

Provider NEWS

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



Spring 2019

A newsletter for Dean Health Plan providers

Partnerships Motivate Preventive-Care Cancer Screenings

Dean Health Plan values your continued commitment to improving patient health outcomes. In this edition of Provider News, we are highlighting breast, cervical and colorectal cancer screenings – three 2019 priorities for Dean Health Plan.

We are excited to share our current cancer screening outreach programs. Our goal, as always, is to motivate patients to visit you for their needed care.

Our Outreach Programs for 2019:

Beginning in January 2018, Dean Health Plan co-hosted three mammogram parties for its Medicaid and Marketplace members. Three additional mammogram parties are scheduled this year. These parties are held in partnership at clinics or hospitals, and attendees receive refreshments, gift bags, chair massages and manicures.

Dean Health Plan is continuing its Marketplace text-messaging program to patients who are due for a breast and/or cervical cancer screening. We have plans to expand text messages to other services. The expansion includes other preventive-care visits, such as colorectal cancer screening.

Monthly phone calls and mailed letters for breast, cervical and colorectal cancer screenings, which began in 2014, are also continuing.

Dean Health Plan follows HEDIS quality measures when developing programs. If you have a partnership idea, question about our current programs, or are interested in co-hosting a mammogram party at your location, please email our Quality Improvement team at DHP.QualityImprovement@deancare.com. 

| Screening | HEDIS Quality Measure Descriptions |
|-------------------|--|
| Breast Cancer | Women ages 50-74 who had at least one mammogram to screen for breast cancer in the past 2 years |
| Cervical Cancer | Women ages 21-64 who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> •Ages 21-64 who had cervical cytology every 3 years •Ages 30-64 who had cervical cytology/HPV co-testing every 5 years |
| Colorectal Cancer | Adults ages 50-75 who had a colorectal cancer screening using any of the following tests: <ul style="list-style-type: none"> • Annual fecal occult blood test • Stool DNA test every 3 years • Flexible sigmoidoscopy every 5 years • CT colonography every 5 years • Colonoscopy every 10 years |

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Greater Emphasis on Advance Care Planning



Advance care planning (ACP) efforts will take on greater prominence in 2019.

“We are definitely growing,” said Dean Health Plan’s Rebecca Parkes, Advance Care Planning Social Worker.

Our sessions have been well-attended, so more of them are planned for this year and into the future (see the events list). There is a greater emphasis on outreach to clinics and employees, as well as reaching out to more rural communities.

To accomplish that, Dean Health Plan is in the process of hiring another Advance Care Planning Social Worker. No matter where the sessions are held, the message is consistent.

“The goal is for patients to have conversations with their health care agents, their loved ones and with their physician about what their health care wishes are,”

Dean Health Plan *Provider News*

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Master Service List Now More User Friendly

The prior authorization process is easier, thanks to Dean Health Plan’s newly updated Master Service List (MSL). It is now divided by product, and includes lists of medical service codes that require prior authorization, links to the Provider Portal and other useful information.

This thorough update is part of Dean’s efforts to continually improve the prior authorization process, with the changes based on feedback and guidance from staff who submit prior authorizations.

The updated MSL remains accessible via the Medical Management page on deancare.com. The Customer Care Center is available to address questions (800-279-1301).

As a reminder, the MSL is to be used in partnership with our existing medical policies. ⊕



says Parkes. That conversation should include treatments you would and would not want based on your spirituality or religious views, experience with the deaths of loved ones, etc.

Parkes also encourages providers to have ACP conversations with their patients and be sure to document what patients are telling them.

Ultimately, patients should complete advance directives, with the documents distributed to their doctor and their health care agents. The original copies should be stored in an easily accessible location. ⊕

Advance Care Planning Sessions For 2019

April

St. Agnes Hospital/Agnesian HealthCare, Fond du Lac
Wednesday, April 10, 1-2 pm
Large Conference Room

National Healthcare Decision Day
Tuesday, April 16

May

Grinell Hall (Beloit Senior Center)
Tuesday, May 14, 1-2 pm

June

SSM Health Dean Medical Group - Madison East Clinic
Tuesday, June 18, 6-7 pm
Granite/Marble Rooms

July

Waunakee Senior Center
Tuesday, July 10, 1-2 pm

August

Fort Memorial Hospital, Fort Atkinson
Thursday, August 15, 1-2 pm
Auditorium

September

Columbus Senior Center
Monday, September 23, Noon-1 pm

October

SSM Health Dean Medical Group - Madison East Clinic
Tuesday, October 22, 1-2 pm
Granite/Marble Rooms

November

SSM Health St. Mary's Hospital - Madison
Wednesday, November 20, 1-2 pm
Conference Room 1

December

SSM Health Dean Medical Group - Janesville East Clinic
Tuesday, December 3, 1-2 pm
Lilac/Orchid Rooms

Prior Authorization Requests Become More Streamlined

Completing prior authorization requests is now easier to accomplish. Dean Health Plan's Utilization Management Department has made significant changes to improve this process, thereby enhancing the working relationships between our network providers.

The improvements include:

- Same day peer-to-peer determinations. When a peer-to-peer determination (P2P) is needed, call the P2P line and Dean Health Plan will get you connected the same day with one of our medical directors for a discussion on the case and for a final determination.
- Quick turnarounds. The Utilization Management Department had a turnaround time of less than 7 days from submission of request to determination during the 2018 year. That's substantially faster than the NCQA standard of 14 days for resolution of standard requests.
- Faster searching. The Master Service List (MSL) via deancare.com is easier and faster to search for Dean Health Plan medical policies.
- Durable Medical Equipment (DME) requirement updated. Dean Health Plan has now eliminated the prior authorization requirement for durable medical equipment over \$500. Now when reviewing the MSL and medical policy, it is clearly indicated whether there is an authorization required or not.
- Utilization Management is continually striving for efficiencies and we welcome any suggestions you may have. Call [800-279-1301](tel:800-279-1301). ⊕



Family Doctor on Quest to Close Medicine's Gender Gap



Joanna Bisgrove, MD

Gender equity issues may be complex but Joanna Bisgrove, MD, confronts them head-on, nonetheless. Bisgrove, a family medicine physician, says the most effective way to address these problems is to be part of the solution. For her, that meant getting involved with organized medicine and advocating for change.

“When you work with doctors across the country who are just as passionate as you are about making medicine better, you can change

a lot of hearts and minds in government and the industry,” says Dr. Bisgrove, who serves on the American Medical Association’s (AMA) Women Physicians Section Governing Council. She was elected to a two-year term last June.

In addition to her AMA service, she just completed a three-year term on the SSM Health Wisconsin Board of Directors and serves on the Joint Finance Committee for SSM Health Wisconsin. Dr. Bisgrove previously served on Dean Medical Group’s Medical Affairs committee and on SSM’s Governance Committee.

Part of the AMA Council’s charge is to increase the influence of women physicians in leadership posts and increase the actual number of women in those roles. Dr. Bisgrove, who practices at SSM Health Dean Medical Group – Oregon, is committed to improving “gender equity for women in leadership and in payment.”

Challenges ahead

“Women physicians have every right to argue for the same leadership positions and paychecks as men do,” says Dr. Bisgrove.

Currently, the evidence shows significant gaps in both regards.

For more than two decades, women comprised more than 40 percent of U.S. medical students. “Yet overall, women make up only 34% of physicians in the U.S., and gender parity is still not reflected in medical leadership,” according to the Harvard Business Review. “Women account for only 18% of hospital CEOs and 16% of all deans and department chairs in the U.S.—positions that typically direct the mission and control the resources at medical centers,” the report continues.

Similarly, pay lags behind for women doctors, too. For example, there’s a 16 percent pay gap in primary care according to the Annals of Internal Medicine, but as high as 37 percent for specialty positions. And that’s after accounting for part-time status and other factors that affect pay.

Signs of success

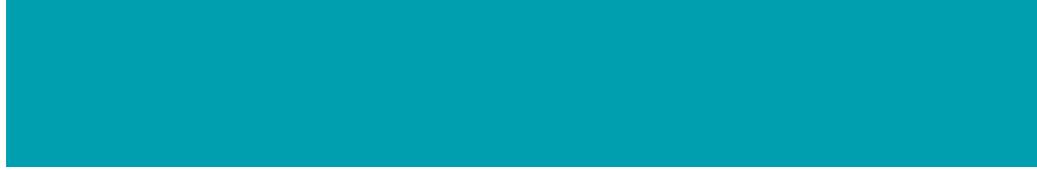
Dr. Bisgrove is convinced that making progress in these areas not only benefits individual women doctors, but everybody. The value of diversity, she says, is evidence-based. Research finds it leads to innovative ideas, more collaborative decision-making and ultimately, better clinical outcomes.

While Dr. Bisgrove is optimistic about greater gender equity progress for women physicians, she calls on her colleagues to get more involved in advocacy to quicken the pace in that area, as well as in whatever policy areas they care most about.

“We get so involved in our own little world, we forget what’s on the outside,” she says. “There is so much health policy that affects us.” She urges colleagues to join their specialty society, the Wisconsin Medical Society, as well as local volunteer projects.

While such efforts take time and energy, Dr. Bisgrove says they also are incredibly rewarding.

“One of the ways to avoid burnout is to really engage with the environment around you. Being an advocate definitely keeps me from burning out,” she adds. ⊕



Patients with High-Risk Conditions Eligible for Personalized Help

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

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

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

Case Management

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

“My case manager helped navigate a complex treatment plan. I don't know that I would have been able to do it on my own,” writes a patient in a member satisfaction survey.

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

Case Managers:

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

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

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



Mission of *Provider News*

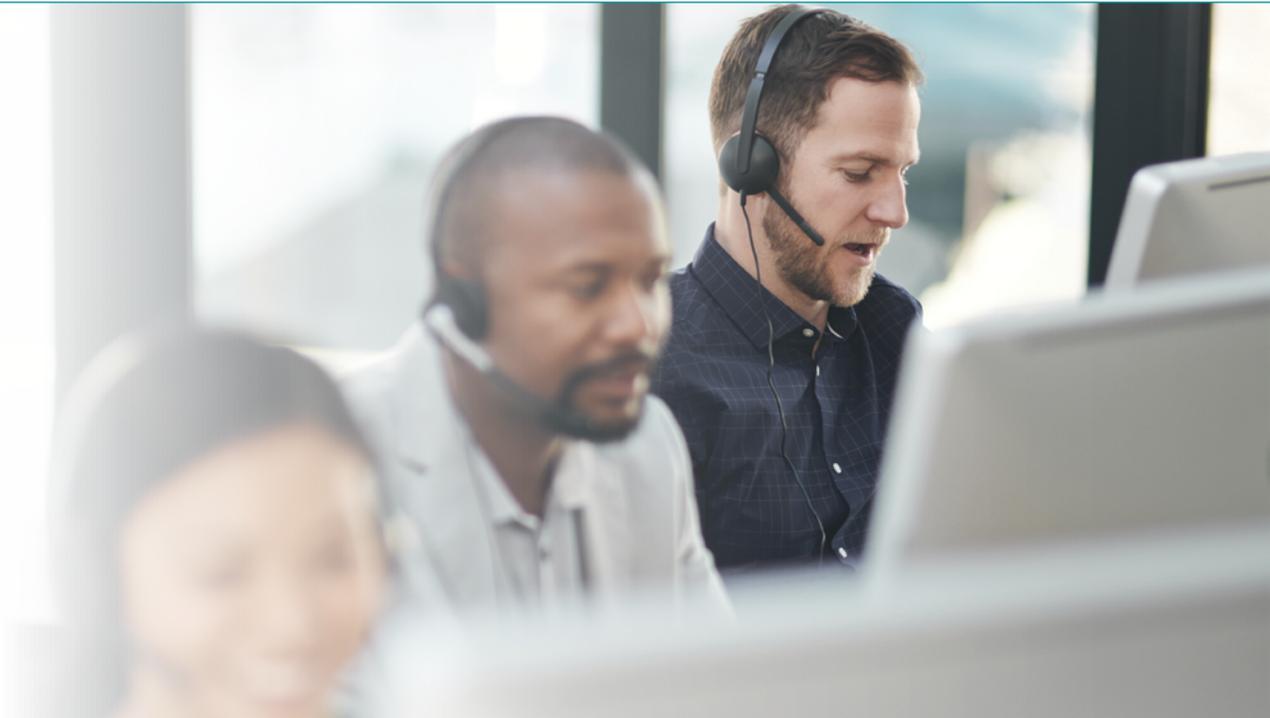
Dean Health Plan publishes *Provider News* to facilitate good communication between Dean Health Plan and our network of contracted providers. Regular features for this publication include updates to or creation of medical policies by the Utilization Management Committee during the previous quarter.

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 Dean Health Plan provider network regarding new or changed guidelines that affect the care of our members.
- Introduce new services that benefit our members and affect our provider network.

- Create an extension of the Provider Manual to share information that is needed by the Dean Health Plan provider network.

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





Call Center Training Aids Provider Network Consultant's Problem-Solving Skills



Jerusha Durrani spent two years fielding calls for Dean Health Plan's Customer Care Center, which was excellent training for what she does now as a Senior Provider Network Consultant. Whether it's technical difficulties with the provider portal, prior authorization questions or other more complex issues, Durrani is there to help resolve provider concerns.

"I like to be a resource that providers can count on for an urgent problem and know and trust I will get back to them as soon as I can. Eighty percent of the claims issues are pretty easy. I know what to do when I see tricky problems because of my intense training from the call center."

Durrani covers Dane County, including SSM Health St. Clare Hospital - Baraboo, St. Clare Meadows Care Center, St. Mary's Hospital - Madison and Janesville and St. Mary's Care Center, Madison. Reach her at jerusha.durrani@deancare.com, **608-827-4106, 800-356-7344, ext. 4106.**

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

Requesting Utilization Management Criteria

Dean Health Plan's prior authorization requirements, medical policies and the current medication formulary are all available for online viewing at deancare.com. The printed formulary is also available upon request. For a printed copy, contact Dean Health Plan **(800-279-1301)** and we will either mail it or fax it to you.

Dean Health Plan also licenses MCG Guidelines, which are nationally recognized, evidenced-based guidelines for medical necessity determinations. The specific MCG Guideline used in making a denial determination is available upon request by contacting Dean Health Plan at **800-279-1301**. 





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.

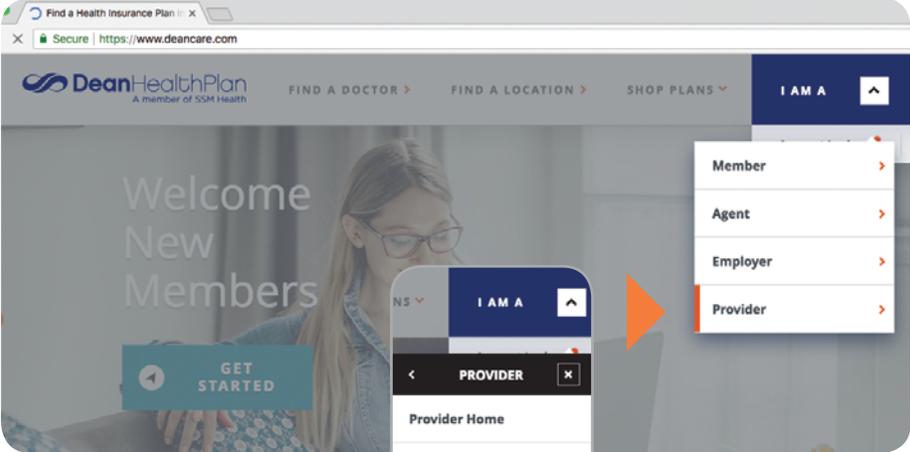
To view all of Dean Health Plan's medical policies, go to deancare.com, and click **I am a provider**. Then select **Medical Management**. [Deancare.com](http://deancare.com) is updated as the medical policies become effective. For questions regarding any medical policy or if you would like copies of a complete medical policy, please contact our Customer Care Center at **800-279-1301**. All other Dean Health Plan clinical guidelines used by the Quality and Care Management Division, such as MCG (formerly known as Milliman) and the American Society of Addiction Medicine, are accessible to the provider upon request. To request the clinical guidelines, contact the Quality and Care Management Division at **800-356-7344, ext. 4012**.

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate. A verbal request for a referral does not guarantee authorization of the referral or the services. After a referral request has been reviewed in the Quality and Care Management Division, a notification is sent to the requesting provider and member. Note that prior authorization through the Dean Health Plan Quality and Care Management Division may be required for some treatments or 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. 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, and a sub-menu is displayed with options: Provider Home, Resources, Medical Management (highlighted), and Pharmacy Services. Below the main navigation, there are four content tiles:

- 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

Genetic Testing for Chromosomal Microarray Analysis (CMA) MP9491

Effective December 1, 2018, a prior authorization is not required for CMA testing.

Electroretinography MP9542

Effective February 1, 2019, a prior authorization is not required to establish the loss of retinal function.

Medical Policy Changes

Genetic Testing MP9012

Effective January 1, 2019, androgen receptor testing is considered experimental and investigational, and therefore not medically necessary. Testing variants of unknown significance is not medically necessary when a family member has been tested for mutations.

Plastic and Reconstructive Surgery MP9022

Effective December 1, 2018, burn or traumatic scar fractional ablative laser fenestration requires prior authorization.

Seat Lift Mechanism and Standing Devices MP9102

Effective January 1, 2019, non-powered standing device systems require prior authorization.

Pectus Excavatum MP9206

Effective January 1, 2019, custom bracing for pectus carinatum requires pain or physical functional impairment documentation (e.g. cardiac or respiratory insufficiency).

Bariatric Surgery MP9319

Effective December 1, 2018, a psychosocial evaluation by the provider (e.g., primary care, bariatric medicine, or psychiatry) is required prior to surgery.

Facet Joint Injections and Radiofrequency Ablation (RFA) MP9448

Effective February 1, 2019, a repeat radiofrequency ablation requires pain relief of 50 percent for a minimum of twelve weeks and six months since the previous RFA. Cooled radiofrequency ablation is considered medically necessary.

Genetic Testing for Reproductive Carrier Screening and Prenatal Care MP9477

Effective December 1, 2018, a prior authorization is not required for chromosome microarray analysis.

Genetic Testing for Breast and/or Epithelial Ovarian Cancer MP9478

Effective January 1, 2019, the following genes for susceptibility testing are not medically necessary: ATM, BARD1, BRIPI, CDH1, CHEK2, EPCAM, FANCC, MRE11A, MUTYH, NBN, NF1, PALB2, RAD51C, RAD51D, SLX4, SMARCA4, STK11 and XRCC2.

Genetic Testing for Pharmacogenetics MP9479

Effective January 1, 2019, prior to starting abacavir, HLA-B 15701 testing does not require prior authorization.

Pressure Reducing Support Surfaces MP9494

Effective January 1, 2019, prior authorization is required for plan and non-plan providers for powered and non-powered pressure reducing mattress and overlays, non-powered advanced pressure reducing mattresses and overlays, and air-fluidized beds.

Genetic Testing for Neurological Disorders MP9497

Effective January 1, 2019, testing criteria for spinocerebellar ataxia was revised. Dean Health Plan does not consider comprehensive multigene testing medically necessary.

Cardiac Monitoring Devices MP9540

Effective December 1, 2018, implantable internal loop recorder (cardiac event monitor) criteria was added to the policy. Prior authorization is not required.



Medical Policy Update (continued)

Retired Medical Policies

The Medical Policy Committee has determined a prior authorization is no longer required for the following:

- Foot Orthotics MP9074 (effective November 30, 2018)
- Artificial Intervertebral Discs MP9364 (effective December 1, 2018)
- Angioplasty and Stenting of Intra-Cranial Arteries MP9382 (effective January 1, 2019)

Technology Assessments

The Medical Policy Committee reviewed the following treatments, procedures, or services and have determined these services are medically necessary:

- Fractional ablative laser fenestration of burn scar tissue.
- Streptococcus A by amplified nucleic acid probe.
- Continuous post-operative peripheral nerve block.
- Apolipoprotein A1, B, and E is medically necessary for high risk cardiovascular disease.

The Medical Policy Committee reviewed the following treatments, procedures, or services and have determined these services are not medically necessary and therefore are not a covered service.

- Water vapor thermal therapy (e.g., Rezum® system).
- Grafix® cryopreserved placental membrane.
- V-Go® disposable insulin delivery system (effective June 1, 2019).
- Lymphovenous bypass surgery for lymphedema. ⊕





Pharmacy and Therapeutics, Drug Policy and Formulary Change Update Highlights

Highlights of recent drug policy revisions, as well as any new drug policies approved by Dean Health Plan's Medical Policy Committee, are shown below. **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 by the drug name.

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

ANDEXXA (andexanet) MB1843

Effective January 1, 2019, ANDEXXA, which is used to treat life-threatening or uncontrolled bleeding, will not require prior authorization. Providers should review the criteria for use, as claims audits can be performed to ensure appropriate utilization, even without a prior authorization requirement.

OPDIVO (nivolumab) MB1844

Effective June 1, 2019, OPDIVO, which is used to treat Non-resectable or Metastatic Melanoma, Resected Advanced Melanoma, Merkel Cell Carcinoma, Renal Cell Carcinoma, Non-Small Cell Lung Cancer, Small Cell Lung Cancer, Colorectal Cancer, Hepatocellular Carcinoma, Mesothelioma, Squamous Cell Carcinoma of the Head and Neck, Urothelial Carcinoma and Hodgkin Lymphoma, will require prior authorization. It is restricted to oncology prescribers.

SUBLOCADE (buprenorphine extended release inj) MB1845

Effective January 1, 2019, SUBLOCADE, which is used to treat opioid dependence, will not require a prior authorization. Providers should review the criteria for use, as claims audits can be performed to ensure appropriate utilization, even without a prior authorization requirement.

XIAFLEX (collagenase clostridium histolyticum) MB1846

Effective June 1, 2019, XIAFLEX, which is used to treat Dupuytren's Contracture and Peyronie's disease, will require a prior authorization. It is restricted to Urology, Surgeon, or specialist experienced in either injection procedures of the hand or treatment of male urological diseases.

VYZULTA (latanoprostene bunod) RHOPRESSA (metarsudil) PA1847

Effective January 1, 2019, VYZULTA and RHOPRESSA, which are used to treat open-angle glaucoma or ocular hypertension, will require a prior authorization.

Calcitonin Gene-Related Peptide (CGRP) Inhibitors PA1848

Effective January 1, 2019, CGRP Inhibitors, which are used to treat migraine headaches, will require a prior authorization. Prescribing is restricted to one of the following: Neurology specialist, United Council for Neurologic Subspecialties (UCNS)- certified headache medicine specialist, a member of the American Headache Society, a member of the National Headache Foundation, a member of the International Headache Society, has a Certificate of Added Qualification in Headache Medicine, or is American Board of Headache Management certified.

SYMDEKO (tezacaftor/ivacaftor) PA1851

Effective January 1, 2019, SYMDEKO, which is used to treat Cystic Fibrosis, will require a prior authorization. It is restricted to a pulmonology prescribers at a Cystic Fibrosis Center of Excellence.

TAVALISSE (fostamatinib) PA1852

Effective January 1, 2019, TAVALISSE, which is used to treat Thrombocytopenia in adult patients, will require a prior authorization. It is restricted to hematology prescribers.

OLUMIANT (baricitinib) PA1849

Effective January 1, 2019, OLUMIANT, which is used to treat moderate to severe rheumatoid arthritis, will require a prior authorization. It is restricted to rheumatology prescribers.

PALYNZIQ (pegvaliase) PA1850

Effective January 1, 2019, PALYNZIQ, which is used to treat Phenylketonuria, will require a prior authorization. It is restricted to medical geneticist or other prescriber specialized in the treatment of Phenylketonuria.



Pharmacy and Therapeutics, Drug Policy and Formulary Change Update Highlights (continued)

Changes to Drug Policy

FASENRA (benralizumab) MB1813

Effective January 1, 2019, updated HCPCS code to J0517. Prior authorization is required and is restricted to pulmonology, allergy, and immunology prescribers.

KYMRIAH (tisagenlecleucel) MB1822

Effective January 1, 2019, updated HCPCS code to Q2042. Prior authorization is required and is restricted to oncology prescribers.

IMFINZI (durvalumab) MB1828

Effective January 1, 2019, updated HCPCS code to J9173. Prior authorization is required and is restricted to oncology prescribers.

RADICAVA (edaravone) MB9948

Effective January 1, 2019, updated HCPCS code to J1301. Prior authorization is required and is restricted to neurology prescribers.

INFLIXIMAB Infusions MB9231

Effective January 1, 2019, added biosimilar IXIFI (infliximab-qbtx) with HCPCS code Q5109. Prior authorization is required and is restricted to dermatology, rheumatology, or gastroenterology prescribers.

Effective March 1, 2019, updated dosage for Ulcerative Colitis and Crohn's Disease. Prior authorization is required and is restricted to dermatology, rheumatology, or gastroenterology prescribers.

RITUXIMAB Products MB9847

Effective January 1, 2019, updated HCPCS code for RITUXAN to J9312 and RITUXAN HYCELA to J9311. Prior authorization is required and is restricted to rheumatology, transplant, hematology, neurology, or oncology prescribers.

Effective March 1, 2019, added indication of Pemphigus Vulgaris and added Dermatology and ENT as approved providers. Prior authorization is required and is restricted to rheumatology, transplant, hematology, neurology, or oncology prescribers.

PEGFILGRASTIM and biosimilars MB1808

Effective January 1, 2019, added biosimilar UDENYCA (pegfilgrastim-cbqv) with HCPCS code Q5111. Prior authorization is required and is restricted to hematology or oncology prescribers.

EPOGEN, PROCRI (epoetin alfa) and RETACRI (epoetin alfa-epbx) PA9715

Effective January 1, 2019, added HCPCS code J0886 for EPOGEN and PROCRI. Prior authorization is required and is restricted to oncology, infectious disease, hematology, or nephrology prescribers.

Effective June 1, 2019, RETACRI will be preferred. EPOGEN and PROCRI will NOT be covered under either the pharmacy OR medical benefit.

CRYSVITA (burosumab) MB1831

Effective January 1, 2019, updated HCPCS code to J0584. Prior authorization is required and is restricted to Endocrinology prescribers or Specialist experienced in treatment of metabolic bone disorders.

LUTATHERA (lutetium lu 177 dotatate) MB1823

Effective January 1, 2019, updated HCPCS code to A9513. Prior authorization is required and is restricted to Oncology prescribers.

TYSABRI (natalizumab) MB9854

Effective February 1, 2019, removed trial of OCREVUS requirement. Prior authorization is required and is restricted to gastroenterology prescribers.

RYDAPT (midostaurin) PA9953

Effective February 1, 2019, added quantity limits of 56 capsules per 28 days for AML and 224 capsules per 28 days for Systemic Mastocytosis Subtypes. Prior authorization is required and is restricted to oncology or hematology prescribers.

ALUNBRIG (brigatinib) PA9950

Effective February 1, 2019, added continuation approval duration of 12 months and renewal criteria of member is being monitored and has not experienced progression on brigatinib, and it is appropriate for them to continue therapy. Prior authorization is required and is restricted to oncology prescribers.

VENCLEXTA (venetoclax) PA9931

Effective February 1, 2019, added indications of small lymphocytic leukemia and acute myeloid leukemia and updated approval duration to one year. Prior authorization is required and is restricted to oncology prescribers.

PROMACTA (eltrombopag) PA9867

Effective February 1, 2019, added criteria for severe aplastic anemia that the patient will be using first-line in combination with immunosuppressive therapy. Prior authorization is required and is restricted to hematology prescribers.

HEMLIBRA (emicizumab) PA1839

Effective February 1, 2019, added indication of prophylaxis for a member without Hemophilia with inhibitors. Also changed initial approval duration to 6 months. Prior authorization



is required and is restricted to hematology prescribers.

DUPIXENT (dupilumab) PA9955

Effective February 1, 2019, added pulmonologist as approved prescriber. Also added age requirement for the diagnosis of chronic severe atopic dermatitis as well as a new indication of moderate to severe asthma. Prior authorization is required and is restricted to allergy, immunology, pulmonology, or dermatology prescribers.

VOSEVI (sofobuvir/velpatasvir/voxilaprevir) PA9957

Effective February 1, 2019, added requirement of documentation of all previous treatments and coverage allowed for 12 weeks. Prior authorization is required and is restricted to gastroenterology, hepatology, infectious disease, or transplant specialist prescribers.

ZYKADIA (ceritinib) PA9960

Effective February 1, 2019, updated quantity limit to 3 capsules per day. Prior authorization is required and is restricted to oncology prescribers.

MAVYRET (glecaprevir/pibrentasvir) PA9958

Effective February 1, 2019, added tablet of treatment durations. Prior authorization is required and is restricted to gastroenterology, hepatology, infectious disease, or transplant specialist prescribers.

KEYTRUDA (pembrolizumab) MB1812

Effective February 1, 2019, added indication of Merkel Cell Carcinoma. Prior authorization is required and is restricted to oncology prescribers.

TECENTRIQ (atezolizumab) MB1817

Effective February 1, 2019, added additional indication for non-small cell lung cancer. Prior authorization is required and is restricted to oncology prescribers.

XALKORI (crizotinib) PA9954

Effective February 1, 2019, added renewal criteria of, member is being monitored and has not experienced progression on crizotinib, and it is appropriate for them to continue therapy. Prior authorization is required and is restricted to oncology prescribers.

LARTRUVO (olaratumab) MB9956

Effective February 1, 2019, added criteria to include any diagnosis supported by current NCCN guidelines or FDA indications. Prior authorization is required and is restricted to oncology prescribers.

ZEJULA (niraparib) PA9959

Effective February 1, 2019, added OB/GYN as an approved prescriber. Prior authorization is required and is restricted to oncology or OB/GYN.

ACTEMRA (tocilizumab) SQ FORMULATION PA9895

Effective March 1, 2019, updated quantity limits for all indications. Prior authorization is required and is restricted to rheumatology prescribers.

ORENCIA (abatacept) IV FORMULATION MB9457

Effective March 1, 2019, added approval duration of one year. Prior authorization is required and is restricted to rheumatology prescribers.

KINERET (anakinra) PA9800

Effective March 1, 2019, removed indication of Rheumatoid Arthritis, and added indications for Adult-Onset Still's Disease and Systemic Juvenile Idiopathic Arthritis. Prior authorization is required and is restricted to rheumatology prescribers.

STELARA (ustekinumab) IV MB9891

Effective March 1, 2019, the indications for Plaque Psoriasis and Psoriatic Arthritis have been removed and quantity limits have been updated. Prior authorization is required and is restricted to dermatology, rheumatology, or gastroenterology prescribers.

[For subcutaneous (sc) dosage forms, use Navitus 'exception to coverage' form to make requests for authorization. In treatment for Crohn's Disease: Use the Navitus Stelara IV PA form. After IV induction dose, if continuation of therapy is needed with the SC product, a separate request for the SC dosage form is required. Please use the Navitus 'exception to coverage' form and note that Stelara IV had been previously approved and that the provider requests continuing therapy with the SC product. The IV dosage form is available only through the medical benefit with prior authorization through Navitus and is not covered through the pharmacy benefit. The SC dosage form is available only through the pharmacy benefit with prior authorization through Navitus using the Exception to Coverage form.]

Retired

The following policy will be retired as of March 1, 2019: XELJANZ

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. ⊕

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 them online, visit deancare.com/member-rights. ⊕



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Provider Network Consultants

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

■ Jerusha Durrani

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Jefferson, Rock and Walworth counties

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Monday–Thursday
7:30 am – 5 pm
Friday
8 am – 4:30 pm



800-279-1301

Customer Care Center

DeanHealthPlan
A member of SSM Health

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