Check Out the New deancare.com

We’ve been hard at work to improve deancare.com so it is easier to use. Now is the time to see for yourself!
The essential tools providers need are easily accessible, including the provider portals, manuals, medical management or pharmacy services. Simply go to the top right of the page that says, I am a... and drop down to Provider.
“We are confident our providers will find exceptional value in the redesigned site,” says Ben Klepzig, Director of Marketing and Communications.

With an overall clean and refreshed look, all users can expect more engaging calls to action and click-worthy content across the new website. Colorful images and white space are carefully placed throughout site landing pages to convey a welcoming atmosphere.

What’s more, upgraded responsive design also allows for enhanced mobile functionality allowing on-the-go visitors to easily scan web content. The improved search tools will contribute to the enhanced site experience and you can effectively view our site on any device, including your desktop computer, tablet or smart phone.

Penicillin Sensitivities Often Misreported

The best and least expensive medication can be the most misunderstood. Such is the case with penicillin.

“In many people, penicillin sensitivities are misreported or lessen over time and are outgrown,” says Reid Olson, MD, an allergist with SSM Health Dean Medical Group. “At least 95 percent of people with a prior history of penicillin allergy will be able to safely take penicillin,” explains Dr. Olson.

Penicillin allergy is the most commonly reported drug allergy, with up to 10 percent of the population reporting a penicillin allergy. However, penicillin is also often the preferred antibiotic for ear, sinus, chest, throat and skin infections (Continued on page 2).
Penicillin Sensitivities Often Misreported (cont’d)

An incorrect allergy label can greatly affect the quality and cost of health care. Confirming that people are able to take penicillin will allow the use of the best and safest drugs. A two-step process will reveal the answer in just two hours:

› Skin testing using scratch and intradermal tests.
› After a negative skin test, patients get oral doses of amoxicillin and are observed for at least an hour to “prove” they can take it.

For those not allergic, penicillin is safe and economical to use during pregnancy and breast-feeding, as well as for older children.

Treatment choices are restricted if the patient is listed as penicillin allergic. If incorrectly restricted, the treatment result can be less effective and more expensive, leading to unnecessary use of more dangerous antibiotics for common infections.

Virtual Visits Coming Soon

Dean Health Plan will soon launch an option for providing effective care for non-urgent conditions. Our goal is to have medical staff deliver services in the most efficient manner and make it easier for our members to access those services.

This spring Dean Health Plan is introducing an updated “Virtual Visits” option to help patients get convenient care. In just a few minutes, patients will be able to answer questions online related to their health concern, and then receive a treatment plan and a prescription (if appropriate).

A Virtual Visit is only meant to treat routine, non-urgent health conditions, such as back pain, sinusitis, pink eye, heartburn or urinary tract infections. A local provider will review each situation and then offer instructions on how to proceed. Virtual Visit patients can typically expect a provider response within an hour.

The cost is the same as an office copay for Dean Health Plan members. The benefit to members is convenience and ease of use for minor health issues.

When Virtual Visits become available to members, SSM Health Dean Medical Group’s MyChart eVisits will no longer be available. Commercial products members will have access to Virtual Visits but the service will not initially be available at this time for those members with Medicare, Medicaid or Administrative Services Only (ASO) plans.
Two New Medical Directors Join the Dean Health Plan Team

Getting a taste of medicine from a new vantage point has been invigorating for James Nettum, MD, who is a new medical director for Dean Health Plan. Practicing family medicine with Dean Medical Group Fish Hatchery Road in Madison since 1998, Dr. Nettum brings a wealth of clinical experience to his new role.

Dr. Nettum says what he enjoys about medicine is that there is always more to learn, particularly in his new role.

I’ve learned so much in the past three to four months about the administrative process, and even more about medicine. This [medical director] job should be like military service in Switzerland. It should be mandatory for two years for everybody. This really has been an eye-opener for me.

How do you relax?

I enjoy sports. I mostly golf and spend time out in the country with my family.

How so?

What does insurance cover? We need to be more practical. We don’t have to do things in the hospital/lab so much anymore. We can do things as an outpatient and it saves everybody money. One of the roles of the medical director is not to keep costs down as much as to keep costs reasonable. If there weren’t medical directors, the cost of insurance would just skyrocket.

What drew you to this opportunity? Why become a medical director?

Partly for the experience and partly because I am going to be 67 years old and this is a little bit better tempo, in terms of how the work day goes. Clinic is hectic. We are in the office two or three hours after the last patient leaves, completing the medical record. On a regular workday, if I show up before 8 pm, my wife is surprised. I was an engineer before I went into medicine. When I went to medical school and started my practice, I thought to myself, If I worked this hard as an engineer, I would have owned that firm. This job is all consuming. Even so, it’s been a privilege to take care of people. It really has. I get so much secondary gain from being in the room with the patient.

Dr. Nettum brings a wealth of clinical experience to his new role.

Joining Dr. Nettum as a new Medical Director is pediatrician Paul Young, MD, who has practiced with Dean Medical Group for a decade (Portage and Columbus). Dr. Young has more than 30 years of experience as a general pediatrician. He has a particular interest in caring for patients in the neonatal intensive care unit (NICU). Dr. Young says all those years building relationships with families will inform his work as a medical director.

It’s a rare privilege to help a family’s children get a good start in life. I deal with all sorts of issues every day, from the simplest cut, well child exam or earache, all the way up to treating 24-week premature infants or organizing complicated care for very sick kids. It’s busy, challenging, frustrating, noisy and the greatest job I’ve EVER had.

When did you first get interested in becoming a medical director and why?

I discovered that there was a need in our health plan for someone with pediatric experience to help organize new initiatives in providing care for our NICU grads. Also, many day-to-day decisions involving children would benefit from that background. Dean Health Plan was kind enough to offer me a chance to help develop new programming, hopefully bringing additional value to the good services we provide.

From your clinical experience, have you noticed any ways to improve the system that might drive better patient outcomes?

Dean Medical Group has an excellent clinic system and offers very good coverage and service. The challenge is that, as a system in Wisconsin, we don’t currently offer seamless coverage for all of pediatrics. So there is a constant need to revisit what we do and don’t do, and make that transition smooth for our patients and insurance members. Getting the right care in the right place will mean fewer delays and better quality of care and service, as well as a path to the kind of margins that keep us in business long term.

What do you do for fun in your free time?

My wife and I love to travel. We’ve been all over the world. We have a big family with five grandkids that keep us in smiles. I also love to bike and garden.
Meet Our Medical Directors

Guirish Agni, MD

**Internal Medicine:** More than 25 years of experience.
**Background:** Medical Director/leadership positions at Stoughton Hospital, experience on three continents with a broad spectrum of practicing hospital medicine, geriatric medicine and outpatient practice.
**Department focus:** Care management, preventive care.
**Interests:** Dr. Agni’s focus is on evidence-based, cost-effective care in the outpatient clinic and preventive care for the elderly.

608-877-2777 • guirish.agni@ssmhealth.com

Scott Bohon, MD

**Psychiatry/Geriatrics:** More than 25 years of experience.
**Background:** Medical Director for nine years at Dean Health Plan, serving as an important resource for colleagues.
**Department focus:** Behavioral health.
**Interests:** Dr. Bohon has served in various leadership positions for SSM Health Dean Medical Group and as volunteer faculty at the UW School of Medicine and Public Health.

608-260-6006 • scott.bohon@ssmhealth.com

David Burnett, MD

**Family Medicine:** Four decades of experience, with 22 years in leadership roles.
**Background:** Medical Director, WI Department of Corrections, Unity Health Plan and WPS Health Insurance.
**Department focus:** Pharmacy and vendor management.
**Interests:** Dr. Burnett strives for the right procedure and right care for the member.

608-824-6999 • david.burnett@deancare.com

Nicole Christian, MD

**Hospitalist:** Ten years of experience, SSM Health St. Mary’s Hospital.
**Background:** Worked as an industrial engineer prior to attending medical school.
**Department focus:** Inpatient concurrent review and post-discharge transitions of care.
**Interests:** Dr. Christian is a strong believer in health care delivery optimization. Her goals are to streamline and simplify the way we deliver health care.

608-251-6100 • nicole.christian@ssmhealth.com

Medical Directors Focus on Evidence-Based Care

Dean Health Plan’s medical directors have extensive experience as practicing physicians who want optimal treatment for patients. They are committed to evidence-based determinations, insuring our members receive appropriate care. Questions? Feel free to contact them.
Kevin Eichhorn, MD
Hospitalist: More than 12 years of experience.
Background: Division Chief of Hospital Medicine for five years; served in a variety of clinical leadership roles for SSM Health.
Department focus: Helping patients remain in-network.
Interests: Dr. Eichhorn’s clinical experience and provider relationships help better promote value-based care. This interest includes having more hospitalized patients getting care at in-network facilities.
608-251-6100 • kevin.eichhorn@ssmhealth.com

James Nettum, MD
Family Medicine: More than 25 years of experience.
Background: Site Chief for SSM Health Dean Medical Group – Fish Hatchery Road. Experience with full spectrum family medicine with obstetrics, hospital medicine and most recently, with outpatient-only medicine.
Department focus: Utilization review and preventative care.
Interests: Dr. Nettum, who has a Master’s Degree in civil engineering, has interests in cardiac treadmill testing, minor surgical procedures and obstetrics.
608-836-4019 • james.nettum@ssmhealth.com

Gloria Shenkir, MD
Internal Medicine: More than ten years of experience.
Background: Medical College of Wisconsin Affiliated Hospitals.
Department focus: Policy and evidence-based care.
Interests: Dr. Shenkir focuses on medical policy development and evidence-based care.
608-824-6980 • gloria.shenkir@deancare.com

Paul Young, MD
Pediatrics: More than 30 years of experience.
Background: Dr. Young has served in various leadership and administration positions, most recently as a northern regional medical director for SSM Health Dean Medical Group.
Department focus: Furthering pediatric utilization and care management.
Interests: Dr. Young endeavors to improve the quality and value of care to the pediatric population, while supporting wise financial stewardship.
608-836-4019 • paul.young@ssmhealth.com

800-356-7344 ext. 4795
For peer-peer questions/other patient care
Schedule for Advanced Care Planning Events

May 18
Waunakee Senior Center
1:30-2:30 pm

June 14
SSM Health St. Mary’s Hospital-Madison
6-7 pm Conference Room 1

July 16
Verona Senior Center
10-11 am

August 14
Fort Atkinson Hospital Auditorium
1-2 pm

September 9
SSM Health Dean Medical Group West
6-7 pm River/Savannah Rooms

October 4
SSM Health Dean Medical Group East Clinic:
1-2 pm Granite and Marble rooms

November 6
SSM Health St. Mary’s Hospital-Madison
1-2 pm Conference Room 1

December 4
SSM Health Dean Medical Group Janesville East
1-2 pm Orchid and Violet rooms

For more information, call 608-828-1915.
Advance Care Planning Outreach Accelerates

Dean Health Plan is ramping up efforts to inform members about the value of Advance Care Planning (ACP). In 2018, we will offer monthly ACP sessions at clinics and local senior centers for Dean Health Plan members, their families and friends.

To help facilitate these events and provide support to clinicians, we have an ACP social worker on staff. Rebecca Parkes, MSSW, is available to discuss end-of-life matters, to help start or continue conversations with family, friends, clergy and health care providers.

“Dean Health Plan encourages members to have a conversation with loved ones to ensure that the care received at end of life is actually the care they wanted,” said Parkes.

Dean offers education regarding the Do Not Resuscitate Order Form and Advance Directives, including Power of Attorney for Health Care and Living Will.

We also want members to speak with providers about ACP, especially when their health is in decline. In turn, Dean encourages providers to have end-of-life conversations with patients.

Medical Policy Update

On the following pages are highlights of recent medical policy revisions, as well as any new medical policies approved by Dean Health Plan’s Medical Policy Committee. 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. We update our website as the medical policies become effective. For questions regarding any medical policy, or if you would like copies of a complete medical policy, contact our Customer Care Center at 800-279-1301. All other Dean Health Plan clinical guidelines used by the Quality and Care Management 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 Quality and Care Management Division at 800-356-7344, ext. 4012.

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. A verbal request for a referral does not guarantee authorization of the referral or the services. After a referral request has been reviewed in the Quality and Care Management Division, a notification is sent to the requesting provider and member. Note that prior authorization through the Dean Health Plan Quality and Care Management Division may be required for some treatments or procedure.
New Medical Policies

**Genetic Testing for Marfan Syndrome MP9506**
Effective January 1, 2018, FBN1 gene testing requires prior authorization. Pre and post-test genetic counseling is required.

**Genetic Testing for Stickler Syndrome MP9504**
Effective February 1, 2018, genetic sequencing panel requires prior authorization. Pre and post-test genetic counseling is required.

**Genetic Testing for Thoracic Aortic Aneurysm and Non-syndromic Aortic Dissection MP9053**
Effective January 1, 2018, diagnosis or screening for nonsyndromic familial thoracic aneurysm and aortic dissection requires prior authorization. Pre and post-genetic counseling is required.

**Micra Permanent Leadless Pacemaker MP9518**
Effective January 1, 2018, prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) plan members. All other groups require prior authorization. Dean Health Plan will provide coverage for leadless pacemakers when procedures are performed as part of an approved CMS study and medical policy criteria are met.

The following medical policies do not require prior authorization.

**Echocardiogram MP9513**
Transthoracic (TTE), transesophageal (TEE), or fetal echocardiography is considered medically necessary for appropriate clinical scenarios.

**Endometrial Biopsy MP9509**
Endometrial biopsy is considered medically necessary when needed as part of the diagnostic evaluation in the appropriate clinical scenario.

**General Anesthesia for Gastro Intestinal (GI) Endoscopy MP9519**
General anesthesia may be considered medically necessary for upper or lower GI endoscopic procedures. Documentation by the endoscopist or anesthesiology provider must indicate risk factors or significant medical conditions.

**Nasal Endoscopy (Outpatient) MP9514**
A diagnostic nasal endoscopy is considered medically necessary in the appropriate clinical scenario for the evaluation and visualization of the nasal anatomy when there are symptoms suggestive of nasal or sinus origin and physical examination does not provide sufficient clinical information to establish a diagnosis.

**Upper Endoscopy (EGD) Esophagogastroduodenoscopy MP9517**
EGD is considered medically necessary for high-risk screening, diagnosis, surveillance, or treatment when performed in the appropriate clinical scenario for the listed indications.

**Medical Policy Changes**

**Genetic Testing for Neurological Disorders MP9497**
Effective January 1, 2018, Occulopharyngeal Muscular Dystrophy (OPMD) – PABPN1 gene testing is considered experimental/investigational and therefore is not covered.

**Genetic Testing for Lynch Syndrome MP9487**
Effective January 1, 2018, multigene hereditary cancer panels that accompany Lynch syndrome genes are considered experimental/investigational.

**Non-Covered Durable Medical Equipment (DME) MP9347**
Dean Health Plan does not cover effective January 1, 2018, automatic external defibrillators (Code E0617) and crutch substitute-lower limb platforms.

**Orthosis: Ankle (AFO), Knee Ankle (KAFO), or Knee (KO) MP9**
Effective January 1, 2018, requests to repair orthotics are considered appropriate at 3-year intervals unless there is an anatomical change or the orthotic is non-functional (wear and tear).

**Pectus Excavatum and Pectus Carinatum Treatment MP9206**
Effective December 1, 2017, pectus carinatum treatment with orthotic compression bracing and surgical treatment criteria was added. Pectus Excavatum braces may be considered medically necessary and the reference to the brace being non-covered was removed from Non-covered Durable Medical Equipment/Supplies MP9347.

**Plastic and Reconstructive Surgery MP9022**
Effective January 1, 2018, liposuction for lipedema/tumescent lymph sparing is considered not medically necessary and therefore is not covered.

**Skin Substitutes for Wound Healing MP9287**
Effective December 1, 2017, Epilix® an amniotic allograft, may be considered medically necessary if the member has tried and failed standard wound therapy, Apligraf®, and Dermagraft®. Prior authorization is required for all skin substitutes and may be considered medically necessary for either diabetic or venous insufficiency ulcers.
Transport of Members (Ambulance) MP9137

Effective February 1, 2018, if a member is being transported from an acute inpatient care setting to another acute inpatient care setting, a prior authorization is not required. Examples include transfers between acute care hospitals, long-term acute care, inpatient hospice, skilled nursing, or inpatient rehabilitation.

A prior authorization for transport is not required when a member requires services (e.g., dialysis, medical imaging and radiation therapy) that are not available in the inpatient facility, and there is a planned return to the inpatient hospital.

The following medical policies are being retired. NIA prior authorizes these procedures:

- PET for Malignancy MP9240
- PET for Malignancy MP9240
- Breast Imaging MP9269
- CT GI Endoscopy MP9316

Technology Assessments

Non-Covered Medical Procedures MP9415

The Medical Policy Committee reviewed the following treatments, procedures, or services and has determined that these services are not covered:

- Myocardial strain imaging all indications
- Hydrodissection therapy for pain management
- Iontophoresis for indications other than hyperhidrosis
- Salivary hormone testing for aging and/or menopause added examples (e.g., DHEA, estradiol, estrogen, melatonin, progesterone, testosterone, or cortisol)
- Thermosensor ShuntCheck
- Computer-aided detection related to breast imaging

Pharmacy and Therapeutics Update

Below are highlights of recent drug policy revisions, as well as any new drug policies approved by Dean Health Plan’s Medical Policy Committee. 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 that have written Dean Health Plan policies MUST BE PRIOR AUTHORIZED by sending requests to Navitus unless otherwise noted in the policy. Please note that most drugs listed below with policies require specialists to prescribe and request authorization.

Policies regarding medications may be found on the deancare.com by searching Dean Health Plan’s Drug Policies. 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., J931 for Gazyva).

New Drug Policies

MAVYRET (glecaprevir/pibrentasvir) PA9958

MAVYRET is used to treat Hepatitis C, and must be prescribed by a gastroenterology, hepatology, infectious disease or transplant specialist. Specialty pharmacy is required and the drug would be limited to a 28-day supply. This new policy is effective on January 1, 2018.

VOSEVI (sofosbuvir/velpatasvir/voxilaprevir) PA9957

VOSEVI is used to treat Hepatitis C, and must be prescribed by a gastroenterology, hepatology, infectious disease or transplant specialist. Specialty pharmacy is required and the drug would be limited to a 28-day supply. This new policy is effective on January 1, 2018.

SPINRAZA (nusinersen) MB9949

SPINRAZA is used to treat spinal muscular atrophy (SMA) and must be prescribed by a neurology specialist with expertise in SMA treatment. This new policy is effective on January 1, 2018.

RADICAVA (edaravone) MB9948

RADICAVA is used to treat ALS and must be prescribed by a neurology specialist. This new policy is effective on January 1, 2018.

DUPIXENT (dupilumab) PA9955

DUPIXENT is used to treat severe atopic dermatitis and must be prescribed by or in consultation with an allergist, immunologist or dermatologist. This new policy is effective on January 1, 2018.

ZEJULA (niraparib) PA9959

ZEJULA is used to treat locally advanced, fallopian tube or primary peritoneal cancer and must be prescribed by or in consultation with an oncologist. This new policy is effective on January 1, 2018.

ALUNBRIG (brigatinib) PA9950

ALUNBRIG is used to treat advanced or metastatic non-small cell lung cancer and must be prescribed by or in consultation with an oncologist. This new policy is effective on January 1, 2018.

ZYKADIA (ceritinib) PA9960

ZYKADIA is used to treat metastatic non-small cell lung cancer and must be prescribed by or in consultation with an oncologist. This new policy is effective on January 1, 2018.

RYDAPT (midostaurin) PA9953

RYDAPT is used to treat newly diagnosed acute myeloid leukemia (AML) that is FLT3 mutation positive and must be prescribed by or in consultation with an oncologist or hematologist. This new policy is effective on January 1, 2018.

ODOMZO (sonidegib) PA9952

ODOMZO is used to treat locally advanced basal cell carcinoma; or metastatic basal cell carcinoma and must be prescribed by or in consultation with an oncologist, hematologist or dermatologist. This new policy is effective on January 1, 2018.

Policy Committee. NOTE: All changes to the policies may not be reflected in the written highlights below. We encourage all prescribers to review the current policies.

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LARTRUVO (olaratumab) MB9956
LARTRUVO is used to treat soft-tissue sarcoma and must be prescribed by an oncologist. This new policy is effective on January 1, 2018.

ERIVEDGE (vismodegib) PA9951
ERIVEDGE is used to treat locally advanced basal cell carcinoma; or metastatic basal cell carcinoma and must be prescribed by or in consultation with an oncologist, hematologist or dermatologist. This new policy is effective on January 1, 2018.

XALKORI (crizotinib) PA9954
XALKORI is used to treat advanced or metastatic non-small cell lung cancer and must be prescribed by or in consultation with an oncologist. This new policy is effective on January 1, 2018.

NEULASTA (pegfilgrastim) MB188
NEULASTA is used to prevent chemotherapy-induced neutropenia and to treat acute hematopoietic radiation injury syndrome. This new policy includes the specific criteria, documentation requirements, dosing and coding information. The policy will become effective April 1, 2018.

SANDOSTATIN (octreotide acetate) MB1809
SANDOSTATIN is used to treat acromegaly, carcinoid tumors, vasoactive intestinal peptide tumors and neuroendocrine tumors as recommended by NCCN guidelines. This new policy includes the specific criteria, documentation requirements, dosing and coding information. The policy will become effective April 1, 2018.

ABRAXANE (paclitaxel albumin-bound) MB181
ABRAXANE is used to treat metastatic breast cancer, locally advanced or metastatic non-small cell lung cancer (NSCLC) and metastatic pancreatic adenocarcinoma. This new policy includes the specific criteria, documentation requirements, dosing and coding information. The policy will become effective April 1, 2018.

Antihemophilia Factors and Clotting Factors MB1802
This new policy lists specific antihemophilia and clotting factors with covered indications and the specific criteria. This new policy includes the specific criteria, documentation requirements, dosing and coding information. The policy will become effective April 1, 2018.

VECTIBIX (panitumumab) MB1810
VECTIBIX is used to treat metastatic colorectal cancer. This new policy includes the specific criteria, documentation requirements, dosing and coding information. The policy will become effective April 1, 2018.

HERCEPTIN (trastuzumab) MB1805
HERCEPTIN is used to treat HER-2 overexpressing breast cancer or HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma. This new policy includes the specific criteria, documentation requirements, dosing and coding information. The policy will become effective April 1, 2018.

CINQAIR (reslizumab) MB1811
CINQAIR is used to treat severe eosinophilic asthma. This new policy includes the specific criteria, documentation requirements, dosing and coding information. The policy will become effective April 1, 2018.

Changes to Drug Policy

STELARA (ustekinumab) PA9891
Effective March 1, 2018, failure or intolerance of COSENTYX (secukinumab) will now be required before the use of STELARA in the treatment of psoriatic arthritis. The patient must also fail ENBREL (etanercept), and HUMIRA (adalimumab). This policy includes the specific criteria, documentation requirements, dosing and coding information. Effective April 1, 2018, this drug will be placed in a not covered status for both IV and subcutaneous dosage forms and must be requested through the ‘Exception to Coverage’ form to Navitus.

SIMPONI and SIMPONI ARIA (golimumab) PA9874
Effective July 1, 2018, this drug will be placed in a not covered status for both IV and subcutaneous dosage forms and must be requested and authorized through the ‘Exception to Coverage’ form to Navitus.

XELJANZ (tofacitinib) PA9897
Effective July 1, 2018, this drug will be placed in a not covered status and must be requested and authorized through the ‘Exception to Coverage’ form to Navitus.

RITUXIMAB Products PA9847
Effective January 1, 2018, criteria for the FDA approved uses for RITUXAN HYCELA have been added. Prior authorization through Navitus by an oncology specialist is required. RITUXAN HYCELA is covered for follicular lymphoma, previously untreated diffuse large B-cell lymphoma and chronic lymphocytic leukemia. This policy includes the specific criteria, documentation requirements, dosing and coding information.

VIVITROL (naltrexone extended release injection) MB9439
Effective January 1, 2018, VIVITROL no longer requires an addictionologist or a physician associated with a substance abuse program to prescribe. Any licensed prescriber may prescribe.

EPCLUSA (sofosbuvir/velpatasvir) PA9932
Effective January 1, 2018, treatment of HCV no longer requires documentation of previous treatment and response, that the patient is not involved in high-risk behaviors and documentation of cirrhosis.

HARVONI (ledipasvir/sofosbuvir) PA9904
Effective January 1, 2018, the prior authorization criteria for HARVONI have been updated. The new criteria state the patient must not have cirrhosis or be HIV infected.
The policy includes information regarding the use of RENFLEXIS. Infliximab products must be prescribed by dermatology, rheumatology and gastroenterology specialists with prior authorization. This policy includes the specific criteria, documentation requirements, dosing and coding information. The policy changes will become effective April 1, 2018.

**XOLAIR (omalizumab) MBP9309**

XOLAIR is used to treat chronic idiopathic urticaria and moderate to severe persistent allergic asthma. This policy includes the specific criteria, documentation requirements, dosing and coding information. The policy changes will become effective April 1, 2018.

**NUCALA (mepolizumab) MB9914**

NUCALA is used to treat eosinophilic asthma. This policy includes the specific criteria, documentation requirements, dosing and coding information. The policy changes will become effective April 1, 2018.

**Immune Globulin MB9423**

Immune globulin is considered medically appropriate for the treatment of the indications listed in the policy when the criteria have been met. This policy includes the specific criteria, documentation requirements, dosing and coding information. The policy changes will become effective April 1, 2018.

**PROLIA, XGEVA (denosumab) MB9409**

PROLIA, XGEVA is used to treat patients with high risk of fracture. This be prescribed by (or prescribed in consultation with) Oncology, Rheumatology, Internal Medicine, Family Medicine, Orthopedic Surgery, or Endocrinology specialists. This policy includes the specific criteria, documentation requirements, dosing and coding information. The policy changes will become effective April 1, 2018.

**AVASTIN (bevacizumab) MB9431**

AVASTIN for ophthalmology use can be found in Compounded Bevacizumab for ocular uses. This policy includes the specific criteria, documentation requirements, dosing and coding information. The policy changes will become effective April 1, 2018.

**VENCLEXTA (venetoclax) PA9931**

VENCLEXTA must be prescribed by, or in consultation with, an oncologist or hematologist with prior authorization through Navitus. An approved prior authorization is now allowed for a lifetime duration (subject to formulary changes). The policy changes will become effective February 1, 2018.

**ABILIFY MAINTENA (aripiprazole) MB9456**

ABILIFY MAINTENA is now covered for adults with bipolar I disorder. This policy includes the specific criteria, documentation requirements, dosing and coding information. This change will be effective February 1, 2018. Prior authorization through Navitus is required.

**SUTENT (sunitinib) PA9848**

SUTENT cannot be used as adjuvant treatment. This change will be effective February 1, 2018. Prior authorization through Navitus is required.

**SPRYCEL (dasatinib) PA9855**

SPRYCEL is now covered for pediatric patients with Ph+ CML in chronic phase. This change will be effective February 1, 2018. Prior authorization through Navitus is required.

**BOSULIF (bosutinib) PA9896**

BOSULIF is now covered for newly diagnosed adult patient with Ph+CML in chronic phase. This change will be effective February 1, 2018. Prior authorization through Navitus is required.

**ACTEMERA IV (tocilizimab) MB9405**

Changes in this policy include the specific criteria, documentation requirements, dosing and coding information. The policy changes will become effective March 1, 2018.

**GAZYVA (obinutuzumab) MB9451**

Changes in this policy include the specific criteria, documentation requirements, dosing and coding information. Added one-year prior authorization duration limit. The policy changes will become effective March 1, 2018.

**ORENCIA IV (abatacept) MB9457**

Changes in this policy include the specific criteria, documentation requirements, dosing and coding information. The policy changes will become effective March 1, 2018.

**CIMZIA (certolizumab pegol) MB9875**

Changes in this policy include the specific criteria, documentation requirements, dosing and coding information. The policy changes will become effective March 1, 2018.

**COTELLIC (cobimetinib)/ZELBORAF (vemurafenib) PA9916**

Added diagnosis of Chester-Erdheim disease with BRAF V600 mutation with prior authorization criteria for Zelboraf only. Other clarifications made on combined therapy requirements. Effective February 1, 2018.

**YERVOY (ipilimumab) PA9945**

Added clarification for the use in adults and pediatric patients (12 years and older). Other clarifications made on combined therapy requirements. Changes in this policy include the specific criteria, documentation requirements, dosing and coding information. Effective February 1, 2018.

**The following policies have been or will be retired:**

- **Effective January 1, 2018**
  - ZEPATIER (elbasvir/grazoprevir) PA9919
  - DAKLINZA (daclatasvir) PA9912
  - SOVALDI (sofosbuvir) PA9894

- **Effective July 1, 2018**
  - Simponi and Simponi Aria PA9874
  - Stelara PA9891
  - Xeljanz/Xeljanz XR PA9897
Providers Crucial to Determining Patient Health and Appropriate Funding

It all comes down to correct medical treatment coding. If we don’t completely document the conditions providers treat patients for, we may not be fully aware of the conditions and treatment needs our members have. We may also find that the government does not adequately reimburse Dean Health Plan for the actual health risk we are assuming for our federal government products membership. It’s part of a statistical process called risk adjustment.

The reason risk adjustment is needed is to assess the overall health of our patients and balance the payments we receive from the government with those made to other health plans. Risk adjustments help determine which health plans have the sickest patients. According to Centers for Medicare & Medicaid Services (CMS), this step was included in the Affordable Care Act (ACA) process to reimburse providers for members with higher risk, which is calculated based on the submitted codes on claims.

Taking the time to annually document and code all medical conditions, especially chronic ones, ensures the proper calculation of risk scores for your patients. As a provider, do not hesitate to take credit for the work you do and the time you spend managing, assessing, evaluating or treating conditions, in addition to discussing a patient’s needs and medical history. We have the greatest potential to improve medical treatment outcomes and also control costs when providers are asking about and documenting chronic conditions, including diabetes, lower respiratory and kidney diseases. Eight of the top ten causes of death are related to chronic disease, so effective tracking and treatment of these can lead to improved outcomes for these types of patients.

For questions, please contact the Dean Health Plan Risk Adjustment team via DHP.RiskManagementTeam@deancare.com or at 608-827-4105.

Fighting Medicaid Fraud, Waste and Abuse

The federal government’s Centers for Medicare & Medicaid Services has embraced a variety of steps to prevent Medicaid fraud, waste and abuse and to ensure public funds advance the health of Medicaid enrollees. The same is true for Wisconsin government.

Effective January 2018, the Wisconsin Department of Health Services has instituted new Medicaid program integrity requirements designed to safeguard against fraud, waste and abuse.

As a Dean Health Plan provider, your contributions are important to the program’s success. Dean staff may contact you to verify that your teams have completed required fraud, waste and abuse training. You may also receive requests from Dean for information to support services billed to our Medicaid members. We also may contact your patients to verify that they received the services for which they were billed.

In addition, if Dean made a Medicaid overpayment, providers must return the payment to Dean within 60 days of discovery, along with a written statement of why it occurred.

Together, we can combat fraud, waste and abuse.
Providers do not have to go it alone when it comes to helping patients navigate a complex and difficult treatment plan. Support is available from Dean Health Plan’s Case and Disease Management Department.

Disease Management
Whether a patient suffers from heart failure, CAD, diabetes, asthma or COPD, coaches provide support to him or her via phone or online in three important self-management areas:

- **Medication**: Focus on adherence to goal setting for long-term health outcomes.
- **Monitoring**: Educate regarding key numbers related to tests that are important to tracking one’s progress.
- **Registered nurse or certified health coach**: Discuss health behaviors, goal setting and developing healthy habits.

Support is available to Dean Health Plan’s Commercial and BadgerCare Plus members, in partnership with WebMD.

Case Management
When patients with complex, acute or chronic health conditions have high emergency department usage, are frequently hospitalized or just have a complex care need, Case Management helps them better navigate the system.

“My case manager gives me peace of mind. It is great having her review my options of care with me,” wrote a patient in a member satisfaction survey.

Nurses and social workers work with providers to best meet the patient’s needs while also supporting high-quality, cost-effective care.

To refer a Dean Health Plan patient into the program, call 800-356-7344, ext. 4132.

Patients with High-Risk Conditions Eligible for Personalized Help

Observation Notification No Longer Required for Non-ASO Plans
To reduce administrative burden for hospital staff, Dean Health Plan no longer requires facilities to provide notification when a member is under an observation status. That change became effective February 1, 2018.

Beginning April 1, 2018, Dean Health Plan’s Utilization Management (UM) team will begin reviewing requests for hospital stays of 48 hours or less, using MCG medical necessity criteria for determining appropriate level of care. When necessary, the UM team will provide outreach to the contact listed on the authorization request for further discussion regarding conversion of the inpatient stay to observation level of care.

Members covered under Dean ASO Plans still require notification of Observation admissions to ensure claims payment.

Case Managers
- Provide education to promote a healthy lifestyle.
- Offer support to help patients meet their health care goals.
- Find community resources that may be helpful.

Now, more than ever, medicine needs a team approach and Case and Disease Management is here to assist.

To refer a Dean Health Plan patient into the program, call 800-356-7344, ext. 4132.

Durable Medical Equipment – Prior Authorization
Durable Medical Equipment (DME) with a cost greater than $500 may require a prior authorization. Please reference the member’s Certificate of Coverage and Dean Health Plan Medical policies.

To view a specific member’s Certificate of Coverage, see deancare.com.
New Paper Form Available for Claim Review Requests

Finalized claims (denied or paid) can be appealed. Although the Claim Appeal feature of the Provider Portal is the most efficient way to accomplish this, providers also may submit paper claim appeals using the new Claim Review Request form available on deancare.com.

This form is for medical services coding, along with other types of reviews. When requesting a review of a denied code, a brief statement indicating why the decision should be overturned, along with supporting documentation, should accompany the Claim Review Request form. Please send one form with supporting documentation per claim to Dean Health Plan, 1277 Deming Way, Madison, WI 53717.

This form is not required in conjunction with the submission of a corrected claim. A corrected claim is any claim that has a change to the original version. All lines billed on the original claim must also be billed on the corrected claim. You may submit corrected claims electronically.

Submitting claim appeals online through Dean Health Plan’s Provider Portal will:

- Ensure supporting documentation is received
- The portal user receives a notification acknowledging receipt of the claim appeal
- User has the ability to view saved and submitted claim appeals

Member Rights and Responsibilities

To promote effective health care, Dean Health Plan clearly states its expectations for the rights and responsibilities of its members to foster cooperation among members, practitioners and Dean Health Plan. See the details on deancare.com/helpful-links/rights-responsibilities.

“I had to co-pay for the bagel.”
Mission of Provider News

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

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

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

If you have any questions or suggestions on how to improve Provider News, or if someone in your organization is not on our mailing list, please contact your assigned Provider Network Consultant. See the back page for contact information.

Notification Necessary for Provider Demographic Changes

Dean Health Plan is committed to ensuring accurate provider information is displayed within its provider directories. As a health plan, we are required to keep provider information up-to-date by CMS and other regulatory and accreditation entities. To ensure we have the most current, accurate provider information available for our members, we require providers to notify their designated Provider Network Consultant as soon as staff are aware of any of the following changes:

- 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, hospital affiliation, provider specialty, languages spoken by provider, practice location’s handicap accessibility status and provider website URL.

Communication between the health plan and providers will assist in maintaining excellent quality of care and customer service to our members and patients.
Customer Care Center
800-279-1301
Monday–Thursday
7:30 am – 5 pm
Friday
8 am – 4:30 pm

Visit deancare.com

Provider Network Consultants

Jerusha Durrani
Jerusha.durrani@deancare.com
608-827-4106
800-356-7344 ext. 4106
Dane County: SSM Health: St. Clare Hospital - Baraboo, St. Clare Meadows Care Center, St. Mary's Hospital - Madison and Janesville and St. Mary's Care Center

Lydia Flack
lydia.flack@deancare.com
608-827-4081
800-356-7344 ext. 4081
Dodge, Fond du Lac, Green Lake, Columbia, Jefferson and Vernon counties; Home Health United; Shopko Optical; Dodge's Fond du Lac; Green Lake

Andrea Hellenbrand
andrea.hellenbrand@deancare.com
608-828-1985
800-356-7344 ext. 1985
Adams, Crawford, Dubuque, Grant, Iowa, Lafayette, Marquette and Richland counties; Lambs, Lakeview, Magnolia and

Whitney Peterson
whitney.peterson@deancare.com
608-828-1942
800-356-7344 ext. 1942
Waukesha County; HHU, Dane County Physical Therapy Providers, Autism Providers

Suzy Murphy
suzanne.murphy@deancare.com
608-827-4257
800-356-7344 ext. 4257
University of Wisconsin Hospital & Medical Clinics, University of Wisconsin Medical Foundation, WI Fertility Institute and Sauk County

Jon Zillman
jon.zillman@deancare.com
608-827-4059
800-356-7344 ext. 4059
Dane County Chiropractic, Green, Jefferson, Rock and Walworth counties; Walworth County: SSM Health: St. Mary’s Hospital - Madison and Sauk County; Wisconsin Chiropractic Center

To view your Provider Network Consultant’s complete contact information, visit deancare.com/providers.

Would you prefer to receive via email?
Yes! Sign me up!
Send the following information to DHP.ProviderNewsletter@deancare.com
• Facility Name
• Full Name
• Address
• City, State, Zip
• Phone
• Email

Know someone in your organization who would benefit from receiving Provider News by mail?
Please contact Provider Network Services at DHP.ProviderNewsletter@deancare.com