

Commercial Carrier Process to Request a Referral to a Specialist or NonPhysician Specialist
(Accurate as of 12/19/2022. Please check the MIA website for up-to-date information.)

Group Hospitalization and Medical Services, Inc. NAIC 53007

Consumer Contact Information

Website www.provider.carefirst.com
www.carefirst.com/myaccount

Phone Number 877-228-7268

Requesting a Referral

Steps to request a non-panel (non-participating) provider specialist The member can access participating provider directory information to identify participating providers electronically at www.carefirst.com/myaccount. The member may also obtain this information by contacting member services at the number on the back of the member's ID card. In order to request a referral to a non-participating provider, specialist, or behavioral health program (when eligible pursuant to the Evidence of Coverage), the member should contact their assigned primary care provider. The primary care provider and/or the member notifies the non-par provider of the referral.

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 priority of the request. For Maryland risk, the turnaround times are as follows:
a. Nonemergency course of treatment: within 2 working days of receipt of the information necessary to make the determination
b. 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