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Federal Employee Program Update: Changes to Mother and Baby Billing Guidelines

In an effort to create consistency and streamline claims processes and procedures for Federal Employee Program (FEP) members, effective immediately, FEP Mother and Baby claims now follow the same billing guidelines currently documented in the Medical Provider Manual for non-FEP Accounts (Mother and Baby Claims – Billing Guide).

New guidelines to follow for FEP members:

Situation	How to Submit	Mother's Charges	Baby's Charges
Well mom & well baby Both go home on the same day. Routine maternity stay is two days for a vaginal delivery and four days for c-section.	File one claim; no notification is required	Combine with baby's charges	Combine with mother's charges
Well mom & sick baby Neonatal Intensive Care Unit (NICU)	If they both go home on the same day, no notification is required	Combine with baby's charges	Combine with mother's charges
	If the baby stays longer than the mother, file two claims. Notification is required for the baby only	Submit mother's charges only	Submit baby's charges only
Sick mom & well baby	If they both go home on the same day, no notification is required	Combine with baby's charges	Combine with mother's charges

Please follow these guidelines when submitting Mother and Baby claims for FEP members.

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Reminder: Review and Respond to Medical Retrieval Requests

Each year, CareFirst is required to participate in several medical record retrieval requests to report certain information about the health status of identified members. These members may not have been evaluated or treated during the past year.

The purpose of these requests is to provide Centers for Medicare and Medicaid Services (CMS) with a better understanding of the data they receive regarding disease prevalence, coding interpretation and variances across the country.

We recognize the burden these mandatory requests place on your practice and are working to minimize unexpected requests by streamlining processes. To start, we are providing you with a snapshot of each anticipated retrieval period, and you may receive outreach letters tied to the campaign listed below:

Retrieval Period	Lines of Business	Retrieval Period	Vendor	CMS Submission Deadline
ACA 2022 Risk Adjustment Retrospective Chart Retrieval	Commercial	January 2023–April 2023	Change Healthcare	May 1, 2023
HEDIS Quality 2022 Measure Chart Retrieval	Commercial	January 2023–April 2023		June 15, 2023
DSNP 2021 Risk Adjustment Chart Retrieval	Medicare Advantage	October 2022–January 2023		July 31, 2023
MAPD 2021 Risk Adjustment Chart Retrieval	Medicare Advantage	October 2022–January 202	Episource	July 31, 2023
HEDIS Quality 2022 Measure Chart Retrieval	Medicare Advantage Medicaid	February 2023–April 2023	CareFirst HEDIS team	June 15, 2023

Please send requested records directly to the contact information listed in the letter(s) you receive.

Due to CMS requirements, this information is extremely time sensitive. Please respond within **15 days** of receiving the original request.

Refer to the [December 2022 email](#) for more information.

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Reminder: Certain Allegany County Members Changed Plans Effective July 1, 2023

On May 15, CareFirst informed providers that County Commissioners of Allegany County members located in Western Maryland with prefix AGU have a new plan that is effective July 1, 2023.

What is the change?

These members are now covered under the BlueChoice Advantage with a Preferred Provider Network (PPO) overlay.

What does this mean?

All County Commissioners of Allegany County members located in Western Maryland with prefix AGU can go to a PPO provider and receive in-network benefits within the CareFirst service area. This also means that these members have the flexibility to use a PPO lab and radiology providers without restrictions of the BlueChoice product.

How do you identify impacted members?

Below is a copy of the new identification card that impacted members received. As a reminder, always be sure to verify member eligibility and benefit information by logging into CareFirst Direct.

Front of Card

Back of Card

Important Note: Please do not turn away these members without verifying benefits and eligibility, as their plan can change. You should always verify benefits and eligibility using our self-service tools.

Questions?

Refer to the April issue of BlueLink, for questions and reminds about BlueChoice Advantage with PPO overlay.

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Breaking News

Update on Audio Only Care and Reminder on Telemedicine Options

To maintain continuity of care during the COVID-19 Public Health Emergency (PHE), help minimize the risk of spreading COVID-19 and offer members a level of comfort and safety, CareFirst implemented enhanced telehealth options as an alternative to in-person provider visits. One key enhancement was the temporary coverage of audio-only calls.

CareFirst strongly believes that real-time synchronous care, whether in-person or through audio-visual telemedicine, visits, offers the best value and outcomes for our members. Now, with the end of the federal PHE and no significant health or safety barriers to care, we are revisiting our temporary coverage. Our data shows a shift in consumer demand as well—over the past 12 months, utilization of audio-only calls made up less than 1% of all telemedicine visits in our region.

Effective October 1, 2023, CareFirst will only cover audio-only calls where mandated by law. This means we are ending audio-only coverage for fully insured members in Virginia. Fully insured members in Maryland and Washington, D.C., will retain coverage. Coverage for self-insured accounts will vary. Additional details are available on the Coronavirus Resource Center under the Audio-Only Telehealth section. For specific member eligibility and benefit questions, providers are encouraged to use CareFirst Direct or contact provider service at the number on the back of the member ID card.

Providers may choose to engage in electronic messaging to communicate with patients. Such messages are part of normal patient/physician interaction, and therefore part of services already payable under the terms of your contract. Claims for CPT codes 99421, 99422 and 99433 will be denied. Your contract does not allow direct billing of CareFirst members for these messages.

We are committed to continued investment in telemedicine services delivered by our network providers.

- **Coverage for audio-visual telemedicine visits remains unchanged.** The expanded medical policy enacted during the PHE is still in place, allowing providers to deliver more services virtually now than before the COVID-19 pandemic. If your practice offers telemedicine to patients, great! Please continue.

- If your practice does not offer telemedicine, know that your patients have access to several virtual care options when you are not available. Encourage them to visit our Virtual Care Options page if an urgent need arises when your office is closed.

We will continue to monitor evolving needs of the communities we serve and keep you informed of any changes to our policies. Thank you for your partnership.

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Gender Services Support Available for Members

Recognizing that members of the LGBTQ+ community face unique health disparities and that care can sometimes be complex, CareFirst is pleased to offer members specialized gender services assistance.

If you care for transgender, gender-diverse, bisexual, lesbian or gay patients that need support or guidance navigating care or understanding benefits, encourage them to reach out to us by email at gender.services@carefirst.com. Our team is available to listen, discuss options, help answer questions and support them in making informed decisions.

You can also find this information in Chapters 7 and 9 in our Medical Provider Manual.

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CareFirst Members with Exclusive Provider Network Plans

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. One example is the collaboration we have with Employer Groups to help them identify the best health insurance plan options for their employees.

One plan option that Employers sometimes offer directs their employees to a specific network of providers that offer them the lowest out-of-pocket cost. These plans are referred to as Exclusive Provider Network or EPO plans and offer the highest level of benefits to members when they seek care from a provider that is in their designated Exclusive Provider Network.

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

Always verify eligibility and benefits for all your patients to ensure you understand if the services you are providing are covered.

Member ID Card Examples

- On the front of the card, there is an indicator showing LVL1 (Level One). On a Member ID card that includes this indicator, it will also display the name of the Level One network of providers.
  - Note: On some Member IDs for EPO plans, the name of the network will be displayed instead of LV1.
- On the back of the card, you will find language alerting you that EPO members have no or limited benefits, except when receiving care from the network provider named.

Here is an example of a Member ID card where CareFirst only provides administrative services:

For some EPO plans, CareFirst provides only administrative services for the Employer Group. Check the back of the Member ID cards (see first set of images above) at every visit for claims filing instructions, Customer Service numbers, etc.

What to look for when verifying benefits in CareFirst Direct

CareFirst Direct can help you determine the benefit coverage levels for these patients. When verifying benefits within CareFirst Direct for members with EPO plans, you will see benefits by network status listed in the following order:

- Level 1 or listed by the name of the provider network
- In-Network
- Out-of-Network

Here are examples of what you will see in CareFirst Direct:

‹ Back Benefit Details			
You Searched For			
Date of Service: 07/06/2023 Service Type: Health Benefit Plan Coverage ☆ Add to my Benefit Favorites			

👤 MEMBER LAST NAME, FIRST NAME	DOB: XX/XX/XXX (X yrs old)	Member ID: XXXXXXXXXXX

🧰 **Medical**

∨ Level 1 Network — Show Details

	INDIVIDUAL	FAMILY
DEDUCTIBLE	$750.00 remaining of $750.00	$1,500.00 remaining of $1,500.00
OUT OF POCKET	$2,000.00 remaining of $2,000.00	$3,940.00 remaining of $4,000.00

∨ In Network — Show Details

	INDIVIDUAL	FAMILY
DEDUCTIBLE	N/A	N/A
OUT OF POCKET	N/A	N/A

∨ Out of Network — Show Details

	INDIVIDUAL	FAMILY
DEDUCTIBLE	N/A	N/A
OUT OF POCKET	N/A	N/A

Example comparing Level 1 vs. In-Network Coverage:

- Level 1 (EPO)
    - Notice that coverage levels, copay amounts and coinsurance information is listed.

∧ Level 1 Network — Show Less

	INDIVIDUAL	FAMILY
DEDUCTIBLE	$750.00 remaining of $750.00	$1,500.00 remaining of $1,500.00
OUT OF POCKET	$2,000.00 remaining of $2,000.00	$3,940.00 remaining of $4,000.00

Professional	Institutional Outpatient	Institutional Inpatient

33 - Chiropractic

Benefit Description	Place Of Service	Copay Amount	Coinsurance	
Spinal Manipulation (DC 501)	Office	$30.00	0%	More

51 - Hospital - Emergency Accident

Benefit Description	Place Of Service	Copay Amount	Coinsurance	
Accidental Injury (DC 400)	Office	$15.00/$30.00	0%	More
Accidental Injury (DC 400)	Inpatient Hospital	$0.00	0%	More
Accidental Injury (DC 400)	Outpatient Hospital	$0.00	0%	More

52 - Hospital - Emergency Medical

Benefit Description	Place Of Service	Copay Amount	Coinsurance	
Medical Emergency (DC 401)	Office	$15.00/$30.00	0%	More
Medical Emergency (DC 401)	Inpatient Hospital	$0.00	0%	More
Medical Emergency (DC 401)	Outpatient Hospital	$0.00	0%	More

- **In-Network (with CareFirst, but not an Exclusive Provider)**

- Notice that many benefits are not covered by an In-Network CareFirst Provider who is not part of this member's EPO.

Need help with CareFirst Direct?

You can access a complete suite of CareFirst Direct user guides for step-by-step instructions on our Learning and Engagement Center under the 'On-demand Training' heading. Look for the 'CareFirst Essentials' section or simply click below for quick access to the most common topics:

- Accessing and Registering for CareFirst Direct
- Checking Eligibility and Benefits in CareFirst Direct

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Skilled Nursing Facilities and Hospice Providers—Minimize Prior Authorization Calls with Our Authorization System

Effective November 1, Skilled Nursing Facilities and Hospice providers should enter their authorizations through the CareFirst Prior Authorization portal. Entering your authorizations electronically will allow for a more efficient way to submit your requests and allow you to monitor the status at your convenience. To assist you with this process, we have set up several live webinar sessions to learn how to enter your prior authorizations electronically using our authorization system available through the provider portal (CareFirst Direct)!

This system allows you to:

- Enter prior authorizations 24/7
- Receive immediate Auth ID numbers
- Attach clinicals to the prior authorizations
- Monitor the status of your authorizations online

Attend a live webinar to learn more

Register for a one-hour session to walk through the end-to-end process for entering authorizations online

by selecting the date and time below that works best for you.

- September 19 at 11 a.m.
- September 21 at 10 a.m.
- September 26 at 3 p.m.
- September 28 at 10 a.m.
- October 4 at 9 a.m.
- October 5 at 2 p.m.

Want to learn how to enter authorizations online right now?

Access our on-demand courses available 24/7 on the Learning and Engagement Center. All of the Authorizations courses can be found under the On-Demand Training heading within the CareFirst Essentials section. Here are direct links to a few courses we recommend to help you get started.

- Accessing the Authorizations Home Page
- Authorization System Basics
- Entering Inpatient Authorizations

Don't have a provider portal (CareFirst Direct) account set up?

No problem. It's easy to set up an account to access our provider portal (CareFirst Direct) and begin entering your authorizations online. All you need is your Tax ID, Billing NPI and an email address. Once you have your account set up, you do not need any additional access to begin entering authorizations online.

Here is a helpful user guide that walks you step-by-step through the process.

- Accessing and Registering for CareFirst Direct

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In The Spotlight

Provider Data Accuracy—Is Your Information Accurate?

Per Federal law, professional providers in our Commercial and Medicare Advantage networks are required to attest/update their directory information every 90 days. You can find information about attesting/updating your data by going to our Update Practice Information webpage.

Important Reminder: Updating your data in CAQH doesn't satisfy the requirement to update/attest your provider directory information. You must also attest/update your directory information directly with CareFirst.

Correct provider and practice information is essential to doing business with CareFirst

When you update and maintain accurate data in our system, it:

- Allows members to locate you (and your practice) more easily.
- Allows us to process your claims more quickly and accurately.

- Results in more accurate delivery of mail and email notifications.
- Satisfies your legal obligation to keep your data updated.
- Prevents your provider directory listing from being removed.

Is there an update to the new self-service tool launch?

As efforts continue in preparation for the launch of our new self-service tool, you can continue to use the current self-service tool in the CareFirst provider portal to complete your provider directory updates and attestations. Please continue to keep your data accurate with us, and we will keep you informed about when the new tool will launch.

What should I do next?

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.

Important Reminder: Please be sure to update/attest your data **AFTER** you register for CareFirst Direct. Registering for our provider portal doesn't satisfy the 90-day requirement. If you need additional assistance with attesting/updating your data, review the Provider Directory Updates and Attestations Course on the Learning and Engagement Center.

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Noteworthy Stories

Coming Soon! CareFirst's Provider Satisfaction Survey

Starting in the Fall, you may receive an email from CareFirst inviting you to participate in our Provider Satisfaction Survey. CareFirst, along with Escalent, an independent research company, is reaching out to specific provider audiences.

The goal of this survey is to gather feedback and learn about the perceptions our providers have of CareFirst based on your overall experience working with us. The survey should take about 10-15 minutes to complete.

To ensure your computer doesn't block the survey email, please add CareFirstCustomerInsights@carefirst.com to your address book.

If you have any questions about the survey, please send an email to CustomerFeedBack@carefirst.com.

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Check out the New Resources on the Learning and Engagement Center

We are excited to offer some new and exciting resources for you and your staff that make doing business with CareFirst easy and efficient.

Here are the latest resources that have been added for you to access on the Learning and Engagement Center.

Course Name	Description
Behavioral Health Webinar: Depression in the Perinatal Period	Learn about risk factors associated with mental health conditions during pregnancy and after birth.
Behavioral Health Webinar: The Paradox of Nicotine Addiction	Learn about the discrepancy between the health burden and nicotine addiction, the limited attention it receives and innovative treatment options for nicotine addiction.
Behavioral Health: What is Virtual Withdrawal Management?	Learn about the innovative telehealth care delivery system and understand the different kinds of treatment available for patients in need of withdrawal management.
Documentation and Coding: Morbid Obesity	Learn about the specific disease states of Morbid Obesity, including specific coding and documentation.
Finding Members in the Authorization System	A short tutorial on how to find members quickly in the authorization system.
Managing Pharmacy Spend Webinar	Learn about generics and drug spend, drug cost transparency within the migraine and diabetes spaces, and navigating drug shortages
Pharmacy Overview	Learn about recent pharmacy trends, issues surrounding high-cost pharmacy, formulary tiers, and how CareFirst manages rising pharmacy cost
Pharmacy Strategies	Review how pharmacy costs affect Patient-Centered Medical Home (PCMH) providers, the provider impacts on pharmacy cost and CareFirst resources for your practice.

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Review the Latest Changes to the Medical Provider Manual

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

- Chapter 3
  - Added references to After Hours Care payment policy – Payment Policy PP CO 200.01
  - Moved Hospice Reimbursement information into Chapter 4
- Chapter 4
  - Added reference to Air Ambulance payment policy – Payment Policy PP CO 700.01
  - Added reference to Dialysis Facility payment policy – Payment Policy PP CO 800.01
  - Added reference to DME payment policy – Payment Policy PP CO 100.01

- Added reference to Home Health payment policy - Payment Policy PP CO 900.01
  - Added reference to Hospice Payment policy - Payment Policy PP CO 900.02
- Chapter 7
  - Added information about Language Line services
- Chapter 8
  - Clarified information about LabCorp
- Chapter 9
  - Added reference to Pay Percent Multiple Radiology Payment Policy – PP CO 400.02
  - Added reference to Pay Percent Multiple Cardiology Payment Policy – PP CO 400.03
  - Added reference to Pay Percent Multiple Ophthalmology Payment Policy – PP CO 400.04
  - Added reference to Pay Percent Professional Therapy Payment Policy – 400.01

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Stay Connected with the Latest Information from CareFirst

Are you and your staff receiving CareFirst Provider News and our BlueLink Newsletter via email? If not, take a minute and sign up here. CareFirst is also collecting your preferences to design and deliver a more personalized newsletter experience in the future.

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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 technologies, procedures and services.

You can review the Healthcare Policy Updates for August and September on our Medical Policy webpage.

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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 patients' 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 Service Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults	carefirst.com/clinicalresources > Preventive Service 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 > *Pracitioner 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 Includes information on how to use services, how a member becomes eligible and how to opt in or opt out	carefirst.com/clinicalresources > Disease Management

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 2023*

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 2023*
Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management	carefirst.com/bluelink > *February 2023*

Member Related Resources	
Topic	**Website Link**
Quality of Care Complaints Includes an email address for complaints involving medical issues or services given by a provider in our network	carefirst.com/qoc > *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 > *Member's Privacy Policy*
Member's Rights and Responsibilities Statement Outlines responsibilities to our members	carefirst.com/myrights

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Events

Mark Your Calendars

Register now by clicking on your preferred date and time.

- **Professional Quarterly Live Webinars**
  - September 20 at 10 a.m.
  - September 21 at 1 p.m.
- **Hospital Quarterly Live Webinars**
  - September 26 at 10 a.m.

- September 27 at 1 p.m.
- **Ambulatory Surgical Centers Live Webinars**
  - September 20 at 10 a.m.
  - September 21 at 1 p.m.
- **Hospice Live Webinars**
  - October 3 at 10 a.m.
  - October 4 at 2 p.m.
- **BlueCard Live Webinar**
  - October 5 at 1 p.m.

This webinar is an in-depth overview of the BlueCard program. It will cover:

- Types of products BlueCard supports
- BlueCard member identification
- Eligibility, claims submission and status checks
- Prior authorization and medical policy for BlueCard members
- Claims appeal and inquiring process for BlueCard
- Contact information for BlueCard questions

Holiday Closing

Monday, September 4, 2023—Labor Day

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