

PrimePartners

for Case Managers

Volume 9, Issue 7
July 2015

Go to: [Important Dates](#) | [Contact Information](#)

PrimeWest Health Open House

On June 26, 2015, PrimeWest Health hosted an open house celebrating our new home. As part of the event, a flag from each of our 13 member counties was raised alongside the United States, Minnesota, and PrimeWest Health flags. The color guard from Alexandria American Legion Post #87 raised the American flag and representatives from each county raised their county's flag.

The event was well attended and a great opportunity to celebrate all that PrimeWest Health has achieved through our partnerships with our member counties. 



Required Use of the Residential Service and Rate Development Tool

Kristi Shamp, RN, BSN, PHN, CPHM, SNP Senior Care/UM Care Coordinator

For assessments and reassessments that occur on or after July 1, 2015, use of the Residential Service and Rate Development Tool, formerly known as the Customized Living (CL) Tool, is required to determine rates and authorize all Elderly Waiver (EW), CL (T2030/T2030 TG), corporate foster care (S5141 HQ), adult foster care (S5141), and residential care (T2032) services. The previous rate will remain in place until a new assessment is conducted.

The updated version of the PrimeWest Health tool is available at <https://www.primewest-tools.com>.

Please send any questions to seniorcare@primewest.org. 

Rate Increases for Long-Term Services and Supports (LTSS)

Kristi Shamp, RN, BSN, PHN, CPHM, SNP Senior Care/UM Care Coordinator

The Minnesota Legislature authorized the following rate increases for services provided on or after July 1, 2015:

- **A 1 percent quality add-on rate increase for Long-Term Services and Supports (LTSS).** The increase is dependent upon the service type and applies to allocations, reimbursement rates, case mix caps, individual limits, and rate limits.
- **An additional 1.53 percent rate increase for Consumer-Directed Community Supports (CDCS), the Consumer Support Grant (CSG), and Personal Care Assistance (PCA) services.** This increase applies to reimbursement rates, individual budgets, grants, or allocations for limits.

The PrimeWest Health care plan has been adjusted to reflect these rate increases. County case managers should update the service agreement for all services affected by the change and provide a revised service agreement to the provider(s). Customized Living (CL) providers with current service agreements should have received a revised service agreement from PrimeWest Health.

Additional information can be found at <http://mn.gov/dhs/partners-and-providers/continuing-care/provider-information/ltss-rates/index.jsp>.

Please send any questions to seniorcare@primewest.org. 

PrimeWest Health Model of Care (MOC) Quick Reference Guide

The MOC is a set of guidelines PrimeWest Health developed that help us ensure our members get the best care with the best outcomes. It provides a step-by-step process to develop personalized care plans for our members enrolled in Prime Health Complete (HMO SNP) and PrimeWest Senior Health Complete (HMO SNP).

Each year you are required to attest that you have reviewed the MOC. You can review the MOC on our website at www.primewest.org/modelofcare. Click on the MOC you wish to view. After you have reviewed the MOC, please complete the attestation found on our website. Go to www.primewest.org/modelofcare and click on *Model of Care Attestation form*. Attestations must be completed by August 15, 2015.

A brief overview of the MOC from the PrimeWest Health *Model of Care Quick Reference Guide* for providers is provided below for your reference.

1. What are the overall goals of the MOC?

PrimeWest Health designed the MOC to ensure the following for our members:

- a. Improved access to essential health care services
- b. Improved access to affordable health care services
- c. Improved coordination of care and delivery of services
- d. Improved care transitions across all health care settings
- e. Appropriate use of health care services

2. Why do I need to know about the MOC?

The MOC is the foundation for all members' care. When you are part of a member's Interdisciplinary Care Team (ICT), we need your help in designing a care plan that develops interventions and goals to improve member outcomes in a manner that is aided by—and meets the goals of—the MOC. For example, the MOC has processes that help us determine when the member needs an immunization plan. You and those involved with the member's care determine which immunizations are right to recommend for the member.

3. What is an ICT?

An ICT is a group of individuals who have been chosen by the member/guardian to help with the creation of a care plan and to be part of the ongoing development of care for the member. The ICT develops health care goals and a formal care plan. The team works together to help the member meet identified health care goals.

The ICT may include the following: a friend or family member, primary care provider, case manager(s) or care coordinator(s), other specialty providers, and other people who can help the member meet his/her health care needs and goals.

4. How am I part of a member's health care outside of my practice and/or service provision?

You are an important part of the ICT that plans the member's health care. The member/guardian determines the composition of the ICT. You will be notified by the member's case manager/care coordinator if you are part of the ICT. This notification will also include contact information for the member's case manager/care coordinator, so you can contact the case manager/care coordinator as needed.

5. How do I access the care plan? Do I get a copy of it?

If you are a member of the ICT, you will have access to the member's care plan via a web-based platform, and, if you request one from the case manager/care coordinator, you may receive a printed copy of the care plan.

6. Whom should I contact if I have more questions about my role in the ICT?

You can contact the member's case manager or call the PrimeWest Health Provider Contact Center at **1-866-431-0802** (toll free) and ask to speak with the member's care coordinator.

7. Whom should I contact if I have more questions about the MOC?

If you have questions or want to learn more about the MOC, you can talk to the member's case manager or care coordinator. You can also find the MOC on our website at www.primewest.org/modelofcare. Click on the MOC you wish to view. 

New Connections for Self-Advocacy and Innovation

Kristi Shamp, RN, BSN, PHN, CPHM, SNP Senior Care/UM Care Coordinator

The Minnesota Department of Human Services (DHS) is hosting a free stakeholders' conference for members and others involved in managed care programs for seniors and people with disabilities. Attendees will learn about program details, share innovative strategies, and create a vision for the future. The conference will be held on Friday, August 21, 2015, from 8:30 a.m. to 4:30 p.m., at Radisson Blu Mall of America in Bloomington.

The conference is open to all stakeholders of Minnesota Senior Health Options (MSHO), Minnesota Senior Care Plus (MSC+), and Special Needs BasicCare (SNBC) programs. Stakeholders include program members, member advocates, providers, managed care organizations (MCOs), special interest organizations, and policy professionals.

Registration information can be found at <http://registrations.dhs.state.mn.us/videoConf/Default.aspx?BusinessUnitID=4>. 

Domestic and Sexual Violence Training for Home Visitors

Ann Challes, RN, CMCN, Complex Care Coordinator

The Minnesota Department of Health (MDH) is offering an evidence-based intervention training for professionals who make home visits called "Futures without Violence: Domestic & Sexual Violence Intervention Training for Family Home Visiting." You can find more information about the training, as well the agenda, training dates and locations, and registration information at <https://www.health.state.mn.us/divs/cfh/connect/index.cfm?cmd=mchedtrain.details&oid=111680>. 

Shopping as Part of Customized Living (CL) Services

Kristi Shamp, RN, BSN, PHN, CPHM, CCP, SNP Senior Care/UM Care Coordinator

Shopping is a service component of the Residential Service and Rate Development Tool, formerly known as the Customized Living (CL) Tool. As with all other service component areas, assistance with shopping must be an assessed need of the member. Time allotted in this service area is for helping the member make purchases of his/her choice for his/her individual needs. The member's county case manager must also consider informal support and member preference for the type of shopping when determining the amount of time needed. Shopping for a member when he/she is not with requires documentation of need. Time should not be allotted for facility needs such as cleaning supplies or groceries not intended for the member's personal use.

If you have questions, please contact **Kristi Shamp**. 

Email Subject Lines

Shirley Saathoff, Senior Care Coordination Specialist

When sending an email to PrimeWest Health, please remember the following when composing the subject line:

- If at all possible, use one of the options listed below as your subject line
- If you can't use one of the options listed below, keep your subject line simple. Only basic information is needed and a short subject line will save you time.
- Do not use a member's name or PMI # as the subject line
- Using an incorrect subject line could delay our reply to you!

Please also keep the following in mind when emailing PrimeWest Health:

- Only include information about one member per email
- Contact **Shirley Saathoff** with all staff changes, including changes in county case manager

Emails from county case managers to PrimeWest Health

Email subject line	Purpose
Care Plan	Questions or concerns about care plans
CCM Names	Notification of change of county case manager
EW Eligibility	Update as to why a member has lost Elderly Waiver (EW) eligibility
Expired	Notification of a member's death - Email should include date of death (DOD), whether the member died in the hospital, and whether the member was on hospice - Note: If the member died in the hospital, a Transition of Care Form for hospital discharge does not need to be completed
FTIS Updates	Update regarding fast track intervention strategies (FTIS)
Hospice	Information on hospice care Email should either include hospice discharge date or hospice admission date, hospice diagnosis, and hospice provider
Outpatient Procedures	Notification of the following outpatient procedures: cataract removal, orthopedic procedures, or hysterectomy
Question	Ask PrimeWest Health a question
Secure Email	- To set up secure email, contact Shirley Saathoff - For problems with secure email, contact Dan Benson
SNF Part 1 Question	Questions regarding Skilled Nursing Facility (SNF) Part 1 web form
ST SNF	Update regarding a short-term (ST) SNF stay
ST SNF Stay Changes to LT Stay	Notification of a short-term SNF stay changing to a long-term (LT) stay Email should include the date of the change
TOC	Notification of transition of care - Attach the Transition of Care Form - The email should include the member's name and PMI # - If you need to include an update, enter it in the comment box on the Transition of Care Form, not in the body of the email
Update	Member update that does not fall into one of the other categories

PrimeWest Health will try to be consistent with the subject lines of emails we send to you, too.

Emails from PrimeWest Health to county case managers

Subject line	Purpose
CCM Capitation	A list of members for each county for capitation. No response is needed.
HEDIS Risk	Update regarding Healthcare Effectiveness Data and Information Set (HEDIS) measures. If this has already been addressed with PrimeWest Health, no response is necessary.
Incomplete Paperwork	Update about member's late paperwork and possibility of losing Medical Assistance (Medicaid) eligibility
MA Eligibility	Notification that a member lost Medical Assistance (Medicaid) eligibility
Missed Capitation	Notification that a member's paperwork was not turned in and the member missed capitation
Reassessments Due	List of members who have a reassessment coming due. No response is needed.
SNF MMIS	Notification to close the screening document in the Medicaid Management Information System (MMIS) when a member enters a SNF
Expired MMIS	Notification to close the screening document in MMIS when a member expires
Living Arrangement Verification	Monthly email sent when there is a discrepancy between the Minnesota Department of Human Services (DHS) and PrimeWest Health regarding the member's living arrangement status

Pregnancy and Postpartum Support

Ann Challes, RN, CMCN, Complex Care Coordinator

Pregnancy & Postpartum Support Minnesota (PPSM) is an information resource for both providers and the public about postpartum and perinatal anxiety and depression. The website, <http://ppsupportmn.org>, contains a helpline number, provider resource list, and community resources that may be beneficial.

The PPSM HelpLine provides support via calls, texts, and emails. Trained volunteers provide support to parents and others who know someone struggling with anxiety and depression, or who may be suffering from it themselves.

Please visit the website for additional information about providing support during pregnancy and after pregnancy for those who are struggling with anxiety and/or depression.

HelpLine contact information

- Phone: **1-612-787-PPSM (7776)**
- Text: **1-612-787-PPSM (7776)**
- Email: **PPSMhelpline@gmail.com** 

Healthcare Effectiveness Data and Information Set (HEDIS) and Star Measures

Understanding the various quality programs that health plans follow can be a challenge. To help you understand how these programs affect the work you do, the following article offers brief descriptions of the National Committee for Quality Assurance (NCQA), the Healthcare Effectiveness Data and Information Set (HEDIS), and Star Ratings. Quoted material is taken from “Measuring Patient Care: Medicare Star Ratings,” an online presentation from UnitedHealthcare available at www.healthplanofnevada.com/documents/provider%20files/Star%20Ratings%20-%20Powerpoint%20presentation-FINAL.pdf.

NCQA

NCQA measures health plans across the nation based on overall health plan quality and value. NCQA continuously evaluates the core systems and process that make up a health plan, as well as actual results that the plan achieves.

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS was developed and is maintained by NCQA and is the most widely used set of performance measures in managed care.

HEDIS includes 83 quality measures across the following five domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Utilization and Relative Resource Use
- Health Plan Descriptive Information
- Experience of Care

Star Ratings

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure Medicare beneficiaries' experience with the health plan and the health care system.

Star Ratings are based on the following:

- 33 key quality measures across the five following domains:
 - Staying Healthy: Screenings, Tests, and Vaccines

- Managing Chronic (Long-Term) Conditions
- Member Experience with Health Plan
- Member Complaints and Changes in the Health Plan's Performance
- Health Plan Customer Service
- 13 Part D measures across the following four domains:
 - Drug Plan Customer Service
 - Member Complaints and Changes in the Drug Plan's Performance
 - Member Experience with the Drug Plan
 - Drug Safety and Accuracy of Drug Pricing

CMS publishes Star Ratings annually to help consumers compare Medicare Advantage and Prescription Drug plans.

Plans are scored and paid by CMS based on their overall Star Rating performance.

Ratings emphasize patient care and satisfaction, using national clinical and service quality measures, health outcomes and patient feedback about their health care experience.

If you have any questions, please contact **Jordan Klimek** or **Bethany Krafthefer**. 

Osteoporosis

Elizabeth Warfield, RN, BSN, Senior Care Coordinator

Osteoporosis management in women age 67 and over who have had a fracture is a Healthcare Effectiveness Data and Information Set (HEDIS) measure as well as one of the measures the Centers for Medicare & Medicaid Services (CMS) uses in its five-star rating system. While this makes it an important matter of business for PrimeWest Health, it is also an essential matter of quality that must be addressed as we strive to improve the health of our members.

Unfortunately, osteoporosis is common and is becoming more prevalent. The National Osteoporosis Foundation (NOF) estimates there are around 54 million adults over the age of 50 in the United States who are affected by osteoporosis and osteopenia (decreased bone density, not severe enough to be classified as osteoporosis). This number is expected to grow as our population ages. Studies looking at osteoporosis and fractures estimate that one in two women and one in four men over age 50 will sustain a fracture as a result of osteoporosis.

Fractures related to osteoporosis are most commonly found in the hip, wrist, or spine. Those who sustain a fracture may have severe pain. They often lose mobility and cannot care for themselves. Many must be hospitalized and the fracture must be surgically repaired. This loss of independence and possible hospitalization can lead to feelings of isolation, depression, and anxiety.

According to the NOF, 20 percent of people with osteoporosis-related hip fractures die less than a year from the date of their fracture, either from problems related to the fracture or from surgical complications. Of those who make it beyond a year, many are admitted to nursing facilities because they are no longer able to care for themselves at home. The annual cost of the 2 million osteoporosis-related fractures each year in the United States is approximately \$19 billion and is expected to grow.

Loss of bone mass isn't something you can feel. More often than not, pain from a fracture is the only physical clue as to what is happening in the body. Because of this, prevention of bone loss and screening through bone mineral density (BMD) testing have become vitally important.

Preventing osteoporosis includes taking care of your bones in a variety of ways. Regularly performing weight-bearing exercises such as walking, jogging, dancing, and gardening can increase bone strength. A balanced diet, rich in calcium and vitamin D, is essential to good bone health. Avoiding smoking and excessive alcohol use also decreases the risk of osteoporosis.

Effective prevention also includes screening. A BMD test or dual-energy X-ray absorptiometry (DXA) scan can be done to screen for osteoporosis or osteopenia. A DXA scan is quick and painless. It involves running a scanner over the hip, wrist, or spine. This method is similar to regular X-rays but uses a lower level of radiation. Unless one has difficulty lying on the exam table, there should be no discomfort associated with the test. The test results give a score (T-score) for each area of the body scanned. This score represents the difference between your bone density and that of a young person with healthy bone density. BMD testing is an effective way to screen for decreased bone density so it can be addressed before it becomes a problem. Even after a fracture has occurred, BMD testing has a role. It is used to give a definitive diagnosis of osteoporosis when it hasn't been identified prior to fracture. It is also used to monitor the effectiveness of treatment and to predict the risk of future fractures.

Once osteopenia or osteoporosis has been diagnosed, nutrition and exercise will not be enough. At this point, conversations between health care professionals and patients need to focus on what else can be done to prevent further bone loss and devastating fractures. In addition to the preventive measures already discussed, health care providers will tailor treatment to the individual patient. Many health care professionals will recommend calcium and vitamin D supplements. There are situations when additional calcium should not be taken, so it is important to discuss recommendations with a health care provider prior to starting supplementation.

While calcium and vitamin D provide the necessary elements for bone formation, they do not help decrease the rate of bone resorption. The most common class of medications prescribed to prevent bone loss from resorption are bisphosphonates. Bisphosphonates come in oral, intravenous, and injectable forms, and are effective resorption inhibitors. Oral bisphosphonates are taken anywhere from once a week to once a month. The most common side effects are stomach upset and heartburn. Because of this, people should take them with a full glass of water on an empty stomach and avoid lying down for 30 – 60 minutes after taking it. For people who are unable to tolerate oral bisphosphonate, injectable or intravenous forms can be used. As with many medications, there are rare, potentially serious side effects that have been associated with the use of bisphosphonates. However, the risk of these pale in comparison to the risks associated with fractures from untreated osteoporosis.

As health care professionals, it is our duty to educate the public about osteoporosis. Many people hesitate to have another test or take another medication because of fear of side effects or expense. They may be failing to take into consideration the serious complications, suffering, and emotional strain that accompany osteoporosis-related fractures. We can also provide education about fall prevention, nutrition, and approved exercise regimens. Clinic nurses, case managers, and care coordinators can work together to ensure barriers such as lack of access to transportation do not impede appropriate care of those with bone health issues. Additionally, we can encourage members to discuss recommendations regarding bone health, specifically BMD testing and osteoporosis prevention and treatment, with their health care providers on an ongoing basis.

Sources:

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS). "Handout on Health: Osteoporosis." www.niams.nih.gov/Health_Info/Bone/Osteoporosis/osteoporosis_hoh.asp#9. Accessed July 15, 2015.

National Osteoporosis Foundation (NOF). "54 Million Americans Affected by Osteoporosis and Low Bone Mass." www.nof.org/news/2948. Accessed July 15, 2015.

NOF. "Types of Osteoporosis Medications." www.nof.org/articles/22. Accessed July 15, 2015.

NOF. "What is Osteoporosis?" www.nof.org/articles/7. Accessed July 15, 2015. 

Important Dates

✓ County supervisor meeting

Meetings are held on the third Thursday of the month, 10 a.m. – 3 p.m., at PrimeWest Health in Alexandria, unless otherwise noted.

August 20
September 17
October 15
November 19
December 17

✓ County case management educational training

Trainings are held on the fourth Wednesday of the month via webinar from 10 a.m. – noon, unless otherwise noted.

August 26
September 23
October 28
November 25
December 23

Contact Information

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