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Administrative Support

Reminder: Claims Inquiry Link in CareFirst Direct

To streamline the claims inquiry intake process, the current link for *Claims Inquiry* located on the CareFirst Direct Menu on the Provider Portal has been removed, but the ability to submit claims inquiries is still available.
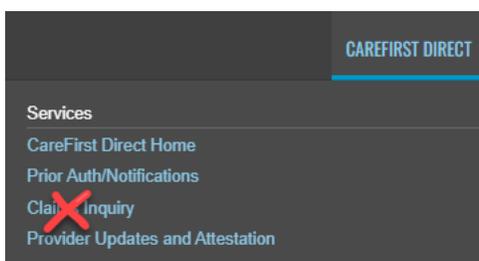
You will still have the ability to submit claims inquiries by utilizing the *Submit Claims Inquiry* link available on the Claims Status Summary page. This process will remain and will continue to serve as the entry point for all claims inquiries.
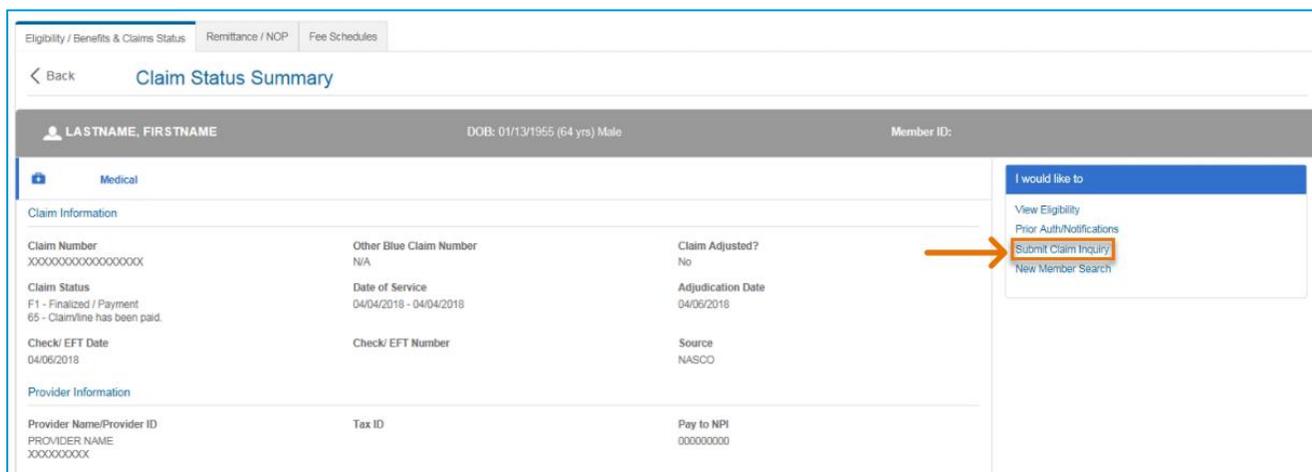
As a reminder, a claim inquiry is a request to review or explain why a claim was processed or paid a certain way.

- An inquiry is informal and is **not subject to official state laws** that govern the appeals procedures.
- You have **180 days (or 6 months)** from the date of the Explanation of Benefits or adverse decision **to submit an inquiry.**
- Allow **30 days for a response** to an inquiry.

For more detailed information on claims inquiries, please access the following courses on the [Learning and Engagement Center](#).

- [Claim Inquiries in CareFirst Direct](#)
- [Correct Claims, Inquiries and Appeals](#)

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Check Out the Latest Prior Authorization Entry Information and Best Practices

We realize many of our healthcare delivery partners utilize our electronic prior authorization system within our CareFirst Provider Portal regularly to assist their patients with getting the care they need. We will continue to include a series of best practices to assist you in those efforts. Here are a few for you to take a look at today:

- **Notify CareFirst of emergency admissions within 24 hours:** Providers should notify CareFirst of admissions within 24 hours or one business day. The authorization request serves as notification.
- **Providers should attach clinical documentation to authorization for admission and continued stays:** Access our course, Uploading Clinical Documentation to Authorizations, for step-by-step instructions. You will also find this course on our [Learning and Engagement Center](#). It is located within the On-Demand Training heading, under the CareFirst Essentials section.
- **Ability to edit dates of service on authorization is currently available:** For more details, access this course, [How to Edit Dates of Service in the Prior Authorization System](#).
- **Ensure you enter the request prior to the date of service:** To ensure there is ample time for your non-emergent authorization requests to be reviewed and decisioned prior to the date of service, be sure to enter your requests in advance keeping in mind response timeframes can be up to 15 days.
- **Include your contact information in the *Add Note* section:** The CareFirst Clinical team often utilizes the 'Messaging' function within the electronic authorization system to reach out to users if they need additional information to decision an authorization. If you need help with how to use the Messaging function, click [here](#) for a quick tutorial.

We encourage you to regularly check for messages but realize you may not be in the authorization system every day. Therefore, we also recommend adding your contact information in the *Add Note* section when requesting a prior authorization.

Providers/Facilities must submit medical records with authorization requests.
Add Note
Begin typing

Add your contact information here along with your clinical notes. We recommend including a **Contact Name, Email Address and Phone Number.**

Add Attachments

Submit   Cancel

For additional information on Prior Authorizations, be sure to review these resources:

- Medical Provider Manual: Chapter 7—Care Management
- Learning and Engagement Center
  - You will find resources and training for Authorizations under the *On-Demand Training* Tab under *CareFirst Essentials*.
- Authorizations Frequently Asked Questions

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Breaking News

CareFirst Strengthens Claims Processing and Coding Guidance

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, "CareFirst") exists to provide affordable, accessible care in the communities we serve. We are committed to ensuring claims for medically necessary services covered by a member's contract are paid accurately and timely in accordance with national standards and guidelines.

As we take steps to mature our claims processing capabilities, we will be transparent about changes that may impact claims payment. We value the partnership of our provider community and have developed several new resources to keep you informed and prepared.

What are the changes?

Starting July 1, 2024, pre-payment review will be used to identify claims that are at an elevated risk for incorrect coding and reimbursement and allow brief review by qualified clinical professionals. Pre-payment review is intended to offer quicker feedback and adjudication for providers who submit claims with potential billing errors.

Claims will be reviewed on the following, but not limited to, concepts:

- Duplicate, including professional and technical components.
- Modifier usage, including appropriate use of global and National Correct Coding Initiative (NCCI) modifiers.
- NCCI
- Daily and annual unit limits
- Global services

Existing pre-payment review processes (e.g., high dollar hospital claims) will remain unchanged.

Will this apply to all claims?

No. Effective July 1, we are implementing this review for members on our Facets claims platform. Over the next 12-18 months, this program will expand to the rest of the commercial population excluding Federal Employee Program members.

What can I do to prevent pre-payment denials?

Pre-payment review is intended to catch billing errors quickly.

Providers can avoid new pre-payment denials by submitting clean claims that adhere to the below policies. A sudden increase in denials may mean your practice is billing some services incorrectly. We encourage providers to monitor new denials and use feedback to inform or adjust billing procedures as needed.

What resources are available?

We've heard repeatedly from providers that you want more coding guidance from CareFirst to make your jobs easier. In response to this feedback and to prepare for the upcoming changes, we've invested significant time into building out our written resources—better documentation of existing payment and medical policies, documentation of new policies, and more alignment between the Provider Manual and policy databases.

Review the tables below for more detailed information on new resources.

Payment Policy Updates

The policies listed below will be available to review in full via the Payment Policy database as of May 1, 2024. Many of these policies are documentation of existing payment rules that may undergo new pre-payment review; not new coding requirements altogether.

Policy Number	Policy Name
PP CO 010.01	POS EM Services
PP CO 010.02	POS Specialty Services
PP CO 011.01	Implantable Tissue Markers and Radiation Dosimeters
PP CO 013.01	Anesthesia
PP CO 014.01	Evaluation and Management Services
PP CO 015.01	Visual Acuity Screening
PP CO 016.01	Critical Care
PP CO 017.01	OCE Policy
PP CO 020.02	Inpatient Services Billed by LCSW
PP CO 050.01	Bilateral Procedures
PP CO 060.01	Incident To Services
PP CO 070.01	Co-Surgeon and Team Surgery

Policy Number	Policy Name
PP CO 070.02	Assistant Surgeons
PP CO 070.03	Global Surgical Period
PP CO 080.01	Global Obstetrical Policy
PP CO 090.01	NCCI Editing—Professional, DME Supplier and Facility
PP CO 100.04	Supplies and Equipment
PP CO 200.02	Telehealth Services
PP CO 400.07	MPPR Multiple Endoscopy
PP CO 400.08	MPPR Diagnostic Imaging OP Hospital
PP CO 400.09	MPPR Ophthalmology Services OP Hospital
PP CO 400.10	MPPR Cardiovascular Services OP Hospital
PP CO 500.02	Status P and T—Bundled Services
PP CO 600.04	Professional, Technical and Global Services
PP CO 600.05	Modifier Policy

Medical Policy Updates

The Medical Policies (MP) and Medical Policy Operating Procedures (MPOP) will be available to review in full via the Medical Policy Reference Manual database effective July 1, 2024.

New or Existing	Policy Number	Policy Name
Existing	MP 2.01.051	Extracorporeal Photopheresis
Existing	MP 2.02.002	Microvolt T-Wave Alternans
Existing	MP 7.01.088	Vertebral Disc Replacement/Lumbar Disc Prosthesis
New	MPOP 2.01.090A	Smoking and Tobacco-Use Cessation Counseling
Existing	MPOP 9.01.005A	ARCHIVED Anesthesia Services

Medical Provider Manual Updates

In addition to the edits below, we have clarified and organized our Payment Policy information in a more concise way by including a table in that documents former and current manual topics and the associated Payment Policy reference. If the section only included a sentence referencing Payment Policy, the reference was deleted and moved into the table. Provider Manual updates will be available in mid-May.

In addition, references to Payment Policy were added to the Clinical Editing Applications table in Chapter 9.

Chapter Name	Topic Name	Detailed Change
Chapter 2 Chapter 9	Telehealth Services	Language removed and included in Payment Policy PP CO 200.02
Chapter 3 Chapter 4	Heparin Lock Flush	Language updated to include references to J1642
Chapter 3	Medical Injectables	Language updated to include references to J1642
Chapter 3	Office-Based Drug Reimbursement Methodology	Language updated to include references to J0129 and J2354
Chapter 3	Payment Policy Reference Manual	Added table to accompany references to the Payment Policy Reference Manual within the Provider Manual
Chapter 4	Guidelines for Ancillary Claims Filing	Language updated to add the following Payment Policies: PP CO 100.01, PP CO 100.02, PP CO 100.03
Chapter 8 Chapter 9	Obstetrics and Gynecology	Language updated to add Payment Policy PP CO 080.01
Chapter 9	One-or-more sessions procedures	Language removed and included in Payment Policy PP CO 600.05
Chapter 9	Add-On Procedures	Language removed and added Payment Policy PP CO 090.01
Chapter 9	Anesthesia by Operating Surgeon	Language removed and included in Payment Policy PP CO 013.01

Chapter Name	Topic Name	Detailed Change
Chapter 9	Assistant Surgeon and Assistant at Surgery	Language removed and included in Payment Policy PP CO 070.02
Chapter 9	Bilateral Procedures	Language removed and included in Payment Policy PP CO 050.01
Chapter 9	Consultations	Language updated
Chapter 9	Critical Care	Language removed and included in Payment Policy PP CO 016.01
Chapter 9	Diagnostic Ultrasound with Ultrasound Guidance Procedures	Language updated
Chapter 9	Duplicate Services	Language updated
Chapter 9	Evaluation and Management Services	Language removed/updated and included in the following Payment Policies: PP CO 010.01 and PP CO 014.01
Chapter 9	General and Specialty Related Claim Adjudication Policies and Reimbursement Guidelines	Language updated
Chapter 9	Global Obstetrical Care Services	Language updated
Chapter 9	Global Surgical Period	Language removed/updated and referenced Payment Policy PP CO 070.03
Chapter 9	Imaging Agents	Language updated
Chapter 9	Modifier Policy	Language removed/updated and included in Payment Policy PP CO 600.05.
Chapter 9	Modifier Reimbursement Guidelines	Language removed/updated and included in Payment Policy PP CO 600.05 and Payment Policy PP CO 600.04

Chapter Name	Topic Name	Detailed Change
Chapter 9	NCCI Editing—Professional, DME Supplier and Facility	Language updated
Chapter 9	Professional, Technical and Global Services	Language removed and included in Payment Policy PP CO 600.04
Chapter 9	Pulse Oximetry	Language updated
Chapter 9	Supervision, Interpretation and/or Guidance for Diagnostic Tests	Language updated and referenced Payment Policy PP CO 600.04
Chapter 9	Supplies and Equipment	Language removed and included in Payment Policy PP CO 100.04
Chapter 9	Team Surgery and Co-Surgeons	Language removed and included in Payment Policy PP CO 070.01
Chapter 9	Visual Acuity Screening	Language removed and included in Payment Policy PP CO 015.01

We value your partnership and are committed to continued communication and transparency as we implement new capabilities for the benefit of our members, subscribers, and providers.

Updated Medical Policy Now Requires Prior Authorization

Effective May 1, 2024, certain CPT codes in Medical Policy 7.01.140 Intraosseous Basivertebral Nerve Ablation now require prior authorization. Previously, this code was considered experimental/investigational.

CPT Codes 64628 and 64629 will now require prior authorization for all commercial lines of business, excluding FEP, for outpatient, ASC, and provider office place of service. **Note:** Prior authorization for these codes is already required for patients with an HMO plan at an outpatient facility and for all commercial lines of business for inpatient admissions.

For more information, view the updated medical policy in the Medical Policy Reference Manual.

New Biomarker Medical Policy

11.01.083 Gene Expression Profiling for Melanoma- This policy will be effective 7/1/2024 and will provide coverage for a specific biomarker test for melanoma when medical necessity criteria are met.

For more information, view the updated medical policy in the Medical Policy Reference Manual.

CAHPS Survey Now Available Through June

As our trusted partners in healthcare, we at CareFirst are committed to continually enhancing the experiences of our members and patients. One important tool in this endeavor is the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, which gathers feedback on their interactions with healthcare providers and insurance plans.

From March through June of each year, a random sample of our members receives the CAHPS survey through mail or email, reflecting their experiences over the previous six to twelve months. We ask that you encourage your patients to complete this survey, as their input shapes our services.

For more information on CAHPS, check out our course on the Learning and Engagement Center and the CAHPS Provider Guide.

Review the Upcoming Addition to our Payment Policy Database

The following Payment Policy will be effective July 1, 2024. The full policy will be loaded and available to providers no later than May 1, 2024.

- Payment Policy PP CO 021.01 Intensity Modulated Radiation Therapy (IMRT) (Professional and Hospital)

The following Payment Policy will be effective August 1, 2024. The full policy will be loaded and available to providers no later than May 1, 2024.

- Payment Policy PP CO 001.01 Hospital Inpatient Notification

Review Changes to our Current Payment Policies

The following Payment Policy has been updated:

- Payment Policy PP CO 600.02 Modifier 90 (Professional)—Added clarification around impacted lines of business in the limitations and exclusions section. This change does not change the logic.
- Policy PP CO 020.01 Limited License Providers (Professional) – Due to the new Payment Policy, PP CO 013.01 Anesthesia (Professional), some language was removed and placed in that new policy. This change does not change the logic.

You can access the Payment Policy database here.

In the Spotlight

Now Available! New Provider Directory Updates and Attestations Tool and CareFirst Questionnaires

We are excited to share that the new and improved Provider Directory Updates and Attestations self-service tool is available now for you to being using to easily attest and update your provider directory information. In addition, our CareFirst Questionnaires for new providers applying to our network have been updated as well. Please review the following information for all the details.

## New Provider Directory Updates and Attestation Self-Service Tool

How do I access the new tool?

The Provider Directory Updates and Attestation self-service tool is located within our Provider Portal (CareFirst Direct). To access, follow the steps below:

- Navigate to https://provider.carefirst.com and log in.

  - If you do not have an account, select *Register* to create an account. You can access this guide for step-by-step instructions: Accessing and Registering for CareFirst Direct.
- From the homepage, select the *CareFirst Direct* tab.
- Select *Provider Updates and Attestation* from the dropdown to access the tool.
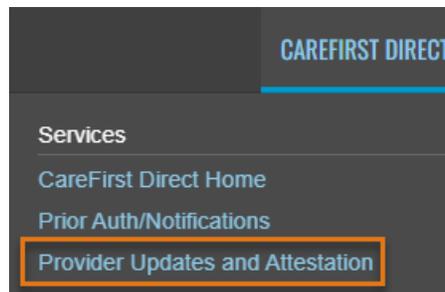
With this new tool, you will experience:

- Easier navigation and transparency with your data.
- Real-time updates for office or administrative contact information changes
- Confirmation of your update/attestation so you will know when your next 90-day update/attestation is due.
- Ability to upload requested documentation real-time in the tool when required vs. having to email or fax.
  - Automated email confirmation with tracking ID from CareFirst when making these changes, along with email confirmation when the changes have been completed.

Future enhancements planned include real-time updates to most directory information changes, network effective dates along with a web-based interface to track the progress of your requests/applications.

Is training available?

Yes! To help you prepare for the launch of the new Provider Directory Updates and Attestation tool, we held several live webinars in March and early April. If you were unable to attend and would like to review the recorded version, you can access it [here](#).

On-demand course

We also have an on-demand course you can access 24/7 on our [Learning and Engagement Center](#).

- It's a [featured course](#) available on the home page, and within the [On-Demand Training](#) heading under [CareFirst Essentials](#) (located under the CareFirst Direct: All Portal Users accordion)

- Direct Link to the course is available here: [Provider Directory Updates and Attestations](#)

How often should I update and attest?

Per Federal law, professional providers in our Commercial and Medicare Advantage networks are required to attest/update their data every 90 days. The CareFirst Provider Directory Updates and Attestations self-service tool is the fastest and easiest way to satisfy this requirement and ensure that your data is up to date at all times. This includes your practice URL and email addresses as well.

> In addition, it is important you also keep your data updated in NPPES. NPPES stands for National Plan and Provider Enumeration System, and is the database used by NPI number holders and the Centers for Medicare and Medicaid Services. The NPPES registry is updated regularly; therefore, any changes you make to your CareFirst provider directory information should also be reviewed and updated as appropriate in NPPES. For more information go to [NPPES (hhs.gov)](#).

Important: Institutional and Ancillary providers should continue to utilize the same process that is in place today. See the [Institutional/Ancillary credentialing page](#) for more information.

Have questions about the new self-service tool?

Please access our [FAQs](#) to help answer questions you may have.

Updated CareFirst Questionnaires

In addition to the new Provider Directory Updates and Attestation self-service tool, we have updated our current, as well as, added a few new CareFirst Questionnaires for providers to utilize when applying to join our networks. CareFirst Questionnaires are required to be completed as part of Step 2 of the application process (Step 1 is the CAQH application process).

The new questionnaires are available on the [How to Apply](#) page of our [Provider Website](#). When you access the [How to Apply](#) page, you will now see the following questionnaires available to complete based on provider type/need:

If you are a professional practitioner:

- Establishing a New Group

- Joining an Existing Group

Or select from the following specialties:

- Ambulance Provider
- Laboratory Provider
- Urgent Care Provider

For more information on how to apply to our networks, click here.

Noteworthy Stories

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
High Risk Diagnoses and Audit Best Practices	Review high risk diagnoses and audit best practices, including the following information: The Office of the Inspector General, Major Depressive Disorder, Acute Stroke, Vascular Claudication, Cancer: Breast, Colon, Prostate and Lung, Acute Heart Attack, and Acute Embolism
How to Identify Commercial Fully Insured Members in CareFirst Direct	Review this short tutorial on identifying Commercial Fully Insured members in CareFirst Direct.
Provider Directory Updates and Attestation Webinar Recording	Find out about the release of the new Provider Directory Updates and Attestation Tool.

Review the Latest Updates to the CareFirst Provider Manual

To keep you informed of changes and improvements, CareFirst will be updating our Medical Provider Manual in early May. CareFirst has performed a content audit of our provider manual, and edits are being made and published, along with grammatical changes for consistency and clarity. Key changes include the following:

- Chapter 2
  - BlueCard
- Chapter 3
  - Eligible Professional Providers with Supervision
  - Provider Data Accuracy

- Provider Service HIPAA Validation
- Advanced Directives
- Synergie Patient Outcome Program
- Institutional and Ancillary Provider Credentialing
- The Health Services Cost Review Commission
- Outpatient Hospital Methodology
- HEDIS
- Advance Directives
- Chapter 7
  - Network Maintenance
  - Inpatient Management
  - Prior Authorization
  - Clinical Programs
  - PrEP Medication and Related Ancillary Services
- Chapter 10
  - Dual Special Needs

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 to sign up here or visit carefirst.com/stayconnected. CareFirst is also collecting your preferences to design and deliver a more personalized newsletter experience in the future.

Interested in Learning More about What's Happening for our Dental Providers?

Check out our BlueImpressions quarterly newsletter located on our Newsletter Page on our provider website (https://provider.carefirst.com). From the Newsletter Page, select BlueImpressions from the menu on the right side to display links to the publications.

Effective Dates, Current Procedural Terminology (CPT®) Codes and Healthcare 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.

You can review the Healthcare Policy Updates for March and April on our Medical Policy web page.

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 > Practitioner Office Standards
Medical Record Documentation Standards and Performance Measures Includes guidance on standards monitored as part of our Quality Improvement Programs.	carefirst.com/clinicalresources > Medical Record Documentation 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 2024
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 2024
Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management	carefirst.com/bluelink > February 2024

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

Members' Privacy Policy Includes a description of our privacy policy and how we protect our members' health information	[carefirst.com/privacy > Member's Privacy Policy](carefirst.com/privacy)
Members' Rights and Responsibilities Statement Outlines responsibilities to our members	carefirst.com/myrights

Government Programs Corner

Important: Mandatory Model of Care Training Attestation is Due

All providers who see CareFirst DSNP needs members must complete their mandatory Model of Care training upon enrollment in our network and then annually thereafter. Attestation for the annual training may be done at the practice level and takes less than 10 minutes.

Failure to complete the attestation will considered a violation of your contract with CareFirst. For more information on why and how to complete the training, continue reading.

What is Model of Care (MOC) Training?

The Centers for Medicare and Medicaid Services (CMS) requires all Medicare Advantage Special Needs Plans (SNP) have a Model of Care (MOC). MOC training is offered to meet CMS regulatory requirements and ensures that all providers have the specialized training that this unique population requires. CMS also requires all SNPs to conduct initial and **annual** training (that reviews the major elements of the MOC for providers).

Upon completion of the training, providers will be able to:

- Describe the basic components of the CareFirst MOC.
- Explain how medical management staff coordinates care for dual eligible (Medicare Advantage and Medicaid) members.
- Describe the essential role of providers in the implementation of the MOC program.

How to access the training?

We recently enhanced our MOC training process to make participation easier. Providers can view our new on-demand module here and submit an attestation on behalf of their entire practice, versus having each practitioner complete individually. We will also be facilitating the MOC training as part of our quarterly DSNP live webinars (see registration links below).

Thank you for helping us to meet the needs of our members and comply with federal regulations.

Register Now: 2024 MD Medicaid and Dual Special Needs Plan Provider Live Webinar Schedule

We are excited to, once again, offer our CareFirst CHPMD and DSNP Plan providers live webinars that will cover important topics like electronic claims submission, prior authorizations, appeals and grievances, Model of Care training and much more.

Please register for one option for **each** month listed below (different topics will be covered each month):

Month	Live Webinar Options – (Register for one each month)
May	• Tuesday, May 28 from 1-2 p.m. • Wednesday, May 29 from 10-11 a.m.
September	• Wednesday, September 11 from 1-2 p.m. • Thursday, September 12 from 11:30-12:30 p.m.
December	• Tuesday, December 17 from 1-2 p.m. • Wednesday, December 18 from 10-11a.m.

Are you New to CareFirst CHPMD or DSNP or Need a Refresher? Access our Provider Orientation Course Today!

Our Provider Orientation course is a great place to go for important information about CareFirst CHPMD and DSNP and how to do business with us. By the end of this course, you will be able to:

- Recognize the CareFirst BlueCross BlueShield Community Health Plan (CareFirst CHPMD) and CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) plans
- Recall the responsibilities of providers and quality guidelines
- Locate member benefits and wellness programs available to patients
- Identify CareFirst members
- Determine what services require authorizations and know how to submit authorization requests
- Submit claims, reconsiderations, and appeals to the appropriate CareFirst plan
- FQHC Providers will be able to recall our outreach programs

You can access the course at your convenience 24/7. Here is a direct link so you can review it today—New Provider Orientation Course.

New Appeals and Grievances Form for CareFirst CHPMD

There is a new form available for you to utilize when submitting appeals and grievances for CareFirst CHPMD.

Appeals

As a reminder, an appeal is a request to appeal the denial of a claim that was not resolved to the provider's satisfaction through the dispute process.

- File within 90 days of the date of the denial of payment.
- Second Level Appeals must be filed within 15 business days of the date of the denial letter

Grievances

As a reminder, a grievance is for disagreements with administrative processes within CareFirst CHPMD.

- File at any time, verbally or in writing
- CareFirst CHPMD acknowledges within 5 business days of receipt
- Resolved within 30 calendar days of receipt
- If unsatisfied resolution, contact the State's Complain Resolution Unit for further action (800-284-4510).

Where is the new appeals and grievances form located?

The new Appeals and Grievances form is located on the CareFirst CHPMD Provider Website under the Forms link or directly here. For more information, access the Appeals and Grievances section of the provider website.

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Stay in Control of Your Data—Need to Update your Address, Phone Number, NPI, etc.?

As a CareFirst CHPMD and DSNP Provider, correct provider and practice information is essential to doing business with CareFirst. When you update and maintain accurate data with us, 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 regulatory requirement to keep your data updated.

Providers must inform CareFirst of any changes to their address, telephone number and/or group affiliation as well as additional practitioners joining their practice to ensure accurate data is published in provider directories and accurate claims payment information.

Where do I send my updates?

Please send updated demographic information as changes occur to MDMCcredentialing@carefirst.com.

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Check out the Most Recent CareFirst CHPMD Provider Newsletter!

Links to our Newsletter are located on our Provider Website home page within the Newsletters section. You can also access the newsletter directly here.

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Events

New! Behavioral Health Provider Live Webinars Coming this June

Mark your calendars for our upcoming Behavioral Health Provider live webinars! We are excited to offer these live webinars to discuss important topics to help make doing business with CareFirst easier. Our first will be held in June and the topics that will be include:

- Prior authorizations
- Corrected claims, inquiries and appeals
- Behavioral health policies
- Place of service codes
- Claims submissions best practices
- Helpful resources available on our Provider Website and more!

To register, click on the link below:

- [Wednesday, June 12 from 10–11 a.m.](#)

When you click the link, a registration form should appear. Fill out all the fields on the form and submit your registration.

Once the registration is submitted, you'll receive an auto-generated confirmation email from noreply@teams.registration.microsoft.com. The confirmation email will include a link you will use to join the webinar. Need help registering? Check out [this](#) interactive guide!

Have a Question?

If you have a question you would like to submit in advance of this live webinar, please utilize this form - [Submit a Question for the Behavioral Health Live Webinar](#).

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Additional Provider Live Webinars Available for Registration

We will have several live webinars available for you to attend in the coming months, and additional webinars will be offered throughout 2024. Please register for those that apply to you by clicking on the links below.

Professional Quarterly Webinars

- [Wednesday, May 15 from 10–11 a.m.](#) or
- [Thursday, May 16 from 1–2p.m.](#)

Missed our latest professional quarterly webinar? Check it out [here](#)!

Hospital Quarterly Webinars

- [Tuesday, May 21 from 10–11 a.m.](#) or
- [Wednesday, May 22 from 1–2p.m.](#)

Missed our latest hospital quarterly webinar? Check it out [here](#)!

Ancillary Quarterly Webinars

Skilled Nursing Facilities
- [Wednesday, May 8 from 10–11 a.m.](#) or
- [Thursday, May 9 from 1–2p.m.](#)

Durable Medical Equipment Providers
- [Tuesday, August 13 from 1–2 p.m.](#) or
- [Thursday, August 15 from 10–11a.m.](#)

When you click a link, a registration form should appear. Fill out all fields on the form and submit your registration.

Once the registration is submitted, you'll receive an auto-generated confirmation email from noreply@teams.registration.microsoft.com. The confirmation email will include a link you will use to join the webinar. Need help registering? Check out [this](#) interactive guide!

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Holiday Closings

- Memorial Day—Monday, May 27
- Juneteenth—Wednesday, June 19
- Independence Day—Thursday, July 4
- Election Day—Tuesday, November 5
- Veterans Day—Monday, November 11
- Thanksgiving Day—Thursday, November 28
- Day after Thanksgiving—Friday, November 29
- Christmas Day—Wednesday, December 25