

PrimePartners

for Case Managers

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In this issue:

- ▶ Welcome to Our New Care & Population Health Management Staff Member
- ▶ Benefits of PrimeWest Health's Integrated Medicare Programs
- ▶ Dental Benefit Updates
- ▶ What Is Complex Care Management and How Can You Refer a Member?
- ▶ Fentanyl Test Strips for Members
- ▶ PrimeWest Health Lunch & Learns
- ▶ Health Care Directives
- ▶ Model of Care Training and Attestation
- ▶ Over-the-Counter (OTC) Medications and Supplemental OTC Items
- ▶ PrimeWest Health Staff in the Community
- ▶ Important Dates
- ▶ Contact Information

Welcome to Our New Care & Population Health Management Staff Member

We are excited to introduce you to our newest Community Health Worker. Take a minute and get to know Shak!



Abdishakur "Shak" Mahboub, Community Health Worker

Shak lives with his family in Willmar, MN. He enjoys reading fantasy and science fiction novels as well as playing video games. His mom and dad run an interpreting service in Willmar and also work closely with PrimeWest Health to help better their community. Shak joined PrimeWest Health in July. 📖

Benefits of PrimeWest Health's Integrated Medicare Programs

Leah Anderson, Population Health Manager

If you work with a PrimeWest Health member who is currently enrolled in either Special Needs BasicCare (SNBC) or Minnesota Senior Care Plus (MSC+) and has Medicare coverage elsewhere, we encourage you to let them know about the benefits of enrolling in one of our integrated Medicare programs.

- PrimeWest Senior Health Complete (HMO SNP) is for members age 65 or over who choose to have both their Medical Assistance and Medicare through PrimeWest Health.
- Prime Health Complete (HMO SNP) is for members ages 18 – 64 who have a certified disability and choose to have both their Medical Assistance and Medicare through PrimeWest Health.

The following are just a few of the ways members can benefit by enrolling in one of our integrated Medicare programs:

- One insurance card for all Medicare and Medical Assistance coverage
- One drug plan with coverage for Medicare Part D and Medical Assistance-covered medications and no copays for Medical Assistance-covered drugs
- One Member Services phone number that is answered by a person, not a machine
- Decreased confusion about which plan will pay for which services
- Fewer mailings and less paperwork

We have created brochures showing a comparison of benefits. These brochures are updated each year with a list of all supplemental benefits that the member may be eligible for. The 2024 brochures will be updated and available soon. Along with the comparison brochures, additional program information is located on the web page for each program. The links and brochures can be provided to members who ask for help with decision-making.

- [PrimeWest Senior Health Complete](#)
- [MSC+](#)
- [Prime Health Complete](#)
- [SNBC](#)

Please note the web pages for PrimeWest Senior Health Complete and Prime Health Complete currently include tabs for 2023 and 2024. Pages for MSC+ and SNBC will be updated with 2024 information on January 1.

If you work with a member who would like to enroll in either of our integrated Medicare programs, you can help them get an enrollment form through one of the following sources:

- Their county offices (PrimeWest Senior Health Complete only)
- PrimeWest Health's website
 - [PrimeWest Senior Health Complete](#) – Click on the tab for the year of enrollment, then click *Enrollment Form* in the Member Materials box to the left
 - [Prime Health Complete](#) – Click on the tab for the year of enrollment, then click *Enrollment Form* in the Member Materials box to the left
- PrimeWest Health Member Services. Members can call **1-800-366-2906** (toll free) to have a form mailed to them. 📬

Dental Benefit Updates

Amanda Englund, Dental Services Coordinator

As a result of the 2023 Minnesota Legislative Session, the comprehensive dental benefit set for non-pregnant adults with Medical Assistance or MinnesotaCare is expected to be reinstated in 2024. This would be the first time since 2009 that non-pregnant adults will have dental benefits beyond the limited benefit set. PrimeWest Health will provide updates as more details become available from the Minnesota Department of Human Services (DHS). Please contact **Amanda Englund** with any questions. 📬

What Is Complex Care Management and How Can You Refer a Member?

Christi Matt, RN, CCP, Manager of Families and Children Care Management

The PrimeWest Health Complex Care Management program is a voluntary program designed for members who are not eligible for any other form of care/case management services and who have chronic conditions or special health care needs. Members with special health care needs include those experiencing acute physical or mental health trauma, those with a chronic physical or mental health diagnosis, and those at risk for chronic disease or deterioration of health. PrimeWest Health identifies members who may benefit from complex care management services through a variety of ways including claims; encounter and pharmacy data; and provider, caregiver, and member referrals.

Complex care management is intended to be a short-term service to help members address the identified need that triggered the referral for the service. The program offers ongoing support, monitoring, education, and evaluation of the member's needs and goals. Members complete a comprehensive health risk assessment (HRA) and receive a comprehensive care plan.

Contact and referral information

The Complex Care Management program is currently staffed by Dawn Hartman, Complex Care Management Lead Care Coordinator, and Kellie Thomas, Complex Care Management Specialist. If you have questions about this program or would like to refer a member, please contact **Dawn** or **Kellie**. Or, you can make a referral by sending an email to caremanagement@primewest.org. 📬

Fentanyl Test Strips for Members

Renea Weigel, LICSW, Behavioral Health Manager

Fentanyl test strips are small strips of paper that can detect the presence of fentanyl in different kinds of drugs and drug forms. Knowing if fentanyl is present can prevent the risk of overdose. PrimeWest Health offers fentanyl test strips free of charge to members and sends the strips directly to their address.

Please let members know they can request test strips by calling PrimeWest Health Member Services at **1-866-431-0801** (toll free). 📖

PrimeWest Health Lunch & Learns

Crystal Holloway, RN, BSN, PHN, Special Needs Care Coordination Manager

Thank you to those who attended a PrimeWest Health Lunch & Learn in September. We are excited to be back out in the community and seeing you all in person!

We have started planning our next Lunch & Learn based on the topic ideas submitted as part of the post-Lunch & Learn survey. If you attended a September Lunch & Learn and have not yet completed this survey, please do so. Once we have a full agenda we will reach out to our county partners to determine host locations. 📖

Health Care Directives

Tasha Jevnager, RN, Care Coordinator

As a case manager, you play an important role in helping members make health care decisions and plans, including planning for end-of-life care and situations when a member is unable to make medical decisions. Discussing Health Care Directives (sometimes called “Advance Directives”) with members is a crucial step in this process.

What is a Health Care Directive and what makes it valid?

The term "Health Care Directive" refers to a written statement of a person's wishes regarding medical treatment made to ensure those wishes are carried out if the person becomes unable to communicate them. The holder of the Health Care Directive can name a person (“agent”) to make medical decisions if the holder is unable or does not want to make these decisions. The agent cannot be the person's health care provider, unless the health care provider is a family member or the person has given reasons for naming the health care provider as the agent. A person must be at least age 18 to make a Health Care Directive. In addition, while a designated form is not required, a Health Care Directive must meet the following requirements to be legal:

- Be in writing and dated
- State the member's name
- Be signed by the member or someone the member authorized to sign when their ability to understand and communicate health care wishes was intact
 - The signature must be verified by a notary public or two witnesses
- Include the appointment of an agent to make health care decisions and/or instructions about the health care choices the member wishes to make (MDH)

What are the types of Health Care Directives?

The following are the four main types of Health Care Directives. All definitions are from the American Cancer Society.

The living will

The living will is a legal document used to state certain future health care decisions only when a person becomes unable to make the decisions and choices on their own. The living will is only used at the end of life if a person is terminally ill (can't be cured) or permanently unconscious....

Durable power of attorney for health care/Medical power of attorney

A durable power of attorney for health care, also known as a medical power of attorney, is a legal document in which you name a person to be a proxy (agent) to make all your health care decisions if you become unable to do so. Before a medical power of attorney can be used to guide medical decisions, a person's physician must certify that the person is unable to make their own medical decisions....

POLST (Physician Orders for Life-Sustaining Treatment)

A POLST form also helps describe your wishes for health care, but it is not an advance directive. A POLST form has a set of specific medical orders that a seriously ill person can fill in and ask their health care provider to sign. A POLST form addresses your wishes in an emergency, such as whether to use CPR (cardiopulmonary resuscitation) in an emergency, or whether to go to a hospital in an emergency and be put on a breathing machine if necessary, or stay where you are and be made comfortable....

Do not resuscitate (DNR) orders

...A Do Not Resuscitate or DNR order means that if you stop breathing or your heart stops, nothing will be done to try to keep you alive.

There are two types of DNR orders: one works while you are in the hospital, and one works when you are outside the hospital.

If you are in the hospital, you can ask your doctor to add a DNR order to your medical record. You would only ask for this if you don't want hospital staff to try to revive you if your heart or breathing stopped....

The non-hospital DNR is intended for Emergency Medical Service (EMS) teams. Unless you have a valid and visible DNR order, the EMS teams who answer 911 calls are required to try to revive and prolong life every way they can. A non-hospital DNR must be signed by both the patient and the health care provider.

For more detailed information on the different types of Health Care Directives, please review PrimeWest Health's [Health Care Directive \(HCD\) on-demand training](#) in the *County Case Management Manual*.

What is the role of the county case manager in assisting members with their Health Care Directives?

PrimeWest Health's goal is to make sure all members have documented their health care wishes in a Health Care Directive, and county case managers should have annual discussions with members about Health Care Directives. Documentation showing that this conversation has occurred is logged in case notes as well as in the PrimeWest Health Skilled Nursing Facility (SNF) Comprehensive Assessment Tool. It is also important that county case managers encourage members to talk with their primary care provider or other health care providers about their health care wishes before starting or revising a Health Care Directive.

Part of your role as a case manager is to discuss and answer questions related to Health Care Directives to help facilitate their completion. It is the responsibility of the member, legal representative, or appointed guardian to ensure the Health Care Directive is completed after discussion with the member's primary care provider and interdisciplinary care team (ICT). Encourage members to review and revise their Health Care Directives periodically and as they experience changes in their health. Remind members to give a copy of their Health Care Directive to all ICT members each time the document is updated.

A printable [Minnesota Health Care Directive](#) form is available on our website for member use.

Additional resources

Members can also get more information and Health Care Directive forms by going to the Minnesota Board on Aging's website or by calling the Board's Senior LinkAge Line® at **1-800-333-2433** (toll free).

Sources:

- American Cancer Society, "Types of Advance Directives," May 13, 2019, www.cancer.org/treatment/finding-and-paying-for-treatment/understanding-financial-and-legal-matters/advance-directives/types-of-advance-health-care-directives.html.
- Minnesota Department of Health (MDH), "Questions and Answers about Health Care Directives," October 4, 2022, www.health.state.mn.us/facilities/regulation/infobulletins/advdir.html. 

Model of Care Training and Attestation

Have you completed the Model of Care (MOC) training and attestation in 2023? If you have, thank you! If you haven't, what you need to do next depends on whether you attended a New County Case Manager Orientation training in 2023.

- If you **did not attend** this training in 2023, you will need to complete both the training and the attestation. Review the [Models of Care \(MOCs\) Quick Reference Guide](#), and follow the instructions within the guide.
- If you **did attend** this training in 2023, you have already completed MOC training for this year. Visit the [Model of Care web page](#) to review the MOC(s) pertinent to your work and complete the online *Model of Care Attestation*. Make sure you complete the *Model of Care Attestation* (the first bullet under "Attestation forms") and **not** the *Provider Compliance Attestation* (the second bullet).

Training and attestations must be completed by December 31, 2023.

Note: The 2021 MOCs are the correct documents to review. Submitted in 2020, they are approved through 2023, and are the MOCs under which we currently operate.

If you have difficulty with the online form or if you have any questions, please contact **Brenda Long** or **Crystal Holloway**. 

Over-the-Counter (OTC) Medications and Supplemental OTC Items

Ann Ehlert, PharmD, Director of Pharmacy Management

Over-the-counter (OTC) medication coverage for all members

PrimeWest Health covers most OTC medications that members can get at a pharmacy with a prescription. The member's health care provider or pharmacist can write a prescription for these medications and the pharmacy can bill PrimeWest Health for the OTC item as a pharmacy claim. With a prescription, the copay for OTC medications is \$0 for all members.

We are often asked if PrimeWest Health covers probiotics, cranberry pills, or glucosamine chondroitin as OTC items. We do not cover these items, as there is not enough evidence that they work and do not cause harm.

A list of covered OTC medications is posted on the [Formularies page](#) of our website.

Supplemental OTC benefit for PrimeWest Senior Health Complete (HMO SNP) members

Beginning January 1, 2024, PrimeWest Health will also cover up to \$60 each month for Supplemental OTC items for PrimeWest Senior Health Complete members. Members will get a card onto which \$60 will be loaded automatically each month to spend on Supplemental OTC items.

Supplemental OTC items are different from the OTC medications members can get with a prescription at the pharmacy. OTC medications are *not* included in the Supplemental OTC benefit; they are covered at no cost with a prescription as described above. Supplemental OTC items typically include items for which a prescription will not be written and include COVID-19 tests, bandages, compression stockings, sunscreen, and other items.

In accordance with the *Medicare Managed Care Manual*, the following categories of Supplemental OTC items will *not* be covered.

Examples of Non-Covered Items/Drugs	Examples of Items/Drugs Included in this Category
Alternative medicines	Homeopathic and alternative medicines including botanicals, herbals, probiotics, and nutraceuticals
Baby items	Diapers, formula
Contraceptives	Birth control pills, spermicide, prophylactics
Convenience and comfort	Scales, fans, magnifying glasses, ear plugs, insoles, arch supports, and gloves
Cosmetics	Mouthwashes, bad breath remedies, deodorants, lip soothers, grooming devices, skin moisturizers, teeth-whiteners
Food product or supplements	Sugar/salt supplements, energy bars, liquid energizers, protein bars, power drinks
Replacement items, attachments, peripherals	Hearing aid batteries, contact lens containers, etc., when not factory packaged with the original item

Knowing what qualifies for the Supplemental OTC benefit can may be confusing. If members have questions, we encourage you to help them look at the [Formularies page](#) of our website. This page includes a list of covered OTC medications, and it will be updated by January 1, 2024, with a list of Supplemental OTC items. Members will also receive a catalog with eligible items listed.

Questions

Please send any questions or suggestions you may have to [Ann Ehlert](#), [Katie Brand](#), or [Troy Mills](#). 📧

PrimeWest Health Staff in the Community

August and September were busy months with lots of opportunities to get out and meet members, providers, and partners in our communities. Here's a few snapshots from the places we've visited recently—if you see us when we're out and about, stop by and say "hi!"



Photos from left to right: Representing PrimeWest Health at a Breastfeeding Coalition event in Hutchinson; all smiles at the Cardinal Expo in Alexandria; fun with frisbees and neighbors during Douglas County's Community Night Out; exploring different cultures at Diversity Fest in Alexandria; hosting a booth at the Minnesota Social Services Association (MSSA) Conference in Fergus Falls; welcoming kids back to school at an event in Grant County; Community Health Workers (CHWs) and care coordinators ready for the Rural CHW Conference in Bemidji 📍

Important Dates

✓ County case management supervisor meetings

Meetings are held the third Thursday of the month, from 10:30 a.m. to 1 p.m., at PrimeWest Health in Alexandria, unless otherwise noted. Lunch is provided.

- November 16
- December 21, 2023
- January 18, 2024
- February 15, 2024

Contact Information

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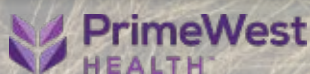
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