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Visit carefirst.com/bluelink to view past issues of BlueLink.

Serving Maryland, the District of Columbia and portions of Virginia, CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. Group Hospitalization and Medical Services, Inc., and First Care, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst BlueCross BlueShield, CareFirst MedPlus, and CareFirst Diversified Benefits are the business names of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The aforementioned legal entities (excepting First Care, Inc. of Maryland), CareFirst BlueChoice, Inc., and The Dental Network, 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. CareFirst of Maryland, Inc. CareFirst Community Partners, Inc. and The Dental Network, Inc. underwrite products in Maryland only.

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Top News

1099 Tax Forms Now Available in the CareFirst Provider Portal's Document Center

1099 IRS Tax Forms for the 2025 tax year are now available within the CareFirst Provider Portal's Document Center. Providers can log in at any time to view and download their forms for tax year reporting.

If you need assistance accessing the Document Center, access these step-by-step instructions.

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Enter Medical Prior Authorizations Electronically for CareFirst Members

Providers can use the CareFirst Provider Portal (CareFirst Direct) to verify eligibility and benefits, check claim status, verify prior authorization requirements, submit and check the status of prior authorization requests electronically, and more for all their CareFirst patients.

Access the On-Demand Training – CareFirst Essentials section of the Learning and Engagement Center for step-by-step guides and FAQs.

Read the full article.

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New CareFirst Provider Portal Home Page Now Live

We are excited to announce that the new home page for the CareFirst Provider Portal (CareFirst Direct) is now live!

Read the full article.

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Important Utilization Management Process Update

As shared in our What's New for 2026 update, we are in the process of implementing improvements to our Utilization Management fax intake process. This began with the reduction to one dedicated fax line: 443-753-2346 for Medicare Advantage requests effective February 1, 2026.

As we continue to streamline operations and enhance efficiency, our next step will be transitioning from our current system of 30+ authorization request fax forms to just two forms to handle all request types along with one dedicated fax line per line of business, including:

- Commercial
- Medicare Advantage PPO
- CareFirst CHPMD
- Advantage DualPrime
- Federal Employee Program
- Healthy DC

This change is designed to support a new technology solution that will simplify and expedite fax submissions.

Important Note: Electronic entry of prior authorization requests through the CareFirst Provider Portal remains the most efficient and effective way to submit prior authorization requests. Fax options should only be used in rare situations when the provider portal cannot be utilized to enter the request.

Read the full article.

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CareFirst Administrators: Member Transition Reminders

CareFirst Administrators (CFA) enrollment, claims and billing is upgrading to a new platform. This transition began on November 1, 2025, with a small number of members and will continue monthly into late 2026 until all CFA members are officially transitioned. Read the full article in the December 2025 issue of BlueLink.

As part of this transition, we have engaged PNC Healthcare, powered by ECHO Health, to provide electronic payment methods via their Claims Payment and Remittance service for newly transitioned members.

Please review this important information to ensure your payment and remittance preferences are up to date.

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Healthy DC Plan Update

Effective April 1, 2026, the temporary waiver of prior authorization requirements for Healthy DC plan members has ended. **Prior authorization is required for all applicable services with dates of service on or after April 1, 2026. Providers must submit prior authorization requests in accordance with CareFirst requirements.**

Read full article.

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Provider Reminder: Correct Use of MXJ Prefix for CareFirst BlueCross BlueShield Medicare Advantage Individual PPO Claims

When submitting claims for CareFirst BlueCross BlueShield Medicare Advantage Individual PPO members, please ensure that you use the correct prefix, **MXJ**. Using the appropriate prefix is essential to prevent unnecessary claim denials and processing delays.

Please double check your patient records and internal processes to ensure the correct MXJ prefix is reflected.



Need Additional Support?

Take advantage of these on-demand resources:

- CareFirst Medicare Advantage Provider Quick Reference Guide
- CareFirst BlueCross BlueShield Medicare Advantage Individual PPO Provider Training

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Breaking News

Are you In- or Out-of-Network? How to Verify your Network Participation

CareFirst offers multiple provider networks to meet the needs of our customers, members, and the communities we serve. It's important to understand which networks you participate in, as this helps ensure members receive appropriate care, are not inaccurately turned away from receiving care, and have clear expectations about potential out-of-pocket costs.

Please note that participation with CareFirst does not automatically include participation in every CareFirst network.

Key CareFirst Provider Networks Available

- CareFirst BlueChoice HMO
- CareFirst Regional Provider PPO
- BlueHPN
- BlueEssential
- Medicare Advantage (MA) PPO
- Medicare Advantage DualPrime (DSNP)

- CareFirst CHPMD
- Healthy DC

Note: This is not an all-inclusive list; however, it represents the majority of networks available for provider participation.

How to Determine your Network Participation?

You can identify which networks you participate in within your Participation Agreement(s) and network Appendices. The title of the agreement(s) will include the network name. You can also find this information using the Find a Doctor tool.

If you need help utilizing the Find a Doctor tool, access this tutorial.

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Medicare Advantage PPO Plan: Out of Network Provider Guidance

CareFirst BlueCross BlueShield Medicare Advantage members have the flexibility to receive care from any Medicare participating provider ~~who accepts the plan~~, even if the provider is out of network. Out-of-network (OON) providers are those without a contractual agreement with CareFirst BlueCross BlueShield Medicare Advantage.

Out-of-network reimbursement guidance

- If you're a Medicare provider, you can treat and receive payment for CareFirst BlueCross BlueShield Medicare Advantage-covered patients.
- If an OON provider sees a CareFirst BlueCross BlueShield Medicare Advantage member, the provider will be reimbursed at the same rate as if the member was enrolled in Traditional Medicare.
- Our plans pay providers according to the Original Medicare 2 fee schedule, or the equivalent of the current Medicare-allowed amount for all covered services, less any member plan responsibility.
- Members with an individual Medicare Advantage plan will pay higher cost sharing at an OON provider than those enrolled in a Group.

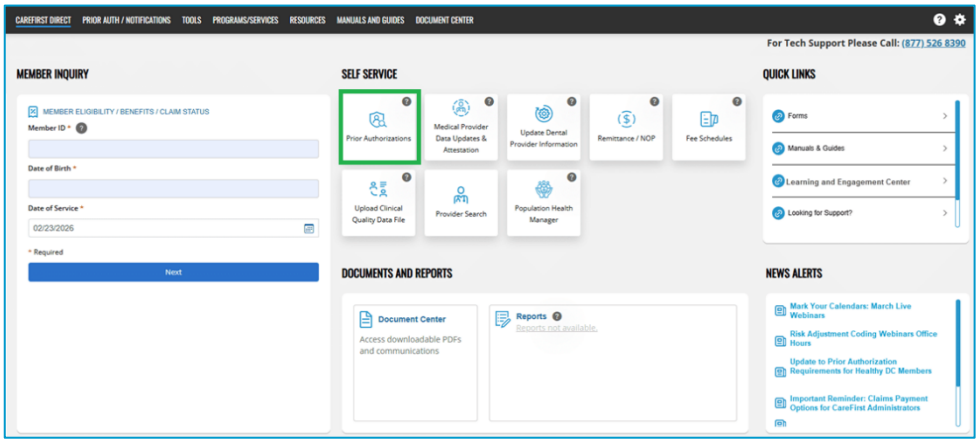
For more detailed information on CareFirst BlueCross BlueShield Medicare Advantage PPO, access our helpful quick reference guide for providers.

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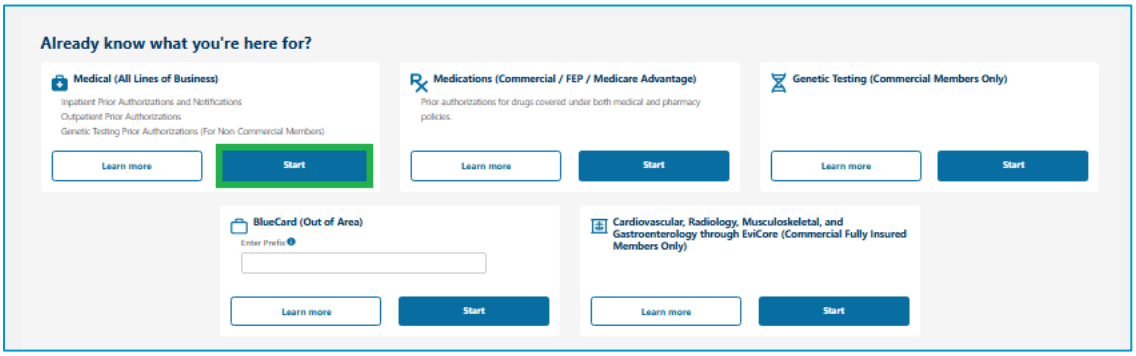
Check Prior Authorization Status Electronically

The CareFirst Provider Portal (CareFirst Direct) makes it easy to view real-time updates on your submitted requests, helping you quickly determine whether an authorization is approved, pending, or denied—all in one convenient location.

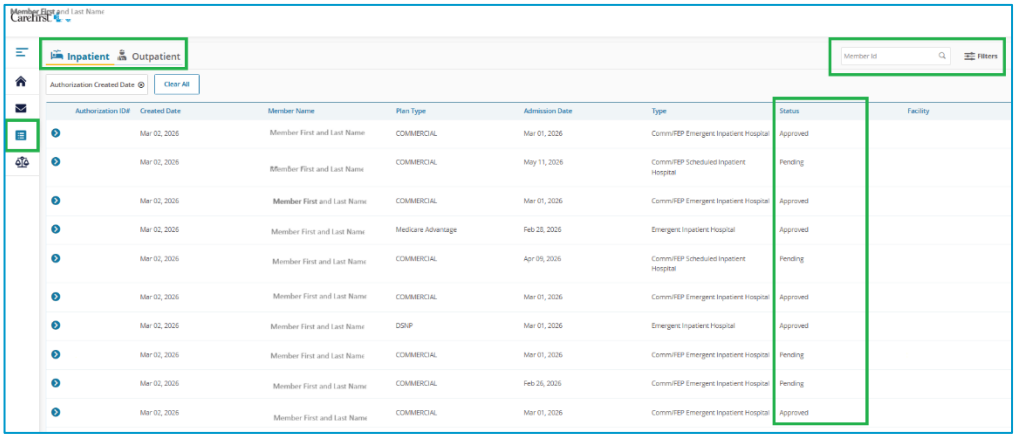
1. Log into the CareFirst Provider Portal (CareFirst Direct). Once logged in, select the Prior Authorization tile.



2. Select 'Start' within the Medical tile.



3. Select the 'Authorization List' icon from the left-hand menu. From there, you can toggle between inpatient and outpatient and view whether the request is Approved, Pending, or Denied in the status column.
    - You can also utilize the Member ID search and filters available to streamline your results.



These steps are also available within this helpful resource.

Using the CareFirst Provider Portal (CareFirst Direct) to check prior authorization status helps

save time, reducing phone calls and keeping workflows moving efficiently. For additional information, access Learning and Engagement Center > On-demand Training > CareFirst Essentials.

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Focus on Quality

Patient Access Surveys Currently Available

Every year in the spring, the Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey is sent out to members. Many of the questions on the CAHPS survey focus on a member's experience with their personal doctor, which provides valuable insight into how your patients perceive the care they receive from you.

Read full article.

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Noteworthy Stories

New Population Health Courses for Continuing Education Units

CareFirst is excited to provide approved Population Health courses for Continuing Education Units (CEUs) for eligible providers and staff.

The Risk Adjustment and Coding team collaborated with the **American Academy of Professional Coders** (AAPC) to offer new online courses in Quality Improvement and Risk Adjustment. The duration of each course is 30-45 minutes and each is CEU eligible, providing an opportunity to earn free course credits at your convenience.

What courses are available?

- Introduction to Risk Adjustment (**0.5 CEU**)
- Clinical Documentation Improvement: Prevalent Diagnosis Codes in Medicare Advantage (**1.0 CEU**)

Who is eligible? Is participation in the Medicare Advantage network required?

Our educational modules can be viewed by any in-network provider and or staff member that participates in any CareFirst network, not just for Medicare Advantage participants. Medicare Advantage In-Network Providers and Non-clinical staff who are Certified Coders through the AAPC are also eligible.

Is it necessary to be a clinician in order to earn credits?

No. All staff members for in-network providers and facilities (clinical, non-clinical, physicians, etc.) can earn CEU credits.

How do I receive credit and how long will it take to receive credit once I complete the course?

Certificates will be emailed within two to three weeks of completion of the course to the email address used during registration. If you have not received your Population Health CEU within two weeks or have not received a CEU from a previously completed Population Health CEU course, please email us at: MARiskAdjustmentcodingteam@carefirst.com.

How can I participate, and who can I contact for questions?

To enroll, go to the Learning and Engagement Center at carefirst.com/learning under the Quality Improvement section labeled **Population Health CEU courses**. Select the course link and follow the registration instructions.

Please contact MARiskAdjustmentCodingteam@carefirst.com with questions. Our goal is to provide resources and training opportunities to support healthcare providers and simplify the process of doing business with us.

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Enhancements Coming Soon for Provider Directory Updates and Attestations Tool

Providers will soon be able to access enhancements available in the CareFirst Provider Directory Updates and Attestation self-service tool that will allow you to easily attest and update your provider directory information.

Read the full article.

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Reminder: Medical Records Requests in Progress

Each year, CareFirst retrieves 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 impacted by all retrieval efforts.

Read the full article.

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Administrative Support

Addition to our Payment Policy Database and Changes to a Current Payment Policy

In consideration of current industry standards and to align with CareFirst's mission to provide affordable healthcare, CareFirst has made an update to the following Payment Policies in the online Payment Policy Reference Manual:

The following Payment Policies have been updated:

- **Policy PP CO 002.01 Claims Editing** – effective June 1, 2026, various claims editing logic has been removed from the policy and will no longer be applied.
- **PP CO 011.01 Implantable Tissue Markers & Radiation Dosimeters** – effective June 1, 2026, this policy will be archived.
- **PP CO 010.02 POS Specialty Services** – effective June 1, 2026, language related to Outpatient Pulmonary Rehabilitation, Implantable Neurostimulators and a portion of Laboratory Services was removed.

The following information has been updated within the Medical Provider Manual:

- In Chapter 3, the following language will be removed and is no longer applicable for dates of services on or after January 1, 2026; "When heparin is used only for the irrigation of a catheter, the heparin itself is not separately billable. Medications given for a purpose other than the treatment of a particular condition, illness or injury are not covered unless otherwise specified."

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Medical Policy Updates

Our Healthcare Policy department regularly reviews medical policies and procedures based on new evidence and technological advances. You can review Healthcare Policy Updates on our Medical Policy webpage.

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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 time-saving 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*	Quality Improvement Program | CareFirst BlueCross BlueShield
Clinical Practice Guidelines *Includes evidence-based clinical practice guidelines for medical and behavioral conditions*	Clinical Practice Guidelines
Preventive Service Guidelines *Includes evidence-based preventive health guidelines for perinatal care, children, adolescents, and adults*	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.*	Medical Record Documentation Standards

Care Management Programs	
Topic	**Website Link**
Access to Care Management *Includes instructions for making referrals to 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*	Disease Management
Pharmaceutical Management	
Topic	**Website Link**
Pharmaceutical Management Includes the formularies, restrictions/preferences, guidelines/policies, and procedures	Prescription Drug Search | CareFirst
Utilization Procedures	
Topic	**Website Link**
Utilization Management Criteria *Includes information on how to obtain utilization management criteria for both medical and behavioral health*	Provider Manual Ch 7
Physician Reviewer *Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health*	Provider Manual Ch 7
Decisions about Medical and Mental Health, and Pharmacy *Includes affirmative statements for anyone making decisions regarding utilization management*	Provider Manual Ch 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*	Contact Us | CareFirst BlueCross BlueShield
How to File an Appeal *Includes policies and procedures for members requesting an appeal of a claim payment decision*	How to Appeal an Insurance Claim | CareFirst BlueCross BlueShield
Members' Privacy Policy *Includes a description of our privacy policy and how we protect our members' health information*	Member's Privacy Policy | CareFirst BlueCross BlueShield
Members' Rights and Responsibilities Statement *Outlines the rights and responsibilities of our members*	Rights and Responsibilities | CareFirst BlueCross BlueShield

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Government Programs Corner

Take Advantage of Self-Service Tools for Common Requests

As part of our ongoing commitment to improving efficiency and ensuring timely support, our provider service team will be putting a stronger emphasis on self-service options beginning July 1, 2026, for claims, eligibility and prior authorization inquiries.

What this means

- **Self-Service First:** When contacting provider service, you will be guided toward available self-service tools before connecting with a representative.
- **Expanded Resources:** Updated online portals, resources, and automated support features are available to address common needs quickly and effectively.
- **Reduced Wait Times:** By leveraging self-service, you can obtain the information you need faster while allowing our representatives to focus on complex or urgent matters.

Benefits of Accessing Self-Service Tools

- Immediate access to information and solutions
- Streamlined workflows with fewer delays
- Greater flexibility to manage requests at your convenience with 24/7 access.

What self-service tools are available?

CareFirst offers a range of self-service channels that can help you get the information you need more quickly - and without waiting on hold. We encourage you to familiarize yourself with the self-service tools outlined below and take advantage of the training resources and guides available to assist.

- **Interactive Voice Response (IVR) System**

  When you contact provider service, you can immediately utilize our IVR to check member eligibility. The system will prompt you step-by-step to quickly retrieve what you need.

- **CareFirst Provider Portal (CareFirst Direct)**

  The CareFirst Provider Portal (CareFirst Direct) is a convenient tool that allows you to:

  - Check member eligibility and benefits
  - View claim status (claim number, claim adjustments, claim status, date of service, adjudication date, check/EFT date and check number)
  - Verify prior authorization requirements
  - Submit prior authorization requests and check status

  Here are some helpful guides to get you started with the Provider Portal:

  - Accessing and Registering for CareFirst Direct
  - Checking Eligibility and Benefits

- **Prior Authorization Lookup Tool Walk-Through**

  - Entering Prior Authorizations in the CareFirst Provider Portal

    All these resources and more can be found at the Learning and Engagement Center.

- **Availity (for eligibility, benefit and claims status requests)**

  You can also utilize our clearinghouse partner, Availity, for eligibility benefit inquiries (270/271 transactions) and claims status requests (276/277 transactions).

  For more information, and to create an account with Availity's Multi-Payer-Portal, visit their website or call 800-282-4548.

- **Zelis Payment Portal**

  Within the payment portal, you have direct access to all your payments from CareFirst as well as remittance information. For more information, or to enroll,

contact a Zelis Provider Enrollment Advisor today at 855-496-1571 or visit zelis.com/providers/provider-payments.

Additional Resources Available

CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD)

- Visit the dedicated Provider Website to quickly review helpful information
  - Claims Information
  - Prior Authorization Guidance
  - Learning and Engagement Center

CareFirst BlueCross BlueShield Medicare Advantage (PPO)

- Quick Reference Guide for Providers of CareFirst BlueCross BlueShield Medicare Advantage (PPO)
- CareFirst BlueCross BlueShield Medicare Advantage PPO Plan Walk-Through

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

- Visit the dedicated Provider Resources page to quickly review helpful information
  - Learning and Engagement Center
  - Prior Authorization Quick Reference Guide

CareFirst Healthy DC

- Visit the dedicated Provider Section of the Healthy DC website to quickly review helpful information
  - CareFirst Healthy DC Plan FAQs
  - CareFirst Healthy DC Plan Provider On-Demand Training

Our provider service team remains available for situations that are more complex and/or urgent and asks that you leverage the convenience and speed of our IVR, CareFirst Provider Portal (CareFirst Direct), Availity, and Zelis to ensure the most efficient experience.

Thank you for your partnership in enhancing efficiency. Together, we can continue to provide the highest level of care and support.

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Important Reminder: Maryland Medicaid Behavioral Health Benefit Information

For Behavioral Health Primary and Specialty services, please refer to the Maryland Department of Heath (MDH) policies below. Behavioral Health claims submitted to CareFirst in violation of these policies will be denied in compliance with MDH policy and procedures.

MDH Behavioral Health Codes Information

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Coming Soon! A New Way for CareFirst CHPMD and Advantage DualPrime Providers to Stay in Control of Data

CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) and CareFirst BlueCross BlueShield Advantage DualPrime providers will soon be able to utilize the CareFirst Directory Updates and Attestations self-service tool within the CareFirst Provider Portal (CareFirst Direct) to easily attest and update provider directory information.

Read the full article.

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Rare and Expensive Case Management (REM) Program

The Rare and Expensive Case Management (REM) Program is a Maryland Medicaid benefit administered by the Maryland Department of Health (MDH). It provides specialized care coordination for members with rare, catastrophic or high-cost medical conditions that require complex, long-term management.

The REM Program supports members by improving access to specialty care, coordinating services across systems and reducing administrative burden for providers caring for medically complex patients.

Read the full article.

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Attention Maryland Medicaid Providers: HIV Reporting Form

Providers participating in Maryland Medicaid must notify the Maryland Department of Health – using the link below – of patients with an HIV diagnosis. This will ensure beneficiaries receive appropriate resources to help manage their care. Access the Maryland Confidential Morbidity Report (DHMH 1140) - HIV Only form for instructions and points of contact for any questions.

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Important Reminder for Providers: CMS Registration Requirement

As a reminder, providers must be registered with the Centers for Medicare & Medicaid Services (CMS) to be paid for services rendered to Medicare patients.

The Provider Enrollment, Chain, and Ownership System (PECOS) is a web-based platform managed by CMS that facilitates the enrollment process for Medicare providers and suppliers. PECOS streamlines provider enrollment, allowing providers and credentialing staff to efficiently manage and submit Medicare enrollment information electronically.

Review the PECOS Fact Sheet.

The PECOS database can be found here.

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Complete the 2026 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.

Read the full article.

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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.

Major formulary changes effective April 1, 2026:

Added to the formulary

- Estradiol valerate injection
- Ibtrozi
- Tremfya
- Xeljanz

Removed from formulary

- Flurbiprofen
- Mucinex (generic will remain formulary)
- Rinvoq
- Diatrizoate (should process through medical benefit only)

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, 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 the 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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Attention EPSDT-Certified Providers: CareFirst CHPMD Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Upcoming Review Reminder

As part of Maryland's HealthChoice managed care program's process of continuous quality improvement, an annual medical record review is conducted to assess the degree to which children enrolled with CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) are receiving EPSDT services in compliance with the Maryland Healthy Kids Program Guidelines.

Qlarant, the external quality review organization (EQRO) for the Division of HealthChoice Quality Assurance (DHQA) will be conducting the CY 2026 review based on dates of service from CY 2025.

Nurses from Qlarant will be performing all medical record reviews at provider offices, except for providers with five for fewer patients selected for the review. In those cases, the office will be asked to send the records via secure fax or portal.

Qlarant will start contacting offices on May 11, 2026, to schedule onsite reviews. Reviews will take place beginning July 20, 2026, and continuing through October 3, 2026. We ask that you please accommodate the nurses calling to schedule appointments to ensure that the review process can be conducted in a timely manner.

We appreciate your cooperation with this important audit to help us better serve our members and help you care for your patients.

To learn more about the Maryland Healthy Kids EPSDT program and access important provider resources click here: https://health.maryland.gov/mmcp/epsdt/pages/home.aspx

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Events

Registration Available for 2026 Provider Live Webinars

We will have several live webinars available for you to attend in 2026. Please register for those that apply to you by clicking on the links below. .

Professional Quarterly Webinars

- May 13, from 10-11 a.m.
- May 14, from 1-2 p.m.

Did you miss our latest professional quarterly webinar? Check it out here!

Hospital Quarterly Webinars

- May 19, from 1-2 p.m.
- May 20, from 10-11 a.m.

Did you miss our latest hospital quarterly webinar? Check it out here!

Behavior Health Provider Quarterly Webinar

- June 17, from 1-2 p.m.

Did you miss our latest behavioral health quarterly webinar? Check it out here!

CareFirst CHPMD and Advantage DualPrime Quarterly Webinars

- May 6, from 2-3 p.m.
- May 7, 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 2026

- Memorial Day: Monday, May 25
- Juneteenth: Friday, June 19
- Independence Day (Observed): Friday, July 3
- Labor Day: Monday, September 7
- Veterans Day: Wednesday, November 11
- Thanksgiving Day: Thursday, November 26
- Day after Thanksgiving: Friday, November 27
- Christmas Day: Friday, 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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