How We Are Changing to
Better Serve Our Medicare Members

The Florida Medicare market, composed of 3.7 million individuals, which is nearly 20 percent of the state’s total population according to the U.S. Census, is diverse, influential, and growing. The landscape of health care is ever changing, and Medicare is no exception.

Historically, Florida Blue has typically offered Medicare beneficiaries a number of health care plans with an expansive provider network. Now in Medicare, the quality outcomes health care model is replacing the fee-for-service model – similar to what has happened in the commercial market.

As providers transition to value-based care and more fully share in the responsibility for the quality and overall cost-effectiveness of their patient care, it is crucial that we work together to establish a trusting payer–provider–patient relationship. This will require that all three parties be committed to working together across a patient’s continuum of care. And, patients and their families must be empowered to be decision-makers in their personal care.

Because our mission – to help people and communities achieve better health – drives everything we do, we are setting the stage to serve our Medicare members in a whole new way. As these individuals need more care, they are seeking out doctors who will spend more time with them, who will be available when needed, and who will keep prices affordable. To respond to these needs, we’re creating narrower networks and expanding our Medicare plan offerings so we can better serve the individuals in this growing market now and in the future.

We can’t meet the needs of our Medicare members without working more collaboratively with you, our provider partners. We each come to the table with our own expertise and strengths. Together, we can change how we care for these individuals in our community.

We’ve already started this great work together – through both the practicing of high quality preventive medicine and through quality measurements. Your role in helping us meet Medicare Stars and HEDIS® measures is crucial to reducing health plan costs and improving member outcomes. But there is more we need to do to improve these scores: more member engagement, enhanced provider quality outcomes, and a well-managed, high-quality network of primary care physicians, specialists, hospitals, pharmacies and other health care professionals.

At the end of the day, it will take everyone working together to find new and innovative solutions to improve the quality of care, to lower costs, and to create a better patient experience for our Medicare members.