PrimePartners
for Case Managers

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Dental Benefit Changes and Reminders

Leah Anderson, Dental Services Coordinator

PrimeWest Health would like to take this opportunity to inform you of some recent dental benefit changes and to provide you with a few dental benefit reminders.

Recent benefit changes

- **Dental cleanings for non-pregnant adults age 21 and over:** Covered twice per calendar year. Effective January 1, 2015, authorization is no longer required for additional prophylaxis performed in accordance with an appropriate individualized treatment plan up to a maximum of two additional prophylaxes within a calendar year (four total). Dental practitioners are responsible for ensuring that the complete medical necessity criteria are met. For more information, refer to Chapter 19, Dental Services, of the PrimeWest Health ***Provider Manual***, located at **www.primewest.org/providermanual**.
- **Oral and IV sedation for non-pregnant adults age 21 and over:** Effective July 1, 2014, oral and IV sedation no longer require authorization if the covered dental service cannot be performed safely without it or would otherwise require the service to be performed under general anesthesia in a hospital or surgical center. Dental practitioners and oral surgeons are responsible for ensuring this level of care is medically necessary. Dental anxiety or phobia alone does not meet the criteria.

Benefit reminders

- **General anesthesia for non-pregnant adults age 21 and over:** Authorization is always required unless provided in an outpatient hospital or a Minnesota Department of Health (MDH)-recognized freestanding Ambulatory Surgical Center (ASC). A significant medical, psychological, or physical condition or disability that limits the ability to undergo successful dental treatment without general anesthesia must be present in order to meet medical necessity criteria. For more information, refer to Chapter 19, Dental Services, of the PrimeWest Health ***Provider Manual***, located at **www.primewest.org/providermanual**.
- **Periodontal scaling and root planing for non-pregnant adults age 21 and over:** Authorization is always required unless provided in an outpatient hospital or an MDH-recognized freestanding ASC. Authorization requests for scaling and root planing in an office setting will be reviewed for presence of significant medical, psychological, or physical conditions or disabilities that limit a member's ability to practice proper oral hygiene.
- **Full and partial dentures for non-pregnant adults age 21 and over:** One dental appliance per dental arch is allowed each six years. Full dentures needed prior to the six-year service limit will require an authorization to determine if new dentures are needed due to circumstances outside of the member's control. Partial dentures always require an authorization to determine medical necessity. Members in need of dentures should be encouraged to contact their general dentist to discuss their options and what steps need to be taken prior to the fabrication of dentures (this can sometimes include restorative work such as fillings or extractions, as well as an evaluation of the health of the gum tissue and bone support in the jaw).

PrimeWest Health wants to ensure that you have the tools you need to educate and instruct members about how to access dental care and the importance of oral health. For this reason, PrimeWest Health developed educational handouts covering a variety of dental and oral health-related topics. You can download these handouts from our website and print them for members as needed. Titles include "Prevent Dental Emergencies," "Poor Oral Health Can Hurt Grades," and "Oral Health: What Can It Tell You?". These handouts and other educational materials are posted on the PrimeWest Health website at **www.primewest.org/dental-care**.

2015 Managed Care Key Dates

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

The following chart provided by the Minnesota Department of Human Services (DHS) shows key dates in 2015 for entering screening documents into the Medicaid Management Information System (MMIS). Rate cell categories are assigned by the State upon receipt of required information from PrimeWest Health.

County case managers must enter rate cell changes in MMIS (for members with new living arrangements and/or changes in Elderly Waiver [EW] nursing facility-certifiable status) on or before the enrollment cut-off date for PrimeWest Health to be paid at the new rate for the next available month. When a change to the rate cell criteria is entered in MMIS after the enrollment cut-off date, PrimeWest Health is paid at the rate corresponding to the new rate cell at the time of the next capitation payment. This chart provides the capitation cut-off dates that must be met in order for PrimeWest Health members to be placed in the correct rate cell category.

2015 Managed Care Key Dates[1]

Enrollment Cut-Off	Capitation Date	Cap Warrant Date	Pays For:	Second Cap Date	Reinstate Warrant Date
12/19/14	12/23/14	12/30/14	January 2015	12/31/14	01/13/15
01/21/15	01/23/15	01/27/15[2]	February 2015	01/30/15	02/10/15
02/18/15	02/20/15	02/24/15[2]	March 2015	02/27/15	03/10/15
03/20/15	03/24/15	04/07/15[3]	April 2015	03/31/15	04/07/15[3]
04/21/15	04/23/15	05/05/15[3,5]	May 2015	04/30/15	05/05/15[3,5]
05/19/15	05/21/15	07/14/15[3,4]	June 2015	05/29/15	07/14/15[3,4]
06/19/15	06/23/15	07/14/15[4]	July 2015	06/30/15	07/14/15
07/22/15	07/24/15	07/28/15[2]	August 2015	07/31/15	08/11/15
08/20/15	08/24/15	09/09/15	September 2015	08/31/15	09/09/15
09/21/15	09/23/15	10/06/15	October 2015	09/30/15	10/06/15
10/21/15	10/23/15	11/03/15	November 2015	10/30/15	11/03/15
11/17/15	11/19/15	12/01/15	December 2015	11/30/15	12/15/15
12/21/15	12/23/15	12/29/15	January 2016	12/31/15	01/12/16

1 Tentative Dates Subject to Change
2 Warrant cycles following Friday capitation cycles may result in capitation payments being paid over two warrant dates
3 April, May and June capitation payments delayed until July per legislation for SNBC and SNBC related products (PINS)
4 June and July capitation payments are delayed until July, per legislation, for all products
5 MN Session Law (2011 1st Special Session), additional $270 million delay of MA cap payments from May to July

This information is also available on the PrimeWest Health website at **www.primewest.org/delegate/resource/document/ae20bc01-faf3-40c5-858e-d19f3583134c**.

Essential Community Supports (ECS)

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

The Minnesota Department of Human Services (DHS) implemented the revised Nursing Facility Level of Care (NF LOC) criteria and the Essential Community Supports (ECS) program effective January 1, 2015. The revised NF LOC criteria are found in MN Stat. sec. 144.0724, subd. 11. The ECS program description and criteria are found in MN Stat. sec. 256B.0922.

ECS is intended to provide transition support to individuals affected by changes in the NF LOC criteria, as well as support for individuals age 65 and over with an emerging need for community support who are not eligible for Medical Assistance (Medicaid) and who do not meet NF LOC criteria. Eligibility for ECS will be established through a face-to-face Long-Term Care Consultation (LTCC) or MnCHOICES assessment performed by a certified assessor.

The "transition group" (those affected by changes in NF LOC criteria) includes individuals age 21 or over who were receiving Home and Community Based Services (HCBS) waiver services or nursing facility services and lost Medical Assistance (Medicaid) eligibility for those services (due to changes in the NF LOC criteria) at any reassessment occurring on or after January 1, 2015. ECS is not a new program for all individuals receiving Medical Assistance (Medicaid) and is only available for those in the transition group.

Individuals receiving HCBS waiver services in the transition group meet the following criteria:

- They will not meet the revised NF LOC criteria at their next reassessment
- They may remain financially eligible for Medical Assistance (Medicaid)
- They may meet eligibility criteria for Alternative Care (AC) if no longer eligible for Medical Assistance (Medicaid)
- They have an assessed need for transition support and services
- They live in their own home or apartment

Individuals receiving nursing facility services in the transition group meet the following criteria:

- They were admitted to a nursing facility between October 1 and December 31, 2014
- They were eligible for Medical Assistance (Medicaid) at least one day during this same time period
- They may remain eligible for Medical Assistance (Medicaid)
- They meet eligibility criteria for AC if no longer eligible for Medical Assistance (Medicaid)
- They have an assessed need for transition support and services
- They will live in their own home or apartment at discharge

Individuals in the transition group are not eligible for the ECS program if they are eligible for personal care attendant (PCA) services, live in or would live in a congregate setting, do not meet financial eligibility, or do not have an assessed need for the services.

Individuals age 65 and over are eligible for the ECS program if they do not meet NF LOC criteria, are not eligible for Medical Assistance (Medicaid), their income and assets fall within the threshold for AC financial eligibility, and they can benefit from one or more ECS services based on assessed needs.

Individuals age 65 and over are not eligible for the ECS program if they have been previously determined ineligible for long-term care under Medical Assistance (Medicaid) or AC, live in or would live in a congregate setting, do not meet financial eligibility or other criteria listed above, do not have an assessed need for these services, or have other resources that duplicate ECS services. In order to qualify, these individuals are required to apply for Medical Assistance (Medicaid) and are not eligible for ECS until it has been denied.

Under ECS, individuals will receive up to $424 per month to support the following allowable services:

- Homemaker services
- Personal emergency response system (PERS)
- Chore services
- Family caregiver coaching and counseling
- Family caregiver training and education
- Home-delivered meals
- Service coordination (case management/case aide)
- Community living assistance
- Adult day service

Service coordination is a required part of ECS included in the monthly budget and limited to $600 annually. An additional $600 for service coordination is available for members of the transition group one time only to help with transition planning. This amount is not included in the monthly budget.

All ECS services require prior authorization in the Medicaid Management Information System (MMIS), including services for individuals in managed care in the transition group. DHS will issue a service agreement letter to all providers indicating the approved service(s), units, and rates. All providers will bill DHS for ECS services.

For more information, please see DHS Bulletin #14-25-13 issued December 23, 2014, and available at **www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs16_191570.pdf**. You can also visit **www.dhs.state.mn.us/nfloc**.

New Care Plan Release Changes

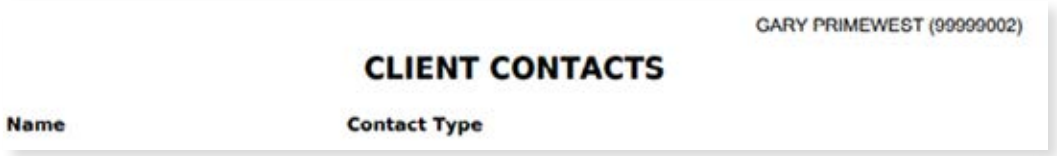
Christi Matt, SNBC Care Coordinator

On Monday, January 12, 2015, PrimeWest Health put a new care plan release into production. Changes were made to the care plan based on feedback received at a recent supervisors' training.

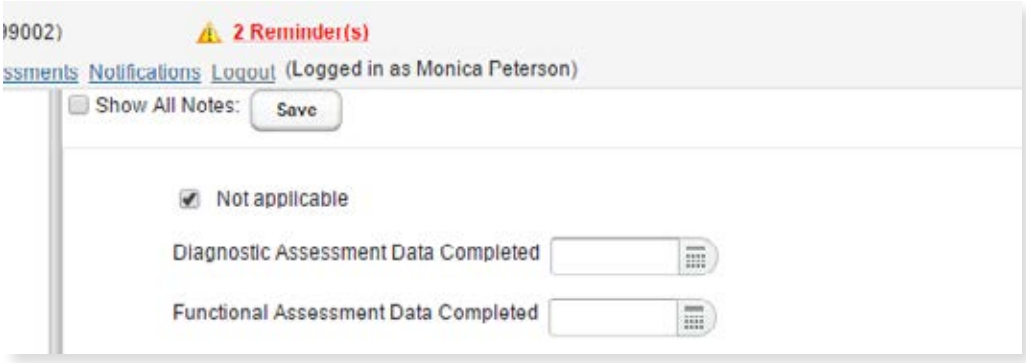
This release included the following updates:

1. Member name and number will print at the top of each page of the care plan report
2. The assessment date has been removed from the top of every intervention page; the only place the assessment date will appear is on the Case Management tab
3. Service Agreement report information will be saved between different Service Agreements for the same member
   a. Fields that save: Date of Request, ICD-9 Code, Diagnosis, Care Plan Start Date, and Care Plan End Date
   b. The information noted above does not save between members; if you move to another member, you will have to reselect the field.

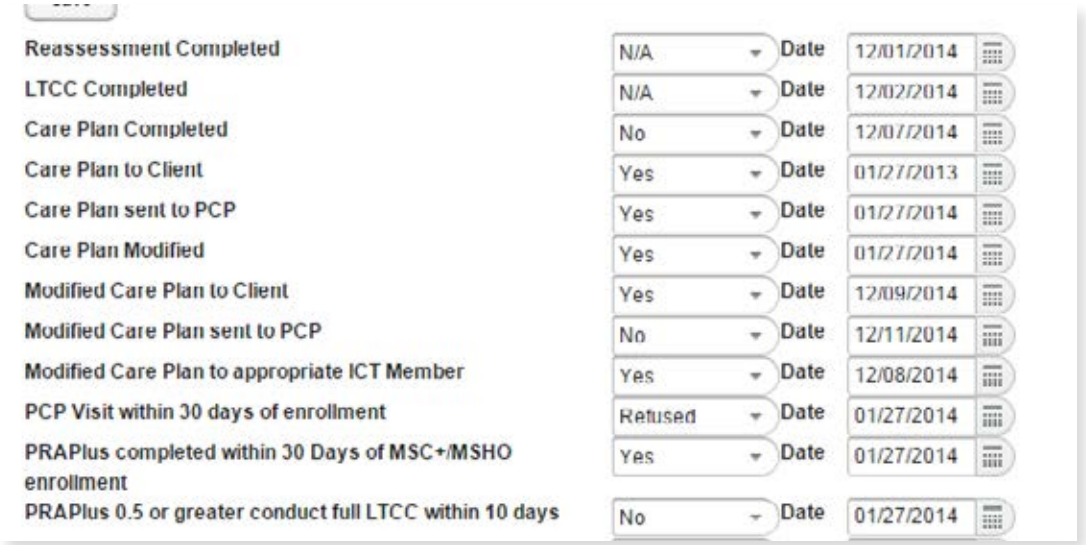
Please see the following screenshots for illustration. If you have questions, please contact **Jackie Corson**



Example of intervention with assessment date removed

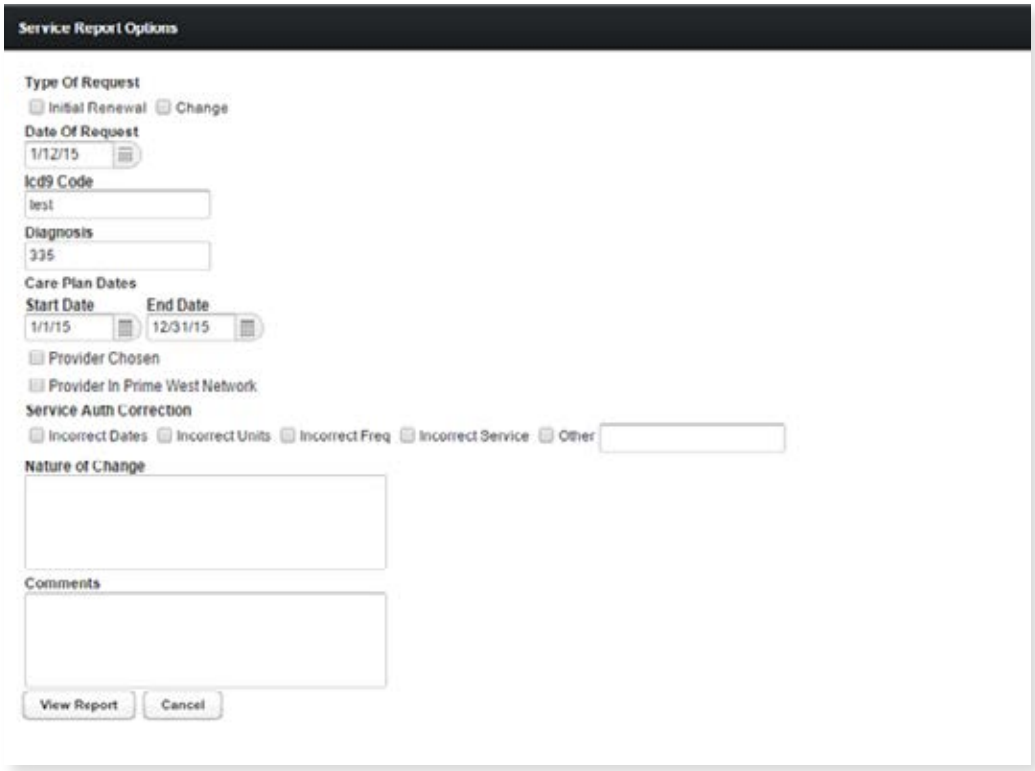


Example of intervention with assessment date removed



Reassessment Completed	N/A	Date	12/01/2014
LTCC Completed	N/A	Date	12/02/2014
Care Plan Completed	No	Date	12/07/2014
Care Plan to Client	Yes	Date	01/27/2013
Care Plan sent to PCP	Yes	Date	01/27/2014
Care Plan Modified	Yes	Date	01/27/2014
Modified Care Plan to Client	Yes	Date	12/09/2014
Modified Care Plan sent to PCP	No	Date	12/11/2014
Modified Care Plan to appropriate ICT Member	Yes	Date	12/08/2014
PCP Visit within 30 days of enrollment	Refused	Date	01/27/2014
PRAPlus completed within 30 Days of MSC+/MSHO enrollment	Yes	Date	01/27/2014
PRAPlus 0.5 or greater conduct full LTCC within 10 days	No	Date	01/27/2014

Service Agreement report



Medication Therapy Management (MTM)

Ann Ehlert, PharmD, Pharmacy Manager

Medication Therapy Management (MTM) is a covered benefit for PrimeWest Health members. It is designed to help members get the most from their medications and to make sure they are taking the right medications.

What happens during an MTM visit?

Via phone, Internet, or face-to-face consultation, a nurse or pharmacist will do the following:

- Review all the member's medications, including prescriptions, over-the-counter medications, and nutritional supplements
- Discuss any side effects and find ways to resolve them
- Provide education on the best times to take certain medications (some side effects can be reduced by taking doses at different times)

- Look for duplication of medications
- Look for medication risks such as falls, allergies, drug interactions, or incorrect dosages
- Take your vital information, such as blood pressure, blood sugar readings, and weight
- Provide recommendations for treatment based on disease (e.g., cholesterol medications for members with diabetes)

Following the visit, the member will be given a summary of the visit, any information he/she requested about his/her medications, and a list of any recommendations, such as starting or stopping a medication.

Who qualifies?

Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Senior Care Plus (MSC+), and Special Needs BasicCare (SNBC) members	PrimeWest Senior Health Complete (HMO SNP) and Prime Health Complete (HMO SNP) members
1. Have one or more chronic conditions, such as diabetes, high blood pressure, heart failure, depression, osteoporosis, COPD/asthma, or high cholesterol	1. Have three or more chronic conditions
2. Take three or more drugs to control these conditions	2. Are taking 6 or more medications
3. Members identified by PrimeWest Health's Utilization Management (UM) team as not meeting the above criteria but who would still benefit from the program	3. Are likely to incur pharmacy expenses exceeding $3,138 annually

To refer a member for MTM, you can contact Member Services at **1-866-431-0801** (toll free), the member's care coordinator, or Ann Ehlert, PrimeWest Health's Pharmacy Manager. For more information about either of these programs, contact **Ann Ehlert**.

Resetting Your Provider Web Portal Password

Christi Matt, SNBC Care Coordinator

Users can set up their own options for resetting their provider web portal password. This means you can reset your password without having to contact anyone!

You can find instructions for creating password reset options on our website at **www.primewest.org/creatingpasswordresetoptions**.

Please remember that passwords expire after 30 days of inactivity. It might be a good idea to get into the habit of logging in to the provider web portal once a week to keep your password current. That way you don't have to worry about it expiring!

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.

February 19
March 19
April 16
May 21
June 18
July 16
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.

January 28
February 25
March 25
April 22
May 27
June 24
July 22
August 26
September 23
October 28
November 25
December 23

Contact Information

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You can find a PDF copy of *PrimePartners* by going to our website. Go to **www.primewest.org/primepartners**.

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