CAREFIRST UPDATES AND REMINDERS

MD AAHAM

MARCH 2024

AGENDA

1. Provider Relations and Provider Service Roles
2. CareFirst Community Health Plan Maryland (CareFirst CHPMD) and CareFirst Medicare Advantage DualPrime
3. FEP Updates
4. Authorization Updates
5. Learning and Engagement Center
6. Other Updates and Reminders

PROVIDER RELATIONS AND PROVIDER SERVICE ROLES

Provider Relations Roles

Provider Service Roles

CAREFIRST COMMUNITY HEALTH PLAN MARYLAND AND CAREFIRST MEDICARE ADVANTAGE DUAL PRIME

Submitting Claims

CareFirst DSNP claims do not automatically cross over to Medicaid. It is the responsibility of the provider to submit the claim to Medicaid as secondary insurance.

CareFirst DSNP

- **Electronic payer code**: 45282
- **Paper Claims Submission**:

  CareFirst Advantage Dual Prime
  P.O. Box 14361
  Lexington, KY 40512

- **Timely Filing**: 365 days from date of service

CareFirst CHPMD

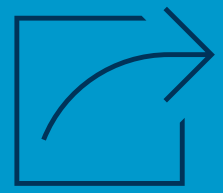
- **Electronic payer code**: 45281
- **Paper Claims Submission**:

Prior to November 1, 2023
CareFirst Community Health Plan Maryland
P.O. Box 9121
Canton, MA 02021

November 1, 2023, and after
CareFirst Community Health Plan Maryland
P.O. Box 14362
Lexington, KY 40512

- **Timely Filing**: 180 days from date of service






Disputes

A post-service review of a denied claim.

Types of Disputes

- **Claim Dispute**: Request for review of a denied or underpaid claim
- **Reconsideration**: Request for reconsideration of CareFirst CHPMD's decision based on new or additional information
- **Resubmission**: Request for review of denial or payment amount because of incorrect coding or missing information

Submit all disputes with the Post Claims Adjudication Payment Dispute Form.

Carefirstchpmd.com > For Providers > Forms
Carefirstmddsnp.com > For Providers > Forms

*Dispute timely filing is **180 calendar days** from the date of service.*

Post Claims Adjudication Payment Dispute Form

One dispute per form

Multiple claims can be attached with the same dispute reason

Do not use this form for pre-service and post-service appeals

CareFirst will respond to the request via EOP within 30 days from receipt of the dispute and supporting documentation

CareFirst Claims Department
P.O. Box 14361 (DSNP) or 14362
(CHPMD)
Lexington, KY 40512

Post Claims Adjudication Payment Dispute Form Example – CareFirst CHPMD

CareFirst

Post Claims Adjudication Payment Dispute Form

CareFirst 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:** ▪ **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	
○	**Authorization:** ▪ 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
○	**Code or Modifier Issue:** Resubmitting claim with correct code or modifier
○	**Contract Rate:** Claim was not processed based on contractual rate; includes single case agreements
○	**Coordination of Benefit (COB):** Copy of primary insurer's explanation of benefit required
○	**Duplicate Claim:** Originally denied as a duplicate claim; however, submitted documentation (e.g., medical record) shows two services were performed
○	**Invoice Attached:** Claim originally denied for lack of invoice
○	**Itemized Bill:** Claim originally denied for an itemized bill
○	**Paid to Wrong Provider:** Claim paid to the wrong provider
○	**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	
○	Authorization number/letter or evidence that authorization is not required
○	A copy of the primary insurance EOB
○	Resubmitted claim with correct code or modifier
○	Evidence of contracted rate or copy of fully executed **(signed by CareFirst CHPMD and provider)** single case agreement
○	Medical records demonstrating two services were performed
○	A clear copy of the manufacturer's invoice, for service, device, or drug ▪ 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
○	Attached itemized bill
○	Evidence that the wrong provider was paid
○	Other:

Submit this form and supporting documentation to:

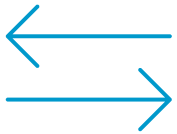
CareFirst BlueCross BlueShield Community Health Plan of Maryland (CareFirst CHPMD)
Claims Department
P.O. Box 915
Owings Mills, MD 21117

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

ePrep Reminder

Getting claims denials from our Maryland Medicaid or Dual Special Needs plans?
Double check that your practitioners are actively enrolled in Maryland Department of Health's (MDH) electronic Provider Revalidation and Enrollment Portal (ePrep).

Federal law requires providers to be enrolled with their State Medicaid agency to be paid.



CareFirst matches data received from MDH about ePrep status with the date of service on claims. If you are not active, your claim will deny.

We want you to get paid for the services you are rendering to our members! Please consider checking your status if you are seeing an increase in denials.

To enroll in ePrep or check the status of prior enrollment, please go here: https://health.maryland.gov/mmcp/provider/Pages/enrollment.aspx.

CareFirst CHPMD and DSNP Medical Record Requests

CMS requires providers to respond to requests for information within 15 days of receiving the original request.

Retrieval Period	Lines of Business	Retrieval Period	Vendor
DSNP 2022 -2023 Risk Adjustment Chart Retrieval	Medicare Advantage	October 2023–March 2024	Change Healthcare
HEDIS Quality 2023 Measure Chart Retrieval	Medicare Advantage Medicaid	February 2024–April 2024	CareFirst HEDIS team

- CareFirst is required to participate in medical retrieval requests for information about member's health status.
- These requests help to provide CMS with a better understanding of local and nationwide trends and variances.

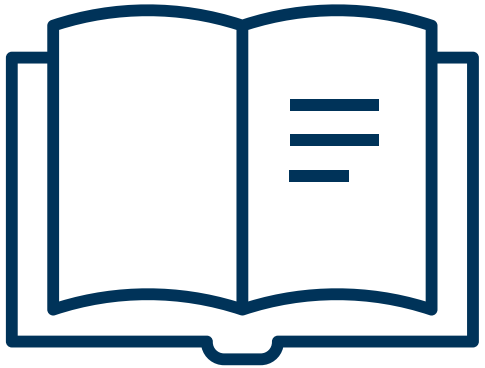
Questions?

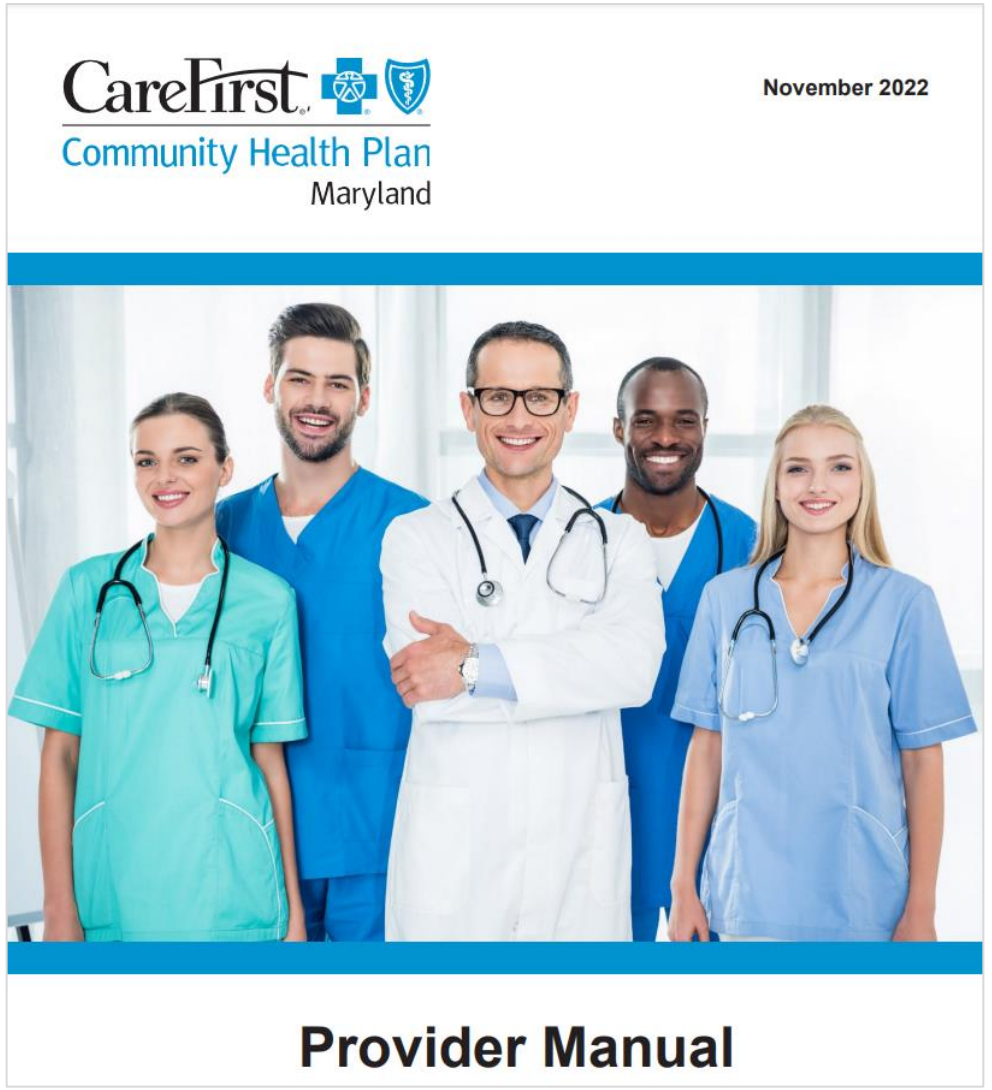
Questions specific to a medical records request should be directed to the vendor. General questions may be directed to Provider Relations.

Provider Manual

Access the Provider Manual for comprehensive information on how to do business with CareFirst CHPMD.

www.carefirstchpmd.com > For Providers > Provider Manual

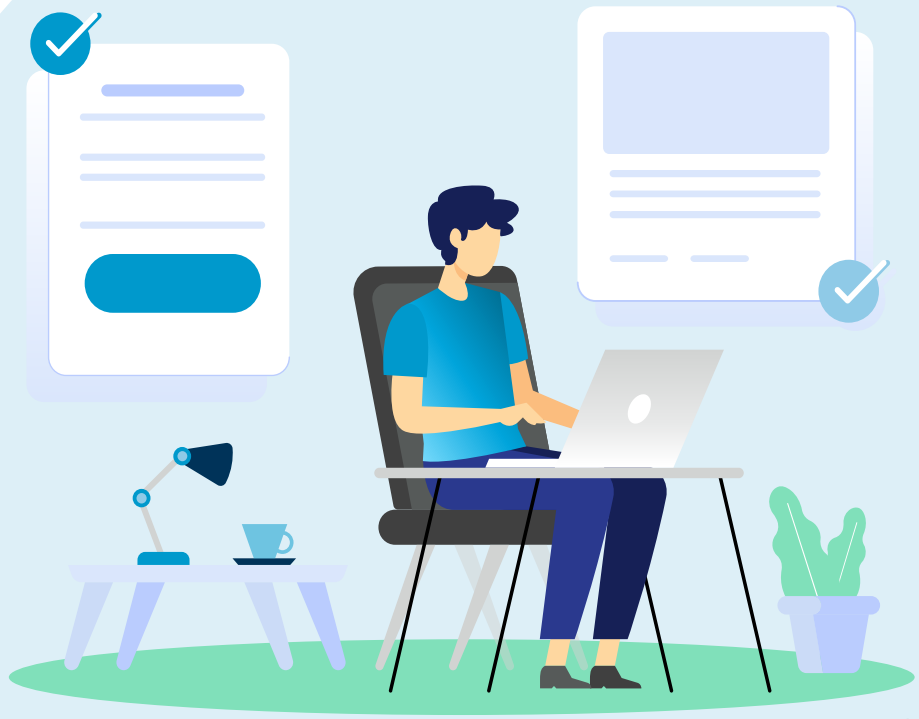




2024 Model of Care Training

Providers servicing MD Dual Special Needs (DualPrime) Plan Members:
Complete the required Model of Care Training course for 2024 today!

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



FEP UPDATES

Medications Added to Prior Authorization List

Effective March 1, 2024 – specifically for FEP PPO – medications have been added to the list of drugs subject to prior authorization in order to better manage rising specialty drug costs.

- These medications are covered under the medical benefit and are administered in the outpatient hospital, home, or office settings.
- 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.

View the list of drugs and additional information in our email communication here.

How to Request Prior Authorization

Prior authorization may be submitted electronically within the Provider Portal.

Training resources for entering prior authorizations are available on our Learning and Engagement Center.

As a reminder, the following specialties/scenarios are out-of-scope and do not require prior authorization for medications covered under the medical benefit:

- Ambulatory Surgery Centers
- Birthing Centers
- Dialysis
- Emergency Room
- Home Health Agencies
- Hospice
- Lithotripsy
- Inpatient Hospital Stay
- Mental Health Facilities & Halfway Houses
- Outpatient Department during Surgery
- Patients in Observation
- Skilled Nursing Facilities

Preferred Drug Strategy Update

Effective March 1, 2024, the preferencing strategy for select medications covered under the medical benefit has been updated.
When medically appropriate, the preferred medications will need to be tried first before a non-preferred medication can be covered.

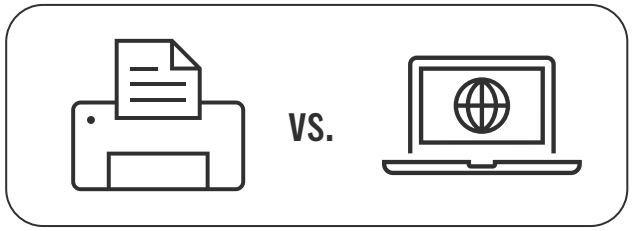
What this means for impacted patients:

- If a patient is taking a non-preferred medication, they can continue to take that medication until the current prior authorization expires.
- If a patient needs to continue medication therapy with the non-preferred medication, their doctor can submit a new prior authorization upon the expiration date of the current prior authorization.
- The new prior authorization may result in an approval for an alternative, preferred medication, which is as clinically effective and safe as the non-preferred medication.
- If their doctor believes the non-preferred medication must be continued, their doctor can submit information within the new prior authorization request to obtain a medical necessity exception.

View the list of drugs and additional information in our email communication here.

AUTHORIZATION UPDATES

Reminders: Fax vs. Authorization System



Avoid faxing clinical documentation

Submit clinical documentation through the authorization system whenever possible

Provide CareFirst access to your EMR in lieu of uploading clinical documentation in the authorization system

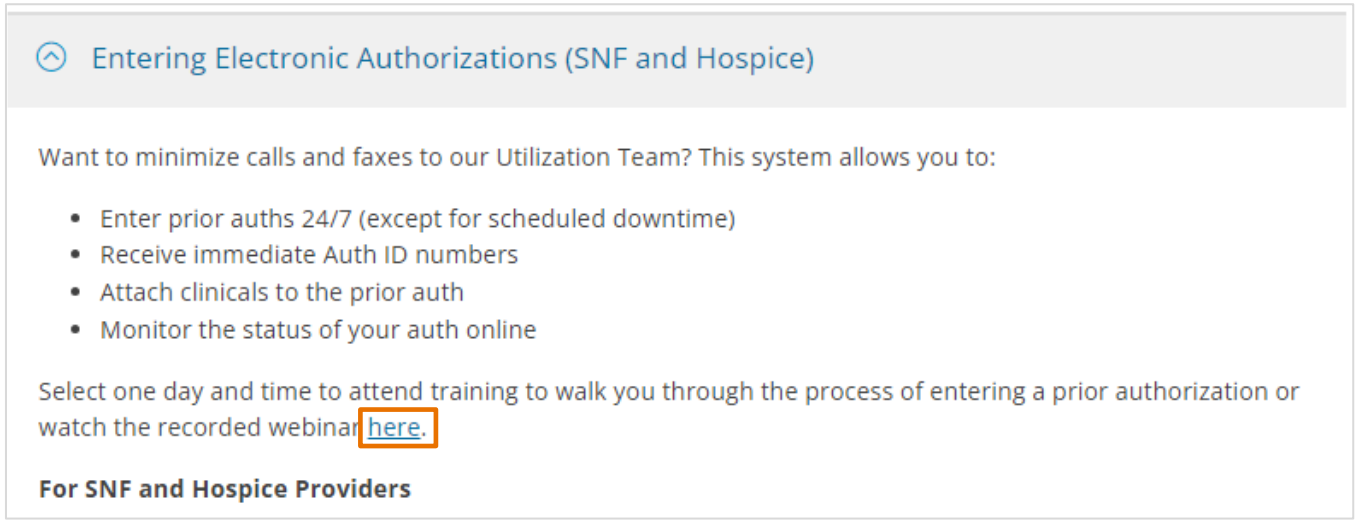
Step-by-step training: Uploading Clinical Documentation to Authorizations

Hospice and SNF: Enter Electronic Authorizations Reminder

Effective November 1st, 2023, Hospice and Skilled Nursing Facilities should submit authorizations electronically through the authorization system.

Missed the live webinars or want a refresher? We've got you covered.

Visit carefirst.com/learning → Select Webinars → Select Entering Electronic Authorizations (SNF and Hospice → Select the recorded webinar link



Entering Electronic Authorizations (SNF and Hospice)

Want to minimize calls and faxes to our Utilization Team? This system allows you to:

- Enter prior auths 24/7 (except for scheduled downtime)
- Receive immediate Auth ID numbers
- Attach clinicals to the prior auth
- Monitor the status of your auth online

Select one day and time to attend training to walk you through the process of entering a prior authorization or watch the recorded webinar here.

For SNF and Hospice Providers

Authorization Resources

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

View even more authorization resources on the Learning and Engagement Center at www.carefirst.com/learning.

LEARNING AND ENGAGEMENT CENTER

Check out our new Continuing Education course!

Understanding Implicit Bias

1.0 AMA PRA Category 1 Credit

Defines and explains the types of implicit bias

Demonstrates the relationship between implicit bias and health disparities

Provides contemporary examples of implicit bias in healthcare

Obtaining Your Credits

- Complete the course post-activity survey in its entirety
- Create a profile on CME Passport
- Ensure your profile matches the information collected on the survey exactly

Visit carefirst.com/learning → Select Health Equity → Select Understanding Implicit Bias

- *This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of MedChi, The Maryland State Medical Society and CareFirst BlueCross BlueShield. MedChi is accredited by the ACCME to provide continuing medical education for physicians.*
- *MedChi designates this enduring material for a maximum of 1.0 AMA PRA Category 1 Credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*
- *The planners and reviewers for this activity have reported no relevant financial relationships to disclose.*

Introducing CareFirst Shorts

Simple, **H**uman, **O**riginal, **R**elatable, and **T**imely short-form, graphic content.

Videos

Microlearnings

PDFs

Key Information

3 minutes or less

carefirst.com/learning

More coming soon!

OTHER UPDATES AND REMINDERS

Security Update: Change Healthcare

CareFirst was made aware of a security issue with Change Healthcare (CHC) on Wednesday, February 21st and immediately severed all connections. We activated a crisis team and senior leadership is meeting multiple times daily to assess and address the impact.

Claims

Electronic: The best alternative for electronic claims submission is direct entry through the Availity Portal.

Paper: Please hold off on dropping exclusively to paper claims. High dollar or important paper claims are ok.

Fax: There is no fax option for claims submission.

Payments

Remits: ERAs/835s cannot be sent. EOPs can be located on CareFirst Direct.

Payments: No impact for Commercial, FEP, and Medicare Advantage for previously submitted claims. Medicaid, Dual Prime, and CFA have payments on hold.

EFT: Recently submitted requests are on hold.

Authorizations & Appeals

These processes remain unaffected.

Authorizations: Please continue to enter authorizations through the authorization system found in CareFirst Direct.

Appeals: Please continue to mail your appeals per the usual process.

Eligibility & Benefits

Verify eligibility & benefits through our Provider Portals or by calling Provider Service.

Commercial, FEP, Medicare Advantage: CareFirst Direct 800-842-5975

Community Health Plan Maryland Medicaid, Dual Prime: MyHealthPortal 410-779-9359 or 800-730-8543

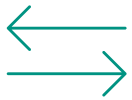
We strongly recommend enrolling in CareFirst's communications to ensure you stay informed on this important issue.

Provide Third-Party Billers With What They Need

Please follow up with your third-party billing companies to ensure they can obtain what they need electronically.

Educate your third-party biller contacts on resources available.

Provide them access to CareFirst Direct



Remind them about CareFirst Direct Transaction IDs

Show them where to find resources on our Provider Website

Ask that they refrain from requiring duplicative calls to Provider Service or claim inquiry submissions

Looking for Support?

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

Ethisphere World's Most Ethical Companies Honoree

We're honored to be recognized as one of the 2024 World's Most Ethical Companies® by Ethisphere.

It's an honor we've earned for 12 consecutive years and one we don't take lightly.

As one of the largest not-for-profit healthcare companies serving the nation, we must act with unquestionable ethics in all we do and remain committed to building stronger relationships focused on a better future for all we serve—members, providers, employees and communities.

Important Upcoming Dates

Closures

Memorial Day: May 27th

Quarterly Webinars

Q1 CHPMD/DualPrime Quarterly:

- March 19th @ 1pm
- March 21st @ 10am

Q2 Professional Quarterly:

- May 15th @ 10am
- May 16th @ 1pm

Q2 Hospital Quarterly:

- May 21st @ 10am
- May 16th @ 1pm

Additional Webinars

Provider Directory Updates and Attestation:

- March 19th @ 11am
- March 20th @2pm
- March 26th @9am
- March 28th @10am
- April 3rd @3pm
- April 4th @10am
- April 9th @11am

View more webinar options on the Learning and Engagement Center at www.carefirst.com/learning.

Any Questions?

CareFirst

THANK YOU