

BLUELINK

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Events

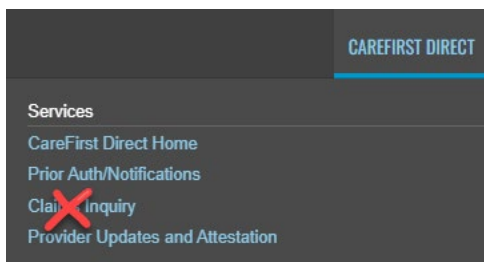
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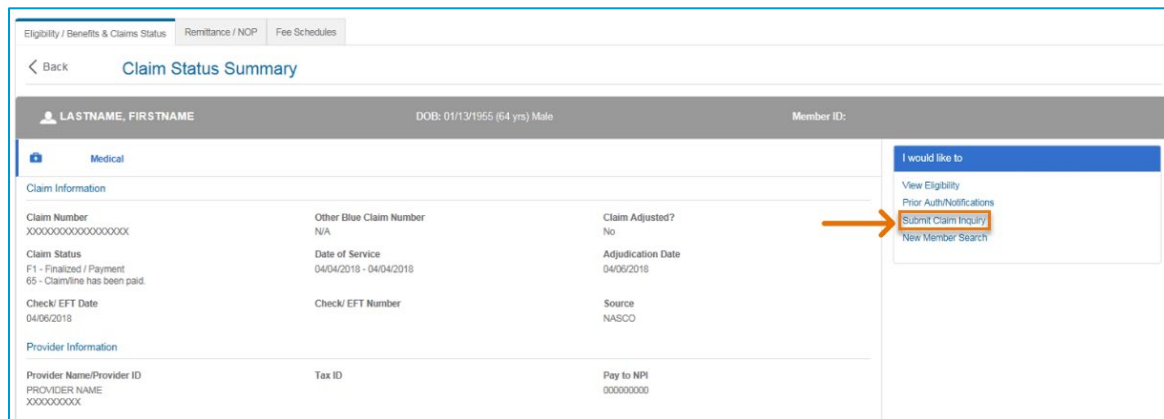
Administrative Support

Coming Soon: Removal of Claims Inquiry Link in CareFirst Direct Menu

To streamline the claims inquiry intake process, in early March, the current link for *Claims Inquiry* located on the CareFirst Direct Menu on the Provider Portal will be removed.



The *Submit Claims Inquiry* link available on the Claims Status Summary page 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 process. It will not use appeal rights, but likewise will not adhere to regulated 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](#)
- [Corrected Claims, Inquiries and Appeals](#)

Is your Office ADA Accessible? Add this Detail to your Provider Directory Information Today!

The CareFirst Provider Directory is the single most used resource available to our CareFirst members, your valued patients. It is where they go to find a doctor to meet their individual needs. One very important need your patients (future and current) have is knowing if your locations are accessible, according to the Americans with Disabilities Act (ADA) standards.

How do I update accessibility information for my practice?

You can indicate on your CAQH application how your locations are accessible. Follow these easy steps to update your information today.

- Log into the [CAQH Provider Data Portal](#).
- Update the Accessibility section of your profile by selecting the boxes that apply to your locations.
 - For assistance, access the [Provider Data Portal User Guide](#).
 - Here is an example of the options you have to choose from on your CAQH application:

Accessibility

Please indicate how this location is accessible, according to the Americans with Disabilities Act (ADA) standards. By checking a box, you indicate to participating organizations how this location is accessible. By not checking a box, you are indicating that this location is not accessible in this manner.

<input type="checkbox"/> Select All	<input type="checkbox"/> Portable lifts
<input type="checkbox"/> Exterior building	<input type="checkbox"/> Radiologic equipment
<input type="checkbox"/> Interior building	<input type="checkbox"/> Signage & documents
<input type="checkbox"/> Wheelchair access to exam room	<input type="checkbox"/> Parking
<input type="checkbox"/> Exam table/scale/chair	<input type="checkbox"/> Restroom
<input type="checkbox"/> Gurneys & stretchers	
<input type="checkbox"/> Other access for people with disabilities	
<input type="checkbox"/> Staff at this location receive ADA compliance training	

Please specify how this location accommodates people who have intellectual, cognitive or hearing disabilities

- Accommodations for people with intellectual/cognitive disabilities (e.g., on-site staff to explain instructions)
- Teletypewriter (TTY) or Telecommunications Device for the Deaf (TDD)
- American Sign Language
- Mental/Physical Impairment Services
- Other disability services

Please specify how this office is accessible by public transportation

- Bus
- Subway
- Regional Train
- Other transportation

Additional Accommodations

- This location provides child care services
- This location meets all state and local fire, safety and sanitation requirements

We are including whether the interior and/or exterior of your building/facilities are ADA accessible. Once you update your application data, it will be sent to CareFirst to include in our Provider Directory, [Find a Doctor](#), for members to access. The information displayed will state either “yes” or “no.”

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Concurrent Clinical Review Process—Upload your Clinical Documentation Electronically

What is concurrent clinical review?

The process begins once a provider submits an authorization request for a patient. Prospective review is completed by the Pre-Service Review Team to determine medical necessity for the request submitted. Concurrent Clinical Review (CCR) is completed by CCR clinical staff to determine if a patient's clinical information meets CareFirst's medical criteria for continue inpatient days.

Step	Details
1	CareFirst's CCR nurse will contact the attending provider or follow agreed hospital protocol if further clarification of the member's status is necessary to decide on continued inpatient days.
2	The hospital is responsible for providing requested clinical documentation to CareFirst. This documentation should be uploaded electronically in the Prior Authorization System. Important Note: Hospitals who have provided EMR access to CareFirst do not have to complete this step.
3	If the clinical information meets CareFirst's medical criteria, the days/service will be approved.
4	If the clinical information appears to not meet the approved medical criteria, the case will be referred to the Medical Director for further review and a final decision.
5	The Pre-Service Review team or CCR nurse will notify the attending provider and the facility of our Medical Director's decision.
6	The attending provider may request an appeal or peer-to-peer discussion of an adverse decision.

How to upload clinical documentation electronically

You should upload your clinical documentation for concurrent review electronically in the Prior Authorization system. This is the most efficient and effective way to ensure your documentation is received and reviewed.

You can access our [Uploading Clinical Documentation to Authorizations](#) step-by-step 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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Breaking News

Check out the Latest Updates to the In-Network Prior Authorizations Web Page

CareFirst is continuously looking for ways to make it easier for you to do business with us. One of the ways

we are doing that is to give you more clarity surrounding prior authorizations.

Recently, we've updated our [In-Network Prior Authorization](#) web page to be organized by lines of business. These edits include:

- Dedicated sections for HMO, PPO, FEP, Medicare Advantage and MD Medicaid.
- Clarified which inpatient services require an authorization.
- Refreshed hyperlinks to our medical policies and other specified areas, such as,
 - Pointing to Carleon (formerly AIM Specialty Health) for Genetic Testing
 - Linking to our Pharmacy Authorization web page for Intravenous Immune Globulin (IVIG) Therapy, Medications, Provenge and Synagis.
 - **Note:** Please select 'CVS Prior Authorization Documents' from the [Pharmacy Authorization](#) web page for more information.
- Included where you can find training to all our prior authorization materials on the [Learning and Engagement Center](#).

Check out these changes by visiting the In-Network Prior Authorization web page at carefirst.com/preauth.

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Review Changes to Prior Authorizations for Substance Use Disorder

Effective April 29, the following information has changed when submitting prior authorizations for substance use disorder.

Prior Auth Request for:	What is Changing?	Important Prior Auth Entry Details
<p>ASAM Level 3.7 Detoxification</p>	<p>Initial approval changing to five days when taking place in an inpatient hospital or substance abuse residential treatment facility</p>	<ul style="list-style-type: none"> • When creating authorization requests, in the provider portal, for ASAM level 3.7 detoxification services in a residential treatment center, use <i>Residential Substance Abuse Treatment Facility</i> as the place of service instead of <i>Inpatient Hospital</i>. <div data-bbox="873 1371 1157 1671" style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;"> <p>* Authorization Type</p> <p>Comm/FEP Residentia... ▾</p> <p>Residential Treatment Center</p> <p>Comm/FEP Residential SA Treatment Facility ←</p> <p>Comm/FEP Scheduled Inpatient Hospital</p> <p>Comm/FEP Skilled Nursing Facility</p> </div> <ul style="list-style-type: none"> • These requests will still use <i>Detox</i> for Treatment Type, <i>Residential Substance Abuse Treatment Facility</i> for Place of Service, and <i>Emergent</i> as the admission type. <div data-bbox="683 1835 1398 1906" style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;"> <p>* Treatment Type * Place Of Service * Admission Type</p> <p>Detox 55 - Residential Substance Ab... Emergent</p> </div>

		<ul style="list-style-type: none"> • Important: The <i>Authorization Type</i> should not be entered as <i>Inpatient Hospital</i> unless the service is taking place at an inpatient hospital. 			
ASAM 3.3/3.5 Residential Treatment Center	Initial approval changing to 21 days	<ul style="list-style-type: none"> • These requests will continue to use <i>Substance Abuse Rehabilitation</i> for Treatment Type, <i>Residential Substance Abuse Treatment Facility</i> for Place of Service, and <i>Routine</i> as the admission type. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">* Treatment Type Substance Abuse Rehabilitation</td> <td style="border: 1px solid black; padding: 2px;">* Place Of Service 55 - Residential Substance Ab...</td> <td style="border: 1px solid black; padding: 2px;">* Admission Type Routine</td> </tr> </table> </div>	* Treatment Type Substance Abuse Rehabilitation	* Place Of Service 55 - Residential Substance Ab...	* Admission Type Routine
* Treatment Type Substance Abuse Rehabilitation	* Place Of Service 55 - Residential Substance Ab...	* Admission Type Routine			

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Attention DRG Hospitals: Updates to Emergency Admission Auto-Approval Days

Recently, there was a change in the number of auto-approved days for emergency admissions in DRG hospitals.

What changed?

These requests are now auto approved for five days. Clinical documentation for continued stay should be provided to CareFirst beginning day six if the member is still in the hospital.

Important: please provide member contact information

In addition, as a best practice, CareFirst Case Management is requesting providers include member contact information in their clinical documentation. Accurate contact information is essential to engage with these members post discharge to assist them in coordinating care and meeting their individual needs.

We thank you for your continued support and partnership with these efforts.

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Utilization Management Update Reminders—Effective January 1, 2024

There were a number of update related to CareFirst Utilization Management that went into effect on January 1, 2024. We wanted to remind you of the following:

Line of Business	Update
Commercial	Please use the new forms for the following: <ul style="list-style-type: none"> • Durable Medical Equipment (DME) Prosthetics and Orthotics Authorization Request Form • Behavioral Health Request for Authorization Form • Applied Behavioral Analysis Authorization Form
Commercial/Home Care	Fax requests for members transitioning from the Hospital to 410-505-2588 .
Medicare Advantage Post-Acute Prior Authorization	Updated fax number: 410-505-2588 Note: Fax options should only be used for requests that cannot be entered into the Provider Portal.

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 step-by-step instructions, access our on-demand course, [How to Edit Dates of Service in the 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 take 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](#)

In the Spotlight

New Self-Service Tool Launching for Provider Directory Updates and Attestations

We are excited to share that in early April 2024, CareFirst will release a new and improved self-service tool to easily attest and update your provider directory information. Our goal is to provide you a “one-stop shop” to manage your provider directory information making it easier to do business with CareFirst.

What does this mean for you?

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 where you go to satisfy this requirement ensuring 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 \(hhs.gov\)](https://www.hhs.gov/nppes).

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.

System downtime in effect

As we prepare to launch this new tool, there will be a period of time when our current self-service tool will not be available. Here are the details:

System Downtime Details:

- **Effective as of February 17, 2024:** The current Provider Directory Updates and Attestation tool within CareFirst Direct is unavailable. Note: This downtime does not impact any other tools within the provider portal (CareFirst Direct).
- **Beginning on or about March 8, 2024,** practitioners joining existing groups will not be able to complete electronic applications to join the CareFirst network.

How to submit updates when system is unavailable?

If you need to update your data or submit a new application while the current on-line self-service tools are not accessible, you can submit those requests manually utilizing the forms outlined below and send to: **Mail Administrator, P.O. Box 14763 Lexington, KY 40512 or fax to: 410-872-4107.**

- **For Provider Directory Updates:**
 - [Change in Provider Information Form](#)
- **For New Credentialing Applications:**
 - [Practitioners Added to Existing Group](#)

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.

Is training available?

Yes! To help you prepare for the launch of the new Provider Directory Updates and Attestation tool, we will be offering both live webinars, as well as an on-demand course.

Register for a live webinar

Select the date and time that works best for you from the options below.

Date	Time	Registration Link
Thursday, March 14	1-2 p.m.	Register here
Tuesday, March 19	11a.m.-noon	Register here
Wednesday, March 20	2-3 p.m.	Register here
Tuesday, March 26	9-10 a.m.	Register here
Thursday, March 28	10-11a.m.	Register here
Wednesday, April 3	3-4 p.m.	Register here
Thursday, April 4	10-11a.m.	Register here

Tuesday, April 9

11a.m.-noon

[Register here](#)**On-Demand Course**

You can also access the on-demand course, titled [Provider Directory Updates and Attestation](#), 24/7 on our [Learning and Engagement Center](#). It's a featured course available on the home page and is also available within the [On-Demand Training](#) heading under [CareFirst Essentials](#) (located under the CareFirst Direct: All Portal Users accordion)

In addition, please access our [FAQs](#) to help answer any questions you may have.

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Noteworthy Stories

Review the Latest Care Management Updates—Effective January 1, 2024

CareFirst's Medical Directors and regional practitioners met on December 7, 2023, for the Annual Criteria Review. The panel, which included community physicians, reviewed and approved the following:

- CareFirst Medical Policy Reference Manual
- MCG Care Guidelines for Behavioral Health, Ambulatory Care, Inpatient & Surgical Care, Recovery Facility Care (Post-Acute), Home Care and Medicare Compliance
- American Society of Addiction Medicine (ASAM) Criteria and
- The Dental Clinical Criteria

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

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

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Have You Taken Our First CME Designated For-Credit Course?

Earlier in [January](#), CareFirst announced the launch of our first continuing medical education (CME) designated for-credit course, known as "[Understanding Implicit Bias.](#)" Now live on our [Learning and Engagement Center](#), this course takes a deep dive into the impact bias has on the quality of care your patients receive.

What will I learn?

This course will focus on the following objectives:

- Defining and explaining the types of implicit bias
- Demonstrating the relationship between implicit bias and health disparities
- Providing contemporary examples of implicit bias in healthcare

Where can I find the course?

Head to the Learning and Engagement Center at carefirst.com/learning. Select *Health Equity*, and then *Understanding Implicit Bias* to launch the course.

How will I get my credits?

Once you've completed the course, you will be required to take the post-activity survey linked within the course. **It is important that you complete the survey in its entirety to receive credit.**

Once you've completed the survey, your information will be collected and sent to our joint provider, MedChi, who will take the data you enter in the post-activity survey and issue the CME credit on [CME Passport](#).

Note: Providers should create a profile on CME Passport (if they don't have a profile established already) and ensure that the information on CME Passport matches the information collected within the post-activity survey exactly.

Is there any additional information?

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of MedChi, The Maryland State Medical Society and CareFirst BlueCross BlueShield. MedChi is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement

MedChi designates this enduring material for a maximum of 1.0 *AMA PRA Category 1 Credits*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Financial Statement

The planners and reviewers for this activity have reported no relevant financial relationships to disclose. For more information, [check out this flyer](#) or contact us at learning@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: Emerging Substances of Abuse	Learn about Xylazine and Tianeptine, its impact on users, and the supportive measures you can take to treat those patients.
Behavioral Health Webinar: Nicotine Addiction	Learn about supporting patients as they find motivation to quit and stay quit from nicotine addiction.

Behavioral Health Webinar: Nutrition in Psychiatry	Watch this recorded webinar to gain a greater understanding of nutritional psychiatry and its connection with mental health.
BlueCard 201	An overview of contiguous county claim filing.
Coordination of Benefits	An overview of our coordination of benefits process, how to determine primary or secondary coverage, Medicare, Medicaid, birthday rule, additional coordination of benefits rules, subrogation, crossover claims, and who to call for assistance.
Disease Management: Depression	A quick resource reviewing best practices for managing patients with depression.
Documentation and Coding: Primary Metastatic Malignancy	Deep dive into specific disease states and the little changes that could result in significantly different revenue, the importance of coding to the highest level of specificity and the need for appropriate documentation within the medical record to substantiate the codes being billed.
Finding Providers in the Authorization System	A look at how to find providers within the authorization system.
HSAs and HRAs	An overview of HSAs and HRAs, how they interact with CareFirst products, and the provider impact when a patient uses an HRA/HSAs.
How to Edit Dates of Service in the Authorization System	A step-by-step guide to editing dates of service within the authorization system. This option is available for authorizations that are in either an Approved or Pending status.
How to Locate a Member's Formulary in CareFirst Direct	A short tutorial on locating a member's formulary in CareFirst Direct.
Mother and Baby Billing Guidelines	A description of the billing guidelines governing mother and baby claims for Commercial accounts.
PCMH Program Overview: Adult	An overview of the Adult Patient-Centered Medical Home (PCMH) program requirements
PCMH Program Overview: Pediatric	An overview of the Pediatric Patient-Centered Medical Home (PCMH) program requirements
Uploading Clinical Documentation to Authorizations	A step-by-step guide on how to upload clinical documentation to prior authorizations in progress.

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Review the Recent Updates to CareFirst's Provider Manual

To keep you informed of changes and improvements, CareFirst has updated our Medical Provider Manual. Updates were made the 24-hour nurse care line phone number in [Chapter 7: Care Management](#) and to [Chapter 6: Fraud, Waste and Abuse](#):

- Changed the section name from "Vendor Recovery Program" to "Payment Integrity Program."

- Clarified initiatives within our Payment Integrity Department

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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](#) or visit carefirst.com/stayconnected. CareFirst is also collecting your preferences to design and deliver a more personalized newsletter experience in the future.

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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 (carefirst.com/provider). From the Newsletter Page, select BlueImpressions from the menu on the left to display links to the publications.

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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 January and February on our [Medical Policy](#) web page.

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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

<p>Preventive Service Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults</p>	<p>carefirst.com/clinicalresources > Preventive Service Guidelines</p>
<p>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</p>	<p>carefirst.com/clinicalresources > Practitioner Office Standards</p>
<p>Medical Record Documentation Standards and Performance Measures Includes guidance on standards monitored as part of our Quality Improvement Programs.</p>	<p>carefirst.com/clinicalresources > Medical Record Documentation Standards</p>
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<p>Topic</p>	<p>Website Link</p>
<p>Access to Care Management Includes instructions for making referrals for both medical and behavioral health. Or you can call 800-245-7013</p>	<p>carefirst.com/providermanualsandguides</p>
<p>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</p>	<p>carefirst.com/clinicalresources > Disease Management</p>
<p>Pharmaceutical Management</p>	
<p>Topic</p>	<p>Website Link</p>
<p>Pharmaceutical Management Includes the formularies, restrictions/preferences, guidelines/policies and procedures</p>	<p>carefirst.com/rx</p>
<p>Utilization Procedures</p>	
<p>Topic</p>	<p>Website Link</p>
<p>Utilization Management Criteria Includes information on how to obtain utilization management criteria for both medical and behavioral health</p>	<p>carefirst.com/bluelink > February 2023</p>

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
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
Members' Rights and Responsibilities Statement Outlines responsibilities to our members	carefirst.com/myrights

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Government Programs Corner

New Electronic Prior Authorization Form Available for CHPMD and DSNP Providers!

We are excited to share that you will now have the ability to enter your prior authorizations electronically rather than having to send a fax!

The new electronic form is available on MyHealthPortal for both CHPMD and DSNP Providers.

- [CHPMD MyHealthPortal](#)
- [DSNP MyHealthPortal](#)

Note: If you do not have an account, simply select 'Register' and complete the required fields.

Once you are logged in, you can access the new electronic prior authorization form. The new form includes the same fields as the manual form for you to complete. You will also be able to upload your clinical documentation and submit with your request.

For more information on prior authorizations, you can access the following:

- [CHPMD Authorization Guidelines](#)
- [DSNP Provider Website](#)

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Important Mandatory Model of Care Training Attestation is Due

All providers who see CareFirst dual special 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 be 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 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 access the training on the [DSNP Provider Website](#) and submit an attestation on behalf of their entire practice, versus having each practitioner complete individually. For direct access to the training, click [here](#).

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

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

We are excited to, once again, offer our MD Medicaid and Dual Special Needs Plan (DSNP) 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. **Note:** Different topics will be covered each month.

Month	Live Webinar Options (Register for one each month)
March	<ul style="list-style-type: none"> • Tuesday, March 19 from 1-2 p.m. • Thursday, March 21 from 10-11a.m.
May	<ul style="list-style-type: none"> • Tuesday, May 28 from 1-2 p.m. • Wednesday, May 29 from 10-11 a.m.
September	<ul style="list-style-type: none"> • Wednesday, September 11 from 1-2 p.m. • Thursday, September 12 from 11:30 a.m. – 12:30 p.m.
December	<ul style="list-style-type: none"> • Tuesday, December 17 from 1-2 p.m. • Wednesday, December 18 from 10-11a.m.

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

As a MD Medicaid 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 CHPMD Provider Newsletter!

You can find our Newsletters on the [CHPMD Provider Website](#) home page within the 'Newsletters' section. You can also access the newsletter directly [here](#).

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Events

Mark Your Calendars—Provider Live Webinars Available for Registration

We will have several live webinars available for you to attend in the coming months and additional ones will be offered throughout 2024. Please register for those that apply to you by clicking on the links below. You only need to select one per provider type.

Title	Dates Available
Professional Quarterly Webinars	<ul style="list-style-type: none"> • Wednesday, March 6 from 10-11 a.m. • Thursday, March 7 from 1-2 p.m.
Hospital Quarterly Webinars	<ul style="list-style-type: none"> • Tuesday, March 12 from 10-11 a.m. • Wednesday, March 13 from 1-2 p.m.
Behavioral Health Webinars	<ul style="list-style-type: none"> • Tuesday, March 26 from 1-2 p.m. • Thursday, March 28 from 10-11 a.m.
Ancillary Quarterly Webinars	For Skilled Nursing Facilities <ul style="list-style-type: none"> • Wednesday, May 8 from 10-11 a.m. • Thursday, May 9 from 1-2 p.m.

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Review Upcoming Holiday Closings

CareFirst will be closed for the following holidays:

Holiday	Date
Memorial Day	Monday, May 27
Juneteenth	Wednesday, June 19
Independence Day	Thursday, July 4
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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