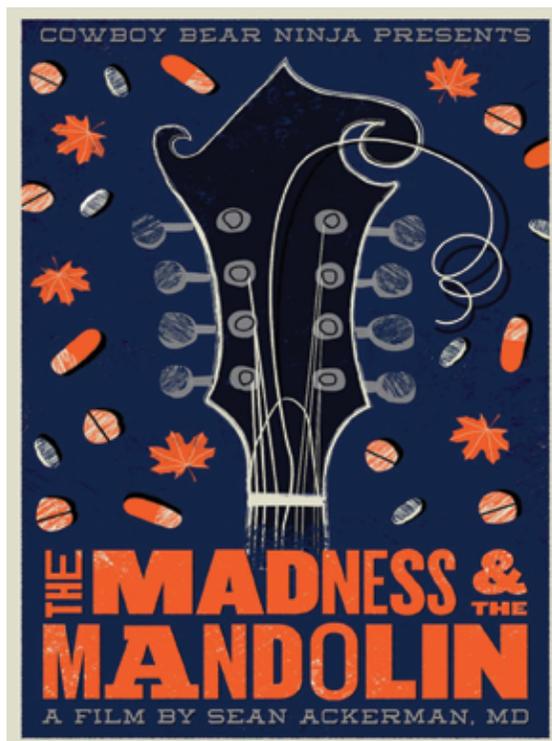


Provider NEWS

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

Music and the Mind

Can music and other non-medication therapies help alleviate the ravages of mental illness? They can, according to Sean Ackerman, MD, an SSM Health Dean Medical Group psychiatrist. Doctor Ackerman knew of a patient who made important strides with such an approach and wanted more doctors and patients to know about it. So Ackerman took the next logical step for him. He made a film about this particularly challenging patient.



Dr. Ackerman's new 46-minute documentary, *The Madness and the Mandolin*, is a story about a young, New York musician named Kelley, who suffers from psychosis and autism so severe that he's been hospitalized multiple times for it. With guidance from his doctor (not Ackerman), Kelley discovers that music, meditation, exercise and reading could do much more for him than pills alone. In fact, Kelley was psychotic multiple times while taking his meds, according to Dr. Ackerman, who's both a film maker and a child psychiatrist who practices in Madison. He says Kelley's doctor knew another approach was necessary.

(continued on page 2)

Summer 2019

A newsletter for Dean Health Plan providers

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Music and the Mind (continued)

The side effects of the medication were not helping [Kelley]. Something had to be done.

So Dr. [James] Hudziak essentially said, We're not going to do much with your meds and we're just going to try to get you to live differently. We're just going to change the way you live your life. Exercise is evidence-based for the treatment of mood. Playing musical instruments changes areas of your brain involved in tension and emotional manipulation. There's evidence that reading helps your

mental health. It might not be easy but you've got to do all these things. Many things that are not medication can help children.



Sean Ackerman, MD

How is Kelley day to day now?

He's 80 percent of what we hope he can be. His quality of life is high and he plays a lot of music at bluegrass festivals. I would think he would say he's happy but it's still a journey. For Kelley, the benefit seems to require the whole package - the combination of daily meditation, music, exercise, and reading has helped him improve his mood, anxiety and quality of life. In terms of music more broadly, there is research that learning to play a musical instrument can improve attention and emotion regulation but the research base for this is not as deep as it is for exercise helping mood or meditation helping anxiety.

Bluegrass has given Kelley a community where he can show off a strength. So much of the "wellness" approach is about just building kids up from a confidence and community support standpoint. When anybody knows they are good at something, they feel better about themselves, and they tend to find a community of other people with like interests, and that community also makes them feel better.

In some ways, this sounds counterintuitive. Behavioral health issues are so complex, that it seems unlikely that some exercise or playing a musical instrument would make that big of a difference. Help us understand why it can.

It depends what it is. You have to know the dose and the intervention, in terms of these wellness interventions. You can't just use mindfulness for everything [laughs]. You have to know what you're treating and then use the appropriate intervention for that. There's really a ton of research for the two biggest wellness interventions, which are exercise and mindfulness. In research studies, if you compare intense exercise four to five times per week for a teenager, to Prozac for a teenager for the treatment of depression, they're the same. And if you substitute the diagnosis of anxiety in a teenager and you compare daily medication to Zoloft for anxiety, they're the same on average. But [exercise and mindfulness] don't have side effects. The only difference is they require helping people find motivation to build these things into their life.

Is it hard to make that case to these young kids?

Sometimes. It's not for everybody. But that's the point of this movie—to build resources that help us make the case to kids. You can't just tell somebody, I want you to exercise five times a week and meditate, ok? They're not going to do it. Where I trained, we had wellness coaches—they're trained mental health psychotherapists. These therapists help patients build wellness approaches into their life.

SSM is going down this road. Do we have these psychotherapists now?

We're going to pilot one in the summer so we have somebody starting who is a PhD level psychotherapist. She works with kids. Part of her practice will be doing this wellness coaching for teenagers and their families. For a lot of families that are stressed, they don't understand how important this is. Just the other day, I had somebody in their 20s who had been anxious and depressed for a really long time, and wanted to know if his antidepressants should be raised. I said you could do that if you want or you could just

Dean Health Plan *Provider News*

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Kelley, left, playing with The Gibson Brothers in 2017.

exercise four or five times per week. And he did. And he came back a few months later and was like, 'I had no idea that this worked this well.' It can be hard to motivate people but the more you do it, the better you get at it.

If this approach does work, they have to keep doing it, right?

It's a journey. The point is to not stop. Instead of taking antidepressants for the rest of your life, you have to do something. You can't just do nothing! It doesn't work for everybody. And the medications are super important. This is a way to avoid the more serious medications or multiple medications and sometimes for a lot of people, it's a way to taper off medications.

What have you learned from this particular case?

The interesting thing about Kelley is to see how well it works in someone who is that ill. Kelley has a seizure disorder, manic episodes that make him psychotic and autism. That's a pretty big load for somebody to carry. He only uses the medications when the symptoms flair up so they're not his long-term answer.

How did you find time to make this movie and practice as a physician?

I took a day off a week for three years. [Laughs] It was not financially rewarding but I really wanted to tell the story. It was totally worth it. I am back to work on Wednesdays now. I take some time off every decade to work on a film. That's how it goes. ⊕

Editor's note. The Madness and the Mandolin is available on amazon.com.



Opportunities for Follow-up After Behavioral Health Hospitalization

Proper follow-up care is associated with lower rates of readmissions and a greater likelihood that gains made during hospitalization are retained. That's why Dean Health Plan hopes to reverse a downward, three-year trend in this regard. By national standards, we have opportunities to make greater progress. Follow-up care is important after a patient leaves the hospital for a behavioral health-related illness.

Because hospitalization may stabilize patients with acute behavioral conditions, timely and appropriate continued care is needed to maintain and extend improvement outside of the hospital.

Patients (ages 6 and older) should see an outpatient psychiatric or behavioral health specialist within 7 days after a hospital discharge for mental illness, but no later than 30 days after discharge (follow-up can be a telehealth visit).

HEDIS* monitors the percent of patient discharges who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days and 30 days. (Joint Commission and CMS also monitor follow-up after hospitalizations)



Tips for provider and staff to improve follow-up engagement rates:

Inpatient Providers:

- Discharge planning should begin at the time of admission and continue throughout the inpatient stay.
- Schedule the patient's after-care appointment prior to discharge. If there is an obstacle to setting up an appointment within 7 days from discharge, please call the Dean Health Plan behavioral health utilization management team to discuss.
- Attempt to alleviate barriers to attending appointments prior to discharge (i.e., obtain accurate current contact information, coordinate with Dean Health Plan).
- Ensure the member's discharge paperwork is sent to the outpatient provider and to Dean Health Plan within 24 hours.
- Invite care coordinators to meet members so that aftercare planning can occur.

Outpatient Providers:

- Be flexible when scheduling appointments for patients who are being discharged from acute care. It's optimal to schedule the appointment within seven days of discharge.
- Review medications with patients to ensure they understand the purpose, appropriate frequency and method of administration.
- Submit claims as soon as you can.

Please note: Outpatient visits conducted on the same day of discharge from an inpatient hospitalization unit are no longer reportable as part of the quality measure. Scheduling follow-up appointments between the first and seventh day after hospital discharge ensures meaningful, effective engagement.

Remember, when providers recommend follow-up care, most patients comply. Encourage your patients that there is no stigma for having a behavioral health diagnosis and that consistent follow-up care is very important.

**HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).*



Appointment Accessibility Standards

Dean Health Plan has set standards for member access to services provided by Primary Care Provider (PCP) office sites and behavioral health practitioner sites.

• Primary Care Appointment Accessibility

Dean Health Plan has defined the following practitioners as PCPs: internal medicine, family practice, general practice and pediatrics.

The access standards for PCP office sites are:

Preventative Care: (physical exams and preventive health visits)	30 Days
Routine: (follow up visits, blood pressure checks, suture removal, etc.)	14 Days
Symptomatic, non-urgent: (colds, headaches, joint/muscle pain, etc.)	4 Days
Urgent: (persistent fever, sore throat, diarrhea, vomiting)	24 Hours

Access to after-hours care: Primary care sites must have information available and accessible to members regarding after-hours care and 24-hour emergency room access.

• Behavioral Health Appointment Accessibility

Dean Health Plan assesses behavioral health care accessibility with any of the following providers: physicians, PhDs, PsyDs, mid-level behavioral health providers (LPC, LCSW, LMFT, MS) and AODA Counselors.

The access standards for behavioral health sites are as follows:

Routine office visit: (any request for an established or new patient intake)	10 Days
Urgent care visit: (Medication assessment following side effects or patients with increased systems of distress due to a recent event)	48 Hours
Non-Life Threatening services: (not suicidal, but potential for high-risk situation or self-harm) ⊕	6 Hours

Finding the Answers



Michelle Madison’s wide variety of experiences at Dean Health Plan has equipped her with all the skills needed to do a thorough investigation when answering provider questions. “It feels good to solve the problems providers bring to us, but it’s also educational. I learn new things all day long, and it’s great to have a shared sense of relief when we find the solution.”

After two years in Dean Health Plan’s Customer Care Center and one year as a walk-in representative assisting members, Michelle is finding that she really enjoys time spent with providers and understanding more about how positive relationships ensure more positive experiences for members.

“I’ve really liked going on provider visits, providing updates and education and just spending time face to face. It’s nice to actually understand issues on a personal level.”

Michelle is a great person to have in your corner—“I want providers to know that it’s important to me to stay on top of their concerns and resolve them in a timely manner. I put 100 percent of myself into the issues I’m investigating.” She works with the University of Wisconsin Hospital & Medical Clinics, University of Wisconsin Medical Foundation, WI Fertility Institute and Sauk County providers.

Get to know your Provider Network Consultant. Find him or her at deancare.com/providers. ⊕

Dr. Kevin Eichhorn Named Interim Chief Medical Officer



Kevin Eichhorn, MD

Dr. Kevin Eichhorn became Dean Health Plan's interim Chief Medical Officer (CMO) effective March 29, 2019. He has served as a medical director with Dean Health Plan, having been promoted in the fall of 2018 to Senior Medical Director. In his new role, Dr. Eichhorn will be accountable for the organization's quality assurance, medical decision making and medical policy development.

In his interim CMO role, Dr. Eichhorn is responsible for developing and leading

strategies that make health care more affordable and help our members live healthier lives. He'll also partner with leaders and providers within our Integrated Delivery Network (IDN) to achieve meaningful and measurable improvements in clinical quality/outcomes, clinical efficiency and appropriate utilization. Other metrics include total cost of care, quality ratings and member and provider satisfaction.

Dr. Eichhorn succeeds Dr. Julia Wright, Dean Health Plan's CMO since May 2018. She resigned her position to return to clinical practice. Dr. Wright joined the Health Plan in 2014 and has served in several medical leadership roles. She was instrumental in leading our quality initiatives, and in transitioning certain care management functions to Dean Medical Group.

New model

"I'm excited to announce a new dyad leadership model for our Health Services division where a physician leader will be paired with an administrative leader," said Marcus Julian, Senior Vice President & Chief Operating Officer. "This new model will bring together the full spectrum of leadership skills and expertise needed to deliver strong results, while ensuring the maximum return on each leader's time and effort," added Julian.



Melissa Pollari

Collaborating with Dr. Eichhorn is Melissa Pollari, Dean Health Plan's new Senior Director of Health Services Operations. Pollari is now responsible for the ongoing development, implementation and oversight of programs that advance our capabilities in:

- Utilization Management
- Care Management
- Quality Management
- Pharmacy Management

She will also directly supervise the directors and staff in these areas of Health Services Operations. Pollari has been with Dean Health Plan for six years, having advanced most recently to the role of Director of Quality and Care Management Operations.

Dr. Eichhorn will also focus on maintaining strong working relationships with key external constituents, including members/patients, employers, brokers and physicians. Such constituents also include organizations, such as medical/specialty societies, hospitals and hospital associations, accrediting organizations and state and federal regulators. ⊕

New Medical Directors

Dean Health Plan is also pleased to welcome three new medical directors:



Jennifer Maskel, MD

Dr. Jennifer Maskel has been a urologist with Dean Medical Group since 2005 with subspecialty board certification in Female Pelvic Medicine and Reconstructive Surgery. She has held a number of leadership positions for Dean Medical Group and SSM Health St. Mary's Hospital - Madison to improve clinical efficiency and patient safety, as well as being named to *Madison Magazine's* Top Doctors list. Currently, she also serves on the SSM Regional Board of Directors.



Russ Hermus, MD

Dr. Russ Hermus has been with Dean Medical group for 26 years, practicing most recently at SSM Health Dean Medical Group- Fish Hatchery Clinic. He has had significant leadership roles in the organization, including Dean Medical Group VPMA for Primary Care, Chairman of Physician Compensation Oversight Committee and a previous position on Dean Medical Group's Board of Directors.



Paola Fliman, MD

Dr. Paola Fliman is a Pediatric Medical Director. She has been a practicing neonatologist at SSM Health St. Mary's Hospital - Madison for 14 years and serves as the Medical Director of the NICU and President of Neonatal Resources of Wisconsin. She has been one of *Madison Magazine's* Top Doctors and will be the new Chief of Staff for St. Mary's Hospital - Madison.

Medical Policy Update

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, go to deancare.com, and click **I am a provider**. Then select **Medical Management**. [Deancare.com](http://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**.

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 Health Services Division, a notification is sent to the requesting provider and member. Note that prior authorization through the Dean Health Plan Health Services Division may be required for some treatments or procedures.

Please note, some of the imaging policies may apply to Dean Health Plan's self-funded ASO groups only. For all other Dean Health Plan members (HMO, MA, and POS/PPO) please contact National Imaging Associates (NIA). Providers can contact NIA by phone at **866-307-9729** Monday-Friday from 7 am - 7 pm CST or via RadMDSupport@MagellanHealth.com. View details about the radiology prior authorization program on deancare.com/providers/patient-care 



▶ Visit deancare.com

The screenshot shows the deancare.com website interface. At the top, there are navigation links: "FIND A DOCTOR", "FIND A LOCATION", "SHOP PLANS", and "I AM A". The "I AM A" dropdown menu is open, showing options for "Member", "Agent", "Employer", and "Provider". The "Provider" option is selected, leading to a sub-menu with "Provider Home", "Resources", "Medical Management", and "Pharmacy Services". Below this, there are four main content areas:

- Dean Advantage**
 - MEDICAL MANAGEMENT
 - CARE MANAGEMENT
- Prior Authorization**
 - RADIOLOGY POLICIES/NIA
 - PHARMACY PA
 - BEHAVIORAL HEALTH/MAGELLAN
 - PHYSICAL MEDICINE
 - GENETIC TESTING
- Prior Authorization Forms**
 - BREAST PUMP ORDER
 - DURABLE MEDICAL EQUIPMENT
 - EPIDURAL STEROID INJECTION
- Dean Health Plan Policies**
 - MEDICAL POLICIES
 - DRUG POLICIES
 - ASO PRIOR AUTHORIZATION
 - CLINICAL GUIDELINES



New Medical Policies

Effective March 1, 2019

Genetic Testing for Focal Segmental Glomerular Sclerosis (FSGS) MP9543

Genetic testing for the following genes (INF2, ACTN4, TRPC6, NPHS2) requires prior authorization. Pre and post-test genetic counseling is required for any member undergoing genetic testing with the exception of ASO members.

Orthosis: Ankle Foot (AFO), Knee Ankle Foot (KAFO), or Knee (KO) MP9085

Custom orthotics are considered medically necessary for the following: The condition is expected to be permanent or of longstanding (more than six (6) months).

- Control of the ankle or foot is needed in more than one (1) plane.
- A pre-fabricated (off-the-shelf) orthotic cannot be fitted.
- Custom fabricating is required to prevent tissue injury.
- A healing fracture lacks anatomical integrity.

Effective May 1, 2019, customized orthotics also include any prefabricated item that has been trimmed, assembled or otherwise customized to fit the member.

Hyperhidrosis Treatment MP9224

Navitus processes prior authorizations for Botulinum toxin (Botox) A and B.

Spinal Cord and Dorsal Root Ganglion Stimulator MP9430

Criteria was added for dorsal root ganglion stimulation for moderate to severe chronic intractable pain of the lower limbs in adult patients with Chronic Regional Pain Syndrome. Prior authorization is required.

Genetic Testing for Breast and/or Epithelial Ovarian Cancer MP9478

Prior authorization is not required for BRCA1 and BRCA2 testing. Dean Health Plan considers multigene hereditary cancer panels that accompany BRCA testing experimental and investigational, and therefore are not medically necessary.

Medical Policy Changes

Genetic Testing MP9012

Genetic testing is covered for a Dean Health Plan member if the test results provide a direct medical benefit or guides reproductive decision-making for the member.

Effective April 1, 2019

Amino Acid and Low-Lipid Based Formulas MP9355

Amino acid-based formulas are covered for infants up to one year of age with eosinophilic disorders (e.g., esophagitis, gastroenteritis and colitis). Formula for severe atopy or eczema resulting from multiple food allergy syndrome (based on skin testing) is also covered.

Effective May 1, 2019

Port Wine Stain Laser Treatment MP9207

Photographs are no longer required.

Engineered Products Wound Healing MP9287

The use of Grafix® for partial or full thickness diabetic foot ulcers which have failed to respond to Apligraf® and Dermagraft® requires prior authorization. PuraPly™ is considered experimental and investigational, and therefore not medically necessary.

Skilled Nursing Facility (SNF) and Swing Bed MP9310

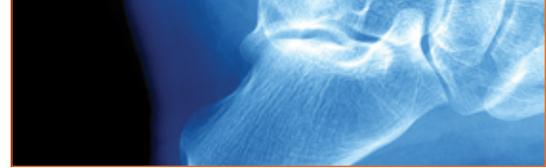
Admission or continued stay skilled rehabilitative (therapy) services or skilled nursing services are required at least five (5) days per week for a minimum of two (2) hours per day. A Swing Bed length of stay is limited to five (5) days for commercial members. Continued stay at a SNF or Swing Bed requires progress toward achieving treatment plan goals and documentation that care cannot be provided at the member's place of residence or an outpatient setting.

To be eligible for skilled rehabilitative therapies moderate assistance is required with at least two (2) of the following: bed mobility, transfers, climbing multiple stairs to enter the home or assistance to ambulate more than 70 feet (household distances). Measurable and significant gains must be documented on a weekly basis (e.g., serial progress notes). Skilled nursing services are required at a frequency and/or intensity which cannot be provided in a home setting through intermittent home health nursing. Examples of skilled nursing care services are provided.

The following are considered non-skilled: walking or wheelchair mobility 70 feet (household distances); less than minimal assistance for performing activities of daily living; or maintenance program (treatment goals have been met).

Deep Brain Stimulation (DBS) MP9331

Deep brain stimulation is considered experimental and investigational for the treatment of cluster headaches and eating disorders.



Medical Policy Update (continued)

Pulse Oximeter MP9372

Prior authorization is not required for Administrative Services Only (ASO) members.

Hearing Aids MP9445

Prior authorization is not required for members through the age of 18. For members age 19 and older, the Hearing Impairment Formula form is required with all prior authorization requests. Effective September 1, 2019, the prior authorization criteria for air conduction binaural and monoaural hearing aids will change to the following:

Hearing thresholds 40 decibels (dB) HL or greater at 500, 1000, 2000, 3000 or 4000 hertz (Hz); or hearing thresholds 26 dB HL or greater at three (3) of the frequencies; or speech recognition less than 94 percent.

Genetic Testing for Pharmacogenetics MP9479

Opioid (e.g., CYP450, OPRM1, and Genesight Analgesic Panel) and statin pharmacogenetics (e.g., SLC01B1) genetic testing is considered experimental and investigational and therefore are not medically necessary.

Effective September 1, 2019

Hyperbaric Oxygen Therapy (HBOT) MP9055

Transcutaneous tissue oxygenation (PtcO₂) criteria levels will be removed. HBOT for acute conditions does not require prior authorization and additional acute conditions have been added to the policy.

Bone Growth Stimulator MP9076

Ultrasonic bone growth stimulation is considered medically necessary for delayed fracture or osteotomy healing. Refer to the policy for additional criteria. Ultrasonic osteogenesis stimulator is considered experimental and investigational for fractures, failed fusions, or non-unions of the axial skeleton (e.g., skull and vertebrae).

Vein Disease Treatment MP9241

Subfascial endoscopic perforator surgery (SEPS) requires prior authorization. Mechanochemical endovenous ablation and intense pulse-light source (photo sclerosis) are considered experimental and investigational.

Magnetoencephalography (ME)

Brain localization indications added.

Prostate Treatment MP9361

The criteria for MRI-TRUS fusion-guided prostate biopsy will be included. Criteria for the treatment of symptomatic benign prostatic hypertrophy (BPH) with a prostatic urethral lift was updated.

Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB) MP9362

Exceptions to the six- (6) week trial of conservative therapy will be added. A request for a repeat ESI, may be made no sooner than three (3) weeks from the previous injection. The member's pain must be 50 percent pain improved. Four (4) ESIs may be approved per "rolling" calendar year (twelve-months). Therapeutic and diagnostic SNRBs are limited to three (3) per each level of the spine during a six (6) month timeframe.

Total Ankle Arthroplasty MP9363

Revision surgery requires prior authorization and is considered medically necessary for individuals with failed total ankle arthroplasty (e.g., persistent pain). Total ankle procedures customized to the member are not medically necessary.

Laser Treatment for Psoriasis MP9399

Three (3) courses of laser treatment with thirteen (13) laser treatments per course of treatment are allowed in one (1) year. Documentation of a Psoriasis Area and Severity Index (PASI) score and other objective treatment response measurement is required.

Transcatheter Aortic Valve Implantation (TAVI) MP9436

Criteria added for bioprosthetic aortic valve stenosis or regurgitation.



Urine Drug Testing (UDT) Presumptive and Definitive MP9460

Presumptive testing frequency for patients with zero (0) to 90 consecutive days of abstinence, presumptive UDT is expected at a frequency of one (1) to three (3) times per week. Patients with greater than 90 consecutive days of abstinence, presumptive UDT is expected at a frequency of one (1) to three (3) per times per month. Definitive UDT testing frequency for patients with zero (0) to 90 consecutive days of abstinence, is expected at a frequency of one (1) physician-directed testing profile per week. Patients with greater than 90 consecutive days of abstinence, definitive UDT is expected at a frequency of one (1) to three (3) physician-directed testing profiles in three (3) months. Routine random monitoring frequency should be based on patient's risk and composition of panels. The number of analytes tested should align with the member's clinical history, current symptoms, and other supporting documentation.

Genetic Testing for Thrombophilia MP9473

Factor V Leiden (F5 gene) and prothrombin (F2 gene) testing criteria was updated to align with current medical evidence.

Prior Authorization Updates

Prior authorization is not required as of the date indicated:

- Auditory Brain Stem and Cochlear Implants MP99016 (March 1, 2019)
- Intensity Modulated Radiation Therapy (IMRT) MP9426 (April 1, 2019)
- Stereotactic Cranial Radiosurgery MP9345 (May 1, 2019)
- Stereotactic Body Radiotherapy MP9459 (May 1, 2019)

The following medical policies were retired as of March 1, 2019:

- Sacral Nerve Stimulation (Incontinence) MP9113
- Pulmonary Rehabilitation MP9077
- Prophylactic Oophorectomy MP9450

Technology Assessments

The following treatments, procedures, or services are considered not medically necessary, and therefore are not a covered service:

- Robotic-arm assisted surgery (MAKO)
- Upper airway stimulation for obstructive sleep apnea (Inspire®)
- Microdebrider coblation device (Topaz)
- Liquid biopsy genetic test (Colvera™)
- Noncontact normothermic wound therapy (NNWT)
- Migraine headache surgery

More Common Medications Available with \$0 Copay

Dean Health Plan is making more common medications available without a copay to lessen barriers and help patients better manage their health.

For example, those who take prescription medicine for high cholesterol, high blood pressure and asthma are among those who will benefit, and their medications will now be part of the Preventive Drug List (PDL). These are select tier 1 and tier 2 medications. The full list of medications included on the PDL can be viewed on deancare.com.

This is a benefit enhancement for all members of Large Group employers* (50+ employees), effective July 1, 2019.

(*Excludes some Large Group employers, i.e., ETF, local and federal) ⊕



Pharmacy and Therapeutics Update

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. **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 noted below and with policies require specialists to prescribe and request authorization.

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

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

LIBTAYO (cemiplimab) MB1901

Effective April 1, 2019, LIBTAYO, which is used to treat metastatic or locally advanced cutaneous squamous cell carcinoma, will require a prior authorization. It is restricted to oncology prescribers.

ULTOMIRIS (ravulizumab) MB1902

Effective April 1, 2019, ULTOMIRIS, which is used to treat praxysmal nocturnal hemoglobinuria, will require a prior authorization. It is restricted to hematology, oncology, or immunology prescribers.

ONCASPAR (pegaspargase) MB1903

Effective October 1, 2019, ONCASPAR, which is used to treat acute lymphoblastic leukemia, will require a prior authorization. It is restricted to oncology and hematology prescribers.

COSMEGEN (dactinomycin) MB1904

Effective October 1, 2019, COSMEGEN, which is used to treat Wilms Tumor, rhabdomyosarcoma, metastatic nonseminomatous testicular cancer, gestational trophoblastic neoplasia, regional perfusion in locally recurrent and loco regional solid malignancies, and Ewing Sarcoma, will require a prior authorization. It is restricted to oncology prescribers.

ELZONRIS (tagraxofusp-erzs) MB1905

Effective April 1, 2019, ELZONRIS, which is used to treat blastic plasmacytoid dendritic cell neoplasm, will require a prior authorization. It is restricted to oncology and hematology prescribers.

EMPLICITI (elotuzumab) MB1906

Effective October 1, 2019, EMLICITI, which is used to treat relapsed or progressive myeloma, will require a prior authorization. It is restricted to oncology and hematology prescribers.

INGREZZA (valbenazine) PA1907

Effective April 1, 2019, INGREZZA, which is used to treat tardive dyskinesia, will require a prior authorization. It is restricted to psychiatry and neurology prescribers.

ORLISSA (elagolix) PA1908

Effective April 1, 2019, ORLISSA, which is used for the treatment of moderate to severe pain associated with endometriosis, will require a prior authorization. It is restricted to an OB/GYN or other women's health/reproductive specialist prescribers.

Hereditary Angioedema Class PA1909

Effective April 1, 2019, the Hereditary Angioedema class, will require a prior authorization. This class is restricted to allergy and immunology prescribers.

LUCEMYRA (lofexidine) PA1910

Effective April 1, 2019, LUCEMYRA, which is used to treat opioid withdrawal, will require a prior authorization. It is restricted to a prescriber specializing in pain management.

BRAFTOVI (encorafenib)/MEKTOVI (binimetinib) PA1911

Effective April 1, 2019, BRAFTOVI/MEKTOVI, which are used to treat unresectable or metastatic melanoma, will require a prior authorization. These are restricted to oncology prescribers.



**Potassium Removing Agents
VELTASSA (patiomer)/LOKELMA
(sodium zirconium cyclosilicate)
PA1912**

VELTASSA/LOKELMA, which are used to treat hyperkalemia, will require a prior authorization. These are restricted to nephrology, cardiology, or endocrinology prescribers.

**TAFINLAR (dabrafenib)/MEKINIST
(trametinib) PA1913**

TAFINLAR/MEKINIST, which are used to treat unresectable or metastatic melanoma, metastatic non-small cell lung cancer, and locally advanced or metastatic anaplastic thyroid cancer, will require a prior authorization. These are restricted to oncology prescribers.

**AUSTEDO (deutetrabenazine)
PA1914**

AUSTEDO, which is used to treat chorea with Huntington's disease and tardive dyskinesia, will require a prior authorization. It is restricted to psychiatry or neurology prescribers.

MULPLETA (lusutrombopag) PA1915

MULPLETA, which is used to treat thrombocytopenia in adult patients with chronic liver disease, will require a prior authorization.

TIBSOVO (ivosidenib) PA1916

TIBSOVO, which is used to treat relapsed or refractory acute myeloid leukemia, will require a prior authorization. It is restricted to oncology and hematology prescribers.

Changes to Drug Policy

**RETACRIT (epoetin alfa-epbx)
EPOGEN/PROCRT (epoetin-alfa)
PA9715**

Effective July 1, 2019, RETACRIT will be the preferred epoetin alfa product under both the pharmacy and medical benefit. Prior authorization is required and is restricted to oncology, infectious disease, hematology or nephrology prescribers.

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

Effective April 1, 2019, removed the criteria for an assessment of left ventricular ejection fraction (LVEF) by echocardiogram or multigated acquisition (MUGA) scan before initiation, after one month, then every three months for unresectable or metastatic melanoma with a BRAFV600E or V600K mutation, as well as removed the age requirement for all indications. Added quantity limit for ZELBORAF of eight per day. Also, removed requirement for baseline liver laboratory tests, CPK and creatinine levels to assess for occurrences of hepatotoxicity and rhabdomyolysis. Prior authorization is required and is restricted to oncology or hematology prescribers.

**LUPRON/ELIGARD (leuprolide)
MB1842**

Effective May 1, 2019, LUPRON/ELIGARD, will no longer require a prior authorization. However, the criteria are set up with coding edits. Code governance will conduct periodic audits to ensure providers are adhering to the policy. It is restricted to oncology, urology, OB/GYN, internal medicine, family medicine, or pediatric prescribers. Prior authorization will NOT be required. However, the criteria are set up with coding edits. Code governance will conduct periodic audits to ensure providers are adhering to the policy.

**KEYTRUDA (pembrolizumab)
MB1812**

Effective May 1, 2019, added indication for hepatocellular carcinoma. Prior authorization is required and is restricted to oncology prescribers.

LEMTRADA (alemtuzumab) MB9468

Effective May 1, 2019, removed infusion limit to allow for subsequent cycles. Prior authorization is required and is restricted to neurology prescribers.

LYRICA (pregabalin) PA9845

Effective May 1, 2019, added indication for off label use diagnosis in patients who failed Neurontin titrated to dose >1800mg/day and patient has tried a medication from one of the following classes: SSRI/SNRI, anticonvulsant, muscle relaxant, topical lidocaine, OR analgesic. Prior authorization is required.

SYMPROIC (naldemedine) PA1827

Effective May 1, 2019, removed requirement of stool softener being ineffective, contraindicated or not tolerated. Prior authorization is required.

**REPATHA (evolocumab) PRALUENT
(alirocumab) PA9911**

Effective June 1, 2019, added indication for Heterozygous familial hypercholesterolemia and Primary Hyperlipidemia Clinical Atherosclerotic Cardiovascular Disease. Prior authorization is required and is restricted to cardiology, lipidology or endocrinology prescribers.

DUPIXENT (dupilumab) PA9955

Effective June 1, 2019, changed age limit for chronic severe atopic dermatitis from greater than age 18 to greater than 12. Prior authorization is required and is restricted to allergy, immunology, pulmonology or dermatology prescribers.

Pharmacy and Therapeutics Update (continued)

PEGFILGRASTIM and Biosimilars MB1808

Effective October 1, 2019, UDENYCA and FULPHILA will be the preferred pegfilgrastim products for both the pharmacy and medical benefit. Coverage of NEULASTA will require a trial of both UDENYCA and FULPHILA. Prior authorization is required and is restricted to hematology or oncology prescribers.

XOLAIR (omalizumab) MB9309

Effective June 1, 2019, added NDC and HCPCS code for XOLAIR 75mg and 150mg prefilled syringe. Prior authorization is required and is restricted to allergy, pulmonology, immunology or dermatology prescribers.

Botulinum Toxin MB9020

Effective June 1, 2019, removed the criteria for urge urinary incontinence demonstrated on urodynamic testing for the overactive bladder indication. Prior authorization is required.

ACTEMRA (tocilizumab) - SQ FORMULATION

Effective June 1, 2019, removed section 6.0, which stated what ACTEMRA should not be used for. Prior authorization is required and is restricted to rheumatology prescribers.

Retired

CELEBREX (celecoxib) PA9841
Effective April 1, 2019

WELCHOL (colesevelam) PA9935
Effective May 1, 2019

ONFI (clobazam) PA9939
Effective June 1, 2019 ⊕

Termination of Doctor/Patient Relationship

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

A practitioner may terminate such care only for good cause, as determined by Dean Health Plan. Information regarding this process can be found in the Provider Manual. See deancare.com/providers. ⊕



Green is Good!

Each year, we celebrate Earth Day, with more than 193 countries partaking in activities that support the protection of our environment. But we can support the health of our environment everyday with simple changes like:

- Giving printed paper a second life as a notepad
- Using products like Microsoft OneNote, Bear and Zoho Notebook
- Bringing utensils from home instead of plastic ware

Think about it for a minute and surely you will find even more ways to be green! ⊕



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:
 - Practice location's handicap accessibility status
 - Hospital affiliation
 - Provider specialty
 - Languages spoken by provider
 - Provider website URL

Dean Health Plan is committed to ensuring that we present accurate provider information. Communication between the health plan and providers will assist in maintaining excellent quality of care and customer service to our members and patients.

Please review the current listing of practitioners and locations included in the online provider directory at deancare.com/find-a-doctor to ensure we are posting the most current information. ⊕



Thank you for doing a **SUPER** job of caring for our members!



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.

To view these rights and responsibilities, visit deancare.com/member-rights. ⊕

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

Get to know your Provider Network Consultant. Find him or her at deancare.com/providers.

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Richland counties

Yes! Sign me up! 

Send the following information to
DHP.ProviderNewsletter@deancare.com

- Facility Name
- Full Name
- Address
- City, State, Zip
- Phone
- Email

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Please contact Provider Network Services at
DHP.ProviderNewsletter@deancare.com

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complete contact information

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to receive via email?