Each year our Blue Cross and Blue Shield Federal Employee Program® (FEP) members are surveyed by the Centers for Medicare and Medicaid Services (CMS) and asked to evaluate their experiences with their health care plans. These surveys consider key indicators of whether the member is receiving proactive care from their doctor.

Because the outcomes of the CMS surveys are critical to us, we have put together a similar, brief assessment for all Florida Blue FEP patients to complete. Below are guidelines for using the assessment.

1. Every Florida Blue FEP patient should receive the assessment during their next scheduled appointment.

2. The attached key contains highlighted responses which will act as triggers for staff.

3. Any trigger on the assessment should be given to the patient’s physician so they may address and document the discussion 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 assessment with the member (if appropriate and as indicated on the key below).

Thank you for your support with this request.
Provider Key

Name  Date:  MRN#

1. In the last 12 months, how often was it easy to get the care, tests or treatment you needed?
   - [ ] Always
   - [ ] Most of the time
   - [ ] Some of the time
   - [ ] Never

2. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from other doctors and health providers?
   - [ ] Always
   - [ ] Most of the time
   - [ ] Some of the time
   - [ ] Never

3. In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed?
   - [ ] Always
   - [ ] Most of the time
   - [ ] Some of the time
   - [ ] Never

4. In the last 12 months, did you have an illness, injury or condition that needed care right away in a clinic, emergency room or doctor's office?
   - [ ] Yes
   - [ ] No