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Overview

Our Medical Affairs department plans and implements programs that support Members and help Providers achieve the best management of their patients' health. Our preventive health and wellness programs support your efforts to identify and protect your patients against health problems before they develop. Our preventive health initiatives promote:

- regular wellness visits;
- preventive health screenings;
- immunization programs for children, adolescents, and adults;
- healthy behaviors.

Medical Affairs – Case and Condition Management

The Medical Affairs Department includes condition management, case management, and behavioral health case management programs. Registered Nurse Health Coaches and Case Managers are available to enhance your ability to provide coordinated care for your patients and promote integration of care among Members and their families, Physicians, and community resources.

Registered Nurse Health Coaches are available 24/7 via our Health Information Line for any health-related question. Members enrolled in a case management or condition management program may call their Health Coach, Case Manager or Social Worker (Licensed Social Worker, or Licensed Clinical Social Worker) directly during normal business hours.

Condition management

To help keep our Members healthy, we offer condition management on a voluntary basis at no charge to the Member. Our condition management program is designed to support your relationships with your patients and to enhance your ability to provide evidence-based care. Recognizing that the Physician-patient relationship is at the heart of patient care, this program has been designed to:

- enhance your ability to provide integrated care for Members;
- provide Members with evidence-based information so they can understand their diagnoses and their health care options, while actively participating in health care decision-making with you;
- promote integration of care among Members and their families, Physicians, Health Coaches, Social Workers, and community resources;
- provide you with opportunities to improve the effectiveness of testing and treatment compared to national benchmarks.

Condition management helps to identify and support Members who have certain chronic conditions, including the following:

- asthma
- chronic kidney disease
- chronic obstructive pulmonary disease (COPD)
- coronary artery disease (CAD)
- diabetes
- heart failure
- hypertension
- inflammatory bowel disease
- maternity
- metabolic syndrome
- migraine
- musculoskeletal pain

- high-risk pregnancy
- HIV
- hyperlipidemia
- obesity
- Osteoporosis
- upper gastrointestinal (GI) disease (includes GERD and peptic ulcer)

Our condition management program offers Members education and support through multi-channel outreach and personalized one-on-one health coaching from Registered Nurses to help them learn self-care skills and adhere to the treatment plans they develop with their Physicians. The program also places special emphasis on the importance of managing the comorbidities that exist in many patients who have a chronic condition.

Independence Health Coaches actively reach out to Members with identified clinical needs who may benefit from personal health education and support. Members are made aware of how they became eligible to participate, how to use the program services, and how to opt-in or out of the program. Eligible Members have access to the program 24 hours a day, 7 days a week, by calling 1-800-ASK-BLUE (1-800-275-2583; TTY/ TDD: 711). Physicians can also call Health Coaches at 1-800-313-8628 to communicate any feedback or concerns, request individual Member information, or refer a Member. Messages are returned within two business days.

Condition management is offered on an opt-out basis. “Opt-out” means members are actively enrolled in a program once they have received outreach from Independence (Health Coach call, letter, digital message). We honor the request of Members who decline to participate in the program and Members enrolled in a condition management program may opt- out of the program at any time.

Note: Member benefits may vary based on State requirements, benefits plan (HMO, PPO, etc.), and/or employer group. All Members covered through fully insured employer groups are automatically considered eligible for condition management. Self-funded groups must purchase condition management therefore some members covered through self-insured employer groups may not be eligible for the program. Providers and Members can call Customer Service at 1-800-ASK-BLUE (1-800-275-2583) (TTY/ TDD: 711) to verify program eligibility.

To refer a Member to condition management, complete the online Physician Referral form, which is available at *www.ibx.com/resources/for-providers/patient-management/condition-management-program*. You may also refer a Member by calling us directly at 1-800-313-8628.

Visit *www.ibx.com/resources/for-providers/patient-management/condition-management-program* to view Provider rights and responsibilities.

Case management

Case management, a core benefit available to all Members, is a collaborative process that provides health management support through coordinated programs for Members who are experiencing complex health issues or challenges in meeting their health care goals.

Through telephone outreach, Registered Nurse Health Coaches provide education about a Member’s disease, condition, or medications and offer resources and information to help the Member better understand how to manage his or her health. Health Coaches inform Members how they became eligible to participate, how to use program services, and how to opt-in or out of the case management program. Our Independence Health Coaches can work with our Social Workers to help the Member navigate the health care and social service system to optimize his or her ability to use those resources effectively. Health Coaches may also refer Members to other Independence programs and to available community resources for additional assistance and support.

When a Member is referred to case management, their Health Coach will contact your office to offer support, with the goal of helping the Member reach the medical treatment goals you have established. The Member's Health Coach will ask questions about the treatment plan and offer information on what services are available through the Member's benefits plan.

The Health Coach will also incorporate any information you provide into the case management plan of care and support your treatment plan by maintaining contact with the Member in between office visits.

Examples of cases to refer for case management and health coaching include, but are not limited to:

- autoimmune disorders
- bone marrow/primary stem cell transplant
- cancer (breast, cerebral, colorectal, lung, ovarian, prostate, rare cancers)
- comprehensive complex case management
- hepatitis C
- joint replacement
- mechanical ventilator
- medication issues, including non-adherence
- Member requiring multiple services in the home
- cerebrovascular accident
- complex pediatric medical conditions
- frequent admissions for same or similar conditions
- frequent falls/safety issues
- multiple sclerosis
- neuromuscular disease
- nutritional deficits
- post-neonatal intensive care
- sickle cell disease
- wound/skin

To refer a Member to case management, complete the online Physician Referral form. You may also refer a Member by calling us directly at 1-800-313-8628.

Case management is offered on an opt-out basis. "Opt-out" means members are actively enrolled in a program once they have engaged with an Independence Health Coach. We honor the request of Members who decline to participate in the program and Members enrolled in the program may opt-out at any time.

A Health Coach will call your office to discuss the Referral with you — it's that simple. A Referral to case management provides both you and your patient with additional support when it is needed most. When your patient has met all the case management goals that you helped to establish, case management will end. The Health Coach will notify you when this has been achieved.

Behavioral Health Case Management

Behavioral Health Case Management activities are provided internally by Behavioral Health Case Managers, effective June 1, 2022. Behavioral health is a core benefit for all members.

Our behavioral health programs work with individuals who may be dealing with challenges related to mental health, substance use and/or developmental disorders.

An essential part of our behavioral health management program is our integrated physical and behavioral health approach. Our integrated behavioral health and physical health care management programs cohesively supports the whole person, including behavioral health preventive health, new diagnosis, and/or managing chronic or complex health situations.

Through our integrated programs we look at the entire health care continuum to support the whole person, looking at the person's medical condition from all perspectives and providing longitudinal support.

Our Behavioral Health Case Managers are particularly knowledgeable about the resources available in the region and the challenges to accessing care in this area. An important part of behavioral health case management is integrated communication between Behavioral Health Case Managers and their medical care management counterparts, Registered Nurse Health Coaches, as well as coordination among all those involved in a member's treatment.

The behavioral health team works collaboratively with the Care Management team to identify and appropriately refer members to ensure optimal medical and behavioral health status.

Additionally, Members may contact the Clinical Triage team for urgent behavioral health needs. Our behavioral health triage Case Managers can provide support and assistance during this time and can complete a brief assessment to support connecting Members to the appropriate provider during their time of need.

You may also refer a Member by calling 1-800-688-1911.

Behavioral Health Case Management is offered on an opt-out basis. "Opt-out" means members are actively enrolled in a program once they have engaged with a Behavioral Health Case Manager. We honor the request of Members who decline to participate in the program, and Members enrolled in the program may opt-out at any time.

In an effort to further enhance the member experience, the department implemented a clinical triage unit consisting of licensed Behavioral Health Clinicians who are experienced in managing crisis situations, effective April 1, 2023.

Clinical triage staff work closely with Customer Service to address clinically escalated cases and in-the-moment crisis management, and they assist with connecting members to care. Staff are knowledgeable in de-escalating, assessing, and identifying resources for expedited connection to care for calls related to Substance Use Disorders (SUD) and hospital level care.

Triage Case Managers use established screening tools for suicide and SUD screening to assist in identifying urgency, assessing needs, and offering appropriate treatment options, including warm hand-offs to available quality providers.

Members requiring ongoing care management will be referred to the Behavioral Health Case Management team. In addition, the Plan will promote the use of digital tools and other self-service resources to continue to improve the member experience.

Health Information Line

All Members have 24/7 access to a Registered Nurse Health Coach for all health- related questions and concerns by calling 1-800-ASK-BLUE (1-800-275-2583; TTY/TDD: 711). If appropriate, the Health Coach will introduce the case management program, including how Members become eligible to participate, how to use program services, and how to opt-in or out of the program.

Preventive health initiatives

The Population Health department offers population-based initiatives with the objective of improving patient health outcomes through adherence to nationally recommended and evidence-based preventive health guidelines. These initiatives use various Member and Provider reminders and tools to improve compliance for preventive health services. Some of the preventive initiatives and tools are described within this section.

Our website includes direct links to screening tools and resources as well as worksheets and tracking forms for Providers. These tools can help track current and future health screening needs of our Members. Visit *www.ibx.com/providers* and select *Patient Management*.

Preventive health outreach

We promote recommended preventive services and tests to targeted Member populations. The objective of these population-based initiatives is to improve adherence to nationally recommended and evidence-based preventive health guidelines for examinations, screening tests, and immunizations. We may vary the topics and timing as new evidence-based recommendations are issued for preventive screenings, immunizations, and gap-in-care needs of our managed care population. Our outreach programs include breast, cervical, and colorectal cancer screening; pediatric, adolescent, and adult immunization; and influenza and pneumococcal immunizations.

Our recommendations for preventive care services can be found online by visiting *www.ibx.com/stay-healthy/health-and-wellness-perks/preventive-care*. Additionally, services may be considered preventive when mandated by state law. For more information, refer to the Preventive Care Services medical policy at *www.ibx.com/medpolicy*.

Vaccine information statements (VIS)

A VIS is an information sheet produced by the Centers for Disease Control and Prevention (CDC), in compliance with the National Childhood Vaccine Injury Act of 1986, which requires that a VIS be used to inform vaccine recipients, or their parents, about the benefits and risks of vaccines. A VIS must be provided, prior to administration, for any vaccine that is covered under the Vaccine Injury Compensation Program. The following VIS forms must be used: DTaP, Td, MMR, polio, hepatitis B, Hib, varicella, and pneumococcal conjugate. Practitioners must also record which VIS was given, the date the VIS was given, and the VIS publication date.

For copies of VIS forms, visit the CDC website at *www.cdc.gov/vaccines/pubs/VIS*.

PhilaVax

PhilaVax is the City of Philadelphia's Immunization Information System (IIS), formerly known as KIDS Plus IIS. This system is maintained by the Philadelphia Department of Public Health and allows health care Providers to access patient immunization records. With this system, Providers can vaccinate patients according to recommended schedules and avoid over- or under-vaccinating patients.

The registry is populated using birth data from the state and immunization data submitted by health care Providers. A city health regulation requires all Providers with practices in Philadelphia County to report immunizations given to all persons.

For more information on this system, visit *vax.phila.gov*. For immunization information on someone living in Philadelphia, call the PhilaVax Hotline at 215-685-6784.

Lead testing and developmental screening

The CDC is focused on the prevention of lead exposure in children. They maintain that the effects of lead exposure in children cannot be corrected. Even low levels of lead in blood have been shown to affect learning disabilities and behavioral problems.

Through yearly outreach, Providers are advised to try to prevent the occurrence of blood lead levels of 5µg/dL and above in children by:

- performing lead blood testing at 9 to 12 months and again by age 24 months;
- screening children for EBLL by performing a risk assessment at 6 months, 9 months, 18 months, and then annually from ages 3 – 6 with testing as appropriate;

- screening children and their family members who have been exposed to high levels of lead or whose homes were built before 1978;
- screening children who should be tested under their state and local health screening plan;
- discussing recommendations for lead testing and developmental screening with the parents/guardians of their Keystone HMO CHIP patients;
- educating families about lead poisoning and removal, especially those living in high risk neighborhoods and/or ZIP codes such as 19143 and 19131;
- referring families of children with elevated blood lead results to programs for lead removal and lead abatement listed in the Resources section below;
- **Well-child visits:** Children who turn 15 months during the measurement year should receive six or more well-child visits. Children ages 3 to 6 should have one or more well-child visit with their health care provider each year. Schedule well-child visits to coincide with EBLL and developmental screening visits whenever possible.

Updated blood lead levels

Children identified as having an elevated level of 5µg/dL or greater in the blood is the new level of concern. The level of concern has now been lowered from 10µg/dL or greater to 5µg/dL to identify children with blood levels that are much higher than most children's levels.

The new blood lead level value means that more children will likely be identified as having lead exposure — allowing parents, health care Providers, public health officials, and communities to act earlier to reduce the children's future exposure to lead. The revised recommendation does not change the guidance that chelation therapy be considered when a child has a blood lead level greater than or equal to 45 µg/dL.

Developmental screening

Screening should be performed for all children at each well-child visit and documented using a standardized developmental screening tool for children who turn 1, 2, or 3 years of age or when surveillance yields concern. Health care Providers may screen a child more frequently if there are additional risk factors, such as preterm birth, low birthweight, and lead exposure, among others. Developmental screening is more in-depth than monitoring and may identify children with a developmental risk that was not identified during developmental monitoring.

Evidence-based screening tools that include parent reports can help parents and health care professionals talk about the child's development in a systematic way. Examples of validated screening tools for developmental delays can be found on the Bright Futures website:

- Infancy: *www.brightfutures.org/development/infancy/overview_screening.html*
- Early childhood: *www.brightfutures.org/development/early/overview_screening.html*

If the screening test identifies a potential developmental problem, further developmental and medical evaluation is needed.

For more information about lead testing, lead screening, developmental screening, safety, and prevention, Providers can visit the following resources:

- CDC's Childhood Lead Poisoning Prevention Program: *www.cdc.gov/nceh/lead/about/program.htm*
- Philadelphia Department of Public Health: 215-685-2788 (Philadelphia residents)
- National Lead Information Center: 1-800-424-LEAD (non-Philadelphia residents)
- CDC's Child Developmental Screening: *www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html*
- Independence website: *www.ibx.com/resources/for-providers/patient-management* (select *Interventions and reminders*).

Healthy Lifestyles℠ Solutions*

Through Healthy Lifestyles Solutions, Members can take advantage of a variety of innovative wellness programs that provide them with incentives to help keep them and their families in good health. Members should contact Customer Service at the number on the back of their ID card to learn more about the programs that are available to them. They can also visit the Member portal via *www.ibx.com*.

**Healthy Lifestyles Solutions is available to most Members. Members can call Customer Service at 1-800-ASK-BLUE to determine eligibility.*

Reimbursements

Eligible Members can take advantage of a variety of innovative Healthy Lifestyles Solutions wellness programs that provide them with incentives to help keep them in good health, including the following:

- **Fitness:** Independence commercial Members can receive a reimbursement of up to $150 for the cost of fitness center fees.
- **Weight management:** Independence reimburses Members for a portion of fees up to $150 for approved weight management programs.
- **Tobacco cessation:** Independence Members receive a reimbursement up to $150 for the cost of an approved program used to help them quit smoking.

These are not available to Medicare Advantage members.

Discounts

Blue365®

Eligible Independence Members have access to Blue365, a discount program† that is part of our Healthy Lifestyles Solutions program. With exclusive value-added discounts and offers from leading national companies, Blue365 gives Members exactly what they need — an easy-to-use, valuable resource to help them access health and wellness products and services while saving money. Discounts are available for fitness center memberships and equipment; nutrition and weight management programs; laser vision correction; parent and senior care; hearing aids; and healthy travel. Participants include Reebok®, LasikPlus®, and Jenny Craig®.

The Blue365 discounts complement our Healthy Lifestyles Solutions program. For example, Members can receive discounts on fitness-related products and fitness center memberships through Blue365 and participate in our Fitness Program, which offers a reimbursement to qualifying Members.

Note: Blue365 offers access to savings on items that Members may purchase directly from independent vendors. Blue365 does not include items covered under Member policies with Independence or any applicable federal health care program. Members can find out what is covered under their policy by calling Independence at 1-800-ASK-BLUE or by visiting the Member portal via *www.ibx.com*. The Blue Cross and Blue Shield Association (BCBSA), an association of independent Blue Cross and Blue Shield plans, may receive payments from Blue365 vendors. Neither BCBSA nor Independence recommends, endorses, warrants, or guarantees any specific Blue365 vendor or item.

†Most discounts are free; some require an annual fee to access discounts. Members can visit www.ibx.com for more details on Blue365.

Women's health

Baby BluePrints®

Baby BluePrints, our free, comprehensive maternity program supports members across the pregnancy spectrum from the first trimester through delivery to home and continues with the 24/7 availability and support of Registered Nurse Health Coaches and digital communications.

For more information, refer to the *OB/GYN* section of this manual.

Family health

Behavioral, Physical, and Emotional Health

Our Behavioral, Physical, and Emotional Health website, available at: *www.ibx.com/get-care/behavioral-physical-and-emotional-health*, contains important health-related information for families about the physical, behavioral, emotional, and social issues that can affect them, as well as their children. The site includes information on:

- asthma;
- BMI and weight categories, exercise, nutrition, eating disorders, and substance abuse;
- bullying, peer pressure, stress, and depression;
- childhood, adolescent, and adult immunizations and the crucial role they play in protecting the health of their children and their entire family;
- drugs, alcohol, and tobacco;
- tips and articles for parents on a wide range of health topics.

Children can learn how to gain the confidence they need to make smart choices for their health and parents can learn about preteen and adolescent health issues by visiting the site frequently.

Health Resources for Adoptive Parents and Guardians

For parents who have recently adopted a child or for those considering adoption, health and safety are important issues. Our *Health Resources for Adoptive Parents and Guardians* booklet provides important information about health, development, immunizations, home and child safety tips, nutrition, bonding and attachment, choosing a daycare or preschool, and adding children to your health insurance plan. Members can download the booklet from our secure Member website via *www.ibx.com*.

Well-being Profile

The interactive online Well-being Profile can help Members identify and learn about possible health risks; discover opportunities for improving overall well-being; and connect to other health resources. Once a Member completes the Well-being Profile, he or she will receive a customized summary report that contains an overall health score of 0 to 100. The report includes health risks and suggests ways the Member can improve his or her health. The Well-being Profile is available on our secure Member website via *www.ibx.com*.

Nutrition counseling

For commercial Members

Most commercial managed care Members are eligible for up to six fully covered one-on-one nutrition counseling sessions with a participating registered dietitian or primary care Provider per benefit contract year. The purpose of the six nutrition counseling visits is to support our Members in establishing good eating habits that will contribute to a healthier lifestyle. Primary Care Physicians (PCP) may bill for nutrition counseling services above capitation.

A nutrition counseling visit could include:

- an assessment of dietary habits;
- the use of measurement tools, such as the BMI, to assess risks;
- development of strategy and goals to achieve dietary changes;
- ongoing support to maintain dietary changes and re-evaluate goals;
- guidance toward an appropriate exercise program.

HMO Members must use an in-network Provider to take advantage of these benefits and do not need a Referral for these services. PPO and POS Members may use an out-of-network Provider subject to applicable Deductibles and Coinsurance. For all Members, Copayments do not apply when using an in-network Provider for these nutritional counseling services.

Nutrition counseling in a group setting is not eligible for payment. Providers should not bill for medical nutrition therapy with the following codes: 97804, G0271. Only diabetic education services rendered by Providers who are certified by the American Diabetes Association® are eligible for payment with these codes.

Members can learn about the nutrition counseling program by visiting the Member portal via *www.ibx.com*.

Note: Only certain Providers (i.e., PCPs or registered dietitians) are eligible to provide nutrition counseling services. Appointments with nutritionists are not a covered benefit.

For Medicare Advantage Members

Medical Nutrition Therapy benefits are available to Keystone 65 HMO and Personal Choice 65℠ PPO Members with a Medicare medical benefit Part B who meet at least one of the following conditions:

- diabetes
- renal (kidney) disease (but not on dialysis)
- have had a kidney transplant in the last 36 months (when therapy is ordered by a doctor)

Medical Nutrition Therapy services must be performed by a participating registered dietician or nutrition professional who meets certain requirements. Services may include nutritional assessment, one-on-one counseling, and therapy services.

Please note that eligible Medicare Advantage HMO and PPO Members are limited to the following benefits for Medical Nutrition Therapy per calendar year:

- three hours of one-on-one counseling during the first year of Medical Nutrition Therapy under their Medicare Advantage coverage;
- two hours of one-on-one counseling each year after the first year.

There is no Copayment, Coinsurance, or Deductible for eligible Members receiving Medical Nutrition Therapy within the limitations listed. Providers may prescribe additional hours of treatment if the Member's condition changes; however, a claim may be denied if a Provider recommends services for Members who do not meet the eligibility requirements, recommends services that Medicare does not cover, or requests services more often than Medicare covers.

Be sure to renew services yearly for Members if treatment continues into the next calendar year.

One Pass™

Independence has contracted with One Pass to offer a comprehensive fitness program to eligible Medicare Advantage members. The program provides access to a variety of physical, social, and mental fitness programs allowing members to create a personal fitness experience tailored to their needs and lifestyle.

The basic fitness membership includes:

- Access to a national fitness network including participating gyms and local YMCAs, boutique and spinning studios, as well as yoga, Pilates, and more.
- Home fitness kits for members who are not able to access a gym.
- Choose from thousands of on-demand and live-streamed online fitness classes, including recommended routines for your interests and fitness level.
- A Brain HQ brain training program designed to improve cognitive abilities.
- Convenient locations in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties currently in the network.

Members can create a One Pass account and get a member code for access to in-person and online programs by visiting *www.youronepass.com*. Members can obtain more information about the fitness benefits by visiting the *One Pass information* page.

Independence health rewards

Independence health rewards is a program being offered to eligible Medicare Advantage Members, including Keystone 65 Select HMO, Keystone 65 Preferred HMO, Keystone 65 Focus Rx HMO, and Personal Choice 65 PPO Members, to incent them to receive certain health care services. The rewards program offers gift cards to eligible Members who complete the services designated in the program for that calendar year. Rewardable activities and associated gift card values are subject to change annually. For the 2021 reward program, Members are able to redeem for the following activities:

- an Annual Wellness visit
- a diabetes A1c test (2x per year)
- a flu shot

Eligible Medicare Advantage Members can redeem activities online at *www.ibx.com/medicare* or call 1-888-268-3646 to start earning rewards. When Members complete applicable recommended health care activities, they can document them online or by phone. Members can receive electronic or physical gift cards. Physical gift cards will arrive in the mail approximately two to four weeks after submission. Electronic gift cards will be sent immediately following redemption.

Healthy Lifestyles℠ Solutions Rewards

Healthy Lifestyles Solutions is an incentive-based program that encourages Members to engage in healthy activities, ranging from physical fitness and education to age-appropriate preventive screenings and services. Employer groups with 100 or more employees have the option of adding this incentive program to their employee's Personal Choice® or Keystone Health Plan East coverage.

With Healthy Lifestyles Solutions, employers can reward their employees for taking steps that help them reach their health goals. Incentives can be rewards in the form of gift cards, a cash payout, or premium discount (all funded by the employer). Members earn credits that are equivalent to a reward dollar. Once Members complete required activities and meet the threshold of credits, they can redeem for their reward. There are many ways that participating employees can earn their credits. Some examples include completing a Well-being Profile, visiting their health care Provider, and receiving an annual flu vaccine.

Members are encouraged to visit *www.ibx.com* to learn more about our Healthy Lifestyles Solutions Rewards program.

Shared Decision-Making Tools

Providers can now access several shared decision-making tools adopted by Independence. Providers and patients have different expertise and experiences when it comes to making consequential clinical decisions. Providers know about the disease, tests, and treatments while patients know about their bodies, circumstances, and goals for life and health care. These tools are considered the accepted standard of care and use and adherence to these tools may lead to improved patient outcomes. Tools include electronic, interactive, and paper-based decision aids, risk calculators, storyboards, videos in multiple languages, and additional decision aids in literature resources. Individual clinical decisions should be tailored to specific patient medical and psychosocial needs. As national guideline recommendations evolve, we suggest that you update your practice accordingly.

Shared Decision-Making Tools are evidenced-based resources considered the accepted standard of care in the medical profession between members and their physician by developing a partnership, exchanging information about the available options, deliberating while considering the potential consequences of each one, and making a decision by consensus.

These decision aids available for the following medical and behavioral health condition: Cardiovascular primary prevention, depression medication choice, diabetes medication choice, Head Computed Tomography (CT) choice, osteoporosis, Percutaneous Coronary Intervention (PCI), Smoking Cessation around the time of surgery, Rheumatoid Arthritis, and Statin choice electronic decision aids. Shared decision-making aids are adopted from national sources and providers can link to the shared decision-making aids on our Internet Resources webpage *www.ibx.com/web/ibx/resources/for-providers/patient-management/internet-resources*.

Note: These shared decision-making tools are not a statement of benefits. Benefits may vary based on State requirements, benefits plan (HMO, PPO, etc.), and/or employer group. Member coverage can be verified using the Practice Management application on the Provider Engagement, Analytics & Reporting (PEAR) portal or by calling Provider Customer Service.