

## Fusion Advantage FAQ

### About the Assessment

#### **Is participation in the assessment mandatory?**

No. The assessment is optional, but it's an excellent opportunity to dedicate up to an hour focused on your health.

#### **Can I schedule more than one Health Wellness Assessment each year?**

Your Blue Cross Group Medicare Advantage plan offers one Health Wellness Assessment per member each calendar year.

#### **Will I be charged for the assessment?**

There is no cost to you. The Health Wellness Assessment is included in your plan's benefits.

#### **Does the Health Wellness Assessment replace my annual wellness visit with my primary care provider?**

No. The assessment is a supplemental service that complements, but does not replace, your Annual Wellness Visit.

#### **Why was I contacted by Fusion Advantage?**

Blue Cross Group Medicare Advantage has partnered with Fusion Advantage to provide this service to members based on their plan eligibility and location.

#### **What are the qualifications of the Fusion Advantage clinicians who conduct these assessments?**

All medical professionals from Fusion Advantage hold valid licenses and are fully credentialed before working with Blue Cross Group Medicare Advantage members.

#### **How will I know if I'm eligible and how do I schedule my visit?**

If eligible, you may receive a letter from Fusion Advantage with instructions and a phone number to schedule your appointment.

### During the Assessment

#### **What can I expect during the assessment?**

Your clinician will review your medical history, discuss medications, and assess preventive care needs.

#### **How long will the assessment take?**

The visit typically lasts between 45 to 60 minutes.

#### **May a family member or caregiver join the assessment?**

Yes. You are encouraged to have a family member or caregiver present.

**What topics should I bring up during my assessment?**

You can discuss any aspect of your health, including ongoing treatments or medications with a Fusion clinician.

**Will I need to change or remove clothing during the visit?**

No. You will remain fully clothed during the assessment, though you may be asked to roll up a sleeve or remove socks for certain checks.

**After the Assessment****How will my results be used?**

You'll receive a personalized report highlighting any health areas that may need attention.

**Will I receive a copy of my results?**

Yes. You'll receive a summary of your results after your visit.

**Will my primary care provider get my results too?**

Yes. If you have an established primary care provider, a copy of your results will be sent to them for review.

**Does this replace visits with my primary doctor?**

No. The Health Wellness Assessment is designed to complement, not replace, your ongoing care and regular checkups.

**Does this service replace any current home health or clinical programs I receive through Blue Cross Group Medicare Advantage?**

No. This program works alongside any existing home health or clinical services you may already receive from your health plan

**Can the clinician from Fusion Advantage become my primary care provider?**

No. The clinician performing your assessment will not serve as your regular PCP.

Fusion Advantage is an independent company that has contracted with Blue Cross and Blue Shield of Texas to operate and administer the health care assessment program for members with coverage through BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, Texas, Oklahoma, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan and PPO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). PPO plan in New Mexico provided by HISC. HMO plans in Texas provided by GHS Insurance Company (GHSIC). All HMO and PPO employer/union group plans provided by HCSC. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). HMO Special Needs Plan in Oklahoma provided by GHS Insurance Company (GHSIC). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Oklahoma Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.