

Provider NEWS

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



Winter 2022

A newsletter for Dean Health Plan providers

Dean's Medicare Advantage Earns Exceptional 5 Star Quality Rating

Thank you to all of our providers for the shared commitment to our members and patients.

For the second year in a row, Dean Medicare Advantage plans earned 5 out of 5 stars for 2023 from the Centers for Medicare & Medicaid Services (CMS) as part of its annual assessment of all Medicare Advantage plans in the U.S.

Dean Health Plan also earned 5 out of 5 stars for 2023 on the Medicare Cost Plan.

This exceptional Star rating is a direct reflection of the high service standard and high-quality health outcomes that Dean Medicare Advantage members receive from providers across our entire network. CMS rated 507 Medicare Advantage contracts in the U.S. this year, and 11.2% of plans earned 5 stars. The average Star Rating for Medicare Advantage plans across the country was 4.15.

Achieving 5 out of 5 Stars requires consistent effort and dedication from all of our providers and all areas of the Health Plan. Our providers' commitment to providing high-quality care helps us achieve shared success at the highest levels and includes such elements as high-quality Annual Wellness visits, cancer screenings, diabetes control, and pharmacy medication management programs—among many others.

For information on 2023 Dean Medicare Advantage plans, visit deancare.com/medicare and see this edition's article "[Medicare Advantage Extra Benefits for 2023](#)." 

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Did you receive a 2023 Plan and Benefit Changes notification?



To keep Dean Health Plan in-network providers informed of changes that may affect their patients, we annually compile an informational packet summarizing some key plan and benefit changes for the upcoming

year. This year's [2023 Plan and Benefit Changes](#) notice for providers was released in November and features information such as the new health plan for Dean Health

Plan employees under Medica, Medicare Advantage updates, and member resources and programs to support providers and their patients in the coming year.

If you have questions about a patient's coverage information, refer to their member policy or certificate. See the side bar to this article for more information on how to access this information. If after reviewing a member's coverage information, you still have questions, please contact the Customer Care Center by calling the number listed for the patient's benefit plan.

Not receiving our emails? Select "Opt-In for Electronic Communications" in your Dean Health Plan portal account settings. ⊕

Finding Member Benefit Information

Providers can securely access documentation related to a member's Dean Health Plan benefit, including certificate of coverage, member policy or certificate, and the member handbook, at [memberbenefits.deancare.com](#). From this web page, providers can enter the Group Number or Member ID to retrieve information for a particular member.

Providers can access the Member Summary Plan Description (SPD) for SSM Health's Employee Health

Plan Administrative Services Only (ASO) plan members at [memberbenefits.wellfirstbenefits.com](#). This is also the page to access coverage information for members enrolled in the Medica Employee Health Plan in 2023.

Note: You must use Google Chrome to access the Member Benefit information web pages.

See more information about the 2023 Medica Employee Health Plan for Dean Health Plan employees in this edition's article titled "["Medica Employee Health Plan for Dean Health Plan Employees in 2023."](#)"

Stay on Top of Claims through the 277 Claims Acknowledgement

Sign up for the 277 Claims Acknowledgement (277CA) transaction to help prevent billing gaps and payment delays.

Spot and correct claim rejections early! The 277CA transaction provides a claim level acknowledgement of 837 Health Care Claim submissions. The 277CA reports if claims were accepted or rejected for adjudication. Sign up to receive the 277CA from the [Dean Health Plan HIPAA Transactions web page](#).

Another way to obtain claim submission status is through the Confirmation Reports Portal. The Confirmation Reports Portal, an application separate from the Dean

Health Plan Provider Portal, generates reports showing whether claims, submitted electronically or on paper, were accepted or rejected for processing. Reports from the Confirmation Report Portal are available within 48 hours of when the Health Plan receives a claim. Plus, once signed up, no more paper reports!

We strive to make the process easy. Providers should contact their Provider Network Consultant to request access to the Confirmation Reports Portal. ⊕



Medica Employee Health Plan for Dean Health Plan Employees in 2023

As announced in this year's [2023 Plan and Benefit Changes](#), effective for coverage on and after January 1, 2023, Dean Health Plan employees in Wisconsin are moving from the WellFirst Health SSM Health Employee Health Plan to the Medica Employee Health Plan, as part of the Health Plan's evolving partnership with Medica announced in 2021. This transition does not change Dean Health Plan's relationship with our contracted providers, including SSM Health providers and hospitals.

The Medica Employee Health Plan is a new product strictly for *Dean Health Plan* employees, which is more than 1,400 enrollees. SSM Health employees will continue to be offered the WellFirst Health *SSM Health Employee Health Plan*.

Not Changing

In most instances, Dean Health Plan providers will continue to work with the same Health Plan resources for their patients enrolled in the Medica Employee Health Plan as they do today for their WellFirst Health SSM Health Employee Health Plan patients.

The following **will apply** to the Medica Employee Health in the same way they do currently for the WellFirst Health SSM Health Employee Health Plan:

- **Interactions with Dean Health Plan** — Providers will verify member eligibility, submit authorization requests and claims, verify claim acceptance and claim status, and receive payments for services delivered to Medica Employee Health Plan patients in the same way or similarly to how they do for WellFirst Health SSM Health Employee Health Plan patients.
- **Provider Network** — In Wisconsin, the Dean Health Plan ASO provider network will serve as the network for Medica Employee Health Plan members.
- **Third Party Administrator and Payer ID** — WellFirst Health will be the administrator for the Medica Employee Health Plan under the current Payer ID 39113.
- **Pharmacy benefit manager** — Navitus will manage pharmacy benefit drug policies.

- **Medical Management** — Dean Health Plan policies, medical management, and procedures will apply to this product, unless otherwise noted.

Changing

The following apply to the Medica Employee Health Plan and **are different** than what is in place for the WellFirst Health SSM Health Employee Health Plan:

- **New Member ID Cards** — Medica Employee Health Plan enrollees will have member ID cards branded with the WellFirst Health and Medica logos.
- **New Group and Member ID Numbers** — Group numbers and member ID numbers for the Medica Health Plan will be different from what they were under the SSM Health Employee Health Plan.
- **New Customer Care Center Phone Number** — The Customer Care Center phone number for the Medica Employee Health Plan is 833-942-2159.

Prior Authorizations With 2023 End Dates

Medical and prescription drug authorizations approved in 2022 with end dates in 2023 will continue to be in effect for SSM Health Employee Health Plan members who become enrolled in the Medica Employee Health Plan on January 1, 2023. The Health Plan and Navitus will convert these authorizations to list the member's new ID number and a new Authorization Number. No action is required from providers. (The exceptions to this are approved authorizations for physical therapy and occupational therapy which are annually end-dated at the end of the year. Providers do need to submit new authorization requests to National Imaging Associates (NIA)/Magellan if continued services are needed on and after January 1, 2023.)

Because the converted authorizations will have the new member ID and authorization numbers, they will not be viewable or searchable in the provider's Provider Portal account. Providers can call the Customer Care Center at [833-942-2159](tel:833-942-2159) to request information on these authorizations, if needed. Providers are encouraged to have the previously assigned Authorization Number available when calling, if possible. ☎

Travel Immunizations



Is your patient heading to an exotic beach? Hiking across Europe? Exploring South Africa on safari? Whether vacationing, working, volunteering or living abroad, they should be prepared for possible illnesses and diseases that occur in other regions or countries.

Dean Health Plan offers travel immunizations based on the patient's benefit plan coverage as detailed in their certificate of coverage, or Summary of Benefits and Coverage (SBC), and formulary for their plan. Patients can also call the Customer Care Center for further information.

When your patients are preparing to travel, remind them that some immunizations require several weeks for full effectiveness, and they should try to make an appointment six to eight weeks before they leave on their trip. Even if they have missed that timeline, it is still a good idea to recommend they make an appointment before their trip, tailored to their specific area of travel.

Together we can help patients learn how to avoid risks, best manage pre-existing conditions, and take appropriate precautions before they begin their journey. See the [Travel Medicine web page](#) for more information. ⊕

Language Line Helps Bridge Important Communications Between Provider and Patient



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. The Language Line is available to in-network

providers who do not have access to language assistance services and need to interact with Dean Health Plan members who have limited English language proficiency.

Providers may request language assistance by calling 844-526-1386, available 24 hours a day, 7 days a week. See the Language Line Instructions on the [Cultural Awareness web page](#) for more information on how to use the service.

Dean Health Plan recognizes that addressing health inequities and promoting cultural awareness are key for delivering a diverse and inclusive experience for members. The Language Line helps to ensure that all individuals enrolled in Dean Health Plan benefit plans can verbally connect with their provider, understand their health condition and plan of care, as well as be able to articulate questions to their provider and understand responses to those questions. ⊕



Palliative Care Supporting the “Whole Person”

Palliative care, a specialty care clinic, uses an interdisciplinary approach that prioritizes patient preferences, dignity, comfort, and quality of life for those facing serious illnesses. The Palliative Care Team consists of providers, nursing staff, social workers, spiritual counselors, and other support staff. This interdisciplinary team approach allows a “whole person” model of care addressing all aspects of a patient’s life that can negatively impact their wellbeing. This includes physical, emotional, spiritual, and financial burden.

Benefits of palliative care include enhanced overall wellbeing, decrease in distressing symptoms, increased support for the patient and loved ones, and help in

facilitating communication and decision-making that is reflective of the patient’s values to empower the patient to feel more in control of their care.

Members can find a Palliative Care Provider near them from the online provider directory at deancare.com by clicking the “Find A Doctor” and selecting Palliative Care under the Specialty dropdown.

As a reminder, Dean Health Plan waives member copay for ambulatory palliative care provider visits for members enrolled in Dean Health Plan benefit plans, except for Aon Active Health Exchange, BadgerCare Plus, Federal Employees Health Benefit (FEHB), and State of Wisconsin Employee Trust Fund (ETF) plans. ⊕

Medicare Advantage Extra Benefits for 2023

The list below is an opportunity to familiarize yourself with all the exciting additional benefits available to Dean Advantage members in 2023. These extra benefits include:

- **24 one-way rides** to help members get to their medical appointments or the pharmacy. Members can call our Customer Care Center at [877-232-7566](tel:877-232-7566) to request a ride to an upcoming appointment.
- **120 hours per year of In-home and virtual support through Papa.** Screened and trained Papa Pals assist members with light house chores, technology, and transportation. Members can call Papa at [888-840-1609](tel:888-840-1609).
- **14 meals post-discharge through Mom’s Meals** for members who are discharged from the hospital or skilled nursing facility. Mom’s Meals works with members for dietary needs, preferences, and delivery details. Members can call the Health Plan’s Customer Care Center at [877-232-7566](tel:877-232-7566) to access the Mom’s Meals benefit.
- **Comprehensive and preventive dental benefits through Delta Dental.** Our plans have no deductible or coinsurance.
- **\$50 quarterly allowance for over-the-counter supplies** like bandages and pain relievers purchased

online, over the phone, or at participating stores including Walgreens, CVS, Kroger, and Walmart.

- **Fitness benefit at no cost to the member through the One Pass program** which includes, fitness center memberships, home fitness kit, and on-demand fitness videos.
- **up to \$150 in rewards through the Living Healthy Rewards Program** for completing healthy activities. *See this edition’s “Point your Patients to Health and Wellness” article for an overview of health and wellness programs.*
- **Hearing benefit.** All of our plans include a \$0 hearing exam and a \$750 yearly hearing aid allowance.
- **Vision benefit.** All of our plans include a \$0 vision exam and a \$150 eyewear allowance.
- **24-hour Nurse Line.** Members can call if they aren’t sure if they need to see a doctor or have a question.
- **Worldwide emergency and urgent services** coverage outside of the U.S. and its territories. *See this edition’s “Travel Immunizations” article regarding recommendations for your patients preparing to travel.*

Benefits can vary by plan. Go to the [Medicare Advantage 2023 additional benefits web page](#) for a full list of 2023 extra benefits and more details. ⊕

Incentive Program for Adolescent Immunizations Will Continue for 2023



Dean Health Plan will continue the incentive program for adolescent immunizations to members enrolled in Dean Health Plan's BadgerCare Plus plan into 2023. The incentive program encourages Centers for Disease Control and Prevention (CDC) recommended vaccines for adolescents.

Members turning 11 and 12 years old in 2023 who get one Meningococcal (MCV), one Tetanus, Diphtheria and

Pertussis (Tdap) and one Human Papilloma Virus (HPV) vaccine will be issued a certificate, through their parent or guardian, to claim a \$25 gift card from their choice of a participating merchant.

Members who receive their second HPV vaccine will receive a second certificate to claim a \$25 gift card. All vaccines must be completed on or before their 13th birthday.

Vaccines administered by participating pharmacies*, member's primary care provider, or a combination of both, apply toward receiving the reward. Other than submitting the claim and documenting the immunization in the Wisconsin Immunization Registry (WIR), there is nothing providers need to do. The Health Plan will send the certificate for the gift card once the claim has been processed. The second card will only be sent if all four vaccines are complete.

For questions regarding this incentive, please contact our Customer Care Center at [800-279-1301](tel:800-279-1301).

*Vaccine cost is covered for Dean Health Plan BadgerCare Plus members. ⊕

BadgerCare Coverage and the End of the Public Health Emergency

It is expected that the COVID-19 public health emergency will end in early 2023. When the public health emergency ends, the Wisconsin Medicaid program will reinstate eligibility re-determinations for all BadgerCare Plus members. 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.

The Department of Health Services has published information for providers to keep their patients informed on their COVID-19: Emergency ["Unwinding" Partner Toolkit web page](#). ⊕



Medication Therapy Management

Dean Health Plan offers Medication Therapy Management to members enrolled in a Dean Advantage plan who have complex health needs.

Medication Therapy Management (MTM) is a term used to describe a broad range of healthcare services provided by pharmacists. The main focus of MTM is to optimize therapeutic outcomes for individual patients. To initiate MTM, the qualifying individual is sent a letter to inform them of the program and that a pharmacist will be calling them for a consultation. The MTM consultation includes review of the patient’s drug regimen to help identify and reduce possible medication problems.

The pharmacist reviews the patient’s complete list of medications including prescriptions from all providers and over-the-counter drugs (OTC), vitamins, and supplements. The review not only looks at medication interactions, but also assesses the patient’s understanding of the medications, possible side effects, and adherence. MTM

helps patients to better manage disease states such as high blood pressure, high cholesterol, and diabetes.

At the end of the review the patient will receive a personal medication record listing all prescriptions, and OTC products with a medication-related action plan (i.e., next steps of use, any recommended follow up with their providers, resources that were discussed during the MTM review, etc.). Additionally, the pharmacist will follow up with the patient’s provider(s) by phone or fax to share what was discussed and any recommendations they have for the provider to review.

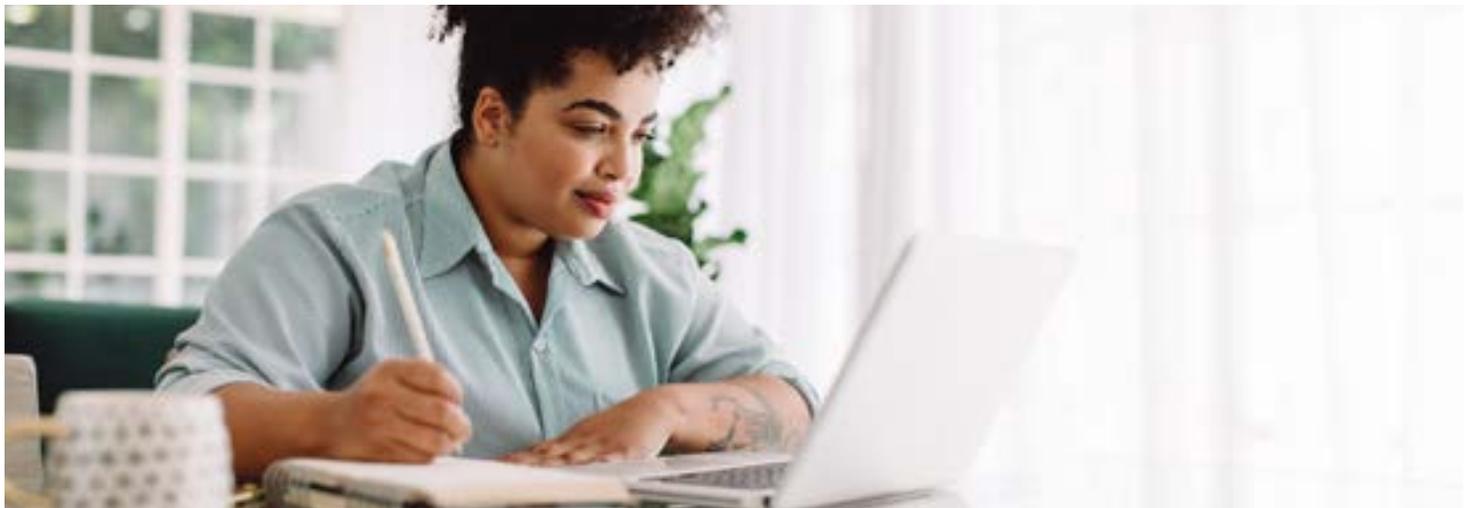
MTM Programs are zero to low cost for patients. Providers are encouraged to recommend their Medicare Advantage patients take advantage of an opportunity for an MTM consultation. ⊕

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 members using the provider network for their care have appropriate appointment accessibility.

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



Point your Patients to Health and Wellness

Dean Health Plan offers a wide range of health and wellness programs with information accessible from our one-stop web page.

Dean Health Plan offers a variety of wellness programs and services focusing on the improved health of our communities and members. We encourage providers to promote them to their patients, when appropriate. The [Health and Wellness web page](#) features a variety of member programs, including, but not limited to those highlighted in this article.

Video- “The 8 Dimensions of Wellness: An Overview of Personal Well-Being”

In this 8-minute video Dr. Heather Schmidt explores “whole person” wellness themes going beyond the expected diet and exercise themes that patients may find eye opening.

Wellness Events

Highlights a variety of member wellness programs and events that are scheduled throughout the year. Most of these are available to all, regardless of insurance. Examples of events include book clubs, wellness webinars, Learning Loft with topics such as crafts for kids and cooking demonstrations, “Move with a Doc” series, and Living Healthy assistance.

Nicotine Cessation

Dean Health Plan offer two nicotine cessation programs- Freedom From Smoking (all are welcome) and Quit for

Life (Health Plan members only). Interested individuals can voluntarily enroll from the Dean Health Plan Quit for Good web page. Plus, the page offers direct links to national resources such as the National Cancer Society and American Heart Society.

Partner Perks

Dean Health Plan partners with certain businesses to offer membership, service, and product discounts related to overall well-being such as gym, massage therapy, fitness equipment, and more.

Podcast Library

The library links to on-demand topics from experts at SSM Health ranging from general wellness to managing chronic conditions.

And much more... please encourage your patients to visit the Dean Health Plan’s Health and Wellness web page for full details.

In case you missed it... See the “Dean Health Plan Member Resources Reference Guide for Providers” article highlighting the provider’s at-a-glance guide to Health Plan resources available to Dean Health Plan patients. ([Fall 2022](#), page 3.) ⊕



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.



Albuterol and Ventolin 2023 Coverage for MAPD members

Effective for dates of service on and after January 1, 2023, providers can prescribe either the generic beta agonist or brand inhalers for their patients enrolled in a Dean Advantage Plan with Part D coverage. Albuterol HFA inhaler, 8.5 grams, is added to the 2023 formulary. Patients will be able to receive two inhalers (17 grams) for one copay on Tier 2. Additionally, Ventolin HFA inhaler, 17 grams, is added to the 2023 formulary for one copay on Tier 2.

Reminders of What's New for Patients

100-Day Refill Cycle

Dean Medicare Advantage members with Part D coverage will be able to receive a 100-day supply instead of a 90-day supply when they fill their maintenance medications at a pharmacy or 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 three refills) and send to the patient's pharmacy.

In 2023, we will offer \$0 copays for Tier 1 and Tier 2 drugs obtained through our Costco Mail Order Pharmacy program. 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.

Location Restrictions Removed for Adult Vaccine Administration

Your Dean Medicare Advantage patients can receive their Part B and D vaccinations while in your office.

Dean Health Plan members are able to receive their Part B vaccines (*Influenzas, Pneumococcal*) and Part D vaccines (*Shingles, TDAP or others listed on the drug formulary*) **at either the doctor's office or at an in-network pharmacy***.

* **Note:** This is a correction to information in the Fall 2022 Provider News regarding location for Part B vaccine administration.

As a reminder, Dean Health Plan offers adult vaccinations at \$0 copay.

Providers should submit claims for Part B and Part D vaccine product and administration to the Health Plan. However, Part D claims are reimbursed by the Health Plan's contracted vendor Navitus, not the Health Plan. ⊕



Notification Necessary for Provider Demographic Changes

And don't forget to update NPPES information too!

Dean Health Plan is committed to ensuring that our provider directories are accurate and current for the members who rely on this information to find in-network providers for their care. Additionally, 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 we prepare our provider directories to 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 you and your organization. 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's 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. ⊕



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 is in the [Dean Health Plan Provider Manual](#) under the section titled “Termination of Patient/Practitioner Relationship Policy and Procedure.” ⊕



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 further educate their patients. Emmi® is a series of evidence-based online programs that walk patients through important information about a health topic, condition, or procedure. 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 an 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. ⊕

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.

Winter 2022 Pharmacy and Therapeutic Updates

The Winter 2022 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](#).

Winter 2022 Medical Policy Updates

The Winter 2022 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.

USING Z CODES:

The Social Determinants of Health (SDOH) Data Journey to Better Outcomes

What are
Z
codes

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

SDOH are the conditions in the environments where people are born, live, learn, work, play, worship and age.

Z-Codes and Screening for Drivers of Health:

Dean Health Plan encourages providers to screen all patients for Drivers of Health. Additionally, the use of z-codes related to Drivers of Health (Z55-Z65) is encouraged to improve the capture, storage, and tracking of this important patient data across the continuum of care.



Step 1 Collect SDOH Data

Any member of a person's care team can collect SDOH data during any encounter.

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

Step 2 Document SDOH Data

Data are recorded in a person's paper or electronic health record (EHR).

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

Step 3 Map SDOH Data to Z Codes

Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.¹

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented by any member of the care team if their documentation is included in the official medical record.²

Step 4 Use SDOH Z Code Data

Data analysis can help improve quality, care coordination, and experience of care.

- Identify individuals' social risk factors and unmet needs.
- Inform health care and services, follow-up, and discharge planning.
- Trigger referrals to social services that meet individuals' needs.
- Track referrals between providers and social service organizations.

Step 5 Report SDOH Z Code Data Findings

SDOH data can be added to key reports for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A **Disparities Impact Statement** can be used to identify opportunities for advancing health equity.

Z code Categories

- Z55 – Problems related to education and literacy
- Z56 – Problems related to employment and unemployment
- Z57 – Occupational exposure to risk factors
- Z58 – Problems related to physical environment
- Z59 – Problems related to housing and economic circumstances
- Z60 – Problems related to social environment

- Z62 – Problems related to upbringing
- Z63 – Other problems related to primary support group, including family circumstances
- Z64 – Problems related to certain psychosocial circumstances
- Z65 – Problems related to other psychosocial circumstances

This list is subject to revisions and additions to improve alignment with SDOH data elements.

