

Provider NEWS

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



Spring 2023

A newsletter for Dean Health Plan providers

Dean Health Plan Growing with a New Partner

As partners, Dean Health Plan and Medica are jointly pursuing innovations while maintaining their roots and local presence in their communities. For Dean Health Plan, this partnership allows further growth of the Dean Health Plan brand.

With SSM Health's 2021 agreement [with Medica](#), an independent, non-profit health plan headquartered in Minnetonka, Minnesota, Dean Health Plan and Medica became partners. Both health plans recognize opportunities to align best practices and enhance tools and technology through joint investments, increasing their potential to provide high-quality support for providers and members amid an ever-evolving health care environment.

"This relationship, with its deep local focus, is an opportunity to further enhance the tools available to members, employers, brokers and others and improve the overall health care experience for everyone we serve," said John Naylor, President and CEO of Medica.

As early evidence of the power of this partnership, a new, shared claims processing platform is planned to be implemented next year. In addition to technology innovations, other opportunities for alignment, such as policies and business processes, will be announced in the future as details become available.

"We believe together we can develop and deliver innovative solutions that best support people's health care needs in the communities we serve," said Naylor.

Honoring both organization's history of serving their communities through close partnerships with local health care providers, what is not changing is Dean Health Plan's 35-plus years commitment to its local presence in Southern Wisconsin and the more than 5,000 providers in its network, including SSM Health-Wisconsin providers and hospitals.

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Dean Health Plan Growing with a New Partner cont...

“We are excited about the continued progress toward a whole-person approach to care; coordinating physical health, mental health, and critical community resources,” said Dave Docherty, President of Dean Health Plan. “Our long history in building integrated health insurance and provider solutions will provide us an opportunity to lead in this space, improving the overall health of the communities we serve.”

Information about changes related to Dean Health Plan’s partnership with Medica will be communicated through monthly policy notices, off-cycle communications, when needed, and quarterly newsletters, and available online:

- [Dean Health Plan Provider Communications](#) - links to monthly and off-cycle provider communications and other provider resources. This page will be updated to highlight Medica-related communications.
- [Dean Health Plan Provider News](#) - links to quarterly provider newsletters.

Additionally, providers can refer to the [Dean Health Plan Medica Q&A web page](#). This page will be updated to reflect additional inquiries and new information as it becomes available. ⊕

Updated Dean Health Plan Logo

To reflect our relationship with Medica, we are excited to unveil an updated Dean Health Plan logo. The logo includes a “by Medica” endorser and heart icon while continuing to feature Dean Health Plan prominently.

“Over the years, our logo and name have reinforced our very close relationship with our care delivery partners here in our markets,” said Dave Docherty, President of Dean Health Plan. “The updated logo highlights our

connection with Medica and the benefits it brings.”

For a time, old and new versions of the logo will coexist as we transition to the updated logo in provider and member materials throughout the year.

DeanHealthPlan
by  **Medica**®

In Case You Missed It...

Dean Health Plan publishes a variety of articles in our newsletters. Here are a few with important 2023 information, we think are worth calling out... *in case you missed it*.

- Medica Employee Health Plan for Dean Health Plan employees — Dean Health Plan employees are now Medica employees and have joined the Medica Employee Benefit Plan, administered by WellFirst Health, effective January 1, 2023. (SSM Health employees continue to be covered under the SSM Health Employee Health Plan administered by WellFirst Health.) ([Winter 2022](#), page 3)
- New Comprehensive Oncology Program — The Comprehensive Oncology Program with Magellan Rx was launched for dates of service on and after January 1, 2023. ([Fall 2022](#), page 11). ⊕



BadgerCare Plus Eligibility Renewals to Restart this Spring

The Wisconsin Department of Health Services (DHS) Medicaid program will reinstate eligibility re-determinations for all BadgerCare Plus members, which includes Dean Health Plan BadgerCare Plus members. Starting in mid-March 2023, DHS will notify members by mail, text, and “push notification” for those who have the MyAccess phone app, letting them know which month their Medicaid renewal will be due. DHS will provide a 45-day advanced notice of eligibility renewal. Members will continue to receive coverage until their renewal date.

Dean Health Plan will also provide notification to Dean Health Plan BadgerCare Plus members. There is a small group of members who are required to validate their eligibility by March 31, 2023, while most have a later renewal date.

DHS will resume its standard processing of renewal letters on May 15, 2023, with the first termination date of June 30, 2023. The renewal process for all members will be completed by May 2024.

If your patients are enrolled in BadgerCare Plus, please emphasize that they need to ensure their address and contact information with Wisconsin Medicaid is up to date so they can receive renewal notices. BadgerCare Plus members can update their information through the [ACCESS website](#), the MyAccess app, or call or visit their county consortia to update their contact information. ⊕

Supporting Documentation with Authorization Requests

[Avoid determination delays and authorization denials.](#)

Don't forget to include all relevant clinical documentation supporting medical necessity with prior authorization requests at time of submission. It can make all the difference for prompt determinations and timely services for your patients.

Dean Health Plan's expectations regarding prior authorization and supporting documentation submissions are detailed in the “Submitting Prior Authorization Requests” and “Supporting

Documentation” sections in the Dean Health Plan Provider Manual.

We strive to make the process clear. For a quick step-by-step process on how to attach supporting documentation using the secure Dean Health Plan Provider Portal Authorization Submission application, see the Provider Portal User Guide, available to registered portal users. ⊕

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 the [Dean Health Plan Member rights and responsibilities](#) web page. ⊕

2023 Medicare Advantage Wallet Card Offers More Options and Flexibility

Is the Dean Advantage Wallet Card an over-the-counter allowance card, a Healthy Living Rewards card, or a flexible benefit card? Depending on the member's benefit plan, the answer is "yes!" Here's what providers should know about accepting the card and receiving payments.

The 2023 Dean Advantage Wallet Card is a swipe card that can be used for specific extra benefits available under some Dean Advantage plans. This year, members enrolled in certain Dean Advantage benefit plans can spend prepaid allowances from their wallet card toward their dental, hearing, and/or vision benefits, in addition to approved over-the-counter (OTC) products.

How it Works for Members

The wallet card is mailed to members after they have successfully enrolled in a Dean Advantage benefit plan. Members can activate their cards either by calling the IVR (automated phone line) number that is listed on the card or online at mybenefitscenter.com. Once activated, the member can use the wallet card for the purchase of eligible items and/or toward payment for specific benefits, depending on their benefit plan.

How it Works for Providers

To receive payment from a member's wallet card, providers must be equipped to accept Visa® swipe cards.

Providers can expect to receive payments from a member's wallet card when all of the following apply:

- The item or service is covered under the member's benefit plan
- The item or service is appropriate for wallet card use
- There are available allowances on the wallet card

Providers may send an email to Jacob.Ruth@deancare.com for help verifying their payment terminal connection or if they are having issues accepting Dean Advantage wallet cards. ☺

Wallet Card Member Benefits At-a-Glance			
Benefit	Eligible Members	Allowance/Amount	Short Use Description
Over-the-Counter	Members enrolled in any Dean Advantage plan	\$50 quarterly Automatically loaded to the wallet card; Unused allowances do not roll over to the next quarter.	Can be used to purchase OTC items - pain relievers, pill cutters, bandages, etc. from designated retailers such as Walgreens and Walmart. Can be used in-store, online, or through a catalog.
Vision	Members enrolled in any Dean Advantage plan	\$150 per year	Can be used to purchase eyewear.
FlexSpend	Members enrolled in the Dean Advantage SSM Presence Plan	\$650 per year	Can be used towards additional dental services, vision services, eyewear, hearing services, and hearing aids.
Living Health Rewards	Members enrolled in any Dean Advantage plan	Up to \$150 in wellness rewards, paid in \$50 increments, per calendar year. Wellness rewards are loaded to the wallet card about one week after a member logs their points into their Living Healthy account, accessible through our member portal.	Earned by completing health activities like receiving a flu shot, going to the dentist, getting an annual physical, and more.

Benefits can vary by plan. Member coverage is subject to the limitations and exclusions outlined in the member's benefit. Go to the [Medicare Advantage 2023 additional benefits web page](#) for a full list of 2023 extra benefits and more details.



The Facts About Provider Recredentialing

Find out why provider recredentialing is important and how the Health Plan reaches out to providers during the process.

As part of its National Committee on Quality Assurance (NCQA) accreditation, Dean Health Plan follows credentialing and recredentialing processes to select and maintain a high-quality provider network. Providers must successfully complete recredentialing within specific time frames in order to continue to deliver services to Dean Health Plan members.

Why is recredentialing required?

Provider recredentialing supports the Health Plan's commitment to the highest level of care for individuals enrolled in our benefit plans by ensuring ongoing compliance of the standards that were evaluated and approved during provider credentialing.

How often does recredentialing occur?

Recredentialing applications are required to be completed and approved by the Dean Health Plan Credentialing Committee at least every 36 months for a provider to continue participation in the provider network.

Who needs to be recredentialed?

Like credentialing, recredentialing is conducted in a non-discriminatory manner. Practitioner types subject to recredentialing are listed in the "Credentialing Process" section in the Dean Health Plan Provider Manual.

What is the recredentialing process?

The Health Plan strives to make recredentialing a bit easier for providers. In summary, when a provider is due for recredentialing, a pre-populated recredentialing

application is sent for them to review, update, if applicable, acknowledge, and return, allowing the provider to save time and simply verify that their information is current. The Provider Credentialing Specialist's contact information is in the credentialing application should the provider have any questions. All information obtained in the recredentialing process is kept confidential.

If a provider does not return the recredentialing application within the requested timeframe, the Provider Credentialing Specialist will reach out to the provider as a reminder. If necessary, the Provider Credentialing Specialist will make three attempts requesting the recredentialing application back from the provider, including one phone call.

If the recredentialing application is not returned, the provider will be tagged for termination from the provider network. Notifications will be sent to the provider prior to termination.

If a provider is terminated for failure to comply with recredentialing requirements, the provider will need to undergo the initial credentialing process again and be approved by the Credentialing Committee before they can provide services to members.

See the "Credentialing Process" section in the Dean Health Plan Provider Manual for more details regarding the recredentialing process. ⊕

When extra support is needed, we can help!

Care Management is a supportive intervention to help improve the health of our members. Care Management offers programs that focus on Complex Medical (adult and pediatric), Pregnancy, Transitions of Care, Behavioral Health, Transplant and Advance Care Planning. Our team of registered nurses, social workers, and care coordination specialists assist members in

navigating their care and also provide support to help them manage their acute or chronic conditions.

Visit our website for more information about our [care management services and programs](#). Providers can also call the Provider Referral Line at 1-800-356-7344 ext. 4132. ⊕



Foodsmart Program Discontinued

Nutritional support for patients is still available through the Living Healthy Portal.

After careful consideration, Dean Health Plan has decided to discontinue Foodsmart's digital nutrition program because of low member engagement. However, many of the features that Foodsmart offered are available to your Dean Health Plan patients through the Living Healthy Portal, powered by WebMD.

Encourage your patients to visit deancare.com/nutrition for tools to help them with meal planning, recipes, and other similar nutritional services. From this page, they have access to the Living Healthy Portal, nutritional

webinars from our video library on YouTube, and healthy recipes from the *Made From Scratch* monthly nutrition newsletter.

Also from this web page, patients looking for personalized nutrition guidance or additional nutrition support in managing their medical conditions can request a free consult with a Registered Dietitian. The Registered Dietitian can help develop meal plans and fill in educational gaps to support providers in their efforts to promote good nutritional habits to their patients. ⊕

Accessibility of Services Standards

It is important for Dean Health Plan network providers to understand the Accessibility of Services standards. Dean Health Plan is committed to ensuring that members using the provider network for their care have appropriate appointment accessibility.

The Accessibility of Services standards for members pertain to services provided by primary care, specialty care, and behavioral health care clinic locations and can be found under the Quality Improvement section of the [Dean Health Plan Provider Manual](#). ⊕



Health Equity and Dean Health Plan

Plus- Annual language assessment for Dean Health Plan BadgerCare Plus members

Health equity means that every person has the opportunity to be as healthy as possible. Dean Health Plan recognizes that addressing health inequities and promoting cultural awareness are key for delivering a diverse and inclusive experience for members. As the new year unfolds, don't forget to visit our [Cultural Awareness & Health Equity](#) web page featuring the Cultural Awareness Training Series and free telephonic Language Line for language assistance/interpreter services.

Cultural Awareness Training Series

Viewers can watch modules at their convenience and refer back as often as they wish. Each module reflects timely topics and patient populations in Wisconsin.


- Module 1: Introduction to Cultural Competency and Humility
- Module 2: Introduction to Refugee Communities
- Module 3: Introduction to LGBT Populations
- Module 4: Organizational Cultural Competence

Language Line Bridges Provider and Patient Communications

To address diverse language needs and enable important communications between providers and patients, Dean Health Plan offers a free, telephonic Language Line for language assistance/interpreter services. This service is available 24/7 to in-network providers who need to interact with Dean Health Plan members who have limited English language proficiency. Dean Health Plan providers may request language assistance by calling [844-526-1386](tel:844-526-1386).

Annual Assessment of Language Needs

Dean Health Plan annually assesses the language needs of all members through enrollment and census data. The Health Plan is required to have vital documents readily available in any language identified as having a 5% or higher member population. For Dean Health Plan BadgerCare Plus members, both English and Spanish exceed this threshold.

The table shows assessment results for Dean Health Plan BadgerCare Plus members. 

Primary Language	Total Members	Total
English	45,373	91.6%
Spanish	3,370	6.8%
Hmong	120	0.2%
Mandarin Chinese	110	0.2%
Albanian	96	0.2%
Vietnamese	52	0.1%
Unknown	47	0.1%
Arabic	47	0.1%
Nepali	43	0.1%
Undetermined	32	0.1%
French	27	0.1%
Left Blank	26	0.1%
Russian	21	0.0%
Khmer / Cambodian	20	0.0%
Chinese	15	0.0%
American Sign Language	15	0.0%
Korean	14	0.0%
Cantonese	11	0.0%
Hindi	8	0.0%
Punjabi	7	0.0%
Thai	7	0.0%



Requesting Utilization Management Criteria

Dean Health Plan's prior authorization requirements, medical policies, and the current medication formulary are all available online at deancare.com and will also be provided in writing upon request. Written copies can be obtained by contacting Dean Health Plan at **800-279-1301** and requesting that a copy be mailed or faxed to you.

Dean Health Plan also licenses Milliman Care Guidelines (MCG) which are nationally recognized evidence-based guidelines for medical necessity determinations. If a prior authorization request is denied, the specific MCG Guideline used in making the determination is available upon request by contacting Dean Health Plan at **800-279-1301** and requesting that a copy be mailed or faxed to you. ⊕

When Statin Drug Therapy is Not Appropriate



The American College of Cardiology/American Heart Association guidelines recommend the use of moderate- or high-intensity statin drug therapy for adult patients with:

- Established atherosclerotic cardiovascular disease (ASCVD)
- Diabetes, when 40 to 75 years of age and an LDL-C \geq 70 mg/dL

However, sometimes statin drugs are not clinically appropriate for a patient. **When a statin drug is not appropriate, providers are encouraged to document the rationale in the clinical note of an office visit, every year.**

Below are some common reasons why statin drug therapy may not be appropriate for a patient:

- Myopathy or rhabdomyolysis
- Cirrhosis
- Prediabetes
- ESRD or Dialysis
- Polycystic ovary syndrome
- Pregnancy, lactation, or fertility

Documenting this information annually as part of a patient's medical record can help improve care coordination and the quality of a patient's care. Furthermore, documentation of these conditions ensures that accreditation and regulatory entities exclude these patients from certain quality measures for more accurate data and performance assessments. ⊕



Medicare Advantage Corner

Welcome to the Medicare Advantage Corner! This section of the newsletter highlights information and timely topics regarding our Medicare Advantage plans with Part D coverage.

We kick off our first newsletter of 2023 with reminders of the ways our Medicare Advantage members can save time and money this year.



Maintenance Drug Savings

Dean Medicare Advantage members with Part D coverage can save money by filling prescriptions through our preferred retail pharmacy network or mail order pharmacy.

Mail Order

Members don't need to leave their house with our mail order program to realize these savings! Dean Medicare Advantage members with Part D coverage can receive:

- A 100-day prescription fill at \$0 copay for Tier 1 and Tier 2 drugs obtained through the Costco Mail Order Pharmacy.
- A 100-day supply instead of a 90-day supply when they fill their maintenance medications through mail order for Tier 1, 2, 3, and 4 drugs. This means they will be able to get more medication at the same cost as a 90-day prescription and save one copay per year. Narcotics and Specialty medications are excluded.

To start a patient toward realizing these savings, providers should write a new prescription that specifies a 100-day supply instead of a 90-day supply (e.g., Lisinopril 5 mg 1 qd #100 days with 3 refills) and send to the patient's pharmacy.

Members do not have to be a Costco member to sign up for the mail order program. Refer to the mail order information on our website for more information about how a member can get their prescriptions through the mail order program, including a link to the online or paper enrollment form. Members can call Costco's customer care help line at [877-232-7566](tel:877-232-7566) (TTY:711) for assistance.

Retail Pharmacy

Like the mail order program, a Dean Medicare Advantage member can receive a 100-day supply instead of a 90-day supply when they fill their maintenance medications through a retail pharmacy for Tier 1, 2, 3, and 4 drugs. This means they will be able to get more medication at the same cost as a 90-day prescription and save one copay per year. Narcotics and Specialty medications are excluded.

Members with Part D coverage can save additional money by filling their prescriptions through a pharmacy in our preferred network which includes Costco, Walgreens, Walmart, SSM Health Pharmacies, and select community pharmacies, such as Medicine Shoppe and Forward Pharmacies.

Additionally, members have access to pharmacies in our standard retail pharmacy network which includes:

- Most national pharmacy chains
- Many retail and grocery store pharmacies
- Many independent, local community pharmacies

\$0 Part D Vaccines

Dean Health Plan members have \$0 copay, in all stages of their coverage, for all covered Part D vaccines, including Shingles and Tdap. These \$0 vaccines are listed in our formulary as Tier 6.

As reminder, Dean Advantage patients can now receive their preventative Part D vaccines while in their doctor's office. Providers should submit claims for Part D vaccine product and administration to the Health Plan and reimbursement will be issued from our contracted pharmacy benefit manager, Navitus. ⊕

Notification Necessary for Provider Demographic Changes

Please don't forget to update NPPES information too!



Dean Health Plan is committed to ensuring that our provider directories are accurate and current for members who rely on this information to find in-network providers for their care. Additionally, the Centers for Medicare & Medicaid Services (CMS) and other regulatory and accreditation entities require us to have and maintain current information in our provider directories.

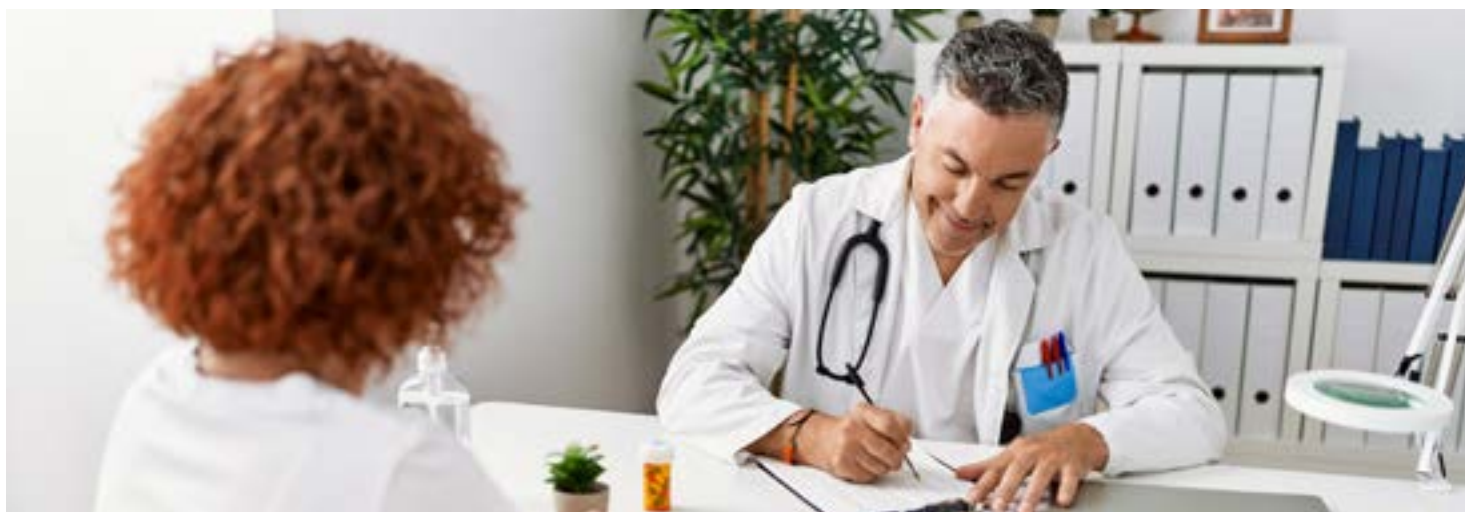
To help accomplish this, providers must notify their designated Dean Health Plan Provider Network Consultant of any updates to their information on-file with us as soon as they are aware of the change.

On a quarterly basis, outreach is provided by our vendor BetterDoctor requesting providers to validate that their information on-file with us is current and accurate. Information regarding a provider's ability to provide services via telehealth are part of these attestations. Providers should not wait for these reminders to update their information with the Health Plan.

As our provider directories accommodate additional information for our in-network providers and additional requirements in the future, please review your directory information regularly at deancare.com/find-a-doctor to verify it reflects current and accurate information for your organization and you. Report any updates for the following to your Provider Network Consultant:

- Ability to accept new patients
- Practice location address
- Location phone number
- Provider specialty
- Languages spoken by provider
- Provider terminations
- Other changes that affect publicly posted provider accessibility and demographics information. This includes, but is not limited to:
 - Practice location handicap accessibility status
 - Hospital affiliation
 - Provider specialty
 - Languages spoken by office staff
 - Provider website URL

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. NPPES data serves as an important resource to improve provider directory reliability and accuracy. ⊕



Online Educational Tool Available for Providers to Share with Patients

Dean Health Plan offers Emmi®, free online educational programs, that all in-network providers can use to help 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. All educational material is available in both English and Spanish, and in other languages for select content. In-network providers can sign up for an account by contacting Emmi customer support at 866-294-3664 or support@my-emmi.com. Once a

provider has established a free Emmi account, they can 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 to 30 minutes. Members can watch at their convenience and refer back as often as they wish. ⊕

Mission of the Provider News

Dean Health Plan publishes a quarterly Provider News to facilitate communication between Dean Health Plan and our network of contracted providers. Regular features for 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 the goals of Provider News:

- Educate the provider network on new or changed guidelines that may affect the care of our members.

- Introduce new services that benefit our members and may affect our provider network.
- Create an extension of the [Provider Manual](#) to share information that is needed by the Dean Health Plan provider network.

Go to our [Provider News web page](#) to access current and past Provider News. If you have any questions or suggestions on how to improve the newsletter, please contact your assigned Provider Network Consultant. ⊕

Provider Network Consultants

While online self-service resources and the Customer Care Center are your first sources of information, Provider Network Consultants (PNCs) are health plan personnel who assist with more in-depth inquiries, when necessary. (And, always, contact your PNC to report changes or updates to your demographic information.)

Contact information for PNCs is listed at the bottom of the [Dean Health Plan Providers page](#). Please contact the PNC listed for your specialty. If your specialty does not have a designated PNC, contact the PNC listed for your county. ☎



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 published alongside our quarterly newsletter. Drug policies are applicable to all Dean Health Plan products, unless directly specified within the policy. 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, 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, hover over **For Providers** located on the top, right of the screen and click **Pharmacy Services**. Under Current Drug Policies, click **See Library**.

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, hover over **For Providers** located on the top, right of the screen and click **Pharmacy Services**. Under Covered Drugs/Formulary, click **See Drug Formularies**. Select appropriate plan type and then benefit plan to open formulary document.

Please note that the name of the drug (either brand or generic name) must be spelled completely and correctly when using the search bar.

Spring 2023 Updates

The Spring 2023 Pharmacy and Therapeutic Updates are published on the Dean Health Plan Provider News web page at [deancare.com/providers/news](#). Please call the Customer Care Center at **800-279-1301** if you have questions about accessing our newsletters. ☎

Dean Health Plan Provider News

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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 published alongside our quarterly newsletter. The Medical Policy Committee meetings take place monthly. As always, we appreciate the expertise by medical and surgical specialists during the technology assessment of medical procedures and treatments.

To view all of Dean Health Plan's medical policies, visit deancare.com. From the home page, hover over **For Providers** located on the top, right of the screen and click **Medical Management**. Under Dean Health Plan Policies, click **Medical Policies**. 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**.

The medical policy updates in this document are published alongside our quarterly newsletters on the Dean Health Plan Provider news page at deancare.com/providers/news. Please call the Customer Care Center at **800-279-1301** if you have questions about accessing our newsletters.

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 (also called ASO plans) 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 (PT/OT) 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](#).

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](#).

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](#).

Spring 2023 Medical Policy Updates

The Spring 2023 Medical Policy Updates are published alongside this newsletter on our Dean Health Plan Provider news web page at deancare.com/providers/news. Please call the Customer Care Center at **800-279-1301** if you have questions about accessing the updates.