MONTGOMERY COUNTY MEDICAL SOCIETY

CareFirst BlueCross BlueShield Presentation

PRESENTER: SHIRLEY MOORE

NOVEMBER 16, 2017
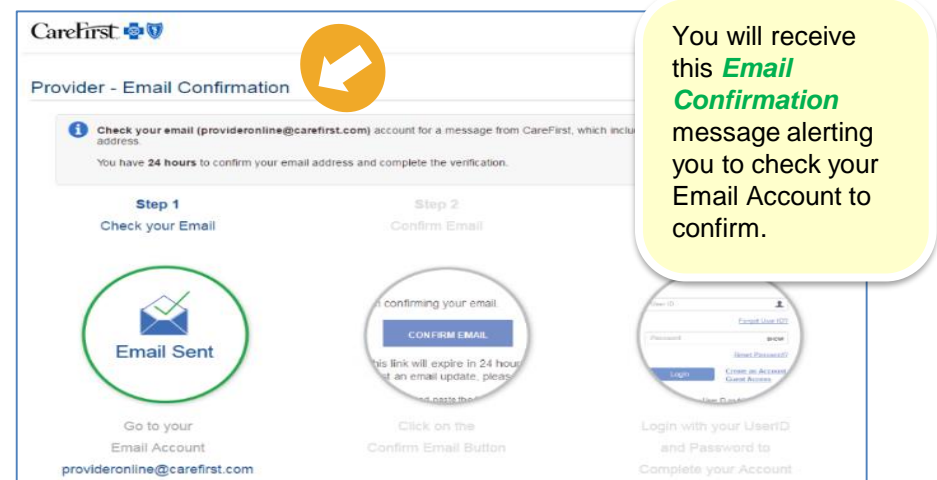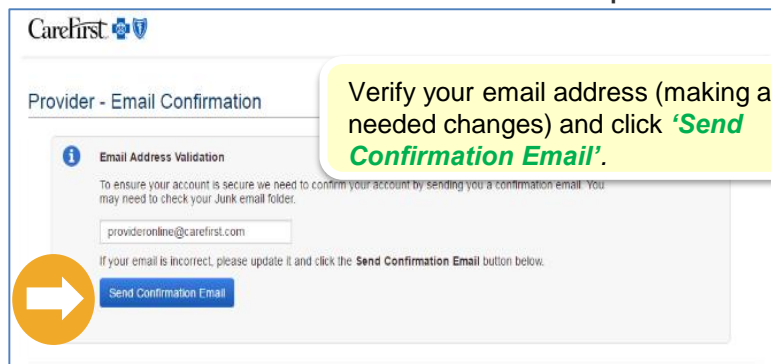
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Agenda

- Provider Portal Enhancements

- National Drug Code Requirement Effective January 1, 2018

- On-line Drug Prior Authorizations for FEP Members

- Minor Change to CareFirst on Call

- CAQH ProView – Verify your Provider Information Today

- ClaimsXten™

Provider Portal Enhancements: CareFirst Direct

- Recent updates and enhancements were implemented to improve your user experience and make the tasks you do in the Provider Portal (CareFirst Direct) easier.

- To help you navigate the next time you login, we have developed four step-by-step Provider Portal User Guides to walk you through the new look and feel of the CareFirst Direct tab/section:

  - **Checking Eligibility and Benefits**

  - **Reviewing Claims Details and Status**

  - **Reviewing a Remittance or Notice of Payment**

  - **Looking Up a Fee Schedule**

Quick Links
- Help
- Manuals & Guides
- Provider Portal (CareFirst Direct) User Guides
- Forms

- You can find these User Guides on the CareFirst Direct home page under the 'Quick Links' heading.

# Provider Portal Security Enhancement: Email Verification
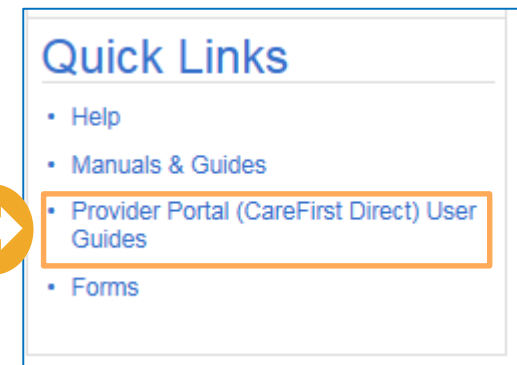
- When logging in to the CareFirst Provider Portal, you may periodically see an identity confirmation screen as an added layer of protection. Upon seeing this screen;

    1. Review your email address

    2. Click send confirmation email

    3. Check your email account for a message from CareFirst to validate your CareFirst Provider Portal account

    4. Once you confirm your email, click on the link available and login with your UserID and Password to complete the process.

Verify your email address (making any needed changes) and click *'Send Confirmation Email'*.

You will receive this *Email Confirmation* message alerting you to check your Email Account to confirm.

Please Note: You will not be able to log in to your account until you complete these steps.

National Drug Code (NDC) Requirement Effective January 1, 2018

- Professional claims and institutional outpatient facility claims submitted with a date of service on or after **January 1, 2018** that includes drugs covered under the medical benefit with an assigned HCPCS code <u>must also</u> include the National Drug Code (NDC) number, quantity and unit of measure.

- NDC, a universal number that identifies a drug, is the industry standard identifier for drugs, and this change will allow us to more accurately track medications that are being administered.

- No other part of the claims submission process will change. You should continue to include the HCPCS and CPT® code on your claim.

- In your handouts, there is a chart that outlines details on submitting the NDC code. You can also refer to the e-blast sent on Nov. 6, 2017 that contains a link to the same information.

- If the required NDC information is not included on claims for dates of service on or after January 1, 2018, your claim will be denied by CareFirst.

Submit Drug Prior Authorization On-Line for FEP Members

- Effective December 4, 2017, prior authorization requests for your FEP patients for **28 drugs (at this time)** should be submitted online via CareFirst Direct.
    - Following the same process that you currently use to submit any electronic drug prior authorization request for other CareFirst members.

- Prior authorization requests for FEP patients for **any other drugs** should continue to be requested via the current FEP prior authorization process.

- Remember to always confirm how a drug should be submitted by checking online at carefirst.com/preauth under the link *'FEP – specific services requiring prior authorization'*.

- Please continue to submit **all** drug prior authorization requests online **for other CareFirst patients**, just as you do today.

- For more information and links to the list of drugs, process, etc. please refer to the e-blast sent on October 3, 2017.

Minor Change to CareFirst on Call
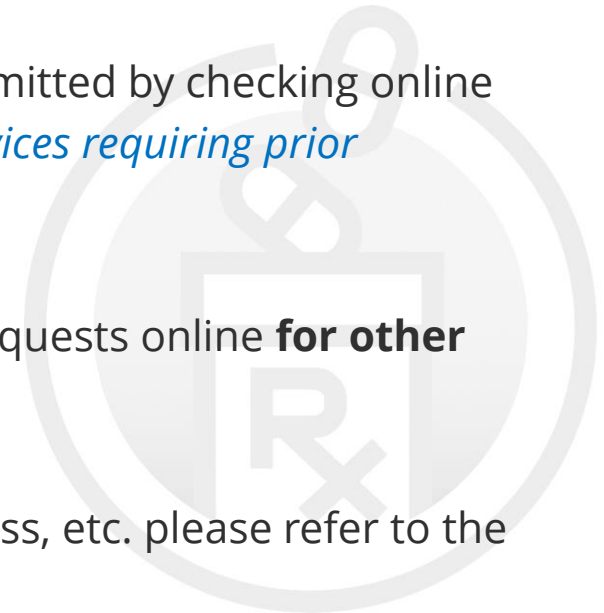
- CareFirst on Call, CareFirst's Voice Response Unit (VRU), will **no longer** offer the option to speak a Member ID into the system.

- The voice recognition for this function will be turned off. Providers will able to enter a Member ID using the telephone keypad.

- **VRU Instructions effective November 2, 2017:**

  - "Please use your telephone keypad to enter the membership number. **Do not** enter the 3 character **alphanumeric** prefix or the **'R'** that precedes Federal Employee Membership Numbers."

CAQH ProView – Verify your Provider Information Today
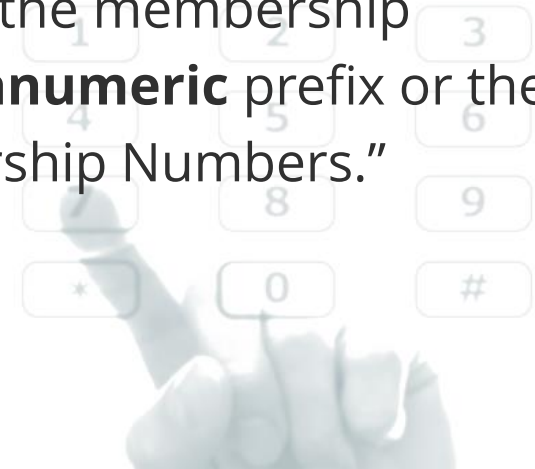
- As you know, keeping your provider information up-to-date is important. Updated information provides the following:

  - more accurate delivery of mail and email notifications,

  - reduced errors in reimbursement,

  - members can locate your practice more easily,

  - and your claims are processed more quickly and accurately.

What Has Changed?	What Do You Need to Do?
- CareFirst's systems are now fully integrated with CAQH ProView, which means that when you update your information with CAQH, it will automatically be updated in CareFirst's systems and provider directories.	- If you are already registered with CAQH ProView continue to make regular updates any time your provider information changes (or at least once each quarter). - If you are not yet registered for CAQH ProView, learn more and register today at http://proview.caqh.org.

Clinical Auditing Tool, ClaimsXten™ to be Deployed for FEP Bridge Claims

CareFirst ⊞ 🛡️

- On Sept. 23, we began the process of moving from our current clinical auditing tool, ClaimCheck™ to an enhanced tool, ClaimsXten™, which will allow us to manage unique requirements of our claims processing platforms.

- FEP Bridge is the first claims processing platform to have the tool deployed. It will be deployed on other platforms over the next year.

- **What does this mean for you?**
  Since ClaimsXten™ will be deployed to our systems over time, you may notice different outcomes for similar claims in the coming year, depending on which claims platform the patient's policy operates on.

> *Please note: There will be no change to your process for submitting claims or to CareFirst Medical Policy as a result of this implementation. This currently only affects Professional providers.*

ClaimsXten™ – Some Modifiers may Affect Claims Outcomes

- ClaimsXten™ allows CareFirst to follow the Centers for Medicare & Medicaid guidelines for certain modifiers where you may notice a different outcome. The modifiers and changes are:

    - Modifier 52 – Reduced Services – 50%

    - Modifier 53 – Discontinued Procedure – 50%

    - Modifier 54 – Surgical Care Only – 80%

    - Modifier 55 – Postoperative Management Only – 10%

    - Modifier 56 – Preoperative Management Only – 10%

Questions?

THANK YOU

For more information, contact your Provider Relations Representative