

**To: Physicians and Staff**

**From: Quality Management/Performance Improvement**

**Date: May 2022**

**Subject: Medicare Advantage Member Health Care Experience Pre-Visit Checklist**

Each year, your Florida Blue Medicare patients are surveyed by the Centers for Medicare & Medicaid Services (CMS) and asked to evaluate their experiences with their physician, health care plan and services. These surveys assess key indicators if the patient is receiving proactive care from their doctor.

The outcomes of the CMS surveys are significant to us. Considering this, a similar brief list of questions, a Patient Pre-Visit Checklist, is available for **all your Florida Blue Medicare patients to complete** during their office visit. Using this tool can help you and staff routinely screen for and address impactful conditions. The checklist also helps your patients identify issues they may feel uncomfortable bringing up in their visit.

Below are guidelines for using the Patient Pre-Visit Checklist.

1. Every Florida Blue Medicare patient should receive and complete the Patient Pre-Visit Checklist at the start of their next scheduled appointment.
2. The attached Pre-Visit Checklist **Key** includes highlighted responses. These responses are intended to trigger staff to share them with the patient's physician. When the physician becomes aware of these responses, they may address and document the discussion during the patient's appointment.

Thank you for your support with this request.

## Pre-Visit Checklist Key

Name: \_\_\_\_\_ Date: \_\_\_\_\_ MRN#: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

**Note:** Highlighted answers below are intended to trigger staff to give checklists completed with highlighted answers to the patient's physician. This will enable the physician to address the topic and document the discussion during the patient's appointment.

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  Not Sure

2) In the past 12 months, have you had any problems with balance or walking?

Yes  No  Not Sure

3) Have you had a flu shot since July?

Yes  No  Not Sure

4) Many people experience leakage of urine, also called urinary incontinence. In the past six months, have you experienced urinary incontinence?

Yes  No  Not Sure

5) In the past four weeks, have you ever felt like doing less than you would normally do because of any emotional problems, such as feeling anxious or depressed?

Yes  No  Not Sure

6) Have you experienced any changes in your mental, physical or emotional health in the past year?

Yes  No  Not Sure

7) In general, how would you describe the condition of your health?

Excellent  Very Good  Good  Fair  Poor