



BLUELINK

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Top News

CareFirst Provider Portal Now Available to CHPMD and Advantage DualPrime Providers

We are excited to announce that providers who participate in our CareFirst CHPMD and Advantage DualPrime networks can now use the [CareFirst Provider Portal](#) (CareFirst Direct) to **verify eligibility and benefits, check claim status, and submit prior authorizations electronically** for their CareFirst CHPMD and Advantage DualPrime patients.

Important Information about selecting providers and facilities on prior authorization requests for CareFirst CHPMD and Advantage DualPrime members:

- Facilities selected must include the Provider Code Prefix SUP_ (Supplier)
- Rendering and servicing providers selected must include the Provider Code Prefix PRAC_ (Practitioner).

Benefits of [Entering Prior Authorizations through the CareFirst Provider Portal](#)

- Eliminates the need to fax your requests
- Access to the Prior Authorization Lookup Tool to quickly verify requirements
- Quicker review and decisioning by the Utilization Management team
- Ability to see the status of your requests
- Ability to edit dates of service on open authorizations
- Ability to easily upload any needed clinical documentation directly to your request
- Ability to view and respond to messages from CareFirst regarding the authorizations you submitted

[Read the full article.](#)

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New Level of Care (LOC) Review for Inpatient NICU, Intermediate and Intensive Care Authorizations (Maryland Only)

Effective March 3, 2025, CareFirst began reviewing prior authorization requests for inpatient NICU admissions to ensure that all services are at an appropriate duration and level of care as documented in the **Level of Care Authorization – Facility (Maryland only) Payment Policy** located within the [Payment Policy Reference Manual](#) page on the [CareFirst Provider website](#).

New NICU Request Forms: To assist providers with ensuring that level of care is included on their requests, new NICU Requests forms have been developed and are available below:

- [Commercial and FEP Members](#)
- [CareFirst CHPMD Members](#)
- [Advantage DualPrime Members](#)

As a reminder, effective July 1, 2025, appropriate duration and level of care on prior authorization requests for Intermediate and Intensive Care levels of care will also be reviewed.

[Read the full article.](#)

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Take Advantage of the Prior Authorization Lookup Tool

The Prior Authorization Lookup Tool is available for you to assist in determining what services you provide require authorization. To access, login to the [CareFirst Provider Portal](#) and navigate to the Prior Auth/Notifications landing page. For step-by-step instructions, access the [Prior Authorization Tool Walk-Through](#) course.

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Breaking News

CareFirst Launches Electronic Attachments Functionality in CareFirst Direct Provider Portal

CareFirst is dedicated to improving the way you do business with us. We are excited to announce that we recently launched new functionality in the [CareFirst Provider Portal \(CareFirst Direct\)](#) that allows you to upload electronic attachments for claims that have been rejected requesting additional information. This applies to claims on our Facets, NASCO, and FEP claims platforms.

Note: *This functionality is triggered by specific rejection codes, so not all rejections will trigger this process. Also, claims for Medicare Advantage, CareFirst CHPMD, Advantage DualPrime, and CareFirst Administrators are currently out of scope.*

What are the benefits?

This enhancement helps us to shorten the time it takes for a full and complete claim review. Key benefits include:

- Faster submission – no more printing and mailing documentation.
- Built-in quality standards and file requirements for uploading attachments.
- Electronic delivery of supporting documentation to our correspondence areas quickly and efficiently.
- Reduces calls and inquiries to CareFirst's service unit and reduces the need to follow up on status of mailed documentation.
- Automatically generates reference number for future follow-up (as always, please allow 30 days for processing of the requested information).

How do I use the electronic attachments functionality?

- Log into [CareFirst Direct](#) and complete a member search.
- Select 'Claim Status' from the Member Search results screen.
- If the claim was rejected for additional information, you'll be prompted to upload the attachment.

For step-by-step instructions, access the Attaching Documentation to Rejected Claims in CareFirst Direct course.

Where can I find more information and training?

For more helpful CareFirst Direct resources, access our [Learning & Engagement Center](#), select 'On-Demand Training' and then "CareFirst Essentials".

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Ambulatory Surgical Center Fee Schedule Update – Effective June 2, 2025

CareFirst is revising the Freestanding Ambulatory Surgery Center (ASC) standard fee schedule to ensure it aligns with CMS and industry standards. Based on recent review and analysis, we are removing the CPT codes below from the fee schedule as CareFirst considers these services to be Experimental & Investigational, and therefore not eligible for reimbursement at this time.

These changes apply to all commercial CareFirst networks in which you participate. Refer to your Agreement to determine how these changes impact your specific contract terms.

19105	31590	33280	43284	53452	62287
22867	32998	33281	43285	53453	64580
22869	33274	33287	43290	55706	64596
27278	33275	33288	43291	55880	64598
28446	33276	36836	46948	58580	64628
31242	33278	36837	52284	62263	69705
31243	33279	41512	53451	62264	69706

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In the Spotlight

CAHPS Survey Now Available Through June

As our trusted partners in healthcare, we at CareFirst are committed to continually enhancing the experiences of our members and patients. One important tool in this endeavor is the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, which gathers feedback on member interactions with healthcare providers and insurance plans.

From March through June of each year, a random sample of our members receives the CAHPS survey through mail or email and is asked to reflect on their experiences over the previous six to twelve months. We ask that you encourage your patients to complete this survey, as their input shapes our services.

For more information on CAHPS, check out [our course](#) and [short video](#) on the Learning and Engagement Center and the [CAHPS Provider Guide](#).

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Reminder: Medical Records Requests in Progress

Each year, CareFirst must retrieve medical records from our network providers to fulfill various regulatory requirements and audits. We recognize large medical requests can be time-intensive and labor-intensive to your practices, so we hope this reminder is helpful in allowing you to coordinate requests across initiatives and vendors. As always, thank you for your partnership.

View the Record Retrieval Calendar.

Click [here](#) to access the calendar and note the various vendors that may reach out on behalf of CareFirst. Very few practices will be impacted by all retrieval efforts.

[Read full article.](#)

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Aligning Revenue Codes to 4-Digit Industry Standard

We are in the process of ensuring our self-service tools within the [CareFirst Provider Portal](#) align with industry standards for 4-digit revenue codes. When verifying authorization requirements for revenue codes in the Prior Authorization Lookup Tool as well as when entering requests in the Prior Authorization Portal, please use the full 4-digit revenue code.

Example from the Prior Authorization Lookup Tool:

III. Verify Authorization

Important : Medication/Pharmacy codes cannot be verified using this tool. For more information, access these resources : [Commercial/Medicare Advantage : Pharmacy Prior Authorization and Pre-Cert/Pre-Auth pages](#), [FEP : FEP Website and the FEP List of Medications for On-line Prior Authorization Entry](#), [CareFirst CHPMD : Prior Authorization Quick Reference](#), [Advantage DualPrime : Prior Authorization Quick Reference](#).

**Prior authorizations are not a guarantee of payment or benefits. Please review important disclaimers about the use of this tool [here](#)*

TaxID :

Auth Type *

Place of Service *

Service Code Type *

Procedure Code *

Procedure Modifier Code

[+ Add More](#)

Prior Authorization Lookup Tool

Example from the Prior Authorization Portal:

Procedure Code Search Results ✕

Use the Tab or Shift-Tab key to navigate search results with keyboard

Description	Category	Code	Is Active
Intensive Care: General Classification Routine service charge for medical or surgical care provided to patients who require a REV Code more intensive level of care than is rendered in the general medical or surgical unit		0200	Yes

0200

We appreciate your support with this process. If you need assistance utilizing these tools, please access resources available on the [Learning and Engagement Center](#).

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Noteworthy Stories

Important Reminder: Inpatient and Observation Admissions Payment Policy

At CareFirst, our priority is ensuring our members are consistently receiving the right care at the right time and the right level. Providers should be following current inpatient and observation admissions requirements. These requirements are included in the [Inpatient and Observation Care Notification Requirements Policy](#).

To further support you with this policy, the following resources are available:

- [Adding Level of Care to Inpatient Requests](#)
- [Submitting Observation Notifications](#)
- [Inpatient and Observation Care Notification Policy FAQs](#)

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Update and Attest to Your Provider Directory Data Every 90 Days

CareFirst members use the Provider Directory for their plan more than any other resource. Finding the right doctor at the right time is of utmost importance. Please ensure that your information is correct in the directory by updating (if necessary) and attesting in the provider portal every 90 days.

[Read the full article.](#)

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Best Practices for Professional Practitioners Applying to Join an Existing Group

If you are a professional practitioner joining an existing group, it is important that you upload the following documentation when completing the CareFirst Questionnaire:

- A detailed cover letter describing your request on your organization's letterhead
- CAQH Application
- If you do not have a CAQH ID or a CAQH application, then you must add a completed Uniform Credentialing application
- Applicable Group Tax IDs and Billing NPIs
- A complete list of applicable practitioners, including CAQH IDs or Rendering NPIs
- An electronic copy of licenses
- An electronic copy of insurance policies

If you are joining an existing group: Please be sure your CAQH Authorization Settings accurately reflect the desired organization access.

All of these documents are required for your application to be complete. For more information, visit the [How to Apply page](#) on the provider website to ensure you are completing all required steps.

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Administrative Support

Important Information if you Utilize a Third-Party Billing Company

We realize many of our participating providers contract with third-party billing companies to support their administrative needs. These companies often reach out to our Provider Services team to request information that is easily accessible through our self-service tools, CareFirst Direct and CareFirst on Call.

Please review the important information below and follow up with your third-party billing companies to ensure they can obtain what they need electronically through our self-service tools.

What are the top reasons why third-party billers call?

- Member eligibility
- Benefit accumulations
- Claims information (status, number, denial reason, date processed, etc.)
- Remittance information (Check/EFT number, payment address, amount, request a copy, etc.)

What can third-party billers do instead of calling?

All the information for the reasons noted above can be obtained using our self-service tools. Please access our [Third-Party Billers Self Service Guide](#). It is a great resource for you to provide to your contacts that addresses the following:

- Type of information needed.
- How to obtain the information—Self-Service or Provider Service?
- Which self-service tool has the information needed—CareFirst Direct or CareFirst on Call?
- Resources that provide step-by step-instruction on how to find the information needed

What should I do to make sure my third-party biller has what they need?

Educate

- Reach out to your third-party biller contacts and share the information provided in this article.

Provide Access to CareFirst Direct

- Ask that they create an account for our [Provider Portal \(CareFirst Direct\)](#)
- They will need to include your Tax ID, Billing NPI and a valid email address to set up an account. Your Portal Administrator will manage their access and validate their credentials. Once approved, they will be able to check eligibility and benefits, as well as manage claims status and inquiries efficiently. This will streamline administrative tasks and improve overall workflow.
 - [Accessing and Registering for CareFirst Direct](#)
 - [Checking Eligibility and Benefits in CareFirst Direct](#)
 - [Checking Claims Status in CareFirst Direct](#)
- Your Portal Administrator can grant any additional access needed, such as the ability to view and print electronic remittance/NOPs. Here are some great resources to help:
 - [Adding Access to a Current User in CareFirst Direct](#)
 - [Managing User Access Requests in CareFirst Direct](#)
- Need a Portal Administrator? If your practice/facility does not currently have an active Portal Administrator, contact the Help Desk at 877-526-8390 for assistance. This access is crucial to ensuring your practice/facility can approve user access requests, complete required user access reviews, set up new users, and terminate user access as appropriate.

Remind them about CareFirst Direct Transaction IDs

- CareFirst Direct provides transaction IDs that correlate to all information they obtain in our system. These IDs serve as verification for the information obtained.

Show them Where to Find Resources on our [Provider Website](#)

- We suggest our [Provider Quick Reference Guides](#) for information on:
 - [Member IDs](#)
 - [Products/ID Card Prefixes](#)
 - [Guidelines for Provider Self-Service](#)
 - [Applicable Provider Service Phone Number's \(based on product and line of business\)](#)
 - [Provider Self-Service Channels](#)
 - [Learning and Engagement Center](#)

Ask that they Refrain From:

- Requiring multiple employees call Provider Service with questions that were already addressed.
- Sending multiple inquiries for the same members for the same reasons. These practices negatively impact hold times and cause delays.

We recognize third-party billers play an important role in your administrative processes, and we thank you in advance for your partnership in supporting their ability to utilize self-service tools for the basic information they need.

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Additions to our Payment Policy Database and Changes to Current Payment Policies

In consideration of current industry standards and to align with CareFirst's mission to provide affordable healthcare, CareFirst has made additions and updates to the following Payment Policies in the online [Payment Policy Reference Manual](#):

The following Payment Policies have been added and are available for review:

- **Policy PP CO 014.02 Consultation Services** – this policy provides guidelines for the billing of consultation services. Effective July 1, 2025, CareFirst will no longer reimburse for consultation codes 99242-99245 and 99252-99255. The consultation services information located in the Medical Provider Manual will be removed and will instead reference this new policy in the Payment Policy Database.
- **Policy PP CO 002.02 Coding Validation** – this policy provides details on CareFirst's review of both professional and facility claims to validate correct coding practices. Effective July 1, 2024.

The following Payment Policies have been updated:

- **Policy PP CO 100.01 DME Eligible Codes** – This policy is being renamed to PP CO 100.01 DME Supplier Eligible Codes & Guidelines. Effective July 1, 2025, CareFirst will update frequency limits and billing guidelines for select CPAP & BiPAP services that will be outlined in this policy.

- **Policy PP CO 400.05 MPPR Well Visit Billed with Problem Visit, E/M Services** – the effective date of this policy has been changed to June 1, 2025. Previous communications advised of a March 1, 2024, effective date, however, the claim editing logic was not implemented at that time.
- **Policy PP CO 400.07 MPPR Endoscopy Services** – this policy was originally published to be effective on July 1, 2024. The implementation of this editing rule was delayed and will now be effective July 1, 2025. The methodology for the calculation of the reduction has also been revised and will now compute according to the RVU for the code instead of the allowed amount.
- **Policy PP CO 600.05 Modifiers** – additional editing for procedures billed with modifier 78 will be implemented effective July 1, 2025.

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Review the Latest Update to our Medical Provider Manual

In Chapter 5, we've clarified the address to use for claim denials vs. appeals. It is critical that professional and institutional providers utilize the correct address so that inquiries can be handled by the appropriate team and in the appropriate manner.

Denials Unrelated to Medical Necessity	Denials Based on Medical Necessity, Appropriateness, Healthcare Setting, Level of Care, Experimental/Investigational or Cosmetic Procedures
Mail Administrator P.O. Box 14114 Lexington, KY 40512-4114	Clinical Appeals and Analysis Unit (CAU) Mail Administrator CareFirst BlueCross BlueShield P.O. Box 17636 Baltimore, MD 21298-9375

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Check out Resources on the Learning and Engagement Center

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

As we have increased the number of courses available for you to access, a new search bar has been added to help make it easier to find the topics you need. You can access it from any page on the [Learning and Engagement Center](#).



IMPORTANT NOTE: You do not need to be logged into the CareFirst Provider Portal to access the Learning and Engagement Center. It is always available to you by going to www.carefirst.com/learning.

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

Check out our BlueImpressions quarterly newsletter on our [provider website](#). From the [Newsletters page](#), select *BlueImpressions* from the menu on the right to display links to the publications.

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Are You Up to Date on Best Practices and Quality Standards?

From recommending preventive care options for your patients to managing day-to-day office operations, the clinical resources on our provider website offer valuable timesaving tools. Use these resources to help support your treatment plan for patients with chronic diseases and those in need of preventive services.

CareFirst's Quality Improvement Council reviews our clinical resources annually and adopts nationally recognized guidelines and best practices to make sure you are updated when information changes.

Click on the links below for details on topics that can help you improve your patients' care:

General Guidelines and Survey Results	
Topic	Website Link
CareFirst's Quality Improvement Program Includes processes, goals and outcomes	carefirst.com/qualityimprovement
Clinical Practice Guidelines Includes evidence-based clinical practice guidelines for medical and behavioral conditions	carefirst.com/clinicalresources > Clinical Practice Guidelines
Preventive Service Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents, and adults	carefirst.com/clinicalresources > Preventive Service Guidelines

<p>Accessibility and Availability of Appointments Includes medical and behavioral health accessibility and availability standards for routine care appointments, urgent care appointments, and after-hours care</p>	<p>Practitioner Office Standards and Performance Measures</p>
<p>Medical Record Documentation Standards and Performance Measures Includes guidance on standards monitored as part of our Quality Improvement Programs.</p>	<p>carefirst.com/clinicalresources > Medical Record Documentation Standards</p>
<p>Care Management Programs</p>	
Topic	Website Link
<p>Access to Care Management Includes instructions for making referrals to Care Management.</p>	<p>carefirst.com/providers/care-management/care-management-eform</p>
<p>Practitioner Referrals for Disease Management Includes information on how to use services, how a member becomes eligible, and how to opt in or opt out</p>	<p>carefirst.com/clinicalresources > Disease Management</p>
<p>Pharmaceutical Management</p>	
Topic	Website Link
<p>Pharmaceutical Management Includes the formularies, restrictions/preferences, guidelines/policies, and procedures</p>	<p>carefirst.com/rx</p>
<p>Utilization Procedures</p>	
Topic	Website Link
<p>Utilization Management Criteria Includes information on how to obtain utilization management criteria for both medical and behavioral health</p>	<p>carefirst.com/providers/resources/provider-manual (Chapter 7)</p>
<p>Physician Reviewer Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health</p>	<p>carefirst.com/providers/resources/provider-manual (Chapter 7)</p>
<p>Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management</p>	<p>carefirst.com/providers/resources/provider-manual (Chapter 7)</p>

Member Related Resources	
Topic	Website Link
Quality of Care Complaints Includes an email address for complaints involving medical issues or services given by a provider in our network	carefirst.com/qoc
How to File an Appeal Includes policies and procedures for members requesting an appeal of a claim payment decision	carefirst.com/appeals
Members' Privacy Policy Includes a description of our privacy policy and how we protect our members' health information	carefirst.com/privacy > Member's Privacy Policy
Members' Rights and Responsibilities Statement Outlines the rights and responsibilities of our members	carefirst.com/myrights

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Government Programs Corner

CareFirst CHPMD Provider Transmittals from Maryland Department of Health (MDH)

CareFirst CHPMD providers should make note of the following transmittals recently released by MDH:

- Physician Transmittal #173-Payment Responsibility for Pain Management Clinic Toxicology Testing – Effective January 1, 2025
- Physician Transmittal #174-Remote Ultrasound Procedures and Remote Fetal Nonstress Tests – Effective October 1, 2024

You can access all transmittals on the MDH website [here](#).

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Prior Authorization Requirement for CareFirst CHPMD Members

CareFirst Community Health Plan Maryland (CareFirst CHPMD) is continually working with healthcare delivery partners to optimize care management strategies while ensuring members receive affordable, quality care. Prior authorization helps balance access with appropriate utilization. In [November](#), we notified CareFirst CHPMD providers that, effective March 1, 2025, Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST) services require prior authorization for CareFirst CHPMD members.

Note: The CareFirst CHPMD Prior Authorization Quick Reference Guide has been updated to reflect this information. The CareFirst CHPMD Provider Manual is in the process of being updated.

Enter Prior Authorizations Electronically: As of January 1, 2025, all CareFirst CHPMD and Advantage DualPrime providers should be entering prior authorizations electronically through the [CareFirst Provider Portal](#). To assist with this, we have several resources available for you to review:

- [Entering Prior Authorizations in the CareFirst Provider Portal](#)
- [Adding Level of Care to Inpatient Prior Authorization/Notification Requests](#)
- [Submitting Observation Notifications in the Prior Authorization Portal](#)
- [Inpatient and Observation Care Notification Policy FAQs](#)
- [MCG User Interface Walk-Through](#)

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Complete the 2025 Mandatory Model of Care Training Attestation Today!

All providers who see CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) members **must** complete their mandatory Model of Care training upon enrollment in our network, and then annually each year after. 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. Continue reading for more information on why and how to complete the training.

[Access the training here and complete your attestation in less than 10 minutes now!](#)

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 ensures 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.

Thank you for helping us meet our members' needs and comply with federal regulations.

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CareFirst CHPMD Monthly and Quarterly Formulary Updates: Pharmacy Benefit

CareFirst CHPMD posts monthly and quarterly formulary updates in its website's *Drug List* section. <https://www.carefirstchpmd.com/find-a-drug-or-pharmacy/drug-listformulary-updates>

Major formulary changes effective April 1, 2025:

- New strengths of ADALIMUMAB-ADAZ injection added to the formulary
 - 20 MG/0.2 ML injection
 - 80 MG/0.8 ML injection
- IVIG Drugs process through medical benefit only

To ensure your patients have the lowest out-of-pocket costs, please recommend formulary agents first. For a non-formulary drug, providers can submit prior authorization to CVS Caremark and provide supporting notes for why the member is unable to use the formulary agent(s). Documentation is required for approval, including the name of medication(s) tried and reason for treatment failure, inadequate treatment response, intolerance, contraindication, and/or adverse effect, whichever are applicable. Prior authorizations can be submitted electronically via CoverMyMeds, by fax, or by phone.

If the provider would like to do a Peer-to-Peer review, they can call the CVS Caremark CareFirst CHPMD Prior Authorization line for specialty drugs at 1-866-814-5506 or for non-specialty drugs at 1-877-418-4133. A Peer-to-Peer review is only allowed PRIOR to an appeal being requested. Appeals are processed by the Plan; guidance is included in the Adverse Determination (Denial) letter.

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Is your Provider Data Accurate?

Our CareFirst CHPMD and Advantage DualPrime members, your patients, rely on our information 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 appointments.

Benefits of updating your status:

- You comply with your contractual requirements, specifically if CareFirst or a third party audits your data.
- You will likely receive fewer 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.

How do I update my information?

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

- Logging into the MyHealth Portal to document changes. Select the *Update Contact Information* link and

document your updates using the electronic form. Then submit.

- Emailing updates to MDMCcredentialing@carefirst.com.

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Medicaid Member Satisfaction Survey Results

Each spring, the State of Maryland Department of Health (MDH) contracts with the Center for Study of Services (CSS), a National Committee for Quality Assurance (NCQA)-certified survey vendor, to administer and report a Member Satisfaction Survey using the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.1H Adult and Child Medicaid Surveys. These surveys measure members' experiences from enrollment to seeking care and receiving services and assess how well the health plan meets members' expectations. The surveys provide vital information to help health plans improve access to care, services, benefit structure, and network design.

Adult Member Satisfaction

CareFirst BlueCross BlueShield Community Health Plan Maryland's 2024* Member Satisfaction survey showed improvement from the prior year on two measures for adult members—Getting Care Quickly and Rating of Health Plan—and performed better than state averages in eight domains.

*Surveys completed in 2024 and represent care that happened in 2023.

Measure Category	2023 Composite Score	2024 Composite Score	2024 HealthChoice Aggregate
Getting Needed Care	81.70%	80.41%	79.70%
Getting Care Quickly	77.07%	81.44%	78.82%
Rating of Personal Doctor	73.25%	67.76%	66.20%
Rating of Specialist Seen Most Often	66.25%	63.01%	65.34%
Rating of All Health Care	58.27%	55.91%	54.46%
Rating of Health Plan	56.28%	58.62%	55.42%
Coordination of Care	95.65%	90.28%	84.57%
Customer Service	90.89%	89.57%	88.65%
How well Doctors Communicate	96.58%	96.00%	92.56%

Child Member Satisfaction

CareFirst BlueCross BlueShield Community Health Plan Maryland (CFCHPMD) also demonstrated improvement from last year in eight of nine child-focused categories and performed better than state averages in five domains.

Measure Category	2023 Composite Score	2024 Composite Score	2024 HealthChoice Aggregate
Getting Needed Care	75.38%	80.56%	79.92%
Getting Care Quickly	78.93%	85.10%	82.51%
Rating of Personal Doctor	69.11%	74.22%	75.42%
Rating of Specialist Seen Most Often	71.43%	71.43%	70.78%
Rating of All Health Care	62.30%	68.44%	70.58%
Rating of Health Plan	63.02%	73.09%	69.56%
Coordination of Care	75.32%	79.38%	80.39%
Customer Service	72.97%	90.82%	86.88%
How well Doctors Communicate	88.93%	89.18%	91.46%

CareFirst BlueCross BlueShield Community Health Plan Maryland is committed to improving members' experience by acting on the opportunities for improvement identified and implementing timely and meaningful interventions. Your work is crucial to the health, wellness, and satisfaction of our members.

CareFirst BlueCross BlueShield Community Health Plan Maryland's 2025 Adult and Child Member Satisfaction Action Plan includes the following activities. We look forward to partnering with you to help our members in the year ahead.

- A comprehensive education plan and best-practice resources for CareFirst staff and network providers.
- Ongoing member micro-surveys and service recovery.
- Monthly Access and Availability audits to identify and address barriers to care.
- Enhancements to Call Center Metrics monitoring.

A copy of the State of Maryland Executive Summary Report for Health Choice MCO's can be viewed here: [State of Maryland 2024 Executive Summary Report on Member Satisfaction](#).

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Events

Provider Live Webinars Available for Registration

We will have several live webinars available for you to attend in 2025. Please register for those that apply to you by clicking on the links below.

Professional Quarterly Webinars

- [Wednesday, May 14, from 10-11 a.m.](#)
- [Thursday, May 15, from 1-2 p.m.](#)

Did you miss our latest professional quarterly webinar? Check it out [here!](#)

Hospital Quarterly Webinars

- [Tuesday, May 20, from 1-2 p.m.](#)
- [Wednesday, May 21, from 10-11 a.m.](#)

Did you miss our latest professional quarterly webinar? Check it out [here!](#)

Behavioral Health Quarterly (Professional) Webinars

- [Tuesday, June 12, from 1-2 p.m.](#)

Did you miss our latest professional quarterly webinar? Check it out [here!](#)

CareFirst CHPMD and Advantage DualPrime Webinars

- [Tuesday, June 3, from 2-3 p.m.](#)
- [Thursday, June 5, from 10-11 a.m.](#)

Did you miss our latest CareFirst CHPMD and Advantage DualPrime quarterly webinar? Check it out [here!](#)

When you click a link, a registration form should appear. Fill out all the fields on the form and submit your registration.

Once the registration is submitted, you will receive an auto-generated confirmation email from no-reply@zoom.us. This confirmation email will include a link to the webinar. You will use this link to join the webinar on the date and time selected (indicated in the email).

Need help registering? [Check out this interactive guide!](#)

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CareFirst Holiday Closings in 2025

- Memorial Day: Monday, May 26
- Juneteenth: Thursday, June 19
- Independence Day: Friday, July 4
- Veterans Day (Observed): Tuesday, November 11
- Thanksgiving Day: Thursday, November 27
- Day after Thanksgiving: Friday, November 28
- Christmas Day: Thursday, December 25

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Are you and your staff receiving CareFirst Provider News and our BlueLink Newsletter via email? If not, take a minute and sign up [here](#).

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