



**ADMINISTRATIVE SERVICES ONLY
PRODUCT MANUAL**

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Changes are periodically made to the information in this manual. This manual was last updated in Fall 2023

OVERVIEW

Dean Health Plan would like to take this opportunity to welcome you to its Administrative Service product. This product is also known as ASO (Administrative Services Only). Dean Health Plan is the legal entity

For the ASO product, Dean Health Plan becomes the administrator for self-funded employer groups to process their claims, customer service, and other related functions for an administrative fee while the employer groups retains all the financial risk for plan performance (i.e. claims expense). Dean Health Plan is not the insurer for these employer groups.

Dean Health Plan is based in Madison, WI and is the underwriter for Prevea360 policies as a result of a partnership with Prevea Health and HSHS hospitals. Dean Health Plan has a strategic partnership with Medica, a non-profit Minnesota-based health plan, which brought Dean Health Plan and Prevea360 into the Medica family of brands through this arrangement.

This product is different from our fully-insured product in most operational capacities due to different core systems and product requirements.

In addition to operational differences, our ASO product allows employer groups to select different networks based on populations or geographic location. Our most popular networks include the DeanASO Network, the Prevea360 ASO Network, the Alliance Network, and the HealthEOS Network. As a provider, your reimbursement varies depending on the member's primary network. It is important that you look up the network on the member's ID Card. A given employer may have multiple primary networks but each member will have a primary network or dual primary networks.

The purpose of this manual is to serve as a resource for policies and procedures that affect you as an ASO Provider. If you have questions, please access our website at deancare.com/aso or call your Dean Health Plan Provider Network Consultant.

PARTNERSHIP WITH WEBTPA

Dean Health Plan currently partners with WebTPA, a third party administrator based in Texas, for claims processing and eligibility. Dean Health Plan works with WebTPA under a private label agreement that labels all services as Dean Health Plan. Medical management, account management, provider services, contracting, and subrogation are performed in Madison.

IDENTIFICATION (ID) CARDS

Your role as a provider is to identify which plan a member has to ensure that the correct referral, prior authorization, and pre-certification guidelines are followed.

To help you and your staff identify the ASO plans that are offered, it is imperative to review and copy the ID Card for each covered person. **Each ID Card contains information and requirements specific to each member's plan.** We recommend checking the member's ID Card at every visit to verify correct coverage.

As previously mentioned, it is common for a single employer group to have employees on different primary networks and/or benefit plans, which will impact medical management procedures, claims addresses, and provider reimbursements.

Note: Each employer group has a separate customer service number. Please refer to the contact information on the ID Card for the appropriate customer service number for eligibility and identification information.

The claims address is determined by the primary network of the member. Please refer to the Covered Person's ID Card. ID Card examples can be found at deancare.com/members/aso-member/medical-management.

The PCP Selection requirement will vary by each employer's plan design. If PCP selection is required, the PCP will be noted on the ID Card.

REIMBURSEMENT

The primary network on the back of the member's ID Card will determine the reimbursement level as different networks have different reimbursement levels. If the primary network has the Dean logo, please refer to your Dean Health Plan contract to verify reimbursement and any contractual requirements.

Note that some groups alter the network name to best fit their group (e.g. Dean Exclusive Network). For groups that have chosen another network, such as The Alliance, your Dean Health Plan contract is not applicable.

CLAIMS PROCESSING

To allow for more efficient processing of your DHP Administrative Services claims, we ask for your cooperation with the following:

Claims Submission

- Requires the use of correct and complete member numbers. Using the correct member numbers on the claims submitted will help us ensure correct claim payment. Each member has their own individual ID Card and corresponding member number.
- Requires plan providers to file claims in a timely manner. All claims must be submitted in accordance with the claim filing limit stipulated in your Provider Agreement/Contract. **Refer to the Claim Confirmation section below for specific ASO related guidelines and to the Dean Health Plan Provider Manual for general timely filing guidelines. Please see the Member's ID Card for where to submit claims.**
- Self-insured groups have the ability to determine how their subrogation claims, including Worker's Compensation, are handled. As an example, a group may decide that since they self-fund both their medical plan and their Worker's Compensation plan, that if a claim has processed for payment under the medical plan, they feel that it is already paid by them, and do not reverse the claim for payment under the Worker's Compensation plan.
- The employer determines benefits on ASO plans. **Please call the Customer Service number on the member's ID Card for specific benefits information.**
- **Electronic Claims Submission:** DHP Administrative Services – Texas has a payor id of 75261.

Claim Confirmation

- The timely filing guidelines in your contract apply to ASO business.
- You will not receive Rejected Claim Reports, or Paper Confirmation Reports with our Administrative Services product. This means that claims errors will be presented on an Explanation of Payment.
- Since Rejected Claims and Paper Confirmation reports are not distributed under this product, we will accept alternate documentation for billing proof of timely submission.

For example, you may include screen prints from your system showing the date the system generated a claim or that there were written or verbal attempts to obtain insurance information from a Covered Person.

A copy of the claim denial and supporting documentation may be sent (if DeanASO is the primary network) to:

Dean Health Plan - Administrative Services
PO Box 99906
Grapevine, TX 76099-9706

SUBROGATION

Self-insured groups have the ability to determine how their subrogation claims, including Worker's Compensation, are handled. In general, subrogation-related claims (i.e. automobile accidents, slip-and-falls, etc.) can be submitted to Dean Health Plan Administrative Services. Work-related injury claims should be submitted to the member's worker's

compensation carrier. Dean Health Plan Administrative Services may initially deny claims billed with diagnoses possibly related to a third party and request additional information from the member in order to make a payment determination. If the member returns the letter clearing any potential for subrogation, the claim is processed for payment within 10 days of receiving the information. Providers can bill the initial denials to the Covered Person. We encourage providers to allow a period of time before doing so; it will encourage members who do not return the letter in a timely manner to take the necessary action.

UTILIZATION MANAGEMENT PROCESS

DHP Medical Management provides Concurrent Review & Referral Services for the ASO product. Referral and prior authorization requirements vary by employer group and benefit plans.

All ASO groups follow DHP's Medical Policies if the plan requires a prior authorization for the services. You can locate the Medical Policies & prior authorization forms at: deancare.com/members/aso-member/medical-management.

To determine if a group requires prior authorization or a referral for a specific service, please contact the customer service number listed on the back of the member's ID Card.

For DeanASO Network:

Providers can submit referral and prior authorization requests via the Provider Portal if the group utilizes the DeanASO networks as its primary network. If the group uses another primary network, all referral and prior authorization requests should use the Outpatient Services request form located on the Medical Management website: deancare.com/members/aso-member/medical-management.

Please note that the Provider Portal can only be used for ASO membership to obtain prior authorization, all other functionality on the Provider Portal does not contain our ASO membership information.

Note: For Groups that require prior authorization for high-end radiology studies, it is the responsibility of the ordering physician or clinic to obtain authorization. Providers rendering these services are responsible for verifying that the necessary authorization has been obtained. Failure to do so may result in non-payment of claims. Imaging Procedures ordered by Emergency room and urgent care providers or in observation and inpatient facilities do not require authorization.

For Prevea360 ASO Network:

All referral and prior authorization requests should use the Outpatient Services request form located on the Medical Management website: deancare.com/members/aso-member/medical-management.

Please Note: For Groups that require prior authorization for high-end radiology studies, it is the responsibility of the ordering physician or clinic to obtain authorization. Providers rendering these services are responsible for verifying that the necessary authorization has been obtained. Failure to do so may result in non-payment of claims. Imaging Procedures ordered by Emergency room and urgent care providers or in observation and inpatient facilities do not require authorization.

BENEFITS

Unlike fully insured products, which are fairly defined, ASO benefit designs are infinite and one of the advantages over fully insured offerings. As such, the employer group determines benefit designs on ASO plans.

- Specific benefit information can be obtained by direct EDI transaction or by calling customer service. Remember, each ASO group has a separate 1-800 number to reach customer service and can be found on the member's ID Card.

MEMBER COMPLAINT, APPEAL AND GRIEVANCE

ASO groups are generally governed by Federal law and not state law, with the exception of some municipalities and other entities. Appeals follow Employee Retirement Income Security Act (ERISA) guidelines versus fully insured appeals, which follow OCI regulations.

All ASO appeals should be sent in writing to:

Dean Health Plan - Administrative Services
PO Box 99906
Grapevine, TX 76099-9706

If you have a question or concern, please contact customer service per the member's ID Card.

ONLINE ACCESS

Dean Health Plan has created a separate ASO portal and website for providers.

For eligibility and claims information, please access the Provider Portal at: deancare.com/ASO/, and click on Provider Portal Login, located on the right-hand side of the screen.

The Dean ASO Medical Management website allows access to critical information regarding our medical practices for each ASO plan. Some of the information on the website includes:

- Medical policy announcements and searchable medical policies
- Prior authorizations by group including medical injectables
- Links to some of our prior authorization vendors, such as for:
 - High-end Radiology
 - PT / OT
 - Medical Injectables
- Overview of Preventive Covered Services and Non-Covered Services
- Sample ASO ID Cards
- ASO Provider Manual

The site address is: deancare.com/members/aso-member/medical-management.