BLUELINK
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Top News

CareFirst BlueCross BlueShield Medicare Advantage PPO Network Update

CareFirst BlueCross BlueShield Medicare Advantage PPO network providers play an important role in the health and well-being of our Medicare Advantage Individual and Group PPO members. We shared some important reminders and updates to help them prepare for 2025 with their Medicare Advantage patients.

[Read the full article](#).

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Now Available: New Prior Authorization Lookup Tool

We are excited to announce that the new Prior Authorization Lookup Tool is now available for you to access to assist in determining which services you provide may require authorization. Log in to the [CareFirst Provider Portal](#) and navigate to the Prior Auth/Notifications landing page.

Enhancement Update: You will notice the ability to access your verification history has been added as a new feature. This will allow you to access all of the verifications submitted directly by you as well as those submitted under your Tax ID(s).

For more details, as well as a step-by-step guide, read the [full article](#).

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New Level of Care (LOC) Review for Inpatient NICU (Maryland Only)

Beginning March 3, 2025, CareFirst will review required authorizations requests for inpatient NICU admissions to ensure that all services are an appropriate duration and level of care as documented in the **Level of Care Authorization – Facility (Maryland only) Payment Policy** located within the [Payment Policy Reference Manual](#) page on the [CareFirst Provider Website](#).

[Read the full article.](#)

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Upcoming Terminated Members Claims Payment Recovery Process

Effective February 6, 2025, CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) implemented a process to recover incorrect payments for members who lost their Medicaid eligibility during or before the date of services.

Read the full article.

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New Mandates Effective January 1, 2025

As reported in the December issue of BlueLink, we communicated CareFirst would be implementing several new government mandates and laws that went into effect January 1, 2025, in Maryland, Virginia and Washington, D.C.

More details are available in the December issue of BlueLink.

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In the Spotlight

Important Reminders: Prior Authorizations for Advanced Imaging for Radiology and Cardiology

Since August 2024, CareFirst and EviCore have been collaborating to provide cardiology and radiology advanced imaging authorization services for CareFirst members enrolled in our fully insured commercial plans on our Facets system. **Ordering providers** should submit prior authorization requests for outpatient services to EviCore for these members. To assist you with this process, we wanted to share some helpful tips:

Locating the requesting provider

If you are unable to locate the provider you need, it is most likely because the provider is not participating with CareFirst. A request can still be submitted by calling EviCore directly at 844-303-8450 (Representatives are available from 7 a.m. to 7 p.m.).

**Important Note:** Providers who do not participate with CareFirst should not access the EviCore Portal through the CareFirst Provider Portal. Please go to https://www.evicore.com/provider to create an account directly with EviCore or call 844-303-8450 for assistance.

Identifying commercial fully insured members on Facets

For information on how to identify commercial fully insured members, access these step-by-step instructions.

Determining which services require prior authorization through EviCore

- Access the Prior Authorization Lookup Tool on the [CareFirst Provider Portal](#) to verify prior authorization requirements.
  - To access the tool:
    1. Log into the [CareFirst Provider Portal](#).
    2. Select the Prior Authorization/Notifications tab.
    3. Select 'Verify Authorization'.
    4. Enter the required member information (member id and date of birth).
    5. Enter the Auth Type, Place of Service, Service Code Type, and the Procedure Code you would like to verify.
    6. If Prior Authorization is required, click on 'Create Auth' to be taken to the appropriate authorization portal to enter your request.
  - For detailed step-by-step instructions, access the [Prior Authorization Lookup Tool Walk-through](#).
- You can also find a comprehensive list of Advanced Imaging (Cardiology/Radiology) codes that require prior authorization on the [EviCore Health Resource Page for CareFirst](#). To access the list, select the 'Solutions Resources' tab. From there, you will find a link to open either Cardiology or Radiology services (both links include all codes that require prior authorization).
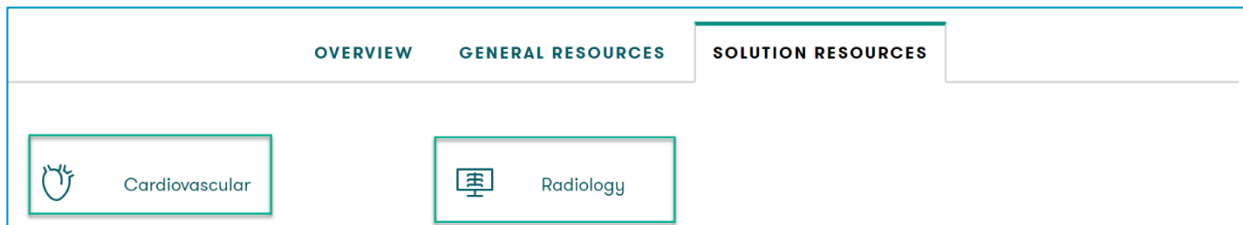
How to enter a prior authorization

For step-by-step instructions on how to access EviCore's Portal and enter a prior authorization, please refer to the following guide:

- [How to Request Prior Authorization for Advanced Imaging](#)

In addition, for servicing providers, here is a great step-by-step guide to determine if a prior authorization is on file before rendering service:

- [Authorization Lookup for Servicing Providers - Advanced Imaging](#)

Are there additional resources available?

Yes, in addition to the list of codes that require prior authorization, on the [EviCore Health Resource Page for CareFirst](#) you also have access to FAQs, Clinical Guidelines, Quick Reference Guides, and Training.

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Noteworthy Stories

CareFirst Claim and Enrollment System Migration Continues: Make Note of New Membership Numbers

We announced in the [December 2023 issue of BlueLink](#) that we are enhancing and streamlining our claims, enrollment and billing systems by moving to an updated Facets platform. This migration will create a streamlined, single source of data and deliver a consistent provider experience.

Your Facets experience in CareFirst Direct, CareFirst on Call, and your notice of payments will remain the same. The extent of these changes are largely behind the scenes with no direct impact on your day-to-day work or interaction methods with CareFirst.

This process has been incremental from the end of 2023 through today. In 2025, we will begin to migrate larger accounts currently housed on the NASCO platform to the new Facets platform. These impacted members will receive new member ID cards and member ID numbers. **It is important to obtain a copy of the new member ID card and make note of the new member ID number (and other pertinent information) in your files**. If your office inadvertently submits a claim with the old membership number, we will convert it to the new number and direct it to the new Facets system on your behalf.

Your patients' member ID card identifies them as a CareFirst member and gives you important information about their covered benefits. Make sure to always ask your patients for the newest version of their ID cards when providing services. It's important to note that, even if members don't have their physical card, they can download it as a PDF and send it to you via their smartphone through CareFirst's My Account application. Your office can also access your patients' newest member ID cards through CareFirst Direct.

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BlueCard Claims Filing Reminder: Contiguous Counties

CareFirst has contracts with certain healthcare providers in areas contiguous to the CareFirst service area to better serve members residing or working in our service area. A "contiguous area" is a border county that is adjacent to a county inside CareFirst's service area.

We want to ensure that members who live in areas that are close to state and county lines can see healthcare providers that are convenient and accessible for them, even if they might be located outside the CareFirst service area. Read below for information on the CareFirst service area and claims filing guidance.

Where is the CareFirst Service Area?
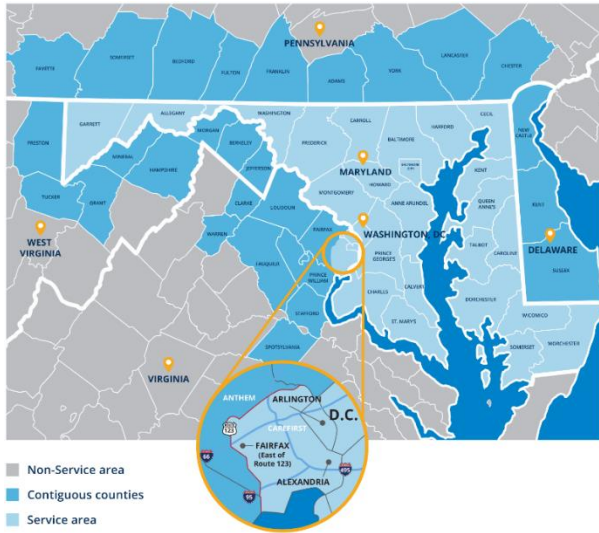
CareFirst's service area includes:

- Maryland

- The District of Columbia

- The cities of Alexandria and Fairfax (VA)

- The town of Vienna (VA)

- Arlington County (VA)

- The areas of Fairfax and Prince William counties in Virginia lying east of Route 123

Claims Filing Guidance

- **Submit the claim to CareFirst** if you provide care to a member of a Blues Plan from a county bordering CareFirst's service area (MD, D.C. and Northern VA), and **you do not contract** with that member's Blues Plan.

- **Submit the claim to the Member's Blue Plan** if you provide care to a member of a Blues Plan in a county bordering CareFirst's service area and **you contract with both CareFirst and the plan in the bordering area**. Submit the claim to the plan in the bordering area.

The claims filing rules for contiguous area providers are based on the terms of the contiguous area contract, which may include:

- Provider location (i.e., which plan service area is the provider's office is located)

- Provider contract with two contiguous counties (i.e., is the provider contracted with only one or both service areas).

- The member's Blues Plan (i.e., is the member's Blues Plan in a county contiguous to the provider location).

- The member's location (i.e., does the member live or work in the service area covered by their Blues Plan).

- The location of where the services were received (i.e., did the member receive service from a provider located in a county contiguous to the member's Blues Plan).

For additional information on BlueCard, access to our training resources is available on our On-demand Training page, within the CareFirst Essentials 'Programs' section on our Learning and Engagement Center.

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Important Reminder: Inpatient and Observation Admissions Payment Policy

Our priority is ensuring our members are consistently receiving the right care at the right time and at the right level. Providers should be following current inpatient and observation notification requirements. These requirements are included in the [Inpatient and Observation Care Notification Requirements Policy](#) announced in the April, June, August, October and December 2024 issues of [BlueLink](#) and in this [Provider News](#) email sent on July 23, 2024.

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Update and Attest to Your Provider Directory Data Every 90 Days

CareFirst members use the Provider Directory for their plan more than any other resource. Finding the right doctor at the right time is of utmost importance. Please ensure that your information is correct in the directory by updating (if necessary) and attesting in the provider portal every 90 days.

[Read the full article.](#)

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Best Practices for Professional Practitioners Applying to Join an Existing Group

If you are a professional practitioner joining an existing group, it is important that you upload the following documentation when completing the CareFirst Questionnaire:

- A detailed cover letter describing your request on your organization's letterhead
- CAQH Application
- If you do not have a CAQH ID or a CAQH application, then you must add a completed Uniform Credentialing application
- Applicable Group Tax IDs and Billing NPIs
- A complete list of applicable practitioners, including CAQH IDs or Rendering NPIs
- An electronic copy of licenses
- An electronic copy of insurance policies

If you are joining an existing group: Please be sure your CAQH Authorization Settings accurately reflect the desired organization access.

All of these documents are required for your application to be complete. For more information visit the [How to Apply page](#) on the provider website to ensure you are completing all required steps.

[Read the full article.](#)

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Administrative Support

Review Changes to our Payment Policies

To maintain adherence to industry standard payment policies, CareFirst has updated the following Payment Policies in the on-line [Payment Policy Reference Manual](#):

- **Policy PP CO 050.01 Bilateral Services** – This policy has been updated to provide billing guidance for add-on procedure codes that are performed bilaterally and includes new language regarding procedure codes with a CMS bilateral indicator of '0'. These updates will take effect on May 1, 2025. Additionally, language has been added regarding codes with a CMS bilateral indicator of '3'; however, this does not change how claims are currently processed.

- **Policy PP CO 080.01 Global Obstetrical Services** – This policy has been updated with guidance on the appropriate billing for multiple births and global maternity care when services are provided by providers within the same group and same specialty. The Provider Guidelines section from Medical Policy 4.01.006A Global Maternity Care will be removed from that policy effective March 1, 2025, and have been added to the payment policy. These updates do not change how claims are currently processed.

- **Policy PP CO 200.02 Telemedicine Services** – The Audio-Only coverage language has been updated in the Limitations and Exclusions section and the Approved Telemedicine Services companion table to correspond to codes deleted by the AMA effective January 1, 2025. The companion table has been updated to align with Medical Policy 2.01.072A – Telemedicine changes on December 1, 2023, which was communicated to providers in October 2023.

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Important Information About Referring to and Utilizing Out-of-Network Providers

A key provision in CareFirst's contracts with in-network providers requires providers to refer only to in-network physicians, labs and facilities for elective services that are available within the member's network. Referring a CareFirst member to an out-of-network provider or using an out-of-network provider in connection with an elective procedure performed by an in-network doctor or facility may create unnecessary financial liability for our members and will place the in-network provider in breach of contract.

CareFirst is updating its prior authorization process to require providers requesting authorization for elective procedures or notifications for elective hospitalizations to indicate whether they are exclusively using in-network providers in the course of our members' care.

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Important Reminder for CareFirst Members with Exclusive Provider Network Plans

Recent market trends show a clear desire for more innovative and affordable product choices—and CareFirst has been listening.

In response, we have pursued network and product strategies aimed at reducing costs and improving

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

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

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

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

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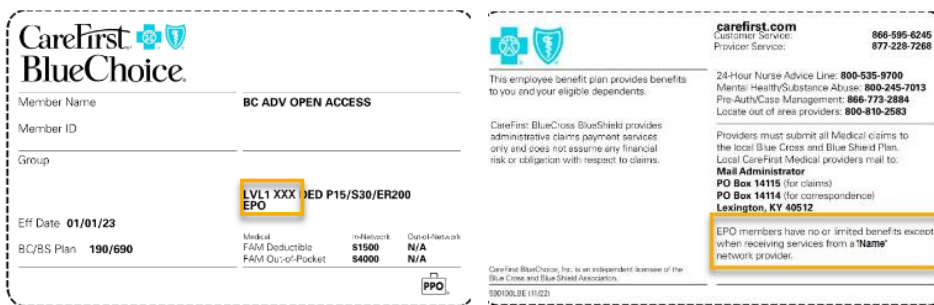
- On the front of the card, there is an indicator showing LVL1 (Level One). On a Member ID card that includes this indicator, it will also display the name of the Level One network of providers.
  - Note: On some Member IDs for EPO plans, the name of the network will be displayed instead of LV1.
- On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

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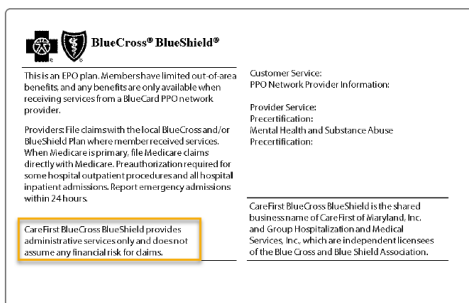
For some EPO plans, CareFirst provides only administrative services for the Employer Group. Check the back of the Member ID cards (see first set of images above) at every visit for claims filing instructions, Customer Service numbers, etc.

What to look for when verifying benefits in CareFirst Direct

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

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

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

<table>
<tr><td colspan="3">‹ Back   Benefit Details</td></tr>
<tr><td colspan="3">You Searched For</td></tr>
<tr><td colspan="3">Date of Service: 07/06/2023 Service Type: Health Benefit Plan Coverage ★ Add to my Benefit Favorites</td></tr>
</table>

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

🩺 Medical

⌄Level 1 Network		Show Details
	INDIVIDUAL	FAMILY
DEDUCTIBLE	$750.00 remaining of $750.00	$1,500.00 remaining of $1,500.00
OUT OF POCKET	$2,000.00 remaining of $2,000.00	$3,940.00 remaining of $4,000.00

⌄In Network		Show Details
	INDIVIDUAL	FAMILY
DEDUCTIBLE	N/A	N/A
OUT OF POCKET	N/A	N/A

⌄Out of Network		Show Details
	INDIVIDUAL	FAMILY
DEDUCTIBLE	N/A	N/A
OUT OF POCKET	N/A	N/A

Example comparing Level 1 vs. In-Network Coverage:

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

⌃Level 1 Network		Show Less
	INDIVIDUAL	FAMILY
DEDUCTIBLE	$750.00 remaining of $750.00	$1,500.00 remaining of $1,500.00
OUT OF POCKET	$2,000.00 remaining of $2,000.00	$3,940.00 remaining of $4,000.00

Professional	Institutional Outpatient	Institutional Inpatient

33 - Chiropractic

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

51 - Hospital - Emergency Accident

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

52 - Hospital - Emergency Medical

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

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

Need help with CareFirst Direct?

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

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

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Prior Authorization Portal Reminder: Always Select 'Submit Request' on the MCG User Interface

To assist you with the MCG user interface within the CareFirst Prior Authorization Portal, we want to share an important reminder to ensure your request is reviewed in a timely and accurate manner.
Many users are not submitting their prior authorization requests within the MCG user interface. It is important that you select **Submit Request** on **ALL** requests.

For step-by-step instructions, please review the MCG User Interface Walk-Through.

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Check out 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.

As we have increased the number of courses available for you to access, a new search bar has been added to help make it easier to find the topics you need. You can access it from any page on the Learning and Engagement Center.

IMPORTANT NOTE: You do not need to be logged into the CareFirst Provider Portal to access the Learning and Engagement Center. It is always available to you by going to www.carefirst.com/learning.

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

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

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Government Programs Corner

New Prior Authorization Requirements for CareFirst CHPMD Members

CareFirst Community Health Plan Maryland (CareFirst CHPMD) is continually working with healthcare delivery partners to optimize care management strategies while ensuring members receive affordable, quality care. Prior authorization helps balance access with appropriate utilization. In order to conform to the requirements of the Maryland Department of Health's administration of the Medicaid program, effective March 1, 2025, Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST) services will require prior authorization for CareFirst CHPMD members.

For more details, access this [Provider News article](#).

Important Update: As of January 1, 2025, all CareFirst CHPMD and Advantage DualPrime providers can enter prior authorizations electronically through the [CareFirst Provider Portal](#). To assist with this, we have several resources available for you to review:

- [Entering Prior Authorizations in the CareFirst Provider Portal](#)
- [Adding Level of Care to Inpatient Prior Authorization/Notification Requests](#)
- [Submitting Observation Notifications in the Prior Authorization Portal](#)
- [Inpatient and Observation Care Notification Policy FAQs](#)
- [MCG User Interface Walk-Through](#)

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Complete the 2025 Mandatory Model of Care Training Attestation Today!

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.

Access the training here and complete your attestation in less than 10 min now!

What is Model of Care (MOC) training?

The Centers for Medicare & 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.

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

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CareFirst CHPMD Monthly and Quarterly Formulary Updates: Pharmacy Benefit

CareFirst CHPMD posts monthly and quarterly formulary updates in its website's *Drug List* section (https://www.carefirstchpmd.com/find-a-drug-or-pharmacy/drug-listformulary-updates).

Major 2025 formulary changes with member impact include:

Effective January 1, 2025:

- **Lancets**: preferred product is **One Touch**
- **Insulin Syringes** and **Pen Needles**: preferred product is **BD**

Effective February 1, 2025:

- **Incruse Inhaler** is moving from Formulary to **Non-Formulary**
  - Formulary alternative is Tiotropium Bromide Inhalation Powder 18 MCG
- **Basaglar** insulin is moving from Formulary to Non-Formulary
  - Formulary alternatives are Lantus and Insulin Glargine-YFGN
- **Trulicity** is moving from Formulary to **Non-Formulary**
  - Formulary alternatives are Ozempic and Rybelsus
  - Requires Type 2 Diabetes diagnosis in medical records

To reduce costs for your patients, please recommend formulary agents first.

For a non-formulary drug, providers can submit prior authorization to CVS/Caremark and provide supporting notes for why the member is unable to use the formulary agent(s). Documentation is required for approval, including the name of medication(s) tried and reason for treatment failure, inadequate treatment response, intolerance, contraindication, and/or adverse effect, whichever are applicable. Prior authorizations can be submitted electronically via CoverMyMeds, by fax or by phone.

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CareFirst CHPMD Formulary Update: Medical Benefit

CareFirst CHPMD posts *ad hoc* formulary updates on its website's *Medical Drug Prior Authorization List* page (https://www.carefirstchpmd.com/for-providers/authorization-guidelines).

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Is your Provider Data Accurate?

Our CareFirst CHPMD and Advantage DualPrime members 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.

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.

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.

Events

Registration Available for Provider Live Webinars

We will have several live webinars available for you to attend in 2025. Please register for those that apply to you by clicking on the links below.

Professional Quarterly Webinars

- Wednesday, March 5, from 10-11 a.m.
- Thursday, March 6, from 1-2 p.m.

Did you miss our latest professional quarterly webinar? Check it out here!

Hospital Quarterly Webinars

- Tuesday, March 11, from 10-11 a.m.
- Wednesday, March 12, from 1-2 p.m.

Did you miss our latest professional quarterly webinar? Check it out here!

Behavioral Health Quarterly (Professional) Webinars

- Tuesday, March 18, from 10-11 a.m.

Did you miss our latest professional quarterly webinar? Check it out here!

CareFirst CHPMD and Advantage DualPrime Webinars

- Wednesday, March 19, from 1-2 p.m.
- Thursday, March 20, from 10-11 a.m.

Did you miss our latest CareFirst CHPMD and Advantage DualPrime 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](#)!

CareFirst Holiday Closings in 2025

- Memorial Day: Monday, May 26
- Juneteenth: Thursday, June 19
- Independence Day: Friday, July 4
- Veterans Day (Observed): Tuesday, November 11
- Thanksgiving Day: Thursday, November 27
- Day after Thanksgiving: Friday, November 28
- Christmas Day: Thursday, December 25

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.