

December 7, 2017

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## Video: Earn Rewards for Helping Us Better Serve Our Medicare Members

With 2017 coming to an end, **there is still time to make sure your patients receive their outstanding annual screenings and services**. As you know, the Centers for Medicare and Medicaid Services is working with Medicare Advantage plans, like Florida Blue, by using a Star rating program to help us better care for and serve our Medicare Advantage and Medicare Part D plan members. As a primary care provider (PCP) who serves our Medicare Advantage members, we need your help because YOU make better care possible. Learn about the processes we have in place to help you get information to us in the easiest way possible, what you can do to help, and how you can be rewarded financially for your efforts. **Note:** If you are receiving this email and you are not the PCP, please share this email and video with them. [Watch the video>>](#)

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## Correction to: Important Contact Information During the AllianceRx Walgreens Prime Transition

You received this information in last week's Bluemail. Please use this corrected bulletin that has updated information regarding where providers should send the Specialty e-Prescription.

Prime Therapeutics and Walgreens have created a new company, AllianceRx Walgreens Prime, for specialty and mail order services. During this transition, we want to make sure our members and your patients receive the best support and care. Find important contact information and what you need to do make sure your patients receive the correct services they need. [Learn more>>](#)

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## HEDIS Documentation and Coding Guide

All the latest measures and coding information for the Healthcare Effectiveness Data and Information Set (HEDIS) are available in our HEDIS Documentation and Coding Guide. [Learn more>>](#)

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## Care of Older Adults HEDIS Tip Sheet

Find out about key features of the HEDIS measure for Care of Older Adults (COA) including functional status assessments, pain assessments, medication review and appropriate coding for the measure. [Learn more>>](#)

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## Action Required: Provider Directory Q4 Verification Due!

The Centers for Medicare & Medicaid Services (CMS) require health plans to conduct quarterly outreach to providers to request they validate the accuracy of their information that is displayed in the **Online Provider Directory**. Your verification for the fourth quarter is due no later than December 31, 2017. If you are receiving this and are not accountable for Provider Data Information, please forward this to the responsible person. Confirming and/or updating your information is **easy, secure and fast!** [Here's how >>](#)