

Clinical Practice Guidelines

Sanford Health Plan is responsible for adopting and distributing clinical practice guidelines for acute, chronic and behavioral health care services that are relevant to our membership.

Clinical practice guidelines are systematically developed statements that help practitioners and members make decisions about appropriate health care for specific clinical circumstances. These guidelines can improve health care and reduce unnecessary variations in practice patterns. Practice guidelines are based on reasonable medical evidence, such as clinical literature and expert consensus. The Plan's multi-specialty physician committee, the Physician Quality Committee, has reviewed and approved practice guidelines for numerous conditions. Where links are provided, Sanford Health Plan has adopted the clinical practice guidelines exactly as they are written by the respective organizations. If you have any questions or suggestions regarding these guidelines or would like to request a copy of the guidelines, please visit the *mySanfordHealthPlan* provider portal or call the Health Plan at (800) 601-5086 or (605) 328-6877. These Clinical Practice Guidelines in no way constitute benefit coverage. Refer to individual plan document for benefit coverage.

Clinical Practice Guidelines Adopted from Sanford Health:

The following guidelines in this section were developed by the Sanford Clinical Practice Committee and adopted by Sanford Health Plan's Physician Quality Committee.

ADHD

Approved: September 2023

Quality Performance Indicators

Clinical Practice Guideline for the Diagnosis, Evaluation and Treatment of Attention-Deficit Disorder in Children and Adolescents in the Primary Care Setting

(Clinical Indicators Measured by Sanford Health Plan via HEDIS®)

Follow-Up Care for Children Prescribed ADHD Medication (ADD) HEDIS®

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates reported:

- **Initiation Phase:** The percentage of members 6-12 years old with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
- **Continuation and Maintenance Phase:** The percentage of members 6-12 years old with a prescription dispensed for ADHD medication, who remained on the medication for at least 310 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Nationally Recognized Sources

ADHD: Clinical Practice Guidelines for the Diagnosis, Evaluation and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Clinical Practice Guideline from the American Academy of Pediatrics

[CDC ADHD Treatment Recommendations](#)

[ADHD in Children and Adolescents \(aafp.org\)](#)

[Clinical Practice Guideline for the Diagnosis, Evaluation and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents \(aapublications.org\)](#)

Anxiety

Approved: September 2023

Quality Performance Indicators

Treatment of Adults (18 years old and older) with General Anxiety Disorder (GAD) in the Primary Care Setting

Nationally Recognized Sources

[AAFP – Anxiety Disorders](#)

[Generalized Anxiety Disorder \(fpnotebook.com\)](#)

[Generalized Anxiety Disorder – StatPearls – NCBI Bookshelf \(nih.gov\)](#)

[Journal of the American Academy of Child & Adolescent Psychiatry](#)

Adult Preventative Guidelines

Approved: September 2023

Quality Performance Indicators

Adults' Access to Preventive/Ambulatory Health Services (AAP) HEDIS®

The percentage of members 20 years old and older who had an ambulatory or preventive care visit.

Three rates are reported:

- Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.

Commercial members who had an ambulatory or preventive care visit during the measurement year or two years prior to the measurement year.

Nationally Recognized Source

[Adult Preventive Health Care Schedule: Recommendations from the USPSTF \(as of June 2022\)](#)

Pediatric Preventive Guidelines

Approved: September 2023

Well-Child Visits in the First 30 Months of Life (W30) HEDIS®

Quality Performance Indicators

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The two rates are reported:

- Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.

Well-Child Visits for Age 15 Months-30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

Children and Adolescent Well-Care Visits (WCV) HEDIS®

Quality Performance Indicators

The percentage of members 3-21 years old who had at least one comprehensive well-care visit with a PCP or an OB-GYN practitioner during the measurement year.

Nationally Recognized Sources

[Bright Futures/AAP Recommendations for Preventive Pediatric Health Care \(Periodicity Schedule\) 2023](#)

2023 Recommendations for Preventive Pediatric Health Care
Committee on Practice and Ambulatory Medicine, Bright Futures Periodicity Schedule Workgroup.
2023 Recommendations for Preventive Pediatric Health Care. Pediatrics. 2023;151(4):e2023061451.

[2023 Recommendations for Preventive Pediatric Health Care \(aap.org\)](#)

Depression

Approved: September 2023

Quality Performance Indicators

Managing Adults with Depression in the Primary Care Setting

Antidepressant Medication Management (AMM) HEDIS®

The percentage of members aged 18 years old and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates reported:

- Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

Nationally Recognized Sources

Nonpharmacologic Versus Pharmacologic Treatment of Adult Patients with Major Depressive Disorder: A Clinical Practice Guideline from the American College of Physicians

[American College of Physicians Clinical Practice Guideline for Adult Patients with Major Depressive Disorder](#)

[Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts \(apa.org\)](#)

Managing Depression in Children and Adolescents less than 18 years old in Primary Care Setting

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) HEDIS®

Quality Performance Indicators

Depression Screening and Follow-Up for Adolescents and Adults HEDIS®

The percentage of members 12 years old and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument.
- Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Depression Remission or Response for Adolescent and Adults HEDIS®

Quality Performance Indicators

The percentage of members 12 years old and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4-8 months of the elevated score

- Follow up PHQ-9. The percentage of members who have a follow-up PHQ-9 score documented within 4-8 months after the initial elevated PHQ-9 score.
- Depression remission. The percentage of members who achieved remission within 4-8 months after the initial elevated PHQ-9 score.
- Depression response. The percentage of members who showed response within 4-8 months after the initial elevated PHQ-9 score.

Nationally Recognized Sources

American Academy of Pediatrics

[Guidelines for Adolescent Depression in Primary Care: Part I](#)

[Guidelines for Adolescent Depression in Primary Care: Part II. Treatment and Ongoing Management \(aap.org\)](#)

Opioid Use

Approved: September 2023

Quality Performance Indicators

Adult Opioid Prescription Management

Use of Opioids at High Dosage (HDO) HEDIS®

Members 18 years old and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose (MME) ≥ 90) for ≥ 15 days during the measurement year.

Use of Opioids from Multiple Providers (UOP) HEDIS®

Members 18 years old and older, receiving prescription opioids for ≥ 15 days during the measurement year who receive opioids from multiple providers. Three rates are reported:

- **Multiple prescribers:** The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
- **Multiple pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
- **Multiple prescribers and multiple pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the measurement year

Risk of Continued Opioid Use (COU) HEDIS®

Members 18 years old and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

- The percentage of members with at least 15 days of prescription opioids in a 30-day period
- The percentage of members with at least 31 days of prescription opioids in a 62-day period

Nationally Recognized Sources

CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022

[CDC Opioid Prescribing Guideline](#)

PA Opioid Prescribing Guidelines

[PA Department of Health Opioid Prescribing Guidelines](#)

Pain Management Best Practices Inter-Agency Task Force Report

Substance Abuse

Approved: September 2023

Quality Performance Indicators

Treatment of Adults (18 years old and older) with Substance Abuse Disorders in the Primary Care Setting

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) HEDIS®

The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement.

- **Initiation of SUD treatment.** The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth or medication treatment within 14 days
- **Engagement of SUD treatment.** The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of the initiation

Nationally Recognized Sources

[Unhealthy Alcohol and Drug Use: Adult, Primary Care, Clinical Practice Guideline](#)

Journal of Addiction Medicine

[Prescribe to prevent: Overdose Prevention and Naloxone Rescue Kits for Prescribers and Pharmacists](#)

NIH National Institute on Drug Abuse

[Screening for Substance Use in the Family Medicine/Obstetrics Setting](#)

Adult Cholesterol Management

Approved: September 2023

Quality Performance Indicators

Statin Therapy for Patients with Cardiovascular Disease (SPC) HEDIS®

The percentage of males ages 21-75 and females ages 40-75 who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. Two rates are reported:

- **Received Statin Therapy.** Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.

Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication of any intensity for at least 80% of the treatment period.

Nationally Recognized Sources

Report of the American College of Cardiology/American Heart Association Task Force: 2018 Guideline on the Management of Blood Cholesterol

[Guidelines Made Simple Tool – 2018 \(acc.org\)](#)

[Cholesterol Management Guide for Health Care Practitioners \(heart.org\)](#)

[American Diabetes Association Standards of Care in Diabetes – 2023 Abridged for Primary Care Providers \(diabetesjournal.org\)](#)

Adult Diabetes

Approved: September 2023

Quality Performance Indicators

(Clinical Indicators Measured by Sanford Health Plan via HEDIS®)

Hemoglobin A1C Control for Patients with Diabetes (HBD) HEDIS®

Members 18-75 years old with diabetes (types 1 and 2) whose hemoglobin A1C was at the following levels:

- HbA1c control (<8.0%)
- HbA1c poor control (>9.0%)

Blood Pressure Control for Patients with Diabetes (BPD) HEDIS®

Members 18-75 years old with diabetes (types 1 and 2) whose blood pressure was adequately controlled (<140/90 mm Hg)

Eye Exam for Patients with Diabetes (EED) HEDIS®

Members 18-75 years old with diabetes (types 1 and 2) who had a retinal eye exam

Kidney Health Evaluation for Patients with Diabetes (KED) HEDIS®

Members 18-75 years old with diabetes (types 1 and 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR)

Nationally Recognized Sources

[American Diabetes Association Guideline for the Diagnosis and Management of Diabetes Standards of Medical Care in Diabetes – 2023 Abridged for Primary Care Providers](#)

[Summary of Revisions: Standards of Medical Care in Diabetes - 2023](#)

Asthma

Approved: September 2023

Quality Performance Indicators

(Clinical Indicators Measured by Sanford Health Plan HEDIS®)

Asthma Medication Ratio (AMR) HEDIS®

The percentage of members 5-64 years old who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater

Nationally Recognized Source

2023 GINA Report, Global Strategy for Asthma Management and Prevention

[GINA Main Report 2023](#)

Cardiovascular Risk Factors and Coronary Artery Disease

Approved: September 2023

Quality Performance Indicators

Recommendations for all adult members *without* known Coronary Heart Disease (CHD) whose symptoms suggest chronic stable angina, members *with* known stable angina, asymptomatic members with evidence suggesting CHD on previous testing or with risk factors that predispose them to CHD and those who have had a past MI or coronary artery revascularization procedure.

Statin Therapy for Patients with Cardiovascular Disease (SPC) HEDIS®

The percentage of males 21-75 years old and females 40-75 years old who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

- **Received Statin Therapy:** Members who were dispensed at least one high or moderate-intensity statin medication.
- **Statin Adherence 80%:** Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) HEDIS®

The percentage of members 18 years old and older who were hospitalized and discharged with a diagnosis of Acute Myocardial Infarction (AMI) who received persistent beta-blocker treatment for six months after discharge.

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC) HEDIS®

The percentage of members 18-64 years old with schizophrenia and cardiovascular disease, who had an LDL-C test.

Nationally Recognized Sources

AHA/ACCF Secondary Prevention and Risk Reduction Therapy for Patients with Coronary and Other Atherosclerotic Vascular Disease: 2011 Update A Guideline from the American Heart Association and American College of Cardiology Foundation

[AHA/ACCF Secondary Prevention and Risk Reduction Therapy for Patients With Coronary and Other Atherosclerotic Vascular Disease: 2011 Update \(ahajournals.org\)](https://www.ahajournals.org/doi/full/10.1161/01.cir.0000338702.32666.3f)

2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk

[2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk \(ahajournals.org\)](https://www.ahajournals.org/doi/full/10.1161/01.cir.0000338702.32666.3f)

2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease

[2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines \(ahajournals.org\)](https://www.ahajournals.org/doi/full/10.1161/01.cir.0000533702.32666.3f)

COPD

Approved: September 2023

Quality Performance Indicators

(Clinical Indicators Measured by Sanford Health Plan via HEDIS®)

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) HEDIS®

The percentage of members 40 years old and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.

Pharmacotherapy Management of COPD Exacerbation (PCE) HEDIS®

The percentage of COPD exacerbations for members 40 years old and older who had an acute inpatient discharge or ED visit during the measurement year and who were dispensed appropriate medications. Two rates reported:

- Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event
- Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event

Nationally Recognized Sources

The Global Initiative for Chronic Obstructive Lung Disease (GOLD)

[Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease](#)

AAFP COPD: Clinical Guidance and Practice Resources

[COPD: Clinical Guidance and Practice Resources](#)

Heart Failure Guidelines

Approved: September 2023

Quality Performance Indicators

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) HEDIS®

The percentage of members 18 years old and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Controlling High Blood Pressure (CBP) HEDIS®

The percentage of members 18-85 years old who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Nationally Recognized Sources

2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: Executive Summary: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines

[JACC: 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure](#)

2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines

[2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure \(ahajournals.org\)](https://www.ahajournals.org)

Hypertension Management

Approved: September 2023

Quality Performance Indicators

(Clinical Indicators Measured by Sanford Health Plan via HEDIS®)

Controlling High Blood Pressure (CBP) HEDIS®

The percentage of members 18-85 years old who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mmHg) during the measurement year.

Nationally Recognized Sources

2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults

[2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults \(jacc.org\)](#)

Older Adults and Hypertension: Beyond the 2017 Guideline

[Older Adults and Hypertension: Beyond the 2017 Guideline for Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults – American College of Cardiology \(acc.org\)](#)

New Guidance on Blood Pressure Management in Low-Risk Adults with Stage 1 Hypertension

[New Guidance on Blood Pressure Management in Low-Risk Adults with Stage 1 Hypertension – American College of Cardiology \(acc.org\)](#)

[2020 International Society of Hypertension Global Hypertension Practice Guidelines | Hypertension \(ahajournals.org\)](#)

Prenatal Clinical Practice Guidelines

Approved: September 2023

Quality Performance Indicators

Care provided throughout the course of an entire pregnancy with the goal of preventing and/or minimizing complications as well as decreasing the incidence of maternal and perinatal mortality.

Prenatal and Postpartum Care (PPC) HEDIS®

The percentage of deliveries of live births assessing the following facets of prenatal and postpartum care

- **Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal care visit in the 1st trimester, on the enrollment start date or within 42 days of enrollment.
- **Postpartum Care:** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

Nationally Recognized Sources

U.S. Preventive Services Task Force

[Recommendation: Perinatal Depression: Preventive Interventions – United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](#)

American Congress of Obstetricians and Gynecologists

[Clinical Search Results - ACOG](#)

Prenatal Clinical Practice Guidelines

[Physician FAQs \(acog.org\)](#)

Childhood Immunizations

Approved: September 2023

Quality Performance Indicators

Sanford Health Plan collects quality data from our providers to measure and improve the quality of care our members receive. Childhood Immunization Status is one aspect of care we measure in our quality programs.

Childhood Immunization Status (CIS) HEDIS®

The percentage of children who received by their second birthday a total of:

- One MMR (Measles, Mumps, Rubella)
- One Hep A (Hepatitis A)
- One VZV (Varicella)
- Two flu (influenza) vaccines
- Two or three RV (Rotavirus)
- Three Hep B (Hepatitis B)
- Three IPV (Polio)
- Three HiB (Haemophilus Influenza Type B)
- Four DTaP (Diphtheria, Tetanus, Acellular Pertussis)
- Four PCV (Pneumococcal)

MMR, VZV and Hep A vaccinations must be administered on or between the child's first and second birthdays to meet this measure's criteria.

Nationally Recognized Sources

[General Best Practice Guidelines for Immunization from the Centers for Disease Control and Prevention – Centers for Disease Control and Prevention](#)

Immunizations for Adolescents

Approved: September 2023

Quality Performance Indicators

Immunizations for Adolescents (IMA)

The percentage of adolescents 13 years of age who had:

- 1 dose of meningococcal vaccine,
- 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine
- 2 human papillomavirus (HPV) vaccine series

By their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Nationally Recognized Sources

[Vaccines at 13 to 18 Years – Centers for Disease Control and Prevention](#)

[Adolescent Immunization Discussion Guides – American Academy of Pediatrics](#)

Colorectal Cancer Screening

Approved: September 2023

Quality Performance Indicators

Colorectal Cancer Screening (COL) HEDIS®

The percentage of members 45-75 years of age who had appropriate screening for colorectal cancer.

Members with one or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test during the Measurement Period.
- Flexible sigmoidoscopy during the Measurement Period or the four years prior to the Measurement Period.
- Colonoscopy during the Measurement Period or the four years prior to the Measurement Period.
- Stool DNA (sDNA) with FIT test during the Measurement Period or the two years prior to the Measurement Period.

Nationally Recognized Source

Colorectal Cancer: Screening. U.S. Preventive Services Task Force. May 18 2021. Volume 325, Number 19, AMA. 2021;325(19):1965-1977. doi: 10.1001/jama.2021.6238

[Colorectal Cancer: Screening](#)

Appropriate Antibiotic Utilization

Approved: September 2023

Quality Performance Indicators

Antibiotic Utilization for Respiratory Conditions (AXR) HEDIS®

The percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.

Dispensed prescription for an antibiotic medication from the Episode Date or 3 days after the Episode Date.

Nationally Recognized Sources

[Measuring Outpatient Antibiotic Prescribing – Centers for Disease Control and Prevention](#)

[Treatment Recommendations for Common Illnesses and Penicillin Allergy](#)

[Pediatric Outpatient Treatment Recommendations – Centers for Disease Control and Prevention](#)

[Adult Outpatient Treatment Recommendations – Centers for Disease Control and Prevention](#)

Cervical Cancer Screening

Approved: September 2023

Quality Performance Indicators

Cervical Cancer Screening (CCS) HEDIS®

Women 21-64 years of age who were screened for cervical cancer using one the following criteria:

- Women aged 21-64 who had cervical cytology performed within the last 3 years.
- Women aged 30-64 who had cervical high-risk human papillomavirus (hrHPV) testing within the last 5 years.
- Women 30-64 who had cervical cytology/high-risk human papillomavirus (hrHPV)contesting within the last 5 years.

Nationally Recognized Sources

[Updated Cervical Cancer Screening Guidelines – The American Congress of Obstetrics and Gynecologists](#)

[Cervical Cancer: Screening – U.S. Preventive Services Task Force](#)

[Cervical Cancer Screening Guidelines – American Cancer Society](#)

Breast Cancer Screening

Approved: September 2023

Quality Performance Indicators

Breast Cancer Screening (BCS, BCS-E) HEDIS®

Women 50-74 years of age who had at least one mammogram to screen for breast cancer in the past two years.

Nationally Recognized Sources

[Global Guidelines for Breast Cancer Screening: A Systemic Review – National Library of Medicine](#)

[What To Know About New Breast Cancer Screening Recommendations – Breast Cancer Research Foundation](#)

[American Cancer Society Recommendations for the Early Detection of Breast Cancer – American Cancer Society](#)

Additional Resources for Sanford Health Plan Members

- Online interactive preventive health programs and resources are available in partnership with WebMD at <https://www.sanfordhealthplan.com/members/wellness/health-coach>; logging into your Member Portal at [sanfordhealthplan.com/memberlogin](https://www.sanfordhealthplan.com/memberlogin) or by calling 800-752-5863 (TTY: 711).
- Nurse Line: This free resource is available to address medical questions and get medical advice. Call 888-315-0886 to visit with a registered nurse.
- Members and providers can get additional information by calling 800-752-5863 (TTY: 711).