

Provider NEWS

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



New President Brings Population Health Experience

Q & A with Les McPhearson



Quite a time to start a new job!

On April 27, Les McPhearson took the reins as the new president of Dean Health Plan. He is the former market President for the Wisconsin region of Navvis, an SSM Health strategic partner.

McPhearson succeeds David Fields, who has been named the permanent president of another SSM holding, Navitus. (Fields had been serving as interim president there since 2019.)

Having led a company that promotes population health by helping clients transition to value-based care, McPhearson well understands the opportunities and challenges ahead. He joins the health plan as employees are currently working from hundreds of home-based locations because of the COVID-19 pandemic.

What's it like to take to over as president of an insurance company when your staff are dispersed over hundreds of remote locations?

Not having the in-person connection has proven to be interesting. Now in every opportunity I can, I use video. Being able to see people, even if it's in a large group, being able to interact, makes it much more personable and interactive than just a phone call. This is our new normal. I am not going to go out on a limb and forecasting what the end state of what the remote workforce will be and how that will look globally, much less within Dean Health Plan. But we've proven our ability to pivot very quickly and continue to perform at a high level, even when we're maintaining safe distances and even when we're not in the same physical room.

I'm extremely excited, honored and blessed for having this opportunity. Dean Health Plan has a remarkable reputation in all the markets we serve. We're happy and proud to be part of SSM Health. *continued on pg 2*

Summer 2020

A newsletter for Dean Health Plan providers

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New President Brings... (continued)

The COVID-19 pandemic has created some challenges, including having to quickly deploy a remote workforce. That has been done just beautifully with nothing but professionalism and serving our members, our physicians, our brokers and employers with the highest degree of service that they've come to expect.

You were a Computer Science major in college. What do you think of virtual care during this COVID-19 crisis?

That was a long time ago! The world has changed, particularly the technology world. It has changed dramatically over those years. It's not just about technology but delivering care in an empathetic, higher-touch way. When it comes to telehealth, there's always been some reticence on the patient side. But the COVID pandemic has accelerated telehealth as an opportunity. It's an interesting, more creative and more convenient way to stay connected with their physician.

So how do we overcome that patient reticence?

It starts with trust in the individuals who are part of the equation, primarily the clinicians and the patient. There has to be iron-clad comfort around security and that my information as a patient is going to be taken care of and protected. The new normal will be far more adoption and use of telehealth and telemedicine than before the pandemic.

How does your experience at Navvis inform your new role as president of Dean Health Plan?

Navvis has partnered with SSM Health across the organization, inclusive of Dean Health Plan and the Wisconsin ministries, to produce a more value-driven

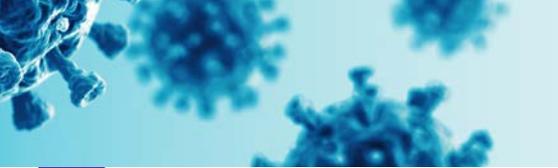
organization, realizing that the landscape of health care is shifting from volume to value. My emphasis is to advance the goals across the regional ministries. We provide the best products, solutions and outcomes for all of our members, whether they are seeking care at an SSM facility or another facility.

Where would you like to take Dean Health Plan?

The first thing is to continue the high level of service and performance that we've demonstrated in each of our markets with all of our members. Secondly, working with our corporate leadership, to look at the longer-term future of how we best position and deploy Dean Health Plan as a strategic asset for SSM Health. There's a lot of opportunity there. We see a number of great ideas and opportunities that we could really capitalize on with Dean Health Plan, serving a broader population of membership with additional services.

Is there anything else you'd like to share with this provider audience?

We value and respect every provider relationship that we have. The delivery of health care has never been more vital than we've seen in recent months. We thank our front-line clinicians who are doing incredible work each and every day in serving the public, not only in this pandemic but from throughout their careers. As president of Dean Health Plan, I am looking forward to meeting with providers in our communities to help them deliver the best care, the best services that we can to our members and patients. ⊕



Veteran Psychiatrist Urges Stressed Colleagues to Maintain Perspective



More than 30 years of psychiatric practice experience offers Scott Bohon, MD, a somewhat different view of the COVID-19 pandemic crisis. This Dean Health Plan medical director is quick to point out that the world has faced terrible scourges in the past and has overcome each of them.

“I’m old enough to remember when the first HIV cases were around. We didn’t know what that illness was, and people were dying from it,” said Dr. Bohon.

He in no way is dismissing the seriousness of this crisis nor does he fail to grasp the stress and sacrifice the pandemic has caused for providers and other health professionals. Instead, Dr. Bohon wants his health care colleagues to keep a few things in mind while they find themselves on the front lines of this COVID-19 crisis:

- COVID-19 does not appear to have the mortality rate of plague and other pandemic diseases and may be lower than initially expected.
- Our practice locations are not as population-dense as in New York so are less vulnerable to disease spread.
- Constant media coverage is hard to endure and can skew our perspective.
- We’re gaining some control over this disease through social distancing efforts.

Once we realize the above, Dr. Bohon says it’s important to take steps to protect our mental health. That means being grateful for what is going well, for family and friends and the fact that our hospital systems have thus far been able to weather the storm with dedicated care by health care professionals, despite a critical national lack of supplies such as PPE.

He also has suggestions for controlling the associated stress of quarantine, concerns about potentially infecting one’s family members and the reality of income loss due to furloughs or layoffs.

- Be mindful of your own health. Maintain your regular rhythm as best you can and keep to a regular regimen.

- Explore something new. Do something with your significant other, family or children that you haven’t done before.
- Don’t dwell on things we can’t control.
- Don’t ignore things that are atypical for you, such as anger or irritability. Use exercise, or some other good way to deal with the stress.

Yes, it’s a difficult time. But Dr. Bohon says we will figure a way out, just as we have in the past.

“In America, we tend to magnify almost everything and over focus on things that are admittedly important, but this should not be your whole life.”

Taking his own advice, he points to a silver lining in this crisis for his medical specialty. Most psychiatric conferences are being done using Zoom and teleconferences. “The crisis has demonstrated that many of the things we do in psychiatry can be done without face-to-face contact,” he said. The lesson for Bohon is that there is greater potential to use these technologies to reach the underserved—those who live far away and lack access to psychiatric consultation.

“Let’s learn from this experience,” he said. ⊕



Going Digital Fast and Safely



There wasn't much notice, so just like every other business, Dean Health Plan had to respond rapidly to the Governor's Safer at Home order in March. Our company did so successfully with two goals in mind, employee safety and providing uninterrupted services for members and providers. The latter had to be accomplished while maintaining privacy and security measures.

"I'm amazed at how smoothly this transition to work from home has gone," said Bill Genin, Director of Dean Health Plan's Call Center and Claims Division.

"On Friday, March 6, we were in the process of sending 10 Call Center Reps home as part of our ongoing pilot of Work at Home," said Genin. "The next day the decision was made that we need to start moving as many people as possible home in anticipation of the Governor's Safer at Home order."

Our organization went from having a few Customer Care Center specialists working remotely full time to more than 100 in less than a week! Just days later, 95% of our company's 1,000 employees and contractors were working remotely as nearly every workplace office shut down across Wisconsin and the nation.

Innovating quickly

In late January, a class of new Customer Care Specialists was given a tour of the Customer Care Center. "One member of the class asked if there would be an opportunity to work from home," recalled Customer Care Manager Bari Deprey. Her response was optimistic but hesitant. "Little did we know that we were preparing for a company-wide deployment to a work-at-home model," said Deprey.

With school closures and COVID-19 concerns rising, Customer Care Center leaders worked with IT through the weekend of March 13th. A command center was set up to outfit staff with hardware, software and the knowledge to successfully work from home. That included the distribution of laptops, monitors, headsets and keyboards. Managers also recognized that work and home life were suddenly going to intertwine in a new and complex way, especially for parents of young kids, so they offered the flexibility necessary for this to work.

"With so much unknown, our staff was appreciative to

work safely at home and be available for children due to school closings," said Deprey.

Keeping up with ever-evolving information regarding COVID-19 has been challenging for Customer Care Specialists. Nevertheless, they continue to offer our providers and members the support and care they need during this uncertain time.

Service Stays Stable

"The Customer Care Center continues to meet service metrics, complete all necessary work, with staff attending virtual meetings and training," added Genin. "We have maintained over a 90% Service Level (calls answered within 30 seconds) and have significantly reduced our Claims inventory." All this was accomplished while establishing the appropriate technology that allows us to protect confidential information.

The IT team is now focused on building key infrastructure so the at-home work experience can be optimized and remains secure, enabling this high-level of service. This includes additional conference call lines, better video conferencing and screensharing capabilities.

Virtual Provider Service Continues

During the COVID-19 situation our self-service online Provider Portal has become increasingly important. Our Portal Lead works closely with IT and providers to be sure that Portal applications keep up with demand from our network. Provider Network Consultants remain well equipped to quickly respond to specific provider questions.

In March, Provider Network Services began posting weekly COVID-19 communications with the goal of keeping providers informed of the health plan's response to the public health emergency. Changes can be a lot for providers to digest, especially while their focus is heightened on COVID-19-related member care. "While we're staying aligned with CMS in almost all situations, we want to make sure providers feel confident about how information in those bulletins may affect them," said Liz Fleig, Provider Network Services Supervisor.

The health plan has temporarily waived authorization requirements and member cost sharing for certain services and continues to monitor innovations and guidance around antibody testing. (Please see deancare.com for details.) ⊕



Providers Key in End-of-Life Planning Conversations

Eight out of ten people say that if seriously ill they would want to talk to their doctor about their wishes for medical treatment toward the end of their life, yet only 18% report having had this conversation with their doctor. *

Dean Health Plan would like to reinforce the importance of advance care planning as we recognize the critical role providers play in facilitating these important conversations. There are important questions to consider when speaking with patients about advance care planning.

The subject can feel uncomfortable for patients and providers, so be proactive and invite patients to participate in the conversation. For example, providers can ask, “In order to provide the best possible care, I’d like to know about what is most important to you” or “I understand advance care planning can be difficult to think about. Is it okay if I ask you some questions to learn what is important to you?”

Here are some advance care planning questions from The Coalition for Compassionate Care of California:

- How would you want to spend the last month of your life?

- What represents a good quality of life to you?
- What concerns you most about death or dying?
- Some people want everything possible done to delay death. Others don’t want dying to be prolonged. Where do you draw the line?
- Who should make these decisions for you if you can’t make these decisions yourself?
- Have you documented your wishes in an advance directive?

Advance Care Planning Social Workers from Dean Health Plan are available to facilitate these sensitive conversations and assist with completion of advance directives. Referrals can be left on the Advance Care Planning Line **608-828-1915** by either providers or patients.

Thank you for helping patients make some of the most consequential decisions of their lives. ⊕

*Survey of Californians by the California Health Care Foundation 2012 and Kaiser Family Foundation Serious Illness in Late Life Survey 2017

Dean Health Plan Launches New Nutrition Application, Zipongo®

Nutrition-related chronic conditions like diabetes and heart disease account for a substantial number of physician visits and prescriptions filled. That’s where Zipongo® comes in. This easy-to-use digital tool helps patients put healthy food on the table and encourage healthy food choices. Dean Health Plan has partnered with Zipongo®, making it free for our commercial members*. Please recommend it.

With Zipongo®, members benefit from:

- Online grocery ordering
- Immunity boosting recipes
- Meal planning for the whole family
- Personalized nutrition tips

Dean Health Plan members can build a digital cookbook from over 1 million recipes, including 15-minute meals, access budget-friendly fare and prepare low-calorie

dishes. Healthy food choices can reverse chronic diseases, help patients lose weight and ultimately, help lower their health care costs.

Visit deancare.com/zipongo to sign up or download the app from the **Apple App Store** or **Google Play**. ⊕

*This free tool is available for Dean Health Plan HMO members and those with our Medicare Advantage Plan (MAPD).

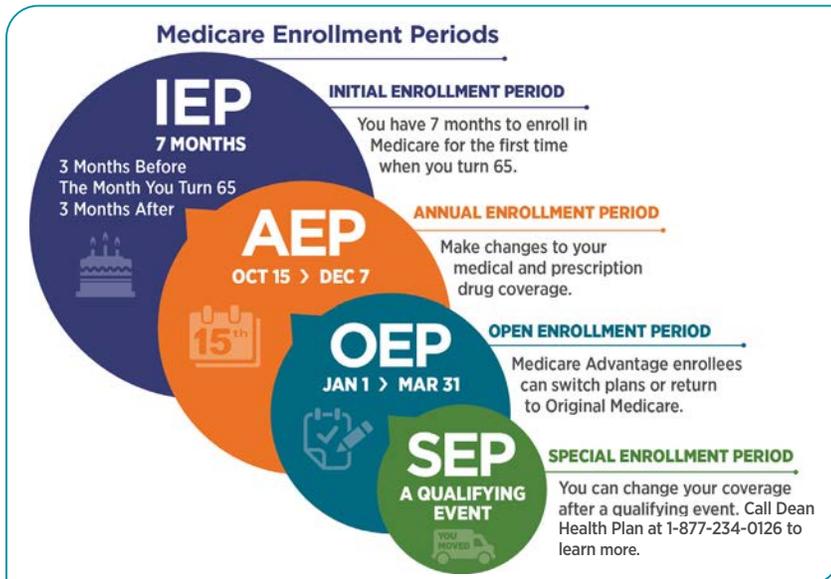




Understanding Medicare Eligibility and Enrollment Periods

Dean Advantage can make an important difference for seniors as they manage health costs. Helping your patients understand Medicare eligibility and enrollment periods will allow them to take full advantage of their Medicare benefits, helping them pay for the cost of their care.

For example, if a patient over age 65 has a new condition and requires a prescription, he or she may not be able to afford it. But if providers are aware of these eligibility periods, they can help inform patients when they can sign up for Medicare or look into a Medicare Advantage plan that could reduce their costs. ⊕



Eligibility

Individuals are eligible for Medicare if they are a legal U.S. resident and one of the following applies:

- They are age 65 or older

- They have a qualifying permanent disability at any age
- They have a diagnosis of end-stage renal disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS, also known as Lou Gehrig's disease) at any age



Dean Advantage Annual Wellness (Telehealth) Visits

Members may be postponing their Medicare annual wellness visit due to the current COVID-19 public health emergency. Dean Health Plan is encouraging members who have not yet had their annual wellness visit to schedule it. These visits are important interactions for members to discuss any health concerns with their doctor and can help prevent future health problems. In most cases, these visits can occur via a telehealth visit, covered under the health plan's current expanded telehealth coverage. Dean Advantage covers an annual wellness visit at no additional cost for members. ⊕



Metabolic Monitoring for Children and Adolescents on Antipsychotics

Proper metabolic monitoring lowers the risk for serious, lifelong medical complications for children prescribed antipsychotic medications. That's why appropriate management of young children and adolescents on antipsychotic medications is critical.

It is also important to recognize the physical and psychological consequences of adverse effects associated with treatment nonadherence. An understanding of the differences between the metabolic risks with each antipsychotic medication can help guide medication selection so risks and benefits can be appropriately evaluated, and treatment non-adherence can be minimized.

Patients ages 1-7 who are on two or more concurrent antipsychotic medications should receive these two tests annually: a Blood Glucose Test (HbA1c) and a Cholesterol Test (LDL-C).

Tips for provider and staff to improve metabolic monitoring:

- Create an alert within the electronic medical record to flag when scheduled labs should be ordered based on diagnosis or antipsychotic medications prescribed.
- Establish standardized processes for ordering and completing a blood glucose or HbA1c and LDL-C or cholesterol test annually for patients on antipsychotic medications.
 - Offer lab tests to be completed during or directly after the patient's scheduled office visit.
 - Order at every visit until patient completes the test.

- Stress importance to parent/caregiver of the need to have these tests performed.
 - Follow-up with parents/guardians to discuss lab results and educate them on the long-term implications.
 - Send results to all medical and behavioral health providers to ensure coordination of care.
- Continuously monitor metabolic indices to ensure appropriate management of side-effects of antipsychotic medication therapy.

Dean Health Plan Can Help

Dean Health Plan's Behavioral Health Case Management program provides free phone education and resource coordination for members with complex, unstable behavioral health needs. To refer a patient, call **608-827-4132**. 





Total Knee Arthroplasty (TKA) Ambulatory Level of Care

Advances in treatment protocol supported by evidence-based medical guidelines led to total knee arthroplasty being removed from the Medicare Inpatient-Only List effective December 1, 2018. Effective November 1, 2020, Dean Health Plan's Total Knee Arthroplasty (TKA) Level of Care MP9550 medical policy criteria will be used to determine if an inpatient level of care is clinically appropriate. More information will be communicated to affected providers later this year.

To facilitate this change, a pre-payment medical necessity level of care review will be done by our Utilization Management prior to claim processing. Claims will deny if the inpatient level of care criteria are not met. Prior authorization for medical necessity of the total knee replacement through Magellan Healthcare will still be required. Magellan's authorization approval does not include approval for the level of care.

In order to achieve such benefits as improved patient satisfaction, decreased medical cost, and greater chance of improved outcomes, an ambulatory level of care may be medically appropriate if the following criteria are met:

- The member is under age 65
- Body mass index is less than 35.
- Regional (epidural) operative anesthesia is used.
- The total knee arthroplasty is a unilateral procedure.
- The member meets the American Society of Anesthesiologists (ASA) Physical Status Classification I or II.
- The member has a competent adult at home who is willing to assist during the postoperative period.
- The member has no serious comorbid illness (e.g., coronary artery disease; chronic obstructive pulmonary disease; obstructive sleep apnea; renal insufficiency; chronic opioid use; poorly controlled diabetes; heart failure; venous thromboembolism; cardiac arrhythmia; bleeding disorder; cerebrovascular accident; or dementia).

Comprehensive, multidisciplinary preoperative, perioperative and postoperative clinical care pathways Explanation of Payment [EOP] should be in place. This includes preoperative education, preoperative physical therapy evaluation and orientation; preoperative consultation with a discharge planner to ensure postop services are arranged and feasible; standardized pain control postop; physical therapy initiated when medically appropriate.

Please refer to the medical policy or contact Utilization Management for any additional information. ⊕

Improved Processing of Newborn Claims

Dean Health Plan has improved processing of newborn claims to reduce claim denials due to the lag time in availability of a newborn's member eligibility information.

Under the new process, we accept newborn claims that are billed using the mother's member ID (along with the baby's name and date of birth) and hold them for up to 30 days from receipt, allowing time for the baby's eligibility information to catch up to the submitted claim. Once the baby's eligibility information is reported to us and in our system, the member ID on the claim is changed to the baby's member ID and the claim is processed.

If the baby's eligibility information is not in our system within 30 days of claim receipt, the claim will deny for

no member on file. In these instances, a corrected claim may be submitted, within the timely filing limits, if the baby's eligibility information becomes available and is in our system at a later date.

Additionally, we allow 14 months for timely filing of the initial claim to accommodate the time it may take to obtain the newborn's social security number. Providers should be mindful of the mother's member ID and whether it has changed from one enrollment year to the next when submitting newborn claims in months 12 to 14 within the timely filing limit. To facilitate matching in the system, the mother's member ID that is current at the time of claim submission should be indicated on the newborn claim. ⊕



Modified Front-End Matching for Electronic Claims

Dean Health Plan has modified front-end matching for member IDs on 837 Health Care Claim transaction submissions for more accurate claims processing.

The modification now requires an exact match on a member's contract ID, which is the first 9-digits of their full 11-digit member ID, along with additional verification on name and date of birth. This modification relies on having the full current member contract ID on the claim.

Member enrollment can change, so be sure to use the current member ID by verifying eligibility through the 270/271 Eligibility & Benefit Inquiry and Response (270/271), Provider Portal, or Customer Care Center. Because the matching process has been implemented at the claims submission level, check the 277 Claims Acknowledgment (277CA) transaction or the Confirmation Reports Portal to monitor claim submissions. ⊕

Improved System Processing for Electronic Claims with Dual Dean Policies

In response to provider feedback, Dean Health Plan has improved how our system processes electronic claims for members with multiple Dean policies. Now, when an 837 Health Care Claim transaction is submitted to us, the system recognizes the member's secondary member ID and is able to determine if the member's primary

or secondary member ID is applicable to the claim. Providers still need to submit the secondary claim after receipt of the Explanation of Payment on the primary claim, but should notice a reduction in claim rejections and processing time as a result of this improvement. ⊕

Medicaid Anesthesia Reimbursement Change

Wisconsin Medicaid recently changed its anesthesia services reimbursement calculation methodology from rounding units to the nearest tenth to rounding to the nearest hundredth. In alignment, Dean Health Plan is adopting this change for anesthesia units billed on claims for dates of process on and after August 3, 2020.

Due to system processing, payments for these claims will truncate at the hundredth. For example, 184 minutes equals 12.26667 units. The system would process these units as 12.26.

This change is for Medicaid claims for anesthesia services only and does not apply to any other Dean Health Plan products. ⊕

Summer 2020 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 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, visit deancare.com, ► **For Providers**, and then ► **Medical Management** ► **Search Dean Health Plan's Medical Policies**. [Deancare.com](https://deancare.com) is updated as the medical policies become effective. For questions regarding any medical policy or if you would like copies of a complete medical policy, please contact our Customer Care Center at **800-279-1301**.

All other Dean Health Plan clinical guidelines used by the Health Services Division, such as MCG (formerly known as Milliman) and the American Society of Addiction Medicine, are accessible to the provider upon request. To request the clinical guidelines, contact the Health Services Division at **800-356-7344, ext. 4012**.

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.

For radiology, physical medicine 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 by searching those terms on deancare.com.

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 by searching on deancare.com.

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 on deancare.com.

General Information

Prior Authorization Updates

Prior authorization has been removed from the following medical policies. Self-funded plans (ASO) may require prior authorization. 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.

Effective March 1, 2020

- Back or Spinal Orthosis: Lumbosacral or Thoracolumbosacral MP9261
- Prostate Treatment MP9361
- Vesicoureteral Reflux Treatment in Children MP9475

Effective April 1, 2020

- Speech Therapy MP9171
- Prothrombin Time (INR) Home Monitoring Device MP9263
- Magnetoencephalography (MEG) MP9327 (policy retired)

New Medical Policies

Effective March 1, 2020

Plastic and Reconstructive Surgery MP9022

The procedures referenced in this policy are generally performed to enhance body appearance and not reconstructive in nature and therefore are considered not medically necessary.

Breast Surgeries MP9026

Breast reduction surgery is considered medically necessary: when symptoms are of six (6) months duration and involve two (2) areas, and more than one (1) kilogram of breast tissue is to be removed per breast.



Speech Therapy (Rehabilitative/Habilitative MP9171)

Voice therapy or lessons are not covered unless the criteria for acute rehabilitation or habilitative speech therapy is met.

Vein Disease Treatment MP9241

Transdermal laser treatment of large varicose veins and intense pulsed-light source (e.g., PhotoDerm Vasculight, VeinLase) procedures are considered experimental and investigational and are therefore not covered.

Echocardiogram and Stress Echocardiography MP9513

Dean Health Plan continues to evolve our medical policies in direct response to provider comments. Our Echocardiogram and Stress Echocardiography (MP9513) is a good example of this as the transthoracic, transesophageal and stress echocardiography criteria have been further revised. The 2019 American Academy of Cardiology multimodality imaging in nonvalvular heart disease appropriate use criteria was used. Clinical examples were added to assist providers with determining billable diagnosis codes. Prior authorization is not required; however, an appropriate diagnosis code must appear on the claim or the claim will be denied. Providers are encouraged to read this revised policy, accessible from the Medical Management web page, in its entirety and to always refer to the website for current medical policies.

Effective April 1, 2020

Genetic Testing MP9012

Hereditary pancreatic cancer gene panel testing is considered medically necessary and prior authorization is required.

Genetic Testing for Pharmacogenetics MP9479

AlloMap gene expression profile is considered medically necessary for monitoring rejection in members 15 years of age and older who are six (6) or more months post heart transplant. The myTAIHEART test for evaluating graft rejection following a heart transplant is considered experimental and investigational and is therefore not covered.

Genetic Testing for Neurologic Disorders MP9497

Hereditary spastic paraplegia multi-gene panels for decision making for surgery to reduce spasticity are considered medically necessary. Prior authorization is required.

Lab Testing MP9539

Drug assays to measure serum levels of, and/or antibodies to, adalimumab (HUMIRA) or vedolizumab (ENTYVIO) are considered experimental and investigational for members being treated with those drugs.

Effective May 1, 2020

Genetic Testing for Hereditary Cancer Susceptibility MP9521

MyRisk, a hereditary cancer syndrome genetic panel is considered experimental and investigational and is therefore not covered.

Technology Assessments

The following treatments, procedures, or services are considered experimental and investigational, and therefore are not medically necessary:

- MRI guided focused ultrasound (MRgFUS) for non-Medicare members
- Computerized lower leg exoskeleton (C-Brace)
- EyeBOX System

The following treatments, procedures, or services were determined to be medically necessary:

- Bone-anchored hearing aid (Osia® system)
- Guardant360 liquid biopsy assay
- Endobronchial valves (Spiration® Valve System) ⊕



2020 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 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 listed 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, drop down from the I am... screen to Provider and then Pharmacy Services. Under Up to Date Drug policies, click See Library and search.

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, drop down from the I am... screen to Provider and then Pharmacy Services. Under Covered Drugs/Formulary there is a change notices link below each formulary.

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).

Reminder: For providers calling Navitus for a medical benefit prior authorization, please be sure to state "medical benefit" in your request. This is not applicable to Immune Globulin products as those products are authorized through the Utilization Management department at the health plan.

New Drug Policies

BAVENCIO (avelumab) MB1936

Effective January 1, 2020, BAVENCIO, which is used to treat metastatic merkel cell carcinoma, urothelial carcinoma and renal cell carcinoma, will require a prior authorization. It is restricted to oncology prescribers.

GIVLAARI (givosiran) MB2001

Effective April 1, 2020, GIVLAARI, which is used to treat acute hepatic porphyria, will require a prior authorization. It is restricted to hematology prescribers or specialist with expertise in diagnosis and management of acute hepatic porphyria.

SCENESSE (afamelanotide) MB2002

Effective April 1, 2020, SCENESSE, which is used to Erythropoietic Protoporphyrin, will require a prior authorization. It is restricted to a porphyria specialist who has completed training for Scenesse administration.

Changes to Drug Policy

Antihemophilia Factors and Clotting Factors MB1802

Effective April 1, 2020, removed Monoclote, Helixate and Bebulin from policy as they are no longer being produced. Prior authorization is required and is restricted to hematology prescribers.

Rituximab Products MB9847

Effective April 1, 2020, updated policy to include biosimilar Ruxience along with specific criteria for Ruxience. Prior authorization is required and is restricted to oncology or rheumatology prescribers.

Effective May 1, 2020, added NCCN category 1, 2a, or 2b recommendation for off-label uses to criteria for Ruxience and Truxima. Prior authorization is required and is restricted to oncology or Rheumatology prescribers.

Trastuzumab Products MB1805

Effective April 1, 2020, updated policy to include biosimilar Trazimera. Prior authorization is required and is restricted to oncology prescribers.

Immune Globulin MB9423

Effective April 1, 2020, added new indication for refractory myasthenia gravis. Prior authorization is required.

SOLIRIS (eculizumab) MB9938

Effective August 1, 2020, added criteria to the following indications: Paroxysmal nocturnal hemoglobinuria, Atypical hemolytic uremic syndrome, Generalized myasthenia gravis, and Neuromyelitis Optica Spectrum Disorder. Updated renewal criteria for all indications to include that for all members requesting continuation of therapy provided they meet all initial selection criteria and demonstrate a positive response to therapy. Prior authorization is required and is restricted to nephrology, hematology, or transplant specialist prescribers.



ULTOMIRIS (ravulizumab) MB9938

Effective August 1, 2020, added criteria to the following indications: Paroxysmal nocturnal hemoglobinuria and Atypical hemolytic uremic syndrome. Updated renewal criteria for all indications as well as updating the quantity limits for each indication. Prior authorization is required and is restricted to hematology, oncology, or immunology prescribers.

Alpha 1-Antitrypsin Inhibitor MB9446

Effective May 1, 2020, removed Glassia and Zemaira from the policy as they are no longer available. Prior authorization is required and is restricted to pulmonology prescribers.

TYSABRI (natalizumab) MB9854

Effective May 1, 2020, updated multiple sclerosis indication to include active secondary progressive disease, relapsing-remitting disease, and clinically isolated syndrome. Prior authorization is required and is restricted to neurology or gastroenterology prescribers.

LEMTRADA (alemtuzumab) MB9468

Effective May 1, 2020, added criteria that member does not have clinically isolated syndrome (CIS). Prior authorization is required and is restricted to neurology prescribers.

YERVOY (ipilimumab) MB9945

Effective June 1, 2020, added indication for previously treated hepatocellular carcinoma with Sorafenib, in combination with nivolumab. Prior authorization is required and is restricted to oncology or dermatology prescribers.

OPDIVO (nivolumab) MB1844

Effective June 1, 2020, updated criteria for hepatocellular carcinoma to include, Opdivo is being used as a single agent or in combination with ipilimumab. Prior authorization is required and is restricted to oncology prescribers.

IMFINZI (durvalumab) MB1828

Effective June 1, 2020, added indication for extensive stage small cell lung cancer. Prior authorization is required and is restricted to oncology prescribers.

Retired Policies

SUBLOCADE (buprenorphine extended release injection) MB1845

—Effective April, 2020

VIVITROL (naltrexone extended release injection) MB9439

Effective April, 2020



Provider News Goes Electronic



Beginning this fall, *Provider News* will be a digital-only publication. This will make distribution faster, less expensive and easier on the

environment. This decision is in alignment with the SSM Health core value of Stewardship to use resources responsibly. This Summer 2020 issue is the final printed edition.

Provider News will continue to be published quarterly on deancare.com/providers/news.

We will send an email notifying when it is published to our website for a more timely distribution of information. Providers who chose to “Opt In for Electronic Communications” during their 2020 Provider Portal registration will automatically receive this email. Providers who opted not to receive electronic communications during registration or do not have access to a Portal account, but would like to receive an email when *Provider News* is published, may contact Provider Network Services at DHP.ProviderNewsletter@deancare.com to be added to the distribution list. ⊕

Communications Key for Specialist Honore Manning



Honore Manning

As Dean Health Plan's Provider Network Service's Communications Specialist, Honore Manning always keeps the provider experience top-of-mind. "Every organization and provider are unique and has their own specific needs. I try to keep in mind that our health plan communications are just one source of information out of many that providers are receiving and must navigate. I hope that the communication is meaningful and offers what they need to know."

Since joining Dean Health Plan in 2019, Honore has used her decade of provider communication experience to develop many of the resources that providers and their

administrative teams use to inform their experience with the health plan. From partnering with Marketing on this *Provider News*, to important policy updates, the Provider Manual and producing weekly COVID-19 bulletins, Honore is kept busy and energized by the ever-changing terrain. "The variety of work is what I enjoy most!"

Though effective communication is at the heart of Honore's job, she recognizes that every effort is made more successful by a team— "I am lucky in this role, because I work with Provider Network Consultants who know their providers and can decipher how a broad message may specifically affect a group they work with and conduct additional outreach."

Looking to explore provider resources? Visit deancare.com/providers to access past issues of the *Provider News*, the Provider Manual, get the most up-to-date information on the COVID-19 public health emergency, and much more. 📍

Dean Health Plan *Provider News*

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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 *Provider News*, or if someone in your organization would like to subscribe, please contact your assigned Provider Network Consultant. 📍



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.

While the most common updates we receive from providers are to report new providers or new services, please remember to notify us in a timely manner when a practitioner leaves a group.

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. ⊕

Termination of Doctor/Patient Relationship

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

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



Health care in the age of COVID-19.

Customer Care Center

800-279-1301

Monday–Thursday
7:30 am – 5 pm

Friday
8 am – 4:30 pm



▶ Visit
deancare.com

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Visit
deancare.com/providers

▶ To view your **Provider Network Consultant** and view updated territory contact information.

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

Would you like to receive an email when the *Provider News* is published on the Dean Health Plan website? Please contact Provider Network Services at DHP.ProviderNewsletter@deancare.com to be added to our email distribution list.

Yes! Sign me up!

This Summer 2020 issue is the final printed and mailed edition!