procedures	
Topic	Website Link

<p><b>Utilization Management Criteria</b> Includes information on how to obtain utilization management criteria for both medical and behavioral health.</p>	<p><a href="https://carefirst.com/bluelink">carefirst.com/bluelink</a> &gt; <i>February 2021</i></p>
<p><b>Physician Reviewer</b> Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health.</p>	<p><a href="https://carefirst.com/bluelink">carefirst.com/bluelink</a> &gt; <i>February 2021</i></p>
<p><b>Decisions about Medical and Mental Health, and Pharmacy</b> Includes affirmative statement for anyone making decisions regarding utilization management.</p>	<p><a href="https://carefirst.com/bluelink">carefirst.com/bluelink</a> &gt; <i>February 2021</i></p>
<p><b>Member Related Resources</b></p>	
<p><b>Topic</b></p>	<p><b>Website Link</b></p>
<p><b>Quality of Care Complaints</b> Includes policies and procedures for complaints involving medical issues or services given by a provider in our network.</p>	<p><a href="https://carefirst.com/qoc">carefirst.com/qoc</a> &gt; <i>General Inquiries &gt; Quality of Care Complaints</i></p>
<p><b>How to File an Appeal</b> Includes policies and procedures for members to request an appeal of a claim payment decision.</p>	<p><a href="https://carefirst.com/appeals">carefirst.com/appeals</a></p>
<p><b>Member's Privacy Policy</b> Includes a description of our privacy policy and how we protect our members' health information.</p>	<p><a href="https://carefirst.com/privacy">carefirst.com/privacy</a> &gt; <i>Notice of Privacy Practices</i></p>
<p><b>Member's Rights and Responsibilities Statement</b> Outlines responsibilities to our members.</p>	<p><a href="https://carefirst.com/myrights">carefirst.com/myrights</a></p>

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

## COVID-19 Resources

### Treating Hearing Impaired Patients When Personal Protective Equipment is Most Crucial

COVID has had a notable impact on those with speaking and hearing challenges that are compounded

when using PPE.

While all medical staff should wear the best PPE available to them as part of the current infection control routine, these PPE face coverings present some added challenges when they act as communication barriers. CareFirst always strives to provide and facilitate culturally competent and inclusive care for all of our members. Given that, here are some tips to keep in mind:

- Ask all patients if they have any disabilities, specifically sensory disabilities. Many patients may not consider hearing aids, or general hearing loss, to be a key factor in their patient care.
- Examine your patient for any signs of hearing aids and note any hearing deficits you observe. Identifying these can help guide the exam in a way that is most productive for the patient.
- When speech patterns and lip movements are blocked by PPE, it can be helpful to use other forms of communication to relay valuable information to your patients who may have hearing deficits. Tools like hand motions and written communication using notepads or whiteboards can be effective.
- Contact your hearing-impaired patients after their visits to ensure they understood the procedures and the prescribed aftercare.

Adding a few extra steps to your patients' experiences will go a long way in providing exceptional care.

## 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](#).

- [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](#).