August 2026 | Vol 35| Issue #4



Trending Now

- Continued Efforts Underway to Strengthen Claims Processing Systems
- Reminder: National Drug Code Required When Submitting Claims for Drugs Covered Under the Medical Benefit
- New Electronic Medication Prior Authorization Submission Process Effective September 1, 2026
- Prior Authorization Requirement Update for PT, OT and SLP Services for CareFirst BlueCross BlueShield Medicare Advantage Members
- Coming Soon: Interactive Voice Response System Upgrade
- Important Utilization Management Process Update
- Take Note: Maryland Medicaid Transitioning to MPRIME
- DualPrime Provider Resources Website Sunset

Administrative Support

- Are You In- or Out-of-Network? New Way to Verify your Network Participation
- CareFirst CHPMD Monthly and Quarterly Formulary Updates: Pharmacy Benefit
- Medicaid Members' Rights and Responsibilities
- Medical Policy Updates
- Payment Policy Updates

Focus on Quality

- Continuing Education Unit (CEU)-Eligible Population Health Courses Available Now
- Register Today: Risk Adjustment Office Hours
- HEDIS Measure Best Practice: Follow-Up After Emergency Department Visits for Mental Illness (FUM) and Substance Use Disorder (FUA)

In Case you Missed it

- Enter and Check Prior Authorization Status Electronically
- Take Advantage of Self-Service Tools for Common Requests

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.

Y0154_MA03965_C

- New Methods for Contacting Professional Credentialing and Enrollment
- Update and Attest your Provider Data Using the Provider Directory Updates and Attestation Tool
- CareFirst Administrators: Administrative Platform Transition Reminders
- Enroll Today: Electronic Payment through Zelis
- Important Guidance for Providers Using Third-Party Billing Companies
- Reminder: Medical Records Requests in Progress
- Attention Maryland Medicaid Providers: HIV Reporting Form
- Important Reminder for Providers: CMS Registration Requirement
- Complete the 2026 Mandatory Model of Care Training Attestation Today!
- Are you Up to Date on Best Practices and Quality Standards?
- Atlas Systems Outreach to Providers Underway

Events

- Registration Available for 2026 Provider Live Webinars
- CareFirst Holiday Closings in 2026
- Stay Connected with the Latest Information from CareFirst

Important Update: *Beginning with this issue of BlueLink, we have retired the Government Programs Corner and integrated information for all lines of business throughout the newsletter. Each topic is clearly labeled to identify the line(s) of business impacted.*

Trending Now

Continued Efforts Underway to Strengthen Claims Processing Systems

CareFirst continues to make progress on our platform transformation—an important effort to strengthen the experience for providers and the patients you serve. We recognize that this transition has not been seamless in all cases, and we appreciate your continued partnership and feedback as we move into the next phase of this work.

This effort is about more than simplifying a multi-system environment. It is focused on building a stronger foundation that enables more consistent processes, improves scalability and performance, and supports faster implementation of future enhancements in response to your needs.

With key milestones behind us, we remain focused on the areas that matter most to providers. Our immediate priorities include accelerating claims processing, improving system stability through targeted fixes, and providing clearer, more consistent information so your teams can spend less time navigating administrative tasks and more time caring for patients.

This work is ongoing and we're seeing steady progress in key areas, including more timely claims processing and improved response times. Our teams are taking a comprehensive approach—prioritizing outstanding and inaccurate claims, focusing on the highest-impact areas, adding operational support, accelerating processing where possible and addressing the underlying

system and process issues that are contributing to delays. We know this does not replace the certainty you are looking for, but we want to be transparent about why broad metrics can be misleading and reassure you that this work is being treated with urgency and accountability.

We value your continued partnership and feedback, and we will keep you informed as this work progresses.

Back to top

Reminder: National Drug Code Required When Submitting Claims for Drugs Covered Under the Medical Benefit

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

To support accurate and timely claims processing, providers must follow industry-standard billing guidelines by including the National Drug Code (NDC), quantity and unit of measure on claims for drugs covered under the medical benefit that have an assigned HCPCS code.

Important: Beginning September 1, 2026, claims submitted without complete and accurate NDC information will be rejected or returned for correction and resubmission.

Read the full article.

Back to top

New Electronic Medication Prior Authorization Submission Process Effective September 1, 2026

CareFirst CHPMD

We are pleased to announce that, beginning September 1, 2026, you can submit medication prior authorization requests electronically for your CareFirst CHPMD members using the CareFirst Provider Portal (CareFirst Direct).

Read the full article.

Back to top

Prior Authorization Requirement Update for PT, OT and SLP Services for CareFirst BlueCross BlueShield Medicare Advantage Members

Medicare Advantage

Beginning September 15, 2026, CareFirst BlueCross BlueShield Medicare Advantage plans (CareFirst BlueCross BlueShield Advantage Essential (PPO), Complete (PPO), Salute (PPO), and CareFirst BlueCross BlueShield Group Advantage (PPO)) will require prior authorization for physical therapy (PT), occupational therapy (OT) and speech-language pathology (SLP) services starting with the first visit.

Important Note: Prior authorization is not required for the initial or re-evaluation. For members currently receiving care, prior authorization must be obtained for any services provided beginning on or after September 15, 2026.

Read the full article.

Back to top

Coming Soon: Interactive Voice Response System Upgrade

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

CareFirst BlueCross BlueShield will be upgrading our Provider Service Interactive Voice Response (IVR) system later this year to enhance your experience and improve access to information and support.

This upgrade is designed to deliver a more efficient, user-friendly experience with improved functionality. New features will include:

- Enhanced call routing to help connect you more quickly to the right resource
- Streamlined menu options for easier navigation
- Improved self-service capabilities for faster access to common information
- Better system performance and reliability
- Updated functionality designed to support a smoother provider experience

We are committed to making this transition as seamless as possible and will share additional details, including timing and any important updates, as the implementation date approaches.

Back to top

Important Utilization Management Process Update

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

We have streamlined operations and enhanced efficiency for you when faxing forms by transitioning from our current system to just two forms to handle all request types, along with one dedicated fax number for each line of business. The new forms can be accessed here:

- Medical Forms Page
- General Forms Page

Electronic submission through the CareFirst Provider Portal remains the most efficient way to submit prior authorization requests.

Read the full article.

Back to top

Take Note: Maryland Medicaid Transitioning to MPRIME

CareFirst CHPMD

Maryland Medicaid will transition from its online Electronic Provider Revalidation and Enrollment Portal (ePREP) to the Maryland Provider Registration and Information Management Enterprise (MPRIME) portal in October 2026. For more information or questions, go to https://health.maryland.gov/mmcp/provider/Pages/mprime.aspx or email mdh.mprimegolive@maryland.gov.

Back to top

DualPrime Provider Resources Website Sunset

DualPrime

DualPrime providers should note that the content currently available on the Provider Resources page will be integrated into provider.carefirst.com to create a more streamlined experience and make it easier to find what you need in one place.

As part of this transition, providers should begin using the CareFirst Provider website, provider.carefirst.com, as their central destination for resources and updates.

Back to top

Administrative Support

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

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

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, aren't turned away from receiving care, and have clear expectations about potential out-of-pocket costs.

Access the Provider Updates and Attestation tool within the CareFirst Provider Portal (CareFirst Direct) to verify your network participation. Refer to this step-by-step resource for assistance.

Back to top

CareFirst CHPMD Monthly and Quarterly Formulary Updates: Pharmacy Benefits

CareFirst CHPMD

CareFirst CHPMD posts monthly and quarterly formulary updates in its website's *Drug List (Formulary) Updates* section. CareFirst Community Health Plan Maryland - Drug List (Formulary) Updates | CareFirst BlueCross BlueShield

Major formulary changes effective **July 1, 2026**:

- Added to the formulary:
  - Exenatide 5mcg, 10mcg injection
  - Ozempic 1.5mg, 4mg, 9mg tablet
  - Prenatal 19 chewable tab
  - Trinate tablet
  - Tyruko 300/15ml con
  - Zoryve 0.05%, 0.15%, 0.3% cream
  - Zoryve 0.3% foam
- Removed from the formulary:
  - Amox/K Clav 200mg chewable
  - Capzasin relief gel
  - Erythrocin 250mg tablet
  - Metronidazole 375 mg capsule
  - Sandimmune sol 100mg/ml
  - Synagis 50/0.5ml, 100mg/ml

Major formulary changes effective **August 1, 2026**:

- **Added to the formulary:**
  - Dapagliflozin-Metformin ER 5-500mg, 5-1000mg, 10-500mg, 10-1000mg tablet
  - Enoby 60mg/ml injection
  - Syringe/Needle 3 ml 23g x 1"
  - Testosterone TD gel 50 mg/5gm (1%)
- **Removed from the formulary:**
  - Jubbonti 60mg/ml injection
  - Rybelsus 3 mg, 7 mg, 14 mg tablet

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.

Back to top

Medicaid Members' Rights and Responsibilities

CareFirst CHPMD

CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) members have specific rights and responsibilities that support their participation in care and decision-making. Providers can review and access the complete Member Rights and Responsibilities information in the Provider Manual and on the CareFirst CHPMD website (Member Rights & Responsibilities). We encourage providers to familiarize themselves with these provisions and assist members in understanding their rights and responsibilities when needed.

Back to top

Medical Policy Updates

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

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.

Back to top

Payment Policy Updates

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

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 will impact Government Programs lines of business effective November 1, 2026:

- **PP CC 002.04 Claims During an Inpatient Admission –** this policy was previously named Policy PP CO 002.04 Claims During an Inpatient Admission. The logic outlined in the policy was applicable to Commercial but will now expand across Government Programs lines of business as of the effective date listed.
- **PP CC 017.02 Outpatient Services Prior to Admission –** this policy was previously named Policy PP CO 017.02 Outpatient Services prior to Admission. The logic outlined in the policy was applicable to Commercial but will now expand across Government Programs lines of business as of the effective date listed.
- **PP GP 400.05 MPPR Well Problem Visit E/M Pay Percent –** this is a new policy. The logic outlined in the policy is applicable to Government Programs lines of business.

The following will impact Commercial lines of business effective August 1, 2026:

- **PP CO 050.01 Bilateral Services –** this policy was updated to more clearly outline how the logic in the Coding Guidelines section is applied to Professional versus Facility claims. No changes to claims editing logic.
- **PP CO 017.01 OCE Policy –** the Coding Guidelines section of this policy was updated. No changes to claims editing logic.
- **PP C0 400.05 MPPR Well Problem Visit E/M Pay Percent –** the CPT Codes section of this policy was updated to align with claims editing logic.

Back to top

Focus on Quality

Continuing Education Unit (CEU)-Eligible Population Health Courses Available Now

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

The Risk Adjustment and Coding team has 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?

- NEW: Clinical Documentation Improvement - High Risk and Audit Best Practice - (1.0 CEU)
- Clinical Documentation Improvement: Prevalent Diagnosis Codes in Medicare Advantage - (1.0 CEU)
- Introduction to Risk Adjustment - (0.5 CEU)

Important Information about the New Population Health Courses for Continuing Education Units (CEUs).

Read the full article.

Back to top

Register Today: Risk Adjustment Office Hours

Medicare Advantage, DualPrime

CareFirst BlueCross BlueShield (CareFirst) is committed to supporting our network providers with ongoing education and other resources. Our Risk Adjustment Coding live office hours webinars—tailored for all Medicare Advantage plans including Group, Individual and DualPrime—help providers stay abreast of the latest documentation and coding for HCC and feature best practices, updates and reminders from CareFirst.

To register, click on the date of the session that works best for you and complete the registration form.

- Thursday, August 20, 12-1p.m.
- Thursday, September 24, 12-1p.m.
- Thursday, October 22, 12-1p.m.
- Thursday, November 19, 12-1p.m.

Back to top

HEDIS Measure Best Practice: Follow-Up After Emergency Department Visits for Mental Illness (FUM) and Substance Use Disorder (FUA)

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

ED visits for mental illness, intentional self-harm, substance use disorder or overdose are critical moments in a patient/member's care journey. While the ED addresses immediate safety and stabilization, timely follow-up after discharge helps patients/members stay connected to care, reduce repeat ED visits and support long-term behavioral health.

Scheduling follow-up as soon as possible, ideally within seven days, allows providers to review the discharge plan, assess treatment needs, address barriers and connect patients/members with behavioral health resources.

Patients may hesitate to discuss mental health or substance use concerns because of fear, shame or uncertainty. Eye contact, active listening, validation and open-ended questions can help build trust and encourage follow-up care.

Prioritizing timely follow-up helps patients/members transition from crisis care to ongoing support, improving continuity, outcomes and HEDIS performance while reinforcing our commitment to whole-person health.

Please refer to the resource below to assist you in ensuring proper care for your patients.

- BlueWeb: Mental Health and Substance Use Disorder Provider Education Toolkit
- 2026 MY Quality Toolkit

Back to top

In Case You Missed It

Enter and Check Prior Authorization Status Electronically

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

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 patients who are CareFirst members.

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.

Back to top

Take Advantage of Self-Service Tools for Common Requests

Medicare Advantage, CareFirst CHPMD, DualPrime

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 for claims, eligibility and prior authorization inquiries. Click the link below to learn more about these self-service tools and additional resources.

Read the full article.

Back to top

New Methods for Contacting Professional Credentialing and Enrollment

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

We've streamlined how you connect with our Professional Provider Credentialing & Enrollment team. These enhancements are designed to ensure more efficient experience for all CareFirst participating professional providers.

To help you get resolutions faster, there are three new email boxes available to help support you.

Read the full article.

Back to top

Update and Attest your Provider Data Using the Provider Directory Updates and Attestation Tool

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

We're excited to share the availability of the Provider Directory Updates and Attestation self-service tool within the CareFirst BlueCross BlueShield Provider Portal (CareFirst Direct). All providers can now take advantage of the new enhancements, allowing you to easily attest and update provider directory information. Access this step-by-step resource for assistance.

Back to top

CareFirst Administrators: Administrative Platform Transition Reminders

Commercial

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 until the process is complete. 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.

Back to top

Enroll Today: Electronic Payment Through Zelis

Medicare Advantage

We're pleased to announce that CareFirst BlueCross BlueShield Medicare Advantage (CareFirst) has partnered with Zelis to bring providers more efficiency and choice in how they receive claims payments and remittance information. CareFirst has transitioned its claims payment and remittance delivery from the no-cost EFT to the no-cost CareFirst ePayment Center.

Read the full article.

Back to top

Important Guidance for Providers Using Third-Party Billing Companies

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

We realize many of our participating providers contract with third-party billing companies to support their administrative needs. These companies often reach out to Provider Service, often for information or answers that are readily available through one of our self-service tools.

The link below includes important information you can discuss with third-party billing companies to ensure they can obtain what they need through our self-service options.

Read the full article.

Back to top

Reminder: Medical Records Requests in Progress

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

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.

Back to top

Attention Maryland Medicaid Providers: HIV Reporting Form

CareFirst CHPMD

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.

Back to top

Important Reminder for Providers: CMS Registration Requirement

CareFirst CHPMD

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.

Back to top

Complete the 2026 Mandatory Model of Care Training Attestation Today!

DualPrime

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.

Back to top

Are You Up to Date on Best Practices and Quality Standards?

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

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.

Access the Quality Standards and Best Practices resource for more information.

Back to top

Atlas Systems Outreach to Providers Underway

Commercial, Medicare Advantage, CareFirst CHPMD, DualPrime

As a reminder, CareFirst BlueCross BlueShield has a contract with a third-party vendor, Atlas Systems, to assist in assessing the accuracy and completeness of our online provider directory. Your office may receive a call as we conduct this important outreach.

Important Note: These calls are legitimate and not a scam.

Read the full article.

Back to top

Events

Registration Available for 2026 Provider Live Webinars

We will have several live webinars available for you to attend in 2026. Please visit the Learning and Engagement Center Webinar page to register for those that apply to you.

Coming Soon! Watch a new quarterly **Provider Learning and Engagement** email featuring upcoming live webinar opportunities and newly available resources designed to support you and your practice.

Back to top

CareFirst Holiday Closings in 2026

- 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

Back to top

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.

Back to top