



Refresh

Spring Provider Newsletter 2024



Refreshing the Member-Provider Relationship

Patients sometimes find it difficult to ask their provider uncomfortable questions about their health. Some struggle to describe their suffering, complicating the provider's ability to diagnose an injury, illness, or condition. Patients have also reported being hesitant to ask follow-up questions during consultations, fearing they might agitate their provider. As a result, patients may leave appointments feeling confused and possibly more worried about their health and wellness. For some CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) members, their patient-provider relationships may have deteriorated. Trust is key to relationship building. The American Medical Association (AMA) Code of Medical Ethics says building relationships of trust with patients is "fundamental to ethical practice in medicine." The following tips can help providers develop a meaningful connection with their patients and improve patient satisfaction.

Express empathy

Patients may find it difficult to discuss traumatic and embarrassing situations, so it is important for providers to validate patients' emotions and concerns. Patient satisfaction may improve when providers are skilled in empathy, increasing the possibility of positive patient outcomes.

Practice active listening

Encourage patients to describe their symptoms and the history of their illness, and then respond with appropriate probing, open-ended questions that shows the patient you're not only listening, but also attune to their thoughts and feelings.

Practice shared decision making

Get patients actively involved in making decisions about their healthcare treatment options. When providers and patients adopt a collaborative approach to decision making, patients are more likely to take an active role in following a plan of care.

Recognize cultural differences

Providers must recognize that each culture has its own distinct customs, and while some behaviors might be acceptable in one culture, those same behaviors could be considered rude in another culture. To that end, providers should consider each patient's unique culture, values, and beliefs during a clinical encounter to help build a rapport and ensure their patients feel respected and understood.

Closing the communication gap

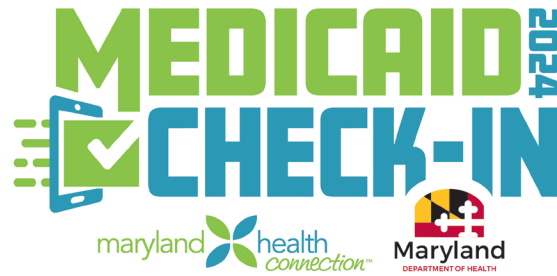
CareFirst CHPMD is dedicated to making sure all members have access to translation services, including during their appointments with their providers. Providers that do not have their own translation services can contact CareFirst CHPMD to reach an interpreter.

How to use:

1. Call our Provider Services Department at **410-779-9359** or **800-730-8543**.
2. Verify who you are.
3. Provide the patient's member ID number located on the back of their member ID card.
4. **Hours of operation:**
Monday–Friday: 8 a.m.–5 p.m.

After you and the member are verified, our Provider Service representative will connect you to our translation vendor by using the **code 858222**. Once connected, brief the interpreter about the reason for the call and give any special instructions.

Important note: Remember to document the interpreter's name and ID number for your reference.



Medicaid check-in

Do your patients currently have health insurance through Medicaid or the Maryland Children's Health Program (MCHP)? Be sure they know that this year Medicaid renewals are not automatic.

- Ask your patients to make sure their contact information is up to date with Maryland Health Connection.
- Encourage them to be on the lookout for notices. They will be contacted by mail or through their online account when it's their turn to renew.
- And please stress the importance of completing renewals on time. Participants can log in to their account at MarylandHealthConnection.gov/Checkin, or call **855-642-8572** to get started.

Providers will be able to access patient redetermination dates via EVS and CRISP.

Help get the word out about the Medicaid Check-In. For more information, visit health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Providers.aspx.

What's New?

Electronic Prior Authorization form available for CareFirst CHPMD providers!

We are excited to share that you can now enter your prior authorizations electronically rather than having to send a fax.

The electronic form is available on MyHealthPortal for CHPMD providers. Please visit:

CHPMD MyHealthPortal

Note: If you do not have an account, simply select "Register" and complete the required fields.

The new prior authorization form includes the same fields for you to complete as the manual form. In addition, you will be able to upload your clinical documentation when submitting your request.

For more information on prior authorizations, visit the following site:

CHPMD Authorization Guidelines



Updated Appeals and Grievances form for CareFirst CHPMD

A new form is available for you to use to submit appeals and grievances to CareFirst CHPMD. The form is located on the **CareFirst CHPMD Provider Website** under the *Forms* link, or find it directly [here](#).

As a reminder, an appeal is a request to the denial of a claim that was not resolved to the provider's satisfaction through the dispute process.

- File within 90 days of the date of the denial of payment
- CareFirst CHPMD acknowledges within 5 business days of receipt
- Resolved in writing, within 30 calendar days of receipt
- Second Level Appeals must be filed within 15 business days of the date of the denial letter
- CareFirst CHPMD pays a claim within 30 days of the appeal decision if the denial is overturned

Conversely, a grievance is for disagreements with administrative processes within CareFirst CHPMD.

- File at any time, verbally or in writing
- CareFirst CHPMD acknowledges within 5 business days of receipt
- Resolved within 30 calendar days of receipt
- If unsatisfied with the resolution, contact the State's Complaint Resolution Unit at **800-284-4510**.

For more information, access the [Appeals and Grievances](#) section of the provider website.

Formulary change

CareFirst CHPMD regularly updates its formulary (Drug List) to ensure all appropriate drugs are available for drug therapy selection. The Pharmacy Management Procedures section offers a wealth of information on prior authorization, generic substitutions, step therapy, quantity limits, therapeutic exchange and medication exception requests. Effective March 1, 2024, brand name drug Humira is no longer a covered drug. If your patients are utilizing Humira, please talk to them about switching to the formulary alternative biosimilars *adlimumab-adaz*, *adalimumab-fkjp*, or *Hadlima*. Biosimilars are biological products that have been compared to an FDA-approved biologic reference product. Biosimilars achieve the same desired clinical outcome in terms of safety and efficacy and show no meaningful differences from the reference drug. Please visit carefirstchpmd.com/for-providers/find-a-drug-or-pharmacy for more information.



Copay update

Effective May 1, 2024, the Maryland Department of Health (MDH) is requiring all plans, including CareFirst CHPMD, to charge a copayment amount for some pharmacy services. The new pharmacy copayment will be:

\$1 for generic drugs, preferred/formulary brand drugs, and HIV/AIDS drugs

\$3 for non-preferred/non-formulary brand drugs

- Exceptions to the co-pay amounts for the drug types listed above: zero-dollar co-pays (\$0 co-pays) for pregnant women, American Indians, individuals under the age of 21, individuals receiving hospice care

Note: Copayments do not apply to family planning drugs, such as birth control. Certain drugs, such as mental health and substance use disorder medications, are covered by the Maryland Department of Health, and co-pays may apply to those drugs.

Selecting ICD diagnosis codes

It is critical that the ICD-10 codes reported for a patient's office visit accurately matches the information in the chart notes. For every service billed, a provider must indicate the specific sign, symptom, and/or lab documentation in the chart notes necessitating the service.

Quality care and continuity of care depend on good medical record documentation. For example, when ordering A1c testing to assess for diabetes, the diabetes code should not be submitted or coded until the diabetes is confirmed with the supporting lab documentation. Prediabetes, diabetes, and uncontrolled diabetes each have different ICD-10 codes. Please visit [cms.gov](https://www.cms.gov) for ICD-10 resources.

Training Opportunities

New to CareFirst CHPMD? Need a refresher on working with us? Access our provider orientation course today!

Our Provider Orientation course is a great place to go for important information about CareFirst CHPMD and how to do business with us. By the end of this course, you will be able to:

- Recognize the CareFirst CHPMD plan
- Recall the responsibilities of providers and quality guidelines
- Locate member benefits and wellness programs available to patients
- Identify CareFirst CHPMD members
- Determine what services require authorizations and know how to submit authorization requests
- Submit claims, reconsiderations, and appeals to the appropriate CareFirst plan
- Federally Qualified Health Center (FQHC) providers will be able to recall our outreach programs

Access the course at your convenience, 24/7, here at [New Provider Orientation Course](#).



You're invited!

We are excited to once again offer our CareFirst CHPMD and DSNP live webinars for providers that cover important topics like electronic claims submission, prior authorizations, appeals and grievances, Model of Care training, and much more. **Registration is required.**

To register, click on the date you wish to attend. Once registered, you will receive a link to the webinar.

Month	Live webinar options (register for one each month)	
September	<u>Wednesday, September 11</u> from 1-2 p.m.	<u>Thursday, September 12</u> from 11:30-12:30 p.m.
December	<u>Tuesday, December 17</u> from 1-2 p.m.	<u>Wednesday, December 18</u> from 10-11 a.m.

Education

Important information about billing newborn claims

The State of Maryland automatically enrolls newborns in the mother's HealthChoice Managed Care Organization (MCO).

Please note:

- Members who qualify for Medicaid due to pregnancy will be covered under their HealthChoice coverage for 12 months postpartum. Non-citizen members receive four months of postpartum coverage as part of the Healthy Babies Equity Act.
- Pediatrician visits are covered under the mother's plan and should be billed to her MCO if the newborn's membership card has not arrived.



Spring clean your data

Need to update your address, phone number, NPI, etc.? As a CareFirst CHPMD provider, correct provider and practice information is essential to doing business with CareFirst. There are several benefits to updating and maintaining accurate data with us.



- Members can locate you (and your practice) easily.
- We can process your claims quickly and accurately.
- Mail and email notifications are more likely to be received.
- Your regulatory requirement to keep your data updated is more likely to be satisfied.

Providers must inform CareFirst of any changes to their address, telephone number, and/or group affiliation. In addition, notify us about practitioners joining your practice to ensure accurate data is published in our provider directories. We also need accurate claims payment information from you.

Where do I send my updates?

Please send new information as changes occur to MDMCcredentialing@carefirst.com.

Upcoming holiday closings

CareFirst will be closed for the following holidays:

Holiday	Date
Memorial Day	Monday, May 27
Juneteenth	Wednesday, June 19
Independence Day	Thursday, July 4
Labor Day	Monday, September 2
Election Day	Tuesday, November 5
Veterans Day	Monday, November 11
Thanksgiving Day	Thursday, November 28
Day after Thanksgiving	Friday, November 29
Christmas Day	Wednesday, December 25

HealthChoice is a Program of the Maryland Department of Health.

CareFirst BlueCross BlueShield Community Health Plan Maryland complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-800-730-8530 (TTY: 711).

Chinese: 小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨 800-730-8530 (TTY: 711)。

CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc., an independent licensee 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.