Provider NEWS

DeanHealthPlan
A member of SSM Health

Spring 2022
A newsletter for Dean Health Plan providers

Two Years Into the Pandemic, What Is Going Right?

In March 2020, many of us saw the onset of COVID-19 as temporary, but now, two years later, the effects of this pandemic have proven to be genuinely life-altering. We're all familiar with the daily impacts, the strain on our healthcare systems and most valuable resources—the people providing care. Is there any bright side to be found?

With the help of Mo Kharbat, SSM Health System VP of Community Pharmacy Services, we take a look at a few high points we can take with us for the future.

- Heightened awareness around standard preventative measures in public. "One of the key things going forward is hand hygiene," said Kharbat. "Number 2 is self-isolation when experiencing illness or symptoms. The third thing is social distancing, leaving people space in public. We won't just unlearn these things." Familiarity with these measures will slow and prevent illness, COVID-19 and beyond.
- Emphasis on efficiency. "In January 2020, the virus causing COVID-19 was sequenced, by December 2020, we had a vaccine," said Kharbat. "This was the result of tremendous efforts put in by researchers, scientists and regulators across the world." Kharbat explains that this efficiency was afforded exclusively under the permissions of the Emergency Use Authorization, but truly highlights the need for standard processes and procedures to be reformed with thoughtful efficiency in mind.
- Increase in measures to address public health inequities. "Health access and equity was front-and-center in our COVID-19 response planning," said Kharbat. "Providers built relationships with communities in the areas they were at— schools, churches, parks, etc." With a first-person view of vaccine distribution and health education, Kharbat adds that the trust from these efforts will

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This Issue

See our Cultural Awareness and Diversity article to learn more about how Dean Health Plan is working to improve health equity and encourage cultural competency.

Two Years Into the Pandemic, What Is Going Right? ... (continued)

continue to build pathways in communities that are historically under-served, opening the door for opportunities such as onsite clinics or future wellness visits at community-centered locations.

- Enhanced collaboration between healthcare systems. "As of 2/1/22, nearly 9 million doses of COVID-19 vaccine have been administered in Wisconsin by health care providers all over the state," said Kharbat. "Never have so many vaccination doses been given in that short of a time." Kharbat highlights that this number demonstrates that health care providers came together to support each other and to share information and resources like never before, a trend we can all hope to build on to serve our patients and members.

Though the pandemic continues to shape our everyday life, Dean Health Plan is dedicated to making new normal a better normal. Those who provide and enable care, whether individuals maintaining care environments, doctors, scheduling teams or nursing staff, deserve the very best these lessons have to offer. Thank you for your continued dedication and exceptional service!

In Case You Missed It...

Dean Health Plan publishes a variety of articles in our newsletters, ranging from health plan policies and member programs to features and general interest topics. Here are a few from past editions, we think are worth calling out... *in case you missed it.*

- Tips for Submitting Prior Authorization Requests — As the title suggests, this article highlights a handful of quick tips for authorization submission. It pairs nicely with this edition's Master Service List article. (Spring 2021, page 8)
- Health Benefits are Literally a Walk in the Park — "Healthy Parks, Healthy You" is a unique opportunity to promote physical activity to your patients. (Summer 2021, page 8)

What Every Provider Should Know about the Master Service List

Dean Health Plan offers a variety of resources to help providers navigate prior authorizations. Throughout the year we will highlight some of these resources, starting with the Dean Health Plan Master Service List. Refer to this helpful resource before you submit an authorization request.

Need to know what services require prior authorization and where to submit the request? The Dean Health Plan Master Service List is intended as a first go-to resource. The Master Service List, also referred to as the MSL, lists medical policies and services that require authorization, and has recently been updated to also include information regarding a number of services that do not require prior authorization.

1. Where to Find It - The MSL is publicly accessible from the "Medical prior authorization service list" link on the Dean Health Plan Medical Management web page.

2. When to Use It - The MSL is updated regularly. Providers and their administrative staff are encouraged to consult it before submitting a prior authorization request. The few minutes it will take to verify information in the MSL can prevent erroneous authorization submissions and save valuable time.

3. How to Use It - Medical policies and services are listed alphabetically in the Table of Contents for easy searching. Alternate service names and the corresponding medical policy number are also listed, as applicable.

Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
Hyperhidrosis Treatment	N/A	MP9224
Intermittent Pneumatic Compression Devices	N/A	MP9119
Interspinous Spacer System ISS	VertiFlex	MP9544
Intrathecal Pump Implantation	N/A	MP9278

The titles in the "Medical Policy/Service Name" column directly link to the specific section in the MSL for more information. Using Hyperhidrosis Treatment as an example, this section includes links to the primary medical policy and additional related policies that require prior authorization and/or have coverage limitations.

Hyperhidrosis Treatment (MP9224)

Medical Policy	Hyperhidrosis Treatment (MP9224)
Alternate Service Name(s)	N/A
Additional Information	• Hyperhidrosis Treatment is a covered service when (1) the patient meets criteria for MP9224 **and** when (2) Hyperhidrosis Treatment is a covered benefit of the patient's specific plan type. • Botulinum Toxin (BOTOX) A or B for uses other than hyperhidrosis treatment is prior authorized through Navitus. See drug policy MB9020 Botulinum Toxin.

Each section is further differentiated by product and submission information. Providers are reminded that member coverage is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and subject to state and/or federal laws.

In the Dean Health Plan Commercial Insurance section of the Hyperhidrosis Treatment, medical codes that require prior authorization are listed. The codes listed in the MSL are offered as guidance, and not meant to be an all-inclusive list of codes for the services.

Patients with Dean Health Plan Commercial Insurance	
Codes that Require Authorization	97033, 32664
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Dean Health Plan Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Dean Health Plan Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Dean Health Plan Provider Portal

Looking for Medicare Advantage product information in the MSL?

4. When Prior Authorization is Required - When authorization is required, this section also includes submission method information about where and how to submit authorizations. Knowing the submission method for authorization requests will help to avoid unnecessary delays. For most services, authorization requests should be submitted to Dean Health Plan through the Dean Health Plan Provider Portal. However, we contract with other entities for authorization of certain services, such as Navitus/Navi-Gate for pharmacy benefit drug authorizations and NIA Magellan Healthcare for physical medicine, high-end radiology, and musculoskeletal authorizations. This means that authorization requests for these services should be submitted to the designated vendor, not Dean Health Plan.

Authorization requirements and submission method for a medical policy/service may vary by product. For example, while Hyperhidrosis Treatment requires authorization to be submitted to Dean Health Plan for patients enrolled in a Dean Health Plan Commercial product, authorization is not required for members enrolled in the DeanCare Gold product under set conditions (e.g., when the service is covered by Medicare and when the service is provided by an

in-network provider). Furthermore, submission methods for DeanCare Gold, in this example, include options that are not listed for the commercial products.

Patients with DeanCare Gold (Medicare Cost) Insurance	
Codes that Require Authorization	Prior authorization is not required when (1) the service is covered by Medicare **and** when (2) the service is provided by an in-network provider.
Submission Responsibilities	Prior authorization can be submitted by the provider, member, or member's representative.
Submission Method	Dean Health Plan Provider Portal, Fax, Mail, or Phone

5. When Prior Authorization is Not Required - Sections in purple denote services that do not require prior authorization. The Hemodialysis and Peritoneal Dialysis section in the MSL is an example of a service that does not require prior authorization when provided by an *in-network provider*. Providers are encouraged to note additional information in purple sections regarding non-plan (also referred to as out-of-network or non-contracted) providers and authorization requirements.

Hemodialysis and Peritoneal Dialysis	
	N/A
Alternate Service Name(s)	HD, PD, dialysis
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.

6. Where to Find Information Not included in the MSL

Authorization criteria for Medicare Advantage plans are in the Dean Health Plan Medicare Advantage Plans Prior Authorization List on the Dean Advantage medical management page.

Refer to the Dean Health Plan Non-covered Medical Procedures and Services list, on the Dean Health Plan Medical Management page, to verify a service is not on that list.

Refer to the Medical Injectables List, on the Dean Health Plan Medical Management page, to see a list of drugs covered under the medical benefit.

Requesting UM Criteria

Dean Health Plan's prior authorization requirements, medical policies, and the current medication formulary are all available online at deancare.com and will also be provided in writing upon request. Written copies can be obtained by contacting Dean Health Plan at **800-279-1301** and requesting that a copy be mailed or faxed to you.

Dean Health Plan also licenses Milliman Care Guidelines (MCG) which are nationally recognized evidenced based guidelines for medical necessity determinations. The specific MCG Guideline utilized in making a denial determination is available upon request by contacting Dean Health Plan at **800-279-1301** and requesting that a copy be mailed or faxed to you.

The Importance of Mental Health Screenings

According to the National Alliance on Mental Illnesses (NAMI), early mental health screenings can lead to early detection and treatment of mental health concerns – leading to better health outcomes. NAMI also found that early treatment may lessen long-term disability and prevent years of patient suffering.

If a screen is positive, it is essential to have the capability to ensure effective treatment and appropriate follow-up. It is equally essential to coordinate care with a behavioral health provider. To help patients take the first step towards effective mental health care, a mental health patient self-screen can be found at screening.mhanational.org/screening-tools/.

A well-rounded patient-centered mental and physical health care approach not only improves quality of care, but can also enhance the quality of life for many patients.

Referring to Telepsychiatry

Telepsychiatry appointments may be available to your patients. In some areas, a primary care provider referral is needed. Search the Provider Directory to find an in-network psychiatry or behavioral health provider in your area.

When extra support is needed, we can help!

Care Management is a supportive intervention to help improve the health of our members. Care Management offers programs that focus on Complex Medical (adult and pediatric), Pregnancy, Behavioral Health, Transplant, and Advance Care Planning. Our team of registered nurses, social workers, and Program Outreach Specialists assist members in navigating their care and provide support to help them manage their acute or chronic conditions.

Visit our website for more information about our care management services and programs. Providers can also call the Provider Referral Line at **1-800-356-7344 ext. 4132**.

Follow-Up Care for Children Prescribed ADHD Medication

Managing attention-deficit/hyperactivity disorder (ADHD) doesn't end with a medication and treatment plan. Although an adult or child with ADHD may be thriving at home, in school, and with friends, these individuals need ongoing care to live well with the condition. ADHD is one of the most commonly diagnosed and extensively studied childhood behavioral health disorders.

ADHD follow-up care is monitored by the National Committee for Quality Assurance (NCQA) using the Healthcare Effectiveness Data and Information Set (HEDIS*). The goal is to ensure children, ages 6-12, have at least three follow up visits within 10 months when they are newly prescribed ADHD medication or returning to a prescription after a break of 4 or more months. Visit timelines are:

- 1 Visit within 30 days of new prescription, with a prescriber
  - Can be a telehealth, telephone or face to face visit
- 2 additional visits in the following 9 months, with any practitioner
  - One of which can be a telehealth or telephone visit

A few recommendations to improve follow-up visit compliance:

- If you prescribe ADHD medication, consider limiting the first prescription to a 30-day supply.
- Consider not refilling unless follow-up appointments are kept.
- Schedule follow-up appointment(s) before they leave the office.
- Discuss the importance of follow-up appointments with the parent/guardian.
- Educate the parent or guardian that the child must be seen within 30 days of starting the medication to evaluate if the medication is working as expected and assess any adverse effects.
- Verify the parent or guardian understands the requirement above and keeps the appointment for refill prescriptions.

Tips for Talking with Patients about Safe ADHD Medication Use:

- Educate families on the expected response to the medication, known side effects and potential adverse effects.
- Advise parents to lock all medications in a safe place, and to have a responsible adult directly monitor administration whenever possible.
- Advise that medications should never be shared with others.
- Provide education on taking medication as prescribed, including what to do if a dose is missed, and when to call the provider.

See this edition's "Medication Adherence" article for tips on encouraging patients to adhere to the instructions for their medications.

Discuss the signs and symptoms of stimulant misuse, including under and overuse:

- Lack of expected therapeutic response, especially after achieving a target dose and clinical stability.
- Unexpected increased arousal, irritability, decreased appetite, sleep changes, hyperactivity or behavioral changes.
- School reports of new or unexpected behavioral and/or academic performance concerns.
- Running out of medications early; unexplained new possessions or access to spending money.
- Monitor patterns of "lost" medications and early refill requests by parents of children on stimulant medications as diversion does occur within the patient home as well.

Asthma: Are Your Patients Overdue for Action Plan Review?

Many studies indicate that regular follow-up visits, with patients of all ages, reduce the risk for asthma exacerbation requiring hospital admission. This is consistent with guidance from national expert groups including the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health, and the American Academy of Pediatrics (AAP).

AAP practice guidelines specifically recommend regular follow-up for children diagnosed with asthma. These visits should occur at least every 3-6 months depending on symptom severity. These groups also recommend that every asthma patient have an asthma action plan. A key purpose of these follow-up visits is that patient asthma action plans be reviewed and updated at least once each year. (See the link at the end of this newsletter for a downloadble template for an action plan.) In patients for whom a controller medication is indicated, it is also important to educate them on the importance of managing their asthma with the combination of controller and rescue medications versus solely relying on their rescue inhaler.

Talk with patients about setting asthma goals, such as

- Going most days of the week without symptoms: asthma is considered under control if there are symptoms on two days a week or less that require use of a rescue inhaler
- Preventing asthma attacks, which could result in needing emergency care, by limiting exposure to known asthma triggers

Discuss importance of the combination of long-term and rescue asthma medicines in controlling asthma.

Example Asthma Action Plan

When you're in the "**Green Zone**," you're doing well. You should:

- Have no coughing, wheezing, chest tightness, or difficulty breathing
- Be able to work, play, exercise, or do your everyday activities with no symptoms
- Have a peak-flow reading 80 to 100 percent of your personal best

When you're in the "**Yellow Zone**," you should take caution. This means you are:

- Coughing, wheezing, feeling tightness in your chest, or having difficulty breathing
- Able to do some, but not all, usual activities
- Waking up at night due to asthma
- Getting 50 to 79 percent of your personal best when you use your peak flow meter

When you're in the "**Red Zone**," contact your health care provider immediately. If you cannot reach him or her, go to the nearest emergency department or call 911. This means you are:

- Very short of breath
- Having problems walking or talking due to asthma symptoms
- Not responding to quick-relief medicines
- Experiencing symptoms that are the same or getting worse after 24 hours in the "Yellow Zone"
- Getting a peak-flow reading less than 50 percent of your personal best

Action plans can be downloaded from the Regional Asthma Management & Prevention (RAMP) website. RAMP is a project of the Public Health Institute.

Visit nhlbi.nih.gov/health-topics/asthma-for-health-professionals, or pediatrics.aappublications.org/content/139/1/e20163438 to learn more.

Addressing Social Needs for BadgerCare Plus Members

With an understanding that good health is not only based on exceptional medical care, Dean Health Plan is increasing efforts to reduce social barriers to good health for our BadgerCare Plus members. A number of initiatives either have started or will begin later in 2022, including:

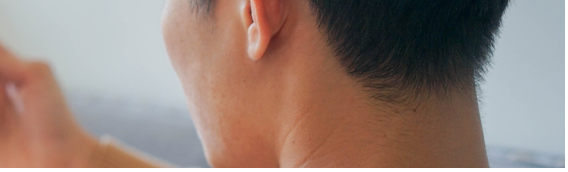
- Upon discharge from the hospital after delivering their newborn, Dean Health Plan currently provides 14 meals delivered through Mom's Meals to the homes of mothers enrolled in Dean BadgerCare Plus who are engaged with our Care Management team.
- Dean Health Plan is part of the Connect RX WI Initiative, a collaborative project with the Dane County Health Council which includes other HMOs and Dane County Public Health. The goal of the initiative is to improve birth outcomes for African American women by engaging expectant mothers with Care Management activities. The initiative is available to Dean BadgerCare Plus members in Dane County receiving OB care with SSM Health. Expectant mothers will be referred using the Epic Compass Rose feature to work with a community health worker. The community health worker will make referrals to organizations that can assist in reducing barriers to health and wellness for the family, and the mother's care team will receive information back regarding the outcomes of that referral.
- Incorporating health needs assessments, with specific social determinants of health questions, for all adults enrolled in Dean BadgerCare Plus , with an expected outcome of increased and improved referrals to care management programs and to social supports, if needed.

Medication Adherence

Are your patients actually taking the medications that you prescribe for them? Data show that up to half of patients may not be taking their prescribed medications or are taking the medication differently than prescribed. Improving medication adherence is a gradual, but important process that leads to better clinical outcomes and lower overall healthcare costs. It also affects quality measures like Medicare Star Ratings.

Here are some tips to ensure your patients remain adherent to their medication:

- Prescribe 90-day supplies
- Consider mail order delivery through Costco or a network pharmacy
- Prescribe sufficient refills
- Send a new prescription when dose changes
- Simplify medication regimen
- Discuss medication adherence with your patients
- Follow up after a new medication is started



Member Rights and Responsibilities

To promote effective health care, Dean Health Plan clearly states its expectations for the rights and responsibilities of its members to foster cooperation among members, practitioners, and Dean Health Plan.

To view these rights and responsibilities, visit deancare.com/member-rights.

Connecting with Providers

With a newly earned degree in Healthcare Administration Management and Finance, Kenzie Waechter joined Dean Health Plan as a Provider Network Consult (PNC) last fall. Throughout her time as an undergraduate, Kenzie also was employed with an insurance company. She credits both her educational background and insurance experience in preparing her for the PNC role. That, and an eagerness to learn.

I believe all of my past experiences have helped me within my role, especially when it comes to problem solving and critical thinking," Kenzie said. "I don't hesitate to ask questions to learn more and better understand how I can help."

Kenzie is the assigned PNC for in-network providers in Waukesha, Jefferson, and Walworth counties. As such, she relishes engaging on a wide range of tasks to support them. She cites working directly with providers as her favorite part of being a PNC. "I enjoy being able to connect with providers and collaborate as we work together," Kenzie said.

Kenzie is excited to continue to build on those connections this year. "It is amazing how many relationships that I have been able to establish in just the short time that I have been with the Health Plan," she said.

Kenzie may be contacted at **Kenzie.Waechter@deancare.com**.

How to Find Formularies

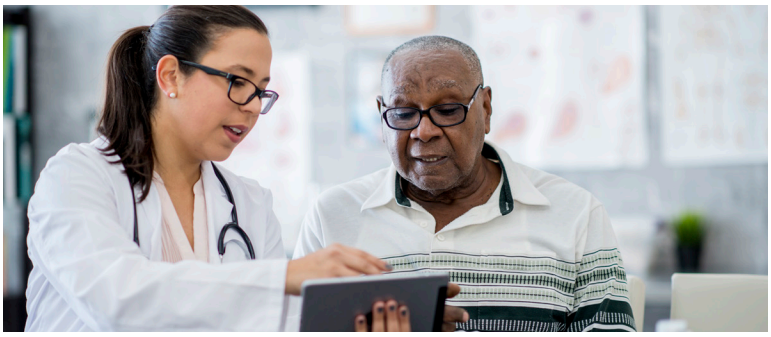
Formularies for Dean Health Plan products may be easily accessed from the **I am a**... dropdown located at the top of Dean Health Plan web pages.

1. From the top of the web page, select the **I am a**... dropdown, click **Provider**, and then click **Pharmacy Services**.
2. This links to the "Pharmacy services for health care providers" web page. On that page, under the "Covered Drugs/Formulary" section, click the '**See Drug Formularies**' link.
3. This links to the "Member drug formularies" web page. On that page, scroll down and click on the product to see the link to access the formulary.

Formularies are available as Adobe PDFs. Users can scroll through the list or type in "Ctrl + F" to bring up the search bar to type in the name of the drug. All formularies contain the Drug Name, Special Code, Tier level, and Category the drug is listed under.

Medicare Advantage Corner

Welcome to the Medicare Advantage Corner! This section of the newsletter highlights information about our Medicare Advantage plans. Look for the Medicare Advantage Corner in future newsletter issues.



Medicare Advantage Part B Update

New for 2022, a subset of Part B drugs (including but not limited to: oral anti-cancer, oral anti-emetics, immunosuppressants for transplants, erythropoietin, end stage renal disease drugs, nebulized inhalation drugs, insulin-*requiring a pump for infusion*) for some treatment indications that are covered under Part D will have a copay between $0 – $47 when received through a retail pharmacy. Member copay will match the member's Part D benefit for those members enrolled in a Medicare Advantage plan with Part D coverage. Intravenous, subcutaneous, and biological covered Part B drugs will continue to be available in 2022 at 20% coinsurance when administered at home or in a physician's office.

Medicare Advantage Home Infusion

Dean Medicare Advantage will expand coverage for home infusion services. Medicare Advantage plans will increase coverage for home infusion therapies including, but not limited to, biologics for Crohn's disease, ulcerative colitis, rheumatoid arthritis, psoriasis and multiple sclerosis, blood products, immune globulins and enzyme replacements.

New Step B Therapy

Under the Medicare Part B Step program, providers are required to first try preferred drugs before a non-preferred drug can be prescribed for treatment, if appropriate. If a member is continuing on a non-preferred therapy for the past 365 days, they will be able to continue on the same therapy.

If a member is new to therapy, providers will need to fill out a MAPD Medical Exception form located in the Navitus Portal to request an exception for their patient (indicating why the preferred drug cannot be used.

The table lists preferred and non-preferred drugs subject to Medicare Part B Step Therapy program, effective February 1, 2022.

Preferred drug(s) Drug A	Non-Preferred drug(s) Drug B
Herzuma, Trazimera	Herceptin, Kanjinti, Ogivri
Mvasi, Zirabev	Avastin
Truxima, Ruxience	Rituxan, Rituxan hyclea
Renflexis	Inflectra, Avsola, Remicade
Ziextenzo, Fulphila, Udenyca	Neulasta
Nivestym, Zarxio	Neupogen, Granix
Oral bisphosphonate trial - Part D Medication (alendronate, ibandronate,or risedronate)	Prolia (for a dx of osteoporosis with high risk of fractures)

Synvisc-One, Hyalagan, Hymovis and Triluron	Durolane, Gelsyn-3, Supartz FX, Synvisc, Euflexxa, Gel-one, Genvisc 850, Monovisc, Sodium Hyaluronate, TriVisc, Visco-3
Zarxio, Nivestym	Leukine
fulvestrant	Faslodex
Retacrit	Procrit, Epogen
Emgality or Aimovig	Vyepti
Infiximab or Humira	Entyvio
Oral Allopurinol or Febuxostat	Krystexxa
Hydroxyurea	Adaveko
Oral Hydroxychloroquine, Methotrexate, or Azathioprine, or Mycophenolate mofetil	Benlysta
Repatha or Praluent	Eveeka
For Rheumatoid Arthritis and Poly-Juvenile Arthritis : Humira	Orencia
For Psoriatic Arthritis (Need to use 2 agents): Enbrel or Humira or Otezla or Taltz	Orencia
For Multiple Sclerosis: *Treatment failure on (1) one of these agents**: Dimethyl Fumarate, Glatiramer acetate, Interferon Therapy, Gilenya, Zeposia, Mayzent, Aubagio, Kesimpta **(If member experiences Aggressive Disease Preferred products could be waived)*	Ocrevus
For Multiple Sclerosis: *Treatment failure on (1) one of these agents**: Dimethyl Fumarate, Glatiramer acetate, Interferon Therapy, Gilenya, Zeposia, Mayzent, Aubagio, Kesimpta **(If member experiences Aggressive Disease Preferred products could be waived)*	Tysabri* **(members who experience intolerance or label contraindications to preferred agents would not be a candidate for Tysarbi)*
For Multiple Sclerosis: *Treatment failure on (1) one of these agents**: Dimethyl Fumarate, Glatiramer acetate, Interferon Therapy, Gilenya, Zeposia, Mayzent, Aubagio, Kesimpta *Treatment with Aggressive Disease (1) one of the following:* Ocrevus or Tysabri	Lemtrada **(members who experience intolerance or label contraindications to preferred agents would not be a candidate for Lemtrada)*

Online Educational Tool Available for Providers to Share with Patients

Dean Health Plan offers Emmi®, free online educational programs, that all in-network providers can use to further educate their patients. Emmi® is a series of evidence-based online programs that walk patients through important information about a health topic, condition or procedure. In-network providers can sign up for an account by contacting Emmi customer support at **866-294-3664** or **support@my-emmi.com**. Once a provider has established an account, they can send interactive educational content directly to their patients via email.

Members enrolled in any Dean Health Plan product are eligible to access Emmi. By clicking the link in the email sent by their provider, members will be prompted to create a login to access the content. Each program runs from 15-30 minutes. Members can watch at their convenience and refer back as often as they wish.

Notification Necessary for Provider Demographic Changes

And don't forget to update NPPES information too!

Dean Health Plan is committed to ensuring that our provider directories are accurate and current for the members who rely on this information to find in-network providers for their care. Additionally, Centers for Medicare & Medicaid Services (CMS) and other regulatory and accreditation entities require us to have and maintain current information in our provider directories.

To help accomplish this, providers must notify their designated Dean Health Plan Provider Network Consultant of any updates to their information on-file with us as soon as they are aware of the change.

On a quarterly basis, outreach is provided by BetterDoctor requesting providers to validate that their information on-file with us is current and accurate. Providers should not wait for these reminders to update their information with the Health Plan.

As we position our provider directories to accommodate additional information for our in-network providers and additional requirements in the future, please review your directory information regularly at deancare.com/find-a-doctor to verify it reflects current and accurate information for you and your organization. Report any updates for the following to your Provider Network Consultant:

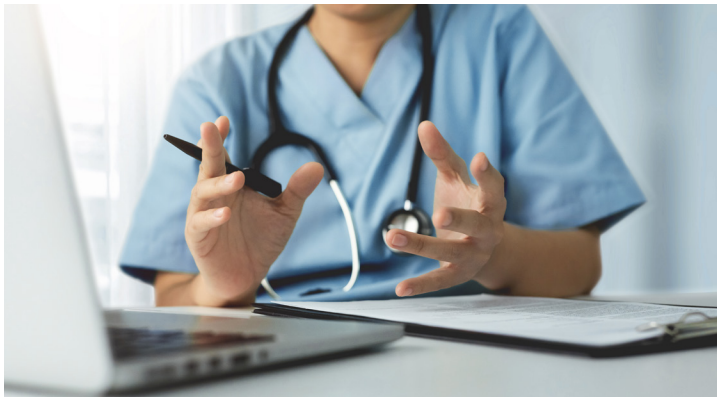
- Ability to accept new patients
- Practice location address
- Location phone number
- Provider specialty
- Languages spoken by provider
- Ability to accept new patients
- Provider terminations
- Other changes that affect publicly posted provider accessibility and demographics information. This includes, but is not limited to:
  - Practice location's handicap accessibility status
  - Hospital affiliation
  - Provider specialty
  - Languages spoken by office staff
  - Provider website URL

Providers are also encouraged to review and update their National Plan and Provider Enumeration System (NPPES) information when they have changes. NPPES provides information such as name, specialty, address, and telephone number for virtually every provider in the country in a machine-readable format. NPPES data serves as an important resource to improve provider directory reliability and accuracy.

Submitting Prior Authorization Requests and Appeals to the Right Place

Through the Health Plan's grievance and appeals process, providers may submit an appeal in response to a prior authorization denial on a member's behalf. Knowing where to submit a prior authorization appeal, which can be different from where the prior authorization request was submitted, is key to timely review. Or take advantage of our peer-to-peer review process to possibly resolve authorization denials without having to submit a prior authorization appeal.

Prior authorization requests for most services should be submitted to Dean Health Plan. However, there are exceptions where we contract with other entities to manage authorization requests for certain services. For example, Navitus/Navi-Gate manages pharmacy benefit drug authorizations and NIA Magellan Healthcare (NIA) manages authorizations for physical medicine, high-end radiology, and musculoskeletal authorizations. This means that authorization requests for these services should be submitted to the designated vendor, not Dean Health Plan. See this edition's Master Service List article for more information on where to submit authorization requests.



If a prior authorization request is denied, a written denial with the reason for the denial and appeal options is sent to the member and submitting and servicing providers, as applicable. Prior authorization appeals must be submitted to Dean Health Plan, regardless of the entity that processed the prior authorization request.

- To submit an appeal for an authorization request that was submitted to Dean Health Plan or Navitus, providers may submit a letter of necessity by fax to **608-252-0812** or by paper mail to Dean Health Plan, PO Box 56099, Madison, WI 53705
- To submit an appeal to a denial for an authorization request that was submitted to NIA, providers may submit a letter of necessity through email to their Provider Network Consultant or by paper mail to Dean Health Plan, PO Box 56099, Madison, WI 53705

Providers are encouraged to take advantage of the peer-to-peer review process before submitting a prior authorization appeal. The peer-to-peer review process is a forum for providers to discuss a prior authorization denial with a Dean Health Plan Medical Director. The opportunity for a peer-to-peer review is available for up to ten calendar days after the denial determination has been made. Resolution may be reached during the peer-to-peer process through this process without having to submit a prior authorization appeal.

A request for a peer-to-peer review can be initiated by calling the Utilization Management Department at **800-356-7344 ext. 4795**. A peer-to-peer review may also be available for prescription denials by calling our Customer Care Center at **800-279-1301**.

Refer to the Dean Health Plan Provider Manual for more details regarding prior authorization requests, appeals, and peer-to-peer review.

Foodscripts Makes Eating Healthy, Easy, and Affordable

Dean Health Plan collaborates with Foodsmart, our digital nutrition platform partner, and continues to enroll members into the Foodscripts program which includes:

- Free virtual one-on-one coaching with a Foodsmart Registered Dietitian for six months
- One month of delivered chef-prepared meals (lunch or dinner)
- Tasty meal plans personalized to preferences and dietary needs
- Access to thousands of healthy recipes

The Foodscripts program is offered to select* Dean Health Plan members with BMI>25. To determine eligibility and enroll, members should follow these steps:

Visit foodsmart.com/dean-foodscripts

- Click “Determine Eligibility”
- Fill out the brief Foodscripts questionnaire

*Not available to members with Medicaid, Medicare Gold, Medicare Select, State of WI plans and Administrative Services Only (ASO) plans.

Other exclusion criteria includes:

- Body Mass Index (BMI) lower than 25
- Have gone through bariatric surgery
- Undergoing cancer therapy
- Stage 3+ chronic kidney disease (CKD) or kidney failure
- Pregnant or breastfeeding
- Given birth in the last 3 months or planning to be pregnant in the next 3 months
- Eating Disorder (e.g. anorexia nervosa, bulimia nervosa) ⊕

Cultural Awareness and Diversity

As our geographic communities continue to grow more diverse, the health care industry as a whole is reevaluating how to improve health equity and encourage cultural competency across all populations. As a Health Plan, we recognize that addressing health disparities and promoting cultural awareness are key for delivering a diverse and inclusive experience for our providers and their patients.

Here's a few things you can expect to see this year:

- A dedicated web page on the Dean Health Plan website offering cultural education materials for providers recommended by our Clinical Liaison. These materials will offer guidance to providers and their administrative staff who interact with diverse patient populations. We plan to add to these educational materials over time.
- New language assistance resources to address diverse communication needs that will benefit providers and members alike.
- Additional information in the Provider Directory for language and cultural considerations.

Look for more information in future newsletters as we advance, promote, and support inclusion and diversity efforts in 2022.

Pharmacy and Therapeutics / Drug Policy / Formulary Change Update Highlights

Highlights of recent drug policy revisions, as well as any new drug policies approved by Dean Health Plan's Medical Policy Committee, are published alongside our quarterly newsletter. *Drug policies are applicable to all Dean Health Plan products, unless directly specified within the policy.* Note: All changes to the policies may not be reflected in the written highlights below. **We encourage all prescribers to review the current policies.**

All drugs with documented Dean Health Plan policies must be prior authorized, unless otherwise noted in the policy. Please note that most drugs with documented policies require specialists to prescribe and request authorization.

Policies regarding medical benefit medications may be found on deancare.com. From the home page, drop down from the **I am a**... screen to **Provider** and then **Pharmacy Services**. Under **Current Drug Policies**, click **See Library**.

Criteria for pharmacy benefit medications may be found on the prior authorization form located in the provider portal. Pharmacy benefit changes may be found on deancare.com. From the home page, drop down from the **I am a...** screen to **Provider** and then **Pharmacy Services**. Under **Covered Drugs/Formulary** there is a change notices link below each formulary.

Please note that the name of the drug (either brand or generic name) must be spelled completely and correctly when using the search bar.

Click here for Spring 2022 Pharmacy and Therapeutics / Drug Policy / Formulary Change Update Highlights. This information is published on our Provider news page at deancare.com/providers/news. Please call the Customer Care Center at **800-279-1301** if you have questions about accessing the updates.

Medical Policy Updates

Highlights of recent medical policy revisions, as well as any new medical policies approved by Dean Health Plan's Medical Policy Committee, are published alongside our quarterly newsletter. The Medical Policy Committee meetings take place monthly. We appreciate contributions by specialists during the technology assessment of medical procedures and treatments.

To view all of Dean Health Plan's medical policies, visit deancare.com, ➤ For Providers, and then ➤ Medical Management ➤ Search Dean Health Plan's Medical Policies. Deancare.com is updated as the medical policies become effective. For questions regarding any medical policy or if you would like copies of a complete medical policy, please contact our Customer Care Center at **800-279-1301**.

All other Dean Health Plan clinical guidelines used by the Health Services Division, such as MCG (formerly known as Milliman) and the American Society of Addiction Medicine, are accessible to the provider upon request. To request the clinical guidelines, contact the Health Services Division at **800-356-7344, ext. 4012**.

General Information

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate and applicable state and/or federal laws. A verbal request for a prior authorization does not guarantee approval of the prior authorization or the services. After a prior authorization request has been reviewed in the Health Services Division, the requesting provider and member are notified. Note that prior authorization through the Dean Health Plan Health Services Division is required for some treatments or procedures.

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

For radiology, physical medicine and musculoskeletal surgery prior authorizations, please contact National Imaging Associates (NIA)/Magellan.

Radiology

Providers may contact NIA by phone at **866-307-9729**, Monday-Friday from 7 a.m. to 7 p.m. CST or via **RadMDSupport@MagellanHealth.com**. View details about the radiology prior authorization program on deancare.com.

Physical Medicine

Providers can contact NIA by phone at **866-307-9729** Monday-Friday from 7 a.m. to 7 p.m. CST or by email at **RadMDSupport@MagellanHealth.com**. View details about the physical medicine prior authorization program on deancare.com.

Musculoskeletal

Providers can contact NIA by phone at **866-307-9729** Monday-Friday from 7 a.m. to 7 p.m. CST or by email at **RadMDSupport@MagellanHealth.com**. View details about the musculoskeletal prior authorization program on deancare.com.

Click here for Spring 2022 Medical Policy Updates. This information is published on our Provider news page at www.deancare.com/providers/news.

Please call the Customer Care Center at **800-279-1301** if you have questions about accessing the updates.

Health Care Text Reminders

In an effort to better serve our members, Dean Health Plan is using text messages for important health reminders. Your patients may be one of Dean Health Plan's many members to receive a text message. Health Plan members may get reminders about yearly preventive care, such as cancer screenings. Text reminders are interactive and give members the option to stop receiving future reminders.

Dean Health Plan *Provider News*

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Mission of Provider News

Dean Health Plan publishes a quarterly *Provider News* to facilitate communication between Dean Health Plan and our network of contracted providers. Regular features for this publication include updates to or creation of medical policies by the Utilization Management Committee during the previous quarter.

Moreover, each issue contains information that is valuable to a Dean Health Plan network provider. This is consistent with the goals of Provider News:

- Educate the provider network on new or changed guidelines that may affect the care of our members.
- Introduce new services that benefit our members and may affect our provider network.
- Create an extension of the Provider Manual to share information that is needed by the Dean Health Plan provider network.

Go to our Provider News web page to access current and past *Provider News*. If you have any questions or suggestions on how to improve the newsletter, please contact your assigned Provider Network Consultant.

Provider Network Consultants

While online self-service resources and the Customer Care Center are your first sources of information, Provider Network Consultants (PNCs) assist with more in-depth inquiries, when necessary. (And, always, contact your PNC to report changes or updates to your demographic information.)

Contact information for PNCs is listed at the bottom of the Dean Health Plan Providers page. Please contact the PNC listed for your specialty. If your specialty does not have a designated PNC, contact the PNC listed for your county.