

To: Physicians and Staff
From: Quality Management/Performance Improvement
Date: August 2020
Subject: Florida Blue Medicare Advantage Member Assessment

Each year Medicare Advantage members are surveyed by the Centers for Medicare and Medicaid Services (CMS) and asked to evaluate their experiences with their health care plans. These assessments consider key indicators of whether the member is receiving proactive care from their doctor.

Because the outcomes of the CMS assessments are critical to Florida Blue, we have put together a similar, brief checklist for **all Florida Blue Medicare Advantage patients to complete**. Below are guidelines for using the checklist.

1. Every Florida Blue Medicare Advantage patient should receive the checklist during their next scheduled appointment.
2. The attached key contains highlighted responses to the questions in the checklist. These responses will act as triggers for staff to share with the patient's physician for discussion.
3. The physician may elect to address and document the discussion resulting from the triggers during the patient's appointment.
4. The physician seeing the member should put their name at the top of the page and check the box confirming they have discussed the responses to the checklist with the member (if appropriate and as indicated on the key below).
5. Each week, the completed checklists will be collected by a designated resource.

Thank you for your support with this request.

Note: Highlighted responses above should initiate staff to share these responses with the patient's physician for discussion.

Checklist Key

Name _____ Date: _____ MRN# _____

1. In the past 12 months did you talk with your doctor or other health care provider about your level of exercise or physical activity?

Yes

No

2. Have you had a flu shot since July 1, 2020?

Yes

No

3. In the past six months have you experienced leaking of urine?

Yes

No

4. During the past four weeks have you done less than you would like as a result of stress, depression, anxiety or other behavioral health issues?

Always

Almost always

Sometimes

Rarely

Never

5. In general, would you say your health is: (*please check one*)

Excellent

Very Good

Fair

Poor

Note: Highlighted responses above should initiate staff to share these responses with the patient's physician for discussion.