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deancare.com

November 15, 2022

Subject Line: 2023 Plan and Benefit Changes

Dear Dean Health Plan Provider,

To keep you informed of changes that affect your patients enrolled in a Dean Health Plan benefit plan, we have compiled information summarizing some key [plan and benefit changes for the upcoming year](#).

To confirm a member's coverage eligibility, please use our real-time resources for the most up-to-date information. Current member eligibility information as well as real-time details about a member's cost share, copay, deductible, and coinsurance amounts may be obtained from the following:

- 270/271 Eligibility and Benefit Inquiry and Response transaction
- Eligibility application in the Dean Health Plan Provider Portal

If you have additional questions regarding a member's eligibility and coverage, please call our Customer Care Center at:

- 800-279-1301 for Dean Health Plan Commercial and ACA Individual plans.
- 877-232-7566 for Dean Medicare Advantage plans.
- 888-422-3326 for DeanCare Gold and DeanCare Select plans.
- 833-942-2159 for the Medica Employee Health Plan, the new health plan for Dean Health Plan employees, effective January 1, 2023. *See the attachment to this notice for more details.*
- 877-274-4693 for the WellFirst Health SSM Health Employee Health Plan for SSM Health employees.
- 877-234-4516 for Dean Administrative Services Only (ASO) plans.

If you have questions about the 2023 information in the attachment to this notice, refer to benefit plan information available on our website at deancare.com. Please contact the Provider Network Consultant for your specialty as listed at the bottom of the [Dean Health Plan Providers web page](#) if you have further questions. If your specialty does not have a designated Provider Network Consultant, please contact the Provider Network Consultant listed for your county.

We thank you for your incredible work every day in serving our members. We look forward to supporting you in 2023.

Sincerely,

Rachel Grady
Director – Provider Network Administration
Dean Health Plan

2023 PLAN AND BENEFIT CHANGES

Medica Employee Health Plan for Dean Health Plan Employees in 2023


Effective January 1, 2023, Dean Health Plan employees in Wisconsin are moving from coverage under the SSM Health Employee Health Plan to the [Medica Employee Health Plan](#). This is part of the Health Plan's evolving partnership with Medica as announced in 2021. This transition does not change the Health Plan's relationship with our contracted providers, including SSM Health-Wisconsin providers and hospitals as valued integrated delivery partners.

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

- The Dean Health Plan ASO provider network will continue to be the network for both Medica and SSM Health employee health plan enrollees.
- WellFirst Health will continue as the administrator under the current Payer ID 39113.
- Navitus will continue to manage pharmacy benefit drug policies.

This change is 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.

For 2023, Medica Employee Health Plan enrollees will have member ID cards branded with the WellFirst Health and Medica logos, as shown in the sample card images below. Group numbers and member ID numbers will be changing from what they were under the SSM Health Employee Health Plan.



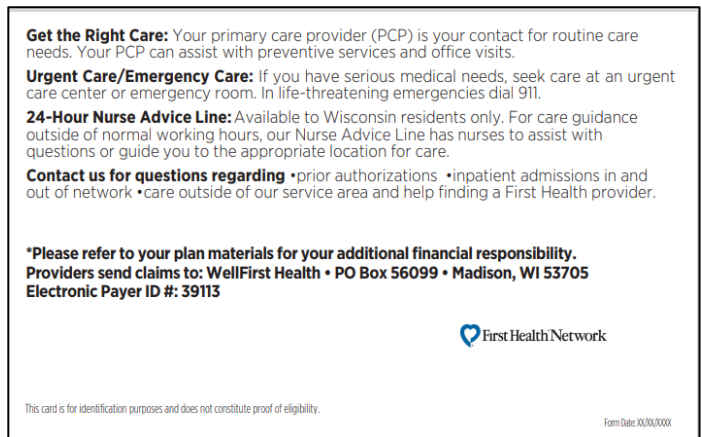
WellFirst Health

Medica Network: DEAN ASO (WI)
Group Number: XXXXXXXXXXXXX
Product Type: EPO HSA
wellfirstbenefits.com/medicaemployees

Member Name	Member Number
TEST TEST	012345678901
TEST TEST 1	012345678902
TEST TEST 2	012345678903
TEST TEST 3	012345678904

Deductible*: Individual \$XXXXX Family \$XXXXX
Ded/Coinsurance Max*: Individual \$XXXXX Family \$XXXXX
Out of Pocket Max*: Individual \$XXXXX Family \$XXXXX
PharmacyQuestions:navitus.com•844-268-9789 PCN:DHE • BIN:610602
Customer Care:833-942-2159(TTY: 711)• Nurse Advice Line: 800-576-8773

Front



Get the Right Care: Your primary care provider (PCP) is your contact for routine care needs. Your PCP can assist with preventive services and office visits.

Urgent Care/Emergency Care: If you have serious medical needs, seek care at an urgent care center or emergency room. In life-threatening emergencies dial 911.

24-Hour Nurse Advice Line: Available to Wisconsin residents only. For care guidance outside of normal working hours, our Nurse Advice Line has nurses to assist with questions or guide you to the appropriate location for care.

Contact us for questions regarding •prior authorizations •inpatient admissions in and out of network •care outside of our service area and help finding a First Health provider.

*Please refer to your plan materials for your additional financial responsibility.
Providers send claims to: WellFirst Health • PO Box 56099 • Madison, WI 53705
Electronic Payer ID #: 39113

First Health Network

This card is for identification purposes and does not constitute proof of eligibility. Form Date: XX/XX/XXXX

Back

The Customer Care number for the Medica Employee Health Plan is 833-942-2159.

Medical and prescription drug authorizations approved in 2022 with end dates in 2023 will continue to be in effect for members 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. With the [exception of authorizations for physical therapy and occupational therapy which are annually end-dated at the end of the year](#), no action is required from providers.

Because the converted authorizations will have the new member ID and Authorization Number, they will not be viewable or searchable in the provider's portal account. Providers can call the Customer Care Center to request information on these authorizations, if needed. Providers are encouraged to have the previously assigned Authorization Number available when calling, if possible.

CMS 5-Star Medicare Advantage Rating for 2023

For the second year, Dean Health Plan Medicare Advantage plans earned an exceptional 5 out of 5 Stars for 2023 from the Centers for Medicare & Medicaid Services. Thank you to all of our providers for the shared commitment to providing high-quality care for our members and patients.

All our Medicare Advantage plans offer [no-cost extras and supplemental benefits](#), such as in-home and virtual support, transportation, over-the-counter medicines and supply allowances, post-discharge meals, vision and hearing benefits, comprehensive dental benefits through Delta Dental, wellness rewards, gym memberships, and home fitness kits.

Additionally, our plan offerings are unique so members can choose the one that best fits their needs, including a plan option without prescription drug (Part D) coverage, the Harmony Plan. This is a great option for enrollees who already have prescription drug coverage through another source.

The Medicare Advantage Provider Manual will be updated for 2023 plan offerings later this year and is accessible from the “See Manuals” link at deancare.com/providers.

New 2023 Benefits for Medicare Advantage Plans with Drug Coverage

Effective January 1, 2023, Dean Health Plan is offering new benefits for members enrolled in Dean Advantage plans with drug coverage (Part D).

100-Day Refill Cycle

Dean MAPD members will be able to receive a 100-day supply instead of a 90-day supply when they fill maintenance medications at a pharmacy or through mail order for Tier 1, 2, 3, and 4 drugs. This means members 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 send a prescription to the pharmacy that specifies a 100-day instead of a 90-day quantity (e.g., Lisinopril 5 mg 1 qd #100 days with 3 refills).

\$0 Copay for Tier 1 and Tier 2 Drugs Obtained Through Costco Mail Order Pharmacy Program

Dean MAPD members will be eligible for \$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 members to the [mail order information on our website](#) for information about enrolling in the Costco Mail Order Pharmacy program, including a link to the online or paper enrollment form. Members can call Costco’s customer care help line at 877-232-7566 (TTY:711) for assistance.

\$0 Preferred Diabetic Supplies

Dean MAPD members will have \$0 cost share for preferred diabetic supplies obtained at a preferred retail pharmacy or through the Costco Mail Order Pharmacy program. Supplies available at \$0 cost share include items such as syringes, needles, alcohol swabs, lancets, and lancet devices. Additionally, whether the supply is covered under Part D or Part B, Dean MAPD members will have \$0 cost share through the gap coverage phase.

Insulin

In compliance with the Inflation Reduction Act (IRA), Dean MAPD members will not pay more than \$35 for a month’s supply of each of their insulin medications as a prescription benefit (Part D) or medical benefit (Part B when they have a pump). Additionally, all vaccines recommended by the Advisory Committee on Immunization Practices will be available at \$0 to members.

Insulin copays are capped at \$35 per month in compliance with the IRA. Members enrolled in a Dean MAPD plan can receive formulary insulins at \$30 per month supply from a preferred pharmacy or \$35 from a non-preferred pharmacy.

The “New 2023 Benefits for Medicare Advantage Plans with Drug Coverage” section is continued on the next page.

Adult Vaccinations

Dean Health Plan offers adult vaccinations at \$0. New in October 2022, and continuing for 2023, there are no location restrictions on where an adult member can receive their vaccines. Members can get their Part B vaccines (Influenza, Pneumococcal) and Part D vaccines (Shingles, TDAP, or others listed on the drug formulary) either at the doctor's office or at an in-network pharmacy.

Member-Focused Real Time Benefit Tool

In response to member feedback, Dean Health Plan will offer members a real-time benefits tool, conveniently built into their secure member portal account. Through this tool, members can search their medications to see a medication's cost, possible alternative medications, and if their prescribed medication has any restrictions.

Members can access the member portal from the Dean Health Plan website. If your patient does not have a member portal account, they can register to create an account. To register, they will need an email address, phone number (for two-factor authentication), their member ID number, first and last name as these appear on their member ID card, social security number, and date of birth.

2023 Pharmacy Benefits Formulary Highlights

The following highlight some formulary changes, effective January 1, 2023:

- **Expanded coverage of medications in the following categories by moving drugs from higher tiers to Tier 1, Tier 2, or Tier 3 formulary tiers:**
 - Common Chronic medications (i.e., hypertension, diabetes, cholesterol, and depression)
 - Pain medications
 - Estrogen products (i.e., estrogen patches, creams, and pills)
 - Oral antibiotics
 - Low cost Intravenous antibiotic medications
 - Generic HIV medications
 - Generic specialty medications
- **New insulin savings, include:**
 - Insulin Biosimilars compared to Novolog on formulary \$30/month at a preferred pharmacy
 - Xultrophy and Soliqua
- **Highlights of medications that will remain the same in 2023:**
 - Brand name Lantus instead of a biosimilar on formulary at \$30/month at a preferred pharmacy
 - Brand Name Advair Diskus instead of Wixela or generic on Tier 2
 - Ventolin 8 gram at Tier 2 (members can receive 2 inhaler to equal [1] 16 gram container)

Updated and New 2023 Pharmacy Benefits for Commercial Plans

90-Day Generic Maintenance Drug Refills (applicable to large group commercial plans)

For member convenience and fewer trips to the pharmacy, effective January 1, 2023, Dean Health Plan members enrolled in large group commercial plans will have mandatory 90-day refills for Tier 1 and Tier 2 generic maintenance medications after their first three monthly fills. These 90-day refills will also be less expensive for members who have copay cost shares. Members who receive 90-day supplies through mail order will receive a one copay reduction, thereby receiving a 3-month supply for the cost of 2 copays. Members receiving 90-day supplies through retail pharmacies will receive a half-copay reduction, thereby receiving a 3-month supply for the cost of 2.5 copays.

Expanded Preventive Drug List (applicable to large group commercial plans)

Effective January 1, 2023, the Preventive Drug List (PDL) applicable for large group commercial plans will be expanded to provide access to a broader list of medications available at \$0 cost share. Newly added medications include generic mental health medications, preferred brand diabetes medications, as well as preferred insulins and inhalers.

The "Updated and New 2023 Pharmacy Benefits for Commercial Plans" section is continued on the next page.

\$0 Preferred Diabetic Supplies (applicable to ACA individual [Exchange] and large and small group commercial plans)

Effective January 1, 2023, Dean Health Plan members will have \$0 cost share for preferred diabetic supplies such as syringes, needles, pen needles, test strips, continuous glucose monitors, glucagon products, and lancets.

Preferred Insulin Copay Limit (applicable to ACA plans)

Copays for preferred insulin products are capped at \$35 per month, per medication (e.g., each prescription, each insulin product).

Physical Therapy and Occupational Therapy Prior Authorizations End Dated

As a reminder, approved prior authorizations for physical therapy and occupational therapy are end-dated on December 31, 2022. To facilitate continuity of care for your patients, a new authorization request will need to be submitted to National Imaging Associates (NIA)/Magellan if continued services are needed on and after January 1, 2023.

End of Public Health Emergency Will Impact BadgerCare Coverage

During the public health emergency under federal authority, the Wisconsin Department of Health Services has not required eligibility renewal for members of Medicaid programs. When the public health emergency ends, Wisconsin Medicaid will resume the member eligibility renewal process that was in place before the public health emergency. If your patients are enrolled in BadgerCare Plus, please emphasize that they need to ensure their address and contact information on file with Wisconsin Medicaid is up to date so they can receive renewal notices. Doing this will ensure that members stay informed and will help to retain their coverage when the public health emergency is over. BadgerCare Plus members can update their information through the [ACCESS](#) website, through the MyAccess app, or by contacting their consortia (e.g., county IM Agency, HMO enrollment specialist, or member services) to update their contact information.

Language Assistance Line

To address diverse language needs and bridge 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 Dean Health Plan [Cultural Awareness web page](#) for more information on how to use the service.

Behavioral Health Support for Dean Health Plan Patients

In recognition of the importance of mental health services and support, Dean Health Plan has developed the [Behavioral Health Provider Annual Training resource](#) to assist behavioral health providers caring for patients enrolled in a Dean Health Plan benefit plan. This resource highlights behavioral health medical policies, prior authorization and supporting documentation submissions, coordination of services, and related resources.

Member Resources Reference Guide

The [Dean Health Plan Member Resources Reference Guide for Providers](#) makes it easier for providers to find online information regarding a wide range of programs and services that are available to their Dean Health Plan patients (and some that are available to all patients regardless of insurance). The reference guide is organized alphabetically by the name of the program/service with a brief description and links to more information online. The resource is not intended to be an exhaustive list and providers are always encouraged to refer to the Dean Health Plan website for the most up-to-date information. Please note, rewards and programs may vary by plan and member coverage.