



CAREFIRST UPDATES AND REMINDERS

MD AAHAM

APRIL 2023

AGENDA

1. Provider Directory Updates & Attestations
2. Attended Sleep Studies Authorizations
3. Additional Authorization Information
4. CareFirst CHPMD Payment Dispute Form
5. COVID Updates
6. Other Updates and Reminders

PROVIDER DIRECTORY UPDATES AND ATTESTATIONS

Earlier this year, CareFirst shared we would be releasing a new and improved self-service tool for you to easily attest and update your provider directory information. Here are some updates:



We have decided to delay the launch slightly of the new self-service tool, as well as the previously planned downtime



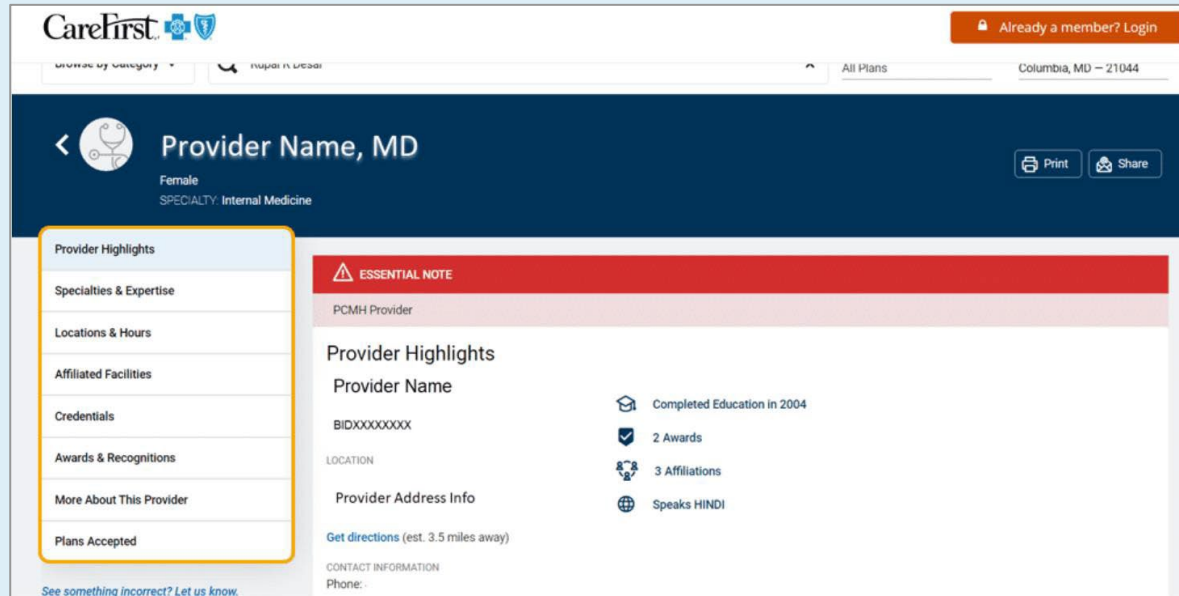
Please continue to use the current self-service tool to keep your data accurate with us



If you haven't already, we encourage you to register for CareFirst Direct. This is the primary resource used to update and verify your provider directory information



If you're having trouble accessing the self-service tool, please contact ProviderCFDAccess@carefirst.com



The Find a Doctor Tool is a great resource for you to see how your information is displayed to CareFirst members.

- Provider Highlights
- Specialties & Expertise
- Location & Hours
- Affiliated Facilities
- Credentials
- Awards & Recognitions
- More About This Provider
- Plans Accepted



Want to learn more? View the Find a Doctor Tool Tutorial within the [Provider Directory Update and Attestation](#) interactive guide.

ATTENDED SLEEP STUDY AUTHORIZATIONS



Prior authorization is required for attended sleep studies performed in a:

- ① Sleep lab
- ② Office
- ③ Hospital setting

Effective May 1, 2023, providers can get real time decisions for prior authorization requests for attended sleep studies using MDG criteria upon submission of a prior authorization request.

Prior Authorization for Sleep Studies



Medicare Primary is excluded from this requirement.*

**Authorization is required for members with BlueChoice secondary.*



Unattended (home) sleep studies do not require prior authorization.



Reimbursement will not be provided for attended sleep studies unless prior authorization has been obtained.



Providers may not balance bill members for unauthorized services.

Procedure Codes for Sleep Studies

Sleep study procedure codes include:

95805

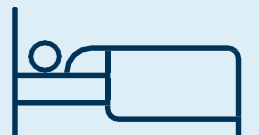
95807

95808

95810

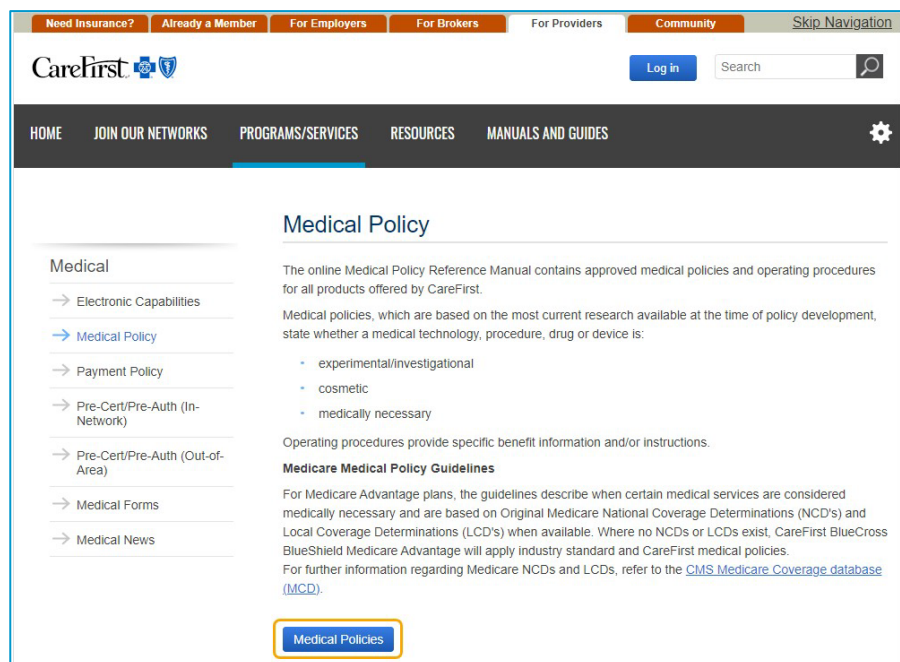


Procedure codes only apply to prior authorizations submitted for members 18+

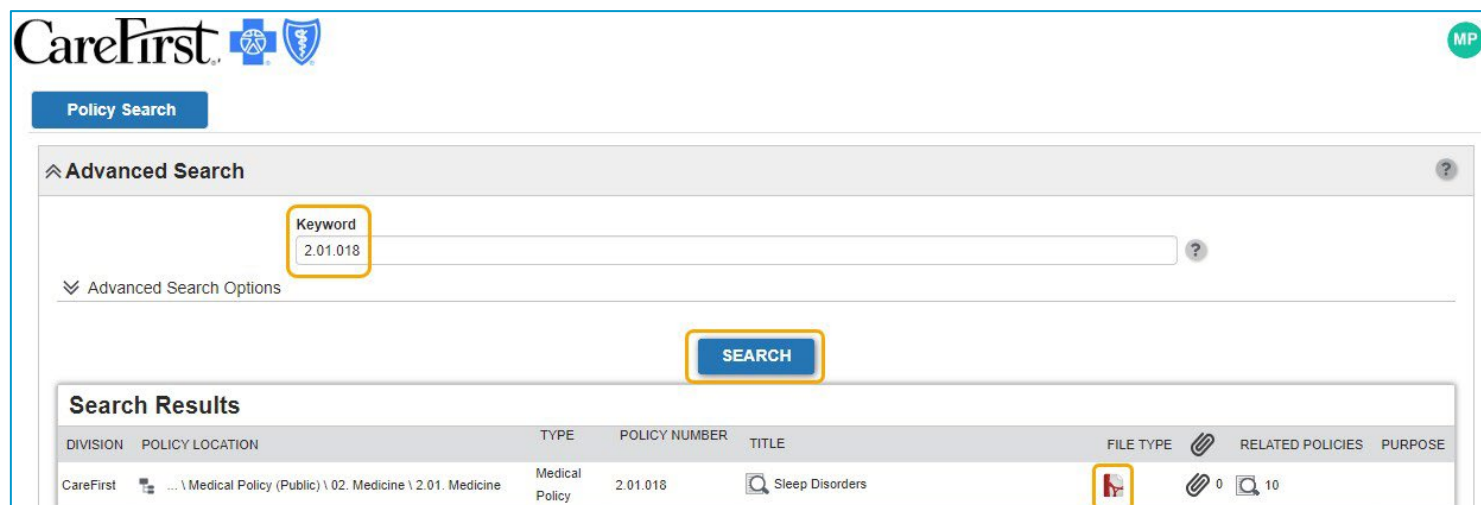


Medical Policy for Sleep Disorders


Medical Policy can be found directly [here](#) or at provider.carefirst.com > Programs/Services > Medical Policy



The screenshot shows the CareFirst website's 'Medical Policy' page. The top navigation bar includes links for 'Need Insurance?', 'Already a Member', 'For Employers', 'For Brokers', 'For Providers', and 'Community'. The main navigation bar has 'HOME', 'JOIN OUR NETWORKS', 'PROGRAMS/SERVICES', 'RESOURCES', and 'MANUALS AND GUIDES'. The 'Medical Policy' page is highlighted in the left sidebar. The main content area includes a description of the Medical Policy Reference Manual, a list of policy types (experimental/investigational, cosmetic, medically necessary), and a section for 'Medicare Medical Policy Guidelines'. A 'Medical Policies' button is highlighted at the bottom.



The screenshot shows the 'Advanced Search' interface on the CareFirst website. The 'Keyword' search box contains the text '2.01.018'. The 'SEARCH' button is highlighted. Below the search bar, the 'Advanced Search Options' section is visible. The 'Search Results' table shows the following data:

DIVISION	POLICY LOCATION	TYPE	POLICY NUMBER	TITLE	FILE TYPE	RELATED POLICIES	PURPOSE
CareFirst	Medical Policy (Public) \ 02. Medicine \ 2.01. Medicine	Medical Policy	2.01.018	Sleep Disorders		0	10

- 1 Select 'Medical Policies'
- 2 Enter policy number 2.01.018 into the Keyword search box and select 'Search'
- 3 Select the file under 'File Type' to view the policy

Milliman Care Guidelines (MCG) clinical criteria assists in expediting requests that come through our prior authorization/notification system using an automated, evidenced based system.



Providers that **select relevant care guideline content** within MCG receive expedited, **often immediate**, responses.



A **customized rules engine** matches specific criteria to the clinical information and selected guidelines to **authorize requests automatically**.



MCG allows for **improved** clinical controls and quality.



MCG's web-based interface is **integrated** within the authorization system for ease of use.



Want to learn more? View the [MCG Walk Through](#) interactive guide.

MCG

Authorization Request

Request Form

2 Document Clinical

3 Submit Request

mcg

Patient :

Name :

DOB :

Gender :

show more

Authorization :

Type : Comm/FEP Scheduled Inpatient Hospital

Status : NoDecisionYet

show more

Diagnosis Codes : 4A0.ZXQZ(ICD-10 Diagnosis) primary

Procedure Codes : 95805(CPT/HCPCS) primary

1 Geographic Regions

All

Clear

2

Document Clinical

Procedure Code: 95805 (CPT/HCPCS)

Description : Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

Submit Request

Simply select the geographic region, followed by the 'Document Clinical' button.

Procedure codes requiring clinical documentation will be listed at the bottom of the interface.

Remember! The MCG interface will launch automatically within the authorization system.

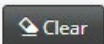
MCG Health

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Select Guidelines

MCG

Geographic Regions Maryland 








Maryland


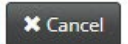
Procedure Code: 95805 (CPT/HCPCS)


Description : Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

A-0146 - Multiple Sleep Latency Test (MSLT) and Maintenance of Wakefulness Test (MWT) - (AC)

The procedure is/was needed for appropriate care of the patient because of ...

- ☒ MSLT assessment of suspected narcolepsy and other disorders of excessive daytime sleepiness, as indicated by ...
 - ☒ Initial test needed, as indicated by ...
 - ☒ Cataplexy (ie, sudden weakness or loss of muscle tone not accompanied by loss of consciousness) 
 - ☒ Disturbed or fragmented sleep 
 - ☒ Excessive daytime sleepiness 
 - ☐ Hallucinations with sleep onset (hypnagogic) or upon awakening (hypnopompic) 
 - ☐ Sleep paralysis 
 - ☒ Repeat test needed, as indicated by ...
 - ☒ Initial MSLT results indeterminate 
 - ☐ Initial MSLT results negative, but strong clinical suspicion of narcolepsy 
- ☐ MWT assessment of sleep disorders, as indicated by ...

2 Select 'Save'.  

3 Select 'Submit Request'. 



Remember! Submitting MCG clinical criteria will expedite, and likely autoapprove, your authorization request.

ADDITIONAL AUTHORIZATION INFORMATION

Effective July 1, 2023, the medications listed below have been added to the prior authorization list.

- Prior authorization approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. Failure to obtain prior authorization for these medications may result in the denial of the claim payment.

Drug Name	Drug Class
Adstiladrin	Oncology
Altuviiio	Hemophilia
Briumvi	Multiple Sclerosis
Elahere	Oncology
Fynetra	Neutropenia
Hemgenix	Hemophilia
Lamzede	Lysosomal Storage Disorder
Rolvedon	Neutropenia

Drug Name	Drug Class
Skyrizi	Autoimmune Disease
Skysona	Neurological Disorders
Spevigo	Psoriasis
Stimufend	Neutropenia
Tzield	Diabetes
Vegzelma	Oncology
Xenpozyme	Lysosomal Storage Disorder

Effective July 1, 2023, the medications listed below have been added to the site of care list.

- Coverage for these medications at an outpatient hospital setting are approved only if medical necessity criteria are met at the time of prior authorization. Members have the option to receive their infusion at an alternate site including their home, an ambulatory infusion center or a physician's office.

Drug Name	Drug Class
Briumvi	Multiple Sclerosis
Lamzede	Lysosomal Storage Disorder
Xenpozyme	Lysosomal Storage Disorder

New Strategy for Emergency Inpatient Admissions in MD Hospitals

Early identification of our members' care needs is imperative. For this reason, we are implementing a change to our utilization management (UM) strategy for emergency inpatient admissions in Maryland hospitals.

Does this change how I enter requests?

- The way you currently enter emergency inpatient admissions within our authorization portal will not change.
- Continue to request one day for these notifications, and upon submission, the request will **now pend for review** by the UM team.

What are the benefits?

- Assist with necessary care coordination
- Reduce barriers to discharge
- Ensure the length of stay is appropriate
- Help members discharge to the most appropriate care setting

When does this take effect?

- Effective May 1, 2023



View Entering Inpatient Authorizations user guide [here](#).

Effective April 17, 2023, there were some minor enhancements implemented for the prior authorization system.

What's New?

- The most notable difference you will experience is the enhanced ability to complete member searches.
 - You now have the ability to search by date of birth and Member ID to locate more accurate member results.
-
- You may notice other minor enhancements as you move through the authorization system

Courses

Authorization Basics (Course)

Accessing the Authorization System (Course)

Entering Inpatient Authorizations (Course)

Entering Outpatient Authorizations (Course)

Requesting Outpatient Extensions (Course)

Withdrawing Pended Authorizations (Course)

Guides

Entering Inpatient Authorizations (Guide)

Entering Outpatient Authorizations (Guide)

Additional Features and Information (Guide)

How to Determine if an Authorization is Required

FAQs

[MCG Walk Through](#)


[Frequently Asked Questions](#)

CAREFIRST CHPMD PAYMENT DISPUTE FORM

Provider Payment Dispute Form: CHPMD



Did you know CareFirst Community Health Plan of MD has a convenient
Provider Payment Dispute form for you to utilize?

Post Claims Adjudication Payment Dispute Form	
 Community Health Plan Maryland	
INSTRUCTIONS Please use this form when submitting payment disputes, reconsiderations, and resubmissions within 180 calendar days from the date of service. One dispute request per form. Multiple claims can be attached with the same dispute reason. Do not use this form for pre-service and post-service appeals.	
Definitions: <ul style="list-style-type: none">■ Claim Dispute: A request from a health care provider for a post-service review of claims that have been denied or underpaid.■ Reconsideration: A request from a health care provider to CareFirst Community Health Plan to consider again its decision based on new or additional information submitted by the health care provider.■ Resubmission: A request for review of a claim denial or payment amount on a claim originally denied because of incorrect coding or missing information. Please complete each section to process the request.	
SECTION 1: CHECK THE REASON FOR THE REQUEST	
<input type="radio"/>	Authorization: <ul style="list-style-type: none">■ Claim denied for an authorization, however, approved authorization for date of service on file; include authorization #■ Claim denied for authorization, however, authorization is not required
<input type="radio"/>	Code or Modifier Issue: Resubmitting claim with correct code or modifier
<input type="radio"/>	Contract Rate: Claim was not processed based on contractual rate; includes single case agreements
<input type="radio"/>	Coordination of Benefit (COB): Copy of primary insurer's explanation of benefit required
<input type="radio"/>	Duplicate Claim: Originally denied as a duplicate claim; however, submitted documentation (e.g., medical record) shows two services were performed
<input type="radio"/>	Invoice Attached: Claim originally denied for lack of invoice
<input type="radio"/>	Itemized Bill: Claim originally denied for an itemized bill
<input type="radio"/>	Paid to Wrong Provider: Claim paid to the wrong provider
<input type="radio"/>	Other:
SECTION 2: REQUESTOR'S INFORMATION	
Dispute Submission Date:	
First/Last Name:	Phone Number:
Email:	Fax Number:
Address:	City/State/Zip:

SECTION 3: PROVIDER/CLAIM/MEMBER INFORMATION	
Name of Provider:	Billing NPI:
Rendering NPI:	Address:
City/State/ZIP:	Phone Number:
Claim Number(s):	Date(s) of Service:
Remittance Advice Date:	Billed Amount:
Contracted Amount:	Paid Amount:
Name of Member:	Member's ID:
Member's Date of Birth:	
SECTION 4: SUPPORTING DOCUMENTATION	
<input type="radio"/> Authorization number/letter or evidence that authorization is not required	
<input type="radio"/> A copy of the primary insurance EOB	
<input type="radio"/> Resubmitted claim with correct code or modifier	
<input type="radio"/> Evidence of contracted rate or copy of fully executed (signed by CareFirst CHPMD and provider) single case agreement	
<input type="radio"/> Medical records demonstrating two services were performed	
<input type="radio"/> A clear copy of the manufacturer's invoice, for service, device, or drug <ul style="list-style-type: none">■ Services rendered must match the claim■ For drugs, the invoice to clearly show the per-unit cost of the drug and the NDC/Description must match the claim submission	
<input type="radio"/> Attached itemized bill	
<input type="radio"/> Evidence that the wrong provider was paid	
<input type="radio"/> Other:	
Submit this form and supporting documentation to:	
CareFirst BlueCross BlueShield Community Health Plan of Maryland (CareFirst CHPMD) Claims Department P.O. Box 915 Owings Mills, MD 21117	
CareFirst CHPMD will respond to your request via EOP within 30 calendar days from receipt of the dispute and supporting documentation.	



The form should be used when submitting payment disputes, reconsiderations, and resubmissions within 180 calendar days from the date of service



Submit the form and supporting documentation:
P.O Box 915
Owings Mills, MD 21117

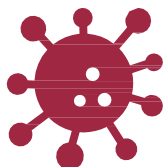


CareFirst CHPMD will respond to your request via EOP within 30 calendar days of receipt of dispute and supporting documentation



Find this form, along with other forms, on the website at:
carefirstchpmd.com/for-providers/forms

COVID UPDATES



The COVID-19 Federal Public Health Emergency (PHE) ends on May 11, 2023

What does that mean for the benefits CareFirst enhanced during this time?

Testing for COVID-19 and in-office or virtual visit testing related services will be processed in accordance with member benefits, including any applicable member cost-sharing

Monoclonal antibody treatments will have member cost-share imposed pursuant to the member's contract effective May 12, 2023

Timely filing extensions and changes will revert to pre-PHE time limits effective June 10, 2023.

E.g. Filing limitations for appeals, COBRA, claims filing, and disability timelines

Current telemedicine and audio-visit policies implemented during PHE remain *in place and unchanged* until further notice

Additional benefit information can be found on [CareFirst Direct](#).



For commercial plans covering preventative services at zero cost share, the COVID-19 vaccine will be included as a preventative service (out of network benefits may apply).

During the COVID-19 public health emergency, Marylanders who were enrolled in Medicaid continued to be covered, even if they were no longer eligible. Maryland Medicaid Renewals NOT automatic this year

Important things to know:

- Medicaid eligibility reviews will start again in April 2023
- Not everyone will be up for renewal at the same time
- Renewals will take place over 12 months

Ways you can assist to ensure qualified members keep their eligibility:

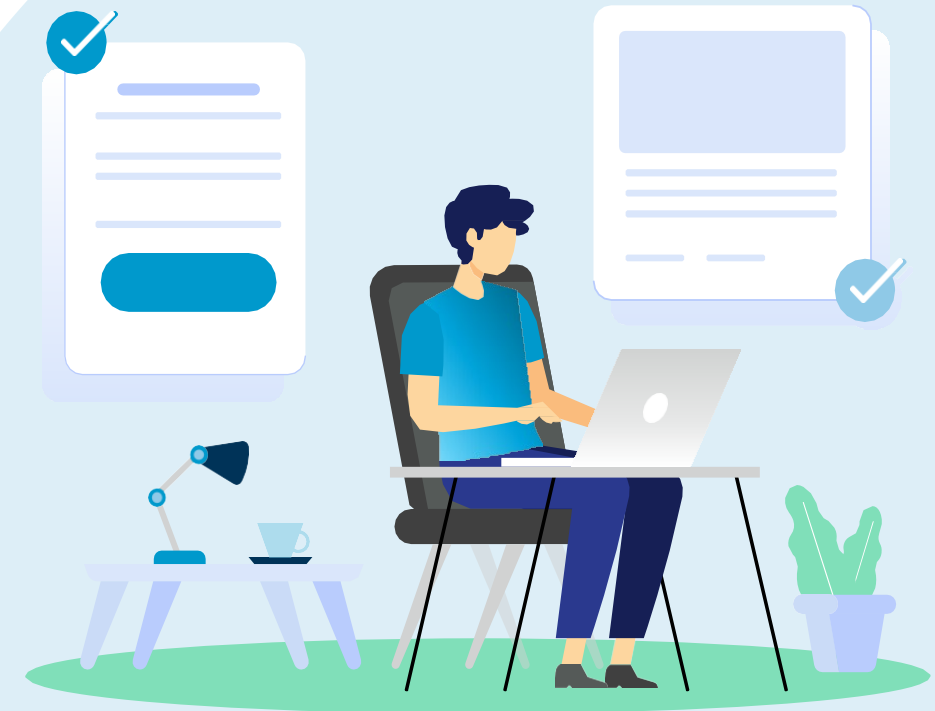
- Educate staff on frequently asked questions.
- Provide fliers at the front desk and in patient rooms.
- Post flier on the office front door.
- Send emails to patients.
- Insert notices in your newsletters.
- Post on your social media.
- Post content on your websites.

Visit health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Providers.aspx or carefirstchpmd.com for more information, including a communications toolkit.

PROVIDER TRAINING

Providers servicing MDDual Special Needs (DSNP) Plan Members– Complete the required Model of Care Training course for 2023 today!

- The Centers for Medicare and Medicaid Services (CMS) require providers to receive basic training about CareFirst Medicare Advantage DSNP Model of Care (MOC) Program.
- MOC is the documentation of the CMS-directed plan for delivering coordinated care and case management to members within DSNP.
- CareFirst offers a course that meets the regulatory requirements to ensure all employees and providers who work with our DSNP members have the specialized training this unique population requires.
- Access the training [here](#).



You're Invited!

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) invites you to our **Hospital Quarterly Webinar**.

[May 23, 2023 at 10:00 a.m.](#)

[May 24, 2023 at 1:00 p.m.](#)

Discussion topics will include:

- CareFirst Administrators
- CareFirst Direct Inquiry Updates
- Authorization System Updates
- Learning and Engagement Center
- Other CareFirst Updates and Reminders



Registration is required.



You're Invited!

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) invites you to our **Professional Quarterly Webinar**.

[May 17, 2023 at 10:00 a.m.](#)

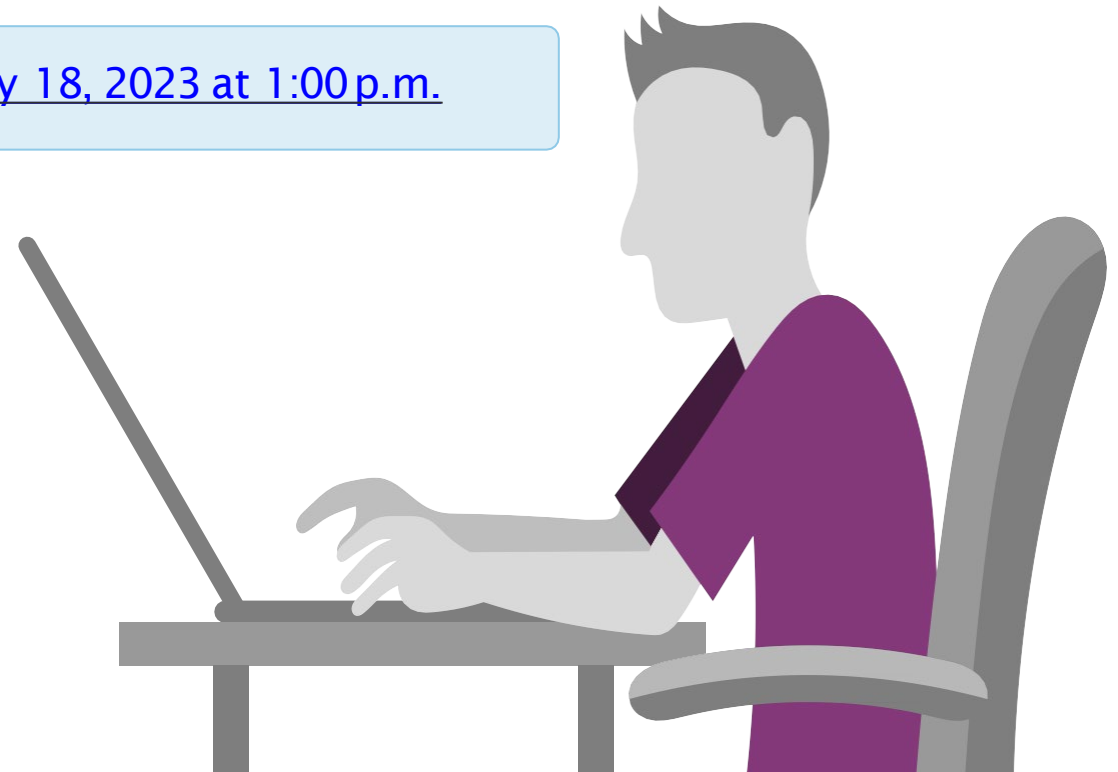
[May 18, 2023 at 1:00 p.m.](#)

Discussion topics will include:

- Retro-Authorizations
- Escalated Claims Issues
- CareFirst Direct Inquiry Updates
- Authorization System Updates
- Provider Relations in the Field
- Learning and Engagement Center
- Other CareFirst Updates and Reminders



Registration is required.



Have you visited the Learning and Engagement Center recently? Check out all that is newly offered!

Course	Description
Behavioral Health & Substance Use Disorder in Adolescents	Learn how some therapeutic models could prove useful and effective for treating your adolescent patients
CareFirst Administrators (CFA)	All about who CFA is, how it operates, the services it provides, how to identify its members and file claims, and the CFA BlueChoice Advantage Hybrid product
CareFirst Direct for PCMH Providers	An overview of utilizing CareFirst Direct as a PCMH Provider
Clinical Quality Scorecard: Adult	An overview of the Adult Clinical Quality Scorecard (QSC)
Core 10: An Overview	An introduction to the Core 10 measures found within the Adult PCMH Program
Core 10: Population Health Measures	A deep dive into the population health measures found within the Adult Core 10 measures
Core 10: Event-Based Measures	A deep dive into the event-based measures found within the Adult Core 10 measures
Core 10: Risk Adjusted Measures	A deep dive into the risk adjusted measures found within the Adult Core 10 measures
Core 10: Survey Measures	A deep dive into the survey measures found within the Adult Core 10 measures
Improving Patient Care for Northeast and Southeast Asian Patients	Learn how to provide culturally aware mental and behavioral health care for your Northeast and Southeast Asian patients


New On-Demand Course Offerings

Course	Description
Insurance 101	An overview of health insurance claims and what happens when a claim is submitted
Introduction to Care Coordination	A high-level review of care coordination and the resources available for PCMH/ACO providers
Introduction to Medicaid	An overview of Medicaid, Medicaid programs, and CareFirst Medicaid Managed Care Organizations (MCOs)
Medicare and Medicare Coordination	An overview of Medicare, Medicare coordination, and the Medicare crossover process
Multifactor Authentication in CareFirst Direct	A guide to setting up and changing multifactor authentication methods in CareFirst Direct
PCMH Program Updates	Current-year changes to the PCMH Program for participating providers
Skilled Nursing Facilities	An overview of information skilled nursing facilities need to work with CareFirst
Telehealth	Guidelines on telehealth usage and claims procedures
Third-Party Administrators	This course will introduce providers to Third Party Administrators.

Be sure to check back frequently as we continue to add more resources!

www.carefirst.com/learning


CareFirst has added new features to the Learning and Engagement Center homepage!



Give Feedback

Please let us know if you have any ideas for training or ideas how to improve the Learning and Engagement Center.


[Give Feedback](#)



Create a Personalized Training Plan

Want a customized course roadmap? We've got you covered. Select the button below and take our quiz to generate your personalized course list.

[Create Training Plan](#)



Request Training

Need in-depth training on specific topics? Our team is here to help you.

[Request Training](#)

Use the 'Give Feedback' link to suggest new ideas for trainings or improving the Learning and Engagement Center.

Use the 'Create Training Plan' link to access our updated course generator. Create a personalized training plan that includes all our newest courses!

Use the 'Request Training' link to request in-depth training from our team!

OTHER UPDATES AND REMINDERS

Chart Chase Initiative

- Each year CareFirst is required to participate in several medical record retrieval requests to report certain information about the health status of identified members.
- The purpose is to provide the Center for Medicare and Medicaid Services (CMS) with a better understanding of the data they receive regarding disease prevalence, coding interpretation, and variances across the country.

Snapshot of each retrieval period

Retrieval Period	Lines of Business	Retrieval Period	Vendor	CMS Submission Deadline
ACA 2022 Risk Adjustment retrospective chart retrieval	Commercial	January 2023–April 2023	Change Healthcare	May 1, 2023
HEDIS Quality 2022 Measure chart retrieval	Commercial	January 2023–April 2023		June 15, 2023
DSNP 2021 risk adjustment chart retrieval	Medicare Advantage	October 2022–January 2023		July 31, 2023
MAPD 2021 risk adjustment chart retrieval	Medicare Advantage	October 2022–January 2023	Episource	July 31, 2023
HEDIS Quality 2022 Measure Chart Retrieval	Medicare Advantage Medicaid	February 2023–April 2023	CareFirst HEDIS team	June 15, 2023

Your participation is part of your contract as a member of the CareFirst Network. There are also clear benefits:

- Member's data will be more accurate in CareFirst systems, which allows us to better coordinate their care and identify resources or programs they are entitled to.
- CareFirst can better report on and adjust for the complexity of our members. For those in value-based programs, this translates into a more accurate budget to care for your assigned population and more actionable quality reporting to coordinate care.
- There will be fewer gaps in quality and scoring tools, which can increase provider incentives and improve CareFirst plan performance.



Questions? Questions specific to a medical records request should be directed to the vendor. General questions may be directed to Provider Relations.

Upcoming Closings

CareFirst will be closed on the below dates.



Memorial Day: Monday, May 29th



Juneteenth: Monday, June 19th



Independence Day: Tuesday, July 4th





Find answers to your questions quickly on our webpage titled “Looking for Support?”

This page pulls together common requests and shows where you can get information you need.

- Credentialing
- Updating Provider Data
- CareFirst Direct Access
- Eligibility, Benefits, and Claims Status
- Claims Questions
- Fee Schedules
- Medical Policy
- Electronic Capabilities
- Training and Resources
- Escalated Issues

www.carefirst.com/providersupport

Questions?





THANK YOU
