

CareFirst Profile Score Methodology for 2025

CareFirst's vision

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst's) vision is to drive transformation of the healthcare experience with and for our members and the communities we serve. As we move forward with making this a reality, we will build value-driven relationships with providers to generate information CareFirst and our providers can use to focus on measures that matter and improve care.

We will use this information to address customers' demands for more affordable quality health insurance options by creating a provider profile score. CareFirst may use the data we gather from the profile scores to inform some of the decisions we make as we increase the network options available to employers and members. Any new networks CareFirst may create will not replace our existing health maintenance organization (HMO) or preferred provider organization (PPO) networks. Instead, any new networks we create will help improve the healthcare experience by giving our members and the communities we serve additional flexibility while delivering cost savings, high quality and improved outcomes while demonstrating the use of appropriate care.

Characteristics for these new networks may include the CareFirst profile score (quality, member experience, cost efficiency and relationship health), hospital affiliation, network adequacy or other similar criteria.

Sharing results to improve care

CareFirst is sharing results of a practice's profile score with that practice so they can improve the quality of care and services they offer while increasing access to affordable healthcare. Practices may use this data to identify opportunities for performance improvements and review comparative results in relation to peers in their specialty.

Upon request, practices will be granted access to a resource guide with key information and improvement strategies for each category of the profile score. To maximize performance, practices are encouraged to collaborate with CareFirst's Practice & Payment Transformation Team to leverage the team's practice consulting expertise and gain additional population health insight.

How are practices evaluated?

Profile score

The profile score is a composite of the practice's quality and member experience, cost efficiency and relationship health scores. This data is summarized at the practice level and compared to like peer groups.

These categories consist of the following measures of performance:	
35 percent	**Quality and member experience** ■ **Quality**—CareFirst uses publicly reportable Healthcare Effectiveness Data and Information Set (HEDIS[1]) measures to assess quality and will determine which measures are applicable to your practice. We will also determine which measures are applicable to the members you saw. ■ **Member experience**—Every month CareFirst surveys a random sample of members to receive information on specific providers. The practice group must meet the quality and member experience criteria in order to receive a profile score.
55 percent	**Cost efficiency**—CareFirst calculates cost efficiency scores for specialty groups managing episodes of care and for primary care groups that participate in our value-based care programs. This is a measure of both a practice's unit cost and its patterns of administering care. Cost efficiency scores are based on the percentage difference between actual and expected cost.
10 percent	**Relationship health**—CareFirst measures providers in two categories—Program Engagement and Administration. Program Engagement is submitting clinical data through FIGmd or supplemental data files, and participation in Patient-Centered Medical Home (PCMH), Episode of Care (EOC) and Accountable Care Organization (ACO) value-based care models. Administration is the use of electronic claims submission, remittances and payments, meeting reporting requirements using the Council for Affordable Quality Healthcare®[2] (CAQH) ProView solution and routine use of CareFirst Direct.
Level of evaluation	The evaluation for the profile score is conducted at the practice group level (all practitioners with the same CareFirst Provider ID and specialty).
Practice specialty categories	The following specialties are included: ■ Primary Care (Family Practice, General Practice, Geriatrics, Internal Medicine and associated Nurse Practitioners) ■ Pediatrics ■ Allergy and Immunology ■ Cardiovascular Disease ■ Colon and Rectal Surgery ■ Dermatology ■ Endocrinology, Diabetes &Metabolism ■ Gastroenterology ■ Gynecologic Oncology ■ Hematology & Oncology ■ Infectious Diseases ■ Maternal and Fetal Medicine ■ Nephrology ■ Neurology ■ Neurosurgery ■ Obstetrics and Gynecology ■ Ophthalmology ■ Oral and Maxillofacial Surgery ■ Orthopedic Surgery ■ Otolaryngology ■ Pain Management ■ Physical Medicine/Rehabilitation ■ Plastic Surgery ■ Podiatry ■ Psychiatry ■ Pulmonary Medicine ■ Reproductive Endocrinology ■ Rheumatology ■ Sports Medicine, Non-Surgical ■ Surgery General ■ Thoracic Surgery ■ Urology ■ Vascular Surgery
CareFirst markets	A profile score is available for practices in Maryland, the District of Columbia and Northern Virginia

[1] HEDIS is a registered trademark of National Committee for Quality Assurance (NCQA).

[2] CAQH Proview is a registered trademark of the Council for Affordable Quality Healthcare.

These categories consist of the following measures of performance:	
Reevaluation	Practice performance is evaluated annually
Notice of available information	Each eligible practice will receive a written notice of the availability of the profile score results, measures and methodology and the process to request practice specific information.
Opportunity to appeal	CareFirst will review such requests and will make associated changes, if any, in its sole and absolute discretion. You have the opportunity to request corrections or changes to your profile score, if you email CareFirst at **profilescore@carefirst.com** by January 2, 2026.

Quality and member experience review methodology

Quality is evaluated using the National Committee for Quality Assurance (NCQA's) HEDIS Health Plan Measures as specified, adjusted to include CareFirst's entire book of business (all product lines) evaluated for each unique practice/specialty combination. For the potentially preventable admission measure, the age range was adjusted to assess all patients 18 years of age or older. Administrative specifications are followed using NCQA-certified software, Cognizant ClaimSphere®[3] this provider measurement was not separately audited. Member experience is evaluated using a customized, ten question member experience survey targeted to a specific provider, practice and visit. Questions are intended to solicit practice-specific insights related to key questions and composites included in Consumer Assessment of Healthcare Providers and Systems (CAHPS®[4]) Health Plan Survey.

To align priorities with the health plan, CareFirst uses a methodology based on NCQA's Health Insurance Plan Ratings Methodology. This helps align priorities using standardized measures from NCQA.

Quality and Member Experience Methodology	
Attribution method	CareFirst is using a population-based, patient-centered approach to quality assessment. Any practice seeing a patient has the opportunity to impact outcomes. Based on CareFirst claims and administrative data,CareFirst patients from all product lines are attributed to any PCP or listed specialty practice with a claim in 2024. Individual patients can be attributed to more than one practice. Practices that do not have enough attributed measures, patients or episodes are identified as "not enough data to evaluate".
Reporting period	**Quality and risk-adjusted utilization:** Care rendered ending December 31, 2024 **Member experience:** Care rendered in 2024 or 2025
Measures and composites	Measures are organized into sub-composites of related services. The quality and member experience composites are the weighted average of sub-composite performance.
Minimum observations	**Quality:** Each sub-composite must include 30 data points and each measure within a sub-composite must have at least four data points to be included. **Risk-adjusted utilization:** The sub-composite must have 150 data points to be included. At least half of the sub-composites within the quality and member experience section must meet minimum observations described above to receive a reportable score.

[3] ClaimSphere is registered trademark of Cognizant.

[4] CAHPS is a registered trademark of the Agency for Health Research and Quality.

Quality and Member Experience Methodology		
Peer comparison groups	CareFirst will only compare scores between practices in peer comparison groups that include at least 20 practices and at least half of those practices must have a score. CareFirst will not provide scores for practices in specialties that do not meet these minimums. A specialist who is credentialed in multiple specialties will be attributed to that specialty in which he/she provides the predominance of care.	
Measures included	All publicly reportable 2024 measures from **NCQA's** health plan measures are available for inclusion and may adjust factors allowed by NCQA. Refer to Appendix 1.1 for a list of measures and sub-composites by specialty and weights. Refer to Appendix 1.2 for the transactional member experience survey questions.	
Data collection methodology	**Quality and risk adjusted utilization:** CareFirst uses claims and other administrative supplemental data that has been approved by an NCQA auditor (administrative specification). Medication compliance is limited to those members with the CareFirst pharmacy benefit. M**ember experience:** CareFirst uses email surveys related to services provided to members. The practice and date of service are identified in the survey that the member completes.	
Measure weights	Process measures 1 Outcome measures 3 Patient experience 1.5	
Methodology: Step 1	**Quality and member experience:** Each individual measure meeting the minimal threshold within the sub-composite for either PCP or specialty is compared to the NCQA National All Lines of Business 10th, 33 1/3rd, 66 2/3rd and 90th percentiles. For those measures without national comparisons, CareFirst all lines of business benchmark are utilized. **Risk adjusted utilization:** Measures in the risk adjusted utilization sub-composite (listed in Appendix 1.1) are scored differently from other quality measures. CareFirst compares the observed to expected (O/E) performance of each practice against performance within CareFirst's entire book of business. An upper and lower confidence limit is calculated with a 95% confidence interval.	
Methodology: Step 2	**Points for each measure are assigned based on peer percentile comparison:**	
	90.00–100:	5 points
	66.67–89.99	4 points
	33.33–66.66	3 points
	10.00–33.32	2 points
	<10	1 point
	Risk Adjusted Utilization	
	O/E significantly better (by at least 1 standard deviation) than the mean, at 95% confidence interval	5 points
	O/E not significantly different from mean	3 points
	O/E significantly lower (by at least 1 standard deviation) than the mean, at 95% confidence interval	1 point
Methodology: Step 3	The points earned for each measure are multiplied by the measure weights described above to calculate a measure score.	

Quality and Member Experience Methodology	
Methodology: Step 4	Measure scores are added within each sub-composite, then divided by the maximum possible score to calculate the sub-composite score.
Methodology: Step 5	Quality and member experience composite are the weighted average of all applicable sub-composites (sum of all numerators by denominators).
Subsequent evaluation for future years	For subsequent years, CareFirst will use published NCQA HEDIS reportable measures from the previous year for administrative and auditor-approved supplemental data.

Cost efficiency methodology

Cost efficiency scores are calculated for primary care and specialty group practices. Cost efficiency scores are based on the percent difference between actual and expected total costs for all provider types and costs can be aggregated to allow for evaluation at the practice level.

To measure cost efficiency, CareFirst uses Watson Health's™[5] Medical Episode Grouper (MEG) software for identifying medical episodes of care and Optum's Procedural Episode Group®[6] (PEG®[7]) software for procedural episodes of care.

Cost Efficiency Methodology	
Attribution method	**PCPs:** Attribution of Members will occur on a monthly basis using a 24-month claims lookback period. Plurality of PCP office visits will determine the attributed provider for each Member. Claims history is used to determine a plurality of visits first over the most recent 12 months and then, if necessary, over the preceding 12 months. In the case of a tie for either period, attribution is assigned to the provider with the most recent visit. In the case of no visits in the 24-month period, a Member will remain unattributed until they visit a PCP. Attribution for Adult Providers will be restricted to Members age 18 and older, while attribution for Pediatric Providers will be restricted to ages 20 and younger. **Specialists:** The specialist, based upon practitioner ID, with the largest share of the cost over the course of an episode is assigned to the medical or procedural episode. This practitioner is considered the managing or dominant physician for the episode. MEG episodes also require the presence of an evaluation & maintenance (E&M) code over the course of the episode to be assigned, ensuring that the managing provider was not connected to the episode solely via an encounter as a hospital attendant. Chronic MEG episodes can be split into calendar years and can have different dominant physicians for each year. In instances where a member has both MEGs and PEGs assigned to the same practitioner in the same year, the PEGs are given precedence and the MEG episodes are removed to avoid double counting encounters and costs. Practitioner ID metrics are rolled up to a specialty and practice group for evaluation.
Reporting period	**PCPs:** Risk adjusted per member per month (PMPM) for calendar year 2023 (40 percent) and 2024 (60 percent). **Specialists:** MEGs and PEGs incurred in 2023 (40 percent) and 2024 (60 percent).
Minimum observations	**Specialists:** ■ A minimum of ten episodes in any condition/disease (MEG) or procedure (PEG) combinations. ■ A practice must have 30 or more total episodes over two years to be scored. ■ At least five percent of episodes need to have occurred in 2024.

[5] Watson Health is a trademark of International Business Machines Corporation.

[6] Procedural Episode Group and PEG are registered trademarks of Optum.

[7] Procedural Episode Group and PEG are registered trademarks of Optum.

Cost Efficiency Methodology	
Episodes of care	**PCPs:** A PCP is measured on full member costs incurred in each calendar year. **Specialists:** Each episode is assigned to a calendar year according to the following: ■ Chronic MEG episodes are split into calendar years based on incurred dates, with a minimum of three months for any given year. ■ All PEG and acute MEG episodes are assigned to the year in which the episode ended and can include costs spanning back into the prior year.
Outliers	**PCPs:** Individual stop loss is applied at the member level for each year. For adult providers, full costs up to $100,000 are included, along with 20 percent of costs above $100,000. For pediatric providers, costs are capped at $50,000. In addition, hospital admission costs for newborns are excluded. **Specialists:** Episodes with less than 1/10th of the median cost for any specific episode type are considered outliers and are excluded. Episodes with a cost of more than three times greater than the median cost are capped at three times the median cost for the specific episode type.
Peer comparison groups	Practitioners within a practice are grouped by related specialties to form homogeneous peer comparison groups. A minimum of ten practices are required for each specialty to develop peer benchmarks.
Data included	■ CareFirst calculates allowed amounts (net pay plus member liability) ■ All costs: medical (inpatient, outpatient, laboratory, professional, ancillary) and pharmacy claims. ■ All commercially insured products are included. ■ Medicare primary, third party costs, home claims and rejected claims are excluded.
PCP Methodology: Step 1	Adult Panels (age18 and over) and Pediatric Panels (under21) are responsible for the global medical and pharmacy costs for their attributed members. Standard PMPM costs (allowed amounts divided by member months) for each cohort are risk adjusted by dividing by relative illness burden measures, using Cotiviti Diagnosis Cost Grouper (DxCG) for medical claims and Optum's Pharmacy Risk Groups®[8] (PRG®[9]) for pharmacy claims.
PCP Methodology: Step 2	Risk-adjusted PMPMs for each of the four cohorts are combined across all measured primary care peer practices and these values are used as expected values for each cohort. Total expected costs for each primary care practice are based on the expected risk-adjusted PMPMs multiplied by the actual risk-adjusted member months for each cohort.
Specialist Methodology: Step 1	Practice costs are evaluated according to specific types of episodes managed at the disease/condition or anchor procedure level, relative to other practices in the same peer group.
Specialist Methodology: Step 2	After removing outliers, the average (or expected) cost per episode for each condition/disease stage or procedure level is calculated for each year within the specialty peer group. Since the cost range can be wider for some episodes than others, a 95 percent confidence interval (CI) is calculated and a range of expected cost is produced for each. Expected costs are calculated separately for medical and pharmacy claims.
PCP and Specialist Methodology: Step 3	Costs are combined for each practice ID/specialty combination, with actual costs and expected cost ranges for each year being weighted 40 percent and 60 percent for the oldest (2023) and most recent year (2024) respectively. Specialists: Total costs that fall below or above the expected range are measured against the lower or upper CI respectively.

[8] Pharmacy Risk Groups is a registered trademark of Optum, Inc.

[9] Pharmacy Risk Groups is a registered trademark of Optum, Inc.

Cost Efficiency Methodology	
PCP and Specialist Methodology: Step 4	The variance between expected and actual costs is compared to expected costs to produce a final combined cost efficiency rating, expressed as a savings percent.
PCP and Specialist Methodology: Step 5	The calculated savings percentages are compared to peers within the same cohort using a percentile rank. If there is a tie for the same savings percentage, standard competition ranking is applied and all practices with that score receive an equal ranking and a numeric gap is left sequentially for the number of practices that tied (i.e., 1, 2, 2, 4). The higher the percentile, the higher the rank is of the individual score among all the scores in the distribution.

Relationship health score

Relationship health score is calculated for primary care and specialty practices. Two aspects of practice collaboration are evaluated to best serve our collective members: program engagement and administration. Scores are the weighted average of points earned over points available.

Relationship Health Score	
Attribution method	Unique provider ID/specialty combination
Timeframe	Varies based on indicator (2025 results)
Unit of evaluation (Yes, No, N/A)	**Program Engagement** ■ Submitting clinical data through FIGmd or supplemental data files ■ Participation in PCMH, EOC and ACO value-based care models **Administration** ■ Use of electronic claims submission, remittances and payments ■ Meeting reporting requirements using CAQH ProView solution ■ Routine use of CareFirst Direct
Minimum observations	At least two of five indicators or composites must be reported to get a score.
Overall methodology	Associated points are earned in each indicator. Each indicator is worth 20 points for a total of 100 possible points. The score is a weighted average of each category (sum of all points earned/total points possible).
Methodology: Electronic claims submission, remittances and payments	Practices receive 20 points if they currently do all the following: ■ Submit claims electronically to CareFirst ■ Receive an on-line 835 ■ Electronic funds transfer Results for this indicator were measured as of October 31, 2025.
Methodology: Submitting clinical data through FIGmd or supplemental data files	Practices will receive 20 points if they are submitting clinical data through FIGmd or supplemental data files. Results for this indicator were measured as of October 31, 2025.
Methodology: Provider roster data accuracy via CAQH ProView	Practices receive 20 points if the practitioners associated with the practice completed their attestations within every 120 day requirement in CAQH ProView. Practitioners who are not required to utilize CAQH ProView, such as delegated practitioners and those practitioners who are not active on CareFirst's network roster, are not included in the scoring. Results for this indicator were measured as of October 31, 2025.

Relationship Health Score	
Methodology: CareFirst Direct usage	Practices receive 20 points if they have an active user within CareFirst Direct. Results for this indicator were measured as of October 31, 2025.
Methodology: Value-Based Engagement	Practices receive 20 points if they are participating in the PCMH, EOC or ACO models

Access to scores/request for corrections or changes

To ensure CareFirst is using complete and accurate results, every eligible practice is notified of the results of the profile score and provided the opportunity to request information, corrections or changes.

Each eligible practice will receive a written notice of:

- The availability of the profile score results
- Measures and methodology
- The process to request individual practice results and comparison to the universe of peers expressed as a percentile
- Support tools to improve score
- The process to request reconsideration

To maximize performance, practices are encouraged to collaborate with CareFirst's Practice & Payment Transformation Team to leverage the team's practice consulting expertise and gain additional population health insight. For providers in a value-based program, please reach out to your designated CareFirst representative.

All requests should be directed by email to **profilescore@carefirst.com**. CareFirst's professional provider manual and provider website will include access to profile score measures, methodology, availability of results and reconsideration process. Practices will have until January 2, 2026 to initiate a reconsideration request.

All reconsideration requests will be acknowledged within one business day of receipt. An interdisciplinary team that includes medical directors and practice consultants as well as CareFirst associates from analytics, payment transformation, quality improvement and provider relations will review and investigate all reconsideration requests and any additional information, as appropriate based on content. This team will review any additional information that supports a different outcome.

Practices will receive a final determination of the reconsideration in writing within 14 calendar days from when reconsideration is initially requested (email date) or the date that additional information is provided, whichever is later.

Appendix 1.1: Measure list

Category	Measure	Pediatrics	PCP & OB/GYN	Applicable Specialists	Psychia-trist	Weighting	Source
Quality and Member Experience							
Prevention							
	Adult Immunization Status		X	X		1	NCQA
	Childhood Immunization Status—Combination 10	X	X			3	NCQA
	Cervical Cancer Screening	X	X			1	NCQA
	Colorectal Cancer Screening		X			1	NCQA
	Chlamydia Screening	X	X			1	NCQA
	Breast Cancer Screening		X			1	NCQA
	Immunizations for Adolescents—Combination 2	X	X			3	NCQA
	Prenatal Immunization Status	X	X			1	NCQA
	Social Needs Screening and Intervention	X	X	X		1	NCQA
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—BMI Percentile	X	X	X		1	NCQA
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—Counseling for Nutrition	X	X	X		1	NCQA
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—Counseling for Physical Activity	X	X	X		1	NCQA
Chronic Conditions							
	Appropriate Testing for Pharyngitis	X	X			1	NCQA
	Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroids		X			1	NCQA
	Pharmacotherapy Management of COPD Exacerbation—Bronchodilator		X			1	NCQA
	Asthma Medication Ratio	X	X			1	NCQA
	Controlling High Blood Pressure		X	X		3	NCQA
	Persistence of Beta-Blocker Treatment After a Heart Attack		X	X		1	NCQA

Category	Measure	Pediatrics	PCP & OB/GYN	Applicable Specialists	Psychia-trist	Weighting	Source
Chronic Conditions (continued)							
	Cardiac Rehabilitation—Achievement		X			1	NCQA
	Statin Therapy for Cardiovascular Disease		X	X		1	NCQA
	Statin Therapy for Cardiovascular Disease—80% Adherence		X	X		1	NCQA
	Statin Therapy for Diabetes		X	X		1	NCQA
	Statin Therapy for Diabetes—80% Adherence		X	X		1	NCQA
	Comprehensive Diabetes Care: Glycemic Status Assessment		X	X		3	NCQA
	Comprehensive Diabetes Care: Retinal Eye Exam Performed		X	X		1	NCQA
	Comprehensive Diabetes Care: Blood Pressure Control		X	X		3	NCQA
	Kidney Health Evaluation for Patients with Diabetes		X	X		1	NCQA
Behavioral Health							
	Unhealthy Alcohol Use Screening and Follow-up		X	X	X	1	NCQA
	Depression Screening and Follow-Up for Adolescents and Adults	X	X	X	X	1	NCQA
	Depression Remissions or Response for Adolescents and Adults	X	X	X	X	1	NCQA
	Postpartum Depression Screening and Follow-Up	X	X	X	X	1	NCQA
	Prenatal Depression Screening and Follow-Up	X	X	X	X	1	NCQA
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	X	X		X	1	NCQA
	Follow-up Care for Children Prescribed ADHD Medication—Continuation Phase	X	X		X	1	NCQA
	Antidepressant Medication Management—Acute Phase		X	X	X	1	NCQA
	Antidepressant Medication Management—Continuation Phase		X	X	X	1	NCQA

Category	Measure	Pediatrics	PCP & OB/GYN	Applicable Specialists	Psychia-trist	Weighting	Source
Behavioral Health (continued)							
	Follow-Up After Hospitalization for Mental Illness—7 days	X	X		X	1	NCQA
	Follow-Up After Emergency Department Visit for Mental Illness—7 days	X	X		X	1	NCQA
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days	X	X		X	1	NCQA
	Follow-up After High Intensity Care for Substance Use Disorder—within 7 days	X	X		X	1	NCQA
	Metabolic Monitoring for Children and Adolescents on Antipsychotics		X		X	1	NCQA
	Pharmacotherapy for Opioid Use Disorder		X	X	X	1	NCQA
	Adherence to Antipsychotic Medications for Individuals with Schizophrenia		X		X	1	NCQA
	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	X	X	X	X	1	NCQA
Overuse and Appropriateness							
	Antibiotic Utilization for Respiratory Conditions		X	X		1	NCQA
	Appropriate Treatment for Upper Respiratory Infection	X	X	X		1	NCQA
	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis		X	X		1	NCQA
	Use of Imaging Studies for Low Back Pain	X	X	X		1	NCQA
	Use of Opioids from Multiple Prescribers		X	X	X	1	NCQA
	Use of Opioids from Multiple Pharmacies		X	X	X	1	NCQA
	Use of Opioids from Multiple Prescribers and Multiple Pharmacies		X	X	X	1	NCQA
	Risk of Continued Opioid Use—15 days		X	X	X	1	NCQA
	Use of Opioids at High Dosage		X	X	X	1	NCQA

Category	Measure	Pediatrics	PCP & OB/GYN	Applicable Specialists	Psychia-trist	Weighting	Source
Access and Member Experience							
	Adults' Access to Preventive/ Ambulatory Health Services	X	X			1	NCQA
	Initiation and Engagement of Alcohol Dependence Treatment—Initiation		X			1	NCQA
	Initiation and Engagement of Alcohol Dependence Treatment—Engagement		X			1	NCQA
	Initiation and Engagement of Opioid Dependence Treatment—Initiation		X			1	NCQA
	Initiation and Engagement of Opioid Dependence Treatment—Engagement		X			1	NCQA
	Initiation and Engagement of Other Drug Dependence Treatment—Initiation		X			1	NCQA
	Initiation and Engagement of Other Drug Dependence Treatment—Engagement		X			1	NCQA
	Access to Prenatal Care	X	X			1	NCQA
	Access to Postpartum Care	X	X			1	NCQA
	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics		X			1	NCQA
	Well-Child Visits in the First 30 Months of Life—First 15 Months	X	X			1	NCQA
	Well-Child Visits in the First 30 Months of Life—15 Months-30 Months	X	X			1	NCQA
	Child and Adolescent Well-Care Visits	X	X			1	NCQA
	Member Experience Survey	X	X	X	X	1.5	CareFirst
Risk Adjusted Utilization							
	Acute Hospital Utilization	X	X	X	X	1	CareFirst
	Emergency Department Utilization	X	X	X	X	1	CareFirst
	All-Cause Readmissions	X	X	X	X	3	CareFirst

Appendix 1.2: Transactional member experience survey methodology

The following transactional survey was sent by mail and email to members who had claims with PCPs and key specialty practices. Surveys are sent monthly based on new claims received during the previous quarter. Surveys were fielded beginning August 2024 to January 2025 for services rendered within past 12 months.

Member experience—post provider visit

Introduction: CareFirst is dedicated to prioritizing our members' needs and improving your overall healthcare experience. We value your feedback and would appreciate a few minutes of your time to answer a short survey about a recent visit you had with [INSERT PRACTICE NAME] on [INSERT DATE]:

1. Would you recommend this doctor to your family and friends?
   - Yes 1
   - No 2
2. How would you rate your overall satisfaction with this doctor? (PERSONAL DOCTOR RATING)*
   - Poor 1
   - Fair 2
   - Average 3
   - Good 4
   - Excellent 5
3. Do you have any additional comments about this doctor?

   _____

   _____

Thinking about your most recent experience...

4. How would you rate this doctor's availability to see you? (GETTING CARE QUICKLY)*
   - Poor 1
   - Fair 2
   - Average 3
   - Good 4
   - Excellent 5
5. How would you rate your experience with the staff?
   - Poor 1
   - Fair 2
   - Average 3
   - Good 4
   - Excellent 5
   - Not applicable 9

Thinking about your most recent experience...

6. How would you rate this doctor's being up to date about the care you received from other doctors? (COORDINATION OF CARE)*
   - Poor 1
   - Fair 2
   - Average 3
   - Good 4
   - Excellent 5
   - Not applicable 9

Thinking about your most recent experience...

7. How would you rate this doctor's helpfulness in getting you the...? (GETTING NEEDED CARE)*

		Poor	Fair	Avg.	Good	Excellent	Not applicable
a.	Care you needed (e.g., specialist visits, other doctor visits)	1	2	3	4	5	9
b.	Tests you needed (e.g., lab tests, scans, x-rays)	1	2	3	4	5	9
c.	Treatment you needed (e.g., medications)	1	2	3	4	5	9

Thinking about your most recent experience...

8. How would you rate this doctor's ability to explain things in a way you could understand?
   - Poor 1
   - Fair 2
   - Average 3
   - Good 4
   - Excellent 5
9. How would you rate this doctor's ability to spend enough time with you, given the reason you needed to visit them?
   - Poor 1
   - Fair 2
   - Average 3
   - Good 4
   - Excellent 5
10. How would you rate this doctor's kindness towards you?
   - Poor 1
   - Fair 2
   - Average 3
   - Good 4
   - Excellent 5

* Questions correlated to key CAHPS questions/composites are included for assessment.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc., which 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.