

December 8, 2023

Subject Line: 2024 Plan and Benefit Changes

Dear Dean Health Plan Provider,

To keep you informed of changes that affect your patients enrolled in a Dean Health Plan benefit plan, we have compiled information summarizing some key plan and benefit changes for the upcoming year.

As a reminder Dean Health Plan is adding a new payer ID for lines of business that are moving to our new business platforms, starting with Individual and Family business (IFB) plans for dates of services on and after January 1, 2024. To confirm a member's coverage eligibility, please use our real-time resources for the payer ID applicable to your patient's benefit plan and date of service:

- 270/271 Eligibility and Benefit Inquiry and Response transaction
- Eligibility application in the Dean Health Plan Provider Portal (for payer ID 39113) or the Availity Essentials Portal (for payer ID 41822)

If you have additional questions regarding a member's eligibility and coverage, please call our Customer Care Center at:

- 800-279-1301 for Dean Health Plan Commercial & BadgerCare Plus/Medicaid plans
- 800-458-5512 for Individual Family Business (IFB) for payer ID 41822
- 877-232-7566 for Dean Medicare Advantage plans
- 888-422-3326 for DeanCare Gold and DeanCare Select plans
- 833-942-2159 for the Medica Employee Health Plan
- 877-274-4693 for the SSM Health Employee Health Plan
- 877-234-4516 for Dean Administrative Services Only (ASO) plans

If you have questions about the 2024 information in the attachment to this notice, refer to benefit plan information available on our website:

- For Dean Health Plan by Medica at [DeanCare.com](https://deancare.com)
- For SSM Health Employee Plan and Medica Employee Plan: [MO-Central.Medica.com](https://mo-central.medica.com)

Please contact the Provider Network Consultant for your specialty as listed at the bottom of the [Dean Health Plan Providers web page if you have further questions](#). If your specialty does not have a designated Provider Network Consultant, please contact the Provider Network Consultant listed for your county.

We thank you for your incredible work every day in serving our members. We look forward to supporting you in 2024.

Sincerely,

Rachel Grady
Director – Provider Network Administration
Dean Health Plan

2024 PLAN AND BENEFIT CHANGES

Updates to Provider and Member Experience

As Medica and Dean Health Plan integrate, both providers and members will begin to see changes in how they interact with the health plan. Many of these changes will be applicable to specific lines of business as they transition to the new payer ID, including a new look for member ID cards and new Customer Care Center phone numbers. This section shares a few highlights of those changes for both members and providers, though members should always be directed to resource documents for their benefit plan.

For additional provider information and to stay up-to-date with transition details, please refer to our monthly [Dean Health Plan Provider Newsletter](#) and the Provider Communications [webpage](#).

New Payer ID for Individual Family Business (IFB) Plans

Effective January 1, 2024, our new payer ID 41822 will apply to IFB plans for dates of service on and after January 1, 2024. Other plans will transition to our new business platform and payer ID in future rollouts.

New Format for Member ID Cards

As Dean Health Plan by Medica moves to our new business platforms, providers should verify the following information on member ID cards to differentiate between IFB membership and other lines of business:

- Member ID number - Member ID numbers that correspond to payer ID 41822 will be a 10-digit number starting with a “3”
- New group number
- Payer ID
- Customer Care Center phone numbers
- Paper claims mailing addresses - A new address will be used for the IFB line of business.

Example of 2024 IFB ID Cards

DeanHealthPlan
by Medica.

Payer ID: 41822
ID: 1234567891 Group/Policy: C00010

| | | |
|-----------------------------|----|----------------|
| JOHN Q CIBWIFI04/STD/C00010 | 00 | Rx BIN: 610602 |
| JANE Q Samplemember | 01 | Rx PCN: 5304 |
| JOE Q Samplemember | 02 | |
| JULIE Q Samplemember | 03 | |
| JAKE Q Samplemember | 04 | |
| JOSHUA Q Samplemember | 05 | |

Care Type: [Care Type Text From data]
SVC Type: Medical

| | Med | IND/FAM: | OOPM IND/FAM: | RX OOPM IND/FAM: |
|-----------------|-----------------|-------------------|-----------------|------------------|
| Tier 1: | \$1,111/\$2,222 | \$3,333/\$6,666 | \$1,000/\$2,000 | |
| Tier 2: | \$2,525/\$5,050 | \$5,100/\$10,200 | | |
| Out of Network: | \$3,333/\$6,666 | \$22,222/\$44,444 | | |

Members - deancare.com/member-login

Medical Claims: Medica - Dean
PO Box 211404, Eagan, MN 55121

Member Services: 1 (877) 394-9080 (TTY: 711)

Pharmacists call: 1 (866) 333-2757

Providers: 1 (800) 458-5512 or deancare.com/providers

Nurse Advice Line: 1 (800) 576-8773

New Availity Essentials Provider Portal for Transactions Related to IFB Members

During the transition, transactions for payer ID 39113 will still need to be performed in the Dean Health Plan Provider Portal. Beginning in 2024, the Availity Essentials Provider Portal will be used for most transactions related to payer ID 41822 based on the date of service. Applications in the Availity Essentials Provider Portal that are in development for delivery early in 2024 include eligibility and benefits, claim status, and authorization submission and status. However, claim appeals for all lines of business and both payer IDs will continue to be accepted in the Dean Health Plan Provider Portal regardless of date of service. Any necessary interim processes effective on January 1, 2024, could include accessing information through our Customer Care Center, or following non-electronic submission methods. Updates will be shared on the Provider Communications [webpage](#) and incoming training resources, as well as shared directly to those opted-in to our health plan communications.

Updated Case Management Program Referral Process

[Case Management](#) is a voluntary and complimentary program that is offered to our members to help self-manage complex or chronic conditions, promote the primary care provider relationship, connect members with appropriate community resources, and assist in navigation of the health care system including optimum utilization of health coverage and benefits.

Programs offered include Advance Illness and Advanced Care Planning, Behavioral Health Case Management, Complex Case Management, Pregnancy Program, Transplant Case Management, and Social Work Resources.

If you would like to refer a Dean Health Plan patient to one of these case management programs, please call Dean Health Plan at 866-905-7430, email: caresupport@medica.com, or fax 952-992-3589.

Medicaid Expanding Enrollment

Effective January 1, 2024, Dean Health Plan is expanding open enrollment of BadgerCare Plus to Adams, Green Lake, Juneau, Lafayette, and Marquette counties, enhancing our opportunity to serve Wisconsin's Medicaid population. Thank you for continuing to partner with us to provide excellent care and access to our Wisconsin Medicaid members.

CMS 4.5-Star Medicare Advantage Rating for 2024

Dean Medicare Advantage plans earned 4.5 out of 5 stars for 2024 from the Center for Medicare & Medicaid Services (CMS) as part of its annual assessment of all Medicare Advantage plans in the United States. Thank you to all of our providers for the shared commitment to providing high-quality care for our members and patients.

Our Medicare Advantage plans offer [no-cost extras and supplemental benefits](#), such as in-home and virtual support, transportation, over-the-counter medicines and supply allowances, post-discharge meals, vision and hearing benefits, comprehensive dental benefits through Delta Dental, wellness rewards, gym memberships, and home fitness kits.

Additionally, our plan offerings are unique so members can choose the one that best fits their needs, including a plan option without prescription drug (Part D) coverage, the Harmony Plan. This is a great option for enrollees who already have prescription drug coverage through another source.

The Medicare Advantage Provider Manual will be updated for 2024 plan offerings later this year and is accessible from the "See Manuals" link at deancare.com/providers.

New 2024 Benefits for Medicare Advantage Plans with Drug Coverage

Effective January 1, 2024, Dean Health Plan is offering new and continuing with some of the same cost savings benefits for members enrolled in Dean Advantage plans with drug coverage (Part D).

100-Day Refill Cycle

Dean Advantage members will be able to receive a 100-day supply instead of a 90-day supply when they fill maintenance medications at a pharmacy or through mail order for Tier 1, 2, 3, and 4 drugs. This means members will be able to get more medication at the same cost as a 90-day prescription and save one copay per year. Narcotics and Specialty medications are excluded.

To assist patients in realizing these savings, providers should send a prescription to the pharmacy that specifies a 100-day instead of a 90-day quantity (e.g., Lisinopril 5 mg 1 qd #100 days with 3 refills).

\$0 Copay for Tier 1 Drugs in Retail and \$0 Copay for Tier 1 and 2 Drugs with 90 OR 100 days supply obtained through Costco Mail Order Pharmacy Program.

Dean Advantage members will be eligible for \$0 copays for Tier 1 and 2 drugs obtained through our Costco Mail Order Pharmacy Program. Members do not need to be a Costco member to sign up for the mail order program. Refer members to the [mail order information on our website](#) regarding enrolling in the Costco Mail Order Pharmacy program, this includes a link to the online or paper enrollment form. Members can call Costco's customer care help line at 877-232-7566 (TTY:711) for assistance.

\$0 Preferred Diabetic Supplies

Dean Advantage members will have \$0 cost share for preferred diabetic supplies obtained at a preferred retail pharmacy or through the Costco Mail Order Pharmacy Program. The supplies available at \$0 cost share include Blood Glucose Meters (BGM) and Continuous Glucose monitors (CGM), as well supplies such as syringes, needles, alcohol swabs, lancets, and lancet devices. Additionally, whether the supplies are covered under Part D or Part B, Dean Advantage members will have \$0 cost share through the gap coverage phase. The covered CGM products are Dexcom G6 and G7 and Freestyle Libre 2. Members can switch between CGM products when they have had their product for five years or more. The covered BGM products includes all ACCU-CHEK machines and test strips.

Insulin

In compliance with the Inflation Reduction Act (IRA), Dean Advantage members will not pay more than \$35 for a month's supply of each of their insulin medications as a prescription benefit (Part D) or medical benefit (Part B when they have a pump).

Insulin copays are capped at \$35 per month in compliance with the IRA. Members enrolled in a Dean Advantage plan can receive formulary insulins at \$30 per month supply from a preferred pharmacy or \$35 from a non-preferred pharmacy.

Adult Vaccinations

Dean Health Plan offers some adult vaccinations at \$0. Members can get their Part B vaccines Respiratory Syncytial virus (RSV), Influenza (flu), Pneumococcal (Pneumonia) and Part D vaccines (Shingles, TDAP, or others listed on the drug formulary) either at the doctor's office or at an in-network pharmacy. There are no location restrictions on where an adult member can receive their vaccines.

- Members can receive a COVID Vaccination at \$0 in your doctor's office or at their local pharmacies
- Paxlovid coverage is currently free until Pharmacy EUA (Emergency Use Authorization) stock runs out. Once the supply of EUA stock is depleted, the drug will be placed on Tier 3, or \$42 for a preferred pharmacy treatment.

Medicare Advantage Wallet Cards

The 2024 Dean Advantage Wallet Card is a swipe card that can be used for specific extra benefits available under some Dean Medicare Advantage plans. Members enrolled in these plans can spend prepaid allowances from their wallet card toward their dental, hearing, and/or vision benefits, in addition to approved over-the-counter (OTC) products.

Providers should not send claims for these benefits. To receive payment from a member's wallet card providers must be equipped to accept Visa swipe cards. Providers can expect to receive payments from a member's wallet card when all of the following apply:

- The item or service is covered under the member's benefit plan
- The item or service is appropriate for wallet use
- There are available allowances on the wallet card.

Providers may send an email to Jacob.Ruth@deancare.com for help verifying their payment terminal connection or if they are having issues accepting Dean Advantage Wallet cards.

2024 Medicare Pharmacy Benefits Formulary Highlights

The following highlight some formulary changes, effective January 1, 2024:

- ***Expanded coverage of medications in the following categories by moving drugs from higher tiers to Tier 1, Tier 2, or Tier 3 formulary tiers:***
 - Antidementia agents
 - Anticonvulsants
 - Common Chronic medications (i.e., hypertension, diabetes, cholesterol, and depression)
 - Pain medications
 - Psychoterapeutic and Neurological agents
 - Estrogen products (i.e., estrogen patches, creams, and pills)
 - Oral antibiotics
 - Low cost Intravenous antibiotic medications

- Generic HIV medications
- Generic specialty medications
- Selective serotonin reuptake inhibitors
- **New insulin savings, include:**
 - Aspart biosimilars, Novolog, Fiasp, Lantus, Toujeo, Levemir, Tresiba, Sultrophy, and Soliqua to the formulary \$30 per month at a preferred pharmacy
- **Other notable items for 2024:**
 - Brand name Lantus instead of a biosimilar on formulary at \$30 per month at a preferred pharmacy
 - Coverage for both Hadlima (adalimumab-bwvd) biosimilars, alongside Humira on the formulary
 - Removed Advair Diskus and placed Wixela or generic on Tier 1
 - Removed Symbicort, Xopenex, and Flovent inhaler and placed generics on Tier 1
 - Ventolin, 17 grams, and Albuterol, 8.5 grams(17 gm), with two inhalers for one copay on Tier 1
 - New Guidelines for glucagon-like peptide-1 (GLP-1) agonists: Prescribing a GLP-1 (Mounjaro, Byetta, Trulicity, Bydureon, Victoza, and Ozempic) will require a diagnosis of diabetes with an authorization request submitted by the pharmacy for the medication so that the request can be adjudicated

Updated and New 2024 Pharmacy Benefits for Commercial Plans

Effective January 1, 2024 or upon a group's renewal for Commercial plans, Dean Health Plan will be offering \$6 for 6-month supply for unique generic medications for conditions such as diabetes, high blood pressure, mood disorders and bone health available at Costco (retail) and SSM retail pharmacies.

Programs:

| | | |
|--|---|--|
| <p>\$6 for 6 Month Supply Effective upon renewal on or after 1/1/2024</p> | <p>Select unique generic medications for conditions such as diabetes, high blood pressure, mood disorders, and bone health available to members for \$6 for a 6-month supply at Costco (retail) and SSM retail pharmacies.</p> <p>Alendronate-70mg tab Anastrozole-1mg tab Atenolol-25, 50 & 100mg tab Carvedilol-3.125, 6.25, 12.5 & 25 mg tab Fluoxetine-10, 20 & 40mg cap Folic Acid-1mg tab Furosemide-20 & 40 mg tab</p> | <p>Glimepiride-1, 2 & 4 mg tab Glipizide-5 & 10 mg tab Glipizide ER-2.5, 5 & 10 mg tab Glyburide-1.25, 2.5 & 5mg tab Hydrochlor-12.5mg cap Hydroxyz HCL-10, 25, & 50 mg tab Lisinop/HCTZ-10-12 tab Lisinop/HCTZ-20-12 tab Lisinop/HCTZ-20-25M tab Metoprol TAR-25,50,75&100 mg tab Omeprazole-20 & 40 mg cap Pioglitazone-15, 30 & 45 mg tab Triam/HCTZ-37.5-25 tab Triam/HCTZ-75-50 tab</p> |
|--|---|--|

Please refer to the member's Member Certificate or Summary Plan Document or call the Customer Care Center number found on the member's card for specific coverages.

Removal of Prior Physical Therapy and Occupational Therapy Prior Authorizations Requirements

Starting January 1, 2024, Dean Health Plan has removed the prior authorization requirements for physical therapy and occupational therapy.

Note: Prior authorization requirements for self-funded plans (also called ASO plans) may vary. Please refer to the member's Summary Plan Document or call the Customer Care Center number on the member's ID card for specific prior authorization requirements.

Language Assistance Line

To address diverse language needs and bridge important communications between providers and patients, Dean Health Plan offers a free telephonic Language Line for language assistance/interpreter services. The Language Line is available to in-network providers who do not have access to language assistance services and need to interact with Dean Health Plan members who have limited English language proficiency. Providers may request language assistance by calling 844-526-1386, available 24 hours a day, 7 days a week. See the Language Line Instructions on the Dean Health Plan [Cultural Awareness web page](#) for more information on how to use the service.

Behavioral Health Support for Dean Health Plan Patients

In recognition of the importance of mental health services and support, Dean Health Plan has developed the [Behavioral Health Provider Annual Training resource](#) to assist behavioral health providers caring for patients enrolled in a Dean Health Plan benefit plan. This resource highlights behavioral health medical policies, prior authorization and supporting documentation submissions, coordination of services, and related resources.

Member Resources Reference Guide

The Dean Health Plan Member Resources Reference Guide for Providers makes it easier for providers to find online information regarding a wide range of programs and services that are available to their Dean Health Plan patients (and some that are available to all patients regardless of insurance). The reference guide is organized alphabetically by the name of the program/service with a brief description and links to more information online. The resource is not intended to be an exhaustive list and providers are always encouraged to refer to the Dean Health Plan website for the most up-to-date information. Please note, rewards and programs may vary by plan and member coverage.