

Provider NEWS

 **Dean Health Plan**
A member of SSM Health



Summer 2022

A newsletter for Dean Health Plan providers

New Cultural Awareness & Health Equity Web Page & Language Line

Dean Health Plan is pleased to introduce resources for our providers and their patients as part of our continued commitment to advance, promote, and support inclusion and diversity.

Cultural Awareness & Health Equity Web Page

Our [Cultural Awareness & Health Equity web page](#) has debuted! We invite you to visit the new page for on-demand resources intended to reinforce awareness of inclusion and diversity, expand knowledge around health disparities, and bolster cultural competence. Enhanced awareness of cultural norms can make interactions with patients more meaningful and effective, opening doors for better health outcomes in our community.

The new page features the Cultural Awareness Training Series. We have thoughtfully selected each module to reflect timely topics and patient populations in Wisconsin.

- Module 1: Introduction to Cultural Competency and Humility
- Module 2: Introduction to Refugee Communities
- Module 3: Introduction to LGBT Populations

Each module lists clear learning objectives. Viewers can watch modules at their convenience and refer back as often as they wish.

We will add new content to the page over time as we strive to ensure higher quality care to all patients regardless of a patient's race, ethnicity, language, sexual orientation, or gender identity.

Language Assistance Line

To address diverse language needs and bridge important communications between providers and patients, our new telephonic

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New Cultural Awareness & Health Equity Web Page & Language Line ... (continued)

Language Line for language assistance/interpreter services is now active. The Language Line is available for use free of charge. It is intended for 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.

Dean Health Plan providers may request language assistance by calling **844-526-1386**, available 24 hours a day, 7 days a week. We have created Language Line Instructions, available on the Cultural Awareness web page, to support providers using the language line. The

instructions detail the step-by-step process for accessing language assistance through the Language Line and includes tips to maximize use of the service.

Additionally, we are thankful that many providers in our network offer their own language services reflective of the communities we serve. As such, we have added text at the bottom of the Find a Doctor search page encouraging members to call their care locations directly to find out what language services are available at a particular location. ⊕

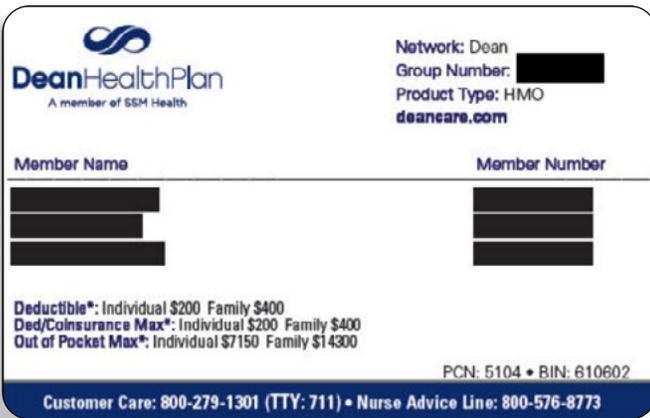
New ID Cards for Some Members

In compliance with the federal No Surprises Act, Dean Health Plan reissued member ID cards to members who have a different deductible/coinsurance maximum amount than their out-of-pocket maximum amount. The reissued member ID cards add the member's deductible/coinsurance maximum amount to provide members additional clarification regarding their maximum allowable amounts.

Group numbers and member ID numbers have not changed. And, while members are encouraged to use their newly issued member ID card with this important additional information, their current card will remain activated for them to continue to use.

Member ID cards across a number of benefit plans, including Dean Health Plan Commercial, ACA Individual, Wisconsin Department of Employee Trust Funds, and the SSM Health Employee Health Plan under WellFirst Health, were reissued.

Members not having a different deductible/coinsurance maximum amount from their maximum out of pocket amount were not issued new member ID cards. ⊕





Be on the Lookout for Provider Survey- Patient Access to Practitioner

Dean Health Plan conducts an annual *Patient Access to Practitioner Survey* in compliance with National Committee for Quality Assurance (NCQA) requirements for provider network NCQA-accreditation. The focus of the survey is to obtain information regarding members' access to their providers. This year's survey is planned for release this summer.

The survey is intended for clinic managers or schedulers at locations within each organization. The questions within the survey are formulated to include clinic based and individual specialty type questions pertaining to wait times for scheduling appointments for primary, specialty, and behavioral health care. If you receive a survey from us, we appreciate your time in responding.



See this edition's related article titled "[Accessibility of Services Standards.](#)" ⊕

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.*

- New Provider Communications Page — If you don't know about this, you should. See how you

can access past and current provider notifications on-demand. ([Summer 2021, page 20](#))

- Get to Know your Dean Health Plan Provider Portal! — Get the most from the portal with these grab-and-go tips. ([Spring 2021, page 19](#)) ⊕



Best Practices for Helping Patients At Risk of Prescription Opioid Overdose



In 2019, opioid-related overdoses accounted for more than 49,000 deaths in the United States.¹ Of those, 28% involved prescription opioids. Individuals who visit multiple prescribers and use multiple pharmacies are at higher risk of overdose. Individuals who receive opioids from four or more prescribers or four or more

pharmacies are more likely to die from opioid-related overdose than those who receive opioids from one prescriber or one physician.¹

Providers can help their patients by:

- Coordinating care with the patient's other providers.
- Checking [Wisconsin Enhanced Prescription Drug Monitoring Program](#) before prescribing an opioid.
- Educating the patient regarding the safe use and risks of opioids. This includes education and access to Naloxone (Narcan®). The Centers for Disease Control and Prevention recommends anyone at increased risk for an opioid overdose should be offered a Naloxone (Narcan) prescription.

¹ NCQA HEDIS MY 2020 & MY 2021, HEDIS measure for UOP; www.ncqa.org/hedis/measures/use-of-opioids-from-multiple-providers ⊕

Care Management Program Enhancements

Dean Health Plan is pleased to announce plans to enhance programming for our current Care Management services. With a focus on improving the overall health of our communities, the program enhancements are intended to support the providers that are caring for Dean Health Plan patients who may be at the highest risk or have gaps in their care.

- The Dean Health Plan Care Management team will collaborate with Dean Health Plan patients and their providers to identify resources that will best address particular care needs.
- Dean Health Plan patient outreach will include education, care coordination, and assistance with navigating available resources.

- The focused programs listed below are planned for the second quarter of this year.
 - Total Care Management – Reporting will identify patients with the top 1.5% predicted health risks within their enrolled benefit plan.
 - Annual Wellness Visit & Quality Measure Management – Reporting will identify patients who have not completed an annual preventive visit, or who have gaps in care. ⊕



Advance Care Planning

New for this year- Live training sessions!

“Advance care planning is the thing we really need to have and hope we never need, like insurance, said Dr. Russ Hermus, MD, Family Medicine, of SSM Health. “When it is done and done well, it makes very difficult situations much easier for the family members who have to make those decisions. And when it’s not done, it really leaves people in the lurch, which is very difficult, emotionally and medically.”

Advance care planning is the process of thinking about what matters most to us at the end of life, communicating our values and preferences to loved ones, physicians and spiritual advisers and documenting those wishes in legal documents called advance directives. For patients who have an advance directive in place and have communicated their wishes, the likelihood of family disagreement is greatly reduced, and end of life care better aligns with expressed values and preferences.

Dean Health Plan offers an Advance Care Planning Program that includes Social Workers providing members education and support with navigating the advance care planning process. Social Workers provide the following services:

- One-on-one telephonic support for advance care planning education and assistance with completion of advance directive forms and facilitation of advance care planning conversation.
- Presenting advance care planning educational sessions to members and the community.
- Organizing events annually for National Health Care Decisions Day on April 16th.

Providers can learn more about advance care planning and also direct their patients to our educational video accessible from our [Advance care planning web page](#). Advance directive forms are also available from this page.



Referrals Are Easy!

Providers and Clinic Care Managers may refer patients online at DHP.CareManagementReferralRequests@deancare.com or by calling **608-827-4312**.

Members can self-refer online at deancare.com/wellness/care-management or by calling the Advance Care Planning Line at **608-828-1915** or the Customer Care Center number on the back of their member ID card. ⊕

Help us spread the word!

Dean Health Plan members, family, and friends are invited to join a free online Advance Care Planning Zoom Session. Available in August and November this year, these one-hour sessions are facilitated by experienced staff with time allotted for questions. Please direct patients to our [Advance care planning](#) web page for the session schedule and to register for an upcoming session.

Your time is Important- Save it with successful authorization submissions

Dean Health Plan offers a variety of resources to help providers successfully navigate prior authorizations. This article highlights how to avoid cancelled authorization requests and when to submit a prior authorization request to the Health Plan or to one of our contracted vendors.

Cancelled Prior Authorization Requests

Save your time and prevent unnecessary delays in delivering services- Don't send an authorization request when prior authorization isn't required.

Not all services require prior authorization approval. If an authorization request is submitted when prior authorization is not required, the request is reviewed and a "Cancelled" determination status is applied. The following are common reasons why an authorization request may be cancelled with tips on how to avoid cancellations.

- **Service or procedure does not require prior authorization.** For example, the Health Plan frequently receives authorization requests for observation stays which do not require prior authorization approval. (See the Observation Stays section in the Dean Health Plan Provider Manual for more information.)

How to avoid cancellations for this:

- ✓ Check the [Master Service List](#) (MSL). In addition to listing policies and services that do require authorization, the MSL also includes a number of services that do not require prior authorization, denoted in the purple-colored sections.
- ✓ Check the [Document Library](#) to search for specific policies.
- ✓ Check the Medical [Injectables List](#) for commonly prescribed drugs and whether prior authorization is required.
- ✓ Check the [Non-covered Services List](#) if you can't find the service in any of the above resources.
- ✓ Note: For Medicare Advantage plans, check authorization criteria in the Dean Health Plan Medicare Advantage Plans Prior Authorization List on the [Dean Advantage medical management page](#).
- **Authorization requirements vary based on whether a provider is in-network or out-of-network.**

How to avoid cancellations for this:

- ✓ Check the MSL for differentiating authorization requirements for in-network and out-of-network providers.
- **Authorization request is submitted by an out-of-network provider.**

How to avoid cancellations for this:

- ✓ In-network providers submit authorization requests.
- ✓ Check the Provider Directory from the Find a Doctor link on [deancare.com](#) to see if the needed service can be provided within Dean Health Plan's provider network. If out-of-network services are deemed necessary, an in-network provider must submit the authorization request for the out-of-network provider.
- **Authorization request is submitted by an in-network provider (e.g., primary care provider) for the services of another in-network provider (e.g., specialist).**

How to avoid cancellations for this:

- ✓ Prior authorization is not required from an in-network provider for the services of another in-network provider for specialist visits. However, keep in mind that if a service or procedure requires prior authorization, then an approved authorization for the service or procedure will need to be obtained.
- ✓ Check the Provider Directory from the Find a Doctor link on [deancare.com](#) to see if the provider is part of the Dean Health Plan network.
- **Authorization request is a duplicate from the same organization.**

How to avoid cancellations for this:

- ✓ Check the View Authorization application in the Dean Health Plan Provider Portal to see if your organization has already submitted an authorization request for the member and service.



Authorization of Certain Services

Know where to submit authorization requests 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 the review and authorization of certain services. In these cases, authorization requests should be submitted to the designated vendor, not Dean Health Plan.

If out-of-network services are thought necessary for a service that is authorized through one of our vendors, two authorization requests must be submitted- one to the vendor for medical necessity approval of the service

and the other to Dean Health Plan for approval to have the service provided out-of-network.

Whenever possible, we encourage providers to submit their authorization requests electronically. Links to the Dean Health Plan Provider Portal and our vendor's portals are conveniently available in the MSL and from our [Account Login](#) page.

Refer to the table below as a quick reference. When in doubt, refer to the "Submission Method" information in the MSL which lists to whom and how to submit authorization requests for specific policies and services. Remember, authorization requirements and submission methods for a policy/service can vary by product. ⊕

Service	Whom to Submit	How to Submit
Pharmacy Benefit Drug Authorizations	Navitus/Navi-Gate	Authorization forms and submission through the Navitus Prescriber Portal at prescribers.navitus.com or via fax information on the form.
Medical Benefit Drug Authorizations	Dean Health Plan	Authorization forms are available through the Navitus Prescriber Portal at prescribers.navitus.com , but should be submitted to Dean Health Plan via the Dean Health Plan Provider Portal or via fax, mail, or phone information on the form.
Medical Injectables <i>* For benefit classifications and submission information, see our Medical Injectables List.</i>	Dean Health Plan (for Medical Benefit medications) or Navitus/Navi-Gate (for Pharmacy Benefit medications)	Authorization forms are available through the Navitus Prescriber Portal at prescribers.navitus.com . Submit Medical Benefit medications through the Dean Health Plan Provider Portal or via fax, mail, or phone information on the form. Submit Pharmacy Benefit medications through the Navitus Prescriber Portal or via fax information on the form.
Services/Procedures requiring authorization per Dean Health Plan Medical Policies <i>* See our Master Service List to know if authorization is required and where and how to submit authorizations.</i>	Dean Health Plan	Dean Health Plan Provider Portal is always preferred or via the service-specific authorization form available from the Medical Management page, if there is one.
Physical and Occupational Therapy Services Authorizations <i>* For more information, see our PT/OT Prior Authorization web page.</i>	NIA Magellan	RadMD Portal
Radiology Prior Authorizations <i>* For more information, see our Radiology Prior Authorization web page.</i>	NIA Magellan	RadMD Portal
Musculoskeletal Authorizations (MSK) (inpatient hip and knee and inpatient and outpatient shoulder and spine surgeries) <i>* For more information, go to our Musculoskeletal (MSK) Program web page.</i>	NIA Magellan	RadMD Portal



Lead level screening still necessary for all kids under 2 years of age with Medicaid

A new Centers for Disease Control and Prevention (CDC) report shows that many of Wisconsin's children missed recommended blood lead testing during the pandemic - the number of children tested decreased by 75% in April 2020, compared to April 2019.

Dean Health Plan has also seen a significant drop amongst our members in lead screening over the past three years, decreasing from 79% in 2019 to 52% most recently.

Blood lead level screenings are an evidence-based practice for all children under the age of 2 years old enrolled in Medicaid, **regardless of any other risk factors for lead exposure or toxicity**. All Medicaid-enrolled children should have a first blood lead level

test at around 12 months of age, and a second test by 24 months of age.

See [Wisconsin Blood Lead Screening Recommendations](#) for details regarding additional risk factors for children apart from Medicaid enrollment, and information regarding screening of older children. Please note that screening kids in Medicaid must be done by blood testing for lead levels—a lead risk assessment alone is not consistent with recommendations. See this edition's article titled "Preventive Health Care Phone Call Outreach" regarding services and care that Dean Health Plan is actively encouraging members to seek this year. ⊕

Behavioral Health Provider Annual Training

According to the U.S. Center for Disease Control and Prevention, Americans have experienced higher rates of anxiety and depression since the start of the COVID-19 pandemic, further highlighting the importance of mental health services and support. In an effort to maintain high standards in mental health care, Dean Health Plan has published the Behavioral Health Provider Annual Training to our website. This brief training is a series of slides intended to assist in-network Behavioral Health Providers navigating care to individuals enrolled in a Dean Health Plan benefit plan.

Accessible from the [Providers web page](#) under Helpful Links and also from the [Behavioral Health](#)

[Prior Authorization page](#), this training has been created specifically for our in-network Behavioral Health providers. It highlights behavioral health medical policies, prior authorization and supporting documentation submission, coordination of services, and related resources.

Behavioral Health providers are invited to review the training slides at their earliest convenience. Dean Health Plan has a Provider Network Consultant designated for in-network Behavioral Health providers. Please visit the Providers web page and scroll to the bottom of the page to see a listing of Provider Network Consultants. ⊕



Screening Patients for Diabetic Retinopathy

Early detection and treatment of Diabetic Retinopathy can significantly limit disease progression. Most patients who develop retinopathy have no symptoms until the very late stages (by which time it may be too late for effective treatment).

For the best care to patients, the American Diabetes Association recommends that individuals with diabetes be screened or monitored for diabetic retinopathy. The Health Plan recommends medical eye exam screenings for:

- Patients with type 1 diabetes, an initial comprehensive examination by an ophthalmologist or optometrist is recommended within the first five years of diagnosis.
- Patients with type 2 diabetes, an initial comprehensive examination by an ophthalmologist or optometrist is recommended shortly after the diagnosis of diabetes is made.
- The frequency of follow-up examinations should be individualized, with more frequent follow-up with patients who have abnormal findings or if retinopathy is progressing.
- Patients with pre-existing type 1 or type 2 diabetes, who plan on becoming pregnant, should have an eye exam before pregnancy or within the first trimester and should be monitored every

trimester and for 1 year postpartum as indicated by the degree of retinopathy.

Tips for improving screening rates:

- If not established yet, create a clinic workflow for patient referrals from primary care to an optometrist and/or ophthalmologist for appropriate screening, contributing to enhanced coordination for patients.
- Assign a staff member to monitor that referrals and communication with the patient and care teams are occurring at appropriate intervals.
- Create a comprehensive outreach strategy to identify and engage with patients who are overdue for screening.
- Establish a process to coordinate care handoffs by ensuring the optometrist or ophthalmologist performing the exam is sending patients' exam findings to the referring provider with concrete, clinically appropriate follow-up interval recommendations.

Dean Health Plan offers a Living Healthy Plus Program to assist and support patients in managing chronic Type 1 and 2 diabetes. For more information, visit our [Living Healthy Plus](#) web page. ⊕

End of Public Health Emergency Will Impact BadgerCare Coverage

As of the publication date of this newsletter, the Centers for Medicare & Medicaid Services has not set an end date for the current COVID-19 public health emergency. During the public health emergency under federal authority, the Wisconsin Department of Health Services (DHS) has not removed members from Medicaid programs. When the public health emergency ends, Wisconsin Medicaid will resume the member enrollment renewal process that was in place before the public health emergency. If your patients are enrolled in BadgerCare Plus, please emphasize that they need to ensure their address and contact information on

file with Wisconsin Medicaid is up to date so they can receive renewal notices. Doing this will ensure that members stay informed and will help to retain their coverage when the public health emergency is over. BadgerCare Plus members can update their information through the [ACCESS website](#), through the MyAccess app, or call or visit their county consortia to update their contact information.

DHS has more published information for providers to keep their patients informed on their [COVID-19: Emergency "Unwinding" Partner Toolkit web page](#). ⊕



Medicare Advantage Corner

Welcome to the Medicare Advantage Corner! This section of the newsletter highlights information and timely topics regarding our Medicare Advantage plans.



Solutions for Dean Advantage Members in “Pharmacy Deserts”

“Pharmacy deserts” are areas with poor access to prescription medications, commonly defined as greater than one mile between home and the nearest pharmacy. Over 60% of our Medicare Advantage members with Part D coverage are currently in a pharmacy desert, which has been shown to lower medication adherence rates.

To make it easier for members to obtain and adhere to their prescriptions, we created a benefit design that allows Dean Advantage members with Part D coverage to enroll and use Costco Mail Order Pharmacy to receive prescriptions. Costco Mail Order prescriptions are available at the same copay amount as that for a retail setting, there is no cost to sign up, and members do not need to have a Costco membership to use this service. While this service is in place to encourage members who don't live near a pharmacy to use mail order, it is available to all Dean Advantage members with Part D coverage, regardless of their proximity to a retail pharmacy. If your patient is having issues with medication adherence and picking up their medications, please enroll them in the Costco Mail Order Pharmacy program.

Refer to the [mail order information on our website](#) for more information.

There are two ways to enroll in the Costco Mail Order Pharmacy program:

1. By mail using the online [patient profile form](#):

- The completed form should be mailed to the Costco Mail Order Pharmacy at 215 Deining Circle, Corona, CA 92880-9911.
- Once the form is completed and mailed, providers can e-prescribe prescriptions to Costco pharmacy at 215 Deining Circle, Corona, CA 92880-9911.

- This type of enrollment takes about 14 days for the patient to receive their prescription once Costco receives the form.
- For refills, your patients can call Costco at **1-800-607-6861** or complete the form and mail it to Costco.

2. Online from the [Costco Pharmacy web page](#):

- Patients are allowed to create an online account for each person in their household who receives their medication through Dean Health Plan.
- Once the patient's account is set up, providers can e-prescribe prescriptions to Costco pharmacy at 215 Deining Circle, Corona, CA 92880-9911.

The first prescription request under a new account may take 10-14 days for Costco to process. Standard shipping is free and expedited shipping is available for an extra cost.

Enrollment and Prescription Tips

To help prevent delays in receiving prescriptions, verify the following during enrollment and when submitting prescriptions:

- The shipping address provided to Costco is valid.
- Payment information is valid.
- Prescriptions are complete and include directions for use. Costco is unable to dispense orders without valid instructions and “use as directed” won't be accepted.
- E-prescriptions are written for the maximum days supplied allowed under a patient's plan (usually 90 days) and contain additional refills. ⊕



Accessibility of Services Standards

It is important for Dean Health Plan network providers to understand the Accessibility of Services standards. Dean Health Plan is committed to ensuring members using the provider network for their care have appropriate appointment accessibility.

The *Accessibility of Services* standards for services provided by primary care, specialty care, and behavioral health care clinic locations can be found under the Quality Improvement section of the [Dean Health Plan Provider Manual](#). ⊕

Preventive Health Care Phone Call Outreach

To better serve members and patients and encourage completion of recommended preventive care services, the Health Plan is conducting telephone outreach to members. Your patients may receive a call from us regarding children who may be due for immunizations and blood lead testing, as well as calls related to adult cancer screenings and diabetes care. These calls are focused on preventive care services which are covered at no cost to members when provided within our network of providers. One service being offered during these calls is to connect patients with their clinic to assist in scheduling appointments, if needed, via 3-way conference calls.

See this edition's preventive care and screenings flyer on the last page of this newsletter highlighting in-network services that are available at no cost to your Dean Health Plan patients. ⊕





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. All educational material is available in both English and Spanish, and in other languages for select content. 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 to 30 minutes. Members can watch at their convenience and refer back as often as they wish. ⊕

Termination of Doctor/Patient Relationship

Practitioners sometimes feel it is necessary to terminate a relationship with a patient. Dean Health Plan has an established policy for this, as part of our contract with providers while assuring continuity of care for the member.

A practitioner may terminate such care only for good cause, as determined by Dean Health Plan. Information regarding this process is in the [Dean Health Plan Provider Manual](#) under the section titled “Termination of Patient/Practitioner Relationship Policy and Procedure.” ⊕

Dean Health Plan Provider News

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Provider Network Consultants

While online self-service resources and the Customer Care Center are your first sources of information, Provider Network Consultants (PNCs) are health plan personnel who 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. ⊕



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 our vendor BetterDoctor requesting providers to validate that their information on-file with us is current and accurate. Information regarding a provider's ability to provide services via telehealth is part of these attestations. Providers should not wait for these reminders to update their information with the Health Plan.

As we prepare 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
- 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. 📍





Telehealth/Telemedicine Information for the Provider Directory

With the broadened use of telehealth/telemedicine, Dean Health Plan is working toward including telehealth/ telemedicine information in our [Provider Directory](#) for in-network practitioners who are able to deliver health care services remotely. As part of this effort, our vendor, BetterDoctor, in their quarterly outreach to providers now asks providers whether they have the capability to provide services via telehealth.

If you currently offer telehealth/telemedicine services and have not yet responded that you do to BetterDoctor, please contact your Provider Network

Consultant to let them know. When contacting your Provider Network Consultant, please also be prepared to provide the following:

- The telehealth/telemedicine service being offered
- The type(s) of virtual interaction available (e.g., videoconferencing, audio-only, etc.)
- The ability and willingness to include a third-party caregiver (who is in a separate location from the patient) in the telehealth/telemedicine visit ⊕

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. ⊕

Summer 2022 Update

Summer 2022 Pharmacy and Therapeutics / Drug Policy / Formulary Change Update Highlights are published alongside this newsletter on our Dean Health Plan Provider news web 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. As always, we appreciate the expertise by medical and surgical 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](https://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 (also called ASO plans) 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 (PT/OT) 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](#).

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](#).

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](#).

Summer 2022 Medical Policy Updates

Summer 2022 Medical Policy Updates are published alongside this newsletter on our Dean Health Plan Provider news web page at deancare.com/providers news. Please call the Customer Care Center at **800-279-1301** if you have questions about accessing the updates.

Many preventive care services are covered by us at no cost to your patients. Here are just a few.

Annual Preventive Visits

All ages are recommended to have an annual provider visit.



Covered at: **\$0**



Patients who need a PCP can call our Customer Care Team or visit deancare.com/doctors to get one.

Breast Cancer Screening



Screening Age*: **40-74**

Screening Mammogram Covered at: **\$0**

**We cover breast cancer screenings beginning at age 40.*

Colorectal Cancer Screenings**

Screening Age: Covered at:

45-75 **\$0**



- Colonoscopy every 10 years
- Sigmoidoscopy every 5 years
- FIT/FOBT test covered once every year
- FIT-DNA Cologuard once every 3 years

***Talk with your patients about which option is right for them.*