



## Provider Newsletter

A newsletter prepared exclusively for CareFirst BlueCross BlueShield Community Health Plan Maryland (CHPMD) & CareFirst BlueCross BlueShield Medicare Advantage Dual Prime (MA Dual Prime) Providers.

### In this issue:

#### New look, Same Great Service

#### Provider Reminders – CHPMD & MA Dual Prime

- Enroll in Medicaid through ePREP Self-Service
- Prior Authorization Form Submission Still Required

#### Provider Resources – CHPMD & MA Dual Prime

- MyHealth Provider Portal

#### CHPMD Provider Information

- Pharmacy Updates
- CareFirst CHPMD Provider Manual
- Complex Case Management
- Members' Rights and Responsibilities
- Clinical Practice Guidelines

#### MA Dual Prime Provider Information

- Complete Your Model of Care Training
- Using Health E-Choice for Crossover Billing Claims Submission

## New Look, Same Great Service

University of Maryland Health Partners is now CareFirst BlueCross BlueShield Community Health Plan Maryland (CHPMD). CareFirst CHPMD is a Medicaid Managed Care Organization that participates in the Maryland HealthChoice Program.

In addition, University of Maryland Health Advantage is now CareFirst BlueCross BlueShield Medicare Advantage Dual Prime.

While there is a new look for both plans, you get the same great service. There are no process changes to Payor IDs, claims submissions, authorizations, customer service or credentialing.

Please note that we do have **new mailing addresses and P.O. Boxes for claims processing** for both CareFirst BlueCross BlueShield Community Health Plan Maryland and CareFirst BlueCross BlueShield Medicare Advantage Dual Prime.

#### CareFirst BlueCross BlueShield Community Health Plan Maryland

Mailing Address (as of 6/1/2021):  
P.O. Box 915  
Owings Mills, MD 21117

Medicaid Claims (as of 6/1/2021):  
P.O. Box 9121  
Canton, MA 02021

#### CareFirst BlueCross BlueShield Medicare Advantage Dual Prime

Mailing Address (as of 6/1/2021):  
P.O. Box 915  
Owings Mills, MD 21117

Medicare Advantage Dual Prime Claims (as of 6/1/2021):  
P.O. Box 9208  
Canton, MA 02021

Questions? Support is available at the following:

Phone:

- CHPMD: [410-779-9369](tel:410-779-9369) or [800-730-8530](tel:800-730-8530)
- Medicare Advantage Dual Prime: [410-779-9359](tel:410-779-9359) or [800-730-8543](tel:800-730-8543)

Website:

- CHPMD: [carefirstchpmd.com](http://carefirstchpmd.com)
- Medicare Advantage Dual Prime: [carefirst.com/mddsnp](http://carefirst.com/mddsnp)

## Provider Reminders - CHPMD & MA Dual Prime

To continue rendering Medicaid reimbursable services, you must enroll with the Maryland Medical Assistance Program (Medicaid). As an existing provider, you are required to enroll through the new Maryland Department of Health self-service electronic Provider Revalidation and Enrollment Portal (ePREP).



For additional information and resources:

- Visit [MD Department of Health](#)
- Visit [ePREP](#) self-service
- Contact [1-844-4MD-PROV \(844-463-7768\)](tel:1-844-4MD-PROV)

## Prior Authorization Form Submission Still Required

Prior Authorization has not changed. Prior Authorization requests continue to be submitted on either a CareFirst BlueCross BlueShield Community Health Plan Maryland or CareFirst Medicare Advantage Preauthorization Form with clinical documentation via fax.

Please submit patient-specific clinical documentation to include at least:

- Completed Preauthorization Form
- Treatment received to date
- Current medical health status
- A proposed treatment plan, when applicable

For both CHPMD & Medicare Advantage Dual Prime, providers can fax to:

- [844-328-5952](tel:844-328-5952) for Medical Requests
- [844-329-0865](tel:844-329-0865) for SNF and Medical Injectable Requests

For Prior Authorization inquiries for both CHPMD & Medicare Advantage Dual Prime, call Provider Customer Service at [800-730-8543](tel:800-730-8543) or [410-779-9359](tel:410-779-9359).

## Provider Resources - CHPMD & MA Dual Prime

The mission of CareFirst is to improve the health of our members through high-quality and preventive care. We strive daily to make a difference in our community, to turn our vision of better health for everyone into reality. Thank you for being a valued provider.



Please take advantage of these helpful resources:

### MyHealth Portal

With MyHealth Portal you can access information 24 hours a day, seven days a week:

- View eligibility
- Check claim status
- Check authorizations
- Update demographics

[Login](#) as a Provider. Please note that by registering and using [MyHealth Portal](#) you agree to the Terms of Use. If you need assistance logging in, contact Provider Relations at [1-410-779-9359](tel:1-410-779-9359) or [1-800-730-8543](tel:1-800-730-8543).

## CHPMD Provider Information

### Pharmacy Updates

Effective September 1, 2019, CareFirst CHPMD's preferred formulary drugs to treat Hepatitis C are the biosimilar Eplclusa and Mavyret.

Effective January 1, 2020, CareFirst CHPMD members who are on medication(s) to treat HIV must show their CareFirst CHPMD ID card at their network pharmacy. ***These medications will no longer be processed by Maryland Medicaid Fee-For-Service and will be processed by the HealthChoice MCOs.***

CareFirst CHPMD posts quarterly formulary updates in the formulary section of its website. CareFirst CHPMD Pharmacy Management Procedures are available on the CareFirst CHPMD website. The Pharmacy Management Procedures section offers a wealth of information on prior authorization, generic substitutions, step therapy and quantity limits, therapeutic interchange, medication exception requests, and copays.

Please note that CareFirst CHPMD offers a 90-day supply of formulary generic maintenance medications for:

- Asthma, Diabetes, Hypertension, Hyperlipidemia, AND
- Formulary generic birth control, AND
- Formulary generic and brand prenatal vitamins and folic acid

If the medication is new for your patient, please write an initial prescription for a 30-day supply. After you have evaluated the patient and determined the medication is the correct therapy, then prescribe a 90-day supply (with three refills, if appropriate). Patients can take their 90-day prescriptions to an in-network retail pharmacy, or you can e-prescribe to an in-network retail pharmacy.

#### **Reminder to ensure your Medically Necessary Pharmacy Prior Authorization (or exception request) gets approved promptly:**

Always send clinical documentation supporting your request with your initial authorization request. CVS/Caremark will request additional documentation, if needed. Respond to CVS/Caremark's inquiry (or exception request) within 15 hours of CVS/Caremark's request to fax number 877-418-4133. For step-therapy/non-formulary items: provide documentation of treatment failure with formulary alternative(s). If the member is new to the Provider/Plan: provide documentation and length of prior treatment success with the requested prescription. **Please consider Formulary alternatives first.**

### CareFirst CHPMD Provider Manual

The [CareFirst Community Health Plan Maryland Provider Manual](#) provides information about the program, outreach and support services, special populations, appointment scheduling and more.

### Complex Case Management

CareFirst CHPMD nurse case managers will evaluate referrals for Complex Case Management based on eligibility criteria including but not limited to major organ transplant, cancer, or major trauma with complex injuries, and/or the member is not connected to a PCP. CareFirst CHPMD nurse case managers will also evaluate member eligibility for Complex Case Management based on new, worsening, or poorly controlled chronic conditions, including diabetes, HTN, COPD, CHF, and asthma, members with high utilization of care, and/or members experiencing barriers to care such as lack of transportation and need for child care. If members do not meet criteria for Complex Case Management, they may qualify for lower levels of case management such as Care Coordination and Transition of Care.

If you have questions about the CareFirst CHPMD Complex Case Management program or would like to refer a member, please call [1-800-730-8543](tel:1-800-730-8543). Referrals can also be sent to our Case Management fax line at [410-840-7483](tel:410-840-7483).

### Member Rights and Responsibilities

To view the CareFirst CHPMD Member Rights and Responsibilities statements, please visit [carefirstchpmd.com/for-members/rights-responsibilities](http://carefirstchpmd.com/for-members/rights-responsibilities). Click "For Members", then "Rights and Responsibilities". If you have any questions about the Rights and Responsibilities of our CareFirst CHPMD members, please contact Provider Services at [410-779-9359](tel:410-779-9359) or [1-800-730-8543](tel:1-800-730-8543) or email [ProviderMD@carefirst.com](mailto:ProviderMD@carefirst.com).

### Clinical Practice Guidelines

CareFirst CHPMD's Provider Advisory Committee (PAC) reviews and approves the Clinical Practice Guidelines annually. The latest Clinical Practice Guidelines for CHPMD are available at [carefirstchpmd.com/for-providers](http://carefirstchpmd.com/for-providers).

## MA Dual Prime Provider Information

### Complete Your Model of Care Training

Model of Care (MOC) training is mandatory for all Special Needs Plan Providers. MOC training is offered to meet CMS regulatory requirements and ensures that all providers have the specialized training that this unique population requires. Providers can complete [MOC training here](#).

After 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.
- Explain the critical role of the provider as part of the MOC required Interdisciplinary Care Team (ICT).

### Using Health E-Choice for Billing Claims Submission

All Dual Prime Special Needs Plan (DSNP) claims should be submitted to the health plan. As a reminder, if there is a balance for co-insurance, co-pays, etc. please forward the balance to the State as a secondary. For crossover billing inquiries please visit [emdhealthchoice.org](#).

The process to submit Crossover Claims is as follows:

1. **Login to the Maryland Department of Health eMedicaid website.** Signing in will take you to the eMedicaid homepage, where you will find links for available services under your User ID.
2. **Submit a Medicare Part B Crossover Claim** by clicking the link at the bottom of the page. Click on New Claim and complete the required fields of information from the Medicare filed claim. Then, click 'Continue.'
  - a. If the link to choose eClaim is not available, contact your Local Administrator to request access.
  - b. The only required fields are the PATIENTS NAME (field 2) and OTHER INSURED'S POLICY OR GROUP NUMBER (field 9a).
  - c. If the Third-Party Insurance Rejection Codes (field 11) selection is Q, R or S, you must file a paper claim.
3. **Complete the Health Insurance Claim Submission Form.**
  - a. Date(s) of Service (DOS) fields MUST be filled out in MM/DD/YYYY format.
  - b. Medicare Part B Crossover claim submission date must be on or before one calendar year from DOS. Or the Medicare Paid Date must be less than or equal to 120 days from Medicare Part B Crossover claim submission date.
  - c. If you need to add more Service Lines to the claim, use the 'Add More Service Lines' box.
  - d. In Box 29, enter the total of all TPL/Commercial Insurance paid amounts. This excludes ALL Medicare paid amounts including Medicare Advantage, Medicare Replacement, Medicare HMO, etc.
4. **Complete the Medicare Explanation of Benefits (EOB).**
  - a. To fill out this section you will fill in fields from the Detailed or Summary Medicare EOB report you received.
  - b. The Medicare Date Paid at the upper left must be filled out in MM/DD/YYYY format.
  - c. Submit only the numeric value of the adjustment reason code. Do not include the values CO, PR, or OA. (Correct: 45 or 237 | Incorrect: CO-45 or CO-237).
5. **If you have any questions, email [mdh.eMedicaidMD@maryland.gov](mailto:mdh.eMedicaidMD@maryland.gov).**

If you are not able to view your message or you need other technical assistance, please call Technical Support at [877-526-8390](tel:877-526-8390), Monday - Friday, 8 a.m. - 6 p.m. (Eastern Time).

If you are not the intended recipient, or if you prefer not to receive future emails on this subject, please click on the unsubscribe link below.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [855-258-6518](tel:855-258-6518).

注意: 如果您使用繁體中文, 您可以免費獲得語音援助服務。請致電 [855-258-6518](tel:855-258-6518)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

The information in this email is confidential. Please do not reply to this message. This email message was sent from a notification-only address that cannot accept incoming email.



CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage DSNP, Inc., and CareFirst Advantage, Inc. and CareFirst Advantage PPO, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. CareFirst Advantage DSNP, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Community Partners, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



[Unsubscribe](#)

P.O. Box 915 Owings Mills, MD 21117