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Visit carefirst.com/bluelink to view past issues of BlueLink.

Breaking News

Review Changes to our Payment Policies

The following Payment Policies have been updated:

- Policy PP CO 600.03—Modifier 26 was archived on July 1, 2024. Information can now be found in Policy PP CO 600.04 Professional, Technical and Global Services.
- Policy PP CO 600.05 Modifiers Policy—This policy was updated to include information on the appropriate usage of modifier JW. This update does not change any current payment logic in our claims processing platforms.
- Policy PP CO 200.02 Telemedicine Services—The list of CareFirst Approved Procedure Codes for Telemedicine, which is an attachment to this policy, has been updated to correspond to the changes to the Companion Table for Medical Policy 2.01.072A—Telemedicine that were effective 12/1/2023. This update does not change any current payment logic in our claims processing platforms.

You can access the Payment Policy database [here.](#)

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In the Spotlight

Reminder: Effective August 1, 2024: Updated Requirements for Inpatient and Observation Admissions

At CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst), our priority is ensuring our members are consistently receiving the right care at the right time and the right level. As a reminder, effective August 1, 2024, providers should follow the updated inpatient and observation admissions requirements. These requirements are included in the [Inpatient and Observation Care Notification Requirements Policy](#) announced in the April and June [BlueLink Newsletters](#) and in this [Provider News](#) email sent on July 23, 2024.

Note: The Payment Policy Database link is also available on the [CareFirst Community Health Plan Maryland (CareFirst CHPMD)](#) and [CareFirst BlueCross BlueShield Advantage DualPrime](#) provider websites. Currently, the Hospital Inpatient and Observation Admissions Payment Policy is the only policy in the database that impacts these lines of business.

Which members will these changes impact?

The requirements outlined below apply to all CareFirst members. This includes members covered under Commercial, Federal Employee Program (FEP), Medicare Advantage, CareFirst CHPMD (Medicaid) and CareFirst BlueCross BlueShield Advantage DualPrime (Medicare DSNP) lines of business.

What are the updated requirements?

1. **24-Hour Notification Required for Inpatient Admissions**

    Beginning August 1, 2024, CareFirst requires all facilities to provide notification of an inpatient admission within 24 hours of admission. CareFirst prefers that an inpatient notification be submitted through the inpatient section of the Prior Authorization/Notification Portal.

    > *EXCEPTION: CareFirst's Maryland Medicaid Managed Care Organization, CareFirst Community Partners, Inc., requires all facilities to provide notification of an inpatient admission or observation stay that exceeds 24 hours. Such notification must be provided within 48 hours of the admission, or by the next business day for weekend and holiday admissions. These notifications should be submitted as they are today.*

2. **24-Hour Notification Required for Observation Stays**

    In addition, all observation stays will require 24-hour notification to CareFirst. CareFirst prefers that observation notification be submitted through the inpatient section of the Prior Authorization/Notification Portal. Despite this entry point, observation stays are still considered outpatient.

    > ***Important Information for BlueChoice HMO and Medicare Advantage Members:*** *BlueChoice HMO and Medicare Advantage patients require prior authorization for observation services. These are currently entered as outpatient requests and **should continue to be entered this way**. This new policy does not impact the way observation authorizations are entered for these members. For more information about how to enter an outpatient authorization, access the [Entering Outpatient Authorizations](#) course.*

3. **Level of Care Required on Inpatient Requests**

    Level of care must be indicated on all inpatient requests beginning August 1, 2024. Providers will be asked to include the appropriate revenue code as part of the request to indicate the level of care information.

Please review the FAQs provided below for more specific information about these requirements.

What training resources are available?

The following information and training are currently available to support providers to support this new policy:

- **Resource for All Lines of Business**
  - [Frequently Asked Questions](#)

- **Commercial, FEP and Medicare Advantage Members**
  - [How to Add Level of Care to Inpatient Requests course](#)
  - [How to Enter an Observation Notification course](#)

- **CareFirst CHPMD and DualPrime Members**
  - [Entering Authorizations/Notifications for CareFirst CHPMD and DualPrime course](#)

Where can I find more information?

We will continue to cover this topic during our upcoming live webinars in September. Click on one of the sessions below to register.

Hospital Quarterly Live Webinars
- [Tuesday, September 24, from 10-11 a.m.](#)
- [Wednesday, September 25, from 1–2 p.m.](#)

CareFirst CHPMD and DualPrime Live Webinars
- [Wednesday, September 11, from 1-2p.m.](#)
- [Thursday, September 12, from 10-11a.m.](#)

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Patient Resources: CHARMcare Connects People to the Resources they Need

If you have patients in the Baltimore area whose health and well-being are negatively impacted by social and environmental factors, you can direct them to help through CHARMcare.org. CHARMcare is an electronic referral service referral database brought to you by the Baltimore City Health Department. The site houses information for direct contact with community organizations and service providers, collects data on services and outcomes, and can be used directly by any Baltimore resident or provider.
Users of the site can search for assistance with:

Education	Housing	Social Support
Employment	Legal Aid	Substance Use
Food	Mental Health	Transportation
Goods	Money	Utilities
Health	Safety	And more!

Incorporating CHARMcare into your practice can improve outcomes for patients and families grappling with crises. CHARMcare ensures the efficient use of resources and cultivates a more resilient and interconnected city for the well-being of all its residents.

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Noteworthy Stories

Update and Attest to Your Provider Directory Data Every 90 Days

The CareFirst Provider Directory is the most-used resource available to our CareFirst members. It is where they find a doctor to meet their healthcare needs. It is important to you and your patients (future and current) that the information in our directory is accurate. If not, patients get very frustrated trying to find a doctor in their time of need.

CareFirst has a self-service tool within the Provider Portal (CareFirst Direct) that lets you quickly update and/or attest to your provider and practitioner information.

How often should I update and attest?

Per Federal law, professional providers in our Commercial and Medicare Advantage networks must 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 your data is always up to date. This includes your practice URL and email addresses as well.

> **IMPORTANT: CareFirst's self-service tool is not integrated with CAQH ProView. Providers in our Commercial and Medicare Advantage networks must attest/update their data <u>every 90 days</u> with CareFirst directly.**

How do I access the self-service tool?

Step by step instructions are available 24/7 by accessing our Provider Directory Updates and Attestations course. We have also pulled together an FAQ document to help answer any questions.

For more information, visit the Update Practice Info page on the provider website.

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Reminder: Prior Authorization Required for Advanced Imaging (Cardiology and Radiology)

In May, we shared that CareFirst and EviCore are collaborating to provide services for CareFirst members enrolled in our **fully insured commercial plans** for Cardiology and Radiology Advanced Imaging. Ordering providers should submit prior authorization for outpatient services to EviCore for these members.

How do I identify commercial fully insured members?

Commercial includes our products **not** covered under FEP, CareFirst Medicare Advantage, CareFirst CHPMD or CareFirst DualPrime . You can verify if a member is commercial fully insured by logging into our Provider Portal (CareFirst Direct) at https://provider.carefirst.com. Here is a helpful resource with step-by-step instructions—How to Identify Commercial Fully Insured Members in CareFirst Direct.

Are training and resources available?

Yes! Several live webinars were held in July to help familiarize providers with these changes. If you couldn't attend, you can access the recording here. In addition, here are links to additional resources:

- Please visit EviCore's Provider Resources page for information on associated clinical guidelines, specific services requiring authorization and FAQs.

- Ordering providers can access this course for step-by-step instructions: How to Request Prior Authorization for Advanced Imaging (EviCore's CareCore National Portal)

- Servicing providers can access this course for step-by-step instructions: Authorization Lookup for Servicing Providers - Advanced Imaging (EviCore's CareCore National Portal)

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Prior Authorization/Notification System Reminder: Always Select *Submit Request* on the MCG User Interface

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively "CareFirst") are continually looking for ways to assist in expediting requests that come through our prior authorization/notification system. This occurs by integrating the MCG clinical criteria you experience as part of the request submission process. To assist you with the MCG user interface, we wanted to share some helpful tips to ensure your request is reviewed in a timely and accurate manner.

MCG user interface overview

MCG uses evidence and analytics to proactively manage care, predict resource needs, and benchmark the recovery process. MCG care guidelines work seamlessly with our prior authorization/notification portal to reduce authorization time while maintaining decision quality.

The authorization/notification system will automatically trigger the MCG guidelines, allowing you to complete any additional information needed within the user interface. The information requested will depend on the combination of diagnosis and procedure codes entered for the patient. There will be times when you will:
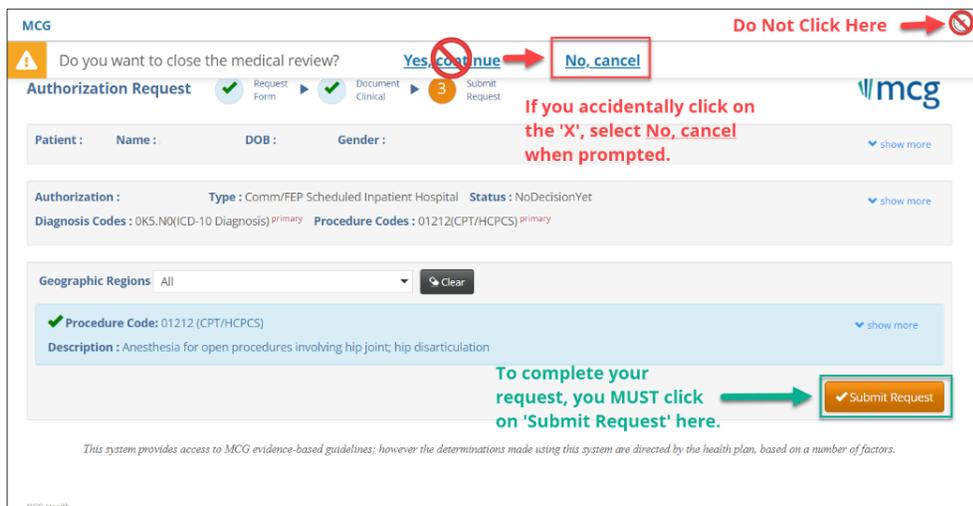
Add/select guidelines based on the patient's situation and provide additional clinical details

Add/select *No Guidelines Apply* when appropriate for the patient

- Be notified in the *Disclaimer Box* that no guidelines apply and be asked to click *Submit Request*.

MCG user interface best practices

1. **Do Not Click on the *X* to Close the Interface**

In all situations listed above, you **MUST click *Submit Request*** in the lower right corner for the MCG guidelines to attach to your request. **DO NOT CLICK ON THE *X*** as indicated below. If you close the interface using the *X* in the upper right corner and select *Yes–continue*, your authorization will automatically pend for review and any criteria integrated or selected as part of the MCG process will be lost, causing decision delays.

2. Always Select *Submit Request*

When completing the MCG interface information for your authorizations, select *Submit Request* in the lower right corner (you may need to scroll down to see it) after you save any guidelines selected. This ensures the information is transferred to the Utilization Management team.

Important: If you do not select *'Submit Request'* your request is not considered complete.

Is training available?

Yes! To assist you further, access the MCG User Interface Walk-Through course for step-by-step instructions. For additional resources and training, please access our Frequently Asked Questions and our full suite of Prior Authorizations/Notifications on-demand training on the Learning and Engagement Center.

Attach Clinical Documentation to Prior Authorizations

Including clinical documentation with your electronic prior authorization requests is the most efficient and effective way to ensure you submit a complete request. Prior authorization requests that do not include necessary clinical documentation cannot be decisioned until it is received, causing potential delays.

When utilizing the CareFirst Prior Authorization/Notification Portal you will notice messaging reminding you to attach clinical documentation to your request.

Clinical documentation may be required for your request. Please upload by selecting the Attachments link on the next page. Click to Continue

How do I upload clinical documentation?

Access our course, Uploading Clinical Documentation, 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.

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Worcester County Members are Covered Under the BlueChoice Advantage with PPO Overlay Product

Effective July 1, 2024, Worcester County members with member ID prefix "GCC" are covered under the BlueChoice Advantage with the PPO Overlay product.

What does having the PPO Overlay option mean for these members?

The PPO Overlay option allows these members to go to a PPO provider and receive in-network benefits in the CareFirst service area.

It also allows them to use PPO labs and radiology providers without the restrictions of other BlueChoice Products. These Worcester County members are not restricted to only use LabCorp unlike other BlueChoice members that do not have the PPO overlay option.

How do you identify these Worcester County members?

These members will be carrying the member ID card you see below. Their member ID cards will display the following:

1. GCC prefix
2. Worcester County logo
3. 'PREFERRED PROVIDER OPTION" noted directly under the logo

This indicates they have a PPO Overlay benefit and can utilize PPO lab and radiology providers.
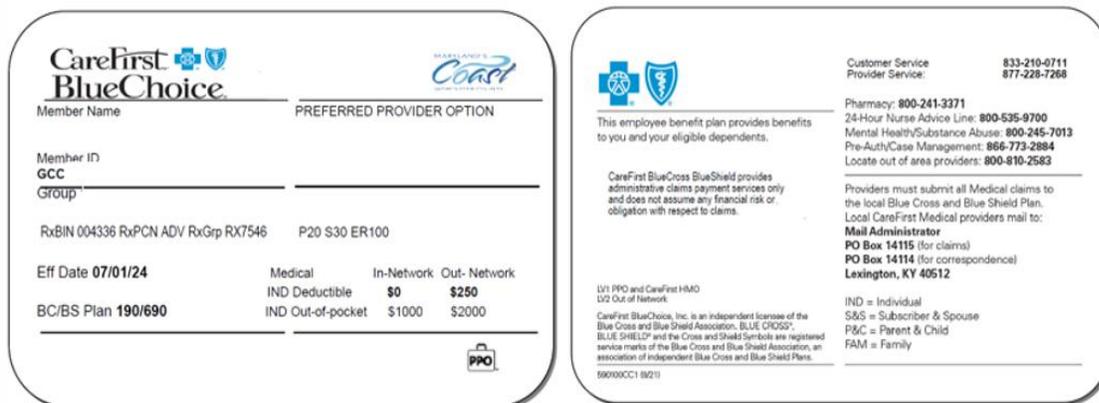
These members are included in the following school systems/government:

- The County Commissioners of Worcester County
- Worcester County Public Schools

It is important that you do not turn away these Worcester County members without verifying benefits and eligibility in the [Provider Portal (CareFirst Direct)](#), as their plans can change.

Where can I find more information?

You will find helpful resources on CareFirst Direct and our BlueChoice Products (including BlueChoice Advantage with PPO Overlay) on our [Learning and Engagement Center](#) within the *On-demand Training* tab under the "[CareFirst Essentials](#)" section.

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Check out the New Resources on the Learning and Engagement Center

We are excited to offer 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 our [Learning and Engagement Center](#).

Course Name	Description
[How to Add Level of Care to Inpatient Requests](#)	A step-by-step guide to adding the level of care (revenue codes) to inpatient authorizations within the CareFirst Prior Authorization/Notification Portal for Commercial, FEP and Medicare Advantage members.
[How to Enter an Observation Notification](#)	A step-by-step guide to an Observation Notification within the CareFirst Prior Authorization/Notification Portal for Commercial, FEP and Medicare Advantage members.
[Entering Authorizations/Notifications for CHPMD and DSNP](#)	A step-by-step guide to entering authorizations online via the digital authorization form available within the MyHealth Portal for CareFirst CHPMD and DualPrime providers.

[How to Request Prior Authorization for Advanced Imaging (EviCore's CareCore National Portal)](#)	A step-by-step guide for ordering providers to enter required Advanced Imaging authorizations for commercial fully insured members in EviCore's CareCore National Portal.
[Authorization Lookup for Servicing Providers - Advanced Imaging (EviCore's CareCore National Portal)](#)	A step-by-step guide for servicing providers to verify if required Advanced Imaging authorizations for commercial fully insured members in EviCore's CareCore National Portal have been submitted and approved before rendering service.

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.

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

Check out our BlueImpressions quarterly newsletter on our [provider website](#). From the [Newsletter Page](#), select *BlueImpressions* from the menu on the right to display links to the publications.

Government Programs Corner

2024 Mandatory Model of Care Training Attestation is Due

All providers who see CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) members must complete their mandatory Model of Care training upon enrollment in our network and then annually after that. Attestation for the annual training may be done at the practice level and takes less than 10 minutes.

Failure to complete the attestation will be considered a violation of your contract with CareFirst. Continue reading for more information on why and how to complete the training.

What is Model of Care (MOC) training?

The Centers for Medicare and Medicaid Services (CMS) requires all Medicare Advantage Special Needs Plans (SNP) to 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 it individually. We will also facilitate the MOC training during our quarterly DualPrime live webinars (see registration links below).

Thank you for helping us meet our members' needs and comply with federal regulations.

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New and Improved CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) Website

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) is pleased to announce the launch of the newly redesigned website. The website is designed specifically for the needs of DualPrime members and providers, featuring a host of tools and resources.

How do I access *Provider Resources* on the new website?

You will find a link to *Provider Resources* within the *Resources* tab from the [homepage](#). The [Provider Resources](#) section includes a link to access the MyHealth Portal and highlights important guidelines, resources and forms to support you and your patients.

Important Note: The *For Providers* link at the top of the *Homepage* will navigate to CareFirst's Provider Website for Commercial lines of business.

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CareFirst CHPMD Monthly and Quarterly Formulary Updates

CareFirst CHPMD posts monthly and quarterly formulary updates in its website's *Drug List* section.

[View the most recent comprehensive formulary for July 2024](#).

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Prior Authorization Best Practices for Providers

We realize many of our healthcare delivery partners submit prior authorizations regularly to assist their patients with getting the care they need. Knowing this, we wanted to share a few best practices and updates to assist you in those efforts. Here are a few for you to review:

- **Only Select the Expedited Option When Appropriate:** Providers should not request Expedited authorizations for members who have already been admitted through the Emergency Department since the member has already been admitted.
- **Utilize the new electronic form on MyHealthPortal for CareFirst CHPMD and DualPrime Providers.**
  - [CareFirst CHPMD MyHealthPortal](#)
  - [CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) MyHealthPortal](#)

Note: If you do not have an account, select *Register* and complete the required fields.
Once logged in, you can access the new electronic prior authorization form by selecting the *Authorizations* link. The new form includes the same fields as the manual form for you to complete. You can also upload your clinical documentation and submit it with your request.

Please access the Entering Authorizations/Notifications for CareFirst CHPMD and DualPrime course for step-by-step instructions.

For more information on prior authorizations, you can access the following:
- CareFirst CHPMD Authorization Guidelines
- CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) Provider Website

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Register Now: 2024 Provider Live Webinar Schedule

We are excited to, once again, offer our CareFirst CHPMD and DualPrime 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)
September	• Wednesday, September 11, from 1-2 p.m.
	• Thursday, September 12 from 11:30 a.m.-12:30 p.m.
December	• Tuesday, December 17, from 1-2 p.m.
	• Wednesday, December 18, from 10-11 a.m.

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Are You New to CareFirst CHPMD or DualPrime and Need a Refresher? Access our Provider Orientation Course Today!

Our Provider Orientation course is a great place for important information about CareFirst CHPMD and DualPrime and how to do business with us. By the end of this course, you will be able to:
- Recognize the CareFirst CHPMD and DualPrime 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.
- Federally Qualified Health Center (FQHC) Providers will be able to recall our outreach programs

You can access the course at your convenience 24/7. Here is the link to review today—New Provider Orientation Course.

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Are You Accepting New Patients?

Our CareFirst CHPMD and DualPrime members, your patients, rely on our information about you and your practice in our provider directories. They use these resources to find new physicians, determine plan participation and contact providers to schedule appointments.

But what if you aren't accepting new patients or your panel is closed?

Suppose your panel is closed, or you are only accepting new patients under certain circumstances. In that case, we need your information as soon as possible to ensure your data is accurate. Notifying us if you only accept certain new patients (e.g., referrals) is also important. In those situations, your status is considered "Not Accepting New Patients" and must also be updated in our provider directory.

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

Benefits of updating your status:

- You comply with your contractual requirements, specifically if CareFirst or a third party audits your data.
- You will likely receive fewer calls to your office from potential patients you have to turn away.
- Our members have access to the most accurate provider data in our directories and spend less time trying to navigate the healthcare system.

Member outreach:

CareFirst Members often report what they feel is inaccurate information with our provider directories. When our members hear comments from provider offices like, "We are unable to get you an appointment until several months from now," or "Our scheduler is not open for new patients right now," they assume you are not accepting new patients and contact us. It's important that, if you are accepting new patients, you reinforce that fact with our members even if you can't schedule an immediate appointment. This will reassure our members and reduce potential calls from CareFirst to follow up on reported directory inaccuracies unnecessarily.

How do I update my information?

You can send updated demographic information changes, including documenting whether your panel is open or closed, and your accepting new patient status in the following ways:

- Logging into the MyHealth Portal to document changes. Select the *Update Contact Information* link and document your updates using the electronic form. Then submit.
- Emailing updates to MDMCcredentialing@carefirst.com.

Is Your Pregnant Patient a Maryland Medicaid Participant?

Completing the Maryland Prenatal Risk Assessment (M-PRA) is a Medicaid participant <u>requirement</u> and should be completed at the first prenatal care visit.

Completing the Maryland Prenatal Risk Assessment (M-PRA) for every pregnant Medicaid participant is an important part of Maryland's overall strategy for reducing maternal and infant mortality and closing the gap in healthcare disparities.

This required task can be completed in three easy steps!

Please note: The M-PRA <u>does not</u> need to be filled out by a physician. Office staff can complete it.

Step 1: Fill out the M-PRA form (DHMH 4850) at the patient's first prenatal visit.

Why: The M-PRA identifies pregnant person is at risk for low birth weight, pre-term delivery and other healthcare conditions that may put them and/or their infant at risk.

Step 2: Fax the form to the local health department where the patient resides.

Why: The local health departments use the M-PRAs to identify pregnant individuals who may benefit from local programs, or need assistance navigating the healthcare system. They also forward M-PRAs to the patient's MCO so they can link them to care coordination and case management services.

Step 3: Develop a plan of care based on the pregnant person's risk factors.

Why: Having a plan helps anticipate problems and facilitates early intervention. A plan also helps with health promotion, education and shared decision-making.

More to know...

* You can be reimbursed for completing this process!
* Use HCPCS code H1000. Only one risk assessment per pregnancy.

Timing is Everything!

Timely completion and faxing of the M-PRA ensures pregnant individuals connect to case management services faster! It should be completed within 10 days of the first prenatal care visit.
For more information regarding the Maryland Prenatal Risk Assessment, including a downloadable copy with instructions and fax numbers for local health departments, please follow this link:
https://health.maryland.gov/mmcp/medicaid-mch-initiatives/Pages/MPRA.aspx.

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Check out the Most Recent CareFirst CHPMD Provider Newsletter

Links to our Newsletters are located on our provider website home-page within the Newsletters & Alerts section.

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Events

Provider Live Webinars Available for Registration

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

Professional Quarterly Webinars
- [Wednesday, September 18, from 10-11 a.m.](#)
- [Thursday, September 19, from 1-2 p.m.](#)

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

Hospital Quarterly Webinars
- [Tuesday, September 24, from 10-11 a.m.](#)
- [Wednesday, September 25, from 1-2 p.m.](#)

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

Behavioral Health Quarterly (Professional) Webinars
- [Thursday, September 26, from 1-2 p.m.](#)

Did you miss our latest behavioral health (professional) quarterly webinar? Check it out [here](#)!

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 will receive an auto-generated confirmation email from no-reply@zoom.us. This confirmation email will include a link to the webinar. You will use this link to join the webinar on the date and time selected (indicated in the email).

Need help registering? [Check out this interactive guide](#)!

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Holiday Closings
- Labor Day: Monday, September 2
- 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

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