

Breaking News

- Review the Upcoming Addition to our Payment Policy Database
- Review Changes to our Payment Policies

Administrative Support

Check out the Latest Prior Authorization Entry
Information and Best Practices

In the Spotlight

Reminder: Update and Attest to Your Provider
 Directory Data Every 90 Days

Noteworthy Stories

- <u>CareFirst Announces New Pre-Payment Claim</u>
 Edits
- New Prior Authorization Requirements for Advanced Imaging (Cardiology and Radiology)
- Effective August 1, 2024: Updated
 Requirements for All Inpatient and Observation
 Admissions
- Now Available! New Provider Directory Updates and Attestations Tool and CareFirst Questionnaires!
- Check out the New Resources on the Learning and Engagement Center
- CareFirst Medical Provider Manual Updated

- Stay Connected with the Latest Information from CareFirst
- Interested in Learning More about What's Happening for our Dental Providers?

Government Programs Corner

- Important: Sequestration Payment Adjustment for Medicare Advantage HMO and PPO Providers
- <u>CareFirst CHPMD Monthly and Quarterly</u>
 <u>Formulary Updates</u>
- New Electronic Prior Authorization Form Available for CareFirst CHPMD and DSNP Providers
- 2024 Mandatory Model of Care Training Attestation is Due
- Register Now: 2024 MD Medicaid and Dual Special Needs Plan Provider Live Webinar Schedule
- Are you New to CareFirst CHPMD or DSNP or Need a Refresher? Access our Provider Orientation Course Today!
- Are you Accepting New Patients?
- Check out the Most Recent CareFirst CHPMD Provider Newsletter
- Member Rights and Responsibilities
- Is Your Pregnant Patient a Maryland Medicaid Participant?

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.

Events

- Holiday Closings
- Join us for our Semi-Annual BlueCard Webinar!
- Additional Provider Live Webinars Available for Registration

Breaking News

Review the Upcoming Addition to our Payment Policy Database

The following Payment Policy was added and available to providers to review in full:

Policy PP CO Policy 012.01 Hair Removal Gender Dysphoria—this policy describes the codes that are
eligible for payment when they meet clinical and coverage criteria for select hair removal services. It
also references a new claims submission form to be used for member submitted claims.

Back to top

Review Changes to our Payment Policies

The following Payment Policies have been updated.

- Policy PP CO 021.01 IMRT—the previously reported effective date of July 1, 2024 for this new policy will be changed to August 1, 2024.
- Policy PP CO 200.02 Telemedicine—this policy was updated to include reference to CPT codes 99241-99243 to align with system logic. This update does not change how claims will be processed.
- Policy PP CO 600.03 Modifier 26 will be archived as of July 1, 2024. Information can now be found in Policy PP CO 600.04 Professional, Technical and Global Services.

You can access the Payment Policy Database to review these additions and changes on our <u>provider</u> <u>website</u> within the Programs/Services tab for Medical—<u>Payment Policy | CareFirst BlueCross BlueShield</u>.

Back to top

Administrative Support

Check out the Latest Prior Authorization Entry Information and Best Practices

We realize many of our healthcare delivery partners utilize our electronic prior authorization system within our CareFirst Provider Portal regularly to assist their patients with getting the care they need. We will continue to include a series of best practices and updates to help you. Here are a few for you to review:

1. Providers should attach clinical documentation to authorization for admission and continued stays: Access our course, <u>Uploading Clinical Documentation</u> to Authorizations, for step-by-step instructions. You will also find this course on our <u>Learning and Engagement Center</u>. It is located

within the *On-Demand Training* heading, under the *CareFirst Essentials* section.

When using the prior authorization portal, you will notice new messaging reminding you to attach clinical documentation to your request.



Clinical documentation may be required for your request. Please upload by selecting the Attachments link on the next page. Click to Continue

2. **Double check that you are selecting a provider with complete information:** To ensure your prior authorization requests include the correct provider information, please ensure you are selecting a provider without N/A noted.

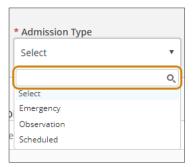
Here is an example of a provider with incomplete information.



If you select a provider with N/A listed, you will receive this message asking you to correct your selection.



- 3. Ability to edit dates of service on authorization is currently available: Access our course, How to Edit Dates of Service in the Authorization System, for step-by-step instructions. You will also find this course on our Learning and Engagement Center. It is located within the On-Demand Training heading, under the CareFirst Essentials section.
- 4. Clearer options now available when selecting Admission Type for Inpatient Requests: Recently, the prior authorization portal was updated to make the options for Admission Type clearer when submitting an inpatient request. You will now select Emergency, Observation or Scheduled.



5. **Ensure you enter the request prior to the date of service**: To ensure there is ample time for your non-emergent authorization requests to be reviewed and decisioned prior to the date of service, be sure to enter your requests in advance keeping in mind response timeframes can be up to 15 days.

For additional information on Prior Authorizations, be sure to review these resources:

- Medical Provider Manual: Chapter 7
- <u>Learning and Engagement Center</u> You will find resources and training for Authorizations under the *On-Demand Training* tab under *CareFirst Essentials*)
- Authorizations Frequently Asked Questions

Back to top

In the Spotlight

Reminder: Update and Attest to Your Provider Directory Data Every 90 Days

The CareFirst Provider Directory is the single most-used resource by our CareFirst members. It is where they go to find a doctor to meet their healthcare needs. It is important to you and your patients (future and current) that your information in our directory is accurate. If not, patients get very frustrated trying to find a doctor in their time of need.

CareFirst has a self-service tool within the Provider Portal (CareFirst Direct) that allows you to quickly update and/or attest to your provider and practitioner information.

How often should I update and attest?

Per Federal law, professional providers in our Commercial and Medicare Advantage networks are required to attest/update their data **every 90 days**. The CareFirst Provider Directory Updates and Attestations self-service tool is the fastest and easiest way to satisfy this requirement and ensure your data is up to date at all times. This includes your practice URL and email addresses as well.

IMPORTANT: CareFirst's self-service tool is not integrated with CAQH ProView.

Providers in our Commercial and Medicare Advantage networks must attest/update their data every 90 days with CareFirst directly.

How do I Access the Self-Service Tool?

Step by step instructions are available to you 24/7 by accessing our <u>Provider Directory Updates and Attestations</u> course. We have also pulled together a <u>FAQ</u> document to help answer any questions you may have.

For more information visit the <u>Update Practice Info</u> page on the <u>provider website</u>.

Noteworthy Stories

CareFirst Announces New Pre-Payment Claim Edits

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, "CareFirst") is enhancing our core claims processing within the Payment Integrity Program. The program will enhance current prepayment capabilities to ensure payments are correct and consistent with national standards and guidelines, as well as adoption of certain CMS and AMA guidelines.

What are the enhancements?

- Starting July 1, 2024, claims will go through two new pre-payment claim edit reviews.
- Payment Policy Management (PPM): Uses advanced data analytics to identify claims at an elevated risk for incorrect coding and claim reimbursement.
- Coding Validation (CV): A process within PPM where complex claims can be briefly paused and sent for clinical review. These claims are reviewed by qualified clinical professionals that determine if these complex claims have been coded appropriately.
- Claims will be reviewed on the following, but not limited to, concepts:
- Duplicate, including professional and technical components.
- Modifier usage, including appropriate use of global and National Correct Coding Initiative (NCCI) modifiers.
- NCCI
- Daily and annual unit limits
- Global services

More information about these new requirements can be found in the <u>April issue</u> of BlueLink.

Back to top

New Prior Authorization Requirements for Advanced Imaging (Cardiology and Radiology)

In May, we shared that CareFirst and EviCore are collaborating to provide services for CareFirst members enrolled in our fully insured commercial plans for Cardiology and Radiology Advanced Imaging.

Effective July 22, 2024, ordering providers will need to submit a prior authorization for outpatient services to EviCore for these members for dates of service beginning July 22, 2024. Providers will be able to enter and submit authorizations up to five days prior, starting July 15, 2024, for dates of service beginning July 22, 2024.

Please visit <u>EviCore's Provider Resources</u> page for more information on associated clinical guidelines, specific services that will require authorization along with FAQs.

Register Now for a Live Webinar!

To help familiarize you with these changes, we will be scheduling several live webinars in July for you to attend. To register, you can select the *Register Now* link for the date/time that works best for you.

Date	Time	Registration Link
Tuesday, July 2	10 – 11 a.m.	Register Now
Wednesday, July 10	1 – 2 p.m.	Register Now
Wednesday, July 17	1 – 2 p.m.	Register Now
Thursday, July 25	10 – 11 a.m.	Register Now
Tuesday, July 30	10 – 11 a.m.	Register Now
Wednesday, July 31	1 – 2 p.m.	Register Now

To learn more about these new requirements, access the **Provider News** sent on May 22, 2024.

Back to top

Effective August 1, 2024: Updated Requirements for All Inpatient and Observation Admissions

At CareFirst, ensuring our members are consistently receiving the right care at the right time and the right level is our priority. Effective August 1, 2024, there will be updated requirements for inpatient and observations admissions. These requirements are included in the <u>Inpatient and Observation Care Notification Requirements Policy</u>.

To learn more about these new requirements, access the <u>Provider News</u> sent on May 2, 2024.

Back to top

Now Available! New Provider Directory Updates and Attestations Tool and CareFirst Ouestionnaires!

We are excited to share that the new and improved *Provider Directory Updates and Attestation* self-service tool is now available for you to use to easily attest and update your provider directory information. In addition, our CareFirst Questionnaires for new providers applying to our network have been updated as well.

Learn more in this **Provider News article**.

Back to top

Check out the New Resources on the Learning and Engagement Center

We are excited to offer some new and exciting resources for you and your staff that make doing business with CareFirst easy and efficient.

Here are the latest resources that have been added for you to access on the <u>Learning and Engagement</u> <u>Center</u>.

Course Name	Description
Disease Management: Pharyngitis	 A quick resource reviewing best practices for managing patients with pharyngitis. Pharyngitis & Antibiotics Best Practices Resources
Disease Management: Upper Respiratory Infection	A quick resource reviewing best practices for managing patients with upper respiratory infections. Upper Respiratory Infections & Antibiotics Best Practices Resources
Clinical Documentation Improvement: Severe Asthma	A deep dive into specific disease states and the little changes that could result in significantly different revenue, the importance of coding to the highest level of specificity and the need for appropriate documentation within the medical record to substantiate the codes being billed. • Asthma overview • Impacts of severe asthma • Comorbid conditions • ICD-10 coding options • Documentation best practices
What is Concurrent Clinical Review?	A SHORT that walks through the Concurrent Clinical Review process.

Back to top

CareFirst Medical Provider Manual Updated

Providers were previously notified in the <u>April issue of BlueLink</u> that the annual audit of the CareFirst Medical Provider Manual was occurring. Those edits have been posted and are now available.

Access the Medical Provider Manual online.

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. CareFirst is also collecting your preferences to design and deliver a more personalized newsletter experience in the future.

Back to top

Interested in Learning More about What's Happening for our Dental Providers?

Check out our BlueImpressions quarterly newsletter located on our <u>Newsletter Page</u> on our <u>provider</u> <u>website</u>. From the Newsletter page, select *BlueImpressions* from the menu on the right to display the links to publications.

Back to top

Government Programs Corner

Important: Sequestration Payment Adjustment for Medicare Advantage HMO and PPO Providers

As a contracted provider under CareFirst BlueCross BlueShield Medicare Advantage (HMO) and CareFirst BlueCross BlueShield Group Advantage (PPO) plans, a Sequestration payment adjustment (2%) is to be applied for the final payment for items and services supplied to members.

Due to a vendor configuration error, payments made on or after April 1, 2022, did not include the 2% Sequestration payment adjustment, and this reduction was not applied to final provider payments. CareFirst has corrected this configuration and will <u>not</u> be seeking recoupment of overpaid funds.

Beginning August 1, 2024, provider payments will incorporate the 2% Sequestration payment adjustment and it will be reflected in your final payment.

If you have any questions regarding provider payments, please contact the CareFirst Medicare Advantage Contracting team at: CarefirstMedicareAdvantage@carefirst.com.

Back to top

CareFirst CHPMD Monthly and Quarterly Formulary Updates

CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) posts monthly and quarterly formulary updates in the 'Drug List' section of its website. CareFirst CHPMD Pharmacy Management Procedures are available on the CareFirst CHPMD website as well.

The Pharmacy Management Procedures section offers a wealth of information on prior authorization, generic substitutions, step therapy, quantity limits, therapeutic interchange, and medication exception

requests. The website provides guidance on pharmacy copayments and medications eligible for 90-day prescription fills.

Where can I access this information?

Please visit https://www.carefirstchpmd.com/for-providers/find-a-drug-or-pharmacy for more information.

Back to top

New Electronic Prior Authorization Form Available for CareFirst CHPMD and DSNP Providers!

We are excited to share that you will now have the ability to enter your prior authorizations electronically rather than having to send a fax!

The new electronic form is available on MyHealthPortal for both CareFirst CHPMD and DSNP Providers.

- CareFirst CHPMD MyHealthPortal
- CareFirst DSNP MyHealthPortal

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

Once you are logged in, you can access the new electronic prior authorization form by selecting the 'Submit an Authorization' link. The new form includes the same fields as the manual form for you to complete. You will also be able to upload your clinical documentation and submit it with your request.

For more information on prior authorizations, you can access the following:

- CareFirst CHPMD Authorization Guidelines
- CareFirst DSNP Provider Website

Back to top

2024 Mandatory Model of Care Training Attestation is Due!

All providers who see CareFirst DSNP needs members must complete their mandatory Model of Care training upon enrollment in our network and then annually thereafter. Attestation for the annual training may be done at the practice level and takes less than 10 minutes.

Failure to complete the attestation will be considered a violation of your contract with CareFirst. For more information on why and how to complete the training, continue reading.

What is Model of Care (MOC) Training?

The Centers for Medicare and Medicaid Services (CMS) requires all Medicare Advantage Special Needs Plans (SNP) to have a Model of Care (MOC). MOC training is offered to meet CMS regulatory requirements and ensure that all providers have the specialized training that this unique population requires. CMS also requires all SNPs to conduct initial and **annual** training that reviews the major elements of the MOC for providers.

Upon completion of the training, providers will be able to:

- Describe the basic components of the CareFirst MOC.
- Explain how medical management staff coordinates care for dual eligible (Medicare Advantage and Medicaid) members.
- Describe the essential role of providers in the implementation of the MOC program.

How to access the training

We recently enhanced our MOC training process to make participation easier. Providers can view our new on-demand module here and submit an attestation on behalf of their entire practice, versus having each practitioner complete individually. We will also be facilitating the MOC training as part of our quarterly DSNP live webinars (see registration links below).

Thank you for helping us to meet the needs of our members and comply with federal regulations.

Back to top

Register Now: 2024 MD Medicaid and Dual Special Needs Plan Provider Live Webinar Schedule

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

To register, please go to the <u>Webinars</u> page on the <u>Learning and Engagement Center</u> and locate the **CareFirst CHPMD and DSNP Quarterly Meeting** heading. From there, select the date/time for each month that works best for you (different topics will be covered each month).

We are Transitioning to Zoom for Live Webinars!

We are excited to announce that for any live webinars scheduled after June 30, we will be utilizing Zoom for those events instead of MS Teams. Zoom will allow for a better user experience and offers helpful engagement tools for both presenters and participants.

Important Note: If you have already registered for one of the webinars below prior to today, you will automatically be re-registered for the Zoom live webinar. You will NOT need to register again.

Month	Live Webinar Options – (Register for one each month)	
September	Wednesday, September 11 from 1-2 p.m.	
	Thursday, September 12 from 11:30 a.m12:30 p.m.	
December	Tuesday, December 17 from 1-2 p.m.	
	Wednesday, December 18 from 10-11 a.m.	

Are you New to CareFirst CHPMD or DSNP or Need a Refresher? Access our Provider Orientation Course Today!

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

- Recognize the CareFirst BlueCross BlueShield Community Health Plan (CareFirst CHPMD) and CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) plans
- Recall the responsibilities of providers and quality guidelines
- Locate member benefits and wellness programs available to patients
- Identify CareFirst members
- Determine what services require authorizations and know how to submit authorization requests
- Submit claims, reconsiderations, and appeals to the appropriate CareFirst plan
- FQHC Providers will be able to recall our outreach programs

You can access the course at your convenience 24/7. Here is the direct link so you can review it today: New Provider Orientation Course.

Back to top

Are you Accepting New Patients?

Our CareFirst CHPMD and DSNP members, your patients, rely on the information we have about you and your practice in our provider directories. They use these resources to find new physicians, determine plan participation, and contact providers to schedule an appointment.

But what if you aren't accepting new patients? Or your panel is closed?

If your panel is closed or you are only accepting new patients under certain circumstances, we need that information from you as soon as possible to ensure your data is accurate. It is also important to notify us if you are only accepting certain new patients (e.g. referrals). In those situations, your status is considered "Not Accepting New Patients" and will need to be updated in our provider directory as well.

Important Note: "Accepting New Patients" status is listed and updated at the practitioner level. Individual practitioners will need to ensure their status is correct.

Benefits of updating your status:

- You remain compliant with your contractual requirements, specifically in the event CareFirst or a third party audits your data.
- You will likely receive less calls to your office from potential patients you have to turn away.
- Our members have access to the most accurate provider data in our directories and spend less time trying to navigate the healthcare system.

Member outreach:

CareFirst Members often report what they feel is inaccurate information with our provider directories. When our members hear comments from provider offices like, "we are unable to get you an appointment until several months from now," or "our scheduler is not open for new patients right now," they assume you are not accepting new patients and contact us. It's important that, if you are accepting new patients, you reinforce that fact with our members even if you can't schedule an immediate appointment. This will reassure our members and reduce potential calls from CareFirst following up on reported directory inaccuracies unnecessarily.

How do I update my information?

You can send updated demographic information changes, including documenting whether your panel is open or closed, and if you are accepting new patient status in the following ways:

- Log into the MyHealth Portal to document changes. Select the *Update Contact Information* link and document your updates using the electronic form and submit.
- Or send updated information to <u>MDMCcredentialing@carefirst.com</u>.

Back to top

Check out the Most Recent CareFirst CHPMD Provider Newsletter

Links to our Newsletters are located on our Provider Website home page within the 'Newsletters' section.

Back to top

Member Rights and Responsibilities

To view the CareFirst CHPMD Member Rights and Responsibilities statements, please visit Rights & Responsibilities | CareFirst Community Health Plan Maryland (carefirstchpmd.com). Select 'For Members', then 'Rights and Responsibilities'. If you have any questions about the Rights and Responsibilities of our CareFirst CHPMD members, please contact Provider Services at 410-779-9359 or 1-800-730-8543 or email ProviderMD@carefirst.com.

Back to top

Is your Pregnant Patient a Maryland Medicaid Participant?

Completing the Maryland Prenatal Risk Assessment (M-PRA) is a Medicaid participant <u>requirement</u> and should be completed at the first prenatal care visit.

Completion of the Maryland Prenatal Risk Assessment (M-PRA) for every pregnant Medicaid participant is an important part of Maryland's overall strategy for reducing maternal and infant mortality and for closing the gap on healthcare disparities.

This required task can be completed in three easy steps!

Please note: The M-PRA does not need to be filled out by a physician. It can be completed by office staff.

- Step 1: Fill out the M-PRA form (DHMH 4850) at the patient's first prenatal visit.
 - □ **Why:** The M-PRA identifies women at risk for low birth weight, pre-term delivery and other healthcare conditions that may put her and/or her infant at risk.

- Step 2: Fax the form to the local health department where the patient resides.
 - **Why:** The local health departments use the M-PRAs to identify women who may benefit from local programs, or who may need assistance navigating the healthcare system. They also forward M-PRAs to the patient's MCO so they can link them to care coordination and case management services.
- Step 3: Develop a plan of care based on the woman's risk factors.
 - □ **Why:** Having a plan helps anticipate problems and facilitates early intervention. A plan also helps with health promotion, education and shared decision-making.

More to know...

- You can be reimbursed for completing this process!
- Use HCPCS code H1000. Only one risk assessment per pregnancy.

Timing is Everything!

Timely completion and faxing of the M-PRA ensures that pregnant mothers get connected to case management services faster!

For more information regarding the Maryland Prenatal Risk Assessment including a downloadable copy with instructions and fax numbers for local health departments please follow this link: https://health.maryland.gov/mmcp/medicaid-mch-initiatives/Pages/MPRA.aspx

Back to top

Events

Join us for our Semi-Annual BlueCard Webinar!

BlueCard is a program that enables members to obtain healthcare services while traveling or living in another Blue Plan's service area (e.g., if a Blue Shield of California member travels to Maryland and receives care from a CareFirst provider). Providers are able to access and serve more than 92.6 million Blues members nationwide, while only contracting with CareFirst. To learn more about this program and what it means for you, please register for an important **BlueCard webinar from 1-2 p.m. on Wednesday**, **June 26.**

We will be reviewing:

- What is BlueCard?
- Products that support BlueCard
- How to identify BlueCard members
- How to verify eligibility and prior authorization requirements for BlueCard members
- How to submit claims and check claims status for BlueCard members

Register now.

Can't make the live webinar? We also have an on-demand course, <u>BlueCard 101</u>, you can access at your convenience.

Additional Provider Live Webinars Available for Registration

We will have several live webinars available for you to attend in the coming months and additional will be offered throughout 2024.

We are Transitioning to Zoom for Live Webinars!

We are excited to announce that for any live webinars scheduled after June 30, we will be utilizing Zoom for those events instead of MS Teams. Zoom will allow for a better user experience and offers helpful engagement tools for both presenters and participants.

Important Note: If you have already registered for one of the webinars below prior to today, you will automatically be re-registered for the Zoom live webinar. You will NOT need to register again.

Professional Quarterly Webinars

- Wednesday, September 18 from 10-11 a.m. or
- Thursday, September 19 from 1-2p.m.

To register, please go to the <u>Webinars</u> page on the <u>Learning and Engagement Center</u> and locate the **Professional Quarterly** heading. From there, select the date/time for each month that works best for you (different topics will be covered each month).

Missed our latest professional quarterly webinar? Check it out here!

Hospital Quarterly Webinars

- Tuesday, September 24 from 10-11 a.m. or
- Wednesday, September 25 from 1-2 p.m.

To register, please go to the <u>Webinars</u> page on the <u>Learning and Engagement Center</u> and locate the **Hospital Quarterly** heading. From there, select the date/time for each month that works best for you (different topics will be covered each month).

Missed our latest hospital quarterly webinar? Check it out here!

Ancillary Quarterly Webinars

Durable Medical Equipment Providers

- Tuesday, August 13 from 1-2 p.m. or
- Thursday, August 15 from 10-11 a.m.
- To register, please go to the <u>Webinars</u> page on the <u>Learning and Engagement Center</u> and locate the
 Ancillary Webinar heading. From there, select the date/time for each month that works best for you
 (different topics will be covered each month).

Once the registration is submitted, you'll receive an auto-generated confirmation email from CareFirst Provider Engagement <no-reply@zoom.us>. The confirmation email will include the option to add the

event to your calendar as well as the link you will use to join the webinar.

Back to top

Holiday Closings

- 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