Provider NEWS

DeanHealthPlan
A member of SSM Health

Fall 2021
A newsletter for Dean Health Plan providers

Dean Health Plan to Form Strategic Relationship with Medica

Dean Health Plan will form a new strategic relationship with **Medica** – an independent, midwestern, non-profit health plan headquartered in Minnesota. Under this arrangement, Medica will invest in Dean Health Plan, which is a subsidiary of SSM Health. We share goals of delivering health care value through improved outcomes and lower health care costs for members and patients.

Medica and Dean Health Plan, both mission-driven health plans, have significant similarities in histories, operations and cultures. They also share a deep commitment to the community. Critical aspects of the new relationship are technology, mission and innovation.

There is also opportunity for the health plans to benefit from the strengths and scale of each organization, including:

- Medica's technology and operations platforms to further simplify and enhance the health care experience for Dean Health Plan members.
- Dean Health Plan's innovation in provider relationships through integrated delivery networks and its value-based care partnerships.

This new partnership does not alter provider contracts, reimbursement terms or your key contacts. There are no changes to our provider networks or to current operational or medical management processes, such as prior authorization requirements, claim submission or medical policies. Existing member benefits and products will also remain in place.

The agreement is expected to be finalized sometime during the 4th quarter of the year, pending necessary regulatory approvals.

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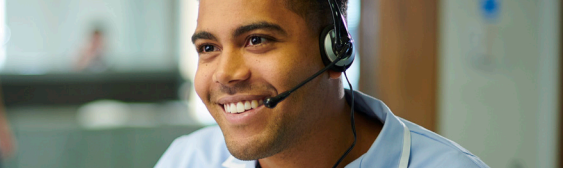
Up to Half of Patients May not be Taking Meds Correctly

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

Here are ways to ensure your patients remain adherent to their medication:

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



ADHD Formulary Updates

Effective July 1, 2021, brand Adderall XR was removed from the Dean Health Plan formulary. It was replaced with the generic product (amphetamine/dextroamphetamine ER capsule).

- Transitioning to the generic will result in lower cost to the patient, on average $10-$30 per month.
- Pharmacies may convert patients to the generic without needing a new prescription.
- Generic Adderall XR is the lowest cost long-acting stimulant for patients. Other products such as Vyvanse or Focalin XR cost patients on average $10-$30 more per month.

When a long-acting stimulant therapy is required, consider generic Adderall XR when clinically appropriate.

This notification is published on the new ***Dean Health Plan Provider Communications web page.*** Visit this page for access to this and other current and past communications.

80% Vaccination Rate Goal for Wisconsin Medicaid Vaccine Incentive Program

Wisconsin's Department of Health Services has developed a $7.4 million pay-for-performance program aimed at reaching an 80% immunization rate among all eligible adult (ages 18 and over) Medicaid members.

HMOs will earn their organization's allocation of the pay-for-performance dollars based on the percentage of their Medicaid members who are fully immunized, as identified in the Wisconsin Immunization Registry (WIR). The immunization deadline that counts towards the allocated funding is December 31.

As of early August, our vaccination rate for Medicaid members was approximately 40% of adult members. Outreach efforts include a mailer scheduled for mailing in September to unvaccinated Medicaid members to address vaccine hesitancy. The Health Plan also developed a texting campaign to inform members of resources to find vaccination locations.

Importance of Preventive Care for Medicaid Children

The pandemic has caused many gaps in preventive and acute medical care due to limitations on, and avoidance of, in-person care. This includes preventive care for children. In Wisconsin, the Early and Periodic Screening, Diagnosis and Treatment program, also called HealthCheck, is a preventive health care benefit for Medicaid-eligible children and young adults through age 20. Regular well-child exams are covered under this benefit, and any necessary follow-up care or treatment is covered under the "HealthCheck-Other" services.

The Wisconsin Department of Health Services (DHS) has a goal to provide 80% of the recommended preventive screenings for children through age 20. Certainly, the pandemic has made it difficult to meet this goal. In fact, rates for childhood and adolescent immunizations, blood lead screenings for children under 2, and annual flu vaccinations have all dropped during the pandemic.

As preventive care visits have fallen off, and with the start of the school year upon us, coordinated efforts have been made by Dean Health Plan and SSM Health Dean Medical Group clinics to reach out to Medicaid members who have not yet completed their recommended immunizations or blood lead screening test.

We urge all providers to reach out to their patients and encourage preventive care as the school year and the fall season begin.

As a reminder, for childhood immunizations (specifically, the Healthcare Effectiveness Data and Information Set [HEDIS] measured called CIS-Combo 3), Dean Health Plan and Wisconsin Medicaid measure the percentage of children identified as having had the following vaccinations: four diphtheria, tetanus, and pertussis (DTaP); three inactivated poliovirus (IPV); one measles, mumps, and rubella (MMR); three Haemophilus influenza type B (HiB); three hepatitis B; one varicella-zoster virus (chicken pox or VZV); and four pneumococcal conjugate vaccinations on or before the child's second birthday.

For adolescent immunizations (HEDIS metric called IMA-Combo 2), measures include the percentage of adolescents who had one dose of meningococcal vaccine, one tetanus vaccine, the diphtheria toxoids and acellular pertussis (Tdap) vaccine and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

A blood lead screening test should be completed for all Medicaid eligible children on or before their second birthday. We also encourage an annual influenza vaccination, although this is not measured by Wisconsin Medicaid.

Finally, for children 12 and older, we strongly encourage you to discuss and recommend COVID-19 vaccination with every patient/parent/guardian, unless it is clinically inappropriate. ⊕

Flu Vaccination Relieves Stress on Health Care System

The Centers for Disease Control and Prevention (CDC) reminds providers to continue their vigilance with encouraging and recommending flu immunization for eligible patients. Doing so can help health systems better manage the flow of patients who are in the greatest need of help by reducing the number of cases that might be confused with SARS-CoV-2.

"Prevention of and reduction in the severity of influenza illness and reduction of outpatient illnesses, hospitalizations, and intensive care unit admissions through influenza vaccination also could alleviate stress on the U.S. health care system," according to CDC.gov.

"Providers have done an excellent job guiding patients in regard to getting COVID vaccinations," said Russel Hermus, MD, a Health Plan Medical Director and family medicine specialist at SSM Health Dean Medical Group, Madison. "As influenza season approaches, we need to remember the importance of influenza vaccination, and other routine vaccines, such as pneumococcal vaccine."

Guidance for vaccine planning during the pandemic is available at CDC.gov. ⊕

Level II Trauma Designation for SSM Health St. Mary's Hospital-Madison Furthers Continuity of Care

Spotlight interview with Greg Matzke, MD

It's a major milestone for St. Mary's Hospital. The American College of Surgeons (ACS) verified SSM Health St. Mary's Hospital – Madison as a Level II Trauma Center. This achievement means the most critically injured patients can receive all of their care at St. Mary's. To get there, the hospital had to prove it has the resources and staff to care for patients with serious life or limb-threatening injuries. Dr. Greg Matzke, Trauma Medical Director, has spent years leading the effort to pursue this designation.


Greg Matzke, MD

How long did it take to reach level II?

It's been probably a five-year journey. We ended up having two years of patient data submissions to the ACS Committee on Trauma (COT). In addition, we internally focused on increasing our infrastructure design, hardware, and staffing for all the different needed clinical positions.

What was the motivation for doing this?

Patients were asking for it. In the past, if a patient experienced trauma, they'd have to go elsewhere for care. So patients didn't like that—something that was different, disorganized. Their care was fractured upon reentry into our system, both inpatient and outpatient. Records follow the patient, but they don't come nice and organized. It's very hard to take care of somebody who had an ICU stay 10 days somewhere else, five days in their rehab unit, then brought back into our hospital. That wasn't helpful for our providers, nor the best care for our patients. If we have all of our specialties organized under one roof, it's just better for patient care.

What patients can you see now that you didn't see before?

We can take care of the acutely injured patients. We have a few exclusionary criteria [compared to a Level I hospital]. For example, we would transfer burn patients and extensive soft tissue injuries. We're also not approved for pediatric trauma. But we don't transfer patients to a level 1 because they're too sick. Our patients can be as simple as somebody falling down on the sidewalk on anticoagulant medications to getting head bleeds to highway speed car crashes and ejections, multiple vehicle pileups, T-bones, etc. We take all of those.

How are things going now?

We've been in full mode for a while. It's been a number of years. And what happens over that time is you start creating a track record, people see how you do. Good news travels fast. Bad news travels faster. We've seen a large uptick in referrals to our surgical groups that normally didn't come here. If you do good work for the sickest and most injured patients, then they start sending elective work here based on our relationships. The trauma team is really the quarterback for all of these patients. The patients require navigation through multiple surgical procedures, with multiple disciplines with the trauma team being the main attending team for these patients for follow up, for admissions, for connection back to primary care, to rehab centers. It has to be organized around the trauma service.

How significant is this achievement for the health of St. Mary's Hospital?

It definitely increases admissions. We have to flex and use our resources better. We have to keep people on 24/7 to run the OR and procedure suites. That's built in as fixed costs, but makes us more efficient, too. Our ability to accept more patient admissions supports a lot of our other disciplines, which in turn deliver top notch care. We're [trauma care] already the second largest admitting service at the hospital behind hospitalists. It's a big endeavor. The complexity of the cases collectively we're doing is increasing as well.

What did you do to celebrate when this was achieved?

I don't know if it all has sunk in yet! It's the whole team that did this, both clinical and administrative. We also recognize the many years of effort from those who came before us. It's important to surround yourself with good, smart people so I give the team kudos for that. It's their win.

Preventing Falls in Older Adults

As our population ages, it has been shown that falls are the leading cause of loss of independence for people over age 65. According to the CDC National Center for Injury Prevention and Control, 1 in 4 people 65 and older falls each year. While falls can lead to a loss of independence, they are preventable. It's important to talk with your patients about fall risks and prevention along with discussing the following with them:

- Review the patient's medication. Medication management can reduce interactions and side effects that may lead to falls.
- Discuss an exercise program appropriate for them to improve leg strength and balance.
- Encourage your patient to get an annual eye exam, and to replace eyeglasses as needed.
- Talk with them about how they can make their home safer by removing clutter and tripping hazards, such as rugs and electrical cords.

The following link can provide you additional materials from the CDC for reference: Clinical Resources | STEADI - Older Adult Fall Prevention | CDC Injury Center.

Colorectal Screening Policy Updated

Prevention really is the best medicine. Dean Health Plan covers preventive care and screenings for early detection of health issues. This includes annual wellness visits, breast cancer screenings and colorectal cancer screenings.

We have updated our policy for colorectal screening:

- Colorectal screening is covered as a preventive benefit for members, beginning at age 45 and continuing until age 75,in alignment with recent U.S. Preventive Services Task Force recommendations.
- One gFOBT (82270) or one FIT/iFOBT (82274, G0328) is allowed per member every 12 months.
- Member cost share is waived for screenings; however, providers must submit claims for stool-based tests with a primary diagnosis of screening for colorectal cancer (Z12.11, Z12.12) for the test to be considered preventive and have member cost share waived.
- Tests that are screening in nature, according to the code description (82270, G0328, 81528), will require a screening diagnosis or will not be reimbursable.

Please talk to your patients about their preventive care options. For more information about preventive care services, refer to our Preventive Care web page on deancare.com.

New for 2022 – Automatic Rewards for Members

Living Healthy Rewards will use claims data from completed Preventive Health screenings to automatically credit points to a member's Living Healthy account.

Selected preventive screenings include:

- Cancer (mammogram, colon cancer and PAP smear)
- Immunizations (Influenza, Varicella, Tetanus, Meningococcal and Pneumococcal)
- Other screenings (Chlamydia, Gonorrhea, HIV, Hepatitis C, Diabetes and Depression).

The Health Plan will encourage members to check with their primary care provider to determine which tests are appropriate for them based on their medical history and family history. Once the claim is received, points will automatically be credited to members' Living Healthy accounts to help them earn gift cards (up to $150).

Prevention or early detection of common diseases is essential and by connecting claims to Living Healthy Rewards, we are able to positively impact the health of our members. Many self-reported activities will still be available to earn points for rewards.

Screening Patients for Diabetic Retinopathy

Early detection 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).

To best care for patients, the American Diabetes Association recommends that those 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 diabetes diagnosis is made.
- The frequency of follow-up examinations should be individualized, with more frequent follow-up in patients who have abnormal findings or if retinopathy is progressing.
- Patients with preexisting 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 one year postpartum as indicated by the degree of retinopathy.

Tips for improving screening rates:

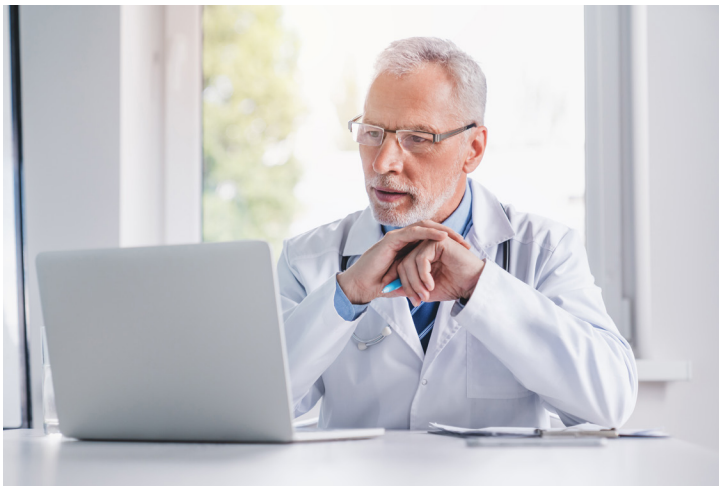
- If not already established, create a clinic workflow for patient referrals from primary care to an optometrist and/or ophthalmologist for appropriate screening, contributing to enhanced coordination for patients.
- Assign a staff member to monitor that referrals and communication with the patient and care teams are occurring at appropriate intervals.
- Create a comprehensive outreach strategy with care teams for patients who are overdue for screening.
- Establish a process to coordinate care hand-offs 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.

The Health Plan offers a Living Healthy Plus Program to assist and support patients in managing chronic Type 1 and 2 diabetes. For information about the Living Healthy Plus program, visit deancare.com.

LivingHealthy
POWERED BY WebMD health services

Be Vigilant on Follow-up for Patients with Alcohol and Other Drug Abuse Issues

Patients newly diagnosed with alcohol or other drug (AOD) abuse or dependence should receive three follow-up visits within one month, according to National Committee on Quality Assurance (NCQA) standards. Follow-up may occur in the inpatient, residential, outpatient, medication-assisted treatment or telehealth setting.



Medical record documentation and best practices:

- Screen for alcohol and drug use. Screening tools include the Cut Down, Annoyed-Guilty, Eye Opener Adapted to Include Drugs (CAGE-AID) questionnaire and the Alcohol Use Disorder Identification Test (AUDIT).
- Discuss the importance of timely follow-up visits with patients.
- If substance misuse has impacted a patient's health, schedule a follow-up visit before the patient leaves your office.
- Reach out to patients who cancel appointments and help them reschedule as soon as possible.
- Use the same diagnosis for substance use at each follow-up visit.
- Coordinate care between behavioral health and primary care providers:
  - Share progress notes and updates
  - Include the diagnosis for substance use ⊕

Coming your way — Compliance and Fraud, Waste and Abuse Training and Attestation

Centers for Medicare and Medicaid Services (CMS) requires compliance training for Medicare Advantage and Medicaid contracts. This applies to First Tier, Downstream and Related Entity (FDR) and/or Subcontractor and currently contracted for the Medicare Advantage and or Medicaid products. We are requesting your organization complete an annual compliance and Fraud, Waste and Abuse (FWA) training along with the submission of a completed and signed Dean Health Plan FDR and Subcontractor Attestation.

Why is my organization being asked to take Compliance and FWA training?

Due to Dean Health Plan's Medicare Advantage contract, CMS requires us to implement a comprehensive compliance program that includes FDRs. So, we are requesting our FDRs to complete the training within 90 days of hire/contracting and annually thereafter.

The State of Wisconsin Medicaid Program also requires all vendors of the HMO, deemed subcontractors, to adhere to the training. ⊕

Promote Physical Activity for Bone Strength

Some physical activity is always better than no activity. It's worth reminding patients of that, as exercise contributes to our overall health and well-being.

A few ways to encourage patients to stay active:

- Join a friend for a walk in the park or enjoy other activities outdoors. Learn more about our Healthy Parks, Healthy You initiative at deancare.com/news/healthy-parks,-healthy-you.
- Join a video health club or fitness class — online, or at a local gym or fitness center.
- Use your body weight to do lunges, squats or yoga — in the comfort of your home.
- For older adults, or patients at risk for a fracture, check bone health with a bone density test.

To help prevent osteoporosis, consider these recommendations:

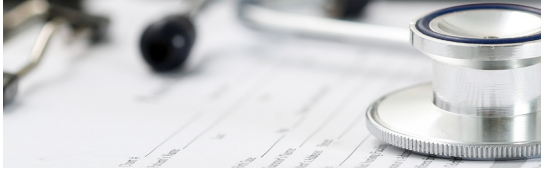
- **Exercise –** rotating muscle strengthening (light weights, aerobics, swimming) and weightbearing (walking, dancing) exercises.
- **Food –** having another helping of low-fat dairy products, dark green leafy vegetables and calcium-fortified juices.
- **Vitamin D –** getting outside for some fun in the sun, eating egg yolks or taking a supplement.

Billing Protections for Qualified Medicare Beneficiaries

Federal law prohibits the billing of Qualified Medicare Beneficiaries (QMBs). Medicare providers and suppliers, including pharmacies, from billing people in the Qualified Medicare Beneficiaries (QMB) program for Medicare cost sharing.

The QMB program ensures beneficiaries with limited income and assets have meaningful access to Medicare benefits. For Medicare beneficiaries enrolled in the QMB program, Medicaid covers the Medicare Part A and Part B deductibles, coinsurance and copays for which a Medicare beneficiary is generally responsible. 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 from these QMBs.

Refer to the Centers for Medicare and Medicaid Qualified Medicare Beneficiary (QMB) Program web page for more information.



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 shown below. The Medical Policy Committee meetings take place monthly. We appreciate contributions by specialists during the technology assessment of medical procedures and treatments.

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

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

General Information

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

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

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

Radiology

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

Physical Medicine

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

Musculoskeletal

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

General Information

Prior authorization requirements removed

Effective August 1, 2021

- Percutaneous Left Atrial Appendage Closure Device MP9449
- Responsive Cortical Stimulation MP9496
- Total Ankle Arthroplasty MP9363

Effective September 1, 2021

- Dynamic Splinting and Static Progressive Stretch Devices MP9289

Procedures and Devices

Medically Necessary – Covered:

- Eustachian tube balloon dilation for the treatment of chronic dysfunction (e.g., Acclarent AERA)
- Biliopancreatic bypass with duodenal switch
- Myocardial strain imaging

Experimental and Investigational – Non-Covered:

- Anterior segment intraocular nonbiodegradable drug-eluting system (e.g., iDose)
- Electrical impedance spectroscopy for melanoma risk
- Epi proColon colorectal cancer screening (mSEPT9)
- Foot adductus positioning device (e.g., UNFO-S)
- Intra-atrial recording (e.g., AtriAmp)
- Magnetic capsule endoscopy (e.g., AnX Robotic Navicam MCCE System)
- MRI-guided laser focal ablation for BPH (e.g., TRANBERG Thermal Therapy System)
- Non-contact near-infrared spectroscopy studies of flap or wound (e.g., Snapshot)
- Non-contact real-time fluorescence wound imaging (e.g., MolecuLight)
- Peripheral nerve stimulator for upper limb essential tremor (e.g., Cala Trio)
- Quantitative magnetic resonance for the analysis of liver tissue composition (e.g., LiverMultiScan)
- Thermal pulsation for chronic dry eye and meibomian gland dysfunction (e.g., iLux)
- Transcatheter intracoronary infusion of supersaturated oxygen during acute myocardial infarction (e.g., TherOx DownStream System)
- Uterine transplantation for treatment of uterine factor infertility
- Vertebral body tethering for pediatric and adolescent idiopathic scoliosis (e.g., The Tether)

Non-Covered:

Scalp cooling for hair-loss prevention (e.g., Paxman Scalp Cooling System)

Technology Assessments

The following are considered experimental and investigational, and therefore not medically necessary:

- Absorbable nasal implants for the treatment of nasal valve collapse (e.g., Latera)
- Cryoneurolysis for pain associated with knee osteoarthritis and as an adjunct to total knee arthroplasty (e.g., iovera System)

Medical Policy Revisions

Effective June 1, 2021

Total Ankle Arthroplasty MP9363

Revision total ankle arthroplasty is considered medically necessary for individuals with failed total ankle arthroplasty or failed total ankle prosthesis. Total ankle arthroplasty for insufficient ligament support that cannot be repaired with soft tissue stabilization and lower extremity vascular insufficiency is considered experimental and investigational. Prior authorization removed effective August 1, 2021.

Genetic Testing for Marfan Syndrome MP9506

FBN1 gene testing individually or as part of a panel for individuals without a family history of Marfan Syndrome requires prior authorization.

Effective July 1, 2021

Biofeedback MP9163

Biofeedback is considered medically necessary for stress, urgency, mixed or overflow urinary incontinence when there is failure/intolerance/contraindication of other non- pharmacological treatments. Prior authorization is required.

Risk Reducing Mastectomy MP9449

A prophylactic mastectomy is considered medically necessary for: women who carry a germline genetic mutation in the TP53, PTEN, or PALB2 genes and women with a first-degree or second-degree male relative with breast cancer. Prior authorization is required.

Genetic Testing for Pharmacogenetics MP9479

FoundationOne CDx is considered medically necessary:

- For members with previously treated, local advanced or metastatic cholangiocarcinoma with FGFR2 fusion or select rearrangements being considered for permigatinib.
- For members with locally advanced or metastatic METex14 mutated non-small cell lung cancer being considered for capmatinib.
- For adult and pediatric members with solid tumors that have a neutrophic receptor tyrosine kinase (NTKR) gene fusion being considered who are being considered for larotrectinib.

- For treatment of postmenopausal women or men with hormone receptor (HR)-positive, human epidermal growth factor receptor-2 (HER2) negative, PIK3CA mutated advanced or metastatic breast cancer following progression on or after an endocrine-based regimen who are being considered for alpelisib in combination with fulvestrant.

Prior authorization is not required for these indications.

Percutaneous Interspinous Spacer (VertiFlex) MP9544

Dynamic stabilization interspinous/interlaminar process spacer devices such as coflex, Aperius, DIAM Spine Stabilization System or HELIFIX Interspinous Spacer System are considered experimental and investigational, and therefore not medically necessary.

Effective August 1, 2021

Intensity Modulated Radiation Therapy (IMRT) MP9526

IMRT is considered medically necessary for breast cancer, cholangiocarcinoma and small cell lung cancer. Prior authorization is not required.

Total Knee Arthroplasty and Total Hip Arthroplasty Ambulatory Level of Care MP9550

An inpatient level of care may be considered medically necessary if the member's body mass index is 40 or greater, or if travel to the surgical facility is more than two hours. Prior authorization is required for an inpatient level of care.

Note: Effective July 1, 2021, prior authorization is no longer required for outpatient total knee arthroplasty and total hip arthroplasty procedures. This notification is published on the Provider Communications page on deancare.com.

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 shown below. *Drug policies are applicable to all Dean Health Plan products, unless directly specified.* 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 by sending requests to Navitus, unless otherwise noted in the policy. Please note that most drugs noted below and with policies require specialists to prescribe and request authorization.

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

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. Medical injectable drugs may also be searched using the appropriate J-code (e.g., J9301 for Gazyva).

New Drug Policies

KRYSTEXXA (pegloticase) MB2113

Effective October 1, 2021, KRYSTEXXA, which is used for the treatment of chronic gout in adult patients' refractory to conventional therapy. Prior authorization is required and must be prescribed by, or in consultation with a rheumatology, orthopedic, sports medicine or pain medicine specialist.

ALPHA 1- ANTITRYPSIN INHIBITOR MB9446

Effective October 1, 2021, Alpha 1-Antitrypsin Inhibitors (e.g., Aralast NP, Prolastin-C, Glassia and Zemaira), are used to protect the body's tissues from being damaged by infection-fighting agents released by its immune system. Prior authorization is required and must be prescribed by, or in consultation with a pulmonology specialist.

VISUDYNE (verteporfin) MB2114

Effective October 1, 2021, VISUDYNE, which is used for the treatment of patients with predominantly classic subfoveal choroidal neovascularization due to age-related macular degeneration, pathologic myopia or presumed ocular histoplasmosis. Prior authorization is required and must be prescribed by, or in consultation with an ophthalmologist.

Antihemophilic Factor VIII Products MB2116

Effective October 1, 2021, Antihemophilic Factor VIII Products, which is used to treat serious bleeding episodes in patients with a bleeding problem called von Willebrand disease (VWD). New policy in place for Factor VIII Products to adopt Navitus single policy from original policy Antihemophilia Factors and Clotting Factors MB1802. Prior authorization is required and must be prescribed, or in consultation with hematology specialists.

Antihemophilic Factor IX Products MB2117

Effective October 1, 2021, Antihemophilic Factor IX Products, which is used to treat hemophilia B, which is sometimes called Christmas disease. This is a condition in which the body does not make enough factor IX. New policy in place for Factor IX Products to adopt Navitus single policy from original policy Antihemophilia Factors and Clotting Factors MB1802. Prior authorization is required and must be prescribed, or in consultation with hematology specialists.

Hyaluronic acid derivatives MB2115

Effective October 1, 2021, Hyaluronic acid derivatives, which is used for the treatment of pain in osteoarthritis of the knee in individuals who have failed to respond adequately to conservative non-pharmacologic therapy and analgesics (e.g., non-steroidal anti-inflammatory drugs and acetaminophen). No prior authorization is required for preferred products SYNVISC, SYNVISC ONE, HYALGAN, HYMOVIS, and TRILURON. In addition to the criteria in this document, coverage for non-preferred hyaluronic acid product requires a trial failure of a preferred product. Prior authorization is required for non-preferred. Preferred and non-preferred products must be prescribed by, or in consultation with a rheumatology, orthopedic, sports medicine, or pain medicine specialists.

Duchenne NMN MB2118

Effective October 1, 2021, Duchenne NMN, which is used for treatments that can help to maintain comfort, function, and prolong life for people with Duchenne muscular dystrophy (DMD). New policy for Non-covered Duchenne products.

Mepsevii ® (vestronidase alfa-vjbk) (Intravenous) MB2119

Effective September 1, 2021, Mepsevii, which is used for treatment of Mucopolysaccharidosis VII (MPS VII, Sly syndrome) in pediatric and adult patients. Prior authorization is required and must be prescribed by, or in consultation with, medical geneticist or other prescriber specialized in the treatment of mucopolysaccharidosis VII.

VYEPTI (eptinezumab) MB2120

Effective October 1, 2021, VYEPTI, which is used for preventive treatment of migraine in adults. Prior authorization is required and must be prescribed by or in consultation with a neurologist.

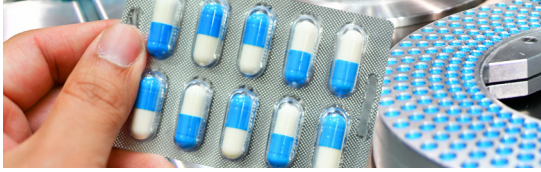
Levothyroxine Intravenous MB2121

Effective September 1, 2021, Levothyroxine Intravenous, which is used for treatment of myxedema coma. Prior authorization is required and must be prescribed by medical providers. Levothyroxine Intravenous will be non-covered (NC).

Changes To Drug Policy

OPDIVO (nivolumab) MB1844

Effective July 1, 2021, OPDIVO, which is used as a first treatment for adults with a type of advanced stage lung cancer (called non-small cell lung cancer) when your lung cancer has spread to other parts of your body (metastatic) and your tumors are positive for PD-L1, but do not have an abnormal EGFR or ALK gene. New indication added under advanced or metastic gastric cancer, gastroesophageal junction cancer or adenocarcinoma of needing to be used in combination with fluoropyrimidine and platinum-containing chemotherapy. Prior authorization is required and must be prescribed by, or in consultation with, an oncologist or hematologist.



SCENESSE (afamelanotide) MB2002

Effective July 1, 2021, SCENESSE, which is used to increase pain-free light exposure in adult patients with a history of phototoxic reactions from erythropoietic protoporphyria (EPP). Update to match Navitus criteria which includes additional prescribers added, increased QL, fewer requirements for diagnosis confirmation, continuation criteria removal of absence of drug toxicity, and references added. Prior authorization is required and must be prescribed and administered by, or in consultation with, a dermatologist, medical geneticist, or a physician specializing in the treatment of cutaneous porphyrias.

TRODELVY (sacituzumab govitecan) MB2009

Effective July 1, 2021, TRODELVY, which is used to treat adults with triple-negative breast cancer (negative for estrogen and progesterone hormone receptors and HER2) that has spread to other parts of the body (metastatic) or cannot be removed by surgery, and who have received two or more prior treatments, including at least one treatment for metastatic disease. And bladder cancer and cancers of the urinary tract that have spread or cannot be removed by surgery, and who have received a platinum-containing chemotherapy medicine and also received an immunotherapy medicine. Prior authorization is required and must be prescribed by, or in consultation with, an oncologist specialist.

TROGARZO (ibalizumab) MB2014

Effective July 1, 2021, TROGARZO, which is used for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen. Adoption of Navitus policy including initial criteria timeframe, and authorization quantity limit for vials. Prior authorization is required and must be prescribed by, or in consultation with, an infectious disease specialist.

LUPRON-ELIGARD (leuprolide) MB1842

Effective July 1, 2021, LUPRON-ELIGARD, which is used for the management of endometriosis, including pain relief and reduction of endometriotic lesions. J Code update to J1951 for leuprolide acetate for depot suspension (Fensolvi). Prior authorization is not required but must be prescribed by, or in consultation with, oncology, urology, OBGYN, internal medicine, family medicine, or pediatrics. FENSOLVI is a non-covered medical benefit product.

YESCARTA (axicabtagene ciloleucel) MB1829

Effective July 1, 2021, YESCARTA, which is used for treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, primary mediastinal large B-cell lymphoma, high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma. Policy updated with new indication of relapsed or refractory follicular lymphoma. Prior authorization is required and must be prescribed by, or in consultation with an oncology specialist.

Rituximab Products MB9847

Effective July 1, 2021, Rituximab products, which is used for the treatment Adults with Non-Hodgkin's Lymphoma (NHL), Chronic Lymphocytic Leukemia (CLL), Rheumatoid arthritis (RA), Pemphigus Vulgaris (PV), and people ages 2 years and above with Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA). Updated criteria of adding off labeled use for MS. Prior authorization is required and is restricted to rheumatology, transplant, hematology, neurology, dermatology, ENT, or oncology prescribers

ENTYVIO (vedolizumab) MB9453

Effective October 1, 2021, ENTYVIO, which is used in adults for the treatment of moderately to severely active ulcerative colitis and moderately to severely active Crohn's disease. Renewal Criteria regarding efficacy documented in the medical record indicating stabilization or improvement in disease activity updated to include: If not stable at maintenance dose of every 8 weeks; off-labeled indication with documentation up to every 4 weeks of therapy. Prior authorization is required and must be prescribed by, or in consultation with gastroenterology specialists.

Antihemophilia Factors and Clotting Factors MB1802

Effective October 1, 2021, Antihemophilia Factors and Clotting Factors, which is used to treat or prevent bleeding episodes in people with hemophilia A. Removal of factor VIII and IX products to adopt two new Navitus separate policies and to change initial auth duration to 6 months. Prior authorization is required and must be prescribed, or in consultation with hematology specialists.

Botulinum Toxin MB9020

Effective August 1, 2021, Botulinum Toxin, which is used to treat certain eye disorders such as crossed eyes (strabismus) and uncontrolled blinking (blepharospasm), to treat muscle stiffness/spasms or movement disorders (such as cervical dystonia, torticollis), and to reduce the cosmetic appearance of wrinkles. Additional criteria added for myofascial pain syndrome. Prior authorization is required.

IMFINZI (durvalumab) MB1828

Effective August 1, 2021, IMFINZI, which is used to treat adult patients with unresectable Stage III non-small cell lung cancer (NSCLC) whose disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy. Removed indication for urothelial cancer and adopted Navitus MAPC standard. Prior Authorization is required and must be prescribed by, or in consultation with, an oncologist.

KEYTRUDA (pembrolizumab) MB1812

Effective August 1, 2021, KEYTRUDA, which is used for treatment of melanoma, non-small cell lung cancer (NSCLC), head and neck squamous cell cancer (HNSCC), classical Hodgkin lymphoma (cHL), primary mediastinal B-cell lymphoma (PMBCL), urothelial carcinoma, microsatellite instability-high (MSI-H) or a mismatch repair deficient (dMMR) solid tumor, colon or rectal cancer, gastric or gastroesophageal junction (GEJ) adenocarcinoma that tests positive for “PD-L1, cervical cancer that tests positive for “PD-L1”, hepatocellular carcinoma, Merkel cell carcinoma (MCC), renal cell carcinoma (RCC), cutaneous squamous cell carcinoma (cSCC), and triple-negative breast cancer (TNBC). Adopted Navitus MAPC policy. Prior authorization is required and must be prescribed by an oncologist or hematologist.

OPDIVO (nivolumab) MB1844

Effective August 1, 2021, OPDIVO, which is used for treatment of advanced stage lung cancer (called non-small cell lung cancer) when it has spread to other parts of the body (metastatic) and tumors are positive for PD-L1, but do not have an abnormal EGFR or ALK gene. New indication added per FDA Label. Prior authorization is required and must be prescribed by, or in consultation with, an oncologist or hematologist.

SOLIRIS (eculizumab) MB9938

Effective August 1, 2021, SOLIRIS, which is used for treatment of adult patients with paroxysmal nocturnal hemoglobinuria (PNH). Adopted Navitus MAPC Policy. Prior authorization is required and must be prescribed by a neurologist or nuero-opthalmologist, nephrology, hematology, oncology or transplant specialists.

Trastuzumab Products 1805

Effective August 1, 2021, Trastuzumab products, which are used for treatment of HER2-positive (3+ by immunohistochemistry) or gene amplification (by fluorescence in situ hybridization) breast cancer and the treatment of HER2-positive metastatic gastric or gastroesophageal junction adenocarcinoma. Removed effective date from preferred products. Prior authorization is required and must be prescribed by an oncology or hematology specialist.

ULTOMIRIS (ravulizumab) MB1902

Effective August 1, 2021, ULTOMIRIS, which is used for the treatment of adult and pediatric patients one month old and older with paroxysmal nocturnal hemoglobinuria (PNH) (1) and the treatment of adults and pediatric patients one month old and older with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy (TMA). Prior authorization is required and must be prescribed by, or in consultation with, a hematologist, oncologist or immunologist.

ADAKVEO (crizanlizumab) MB2003

Effective November 1, 2021, ADAKVEO, which is a selectin blocker indicated to reduce the frequency of vasoocclusive crises in adults and pediatric patients aged 16 and older with sickle cell disease. Conversion to Navitus criteria, removal of sickle cell disease(SCD) specialist, criteria bypass if from SCD center of excellence(COE), and addition of step therapy through Endari. Prior authorization is required and must be prescribed by, or in consultation with a hematologist specialist.

SIMPONI ARIA (golimumab) MB9874

Effective November 1, 2021, SIMPONI ARIA, which is a tumor necrosis factor (TNF) blocker indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis (RA) in combination with methotrexate; active psoriatic arthritis (PsA) in patients 2 years and older; adult patients with active ankylosing spondylitis (AS); and active polyarticular juvenile idiopathic arthritis (pJIA) in patients 2 years and older. Updated to include preferred pharmacy benefit products from Navitus and require where appropriate, a trial of preferred infliximab as part of the criteria, removed ulcerative colitis (UC) as this is not a labeled indication. Prior authorization is required and must be prescribed by, or in consultation with a rheumatology specialists (Rheumatoid Arthritis, Peripheral Ankylosing Spondylitis, or Psoriatic Arthritis).

Immune Globulin MB9423

Effective September 1, 2021, Immune Globulin, which is used to treat primary immunodeficiency, increase platelets (blood clotting cells) in people with immune thrombocytopenic purpura, help prevent certain infections in people with B-cell chronic lymphocytic leukemia, and used in people with Kawasaki syndrome, to prevent aneurysm caused by a weakening of the main artery in the heart. Addition of Ideal Body Weight dosing per DMG request and updating Asceniv from not covered(NC) to non-preferred. Prior authorization is required.

KADCYLA (ado-trastuzumab emtansine) MB2008

Effective September 1, 2021, KADCYLA, which is used to treat patients with HER2-positive, metastatic breast cancer who previously received trastuzumab and a taxane, separately or in combination; and adjuvant treatment of patients with HER2-positive early breast cancer who have residual invasive disease after neoadjuvant taxane and trastuzumab-based treatment. Adoption of Navitus policy. Prior authorization is required and must be prescribed by, or in consultation with, an oncologist.

LUPRON-ELIGARD (leuprolide) MB1842

Effective September 1, 2021, LUPRON-ELIGARD, which is used for the management of endometriosis, including pain relief and reduction of endometriotic lesions. Update Fensolvi from non-covered to non-preferred. Prior authorization is not required but must be prescribed by, or in consultation with, oncology, urology, OBGYN, internal medicine, family medicine or pediatrics.

NULOJIX (belatacept)

Effective September 1, 2021, NULOJIX, which is used to prevent transplant rejection in adults who have received a kidney transplant. Minor change with dosing exception under renewal criteria. Prior authorization is required and must be prescribed by, or in consultation with, a renal transplant or immunosuppressive therapy specialist.

SINUVA (mometasone furoate) MB1833

Effective September 1, 2021, SINUVA, which is used for treatment of nasal polyps in patients under 18 who have had ethmoid sinus surgery. Clarification to allowing maximum one implant per sinus per lifetime and coverage is allowed for three months, if approved. Prior authorization is required and must be prescribed by an ENT specialist.

SYNAGIS (palivizumab) MB9221

Effective September 1, 2021, SYNAGIS, which is used for prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients. Adoption of Navitus policy. Prior authorization is required and must be prescribed by a NICU physician, neonatologist, or pediatric specialist (including family practice, general pediatrics, pediatric pulmonology, and pediatric cardiology).

LUMIZYME, Myozyme® (alglucosidase alfa) (Intravenous) MB2107

Effective September 1, 2021, LUMIZYME, Myozyme, which is used for treatment of Pompe Disease (Acid Alpha glucosidase (GAA) deficiency). Addition of drug Myozyme which is a "me too" drug to Lumizyme, J Code J7352. Prior authorization is required and must be prescribed by, or in consultation with, medical geneticist or other prescriber specialized in the treatment of Pompe DX.

BENLYSTA (belimumab) MB1820

Effective September 1, 2021, BENLYSTA, which is used for treatment of Systemic lupus erythematosus through patients 5 years and older. Adoption of Navitus policy criteria. Prior authorization is required and may only be prescribed by, or in consultation with, a rheumatologist, dermatologist or nephrologist.

Pegfilgrastim products MB1808

Effective September 1, 2021, Pegfilgrastim products, which are used to reduce the chance of infection in people who have certain types of cancer and are receiving chemotherapy medications that may decrease the number of neutrophils (a type of blood cell needed to fight infection). Removal of effective date under additional information in policy. Prior authorization is required for Neulasta, Neulasta OnPro, Nyvepria, or Udenyca only. No prior authorization is required for Fulphila or Ziextenzo.

Trastuzumab Products MB1805

Effective September 1, 2021, Trastuzumab products, which are used to treat metastatic (spread) breast cancer and it is effective against tumors that overexpress the HER2/neu protein. Change of initial and continuation authorization duration from 6 months to 12 months to align with Phesgo and pertuzumab. Prior authorization is required and must be prescribed by an oncology or hematology specialist.

Retired Policies, all effective September 1, 2021

ABRAXANE (paclitaxel albumin-bound) MB1801

ADCETRIS (brentuximab-vedotin) MB1945

ALIMTA (pemetrexed for injection) MB1837

BELEODAQ (belinostat) MB2100

Bendamustine Products MB1917

BLINCYTO-blinatumomab MB2101

CYRAMZA (ramucirumab) MB1918

EMPLICITI (elotuzumab) MB1906

ENHERTU (fam trastuzumab deruxtecan nxki) MB2007

ERBITUX (cetuximab) MB2102

Monjuvi (afasitamab-CXIX) MB2016

PADCEV (enfortumab vedotin-ejfv) MB2010

SARCLISA (isatuximab) MB2004

TRODELVY (sacituzumab govitecan) MB2009

VECTIBIX (panitumumab) MB1810

VELCADE (bortezomib) MB1922

Formulary Management Procedures

The Dean Health Plan drug formulary is reviewed every month. With the approval of newer generic entities, changes and updates are made on a regular basis. In addition to updating the formulary status of covered drugs, formulary restrictions are also modified as necessary. Here is an update of restrictions and limitations associated with the drug formulary:

Closed formulary. Dean Health Plan employs a closed formulary. If a drug is not listed on the drug formulary, the product is not covered by the member's pharmacy benefit. If the member chooses a product that is not listed on the formulary, the member is responsible for 100% of the cost of the drug.

Mandatory Generic Substitution. If a drug is available in a generic version, Dean Health Plan may require the use of the generic version. If the generic version of the drug is mandated and the patient chooses to receive the brand, the patient is responsible for the highest tier branded copay plus the ingredient cost difference between the brand and generic versions. If the patient's physician requests the branded version, the patient is only responsible for the highest tier branded copay.

Prior Authorization. When a drug requires prior authorization, the physician must receive approval prior to prescribing the drug. The list of drugs requiring prior authorization and the authorization request forms are available on deancare.com.

Step Therapy. Step edits are often used within a therapeutic class to require generic or preferred drug use prior to a non-preferred drug. When a step edit is in place, the patient must have trialed therapy with a preferred drug(s) prior to receiving approval for the non-preferred drugs. Step edits are completed point-of-service at the pharmacy, and there are no prior authorization requirements.

Specialist Restrictions. Specialist restrictions limit the prescribing of a drug to a unique specialty. These decisions are based on the indications and uses for the specific drug.

Quantity Level Limits. Quantity level limits restrict the supply of drug product that may be dispensed either per prescription or per a specific amount of time.

Specialty Pharmacy. If a drug is available or mandated to be dispensed by a specialty pharmacy, the specialty pharmacy designation will be applied.

A complete listing of the all-Dean Health Plan pharmacy resources, including the drug formulary, can be found at: deancare.com/providers/pharmacy-services.

No Surprises Act

New laws and regulations, effective January 1, 2022, will impact both providers and health plans

The No Surprises Act, part of the Consolidated Appropriations Act, and the Transparency in Coverage Final Rule from the Tri-Agencies (U.S. Departments of Health and Human Services, Labor, and Treasury) will establish federal standards for both providers and health plans to help protect patients from unexpected medical bills and provide transparency in health care price information. Requirements will be phased in over three years with many of them effective on January 1, 2022. Dean Health Plan is currently assessing both the No Surprises Act and the Transparency in Coverage Final Rule and encourages providers to do the same for their organizations.

These federal requirements will apply to individual, small group, and large group fully-insured products, including the Federal Employee Health Benefits (FEHB) program. They will also apply to self-insured group plans. Additionally, requirements in the No Surprises Act will apply to grandfathered plans.

The federal government likely will issue clarifications on the No Surprises Act throughout the remainder of this year with additional guidance expected in 2022. Future communications regarding this will be emailed to providers who have "opted in," through their account settings in the Provider Portal, to receive Health Plan communications.

Provider Self-Service Resources Save You Time

We understand that your time is at a premium. Save some of that time! Don't miss out on using our self-service resources for 24/7 on-demand information.

Provider Portal

Did you know that the Dean Health Plan Portal allows users to retrieve member eligibility information, submit and view authorization requests, view claim status and payments, and submit claim appeals?

All of these applications, and more — like direct links to provider resources and timely messages — are available 24/7 through the provider portal. If you don't have a portal account, register for one today. Or if there is an application you can't access in your current portal account, ask a site administrator for your organization who has the ability to grant you that access.

Provider Communications Page

Looking for a past communication from us? Our Provider communications page on deancare.com links to a variety of past and current provider notifications.

Here's where to find more self-service resources

Information is a click away!

Resource / Direct Link	Description	Path to Access
Confirmation Reports Portal	Separate from the Provider Portal. Shows whether claims, submitted electronically or on paper, were accepted or rejected for processing.	Click the **Go to Portals** link located under **Provider portals** at deancare.com/providers.
Document Library	Interactive document repository for manuals, policies, forms and other documents.	Click the **Document Library** link located under **Helpful Link**s at deancare.com/providers.
HIPAA transactions and **Online Direct Data Entry Form**	Exchange HIPAA-compliant electronic transactions with the Health Plan, including an Online Direct Data Entry Form as alternative EDI claim submission.	Click the **HIPAA Transactions** link located under **Helpful Link**s at deancare.com/providers. Sign up for the online direct data form at sdata.us.

Resource / Direct Link	Description	Path to Access
Medical Policies **Drug Policies** **Medicare Advantage Policy Guidelines** **Dean ASO Medical Policies**	Reviewed at least annually and based on technology assessment resources and feedback from in-network providers.	Click the **Medical policies** or **Drug policies** link under **Helpful Links** at deancare.com/providers. For Medicare Advantage, click the **Medicare Management** link under Dean Advantage at deancare.com/providers/medical-management.
Medical Injectables List	A reference of drugs covered under the medical benefit.	Click the **Medical Injectables** link at deancare.com/providers/medical-management. For Medicare Advantage, Medical Injectables that require prior authorization are listed in the Dean Health Plan Medicare Advantage Plans Prior Authorization List, listed below.
Medical Prior Authorization Service List **Dean Advantage Prior Medical Service Authorization Services List**	Also referred to as the Master Service List, it is divided by products and lists medical service codes that require prior authorization. It also links to medical policies that require prior authorization and/or have coverage limitations.	Click the **Medical prior authorization services list** link located under **Prior Authorization Services** on the Dean Health Plan Medical Management web page at deancare.com/providers/medical-management. For Medicare Advantage, click the **Medicare Advantage Prior Medical Service Authorization Services List** link at deancare.com/medicare/medicare-member-center/dean-advantage-member-center/pharmacy-benefits/medical-management.
Member Summary of Benefits and Coverage	Documentation related to member health plan benefits, including certificate of coverage, member policy or certificate and member handbook.	Using Google Chrome, go to memberbenefits.deancare.com**.**
Navitus/Navi-Gate Portal	The Health Plan contracts with Navitus/Navi-Gate for the authorization of medical injectables. Submit authorization requests to Navitus/Navi-Gate through its Portal.	Click the **Go to Portals** link located under **Provider portals** at deancare.com/providers.
NIA Magellan Healthcare RadMD Portal	The Health Plan contracts with NIA Magellan Healthcare for the authorization of physical and occupational therapy, high-end radiology, and musculoskeletal services. Submit authorization requests to NIA Magellan Healthcare through their RadMD Portal.	Click the **Go to Portals** link located under **Provider portals** at deancare.com/providers.
Non-Covered Services	List of medical procedures and services that are not covered by the Health Plan.	Click the **Non-covered services** link at deancare.com/providers/medical-management.

Provider self-service resources save you time ... (continued)

Resource / Direct Link	Description	Path to Access
Opt In/Opt Out for Electronic Communications	Select Opt-In to receive direct email communications from the Health Plan. Available through **Provider Selection** option under the **Settings** dropdown.	Click the **Go to Portals** link located under **Provider portals** on the Dean Health Plan Providers web page
Pharmacy Information	Includes medical benefit drug policies, formulary coverage, and a listing of prior authorized drugs.	Click the **See pharmacy services** link located under Pharmacy services at deancare.com/providers.
Provider Communications	Links to provider notifications for on-demand retrieval of information.	Click the **Communications Library** link located under **Helpful Links** at deancare.com/providers.
Provider Directory	Titled as Find A Doctor on deancare.com. Interactive listing of in-network providers and locations	Click the **Find A Doctor** link located at the top of Dean Health Plan web pages Click the applicable network link under "Find a Doctor" on the at ASO Members - Dean Health Plan (deancare.com)
Provider Manuals	Provider resource for health plan policies and procedures as supplemental information to a provider's contract.	Click the **Go to manuals** link located under **Manuals** at deancare.com/providers.
Provider News	Quarterly newsletter with health care interest stories, provider and health plan highlights, and updated medical and drug policies.	Click the **See News** link located under **Provider News** at deancare.com/providers.
Provider Portal	Secure Provider Portal accessible 24/7 as a direct line between your organization and the health plan's self-service applications to exchange electronic transactions and share current health care information and health plan resources.	Click the **Go to Portals** link located under **Provider portals** at deancare.com/providers.
Provider Portal Registration Guide	Details the registration process to create individual and organization Provider Portal accounts.	Click the **Go to Portals** link located under **Provider portals** at deancare.com/providers.
Provider Portal User Guide	Details how to use the self-service applications available in the Portal once a Provider Portal account is created.	Available to registered users in the secure Provider Portal once a Portal account is established.

Provider Network Consultants

Have escalated concerns that aren't addressed via self-service? Contact your Provider Network Consultant (PNC) for assistance. To find your assigned PNC, go to deancare.com/providers and scroll to the bottom of the page.

Medicare Advantage Corner

Welcome to the Medicare Advantage Corner! We will use this section of the newsletter to highlight updates to our Medicare Advantage plans. For this debut, see a preview of what to expect for 2022. Look for the Medicare Advantage Corner in future newsletter issues.

Diabetic Supply Updates

Accu-Chek brand will continue to be the preferred blood glucose monitor (BGM) product and can be obtained through a pharmacy.

Continuous Glucose Monitoring (CGM) products FreeStyle Libre and Dexcom can be obtained from either an in-network pharmacy or from EdgePark Medical Supply. For 2022, the pharmacy benefit will be $0 copay and the medical benefit coinsurance will be 20% at 0% coinsurance.

Your patients will have access to insulin pumps which include Minimed, Omnipod Dash, and t:slim.

Your patients can obtain their insulin pumps and supplies from the following:

- Medtronic MiniMed pump, transmitter, and sensor from Medtronic with a 20% coinsurance; or
- Omnipod DASH and Omnipod Pods from Insulet Corporation with a 20% coinsurance or through the pharmacy at a $0 copay; or
- t:slim pump and supplies through Tandem with a 20% coinsurance.

BGM (Accu-Chek) testing supplies for insulin pumps can be obtained from a pharmacy with a $0 copay.

CGM testing supplies (Freestyle Libre or Dexcom) for insulin pumps can be obtained through a medical supplier with a 20% coinsurance or a pharmacy at a $0 copay.

In 2022, CGM supplies will require documentation to meet the Local Coverage Determination (LCD L33822) to be approved.

In 2022, insulin pumps will require documentation to meet Local Coverage Documentation (LCD – L33794 billed as E0784) to be approved.

Insulin savings - Our 2022 Medicare Advantage Plans with Part D will offer reduced copays on insulin, until the member reaches the catastrophic stage of their Medicare Part D coverage. Members will have a $30 copay per 30-day supply for insulin fills at preferred pharmacies and a $35 copay per 30-day supply for insulin fills at standard retail pharmacies.

Our insulin savings program applies to the following:

- Humulin R 500 unit/ml
- Lantus 100 unit/ml
- Levemir 100 unit/ml
- Novolog 100 unit/ml
- Novolin N 100 unit/ml
- Novolin R 100 unit/ml
- Novolin 70/30 unit/ml
- Soliqua 100unit/0.033mg/ml
- Toujeo 300 unit/ml
- Toujeo 100 unit/ml
- Tresiba 100 unit/ml
- Tresiba 200 unit/ml
- Xultrophy 100 unit/3.6mg/ml

This includes insulin delivered via Pen Injector, Injectable Solution, Injectable Suspension or Cartridge.

Vaccine Updates

Vaccines under Part D – Our 2022 Medicare Advantage Plans with Part D will offer the vaccines listed below at $0 copay. Cost-sharing will apply when a member is in the catastrophic stage. To obtain the best benefit under their Part D plan, members are encouraged to receive their vaccine from an in-network pharmacy that employs pharmacists certified to administer vaccines.

- IXIARO
- GARDASIL 9
- IMOVAX
- RABAVERT
- ROTARIX
- ROTATEQ
- YF-VAX
- ACTHIB
- HIBERIX
- TRUMENBA
- BEXSERO
- MENVEO
- TYPHIM VI
- HAVRIX
- VAQTA
- RECOMBIVAX
- ENGERIX-B
- RECOMBIVAX
- IPOL
- VARIVAX
- SHINGRIX
- TWINRIX
- M-M-R II
- PROQUAD
- PEDVAXHIB
- MENACTRA
- MENQUADFI

Preferred Pharmacy Network:

Using a pharmacy from our preferred network will save members money on their copays. In 2022, SSM Health, Walgreens, Walmart, and Forward Pharmacies will be in our preferred network. Costco will remain the preferred mail order pharmacy. Members do not need to have a Costco membership to use this service.

Up next in our Winter Medicare Advantage Corner...

Medicare Advantage changes that will affect Part B vs. Part D copay enhancements, step B therapy prior authorization additions, step therapy policies and new home care initiatives. ⊕

Notification Necessary for Provider Demographic Changes

And don't forget to update NPPES information too!

Dean Health Plan is committed to ensuring accurate provider information is displayed in our provider directories for members who rely on this information to find in-network providers for their care. As a health plan, we are required to keep provider information up to date by the Centers for Medicare & Medicaid Services (CMS) and other regulatory and accreditation entities.

To ensure we have the most current provider information available, we require providers to notify their designated Provider Network Consultant of any change to their information on-file with the Health Plan as soon as they are aware of the change.

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.

In both cases, notification of changes ensures our provider directory and NPPES information always reflect accurate provider information.

Please take a moment to review our online provider directory at deancare.com/find-a-doctor and verify it reflects current information for you and your organization. Report the following updates or changes to your Provider Network Consultant:

- Ability to accept new patients
- Practicing address
- Phone number
- 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 provider
  - Provider website URL ⊕

Dean Health Plan *Provider News*

Les McPhearson, President

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Foodsmart and Foodscripts Make Healthy Eating Achievable for your Patients

Dean Health Plan is collaborating with Foodsmart, our digital nutrition platform partner, to offer select members participation in the new Foodscripts program. The program is free to eligible members and includes:

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

The registered dietitian will work with members to understand their goals and personalize meal plans based on their preferences and dietary needs. That means members will use the Foodsmart app to help meal plan, access thousands of recipes, create grocery lists and, if they want, have their groceries delivered through partners like Amazon Fresh, Walmart and Instacart. The goal is to make it easier for our members and your patients to access the food they need to achieve their health goals.

The Foodsmart app is an excellent supplement to your clinical advice for many of your patients who may not qualify for Foodscripts. They receive personalized nutritional guidance to keep healthy eating on track and build healthier habits. Foodsmart's NutriQuiz tool takes patients through a detailed assessment of what they are currently eating and suggests what could be changed to achieve a healthier diet. It factors in intolerances like gluten, milk and others disease factors like diabetes and heart disease.

Of more than 1 million Foodsmart users*:

- More than 400,000 **improved their nutrition**
- 235,000 have **lost weight**
- More than 200,000 **improved a clinical condition** such as diabetes, high blood pressure or obesity

Zipongo, Inc. D/B/A Foodsmart; May 2020.

Foodsmart's platform provides patients with a tool to support their clinical guidance and care plan for healthy eating that is easy, affordable and accessible. Learn more about the app and success stories at deancare.com/foodsmart.

Online Educational Tool Available for Providers to Share with Patients

Dean Health Plan offers free online educational programs that all our in-network providers can use to further educate their patients. Emmi® is a series of evidence-based online programs that walk patients through important information about a health topic, condition or procedure. In-network providers can sign up for an account through the Health Plan and then send interactive educational content directly to their patients via email.

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

To sign up for a provider account, contact Emmi customer support by calling **866-294-3664** or via support@my-emmi.com.

"I really look forward to this evening's walk."