# DEAN HEALTH PLAN MEDICARE ADVANTAGE PROVIDER MANUAL

*for*

**DEAN ADVANTAGE & PREVEA360 MEDICARE ADVANTAGE PRODUCTS**

**Fall 2023**

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# Revision Log

Updates are regularly made to the information in this manual. The grid below outlines new changes that have been made to the manual from its immediate predecessor version. Refer to the Historical Revision Log as a reference to past revisions.

| Description of Change | Section/Link | Page |
|---|---|---|
| **Updated:** Branding updated to reflect partnership with Medica | | All |
| **Updated**: Grid with Dean Advantage monthly premiums and copays for 2023 with distinctions between HMO benefit (in-network) copays and POS benefit (out-of-network) copays, where applicable. | DEAN ADVANTAGE PLANS OVERVIEW | 5 |
| **Updated:** Prevea360 Medicare Advantage plan offerings for 2023. | PREVEA360 MEDICARE ADVANTAGE PLANS OVERVIEW | 7 |
| **Updated:** Grid with Prevea360 Medicare Advantage monthly premiums and copays for 2023 with distinctions between HMO benefit (in-network) copays and POS benefit (out-of-network) copays, where applicable. | PREVEA360 MEDICARE ADVANTAGE PLANS OVERVIEW | 7 |
| **Updated:** Medicare Advantage Extra Benefits Quick Reference for 2023. | ADDITIONAL BENEFITS | 11 |
| **Added:** Adult vaccines can be administered in a doctor's office or in-network pharmacy. There are no longer location restrictions. | PRESCRIPTION DRUG (PART D) | 13 |
| **Added:** 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. | STEP THERAPY | 17 |
| **Updated**: Formulary links for 2023. | DRUG FORMULARY | 17 |
| **Updated:** Prior authorization submission methods for medical benefit and pharmacy benefit authorization requests and added oncology and oncology-related prior authorization requests. | PRIOR AUTHORIZATION SUBMISSIONS | 17 |
| **Added**: Case Management section to support Health Plan's case management offerings and opportunities for provider and member support. | CASE MANAGEMENT | 20 |

# WHAT IS MEDICARE ADVANTAGE?

Medicare Advantage plans offer an "all-in-one" alternative to Medicare Part A and Medicare Part B, often referred to as Original Medicare. Dean Advantage and Prevea360 Medicare Advantage are both Dean Health Plan Medicare Advantage products underwritten by Dean Health Plan. They are Medicare-approved replacement products that include Medicare Part A and Part B benefits plus additional value-added coverage and supplemental benefits bundled into a single, convenient plan. With the exception of hospice claims, all claims are submitted to the health plan, not Medicare.

The benefits for Medicare Advantage members are the same as those offered under Original Medicare, when provided in accordance with Dean Health Plan's policies and procedures. However, our Medicare Advantage plans also offer no-cost extras that are not available through Original Medicare. Our 2022 plans also include value-added benefits such as in-home and virtual support and companionship, an over-the-counter allowance, vision, hearing, wellness rewards, and gym memberships and at-home fitness kits, as further detailed in the "Supplemental Benefits" section of this manual.

Dean Advantage is available to eligible Medicare beneficiaries residing in nine counties located in southcentral Wisconsin and Prevea360 Medicare Advantage is available in five counties in northeastern WI. 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.

# HOW TO USE THIS MANUAL

This Medicare Advantage Provider Manual contains specific Medicare Advantage rules, processes, and resources to support in-network providers serving members enrolled in Dean Advantage and Prevea360 Medicare Advantage plans. It is intended to be used as an addendum to the Dean Health Plan Manual Provider Manual or Prevea360 Health Plan Provider Manual, as applicable, available from the Document Library on the Dean Health Plan and Prevea360 Health Plan websites.

The general term "Medicare Advantage" is used throughout this manual to describe both product offerings. Dean Health Plan, as the underwriter for all the Medicare Advantage products, is referenced as the administrator. In most cases, Dean policies and procedures for Dean Advantage and Prevea360 Medicare Advantage are the same. Any differences are indicated in this manual.

**We are here to help!** If you have questions about information in this manual or can't find the information that you are seeking, please refer to the directory on the following page to contact the appropriate department or access the applicable resource. When in doubt, please don't hesitate to contact us at 877-232-7566.

# MEDICARE ADVANTAGE HEALTH PLAN CONTACTS

Refer to the directory below to contact the appropriate department or access the applicable resource for assistance.

| PROVIDER AND MEMBER CUSTOMER CARE | |
|---|---|
| Member Services<br>Monday – Friday 8:00 am to 8:00 pm<br>Weekends October 1 – March 31 - 8:00 am - 8:00 pm | 608-828-1978 \| 877-232-7566 |
| **MEMBER CARE AND GUIDANCE OUTSIDE OF BUSINESS HOURS** | |
| Dean Advantage 24-Hour Nurse Advice Line | 1-800-576-8773 |
| Prevea360 Medicare Advantage 24-Hour Nurse Advice Line | 1-888-277-3832 |
| **ELECTRONIC DATA INTERCHANGE** | |
| Information about Electronic Data Interchange (EDI) transactions | • dhpedi@deancare.com<br>• 800-356-7344 ext. 4320 |
| Electronic Payor ID | 39113 |
| **PAPER CLAIMS** | |
| Mailing Address for Paper Claims | Dean Health Plan – MAPD Claims<br>PO Box 853937<br>Richardson, TX 75085-3937 |
| **DRUG PRIOR AUTHORIZATIONS AND EXCEPTION REQUESTS** | |
| Drug Determination Requests<br>Navitus Customer Care | Phone: 866-270-3877 \| Fax: 855-668-8552 |
| Medicare Drug Prior Authorization / Exception Form | prescribers.navitus.com |
| **HEALTH PLAN MEDICARE WEB PAGES** | |
| Dean Advantage | Deancare.com/medicare |
| Prevea360 Medicare Advantage | prevea360.com/medicare |
| **PROVIDER NETWORK CONSULTANT** | |
| Dean Advantage Provider Network Consultants | From the Providers page at deancare.com/providers,<br>scroll to the bottom of the page to find your assigned Provider Network Consultant. |
| Prevea360 Provider Network Consultants | From the Providers Resources page at prevea360.com/providers,<br>scroll to the bottom of the page to find your assigned Provider Network Consultant. |

# DEAN ADVANTAGE PLANS OVERVIEW

Dean Health Plan offers a variety of plans so that members can select the one that suits their needs. The following Dean Advantage plans are offered in 2023:

- Assurance (HMO-POS)
- Balance (HMO-POS)
- Complete (HMO)
- Essential (HMO)
- Harmony (HMO-POS) MA-only
- SSM Presence (HMO-POS) - only available in Dodge and Fond du Lac counties.

Preventive care is covered at 100% for all plans. Except for the Harmony plan, prescription drug (Part D) coverage is included in all of the plans.

The Essential and Complete plans are Health Maintenance Organization (HMO) only plans. Under these HMO plans, members receive care from providers in the Dean Health Plan provider network and choose a primary care provider from the network to manage their care. Their primary care provider submits and manages any authorizations should a member need to see a specialist.

The Assurance, Balance, Harmony, and SSM Presence plans are HMO-Point of Service (POS) plans. An HMO-POS plan is an HMO plan with added Point of Service (POS) benefits. Under the HMO benefits of a plan, these members have access to providers in the Dean Health Plan provider network and choose a primary care provider from the network to manage their care and submit prior authorizations should the member need to see a specialist. With POS benefits, these members also have the option to go outside of the provider network or see a specialist without primary care provider authorization. Members incur higher out-of-pocket costs if they choose to pursue care under the POS benefit, but have more flexibility for their care. The grid below shows monthly premiums and copays with distinctions between HMO benefit (in-network) copays and POS benefit (out-of-network) copays, where applicable.

**Dean Advantage**

| Plan Name | Monthly Premium | Primary Care Copay | | Specialist Care Copay | | Urgent Care Copay | Emergency Room Copay | Hospital Copay | |
|---|---|---|---|---|---|---|---|---|---|
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | | | In-Network | Out-of-Network |
| **Essential (HMO)** | $0 | $0 | N/A | $50 | N/A | $50 | $110 | $350/ day for days 1-5 | N/A |
| **Assurance (HMO-POS)** | $50 | $0 | $60 | $40 | $60 | $40 | $110 | $350/ day for days 1-5 | $600/ day for days 1-7 |
| **Balance (HMO-POS)** | $97 | $0 | $60 | $30 | $60 | $30 | $125 | $350/ day for days 1-5 | $600/ day for days 1-7 |
| **Complete (HMO)** | $251 | $0 | N/A | $10 | N/A | $10 | $125 | $350/ day for days 1-5 | N/A |
| **Harmony (HMO-POS MA-Only)** | $0 | $0 | $75 | $35 | $75 | $35 | $110 | $350/ day for days 1-5 | $600/ day for days 1-7 |
| **SSM Presence (HMO-POS)** | $0 | $0 | $60 | $40 | $60 | $40 | $90 | $350/day for days 1-5 | $600/day for days 1-7 |

The above grid is a snapshot of some available services and copays. For a complete list of services with copays, refer to the 2023 Enrollment Guide and Summary of Benefits available from the Medicare Advantage Plans web page.

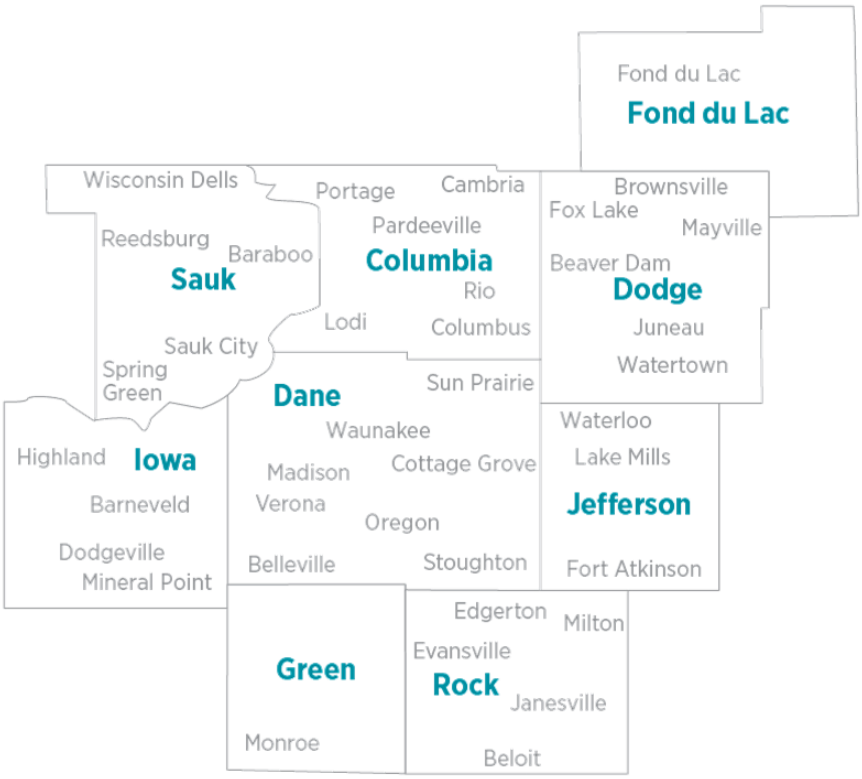
## Member Coverage and Benefits

We encourage providers to always refer to a member's plan coverage and benefits for specific coverage information. Providers can access documentation related to a member's benefits, including certificate of coverage, member policy or certificate, and the member handbook at memberbenefits.deancare.com. From this web page, providers can enter the Group Number or Member ID to retrieve information for a particular member.

# DEAN ADVANTAGE SERVICE AREA

The following counties are included in the Dean Advantage service area:

- Columbia
- Dane
- Dodge
- Fond du Lac
- Green
- Iowa
- Jefferson
- Rock
- Sauk



# PREVEA360 MEDICARE ADVANTAGE PLANS OVERVIEW

The following Prevea360 Medicare Advantage plans are offered in 2023:

- Essential (HMO-POS)
- Harmony (HMO-POS) MA-only
- FlexSpend (HMO-POS)

All are Health Maintenance Organization (HMO)-Point of Service (POS) plans. An HMO-POS plan is an HMO plan with added POS benefits. Under the HMO benefits of a plan, members have access to providers in the Prevea360 provider network and choose a primary care provider from the network to manage their care. Their primary care provider submits and manages any authorizations should a member need to see a specialist. With POS benefits, members also have the option to go outside of the provider network or see a specialist without primary care provider authorization. Members incur higher out-of-pocket costs if they choose to pursue care under the POS benefit, but have more flexibility for their care. The grid below shows monthly premiums and copays with distinctions between HMO benefit (in-network) copays and POS benefit (out-of-network) copays, where applicable.

Preventive care is covered at 100% for all plans.

The Essential and FlexSpend plans include prescription drug (Part D) coverage. The Harmony plan does not include Part D coverage making it an excellent plan choice for members who already have prescription drug coverage through another source.

**Prevea360 Medicare Advantage**

| Plan Name | Monthly Premium | Primary Care Copay | | Specialist Care Copay | | Urgent Care Copay | | Emergency Room Copay | | Hospital Copay | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Essential (HMO-POS) | $0 | $0 | $60 | $35 | $60 | $35 | $35 | $95 | $95 | $350/ day for days 1-5 | $600/ day for days 1-7 |
| Harmony (HMO-POS MA-Only | $0 | $0 | $60 | $35 | $60 | $35 | $35 | $110 | $110 | $350 day for days 1-5 | $600/ day for days 1-7 |
| FlexSpend (HMO-POS) | $0 | $0 | $60 | $35 | $60 | $35 | $35 | $95 | $95 | $350/ day for days 1-5 | $600/ day for days 1-7 |

The above grid is a snapshot of some available services and copays. For a complete list of services with copays, refer to the 2023 Enrollment Guide & Summary of Benefits available from the Medicare Advantage Plan Details web page.

## Member Coverage and Benefits

We recommend that providers always refer to a member's specific plan coverage and benefits for specific coverage information. Providers can access documentation related to a member's benefits, including certificate of coverage, member policy or certificate, and the member handbook at memberbenefits.prevea360.com. From this web page, providers can enter the Group Number or Member ID to retrieve information for a particular member.

# PREVEA360 MEDICARE ADVANTAGE SERVICE AREAS

The following counties are included in the Prevea360 Medicare Advantage service area:

- Chippewa
- Brown
- Door
- Eau Claire
- Kewaunee
- Oconto
- Sheboygan

# MEMBER IDENTIFICATION CARDS

Medicare Advantage members receive an ID card upon enrollment into a Medicare Advantage plan. The logo for Dean Health Plan, as the underwriter for both Dean Advantage and Prevea360 Medicare Advantage products, appears on all member ID cards. Providers should note the following distinguishing information on a member's ID card:

- The specific product in which a member is enrolled is specified in the top-right corner of the card.
- A shortened plan name (Essential, Harmony, etc.) is listed and will indicate whether the plan is an HMO or HMO-POS.
- The Medicare Rx logo will be on member ID cards for those members who have prescription drug (Part D) coverage through the health plan.

DeanHealthPlan by Medica

Dean Advantage Medicare Coverage by Dean Health Plan

Customer Care Center:
1-877-232-7566 (TTY: 711)

DELTA DENTAL

H9096-XXX
HMO/POS
**Member Name:** TEST TEST
**Member Number:** A1100000000
**Issuer:** 80840
**Product:** PLAN NAME
**Group Number:** C00305923
**PCP:** PCP NAME

**RxBIN:** 610602
**RxPCN:** NVTD
**RxGrp:** DHID

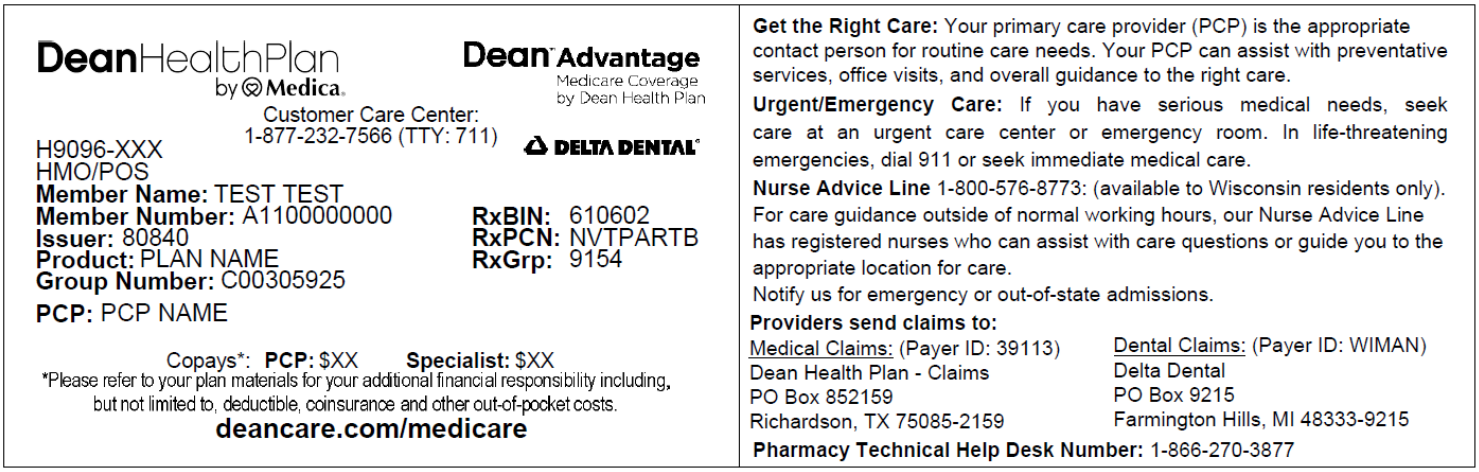
MedicareRx Prescription Drug Coverage

Copays*: **PCP:** $XX **Specialist:** $XX
*Please refer to your plan materials for your additional financial responsibility including, but not limited to, deductible, coinsurance and other out-of-pocket costs.
**deancare.com/medicare**

**Get the Right Care:** Your primary care provider (PCP) is the appropriate contact person for routine care needs. Your PCP can assist with preventative services, office visits, and overall guidance to the right care.
**Urgent/Emergency Care:** If you have serious medical needs, seek care at an urgent care center or emergency room. In life-threatening emergencies, dial 911 or seek immediate medical care.
**Nurse Advice Line** 1-800-576-8773: (available to Wisconsin residents only). For care guidance outside of normal working hours, our Nurse Advice Line has registered nurses who can assist with care questions or guide you to the appropriate location for care.
Notify us for emergency or out-of-state admissions.
**Providers send claims to:**
Medical Claims: (Payer ID: 39113)
Dean Health Plan - Claims
PO Box 852159
Richardson, TX 75085-2159

Dental Claims: (Payer ID: WIMAN)
Delta Dental
PO Box 9215
Farmington Hills, MI 48333-9215

**Pharmacy Technical Help Desk Number:** 1-866-270-3877



DeanHealthPlan by Medica

Dean Advantage Medicare Coverage by Dean Health Plan

Customer Care Center:
1-877-232-7566 (TTY: 711)

DELTA DENTAL

H9096-XXX
HMO/POS
**Member Name:** TEST TEST
**Member Number:** A1100000000
**Issuer:** 80840
**Product:** PLAN NAME
**Group Number:** C00305925
**PCP:** PCP NAME

**RxBIN:** 610602
**RxPCN:** NVTPARTB
**RxGrp:** 9154

Copays*: **PCP:** $XX **Specialist:** $XX
*Please refer to your plan materials for your additional financial responsibility including, but not limited to, deductible, coinsurance and other out-of-pocket costs.
**deancare.com/medicare**

**Get the Right Care:** Your primary care provider (PCP) is the appropriate contact person for routine care needs. Your PCP can assist with preventative services, office visits, and overall guidance to the right care.
**Urgent/Emergency Care:** If you have serious medical needs, seek care at an urgent care center or emergency room. In life-threatening emergencies, dial 911 or seek immediate medical care.
**Nurse Advice Line** 1-800-576-8773: (available to Wisconsin residents only). For care guidance outside of normal working hours, our Nurse Advice Line has registered nurses who can assist with care questions or guide you to the appropriate location for care.
Notify us for emergency or out-of-state admissions.
**Providers send claims to:**
Medical Claims: (Payer ID: 39113)
Dean Health Plan - Claims
PO Box 852159
Richardson, TX 75085-2159

Dental Claims: (Payer ID: WIMAN)
Delta Dental
PO Box 9215
Farmington Hills, MI 48333-9215

**Pharmacy Technical Help Desk Number:** 1-866-270-3877

# ADDITIONAL BENEFITS

Extra benefits are offered as part of all Dean Advantage Plans and Prevea360 Medicare Advantage Plans. Providers are encouraged to be familiar with the supplemental benefits available to members enrolled in these plans. Medicare Advantage plans differ; refer to the Dean Advantage Members web page at deancare.com/medicare/medicare-member-center/dean-advantage-member-center or the Prevea360 Medicare Advantage Members web page at prevea360.com/Medicare/Advantage-Members, as applicable, for specific plan coverage and benefits.

The quick reference on the next pages is an at-a-glance resource for extra benefits that are included in Medicare Advantage plans in 2023.

# 2023 Medicare Advantage Extra Benefits Quick Reference

2023 Medicare Advantage Plans include the no-cost extra benefits in this two-page grid.

| Supplemental Benefits | | |
|---|---|---|
| **Benefit** | **Benefit Description** | **Find More Information** |
| **Dental** | • Offered through Delta Dental<br>• Covers preventive and comprehensive dental services with preventive and diagnostic services at $0 copay<br>• Combined $1,500 coverage limit with no deductible or coinsurance. | Find a dentist from our dental network:<br>• Dean Advantage at deancare.com/extrabenefits<br>• Prevea360 Medicare Advantage at prevea360.com/extrabenefits |
| **Fitness** | Through the One Pass Program, members have access to fitness center memberships, home fitness kit, and other on-demand fitness videos. The One Pass™ program includes:<br>• Fitness center memberships<br>• Home fitness kit<br>• On-demand fitness videos | For both Dean Advantage and Prevea360 Medicare Advantage members, register at OnePass |
| **Hearing** | Includes yearly $0 hearing exam and $750 hearing aid allowance (for both ears combined) per calendar year at in-network hearing aid providers. | Find an in-network hearing aid provider:<br>• Dean Advantage at deancare.com/locations<br>• Prevea360 Medicare Advantage at prevea360.com/locations<br>*Search Tip:* In the directory, change the specialty to "hearing aid." |
| **In-Home Support** | • Offered through Papa, a company that connects members with screened and trained Papa Pals who provide assistance with light housework, technology, and transportation.<br>• Available in a member's home or virtually.<br>• Members are eligible for up to 120 hours per year. | • Dean Advantage at deancare.com/extrabenefits<br>• Prevea360 Medicare Advantage at prevea360.com/extrabenefits |
| **Living Healthy Rewards** | • Members are eligible for $150 in rewards per calendar year for completion of health activities like receiving a flu shot, going to the dentist, and getting an annual physical. | • Dean Advantage at Living Healthy.<br>• Prevea360 Medicare Advantage at Living Health Rewards |
| **Over-the-Counter Allowance** | • $50.00 allowance per quarter to purchase over-the-counter items such as pain relievers, pill cutters, etc.<br>• Can be used in-store, online, or through a catalog for purchase of designated items from designated retailers such as Walgreens, CVS, and Walmart. | • Dean Advantage at deancare.com/extrabenefits<br>• Prevea360 Medicare Advantage at prevea360.com/extrabenefits |

| Supplemental Benefits *Continued* | | |
|---|---|---|
| **Benefit** | **Benefit Description** | **Find More Information** |
| **Patient Transportation** | • Members call our Member Services at 877-232-7566 to schedule a ride.<br>• 24 one-way rides per year to medical appointments and local pharmacies.<br>• No money is exchanged between the member and the transportation provider.<br>• Transportation is provided in a non-medical vehicle that members will need to enter and exit without assistance.<br>• Caregivers or companions may also ride with the member. | • Dean Advantage at deancare.com/extrabenefits<br>• Prevea360 Medicare Advantage at prevea360.com/extrabenefits |
| **Post-Discharge Meals** | • Through Mom's Meals, members are eligible for 14 delivered meals post inpatient, observation, or skilled nursing facility stay.<br>• Discharge planner, health plan's Care Management team, or member engages Mom's Meals for services. Or, members can call our Member Services at 877-232-7566 to coordinate meal benefits.<br>○ Mom's Meals works with the member directly to screen for dietary needs and meal preferences and to confirm delivery details. | • Dean Advantage at deancare.com/extrabenefits<br>• Prevea360 Medicare Advantage at prevea360.com/extrabenefits |
| **Vision** | Includes yearly $0 vison exam and a $150 eyewear allowance per year at in-network eyeglass providers. | Find an in-network eye glass provider:<br>• Dean Advantage at deancare.com/locations<br>• Prevea360 Medicare Advantage at prevea360.com/locations<br>*Search Tip:* In the directory, change the specialty to "Eyeglasses-Medicare Advantage." |
| **Diabetes Benefits** | Specific diabetes management benefits for those individuals with diabetes. | • Dean Advantage at deancare.com/medicare/Medicare-Member-Center/Dean-Advantage-Member-Center/Medicare-Advantage-diabetes-benefits<br>• Prevea360 Medicare Advantage at prevea360.com/Medicare/Advantage-Members/Medicare-diabetes-benefits |

# Prescription Drug (Part D)

With the exception of the Dean Advantage Harmony plan and the Prevea360 Medicare Advantage Harmony plan, Part D coverage is included in all the Medicare Advantage offerings. Part D coverage assists members in paying for self-administered prescription drugs. The amount a member pays depends on the drug's tier and what stage of the benefit they have reached. Each medication falls into one of six tiers:

- Tier 1 - Preferred Generic
- Tier 2 - Non-Preferred Generic
- Tier 3 - Preferred Brand
- Tier 4 - Non-Preferred Brand
- Tier 5 - Specialty Drugs
- Tier 6 – Vaccines *

***** Any vaccine can be administered at either the doctor's office or at an in-network pharmacy.

Refer to the Dean Advantage Formulary or the Prevea360 Drug Formulary web page as applicable for the current Medicare Advantage formulary which list drugs covered by Medicare Advantage and the tier to which a specific drug is assigned.

We offer lower copays to our Medicare Advantage members who fill their prescriptions within our preferred retail pharmacy network.

| Copays and Coinsurance | | | | |
|---|---|---|---|---|
| | 1 Month/ 30 Day | | 3 Month/ 90 Day | |
| | Preferred Retail | Standard Retail | Preferred Retail | Standard Retail |
| **Tier 1- Preferred Generic** | $0 | $7 | $0 | $7 |
| **Tier 2- Non-Preferred Generic** | $5 | $12 | $10 | $24 |
| **Tier 3- Preferred Brand** | $40 | $47 | $100 | $117.50 |
| **Tier 4-Non-Preferred Brand** | $90 | $100 | $270 | $300 |
| **Tier 5- Specialty Drug** | Varies by plan (28-33%) | Varies by plan (28-33%) | N/A | N/A |

Insulin savings plan is $30 or $35 at preferred/non-preferred pharmacy per 30-day supply.

The preferred retail pharmacy network is a subset of retail pharmacies that includes SSM, Walgreens, and Costco pharmacies, for example. Mail order prescriptions are available through Costco Mail Order Pharmacy at pharmacy.costco.com. Members do not need to have a Costco membership to use this service.

Preferred pharmacies are denoted by a "P" in our pharmacy provider directory. Members also have access to a standard retail pharmacy network that includes most national pharmacy chains, including Walgreens, retail and grocery store pharmacies, and many independent, local community pharmacies.

To find a pharmacy:

- For Dean Advantage, refer to the Provider Directory by clicking the Find a Doctor link located at the top of deancare.com web pages and clicking the Find a Pharmacy link at the bottom of the search screen.
- For Prevea360 Medicare Advantage, refer to the Provider Directory by clicking the "Find a doctor" link located at the top of prevea360.com web pages and then clicking the Find a Pharmacy link on the page.

# AUTOMATIC ASSIGNMENT OF PRIMARY CARE PROVIDER

Members are encouraged to choose a primary care provider when they enroll in a Medicare Advantage plan. If they do not designate a primary care provider, the health plan will assign them one based upon the member's residence. In these situations, the health plan will send a letter to the member informing them of their assigned primary care provider. Members can call 877-232-7566 to change their primary care provider at any time.

# AFTER HOURS CARE FOR PRIMARY CARE PRACTICES

Primary care practices are responsible for providing 24 hour-a-day/7 days per week coverage for urgent or emergent care. Members must be instructed to call 911 or go directly to the emergency room in the case of a true emergency. Answering services or machines must instruct members on how to reach an on-call provider.

# UPDATING PROVIDER INFORMATION

It is critical that the health plan has current and correct provider information on file including address, phone number, hours of operation, panel status, specialties, and language-fluency capabilities. Please notify your Provider Network Consultant in writing at least 30 days in advance of any of changes.

- Dean Health Plan Provider Network Consultants are listed on the Providers page deancare.com/providers.
- Prevea360 Health Plan Provider Network Consultants are listed on the Provider Resources page at prevea360.com/providers.

Providers are mailed quarterly attestations to verify that their information on file with the health plan is current and accurate. These communications come from our contracted vendor, BetterDoctor, Inc. Providers are required to communicate any changes to their Provider Network Consultant promptly and should not wait for these attestations to update their information with the health plan.

# CENTERS FOR MEDICARE AND MEDICAID SERVICES COMPLIANCE

The health plan complies with all federal and state requirements. Some provider-facing examples of compliance are detailed below.

## CMS Medicare Advantage Compliance and Fraud, Waste, and Abuse Annual Attestation

CMS requires the health plan to ensure its First Tier, Downstream, and Related Entities (FDRs) complete the compliance and fraud, waste, and abuse (FWA) training within 90 days of hire/contracting and annually thereafter. Within the health plan, FDRs include providers contracted for the Medicare Advantage product, and must complete the required FWA training, signing and submitting an annual attestation to remain in compliance. The attestation forms are mailed by the health plan's Provider Network Solutions department annually in November.

### Qualified Medicare Beneficiaries

CMS prohibits providers from collecting cost-share from members who are Qualified Medicare Beneficiaries (QMBs) and therefore dual eligible for both Medicare and Medicaid. QMB enrollment provides members with Medicare monthly premiums for Part A, Part B, or both, and covers coinsurance, copayment, and deductible for Medicare-allowed services. The QMB program ensures beneficiaries with limited income and assets have meaningful access to Medicare benefits. While providers may be reimbursed at the lesser of the Medicaid or Medicare rates, providers are prohibited from balance billing or collecting any cost-sharing.

# PROVIDER REIMBURSEMENT

Reimbursement for covered Medicare Advantage services will be subject to the reimbursement terms of your provider agreement with Dean Health Plan, as the underwriter of the Dean Advantage and Prevea360 Medicare Advantage products. Providers should bill the health plan for all Medicare Advantage covered services except hospice services, as detailed below.

### Hospice Reimbursement

Members may elect to receive hospice services while they are enrolled in a Dean Advantage or Prevea360 Medicare Advantage Plan, but if a member receives hospice services while enrolled in one of the plans, providers should bill CMS for those services. The health plan is not responsible for payment of claims for hospice services for Medicare Advantage members.

# MEDICAL MANAGEMENT

In some cases, medical management policies and requirements for Medicare Advantage are separate from those for commercial products. The Social Security Act is the primary authority for coverage provisions and subsequent policies for Medicare. Medicare is limited to the items and services that are medically necessary for the diagnosis or a treatment of an illness or injury within the scope of the Medicare benefit category.

For Dean Advantage Medicare Advantage and Prevea360 Medicare Advantage, Dean Health Plan uses the CMS-established Medicare Coverage Guidelines coverage and determinations when available, and references other coverage guidelines as applicable:

1. National Coverage Determinations (NCDs) – CMS criteria for an item or service applicable on a national basis to Medicare beneficiaries meeting the criteria for coverage are referred to first.
2. Local Coverage Determinations (LCDs) – when there is not NCD criteria, LCDs (coverage decisions made by Medicare Administrative Contractors) are referenced. Dean Health Plan refers to MCG Guidelines (formerly Milliman Care Guidelines) for LCD criteria.
3. Health plan medical policies – when there is not NCD or LCD criteria, medical policies are referenced.

Providers can call 877-232-7566 to request a paper copy of an MCG Guideline or a specific medical policy.

Medical management policies and requirements applicable to Dean Advantage are linked from the Dean Advantage medical management web page at deancare.com/medicare/medicare-member-center/dean-advantage-member-center/pharmacy-benefits/medical-management.

Medical management policies and requirements applicable to Prevea360 Medicare Advantage are linked from the Prevea360 Medicare Advantage Medical Management web page at prevea360.com/Medicare/Part-D-Pharmacy-Benefits/Medical-Management. Information that can be accessed from these pages includes:

- Prior authorization requirements and forms
- Specific medical policy web pages
- Medicare Advantage Plans Prior Authorization List
- Medicare coverage guidelines

# PRIOR AUTHORIZATION PROCESS

The primary care provider acts as a gatekeeper to ensure members receive appropriate, high-quality care in a cost-effective manner. The primary care provider (and sometimes in-network specialists) should assist members by completing and submitting an authorization request for an out-of-network provider when they believe that the request is medically necessary. In-network providers are responsible for ensuring the approved prior authorization is in place prior to services being rendered. Failure to follow these guidelines will result in claim payment denials or reduction of benefits.

Medicare Advantage members have the right to go directly to the health plan to request a prior authorization. We strongly encourage our members to work with their primary care provider for authorization requests, However, if the member does come directly to the health plan, the primary care provider and servicing provider will receive a copy of the determination letter for that request.

# PRIOR AUTHORIZATION REQUIRMENTS

Dean Health Plan requires authorization for some services under the Medicare Advantage plans. Refer to the Medicare Advantage Plans Prior Authorization List for an up-to-date listing of services that require prior authorization:

- Access the Dean Advantage Plan Prior Authorization List from the Dean Advantage Medical Management page at deancare.com/medicare/medicare-member-center/dean-advantage-member-center/pharmacy-benefits/medical-management.
- Access the Prevea360 Medicare Advantage Plan Prior Authorization List from the Prevea360 Medical Management page at prevea360.com/Medicare/Part-D-Pharmacy-Benefits/Medical-Management.

If you do not find the information you are seeking on the list, please call the Customer Care Center at 877-232-7566.

Please note that the Medicare Advantage Plans Prior Authorization Lists are separate from, but similar to, the Master Service List for our commercial products. The key differences in the Medicare Advantage Plans Prior Authorization List are the following:

- Durable Medical Equipment (DME) – The prior authorization list contains only the specific codes that require prior authorization.
- Outpatient Surgery – Similar to DME in that only specific outpatient surgeries require prior authorization. The comprehensive list of codes requiring prior authorization is available on the prior authorization list.
- Medical Injectables - Medical injectables that require prior authorization are listed within the Medicare Advantage Plans Prior Authorization List, not separately like they are for other health care products. Refer to the "Medical Injectables" section in this Provider Manual for more information.
- Medicare Medical Criteria.

Dean Health Plan will review all prior authorization requests using the CMS-established Medicare Coverage Guidelines for Medicare Advantage coverage and determinations when available, and will reference other resources when applicable, as outlined in the "Medical Management" section of this manual.

The following services **do not** require prior authorization, but may be compared to Medicare coverage requirements at claims payment:

- Botox injections
- Epidural steroid injections (ESIs)
- Intrathecal Pumps

# STEP 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 has been 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).

# MEDICAL INJECTABLES

Certain medical injectable drugs covered under a patient's medical benefit require prior authorization. Medical injectables covered under the medical benefit that require prior authorization are listed in the Medicare Advantage Plans Prior Authorization List accessible from the Dean Advantage Medical Management page at deancare.com/Medicare/Medicare-Member-Center/dean-advantage-member-center/Pharmacy-Benefits/Dean-Advantage-Medical-Management or the Prevea360 Medicare Advantage Medical Management page at prevea360.com/Medicare/Part-D-Pharmacy-Benefits/Medicare-Advantage-formulary.

# DRUG FORMULARY

Refer to the 2023 Dean Advantage 2023 Comprehensive Formulary or 2023 Prevea360 Medicare Advantage 2023 Comprehensive Formulary for a list of covered drugs under Dean Advantage and Prevea360 Medicare Advantage. The formulary indicates if a listed drug requires authorization approval (denoted by "PA" in the formulary) through the health plan.

For additional information, refer to the Dean Advantage Formulary web page at deancare.com/Medicare/Medicare-Member-Center/dean-advantage-member-center/Pharmacy-Benefits/Dean-Advantage-Formulary or the Prevea360 Medicare Advantage Formulary web page at prevea360.com/Medicare/Part-D-Pharmacy-Benefits/Medicare-Advantage-formulary .

# PRIOR AUTHORIZATION SUBMISSIONS

All relevant clinical documentation to support medical necessity must be included with prior authorization requests at the time of submission to avoid determination delays and authorization denials.

## Electronic Submission

Most authorization requests can be sent electronically through the secure Provider Portal with the following

exceptions:

- Authorization requests for medications covered under the medical benefit which must be submitted to the Health Plan using the prior authorization forms available through the Navitus/Navi-Gate Prescriber Portal at prescribers.navitus.com.
- Authorization requests for medications covered under the pharmacy benefit which must be submitted through the Navitus/Navi-Gate Prescriber Portal at prescribers.navitus.com.
- Authorization requests for oncology and oncology-related drugs which must be submitted to the Health Plan using the one universal prior authorization form that is linked from the Health Plan's Medical Injectable List.
- Authorization requests for physical and occupational therapy, high-end radiology, and musculoskeletal services which should be submitted through NIA Magellan Healthcare's RadMD Portal.

Providers submitting authorization requests through the Provider Portal will receive the health plan's authorization response/determination electronically via the Provider Portal. The member and the servicing physician will receive a response/determination to the request via written correspondence from the health plan.

If you are not submitting your authorizations through the Provider Portal, we strongly encourage you to do so. Our secure Provider Portal is accessible 24/7 as a direct line between your organization and our self-service applications to exchange electronic transactions. To register for a Provider Portal account, click the Go to Portals link on the Dean Health Plan Account Login page at deancare.com/account-login-page#providers or Prevea360's Account Login page at prevea360.com/Account-login. Refer to the Registration User Guide accessible from the Account login pages for complete instructions on how to create an account.

### Paper/Fax Submission

If your organization is not able to submit authorization requests electronically, you can submit them on a paper Authorization Request Form and fax to Utilization Management at 608-252-0840. To submit a prior authorization request via paper, please review the following guidelines:

- The Prior Authorization Request Forms can be obtained from the Dean Advantage Medical Management page at deancare.com/Medicare/Medicare-Member-Center/dean-advantage-member-center/Pharmacy-Benefits/Dean-Advantage-Medical-Management or Prevea360 Medicare Advantage Medical Management page at prevea360.com/Medicare/Part-D-Pharmacy-Benefits/Medical-Management. .
- The one universal prior authorization form for oncology and oncology-related drugs is linked from the Health Plan's Medical Injectable List.
- Prior authorization forms should be faxed to the number listed on the form on the date the request is completed to ensure timely processing of the request. The submitting provider and member will receive a response/determination to the request via mail from the Health Plan.
- Complete ALL fields on the top of the form in their entirety to avoid having the Utilization Management Department return it to the referring physician for completion.

## PRIOR AUTHORIZATION PRIORITIES AND TURNAROUND TIME

The health plan follows CMS-mandated priorities and turnaround times for Medicare Advantage prior authorization requests. The priority of the prior authorization request must be indicated during the submission process.

### Standard

A prior authorization request should be submitted as "Standard" in any scenario where the request is for routine services that do not meet the definition of an expedited request. Standard requests will be reviewed and determined as expeditiously as the member's health condition might require, but no later than 14 calendar days after receiving the standard prior authorization request.

### Expedited

A prior authorization request should be submitted as "Expedited" if the physician believes that waiting for a decision under the standard time frame could place the member's life, health, or ability to regain maximum function in serious jeopardy. Expedited requests will be completed as expeditiously as the member's health condition might require, but no later than 72 hours after receiving the prior authorization request.

## HOSPITAL ADMISSIONS

Approved prior authorization is required for planned hospital admissions and is reviewed for medical necessity and appropriateness of site. If the hospital admission meets the Medicare definition of emergency, prior authorization is not necessary at the time of admission. However, the health plan must be notified of the admission immediately (or the next business day if a weekend or holiday) so that discharge planning and post-discharge support can be provided.

## MEMBER GRIEVANCES AND APPEALS

Members or their authorized representative have the right to file complaints (grievances) and reconsiderations/redeterminations (appeals) with the health plan by calling the Customer Care Center phone number listed on their member ID card (608-828-1991). Grievances and appeals may also be filed via fax number at 608-252-0812 or in writing to the following address:

Attn: Grievance and Appeals
PO Box 56099
Madison, WI 53705

# CASE MANAGEMENT

## CASE MANAGEMENT PROGRAM DESCRIPTION

The Health Plan offers case management to optimize the overall health of our members across their health care continuum by engaging them in population-informed programs and services available through the Health Plan, network providers, and community. Core objectives of case management programs are to help members self-manage complex or chronic conditions, promote the primary care provider relationship, connect members with appropriate community resources, and assist in navigation of the health care system including optimum utilization of health coverage and benefits.

Member participation in case management is voluntary, and members may opt out at any time. Please see below for how to refer patients to Health Plan Case Management.

The Health Plan's Case Management team includes nurses, social workers, care coordination specialists, and others who help members learn how to manage their health care needs. Through various outreach methods, the team provides education, support, and resources for members while promoting quality, cost-effective outcomes. An assessment of the members' health and wellness needs informs the development of an individualized plan of care with member-centric goals. Licensed Case Management staff practice within their scope of licensure and adhere to the Case Management Society of America (CMSA) standards of practice, National Association of Social Work (NASW) standards of social work practice, and NCQA standards for complex case management.

Case Management team members:

- Educate members on how to self-manage their diagnosis.
- Support and guide members in setting achievable goals as they work toward improving their quality of life, overall health, and well-being.
- Help members understand their individual health care plan including how to maximize benefits.
- Connect members with services and community resources necessary to self-manage their health care needs.
- Serve as an advocate to help members achieve their optimal physical and mental health.
- Help members learn how to navigate the complex health care system.

Case Management is not able to answer or resolve issues for questions specifically related to:

- Enrollment (e.g., questions about services before becoming a member)
- Billing
- Claims
- Prior authorizations
- Denials
- Grievance and appeals
- Benefit determinations
- Provider availability and scheduling of health care appointments

## CASE MANAGEMENT PROGRAMS

***Advance Care Planning***

Advance care planning is the process of thinking about, communicating, and documenting future health care wishes in case of illness, accident, or sudden medical event. The Health Plan wants to ensure that members' health care wishes are known and respected. Social workers are available to help any member over age eighteen begin or continue the process of advance care planning. Advance care planning social workers help members:

- Explore personal values, beliefs, and the meaning of quality of life
- Weigh options for the kind of care and treatment members would or would not want
- Consider who members should appoint to speak on their behalf

- Start the conversation with family, friends, clergy, health care, and other providers
- Complete advance directive documents (Power of Attorney for Health Care and Living Will) to clearly state values and wishes
- Review current advance directive to ensure it continues to reflect the member's wishes

For more Advanced Care Planning information:

- Dean Health Plan's Advanced Care Planning web page
- Prevea360 Health Plan's Advanced Care Planning web page

### *Behavioral Health Case Management*

Behavioral health and substance use case management provides an individualized approach for members with mental health and substance use disorders to enable them to manage their health and live their best lives.

A behavioral health case manager can help members to:

- Understand their individual health care plan to self-manage their health condition(s).
- Coordinate care with providers, clinics, and programs to facilitate treatment for mental health or substance use conditions.
- Connect to community-based services and resources to enhance wellness.
- Understand how to use available health care services to receive the right care at the right time in the right place.

For more Behavioral Health information:

- Dean Health Plan's Behavioral Health and Substance Use web page
- Preva360 Health Plan's Behavioral Health and Substance Use web page

### *Complex Case Management*

The Health Plan's complex case management (CCM) program is a multi-disciplinary approach to the coordination of care and services provided to adult and pediatric members who have experienced a critical event or diagnosis that requires the extensive use of resources and who need help navigating the system to facilitate appropriate delivery of care and services.

The complex case management team helps members and caregivers:

- Navigate the complex health care system.
- Understand current acute and chronic medical conditions.
- Manage medications, including how to communicate with providers to get the best results from medications.
- Understand how to use available health care services to receive the right care at the right time in the right place.
- Identify self-care needs, including arranging referrals to therapeutic services and community-based support resources.

For more Complex Case Management information:

- Dean Health Plan's Complex Case Management and Care Coordination web page
- Prevea360 Health Plan's Complex Case Management and Care Coordination web page.

### *Social Work*

The Health Plan social workers help members to meet their goals and have a good quality of life with a focus on physical, emotional, social, and spiritual well-being.

A social worker helps members:

- Connect with housing, food, and employment resources
- Find transportation resources
- Locate resources for caregiver support
- Understand how to access public benefits
- Connect socially through support groups, peer groups, and spiritual communities
- Identify resources to stay safe and report abuse, neglect, harassment, and discrimination

For more social work information:

- Dean Health Plan's Social Work web page
- Prevea360 Health Plan's Social Work web page

***Transplant Case Management***

Transplants are life changing and complex, not only affecting the member but involving their family as well. The Health Plan's Case Management team offers support before, during, and after the procedure, providing education and coordination of services to ensure members receive the care they need. A case manager or care coordination specialist collaborates with the transplanting facility and care team.

A transplant case manager and care coordination specialist help members:

- Understand and manage the complex disease that is leading toward transplantation.
- Coordinate care with providers, clinics, and programs through the transplant process.
- Navigate and understand health coverage and benefits before, during, and after transplant.
- Understand whether appropriate prior authorizations for transplant services are in place.
- Connect with an advance care planning social worker, if desired.

For more transplant case management information:

- Dean Health Plan's Transplant Case Management web page
- Prevea360 Health Plan's Transplant Case Management web page

# CASE MANAGEMENT REFERRALS

Members may self-refer to Case Management by calling the number on their member ID card or completing the online enrollment form at deancare.com/caremanagement or prevea360.com/Wellness/Care-management. Providers may refer a member to Case Management via:

- The provider referral line 608-827-4132. Provider should have the following information when calling in a member referral:
    - Provider name/office information
    - Member name
    - Member date of birth
    - Reason for referral, including pertinent diagnosis
- Email to dhp.caremanagementreferralrequests@deancare.com
- Guide patients to Health Plan Case Management websites for more information or to self-refer:
    - deancare.com/caremanagement
    - prevea360.com/Wellness/Care-management

In addition, the health plan Case Management Department identifies members for possible services through:

- Discharge Planners and nurse navigators
- Pharmacy data
- Claims data
- Hospital discharge data
- Health Assessments
- Internal referrals from other departments
- Dean Health Plan's Utilization Management department

**CASE MANAGEMENT OUTREACH PROCESS**

The Health Plan's Case Management department standard hours of operation are 8:00 a.m. to 4:30 p.m. (CST), Monday through Friday excluding nationally recognized holidays.

- The goal is to outreach to members within two business days of provider or member self-referral.
- Case Management makes three contact attempts (typically two phone calls and a letter) over approximately a two-week timeframe before closing the case if a member does not respond to the outreach attempts.

- Members must engage with a Health Plan case management team member and accept referral to additional services/resources before said service can be provided (e.g., Health Plan Case Management cannot arrange transportation to appointments without the member's permission).

Note: The Health Plan's Case Management team **does not** provide urgent or emergent services.

# Historical Revision Log

With the next revision of this manual, the grid below will list past revisions to the manual for historical reference.

| Description of Change | Revision Date |
|---|---|
| **Updated**: Some direct links to Prevea360 web pages and resources that may have changed due to the enhanced website. | October 2021 |
| **Updated:** Dean Advantage plan information for 2022, including available plans and copay grid. | October 2021 |
| **Updated:** Prevea360 Health Plan Advantage plan information for 2022, including available plans and copay grid. | October 2021 |
| **Added:** Chippewa and Eau Claire counties to Prevea360 Health Plan Medicare Advantage Service Area for 2022. | October 2021 |
| **Updated**: Health Plan Contacts to include Customer Service weekend hours from October 1 to March 31 and 24-Hour Nurse Advice Line. | November 2020 |
| **Added:** 2021 Dean Advantage Plans overview. | November 2020 |
| **Added:** 2021 Prevea360 Medicare Advantage Plans overview. | November 2020 |
| **Updated:** Prevea360 Service Areas to include Sheboygan County and Door County. | November 2020 |
| **Updated:** Dean Advantage Member ID Card sample. | November 2020 |
| **Updated:** Prevea360 Medicare Advantage Member ID Card sample. | November 2020 |
| **Added:** 2021 Supplemental Benefits. | November 2020 |
| **Added:** Vendor BetterDoctor and clarification that providers should not wait for quarterly reminders to update their information with the health plan. | November 2020 |
| **Added:** Medicare Advantage compliance with CMS requirements for Fraud, Waste and Abuse Annual Attestation. | November 2020 |
| **Added:** Medicare Advantage compliance with CMS requirements for Qualified Medicare Beneficiaries. | November 2020 |
| **Added:** Medical Management section. | November 2020 |