



# MARYLAND AAHAM

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MARCH 2022

# AGENDA

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- Altruista Updates
- Consolidation Appropriations Act
- Other Updates and Reminders

# ALTRUISTA UPDATES

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Where we  
were

Where we  
are

Where we  
want to go



~~Duplicate  
Requests~~

Turnaround times vary by type of service, type of product, site of service, urgency, state and federal guidelines, as well as whether additional clinical information has been requested. On average, the processing time for an authorization is 5 business days (as long as all necessary clinical documentation is present). Please do not resubmit or duplicate your requests in an effort to expedite turnaround time.



## Select Medical Benefit

Eligibility Active Inactive

Line Of Business **COMMERCIAL** Status **Active**

Code **COMM** Start Date **6/1/2021** End Date **12/31/2099**

Privileged Access **GENERAL** Funding Type **NONRISK** Account

Code **NONE** Code **N** Code **000000001002962**

Legal Entity **CAREFIRST OF MARYLAND INC** Jurisdiction **Maryland** **Product MEDICAL**

Code **03** Code **M** Code **05**

Network **PREFERRED PROVIDER NETWORK**

Code **041**

**Additional Details**

BH Benefit **YES** Eligibility ID Eligibility Reference Code

Eligibility Source System **MDN** Eligibility Source System ID GroupID

Medicare Primary **NO** Member Card ID Member Card with Prefix

Product Category **PPO** Product Line Code **05** Product Line Description **PPO**

Product Name Code **180** Product Name Description **EPO PPO**



**Select the  
Appropriate Provider**



**Review the  
FAQs**

## Courses

- Authorization Basics (Course)
- Accessing the Authorization System (Course)
- Entering Inpatient Authorizations (Course)
- Entering Outpatient Authorizations (Course)
- Requesting Outpatient Extensions (Course)
- Withdrawing Pended Authorizations (Course)

## Guides

- Entering Inpatient Authorizations (Guide)
- Entering Outpatient Authorizations (Guide)
- Additional Features and Information (Guide)
- How to Determine if an Authorization is Required



# CONSOLIDATED APPROPRIATIONS ACT

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## Overview

- On Dec. 27, 2020, the Consolidated Appropriations Act (CAA) was signed into law and is described by the BCBSA as the most significant legislation for health plans since The Affordable Care Act.
- Includes a broad array of other health provisions, including protections for patients from surprise out-of-network balance bills to consumer transparency rules.
- CAA is a positive move towards more cost transparency and will help us work with members going forward to navigate their healthcare needs.

### Two Major Impacts

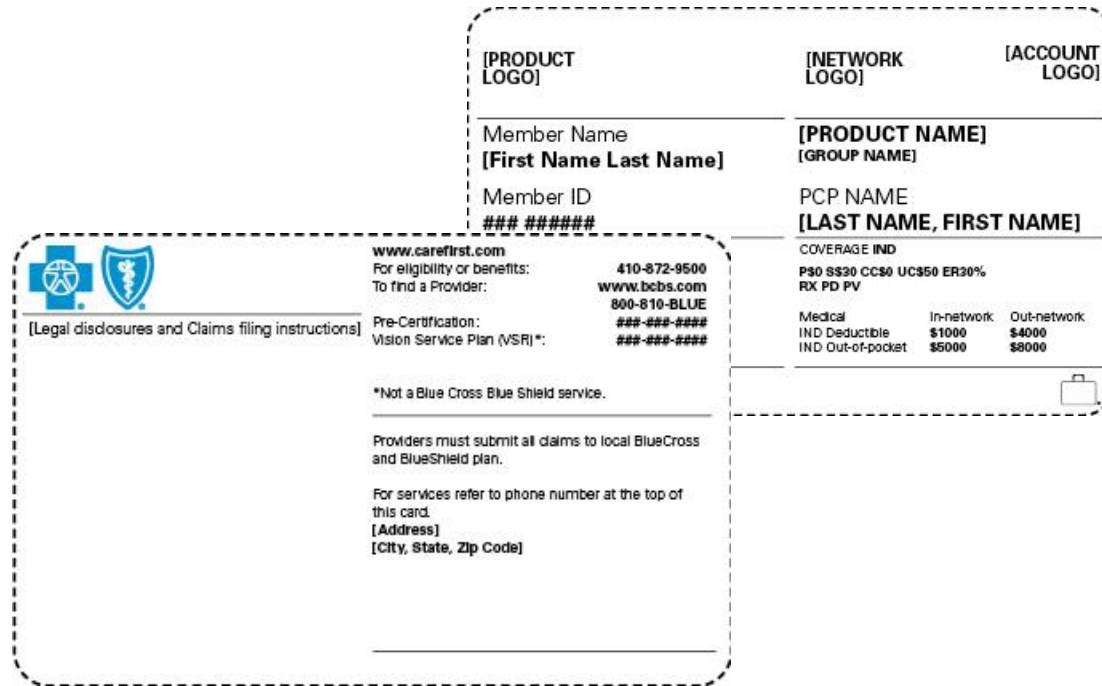


ID Cards



Provider Directory

## ID Card Changes



- Requires plans to include, in clear writing, the following on any physical or electronic plan or insurance ID card issued to members in the plan:
  - Any deductible applicable to the plan
  - Any out-of-pocket maximum limitation applicable to the plan
  - A telephone number and internet website address where the member may seek consumer assistance information

## Provider Directory

- Providers will be required to update their directory information every **90 days**, may be required to provide refunds to members when data is inaccurate, and **will be removed from directories if non-responsive**.
- Requires plans to update provider directories within **two days\*** of receiving updated provider information and request providers to update their information quarterly.
- Requires plans to respond to members' network questions within **one business day** and retain communications for at least **two years**.
- If a member provides documentation that they received incorrect information from the directory, they are only responsible for in-network cost-sharing.

### [How to update your information in the provider directory](#)

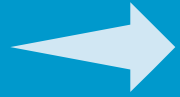


Please be sure to keep provider information up-to-date to ensure that it is not removed from the directory

# OTHER UPDATES AND REMINDERS

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CareFirst may occasionally request Medical Records. If CareFirst needs medical records, we will request them.



Do not send medical records with your claim submission.



If CareFirst sends you a letter requesting medical records, send the medical records to the address or FAX number on the letter. Additionally, please send the records with a copy of the letter.



If on your voucher you have a claim rejected for medical records, send the records to:  
Mail Administrator  
PO Box 14114  
Lexington, KY 40512

Release Date: March 28<sup>th</sup>



BlueCard 101



Personalized Course Lists



Center for Provider Education → Learning and Engagement Center



# QUESTION AND ANSWER

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*Please type your questions in the chat*