

Commercial Carrier Process to Request a Referral to a Specialist or NonPhysician Specialist
(Accurate as of August 1, 2022. Please check the MIA website for up-to-date information.)

Group Hospitalization and Medical Services, Inc. NAIC 53007

Consumer Contact Information

Website	provider.carefirst.com
Phone Number	877-228-7268

Requesting a Referral

Steps to request a non-panel (non-participating) provider specialist	The non-participating provider submits a request to the Utilization Management Department via fax to 410-781-7661 . The information is entered in the authorization system by an Utilization Management Coordinators (UMC) and routed to the Clinician. The Clinician will request, review and summarize the clinical information and rationale to support the out of network request. If the request/clinical meets criteria, the clinician can authorize the service at the in-Network level benefit. If the clinician cannot make the decision to approve the service, the request is sent to a Medical Director.
Review full referral request procedures	https://insurance.maryland.gov/Documents/newscenter/legislativeinformation/CareFirst-Out-of-Network-Access-and-Review-for-Risk.pdf

Carrier's timeline to grant or deny request

A decision is rendered in compliance with the established guidelines based on the the priority of the request.

- Nonemergency course of treatment: within 2 working days of receipt of the information necessary to make the determination
- Emergency inpatient admission or residential crisis services pursuant to Md. Ins. 15-840: within 2 hours of receipt of the information necessary to make the determination

Grievance process to appeal denial of a request

How to file a grievance	File written Grievance within 180 days of the date of notice. The Grievance must be in writing and sent with any information that would be considered regarding the claim, additional medical records, and other documentation to be considered to: For Inpatient Services CareFirst BlueCross BlueShield Clinical Appeals and Analysis Unit P.O. Box 17636 Baltimore, Maryland 21298-9375 For Pre-admission Review or Outpatient Services: Mail Administrator P.O. Box 14114 Lexington, KY 40512-4114
Number of days for final grievance decisions	Pre-Service (prospective) - within 30 working days after the date on which the grievance is filed Post Service (retrospective) – within 45 working days after the date on which the grievance is filed

Number of days/hours for emergency grievance decisions	Within 24 hours of the date the grievance is filed
Review full grievance process	https://insurance.maryland.gov/Documents/newscenter/legislativeinformation/CareFirst-Administrative-Policy-6.42.pdf