



BLUELINK

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Top News

Coming Soon! A New Way to Stay in Control of Your Data with Our Self-Service Tool

Beginning in late July 2025, CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) and CareFirst BlueCross BlueShield Advantage DualPrime providers will be able to utilize the CareFirst Directory's "Updates and Attestations" self-service tool within the CareFirst Provider Portal (CareFirst Direct) to easily attest and update your directory information.

[Read the full article](#)

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Effective July 1, 2025: New Level of Care (LOC) Review for Inpatient Intermediate Care and Intensive Care Authorizations (Maryland Only)

As a reminder, effective July 1, 2025, CareFirst will review appropriate duration and level of care on prior authorization requests for both Intermediate and Intensive Care.

How will the level of care review process work?

Clinical documentation of ongoing hospitalizations will be reviewed concurrently, in most cases, to substantiate the level of care.

- If it is determined that the reported level of care does not meet the established MCG [Clinical criteria](#), a denial for the bed day or authorization request will be issued.
 - The following criteria will be utilized when reviewing the level of care for Intermediate and Intensive Care levels:
 - LOC-001: Intensive Care Guidelines
 - LOC-002: Intermediate Care Guidelines

- Access the [MCG Clinical Criteria Tool Instructions](#) tutorial for more information on how to utilize this resource.

As a reminder, effective March 3, 2025, CareFirst began reviewing prior authorization requests for inpatient NICU admissions to ensure that all services are at 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](#).

New NICU Request Forms: To assist providers with ensuring that level of care is included in their requests, new NICU Request forms have been developed and are available below:

- [Commercial and FEP Members](#)
- [CareFirst CHPMD Members](#)
- [Advantage DualPrime Members](#)

[Read the full article.](#)

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Enter Prior Authorizations Electronically for CareFirst CHPMD and Advantage DualPrime Members

We are excited to announce that providers who participate in our CareFirst CHPMD and Advantage DualPrime networks can now use the [CareFirst Provider Portal](#) (CareFirst Direct) to **verify eligibility and benefits, check claim status, and submit prior authorizations electronically** for their CareFirst CHPMD and Advantage DualPrime patients.

Please note that, when selecting providers and facilities for prior authorization requests for CareFirst CHPMD and Advantage DualPrime members, facilities selected must include the **Provider Code Prefix SUP_ (Supplier)** while rendering and servicing providers selected must include the **Provider Code Prefix PRAC_ (Practitioner)**.

Benefits of Entering Prior Authorizations through the CareFirst Provider Portal

- Eliminates the need to fax your requests
- Provides access to the Prior Authorization Lookup Tool to quickly verify requirements
- Allows for quicker review and decisioning by the Utilization Management team
- Gives you the ability to see the status of your requests, edit dates of services on open authorizations, and directly upload needed clinical documentation.
- Allows you to view and respond to messages from CareFirst regarding the authorizations you submitted

Access the [Entering Prior Authorizations through the CareFirst Provider Portal](#) course for step-by-step instructions.

[Read the full article.](#)

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Breaking News

New Support Program for Members Diagnosed with CKD and ESRD

We are pleased to share we have partnered with [Somatus, a leading value-based kidney care organization](#), on a new support program for our eligible members who currently have or are at risk of chronic kidney disease (CKD) and/or end-stage renal disease (ESRD).

Somatus' Healthy Living Program provides a team of health professionals (registered nurses, patient health advocates, dietitians, and social workers) to help these members manage their kidney disease and actively follow their provider's treatment plan. Program goals include reducing 30-day readmissions, delaying disease progression, and providing more healthy days at home.

The Somatus Healthy Living Program is available to CareFirst members at no additional cost. (Note: Federal Employee Program (FEP) members are not part of this program)

Program benefits include:

- Individualized support to help manage kidney disease and comorbidities and address social determinants of health.
- Personal health coaching based on disease state, including treatment options and diet.
- A robust transitional care program post hospital discharge.
- Guidance exploring transplant options, if appropriate.

To find out which patients in your practice are eligible for this program, please email provider@somatus.com or contact Somatus directly at (855) 851-2252, Monday through Friday, from 8 a.m. to 11 p.m. ET.

We appreciate your support encouraging eligible patients to engage in the Healthy Living Program. Working together, we can improve their health and overall quality of life.

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In the Spotlight

Add your Email Address to your Provider File Today!

The CareFirst Provider Directory "Updates and Attestations" self-service tool offers the quickest and most convenient way to keep your data current, including your email address(es). Electronic communication ensures efficient and accessible information, timely updates and reminders, and reduces the need for unnecessary paper correspondence. By adding your email address to your provider file, you can receive the information you need swiftly and efficiently. So, don't wait—add your email address today!

How do I add my email address to my Provider File?

Adding your email will take less than three minutes when you follow the step-by-step instructions included in our [Provider Directory Updates and Attestations](#) course.

For more information about keeping your data accurate, visit the [Update Practice Info](#) page on the [provider website](#).

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Additional Enhancements Coming Soon for CareFirst Direct

CareFirst is committed to enhancing your business interactions with us. In the [April issue of BlueLink](#), we provided information about new functionality in the CareFirst Provider Portal (CareFirst Direct) that allows you to upload electronic attachments for claims that have been rejected and require additional information.

To further improve the CareFirst Provider Portal (CareFirst Direct), we are excited to announce two upcoming enhancements designed to improve your experience:



A new area within CareFirst Direct where you can access electronic versions of paper communications typically sent through USPS, such as correspondence from our claims and service areas, welcome letters, and more.



A new secure method to log into the CareFirst Provider Portal that does not require a password. As part of this implementation, you will be required to update your password starting on Sunday, August 17, 2025. When you reset your password, you will also be encouraged to enroll in passwordless authentication—secure and user-friendly alternatives to traditional passwords such as passkeys and biometric verification.

We will keep you informed about the implementation of these new enhancements. Stay tuned for additional communication, including FAQs and training, coming your way soon.

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Focus on Quality

HEDIS Measure Best Practice: Use of Imaging Studies for Low Back Pain

Episodes of low back pain frequently resolve on their own without the need for medical intervention. Asking a patient to undergo unnecessary imaging in these cases can expose them to additional radiation, which can increase the chance of long-term complications.

When a patient presents with a new complaint of uncomplicated low back pain, it's important to provide the patient with appropriate alternatives that don't rely on imaging that's unlikely to lead to improvement. Physical therapy, stretching/light activity, and over-the-counter remedies are often most appropriate.

If a patient presents with an acute incident that suggests imaging is appropriate, proper documentation is critical to substantiate clinical appropriateness for the imaging. In cases of acute trauma, difficulty with walking or other functioning, or a suspected fracture, both proper documentation and coding are important.

By following best practices in both treatment and documentation practices, you can have a big impact both on patient care as well as HEDIS measure compliance. Please refer to the below resources to assist you in ensuring proper care for your patients:

- [Disease Management: Low Back Pain Course](#)
- [Quality Toolkit](#) (Low Back Pain referenced on pgs. 55 & 56)

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Noteworthy Stories

CAHPS Survey Available Through June

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

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

For more information on CAHPS, check out [our course](#) and [short video](#) on the Learning and Engagement Center and the [CAHPS Provider Guide](#).

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Reminder: Medical Records Requests in Progress

Each year, CareFirst must retrieve medical records from our network providers to fulfill various regulatory requirements and audits. We recognize large medical requests can be time-intensive and labor-intensive to your practices, so we hope this reminder is helpful in allowing you to coordinate requests across initiatives and vendors. As always, thank you for your partnership.

View the Record Retrieval Calendar.

Click [here](#) to access the calendar and note the various vendors that may reach out on behalf of CareFirst. Very few practices will be outreached to support all retrieval efforts.

[Read the full article.](#)

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Administrative Support

Important Reminder: Genetic Testing Requires Prior Authorization by Ordering Physicians

As a reminder, CareFirst is working with Carelon Medical Benefits (formerly AIM Specialty Health) to provide a genetic testing prior authorization process.

Who should request prior authorization for Genetic Testing?

Ordering providers or their staff are responsible for requesting prior authorization through Carelon for all genetic tests except for:

- Cologuard®
- Human leukocyte antigen (HLA) testing
- Preimplantation genetic testing (This includes ANY genetic test done on an embryo.)
- Circulating tumor cell testing
- Inpatient genetic testing

Please note: HLA testing and preimplantation genetic testing related to in vitro fertilization may require authorization *through CareFirst* and can be managed directly by logging into the [CareFirst Provider Portal](#), selecting the Prior Auth/Notifications tab and navigating to the Medical Prior Authorization section.

Is training available?

On-demand training on how to submit genetic testing prior authorization requests can be accessed on the [Learning and Engagement Center](#) or directly [here](#).

Impacts on outpatient hospitals and independent labs

Please keep the following information in mind when submitting authorizations:

- Claims for genetic tests that are performed before a prior authorization is received will be denied.
- Laboratories should receive a prior authorization confirmation number before administering lab work for CareFirst members. If the confirmation number is not included, laboratory personnel may:
 - Check the status via the CareFirst provider portal (see instructions below)
 - Contact the ordering physician

Note: Only ordering providers and their staff, not laboratories, may order genetic tests for CareFirst members.

How to validate prior authorization

You can confirm prior authorization for genetic tests in two ways: online and/or by calling Carelon directly.

Online: Log in to the CareFirst provider portal at provider.carefirst.com and navigate to the Prior-Auth/Notifications tab and select the Genetic Testing (Commercial) tile.

Phone: Call Carelon directly at 844-377-1277, Monday-Friday, 8 a.m. – 5 p.m. EST.

Note: Ordering providers may request prior authorization *up to 90 days* before a test is performed.

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Updated Mother and Baby Claims Billing Guide

We are pleased to announce that the Mother and Baby Claims Billing Guide within the Provider Manual has been updated to reflect important changes in billing procedures for providers. These updates, effective August 1, 2025, are in accordance with new requirements set forth by the Federal Employee Program (FEP).

The recent updates specifically address how providers should bill charges and submit a notification for mothers and babies in various scenarios. Providers are encouraged to review the updated guide thoroughly to understand the new billing procedures.

The updated guide is now available within the [Provider Manual](#) and can be accessed online [here](#).

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Need Support from CareFirst? Here's How to Get Help

We understand that your top priority is supporting your patients—our members. To make it easier for you to get the assistance you need from CareFirst, we've compiled some quick tips to help you navigate to the right place swiftly.

1. Need technical assistance?

If you need help with any of the following, then reach out to **CareFirst Help Desk at 877-526-8390**

- [CareFirst Provider Portal](#) account recovery
- Technical errors encountered during normal CareFirst Provider Portal navigation
- Adding enhanced access to your [CareFirst Provider Portal](#) account.
 - Your Portal Administrator should be your first contact. They can add and approve your access requests electronically.
 - If you do not have a Portal Administrator, reach out to providercfaccess@carefirst.com.

2. Need to update your Provider Data?

Log into the [CareFirst Provider Portal](#) and navigate to the CareFirst Direct tab to access the Provider Updates and Attestation Self-Service Tool.

- Access this interactive guide for step-by-step instructions: [Provider Directory Updates and Attestation Self-Service Tool](#)

3. Need to check benefits, eligibility, claim status?

Log into the [CareFirst Provider Portal](#) to access CareFirst Direct. Here are some helpful guides to

assist:

- [Checking Eligibility and Benefits in CareFirst Direct](#)
- [Checking Claim Status in CareFirst Direct](#)
- [Electronic Remittance \(835\) for Medical Providers](#)
- [Accessing Fee Schedules in CareFirst Direct](#)
- [Claim Inquiries in CareFirst Direct](#)
- [Accessing and Registering for CareFirst Direct](#)
- [Provider Billing Self-Service Guide](#)

All of these interactive guides and much more are available on the [Learning and Engagement Center](#) to access at your convenience.

4. Need to check prior authorization requirements?

Log into the [CareFirst Provider Portal](#) and navigate to the Prior Auth/Notifications tab to utilize the Prior Authorization Lookup tool (PAL).

- Access this interactive guide for step-by-step instructions: [Prior Authorization Lookup Tool Walk-Through](#)

5. Have a more complex question or need?

If you are unable to find your answer utilizing self-service tools or have a more complex need, Provider Service is available to assist. Reach out to the number located on the Member's ID card or access this resource for guidance: [Provider Quick Reference Guide](#).

Coming Soon! Enhancements to the [Looking for Support](#) page on [provider.carefirst.com](#)

As we continue in our efforts to make doing business with CareFirst easier, we are in the process of creating a new Looking for Support tool that is aimed at guiding you to the right places to address your needs. Be on the lookout for more information as we get closer to launching this new tool.

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Reminder: Utilize the 4-Digit Revenue Code for Prior Authorizations

As a reminder, when verifying authorization requirements for revenue codes in the Prior Authorization Lookup Tool, as well as when entering requests in the Prior Authorization Portal, please use the full 4-digit revenue code.

Example from the Prior Authorization Lookup Tool:

III. Verify Authorization

Important: Medication/Pharmacy codes cannot be verified using this tool. For more information, access these resources: Commercial/Medicare Advantage: Pharmacy Prior Authorization and Pre-Cert/Pre-Auth pages, FEP: FEP Website and the FEP List of Medications for On-line Prior Authorization Entry, CareFirst CHPMD: Prior Authorization Quick Reference, Advantage DualPrime: Prior Authorization Quick Reference.

*Prior authorizations are not a guarantee of payment or benefits. Please review important disclaimers about the use of this tool [here](#)

TaxID:

Auth Type *	Place of Service *	Service Code Type *	Procedure Code *	Procedure Modifier Code	Remove?
Inpatient - Elective Procedure/ su... <input type="text"/>	21 - Inpatient Hospital <input type="text"/>	Revenue <input type="text"/>	0200 - Intensive Care Unit General <input type="text"/>	<input type="text"/>	<input type="button" value="Remove"/>
<input type="button" value="+ Add More"/>					

Example from the Prior Authorization Portal:

Description	Category	Code	Is Active
Intensive Care: General Classification Routine service charge for medical or surgical care provided to patients who require a REV Code more intensive level of care than is rendered in the general medical or surgical unit		0200	Yes

We appreciate your support with this process. If you need assistance utilizing these tools, please access resources available on the [Learning and Engagement Center](#).

Additions and Changes to Policies Documented in our Payment Policy Database

In consideration of current industry standards and to align with CareFirst's mission to provide affordable healthcare, CareFirst has made additions and updates to the following Payment Policies in the online [Payment Policy Reference Manual](#):

The following Payment Policies have been added and are available for review:

- **Policy PP CO 002.01 Claims Editing** – this policy provides details on the claims editing logic that CareFirst utilizes from CMS National and Local Coverage Determinations and Coverage Policies. This policy is effective August 1, 2025.
- **Policy PP CO 100.05 CPAP/BiPAP Supplies** – the policy guidelines related to CPAP and BiPAP supplies were removed from PP CO 100.01 DME Eligible Codes & Guidelines, and this new policy was added to address these specific supplies. These guidelines were already communicated in the April edition of BlueLink, with an effective date of July 1, 2025.

The following Payment Policies have been updated:

- **Policy PP CO 013.01 Anesthesia** – this policy was updated to include an additional guideline on how anesthesiologist/CRNA claims will be processed according to modifiers. This update does not change how claims are currently processed.
- **Policy PP CO 021.01 IMRT** – this policy is updated to reflect a change in the billing guidelines for code 77014, effective September 1, 2025, related to delivery services for IMRT.
- **Policy PP CO 050.01 Bilateral Services** – an additional coding guideline has been added to this policy to clarify how a claim will process if there is an inconsistency between the CMS bilateral indicator and the AMA description of the code. This update does not change how claims are currently processed.
- **Policy PP CO 070.02 Surgical Assistant** – this policy was updated to include guidelines from the recently retired Medical Policy Operating Procedure 10.01.008A Surgical Assistants. These updates do not change how claims are currently processed.
- **Policy PP CO 100.01 DME Supplier – Eligible Codes and Guidelines** – in conjunction with the new

policy PP CO 100.05 identified above, this policy was revised to remove the guidelines specific to CPAP/BiPAP supplies.

- **Policy PP CO 500.01 Status B Bundled Codes** – This policy has been renamed to PP CO 500.01 Status Codes and now also includes the guidelines from PP CO 500.02 Status P and T Bundled Codes. PP CO 500.02 has been archived. Effective June 1, 2025, guidelines for Status M codes were added to the policy. This update does not change the outcome of how claims currently process.
- **Policy PP CO 500.03 Sexually Transmitted Infections Testing** – on March 19, 2025, this policy was updated to include the indication that Medically Unlikely Edits (MUEs) are applicable in processing these claims. This does not change how claims are currently processed and is further supported by policy PP CO 090.01 NCCI Editing.

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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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Medical Policy Updates

Our Healthcare Policy department regularly reviews medical policies and procedures based on new evidence and technological advances. See below for an important update.

Addendum to Medical Policy 8.01.011 A Habilitative Services (for Maryland and DC Mandates), update provided in our April 2025 policy communication: This policy was updated to include additional diagnoses as part of the prior authorization process to ensure appropriate care and habilitative services. Beginning August 1, 2025, please ensure that these services are reported using the appropriate procedure code appended with modifier -96.

You can review the Healthcare Policy Updates on our [Medical Policy](#) webpage.

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Medical Preferred Drug Update – Effective June 1, 2025

Starting June 1, 2025, adjustments will be made to our preferred drug list, which will include more medications in the preferred status. This change is designed to enhance accessibility and affordability for our members by expanding the range of clinically and cost-effective medications available.

For more information, please read the [full article](#) in its entirety.

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New Medications Requiring Approval and Site of Care Management – Effective July 1, 2025

At CareFirst BlueCross BlueShield (CareFirst), our mission to advance affordable, accessible, equitable, high-quality healthcare guides every decision we make. We understand that affordability is a significant concern for everyone, especially for the people we serve together.

Starting July 1, 2025, additional medications will require prior authorization approval and site of care management for members with commercial insurance. We cover many effective therapies and continuously evaluate new treatments as they become available. CareFirst is committed to supporting broad access to medically necessary treatments and working with partners to advance the health and well-being of our communities.

For more information, please read the [full article](#) in its entirety.

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Check out the CareFirst Essentials Resources on the Learning and Engagement Center

We are excited to offer over 200 helpful resources for you and your staff on the [Learning and Engagement Center](#) that make doing business with CareFirst easy and efficient.

In this issue of BlueLink, we would like to highlight the courses available within the [CareFirst Essentials On-Demand Training](#) section. There, you can access information about who we are, what we offer and how to work with us, including:

- Step by step guides on how to utilize our CareFirst Provider Portal (CareFirst Direct)
- How to enter prior authorizations electronically
- Information on our products and programs
- And much more...

Are you new to CareFirst? We recommend new providers begin with our [Working with CareFirst](#) course. This course is all about who we are and how to do business with us.

Please let us know if you have any ideas for training or ideas how to improve the Learning and Engagement Center. Provide feedback [here](#).

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Are You Up to Date on Best Practices and Quality Standards?

From recommending preventive care options for your patients to managing day-to-day office operations, the clinical resources on our provider website offer valuable timesaving tools. Use these resources to help support your treatment plan for patients with chronic diseases and those in need of preventive services.

CareFirst's Quality Improvement Council reviews our clinical resources annually and adopts nationally recognized guidelines and best practices to make sure you are updated when information changes.

Click on the links below for details on topics that can help you improve your patients' care:

General Guidelines and Survey Results	
Topic	Website Link
CareFirst's Quality Improvement Program Includes processes, goals and outcomes	carefirst.com/qualityimprovement
Clinical Practice Guidelines Includes evidence-based clinical practice guidelines for medical and behavioral conditions	carefirst.com/clinicalresources > Clinical Practice Guidelines
Preventive Service Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents, and adults	carefirst.com/clinicalresources > Preventive Service Guidelines
Accessibility and Availability of Appointments Includes medical and behavioral health accessibility and availability standards for routine care appointments, urgent care appointments, and after-hours care	Practitioner Office Standards and Performance Measures
Medical Record Documentation Standards and Performance Measures Includes guidance on standards monitored as part of our Quality Improvement Programs.	carefirst.com/clinicalresources > Medical Record Documentation Standards
Care Management Programs	
Topic	Website Link
Access to Care Management Includes instructions for making referrals to Care Management.	carefirst.com/providers/care-management/care-management-eform
Practitioner Referrals for Disease Management Includes information on how to use services, how a member becomes eligible, and how to opt in or opt out	carefirst.com/clinicalresources > Disease Management
Pharmaceutical Management	
Topic	Website Link
Pharmaceutical Management Includes the formularies, restrictions/preferences, guidelines/policies, and procedures	carefirst.com/rx
Utilization Procedures	
Topic	Website Link
Utilization Management Criteria Includes information on how to obtain utilization management criteria for both medical and behavioral health	carefirst.com/providers/resources/provider-manual (Chapter 7)

Physician Reviewer Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health	carefirst.com/providers/resources/provider-manual (Chapter 7)
Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management	carefirst.com/providers/resources/provider-manual (Chapter 7)

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
How to File an Appeal Includes policies and procedures for members requesting 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 the rights and responsibilities of our members	carefirst.com/myrights

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Government Programs Corner

New CareFirst CHPMD Website Available Soon!

CareFirst is dedicated to enhancing your experience with our self-service tools, and we are thrilled to announce the upcoming launch of an improved CareFirst CHPMD website! The Provider section of the website will feature all the essential information you need in a user-friendly format, making it easy to find what you're looking for.

Stay tuned for the release of the newly enhanced website at www.carefirstchpmd.com.

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Member Rosters and Care Plans Moving to the CareFirst Provider Portal

To streamline the information you need to support your patients, member rosters and care plans will soon be accessible through the [CareFirst Provider Portal \(CareFirst Direct\)](#). This integration will enable you to access this information as well as check eligibility and benefits, review claim status, and submit prior authorizations electronically, all in one convenient location.

Once this consolidation is complete, the MyHealth Portal will be retired, and direct links to the CareFirst Provider Portal will be available on both the [CareFirst CHPMD](#) and [Advantage DualPrime](#) provider websites.

Stay tuned for more details about this update, along with training resources, as we approach the launch of these new features within the CareFirst Provider Portal.

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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 each year after. 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 minutes now!](#)

What is Model of Care (MOC) training?

The Centers for Medicare and Medicaid Services (CMS) require 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 formulary changes effective **May 1, 2025**:

- **Added to the formulary:**

- Zepbound for patients with moderate to severe Obstructive Sleep Apnea and Obesity (BMI ≥ 30 kg/m²) ***effective April 15, 2025***
- Budesonide 2 mg/act Rectal foam
- Dabigatran 75 mg, 110 mg, 150 mg capsules
- Itovebi 3 mg, 9 mg tablets
- Mirabegron 25 mg, 50 mg ER tablets
- Mycophenolic Acid 180 mg and 360 mg DR tablets

- **Removed from the formulary:**

- Calcium Carbonate - Cholecalciferol chewable tablet 500 mg-10 mcg
- Cimetidine 300 mg/5 ml solution
- Flutamide 125 mg capsule
- Promethazine – Phenylephrine 6.25-5 mg/5 ml syrup
- Promethazine - Phenylephrine – Codeine 6.25-5 mg-10/5 ml syrup
- Quinapril - Hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg tablets
- Sodium Fluoride 0.125 mg/drop solution

Major formulary changes effective **June 1, 2025**:

- **Added to the formulary:**

- Rybelsus 1.5 mg, 4 mg, 9 mg tablets (R2 formulations)

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(s), whichever are applicable. Prior authorizations can be submitted electronically via CoverMyMeds, by fax or by phone.

If the provider would like to do a Peer-to-Peer review, they can call CVS/Caremark CareFirst CHPMD Prior Authorization line for specialty drugs at 1-866-814-5506 or non-specialty drugs at 1-877-418-4133. A Peer-to-Peer review is only allowed PRIOR to an Appeal being requested. Appeals are processed by the Plan; guidance is included in the Adverse Determination (Denial) letter.

Pharmacy Benefit Prior Authorizations: Providers have 14 calendar days to submit additional documentation for prior authorization requests if the initial information is not received within 24 hours. Please ensure all supplemental documentation is submitted directly to CVS Caremark, fax number 1-855-762-5205, instead of submitting an appeal to CareFirst CHPMD.

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Safe Opioid Prescribing: Education on Opioid Risks and Alternative Treatments

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury or for certain health conditions. While these medications can be an important part of treatment, they also carry serious risks of addiction, accidental overdose, and death. The prolonged use of opioids can also lead to tolerance (needing more of the medication for the same pain relief) and physical dependence (experiencing symptoms of withdrawal when a medication is stopped). Even when taken as directed, the use of prescription opioids can have several side effects like constipation, nausea, vomiting, dry mouth, sleepiness, dizziness, confusion, depression, irritability, itching and difficulty in breathing.

What treatment options don't involve opioids?

Chronic pain can often be managed without opioids, and many other options have been shown to work better with fewer side effects. Examples include:

- Over-the-counter medications like Tylenol (acetaminophen), Advil (ibuprofen), and Aleve (naproxen)
- Non-opioid prescriptions such as lidocaine and non-steroidal anti-inflammatory drugs (NSAIDs)
- Physical therapy and exercise
- Some medications that are also used for depression or seizures

[Access 5 short, impactful tips on how to safely prescribe opioid prescriptions](#)

To learn more, visit our website at www.carefirstchpmd.com.

If you have any questions about your benefits or how to get care, please call Member Services at 410-779-9369 or toll-free at 1-800-730-8530 (TTY:711) Monday-Friday, 8 a.m. – 5 p.m.

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CareFirst CHPMD's Population Health Management Health Education Program Member Referrals

CareFirst CHPMD encourages providers to submit a CareFirst CHPMD member referral to the Population Health Management Health Education Program for any reason, but especially for the following reasons:

1. Assistance with transportation to medical appointments.
2. Assistance with locating a Primary Care Physician (PCP).
3. Education about Managed Care Organization (MCO) processes.

4. Connection to a Special Needs Coordinator.
5. Connection to community-based services/education programs.
6. Assistance with appointment scheduling.
7. Follow-up education for emergency department overutilization.
8. Follow-up education for repeated missed appointments.

CareFirst CHPMD member referrals can be made by using the Provider Referral Form located here: [Provider Referral Form \(carefirstchpmd.com\)](https://carefirstchpmd.com/ProviderReferralForm)

The completed form can be emailed to qualityMD@carefirst.com or faxed to 410-779-3957.

Members can also be directed to CHPMD's Health & Wellness webpage for a variety of health education resources. [Health Resources | CareFirst Community Health Plan Maryland \(carefirstchpmd.com\)](https://carefirstchpmd.com/HealthResources)

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Digital Literacy Support for CareFirst Medicare Advantage Members

As technology continues to play a key role in how members connect with their providers, from accessing telehealth appointments to communicating with their care team, we are proud to partner with Candoo Tech for digital literacy support. Candoo's tech concierges are available for CareFirst BCBS Advantage Individual and Group members at no cost and can support members on a wide variety of topics, including:

- Accessing a telehealth appointment
- Creating and logging into a member portal account
- Ordering mail-order prescriptions
- Sending a message to providers via the member portal

If a member is interested in registering for a session, they can visit <https://www.candootech.com/carefirst> or call Candoo at 646-758-6606. Representatives are available Monday-Friday from 9am – 8pm ET.

Events

Provider Live Webinars Available for Registration

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

- [September 17, from 10-11 a.m.](#)
- [September 18, from 1-2 p.m.](#)

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

Hospital Quarterly Webinars

- [September 23, from 10-11 a.m.](#)
- [September 24, from 1-2 p.m.](#)

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

Behavioral Health Quarterly (Professional) Webinar

- [Tuesday, June 12, from 1-2 p.m.](#)

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

CareFirst CHPMD and Advantage DualPrime Webinars

- [Tuesday, June 3, from 2-3 p.m.](#)
- [Thursday, June 5, 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 the 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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CareFirst Holiday Closings in 2025

- 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

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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](#).

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