2013
Quality Improvement Progress Report
Dear Provider:

Following the National Committee for Quality Assurance (NCQA) standard that requires PrimeWest Health to notify members and practitioners of key quality factors on an annual basis, we are pleased to present you with the enclosed PrimeWest Health 2013 Quality Improvement Progress Report.

NCQA standards are the measuring tools that the Minnesota Department of Health (MDH) and other auditors use to determine how effectively PrimeWest Health is performing. Ensuring members receive quality care and being a responsible steward of public dollars are both top priorities for PrimeWest Health.

PrimeWest Health is committed to creating a quality system that emphasizes prevention and early identification of risks while allowing members maximum choice by ensuring access to local providers. Our commitment to quality is demonstrated by following NCQA’s Accreditation standards.

If you have any questions regarding this information, please feel free to contact me at 1-320-335-5392, 1-888-588-4420 ext. 5392 (toll free), or bethany.krafthefer@primewest.org.

Sincerely,

Bethany Krafthefer
Quality Manager
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Introduction and Overview

PrimeWest Health considers our participating health care providers to be key partners in meeting our mission and we thankfully acknowledge the contributions they make to that mission. To achieve quality improvement, PrimeWest Health has incorporated quality activities throughout the entire organization using an integrated Quality Program and Quality Work Plan. This report is a summary of the quality improvement activities conducted during 2013 and projects planned for 2014. Its focus is on areas of interest to providers. For more information on PrimeWest Health’s measurement outcomes or if you have comments or suggestions about the information in this report, contact Bethany Krafthefer, Quality Manager, at 1-320-335-5392, 1-888-588-4420 ext. 5392 (toll free), or bethany.krafthefer@primewest.org.

Introduction

The Quality Program supports and promotes the mission, vision, and values of PrimeWest Health through continuous improvement and monitoring of medical care, patient safety, mental health services, and the delivery of services to our members. This system-wide program includes county partners, providers, and other entities delegated to provide services on PrimeWest Health’s behalf.

Patient safety is a key factor in providing quality care to our members. The Quality Program provides oversight of this process and aligns patient safety activities with organizational goals to provide high quality health care to our members. As part of this program, PrimeWest Health assesses program goals and objectives to determine the quality and appropriateness of care and services provided to members.

PrimeWest Health develops its Quality Work Plan to identify goals and objectives for the purpose of monitoring and tracking quality activities, progress, and results throughout the year. Quality improvement goals and objectives are based on information provided by our members using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) member survey results, Minnesota Department of Health (MDH) Quality Assurance Examination, Minnesota Department of Human Services (DHS) Triennial Compliance Audit, utilization and claims data, Healthcare Effectiveness Data and Information Set (HEDIS), and Health Outcome Survey (HOS) data. The Annual Quality Assessment is prepared based on the Quality Work Plan activities and outcome measurements collected during the year.

Note: In 2013, PrimeWest Health provided coverage for our members through six Minnesota Health Care Programs (MHCPs): the Prepaid Medical Assistance Program (referred to as PMAP or MA) and MinnesotaCare, both covered by the DHS Families and Children contract; Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+), covered by the DHS MSHO/MSC+ contract; and Special Needs BasicCare (SNBC), covered by the DHS SNBC contract. Our MSHO program and our SNBC program for members who have both Medicare and Medicaid coverage through PrimeWest Health are called, respectively, PrimeWest Senior Health Complete (HMO SNP) and Prime Health Complete (HMO SNP).

Overview

PrimeWest Health is organized and legally structured as a County-Based Purchasing (CBP) organization. The Joint Powers Board (JPB) is responsible for the work that PrimeWest Health does and the quality of that work. This includes responsibility for establishing the overall direction of PrimeWest Health’s Quality Program and for ensuring that we implement quality-focused activities and projects. To that end, the JPB maintains authority for final approval of the Quality Assurance Plan and the annual Quality Work Plan and has delegated responsibility for implementing and monitoring quality activities to the Quality & Care Coordination Committee (QCCC).

QCCC includes participating practitioners and administrative staff to sufficiently represent primary and specialty care, clinical representatives from community service organizations and county public health departments, consumers, and community members. If you have questions about PrimeWest Health quality programs, contact Bethany Krafthefer, Quality Manager, at 1-320-335-5392, 1-888-588-4420 ext. 5392 (toll free), or bethany.krafthefer@primewest.org.
Clinical Areas of Quality Improvement

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS is an evolving set of standard specifications for measuring health plan performance collected and reported by NCQA. Data are used for quality improvement activities and outcome measurement requirements established by State and Federal contracts and regulations. Each year, PrimeWest Health collects the required measures and analyzes its performance in comparison to State and national benchmarks. Minnesota average rates and the national Medicare and Medicaid mean data for HEDIS 2013 will not be available until late fall 2013. As such, the 2012 benchmarking numbers were used for comparisons.

HEDIS 2013 data collection includes data for services provided in 2012. The measures below are in need of improvement based on comparison of the PrimeWest Health rate to the national mean and/or the Minnesota average.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
</table>
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | The percentage of members ages 3 – 17 who had an outpatient visit with a primary care provider or OB/GYN and who had evidence of the following during the measurement year:  
- Body mass index (BMI) percentile documentation  
- Counseling for nutrition  
- Counseling for physical activity |
| Immunizations for Adolescents | The percentage of 13-year-olds who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap) or one tetanus-diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate. |
| Breast Cancer Screening | The percentage of women ages 40 – 64 who had a mammogram to screen for breast cancer. Note: Next year’s measurement range will be ages 50 – 64. |
| Cervical Cancer Screening | The percentage of women ages 21 – 64 who received one or more Pap tests to screen for cervical cancer |
| Chlamydia Screening | The percentage of women ages 16 – 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year |
| Controlling High Blood Pressure | The percentage of members ages 18 – 64 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year |
| Comprehensive Diabetes Care | The percentage of members ages 18 – 64 with diabetes (type 1 and type 2) who had the following:  
- Hemoglobin A1c (HbA1c) testing  
- HbA1c poor control (>9%)  
- HbA1c control (<8%)  
- HbA1c control (<7%) for a selected population  
- Eye exam (retinal) performed  
- LDL-C screening  
- LDL-C control (<100 mg/dL)  
- Medical attention for nephropathy  
- BP control (<140/80 mmHg)  
- BP control (<140/90 mmHg) |
| Prenatal and Postpartum Care | The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:  
- Timeliness of prenatal care: The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization  
- Postpartum care: The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery |
| Adolescent Well-Care Visits | The percentage of enrolled members ages 12 – 21 who had at least one comprehensive well-care visit with a primary care provider or an OB/GYN practitioner during the measurement year that included all of the following:  
- A health and developmental history (physical and mental)  
- A physical exam  
- Health education/anticipatory guidance |
### Medicare population

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>The percentage of women ages 65 – 69 who had a mammogram to screen for breast cancer. Note: Next year’s measurement range will be ages 65 – 74.</td>
</tr>
<tr>
<td>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</td>
<td>The percentage of members age 65 and over with a new diagnosis of Chronic Obstructive Pulmonary Disease (COPD) or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.</td>
</tr>
</tbody>
</table>
| Cholesterol Management for Patients with Cardiovascular Conditions | The percentage of members ages 65 – 75 who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) between January 1 – November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year:  
  - LDL-C screening  
  - LDL-C control (<100 mg/dL) |
| Comprehensive Diabetes Care | The percentage of members ages 65 – 75 with diabetes (type 1 and type 2) who had the following:  
  - Hemoglobin A1c (HbA1c) testing  
  - HbA1c poor control (>9%)  
  - HbA1c control (<8%)  
  - Eye exam (retinal) performed  
  - LDL-C screening  
  - LDL-C control (<100 mg/dL)  
  - Medical attention for nephropathy  
  - BP control (<140/80 mmHg)  
  - BP control (<140/90 mmHg) |
| Medication Reconciliation Post-Discharge | The percentage of discharges from January 1 – December 1 of the measurement year for members age 66 and over for whom medications were reconciled on or within 30 days of discharge.  
Please see our website for information on our medication reconciliation performance improvement project (PIP). Go to [www.primewest.org/providers](http://www.primewest.org/providers) and click on Provider Updates>Provider Updates Archive>2013>June 2013>Medication Reconciliation Reimbursement. |
| Use of High-Risk Medications in the Elderly | • The percentage of Medicare members age 65 and over who received at least one high-risk medication  
  • The percentage of Medicare members age 65 and over who received at least two different high-risk medications  
For both rates, a lower rate represents better performance. |
| Osteoporosis Management in Women Who Had a Fracture | The percentage of women age 67 and over who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture. |

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**More information**

For more specific information on PrimeWest Health’s HEDIS rates, please go to our website at [www.primewest.org/providers](http://www.primewest.org/providers) and click on Quality>HEDIS. Providers can help increase HEDIS rates by strongly recommending appropriate screening/care.

If you have questions or would like more information about PrimeWest Health’s HEDIS information, contact Charles McKinzie, MD, Chief Senior Medical Director, at 1-320-335-5247, 1-888-588-4420 ext. 5247 (toll free), or chuck.mckinzie@primewest.org.
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

The CAHPS survey is administered to PrimeWest Health members annually to measure how well health plans and health care providers are meeting their members’ expectations and needs. PrimeWest Health annually reviews CAHPS results and determines areas in need of improvement. Based on 2012 CAHPS results, PrimeWest Health chose to focus on the following areas: getting after-hours care, website updates, and customer service.

After-hours care
PrimeWest Health realizes there may not always be an urgent care center or another alternative to the emergency room in rural areas. However, with the opportunity for members to use PrimeWest Health’s 24-hour nurse line and the emergence of more Health Care Homes (HCHs) that are required to design a system where patients have continuous access to the facility during and after clinic hours, PrimeWest Health hopes to mitigate this barrier. PrimeWest Health also has designed a program called Accountable Rural Community Health (ARCH) that shifts PrimeWest Health’s operational approach from traditional managed care to an approach of provider-payer shared accountability. PrimeWest Health currently has secured ARCH agreements with two health systems in its network.

Website
During 2013, the member program pages of the PrimeWest Health website were updated using input from Member Advisory Council and Stakeholder meetings. PrimeWest Health also inserted statements on its website asking both members and providers to call PrimeWest Health with any further suggestions for improvement.

Customer service
To help improve customer service rates, the Director of Membership & Program Development is continuing to monitor incoming calls to ensure correct information is being provided to members in a positive and friendly manner.

CAHPS highlights
Positive results are shown below in how members rated their health care, personal doctor, and specialist seen most often. The arrows (↑↓) indicate a rating significantly higher/lower than the Minnesota program rate using a 95 percent confidence level.

Rating of All Health Care

<table>
<thead>
<tr>
<th>Program</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2012 Minnesota Program Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families and Children – MA</td>
<td>84.0%</td>
<td>78.4%</td>
<td>77.7%</td>
<td>73.3%</td>
<td>67.4%</td>
<td>74.9%</td>
<td>68.9%</td>
<td>71.8%</td>
</tr>
<tr>
<td>MinnesotaCare</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>81.3%</td>
<td>76.8%</td>
<td>80.1%</td>
<td>80.2%</td>
<td>77.8%</td>
</tr>
<tr>
<td>MSC+/PrimeWest Senior Health Complete</td>
<td>90.2%</td>
<td>89.1%</td>
<td>79.0%</td>
<td>83.8%</td>
<td>82.8%</td>
<td>86.1%</td>
<td>85.4%↑79.1%</td>
<td></td>
</tr>
<tr>
<td>MSC+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>78.9%</td>
<td>77.9%</td>
<td>86.3%</td>
<td>83.1%</td>
<td>76.2%</td>
</tr>
<tr>
<td>PrimeWest Senior Health Complete</td>
<td>95.7%</td>
<td>88.7%</td>
<td>79.0%</td>
<td>84.7%</td>
<td>84.3%</td>
<td>86.0%</td>
<td>86.5%↑80.9%</td>
<td></td>
</tr>
<tr>
<td>SNBC/Prime Health Complete</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>84.1%</td>
<td>80.4%</td>
<td>72.5%</td>
<td>73.17%</td>
<td>70.0%</td>
</tr>
</tbody>
</table>
### Rating of Personal Doctor

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<thead>
<tr>
<th>Program</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2012 Minnesota Program Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families and Children – MA</td>
<td>88.3%</td>
<td>85.8%</td>
<td>87.8%</td>
<td>83.7%</td>
<td>82.5%</td>
<td>87.2%</td>
<td>80.9%</td>
<td>84.2%</td>
</tr>
<tr>
<td>MinnesotaCare</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>86.3%</td>
<td>82.3%</td>
<td>83.1%</td>
<td>83.4%</td>
<td>85.0%</td>
</tr>
<tr>
<td>MSC+/PrimeWest Senior Health Complete</td>
<td>88.3%</td>
<td>80.3%</td>
<td>91.3%</td>
<td>90.0%</td>
<td>88.2%</td>
<td>89.9%</td>
<td>91.0%</td>
<td>89.5%</td>
</tr>
<tr>
<td>MSC+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>88.1%</td>
<td>84.2%</td>
<td>89.3%</td>
<td>89.9%</td>
<td>88.8%</td>
</tr>
<tr>
<td>PrimeWest Senior Health Complete</td>
<td>89.3%</td>
<td>79.7%</td>
<td>91.0%</td>
<td>90.4%</td>
<td>89.5%</td>
<td>90.3%</td>
<td>91.6%</td>
<td>90.0%</td>
</tr>
<tr>
<td>SNBC/Prime Health Complete</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>92.9%</td>
<td>83.6%</td>
<td>83.7%</td>
<td>85.4%</td>
<td>83.4%</td>
</tr>
</tbody>
</table>

### Rating of Specialist Seen Most Often

<table>
<thead>
<tr>
<th>Program</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2012 Minnesota Program Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families and Children – MA</td>
<td>74.1%</td>
<td>70.9%</td>
<td>73.0%</td>
<td>72.9%</td>
<td>73.6%</td>
<td>75.0%</td>
<td>78.0%</td>
<td>79.8%</td>
</tr>
<tr>
<td>MinnesotaCare</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>96.0%</td>
<td>85.4%</td>
<td>86.4%</td>
<td>81.2%</td>
<td>83.4%</td>
</tr>
<tr>
<td>MSC+/PrimeWest Senior Health Complete</td>
<td>90.2%</td>
<td>79.6%</td>
<td>92.0%</td>
<td>86.5%</td>
<td>86.2%</td>
<td>85.6%</td>
<td>91.4%</td>
<td>85.4%</td>
</tr>
<tr>
<td>MSC+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>82.4%</td>
<td>86.3%</td>
<td>76.9%</td>
<td>93.5%</td>
<td>82.6%</td>
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<tr>
<td>PrimeWest Senior Health Complete</td>
<td>95.7%</td>
<td>78.7%</td>
<td>92.0%</td>
<td>86.9%</td>
<td>86.2%</td>
<td>91.7%</td>
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<td>-</td>
<td>79.5%</td>
<td>92.9%</td>
<td>82.5%</td>
<td>88.2%</td>
<td>80.7%</td>
</tr>
</tbody>
</table>

2013 CAHPS rates are currently being analyzed and updates will be provided in next year’s Quality Improvement Progress Report. PrimeWest Health posts CAHPS survey results on its website. Go to www.primewest.org/providers and click on Quality>Public Reports. If you have additional feedback or ideas about how to improve our services to members or providers, please call the Member Services Contact Center at 1-866-431-0801 (toll free).

If you have questions about PrimeWest Health’s CAHPS survey, contact Bethany Krafthefer, Quality Manager, at 1-320-335-5392, 1-888-588-4420 ext. 5392 (toll free), or bethany.krafthefer@primewest.org.

### Health Outcomes Survey (HOS)

The HOS is a survey administered to dually eligible PrimeWest Health members in the PrimeWest Senior Health Complete and Prime Health Complete programs. The purpose is to collect feedback on Medicare recipients’ physical and mental health. Recipients are first given a baseline survey and then a follow-up survey two years later to better analyze declines or improvements in care. The survey covers topics such as fall risk, physical activity, emotional health, bladder control, and chronic conditions. It also measures two components of member care. First, it measures whether the member’s health care provider has discussed certain health-related topics. Second, it measures whether the health concerns relating to the topics discussed are being managed or treated. Survey results showed several areas that providers could improve upon, such as discussing and managing urinary incontinence, physical activity, and fall risks.

Providers play a key role in managing our members’ physical and mental health needs. The HOS results show that through better member education, we can reduce anxiety, embarrassment, and fear about topics that can be difficult for an aging population. Open discussion with members will help providers identify areas of need and help members manage issues such as urinary incontinence, physical activity, and fall risks. Providers can also implement preventive strategies such as discussing the importance of physical activity, assessing the member’s daily living skill level, watching for signs of depression, and working with the member’s family when appropriate. In addition to family, providers can look to the community for resources such as case management, social workers, and counseling agencies. PrimeWest Health constantly seeks to improve the quality of care for our members and collaborating with providers is of utmost importance in this area.
HOS reports are posted on the PrimeWest Health website. Go to www.primewest.org/providers and click on Quality>Public Reports. If you have questions about PrimeWest Health’s HOS, contact Bethany Krafthefer, Quality Manager, at 1-320-335-5392, 1-888-588-4420 ext. 5392 (toll free), or bethany.krafthefer@primewest.org.

2012 Health Record Review

Each year, PrimeWest Health conducts health record reviews to assess provider compliance with documentation standards and performance goals set in accordance with State and Federal regulations, NCQA standards, and PrimeWest Health policies. The review process also helps improve communication, coordination, and continuity of care, and promotes efficient and effective treatment of our members.

In 2012, 1,123 health records were reviewed at 36 primary care clinics. These are our highest volume clinics; together, they represent 65 percent of our providers and see 88 percent of our members. PrimeWest Health has set a performance goal of 90 percent for each of the 27 elements reviewed and 90 percent as an overall average score for each site. This year, we are pleased that our overall average composite score was 92 percent, up from 91 percent achieved in 2011 and 89 percent in 2010. For 2012, individual clinic overall scores ranged from 82 to 96 percent. In order to be considered compliant for a specific element, clinics had to be 100 percent compliant with the standards for that element.

PrimeWest Health has seen a steady improvement in compliance with quality documentation standards this year. Twenty-seven clinics (75 percent) are recognized for attaining PrimeWest Health’s 90 percent performance goal. Additionally, 17 clinics (47 percent) are recognized for improving their overall score by 1 – 8 percentage points over their previous year’s results. These clinics have been reviewed annually for the past several years and have taken recommendations seriously, implementing significant corrective actions to improve health record documentation. Their efforts are recognized and applauded. The following graph represents overall scores obtained by all clinics included in this year’s review.
Overall, 19 out of the 27 elements reviewed (70 percent) are considered PrimeWest Health documentation strengths and are consistent with last year’s results.

Eight elements previously identified as being below the 90 percent performance goal remain as opportunities for continued improvement in health record documentation. Six of these areas decreased or showed no improvement from 2011 – 2012. This is attributed to electronic health record (EHR) implementation that inadvertently and negatively affected documentation, process improvement not fully being implemented by clinics, and practitioner compliance in use of EHR and/or standardized clinic templates. The areas that decreased or showed no improvement are as follows:

- Immunization status for all ages is recorded on a single page location
- Significant illnesses and medical conditions are indicated on problem list
- Past medical history for members under the age of 18 (seen three or more times) includes information such as prenatal care, birth, operations, and childhood illnesses
- Past medical history (for members seen three or more times) is easily identified and includes serious accidents, operations, and illnesses
- There is evidence that preventive screenings and services are offered in accordance with PrimeWest Health’s clinical practice guidelines
- BMI is documented annually for members age 2 and over

Two of the elements identified as being below the 90 percent performance improvement goal showed an overall improvement in score. These elements are as follows:

- For members age 10 and over, there is appropriate notation concerning the use of tobacco, alcohol, and controlled substances (increase of 2 percentage points)
- Health Care Directives are documented in the medical record for members age 18 and over (increase of 9 percentage points)

Of the 36 clinics reviewed in 2012, 26 clinics (72 percent) were using EHRs. The clinics were at various stages of implementation and asked for suggestions that could improve EHR use and capabilities based on PrimeWest Health’s experience reviewing a variety of EHR vendor applications. Generic information was provided at the exit brief following each review and was well-received and appreciated by clinic staff.

Clinic administration and the Quality department at each site commented on how much they appreciated PrimeWest Health’s comprehensive review of their health records. Providers often noted that our record review is the most clinically relevant review they receive. In general, clinics felt the health record documentation guidelines were very helpful in connecting standards, regulatory requirements, and expectations with each element.

PrimeWest Health will continue to provide support and education on health record documentation guidelines to our providers. We will focus our education efforts on documentation elements identified as needing improvements and clinics that have not yet attained our 90 percent performance goal, while continuing to support all clinics as they strive for continuous process improvement.

If you have questions about health record reviews, contact Chicky McKinzie, RN, BSN, Site Visit Coordinator, at 1-320-335-5209, 1-888-588-4420 ext. 5209 (toll free), or chicky.mckinzie@primewest.org.
2012 Mental Health Treatment Record Reviews

Each year, PrimeWest Health conducts mental health record reviews to assess provider compliance with documentation standards and performance goals set in accordance with State and Federal regulations, NCQA standards, and PrimeWest Health policies. The review process also helps improve communication, coordination, and continuity of care, and promotes efficient and effective treatment of our members.

In 2012, 188 mental health records were reviewed at 16 mental health clinics. These 16 clinics represent PrimeWest Health’s highest volume mental health providers and provide care to over 75 percent of PrimeWest Health members who receive mental health services. PrimeWest Health has set a performance goal of 90 percent for each of the 37 elements reviewed during the mental health record review. The performance goal of 90 percent has also been set as the overall average goal for each site. This year, we are pleased that our overall average composite score was 84 percent, up from 83 percent achieved in 2011 and 78 percent in 2010. For 2012, individual clinic overall scores ranged from 75 – 94 percent.

In order to be considered compliant for a specific element, clinics had to be 100 percent compliant with the standards for that element. PrimeWest Health has seen a steady improvement in compliance with quality documentation standards this year. Four of the 16 clinics reviewed (25 percent) met our overall performance goal of 90 percent compared to only one clinic in 2011. Additionally, six of the 12 clinics reviewed last year (50 percent) raised their overall composite score by 3 – 10 percentage points. These clinics have been reviewed yearly for the past several years and have implemented significant corrective actions to improve documentation. Four clinics were reviewed for the first time; one of them impressively met our overall performance goal of 90 percent. Two previously reviewed clinics had scores that dropped by 4 – 9 percentage points. These decreases were related to the following:

- One new provider with deficiencies in documentation who no longer is employed at the clinic
- One clinic that didn’t adequately train providers in the use of EHRs and documentation requirements. Immediate corrective action was taken upon discovery.
Eighteen (49 percent) of the 37 elements reviewed were identified as documentation strengths. This is down from 21 (57 percent) from last year. In 2012, significant improvement was achieved in one element: special status situations are prominently noted (90 percent, up from 85 percent).

Fifteen elements previously identified as being below the 90 percent performance threshold remain as opportunities for improving mental health record documentation; however, nine of these elements showed an overall improvement in score of 2 – 19 percentage points. Scores for six of these elements stayed the same or dropped slightly. These elements are as follows:

- A psychiatric history is documented including previous treatment dates, provider identification, therapeutic interventions and responses, sources of clinical data and relevant family information
- Absence or presence of medication allergies and adverse reactions are prominently noted in mental health record
- Encounter forms or notes include information about follow-up care, visits, calls, or, as applicable, discharge plans. Specific time of return is noted in weeks, months, or as needed.
- Evidence of coordination of care with other relevant mental health providers and/or medical professionals is documented
- Treatment plans are consistent with diagnosis
- Informed consent for individual treatment plan is documented
Four areas previously identified as strengths fell below the 90 percent performance goal for the 2012 reviews and include the following:

- Laboratory and other studies are ordered, as appropriate
- Progress notes describe member strengths and limitations in achieving treatment plan goals and objectives
- Note from consultant is present for each consultation requested
- Discharge summaries are filed in the member’s record

Of the 16 clinics reviewed in 2012, 10 clinics (63 percent) were using EHRs. The clinics were at various stages of implementation and asked for suggestions that could improve EHR use and capabilities based on PrimeWest Health’s experience reviewing a variety of EHR vendor applications. Generic information was provided at the exit brief following each review and was well-received and appreciated by clinic staff.

Clinic administration and the Quality department at each site commented on how much they appreciated PrimeWest Health’s comprehensive review of their mental health records. Providers often noted that our record review is the most clinically relevant review they receive. In general, clinics felt the mental health record documentation guidelines were very helpful in connecting standards, regulatory requirements, and expectations with each element.

Although the overall composite score for the 2012 mental health record review was 84 percent and did not meet our overall performance threshold of 90 percent, PrimeWest Health is encouraged by the overall improvement in scores at six clinics and with the one clinic reviewed for the first time that met our overall performance goal. This review provided an opportunity for a thorough and comprehensive analysis of all components of quality documentation and identified individual mental health clinics’ strengths and opportunities for improvement. The enthusiasm and cooperation shown by the mental health providers was remarkable, and we anticipate scores will steadily improve.

PrimeWest Health will continue to provide support and education for record documentation guidelines to mental health providers, particularly in the assessment elements that showed a decline in compliance.

If you have questions about health record reviews or mental health record reviews, contact Chicky McKinzie, RN, BSN, Site Visit Coordinator, at 1-320-335-5209, 1-888-588-4420 ext. 5209 (toll free), or chicky.mckinzie@primewest.org.
Integrated Disease Management/Chronic Care Improvement Program (DM/CCIP)

PrimeWest Health’s integrated DM/CCIP is a multi-disciplinary, continuum-based approach to improve the health of members. It proactively identifies populations who have, or are at risk for, certain medical conditions and does the following:

- Supports the physician/patient relationship and place of care
- Emphasizes prevention of exacerbation and complications, using cost-effective, evidence-based practice guidelines and patient empowerment strategies such as self-management
- Continuously evaluates clinical, humanistic, and economic outcomes with the goal of improving overall health

The integrated DM/CCIPs include asthma, COPD, depression, diabetes, and heart disease and/or high blood pressure.

Member eligibility for the DM/CCIP is identified through the following: self-identification via the Health Risk Assessment (HRA) completed when a member first enrolls in PrimeWest Health; claims data (pharmacy and medical); provider referrals; and Utilization Management (UM) reports. Once identified, the member is sent information about the DM/CCIP, including an introductory letter, disease-specific health questionnaire to stratify his/her level of need, and a participation form with a pre-addressed stamped envelope. Depending upon the member’s preference, the member receives routine phone calls and/or mailings. When a member opts into a DM/CCIP, his/her primary care provider is notified by fax.

PrimeWest Health PMAP/MinnesotaCare members in the DM/CCIP are offered additional care management and/or case management services from PrimeWest Health care coordinators to assist them with their chronic care and complex health needs.

PrimeWest Senior Health Complete, MSC+, Prime Health Complete, and SNBC members are assigned county case manager(s)/care coordinator(s) who assess members’ overall health by completing a comprehensive assessment and individualized care plan. This assessment includes a chronic condition screening, and the care plan is shared with the member’s primary care provider. Members have the right to refuse case management/care coordination at any time.

For all members, PrimeWest Health care coordinators review care plans on a regular basis to ensure collaboration between primary and specialty care.

PrimeWest Health annually monitors the HEDIS rates related to asthma, COPD, depression, diabetes, and high blood pressure as well as DM/CCIP satisfaction surveys from members and providers to gauge progress toward the Quality Program’s annual goals.

If you have PrimeWest Health patients you feel would benefit from any of these DM/CCIPs, please complete a referral form on our website. Go to [www.primewest.org/providers](http://www.primewest.org/providers) and click on Care Coordination>Disease Management Chronic Care Improvement Program (DM/CCIP)>Disease Management/Chronic Care Improvement Program (DM/CCIP) Referral Form.

If you have questions about DM/CCIPs, contact Jennifer Bundy, RN, MSN, PHN, CMCN, CCP, Complex Care and Disease Management Manager, at 1-320-335-5351, 1-888-588-4420 ext. 5351 (toll free), or [jennifer.bundy@primewest.org](mailto:jennifer.bundy@primewest.org).
Summer Camps for Children with Asthma or Diabetes

PrimeWest Health offers eligible child members who have asthma or diabetes the opportunity to attend a summer camp where they can learn more about how to manage their disease, meet other children who have the disease, and enjoy outdoor activities. These summer camps foster personal growth and independence in a nurturing environment. The children can develop skills to manage their disease through hands-on learning activities as well as enhance social skills, gain confidence, make new friends, and try new activities. The camps also provide more formal disease education, teaching the children to deal with their disease both medically and emotionally.

Each time a member attends one of these summer camps, a satisfaction survey is mailed to the child’s parent/guardian after camp attendance. Comments from both parents and children have been very positive and suggest that the children who attended gained significant disease management benefits.

If you know a child who may benefit from one of these summer camps or would like more information about summer camp for PrimeWest Health members, contact Jennifer Bundy, RN, MSN, PHN, CMCN, CCP, Complex Care and Disease Management Manager, at 1-320-335-5351, 1-888-588-4420 ext. 5351 (toll free), or jennifer.bundy@primewest.org.

Health Risk Assessment (HRA)

PrimeWest Health uses a risk assessment tool called the Health Risk Assessment (HRA) to assess members’ risk of morbidity and mortality and to identify members with special health care needs. Members ages 18 – 64 are contacted by telephone or mail and encouraged to complete the HRA annually. Members always have the right to refuse to complete the HRA.

From January – September 2013, 15 percent of all eligible members completed the HRA (1,794 out of 11,719). The average overall wellness score was 73. This score is an indicator of wellness that takes into account all behaviors surveyed in the assessment. A score below 80 indicates an elevated likelihood that individuals will develop certain medical conditions.

As shown in the previous graph, the top four risk areas for 2013 in terms of prevalence are nutrition, weight, smoking, and exercise.
Assessing Health Habits for Stages of Change

Individuals are more likely to improve health habits if they believe there is a need to change and are thinking about doing so. Stage of change was assessed based on the individual’s reported level of interest in making a behavior change. These categories are as follows:

- Behavior change has been occurring for six months or more = Maintenance of the positive behavior
- Behavior change has been occurring for six months or less = Action has occurred to improve health behavior
- Planning a behavior change within 30 days = Preparation is occurring for the behavior change
- Wanting to change behavior within the next six months = Contemplation is occurring for making a positive behavior change
- Those not wanting to make changes = Pre-contemplation or no desire to change behavior

Nutrition

Based on a compilation of questions and nutrition habits, participants have an overall nutrition score of 54. Nutrition scores are based on questions about consumption of fat, fiber, fruits, and vegetables. In addition, participants are asked about their readiness to improve their nutritional behaviors. The following graph represents the overall nutrition scores based on a total of 1,794 responses.

Proper nutrition improves overall health and well-being and decreases risk for several illnesses and diseases. Participants responded to nine nutrition questions based on frequency of consumption of certain foods.

Nutrition risks are shown in the following graph. Based on results, 21.3 percent of participants have ideal nutrition levels, 33.1 percent have borderline nutrition levels, and 45.5 percent have high-risk levels based on nutrition practices.
Weight

Weight was another top concern. The average BMI for members was 28.7 for women and 28.8 for men. This is over the desired range for both females and males. Generally, the lower the BMI, the less likely a person is to suffer from diseases associated with excess weight, such as heart disease, diabetes, and cancer. Participants were assessed on their willingness to achieve or maintain a healthy, stable weight. Results are reflected in the chart on the left.

Smoking

Smoking was another high-risk area for members completing the assessment: 39.4 percent used at least one form of tobacco product. Because cigarette smoking is the most common form of tobacco use and is related to numerous types of cancer, smokers were further assessed on the quantity of cigarettes smoked each day. This is reflected in the chart at right.

Those currently and previously using cigarettes were assessed on their readiness to change their behavior. These results are reflected in the chart at right. Stage of change was assessed and based on the criteria as previously outlined.

Exercise

The HRA assessed participants on their readiness to improve their physical activity levels. This is shown in the graph below.
Overall physical activity levels were determined by assessing members’ amount of vigorous exercise and general physical activity. Members completing the assessment had an overall physical activity score of 66. These results are reflected in the following graph.

Regular physical activity has been a lifestyle habit proven to improve overall health and well-being while decreasing the risk for several illnesses and diseases. The graph below represents the members’ regular exercise activity by the number of days they exercised for at least 20 minutes.

To improve wellness scores, it is important not only to look at the top risk areas and the members’ stage of change, but also to review members’ areas of interest for intervention services. Individuals interested in participating in intervention programs are more likely to make lifestyle changes. PrimeWest Health will continue to analyze our members’ wellness scores and search for further opportunities to intervene and improve the health status of our members.

If you have questions about the HRA, contact Jennifer Bundy, RN, MSN, PHN, CMCN, CCP, Complex Care and Disease Management Manager, at 1-320-335-5351, 1-888-588-4420 ext. 5351 (toll free), or jennifer.bundy@primewest.org.
Integrated Behavioral Health Communities – Integrated Care

Beginning in 2007, PrimeWest Health partnered with the local Children’s Mental Health Collaborative to develop a program to integrate physical and mental health treatment in the primary care setting. The program has been implemented in collaboration with two Alexandria area primary care clinics and one mental health provider. In 2011, PrimeWest Health continued to support the development of the integrated mental health program through the following:

- Working with the Beltrami Area Service Collaborative (BASC) to develop an integrated program with multiple local partners, including Sanford Clinics
- Developing a “New Way of Care” initiative to support primary care providers who provide children’s mental health services. As part of this initiative, clinical consultations and education are facilitated via telephone consultations between primary care providers, community mental health professionals, education professionals, schools, and social service professionals
- Developing a satisfaction survey for those providers, individuals, and/or family members who participated in the program

The “New Way of Care” model is composed of five main components; however, each entity that uses it makes use of the model components differently. The following are the five main components:

1. **Education and training**: PrimeWest Health will provide primary care providers with continuing education units (CEUs) in general mental health topics and integrated care system training and will provide clinical training updates.

2. **Consultation**: PrimeWest Health will set up consultation services in clinics (primarily through interactive visual Internet consultation) with both a child and adolescent board-certified psychiatrist and an adult board-certified psychiatrist. This will include three levels of service:
   a. Psychiatrist to primary care provider
   b. Psychiatrist to primary care provider/patient/family
   c. Emergency psychiatric consult assessment of patient

3. **Screening and triage assessment**: PrimeWest Health members will complete a mental health screening prior to seeing a provider. This may result in referral of the member for a diagnostic assessment completed by a mental health professional with recommendations being made for treatment and follow-up.

4. **Follow-up/monitoring protocols**: Mental health treatment and monitoring protocols will be developed for primary care providers. Monitoring and follow-up will also be available via interactive video.

5. **Clinic supervision/consultation**: Clinic supervision and consultation will be available for other professionals working with members including school staff, public health staff, social workers, advanced practice registered nurses (APRNs), and triage mental health therapists.

**Note**: The information that follows is based on 2012 data. An analysis of 2013 data will be completed in the first quarter of 2014.

Alexandria Clinic/Douglas County Hospital and Sanford Broadway Clinic both implement the program on a direct physician referral basis. These referrals are evaluated by site and the age of the referred person.
From 2011 – 2012, Alexandria Clinic/Douglas County Hospital experienced a 59.6 percent increase in referrals to the program. The most notable growth was identified in the adult referrals. This might be explained by the new EHR, which allows physicians access to the PHQ-9 mental health screening. It might also be explained by increased awareness among physicians that they can refer a member directly to his/her care coordinator to get a diagnostic assessment and/or other appropriate services. During the same time period, Sanford Broadway experienced a 48.6 percent increase in referrals. Again, this may be attributable to a broader understanding of the referral process and the increased access allowed by EHRs. Both clinics experienced significant administrative changes. The increase in referrals is encouraging.
### Emergency Room and Hospitalization Utilization for Mental Health Conditions: Douglas County

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<th>2009</th>
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<td># of children in program</td>
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<tr>
<td>Inpatient hospitalizations</td>
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<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

In 2012, a child accounted for one emergency room visit and one hospital visit (same member). There were six unique members.

If you have questions about the Integrated Care Program, contact Catie Lee, MBA, Mental Health/Integrated Care/Shared Care Manager, at 1-320-335-5283, 1-888-588-4420 ext. 5283 (toll free), or catherine.lee@primewest.org or Jennifer Bundy, RN, MSN, PHN, CMCN, CCP, Complex Care and Disease Management Manager, at 1-320-335-5351, 1-888-588-4420 ext. 5351 (toll free), or jennifer.bundy@primewest.org.

### Healthy Pregnancy

Each month, a PrimeWest Health care coordinator identifies newly pregnant members and refers them to their respective county Public Health agency. A Public Health Nurse (PHN) from the agency contacts the member, performs a risk assessment if the member agrees to this, and offers appropriate PHN services to the member (such as the Women, Infants, and Children Program [WIC], childbirth education classes, home visits, breastfeeding classes, car seat education, etc.). The member has the option of accepting any or all of these services. The PHN then notifies both PrimeWest Health and the member’s prenatal provider about the services the member has accepted. This allows the provider to be aware of Public Health involvement and encourages reinforcement of recommendations the provider has made to the member.

The 2013 HEDIS score indicated that 87.83 percent of pregnant women (a slight increase from last year) received timely prenatal care, and 69.83 percent had postpartum follow-up care within 56 days of delivery. This latter score held steady from the previous year.

If you have questions about prenatal and postpartum care, contact Jennifer Bundy, RN, MSN, PHN, CMCN, CCP, Complex Care and Disease Management Manager, at 1-320-335-5351, 1-888-588-4420 ext. 5351 (toll free), or jennifer.bundy@primewest.org.

### Child and Teen Checkups (C&TCs)

PrimeWest Health strives to improve the participation rate for Child and Teen Checkups (C&TCs). One way to improve C&TC rates is to share these rates with clinics and highlight missed opportunities for C&TCs. PrimeWest Health reimburses providers an additional $75 for every complete C&TC with the S0302 code on the claim. PrimeWest Health uses paid claims data to generate reports to track C&TC activity over the previous 12 months. The reports are then sorted by clinic. This report indicates which members have had a complete C&TC (as denoted by the S0302 code on the claim), the date of the C&TC, and the date of the most recent well-child visit (a claim coded as a preventive service, but without the S0302 code).

Each county has a C&TC coordinator in its Public Health office. This coordinator serves as a resource for county providers for any C&TC-related questions and meets annually with providers in each health care clinic in the county to promote the C&TC program.
Some clinics have made the C&TC standards the well-child standard for all patients, regardless of insurer. Clinics can also help increase C&TC rates by having clinic staff pay attention to the date of the last C&TC so that the child/parent hears from the health care provider that a C&TC should be scheduled. Advice from a health care provider is apt to carry more weight than a reminder from the health plan or Public Health.

Rates of C&TC participation tend to be highest for children from birth through age 6. HEDIS measures for 2013 show that 66.67 percent of members up to age 15 months have had six or more well-child visits. Similarly, 60.58 percent of members ages 3 – 6 had a well-child visit. After that age, the participation rates fall off rather significantly to 39.42 percent for adolescent well-child care. It continues to be a challenge for PrimeWest Health to encourage adolescent members to access well-child services, and we ask that clinics take advantage of every opportunity to perform a complete C&TC. For example, if an adolescent has an appointment for a sports physical, the provider can turn the visit into a C&TC.

If you have questions about C&TCs, contact Jennifer Bundy, RN, MSN, PHN, CMCN, CCP, Complex Care and Disease Management Manager, at 1-320-335-5351, 1-888-588-4420 ext. 5351 (toll free), or jennifer.bundy@primewest.org.

**Lead Testing**

Medical Assistance (Medicaid) recipients are required to have a blood lead test at ages 1 and 2 years. PrimeWest Health promotes lead testing through the following initiatives:

- Targeted mailings and phone calls to members
- Provider reminders about lead test requirements for MHCP recipients (all PrimeWest Health members are MHCP recipients)
- Partnerships and financial incentives for county Public Health agencies to encourage testing for lead at the same time hemoglobin levels are being tested for WIC clinic visits (typically at 9 months of age). The results of these lead tests are shared with the member’s primary care clinic.

Our 2013 HEDIS lead measure indicated 87.13 percent of eligible children received a blood lead test during 2012. This is a slight decrease of 1.26 percentage points from the previous year. PrimeWest Health would like to increase performance in this area, and we appreciate our providers’ efforts to support us in this endeavor. Remember to review eligible member charts to see if the member has received a blood lead test. Although the standard is a blood lead test at 1 and 2 years of age, if a child is between the ages of 3 and 6 and has never been tested or the results are not available, a lead test should be performed.

If you have questions about blood lead testing, contact Jennifer Bundy, RN, MSN, PHN, CMCN, CCP, Complex Care and Disease Management Manager, at 1-320-335-5351, 1-888-588-4420 ext. 5351 (toll free), or jennifer.bundy@primewest.org.

**Tobacco Cessation**

PrimeWest Health continues to use the Mayo Clinic’s Tobacco Quitline. The Mayo Clinic Tobacco Quitline provides an accessible way for members to receive support for tobacco cessation. The contracted professional counselors hold degrees in psychology, health, and social services. Individual treatment
plans are created for participants based on their stage of change and unique tobacco use history. Protocols are based on the latest addiction and treatment research from the Mayo Clinic Nicotine Dependence Center.

In addition to the Tobacco Quitline, Health Coach 4 Me is a free resource available to members at no cost. Members can access it by going to [www.primewest.org/members](http://www.primewest.org/members) and clicking on Keeping You Healthy>Health Coach 4 Me (HCAM).

Educational materials are distributed to members who identify themselves as tobacco users on the HRA. These materials are also offered at county offices and the offices of medical and dental providers who request the information.

PrimeWest Health reimburses providers for tobacco cessation preventive counseling. Approved codes are 99406 – Behavior Change Smoking, 3 – 10 minutes, and 99407 – Behavior Change Smoking, >10 minutes.

If you have questions about tobacco cessation, contact Jennifer Bundy, RN, MSN, PHN, CMCN, CCP, Complex Care and Disease Management Manager, at 1-320-335-5351, 1-888-588-4420 ext. 5351 (toll free), or jennifer.bundy@primewest.org.

**Oral and Dental Health**

Oral and dental health is an important part of PrimeWest Health’s health initiatives. Our Dental Program Care Coordinator and Provider Services staff continue to invest significant time to improve dental access and services to our members.

Our goal is to improve member dental health and access to care. Below are just a few of the steps we have taken to achieve that goal:

- Continuing to increase access to dental services by encouraging dental providers to sign a Participation Agreement with PrimeWest Health
- Mailings, email blasts, and website postings to update providers on PrimeWest Health dental activity and provide education about PrimeWest Health policies, procedures, and guidelines
- Reimbursement to dental and medical providers for tobacco cessation counseling (dental code D1320)
- Reimbursement to medical providers for providing fluoride varnish application (FVA) during C&TCs
- Reimbursement and support for services provided by Allied Oral Health Professionals, including dental therapists and advanced dental therapists, within the scope of their practice
- Production of an educational booklet entitled, *Early Dental Care: Investing in Your Child’s Future*, that is sent to parents of all PrimeWest Health members at ages 1, 2, and 4. It is also distributed to pregnant women upon enrollment and at dental clinics, health fairs, county fairs, etc.
- Provision of periodic oral health education information to members through newsletters and mailings
- Identification of members seeking dental care in the emergency room (ER) each month and follow-up to offer assistance in finding a dental home
- Coordination of dental care for members by working directly with dental providers
- Continuing participation with the Minnesota Oral Health Coalition and local oral health promotion initiatives including the Early Childhood Dental Network

In addition, PrimeWest Health continues to identify members ages birth – 12 who do not receive a dental exam at a minimum of once a year. The member’s parent or guardian is sent an informational letter and a list of dental options for the child. Dental providers, as well as parents/guardians, are encouraged to help all children in this age group receive the oral health care they need. PrimeWest Health continues to see a consistent increase in the number of members receiving preventive dental care.

As noted previously, PrimeWest Health continues to increase access to dental services. 2012 year-end dental utilization data indicate a 38 percent increase from 2004 in unique members served per 1,000 member months (MM) and a 42 percent increase from 2004 in dental office visits per 1,000 MM. The number of unique members per 1,000 MM receiving a preventive, diagnostic, or restorative dental visit increased 43 percent from the first quarter of 2004 to the fourth
quarter of 2012. PrimeWest Health encourages members to receive preventive and diagnostic care through direct member contact and educates members about their dental coverage. In addition, the Dental Program Care Coordinator assists members in finding a dental home and aids in the removal of barriers to attending scheduled appointments. In 2012, the Dental Program Coordinator worked one-on-one with approximately 54 members on issues such as finding a dental home or specialty provider, overcoming difficulty with the Service Authorization process, explaining the treatment plan in a way that is understandable, and finding a resolution to provider/patient miscommunication.
Mental Health/Chemical Dependency

Note: The information that follows is based on 2012 data. An analysis of 2013 data will be completed in the first quarter of 2014.

Mental health office visits per 1,000 MM continued to increase in 2012 as did inpatient utilization (inpatient days per 1,000 MM), albeit at a much slower rate (see following chart). We have no simple explanation for the rise in mental health outpatient services but suspect they reflect similar trends in society at large. Regardless of the root cause or causes for this trend, we have no evidence to suggest that this utilization is inappropriate or represents overutilization per se.

The rates of chemical dependency office visits and inpatient days per 1,000 MM diverged in 2012 and still remain high compared to the early years of PrimeWest Health (see following chart). We believe that the decline in inpatient utilization is due, at least in part, to the increase in outpatient services and, as with mental health, there is nothing to suggest that there is any problem with inappropriate or unnecessary care in this area.
PrimeWest Health monitors chemical dependency admissions to track the needs of our population. Tracking the utilization of these services for our members allows us the opportunity to gauge our members’ needs and evaluate our current post-discharge follow-up strategies.

In addition to monitoring activities, PrimeWest Health’s chemical dependency care coordination staff developed a Chemical Health Education Program (CHEP) to give members additional support for maintaining sobriety after they are discharged from treatment. The program also allows us to gather accurate discharge data previously unavailable and, for each provider, evaluate the number of members leaving against medical advice vs. the number of members completing the full program and leaving with aftercare plans. We continue to monitor the utilization of chemical dependency services, drug of choice, gender, race, and program distinctions. These data allow us to evaluate our current CHEP tools to determine if they remain appropriate.

The following graph shows that there continues to be an upward trend in the total number of authorizations needed. We experienced an increase of 34.2 percent from 2011 to 2012 in total authorizations received. The drug identified for placement reasons remained relatively stable for alcohol and marijuana. There has been a significant increase in the number of placements for methamphetamines and opioids: methamphetamines experienced a 74.5 percent increase for placement, and opioids experienced a 90.67 percent increase.

### Client Placement Totals

<table>
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<td>35</td>
<td>70</td>
<td>29</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>Outpatient total authorizations</td>
<td>240</td>
<td>403</td>
<td>338</td>
<td>323</td>
<td>536</td>
</tr>
<tr>
<td>Outpatient unique members</td>
<td>196</td>
<td>343</td>
<td>271</td>
<td>258</td>
<td>281</td>
</tr>
<tr>
<td>Medication-assisted therapy total authorizations</td>
<td>75</td>
<td>88</td>
<td>27</td>
<td>59</td>
<td>43</td>
</tr>
<tr>
<td>Medication-assisted therapy unique members</td>
<td>48</td>
<td>49</td>
<td>22</td>
<td>28</td>
<td>43</td>
</tr>
</tbody>
</table>

**Authorizations indicating the drug of choice at start of treatment**

<table>
<thead>
<tr>
<th>Drug</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>207</td>
<td>433</td>
<td>317</td>
<td>316</td>
<td>394</td>
</tr>
<tr>
<td>Marijuana</td>
<td>49</td>
<td>127</td>
<td>146</td>
<td>133</td>
<td>139</td>
</tr>
<tr>
<td>Opioids</td>
<td>59</td>
<td>112</td>
<td>72</td>
<td>75</td>
<td>143</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>25</td>
<td>89</td>
<td>52</td>
<td>102</td>
<td>178</td>
</tr>
</tbody>
</table>

**Utilization by county**

<table>
<thead>
<tr>
<th>Utilization by county</th>
<th>Beltrami</th>
<th>Beltrami</th>
<th>Beltrami</th>
<th>Beltrami</th>
<th>Beltrami</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest utilization by county</td>
<td>Beltrami</td>
<td>Beltrami</td>
<td>Beltrami</td>
<td>Beltrami</td>
<td>Beltrami</td>
</tr>
<tr>
<td>Lowest utilization by county</td>
<td>Big Stone</td>
<td>Big Stone</td>
<td>Traverse</td>
<td>Traverse</td>
<td>Traverse</td>
</tr>
</tbody>
</table>
The next graph shows PrimeWest Health is experiencing a downward trend in the utilization of medication-assisted therapy and supervised living placements, but shows an increasing trend in outpatient and primary residential programs.

![Utilization per Treatment Program – Five-Year Trend](image)

**Chemical Health Education Program (CHEP)**
PrimeWest Health’s CHEP incorporates coordination of services from PrimeWest Health and helps PrimeWest Health members who have chemical dependency issues get appropriate support from their chemical dependency counselors to develop an aftercare plan. It also ensures the place of discharge is documented, placement is coordinated prior to transfer if needed, educational materials specific to the member’s drug of choice are provided, an opportunity to evaluate the chemical dependency provider is given, and phone contact is available if necessary to further help the member obtain resources or placement.

The following graph shows the most prevalent drug of choice is alcohol, with methamphetamine second. In 2011, methamphetamines surpassed opioids as a drug of choice and, for 2012, it has also surpassed cannabis.

![Top Four Drugs of Choice – Five-Year Trend](image)

If you have questions about behavioral health/chemical dependency services, contact Catie Lee, MBA, Mental Health/Integrated Care/Shared Care Manager, at 1-320-335-5283, 1-888-588-4420 ext. 5283 (toll free), or catherine. lee@primewest.org.
Restricted Recipient Program (RRP)

PrimeWest Health looks at pharmacy and medical claims data to identify utilization patterns that may indicate overutilization of services. When a potential issue is identified, further review may result in the member being placed in the Restricted Recipient Program (RRP). The purpose of the RRP is to identify members who have received services at a frequency or amount that is not medically necessary and/or may be harmful to the member’s health. Once a member has been identified, he/she is assigned a primary care provider to coordinate all of his/her needs.

RRP members are required to do the following:
• Use one primary care provider for all care
• Use one clinic
• Use one pharmacy
• Use one hospital
• Use one emergency room
• Have a referral from his/her assigned primary care provider for all other medical care
• Have a referral from his/her assigned primary care provider for specialty care
• Remain in the RRP for 24 months

The following table demonstrates the cost and utilization of medical services, pharmacy services, and emergency rooms for RRP members. To be included in this data, a member has to have been a PrimeWest Health member prior to placement in the RRP (52 members qualified for this report). These numbers reflect per member per month (PMPM) costs for 2012 RRP members who were enrolled in PrimeWest Health for three months prior to being restricted and then maintained enrollment for at least three months after restriction.

<table>
<thead>
<tr>
<th>Service</th>
<th>Average Pre-RRP</th>
<th>Average During RRP</th>
<th>% Difference</th>
<th>Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical costs</td>
<td>$1,782.23</td>
<td>$1,043.93</td>
<td>41.43%</td>
<td>Decrease</td>
</tr>
<tr>
<td>Prescription costs</td>
<td>$331.25</td>
<td>$419.75</td>
<td>26.72%</td>
<td>Increase</td>
</tr>
<tr>
<td>Office visits</td>
<td>1.54</td>
<td>0.84</td>
<td>45.54%</td>
<td>Decrease</td>
</tr>
<tr>
<td>ER visits</td>
<td>0.99</td>
<td>0.45</td>
<td>54.86%</td>
<td>Decrease</td>
</tr>
</tbody>
</table>

Note: This chart is based on 2012 data. An analysis of 2013 data will be completed in the first quarter of 2014.

This program demonstrates an appreciable difference in costs and utilization in medical services evaluated with the highest decrease demonstrated in ER utilization followed by utilization of office visits. The increase in prescription costs may be attributed to members’ chronic health needs being more consistently treated through the RRP.

If you have questions about the RRP, contact Ann Ehlert, PharmD, Pharmacy Manager, at 1-320-335-5207, 1-888-588-4420 ext. 5207 (toll free), or ann.ehlert@primewest.org, or Catie Lee, MBA, Mental Health/Integrated Care/Shared Care Manager, at 1-320-335-5283, 1-888-588-4420 ext. 5283 (toll free), or catherine.lee@primewest.org.
Utilization Management (UM)

One goal of PrimeWest Health’s Utilization Management (UM) program is to promote appropriate and effective utilization of resources in an effort to maintain or improve the health of all members. One component of the UM program is Utilization Review. Providers and members are notified about the services requiring authorization through the Provider Manual and the Evidence of Coverage. PrimeWest Health follows written policies and procedures as well as nationally accepted criteria that reflect current standards of medical practice. This includes, but is not limited to, InterQual criteria, DHS guidelines, adopted clinical practice guidelines, national and local coverage determinations (dual eligible members only), and local Medicare coverage determinations. PrimeWest Health follows these criteria to ensure consistent, appropriate decision-making regarding the authorization of care and services. Chapter 5, Service Authorization, of the PrimeWest Health Provider Manual provides information on the requirements and processes for obtaining authorizations. In addition, the Provider Manual provides information on the appropriateness of care for members.

All Service Authorization determinations are based only on the appropriateness of care and service and the member’s coverage. PrimeWest Health does not reward practitioners or other individuals for issuing denials of coverage or care. There are no financial or other incentives for UM decision makers to encourage decisions that result in underutilization. PrimeWest Health will provide criteria used in the clinical review process upon request by phone, fax, email, mail, or in person.

UM staff are available during normal business hours, Monday – Friday, 8 a.m. – 4:30 p.m., at 1-866-431-0803 (toll free). A provider who calls outside normal business hours will be given instructions about how to leave a voicemail message or send a fax with questions. UM staff will reply on the next business day.

PrimeWest Health’s provider portal allows providers to notify PrimeWest Health of inpatient admissions through an electronic notification process. This enables providers to meet the requirement to notify PrimeWest Health of all inpatient admissions in a timely manner with minimal effort. The notification form is available on the provider portal and the notification process takes only minutes to complete.

If you have questions about the UM program, contact Elaine Carlquist, BSN, PHN, CCP, SNP UM and Senior Care Manager, at 1-320-335-5354, 1-888-588-4420 ext. 5354 (toll free), or elaine.carlquist@primewest.org.

Provider Satisfaction with Utilization Management (UM)

Provider satisfaction is measured through a provider satisfaction survey conducted by PrimeWest Health’s Provider Services department. The survey was conducted November 7 – December 8, 2012, in the form of a self-administered online survey. This year, the survey focused on the following:

- Provider likes and dislikes
- Provider preferences and potential effect of PrimeWest Health provider service tools and resources (e.g., web portal, trainings), as determined by utilization
- What’s working/not working with regard to PrimeWest Health provider service tools and resources
PrimeWest Health received 140 responses to the survey. The survey identified the type of provider completing the survey, requested feedback about the providers’ experience with various services, and how the provider contacted PrimeWest Health for answers to questions. The following table shows the category of question and how the provider contacted PrimeWest Health.

<table>
<thead>
<tr>
<th>Question Type</th>
<th>Contact Center</th>
<th>Web portal</th>
<th>Neither</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing, claims, remittance data</td>
<td>47</td>
<td>56</td>
<td>0</td>
<td>103</td>
</tr>
<tr>
<td>Covered services</td>
<td>39</td>
<td>43</td>
<td>6</td>
<td>88</td>
</tr>
<tr>
<td>Member eligibility</td>
<td>21</td>
<td>67</td>
<td>4</td>
<td>92</td>
</tr>
<tr>
<td>Third party liability</td>
<td>17</td>
<td>21</td>
<td>12</td>
<td>50</td>
</tr>
<tr>
<td>Forms</td>
<td>5</td>
<td>59</td>
<td>7</td>
<td>71</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>15</td>
</tr>
</tbody>
</table>

The next two tables clearly show that the web portal is the most used service for many of the purposes listed, and is also the highest ranked when measuring the frequency of a provider finding the answer to his/her inquiry.

### Frequency of Service Utilization by Purpose

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Web portal</th>
<th>Contact Center</th>
<th>Website</th>
<th>Provider Manual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing, claims, remittance data</td>
<td>3.9</td>
<td>3.3</td>
<td>3.1</td>
<td>2.6</td>
</tr>
<tr>
<td>Enrollment process</td>
<td>-</td>
<td>2.1</td>
<td>2.4</td>
<td>1.9</td>
</tr>
<tr>
<td>Service Authorization</td>
<td>-</td>
<td>2.6</td>
<td>2.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Covered services</td>
<td>2.9</td>
<td>2.4</td>
<td>2.7</td>
<td>2.7</td>
</tr>
<tr>
<td>Member eligibility</td>
<td>3.6</td>
<td>2.8</td>
<td>2.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Third party liability</td>
<td>2.6</td>
<td>1.7</td>
<td>1.8</td>
<td>1.5</td>
</tr>
<tr>
<td>Forms</td>
<td>3.0</td>
<td>2.0</td>
<td>2.8</td>
<td>2.1</td>
</tr>
</tbody>
</table>

### Frequency of Purpose Resolution by Service

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Web portal</th>
<th>Contact Center</th>
<th>Website</th>
<th>Provider Manual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing, claims, remittance data</td>
<td>4.5</td>
<td>4.2</td>
<td>3.8</td>
<td>3.6</td>
</tr>
<tr>
<td>Enrollment process</td>
<td>4.3</td>
<td>-</td>
<td>3.4</td>
<td>3.4</td>
</tr>
<tr>
<td>Service Authorization</td>
<td>4.4</td>
<td>-</td>
<td>3.5</td>
<td>3.6</td>
</tr>
<tr>
<td>Covered services</td>
<td>4.4</td>
<td>4.0</td>
<td>3.6</td>
<td>3.6</td>
</tr>
<tr>
<td>Member eligibility</td>
<td>4.5</td>
<td>4.4</td>
<td>3.6</td>
<td>2.7</td>
</tr>
<tr>
<td>Third party liability</td>
<td>3.6</td>
<td>3.8</td>
<td>2.6</td>
<td>2.5</td>
</tr>
<tr>
<td>Forms</td>
<td>3.8</td>
<td>4.0</td>
<td>3.7</td>
<td>3.4</td>
</tr>
</tbody>
</table>

PrimeWest Health will focus on educating health care providers about the online options to complete certain tasks, including online notification of an acute care or Skilled Nursing Facility (SNF) admission. However, education is only part of the strategy. The services also have to work well and allow health care providers to effectively accomplish necessary processes and tasks in regard to UM. The results and comments from the survey will also be integrated into future strategies and changes that will make UM services more effective in the future.

The following comment was taken from the survey.

“I just want to say that working with PrimeWest has been a great privilege. I can only say that the staff is a cut above and appreciate all the help and knowledge they share. Great experience!”

*Note: 2013 survey data will not be ready for release until the first quarter of 2014.*
Pharmacy Utilization Management (UM)

PrimeWest Health’s Pharmacy UM programs include Step Therapy, Quantity Limits, and Prior Authorization. The detailed list is available on our website. Go to [www.primewest.org/providers](http://www.primewest.org/providers) and click on Pharmacy. To request a hard copy of pharmacy UM criteria, call the Provider Contact Center at 1-866-431-0802 (toll free).

Formulary Statement

PrimeWest Health’s formulary is a list of effective medications for the treatment and diagnosis of disease and maintenance of health according to the clinical judgment of the providers, pharmacists, and other health care professionals who developed the formulary.

To be covered by PrimeWest Health, drugs must meet the following criteria:

- Be prescribed by a licensed health care provider
- Be listed in the formulary, unless certification or a formulary exception is given by PrimeWest Health
- Be provided by a network pharmacy except in the event of a medical emergency. If the prescription is filled at an out-of-network pharmacy, the member may be responsible for the prescription drug cost in full.
- Be approved by the Federal Food and Drug Administration (FDA) for use in the United States

All the drugs in our formularies are medications recommended as preferred products. If a member or his/her provider feels that a certain drug is medically necessary for his/her condition, a formulary exception process is available. Our formulary is available on our website. Go to [www.primewest.org/providers](http://www.primewest.org/providers) and click on Pharmacy>Formularies. A hard copy can be requested by calling the Provider Contact Center at 1-866-431-0802 (toll free).

Pharmacy Claims

If pharmacies have difficulty submitting pharmacy claims, they are asked to contact the pharmacy help desk at 1-800-821-4795 (toll free) before dispensing medications or sending the member away with unreimbursed medications. PrimeWest Health wants to limit situations in which members receive unpaid medications (for which we are unable to reimburse them) or leave with nothing at all. There are very limited situations in which PrimeWest Health members are allowed to pay out of pocket for their medications.

For more information, contact Ann Ehlert, PharmD, Pharmacy Manager, at 1-320-335-5207, 1-888-588-4420 ext. 5207 (toll free), or ann.ehlert@primewest.org.
Medication Therapy Management (MTM)

Medication Therapy Management (MTM) is a patient-specific educational program customized to a member’s condition and the medications prescribed to manage it. PrimeWest Health offers two different programs administered by specially trained pharmacists and ancillary staff. Members who qualify for this free service include those who meet the following criteria:

**Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Senior Care Plus (MSC+), and Special Needs BasicCare (SNBC) members**

1. Have one or more chronic conditions, such as diabetes, high blood pressure, heart failure, depression, osteoporosis, COPD/asthma, or high cholesterol
2. Are taking three or more drugs to control these conditions
3. Members identified by PrimeWest Health’s UM team as not meeting the above criteria but who would still benefit from the program.

**PrimeWest Senior Health Complete (HMO SNP) and Prime Health Complete (HMO SNP) members**

1. Have three or more chronic conditions
2. Are taking six or more medications
3. Are likely to incur pharmacy expenses exceeding $3,000 annually

If you are interested in administering MTM services to PrimeWest Health members or would like more information on the service, please contact Ann Ehlert, PharmD, Pharmacy Manager, at 1-320-335-5207, 1-888-588-4420 ext. 5207 (toll free), or ann.ehlert@primewest.org.

Retrospective Drug Utilization Review (rDUR)

Retrospective Drug Utilization Review (rDUR) involves a review of our pharmacy claims database to identify members whose drug therapy may not be optimal or has the potential to cause adverse effects. Examples of rDUR programs performed by PrimeWest Health include the following: high-risk medications in the elderly; ACE/ARB use in diabetic hypertension; controlled substance utilization; antipsychotic use in dementia patients; and drug-drug interactions.

PrimeWest Health’s rDUR programs use national treatment standards and NCQA guidelines to identify members who may benefit from the program. A letter is sent to the prescribing provider(s) explaining the program and the reason for the identification of the patient(s) involved. Providers are asked to use the information provided to supplement their patient records and determine whether a change in therapy is warranted. If a change is appropriate, providers are asked to advise the patient and his/her pharmacy directly. The rDUR programs and recommendations are not intended to replace the provider’s clinical judgment. Only the provider, in direct consultation with the patient, may determine if drug therapy benefits outweigh the potential risks.

If you have any questions about rDUR programs, contact Ann Ehler, PharmD, Pharmacy Manager, at 1-320-335-5207, 1-888-588-4420 ext. 5207 (toll free), or ann.ehlert@primewest.org.
Interpreter Services

To better serve members who do not speak English, PrimeWest Health will provide an interpreter. If needed, members are instructed to contact Member Services at 1-866-431-0801 (toll free) to access interpreter services.

Member Rights and Responsibilities

Practice preventive health care: give tests, exams, and shots recommended based on age and gender.

Member Rights

PrimeWest Health members have the right to:

- Be treated with respect, dignity, and consideration for privacy
- Get the services they need 24 hours a day, 7 days a week. This includes emergencies.
- Be told about their health problems
- Get information about treatments and treatment choices, and how they will help or harm them
- Participate with providers in making decisions about their health care
- Refuse treatment and get information about what might happen if they refuse treatment
- Refuse care from specific providers
- Know that we will keep their records private according to law
- Request and receive a copy of their medical records. They also have the right to ask to correct the records.
- Get notice of our decisions if we deny, reduce, or stop a service or deny payment for a service
- File a Grievance or Appeal with us. Members can also file a complaint with the Minnesota Department of Health.
- Request a State Fair Hearing with the Minnesota Department of Human Services (also referred to as “the State”). Members may request a State Fair Hearing before or at any time during our Grievance or Appeal process. Members do not have to file a Grievance or Appeal with us before they request a State Fair Hearing.
- Get a clear explanation of covered nursing home and home care services
- Give written instructions that inform others of their wishes about their health care. This is called a “health care directive.” It allows a member to name a person (agent) to decide for him/her if the member is unable to decide or if the member wants someone else to decide for him/her.
- Choose where they will get family planning services
- Get a second opinion for medical, mental health, and chemical dependency services
- Be free of restraints or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Request a copy of the Evidence of Coverage at least once a year
- Request the results of an external quality review study from the State
- Make recommendations about our rights and responsibilities policy
- Exercise the rights listed here
- Get the following information from us on a yearly basis:
  - Whether we use a physician incentive plan that affects the use of referral services
  - The type(s) of incentive arrangements used
  - Whether stop-loss protection is provided
  - Results of a member survey if one is required because of our physician incentive plan

Note: There are no incentives offered to PrimeWest Health providers to give less care than a member’s condition requires. Decisions about your health care are based only on appropriateness of care and the covered benefits a member has.

For more information about PrimeWest Health’s physician incentive plan, contact our Corporate Compliance Officer at 1-888-588-4420 (toll free).
Member Responsibilities

PrimeWest Health members have the responsibility to do the following:

• Read their Evidence of Coverage and know which services are covered under PrimeWest Health and how to get them
• Show their PrimeWest Health membership card and their Minnesota Health Care Programs card every time they go for health care. Also, show the cards of any other health coverage they have, such as Medicare or private insurance.
• Establish a relationship with a PrimeWest Health network primary care provider before they become ill. This helps the member and his/her primary care provider understand the member’s total health condition.
• Give information asked for by their health care provider. Share information about their health history.
• Follow all their health care provider’s instructions. If members have questions about their care, they should ask their health care providers.
• Work with their health care provider to understand their total health condition. It is important to know what to do when a health problem occurs, when and where to seek help, and how to prevent health problems.
• Never allow others to use their PrimeWest Health membership card or their Minnesota Health Care Programs card to receive services
• Report concerns of suspected fraud immediately to PrimeWest Health

Contact PrimeWest Health Member Services at 1-866-431-0801 (toll free) if you have questions about member rights or responsibilities.

Senior Care Coordination Activities

Falls and Falls Prevention

According to the Minnesota Board on Aging, “Minnesota’s fatal fall rate is the highest in the nation and has continued to climb from 10.4 per 100,000 in 2005 to 12.1 per 100,000 in 2010.” The Minnesota Board on Aging goes on to say that falls account for 30.8 percent of unintentional injury deaths, and that between 2010 and the year 2035, the number of individuals 65 and over who reside in Minnesota will double from 677,000 to 1.4 million, a 107 percent increase. As the population ages, the effects and costs of falls and their related health problems will increase drastically.

According to the Centers for Disease Control and Prevention (CDC), a nursing home with 100 beds can report anywhere between 100 and 200 falls per year, and as many as three out of four nursing home residents fall each year. The CDC reports that this is twice the rate of falls for individuals residing in the community and attributes falls among nursing home residents to the following:

• Muscle weakness
• Walking or gait problems
• Frail status
• Chronic conditions
• Older age
• Decline in cognitive status
• Dependency in activities of daily living such as bathing, dressing, and ambulation
**PrimeWest Health falls data**

Percentage of falls by place of residence (Elderly Waiver [EW] and non-EW [community] and SNF) were analyzed, and the results are not surprising. The highest percentage of reported falls continues to be for members residing within SNFs. This is a high-need population and has the highest level of oversight and accuracy of fall reporting. The second-highest population for reported falls are those on EW residing in the community. These members have been identified as being at risk for SNF placement. There has been a very slight tick downward in the number of members residing in SNFs during the past year and an upward tick in the number and percentage of falls. That being said, non-EW members residing in the community may experience a higher number of falls that go unreported to the county case manager or the primary care provider. Non-EW members residing in the community receive either no services or services that require little oversight and less case management involvement.

Data suggest that injuries experienced within the SNF population may be less serious, resulting in lower percentages of falls requiring hospitalization and lower expenditures related to acute care. Review of documentation indicates that SNFs have existing fall prevention plans already established and that these have helped identify individuals who are at high risk of falls. The prevention plans may not always be able to prevent falls due to member age, disability, and/or cognitive status, but have reduced the risk and/or frequency of injuries that result in an acute care transition.

Data collected suggest that there is an increase in falls occurring throughout the PrimeWest Health aging population, along with increased hospitalization and related costs. However, due to the increase in collaboration between the PrimeWest Health Care & Quality Management department, the PrimeWest Health Provider Services department, Home and Community Based Service (HCBS) providers, and county case managers, one could surmise that this noted increase is in direct correlation to the increase and accuracy of falls being reported by HCBS providers and county case managers. This assumption will be evaluated with the next report.

**Interventions implemented to decrease or reduce severity of injuries during 2013**

PrimeWest Health developed a report to identify members who are filling/refilling prescriptions that may cause an increased risk for falls. Each month, senior care coordinators review the report and send letters as follows:

- For newly identified members residing in the community, a letter is sent to the prescribing provider
- For newly identified members residing in an SNF, a letter is sent to the consulting pharmacist at the SNF

The letters identify the drug, date filled, pharmacy used, and date of the member’s most recent fall. The letter encourages the prescribing provider/consulting pharmacist to discuss the medication with the member and/or the member’s Interdisciplinary Care Team (ICT). The first of these letters were mailed out on Friday, February 8, 2013. PrimeWest Health’s senior care coordinators sent secure emails to the corresponding case managers, identifying the member, prescribing provider, medication, and pharmacy used.

PrimeWest Health realizes that the decision to initiate or discontinue drug therapy is complicated and involves multiple factors including weighing the risks and benefits of a given drug. As always, PrimeWest Health respects the prescribing provider’s judgment and believes his/her decision will ultimately be in the best interest of the patient.

Due to the increasing rate and cost of falls in Minnesota, PrimeWest Health collaborated with the Minnesota Area Agencies on Aging and presented a provider Lunch & Learn on Falls Prevention and Live Well Programs. This Lunch & Learn was held on June 20, 2013. In addition to PrimeWest Health staff, the presentation featured guest speaker Gail Gilman-Waldner, MEd, Professor Emeritus at the University of Minnesota. The focus of the program included tools and techniques to help the aging population feel better, have more control, and take part in activities they enjoy, which will keep our aging population mobile, independent, and in their own homes and communities for as long as possible. The presentation included data on the falls rate and costs occurring within PrimeWest Health’s aging population. It also included information on interventions that can be put in place to help prevent falls.
In addition, PrimeWest Health modified an internal tracking and reporting process in August 2013. PrimeWest Health is able to identify members who have experienced a fall, as well as identify the frequency of falls during the course of the year. For members who have had falls, PrimeWest Health care coordinators contact the assigned county case managers monthly and on an ad hoc basis with the names of identified members. The county case managers address any identified fall risks at the next scheduled ICT meeting. The members’ care plans are updated as indicated with interventions identified by the ICTs and members. Outcomes from these interventions are evaluated at least annually.

**PrimeWest Health performance goals**

- Increase our HEDIS medication reconciliation measurement to 10 percent or higher by the end of 2013
- Lower our current HEDIS measurement for medication management, “Drugs to be avoided in the elderly/use of high-risk medication in the elderly ages 65 and over” for at least one drug to 21.5 percent or lower and at least two drugs to 6.0 percent or lower by the end of 2013
- Reduce hospital admissions for falls occurring within the SNF population by 1 percent by the end of the second quarter of 2014
- Reduce hospital admissions for falls occurring within the community population by 1 percent by the end of the second quarter of 2014

**Health Care Directives**

PrimeWest Health continues to ensure that all members receive written information on Health Care Directives policies and a description of State law regarding members’ right to accept or refuse medical or surgical treatment and to execute a living will, durable power of attorney for health care decisions, or other Health Care Directive.

The 2013 HEDIS score for the Care for Older Adults measure indicated that 86.13 percent of members age 65 and over showed evidence of advance care planning during 2012, an improvement from 83.80 percent in 2011 and 83.21 percent in 2010. According to the NCQA HEDIS 2013 Technical Specifications, advance care planning is a discussion about preferences for resuscitation, life-sustaining treatment, and end-of-life care. Evidence of advance care planning must include one of the following:

- The presence of an advance care plan in the medical record, or
- Documentation of an advance care planning discussion with the provider and the date on which it was discussed (the documentation of discussion must be noted in the measurement year), or
- Notation that the member previously executed an advance care plan

PrimeWest Health has used the following mechanisms to ensure members receive information about Health Care Directives:

- Care plan audits
- Health Care Directive education for county case managers
- Implementation of the electronic care plan in all 13 counties
- Education for members
- Information posted on our website
- Annual mailings to seniors and members with disabilities
Information about Health Care Directives should be documented in the medical record for people age 18 and over regardless of whether the person has executed one. If the Health Care Directive has not been executed, then the record should indicate that information was offered to the patient. Medical record and behavioral health treatment record reviews are conducted each year and include a review of 5 percent of the medical records of the total PrimeWest Health population for providers that see the highest volume of our members. We have seen improvement in two of the past three years in medical record documentation stating that a Health Care Directive is on file or that information was offered to all members age 18 and over.

Targeted outcome:
• 100 percent of members with a documented advance directive or Do Not Resuscitate (DNR) order in their primary care clinic record, nursing facility record, and/or designated hospital record have their wishes respected and followed according to their advance directive and/or DNR wishes

If you have questions about this information, contact Elaine Carlquist, BSN, PHN, CCP, SNP UM and Senior Care Manager, at 1-320-335-5354, 1-888-588-4420 ext. 5354 (toll free), or elaine.carlquist@primewest.org.

Performance Improvement Projects (PIPs)
PrimeWest Health is required to conduct Performance Improvement Projects (PIPs) designed to achieve significant, sustained improvement in member health outcomes and satisfaction in both clinical and non-clinical care areas. This is achieved through projects that combine intervention with ongoing measurements. Projects comply with Title 42 Code of Federal Regulations (CFR) Part 438.240 (b) (1) and (d) and Centers for Medicare & Medicaid Services (CMS) protocol, “Protocol for Use in Conducting Medicaid External Quality Review Activities: Conducting Performance Improvement Projects.”

2010 PIP
Blood Pressure Control for Members with Diabetes
The purpose of the 2010 PIP, Blood Pressure Control for Members with Diabetes, is to increase the proportion of members with diabetes, ages 18 – 75 years, who achieve a blood pressure (BP) reading below 140/90 mmHg. The project crosses all contract populations and is a collaborative effort between PrimeWest Health, South Country Health Alliance, and Itasca Medical Care, referred to here as the Collaborative. Evidence shows that by controlling blood pressure, members with diabetes may reduce morbidity and mortality due to the conditions associated with high blood pressure and diabetes.

This PIP promotes three key messages to providers and members regarding diabetes and blood pressure control.
1. Establish an appropriate blood pressure goal
2. Develop an appropriate blood pressure management plan
3. Discuss and encourage self-monitoring of blood pressure at home or in the community

The Collaborative is following a cohort of members who are ages 18 – 75 and have diabetes. Educational campaigns target these members on a quarterly basis, providing them with information about methods for monitoring and controlling their blood pressure. Through partnerships with Grand Itasca Clinic & Hospital, Affiliated Community Medical Centers – Litchfield, and Owatonna Clinic – Mayo Health System, as well as nursing homes and other community organizations, the health plans are also learning about and sharing best practices for managing blood pressure in patients with diabetes. The partnerships encourage individualized self-management approaches that empower patients and combat complacency and clinical inertia. Effective strategies learned through these partnerships will be shared with providers in the health plan networks.
Measurement Rate Calculation

**Numerator:** Number of members from denominator who attain a blood pressure reading below 140/90 mmHg within the measurement period

**Denominator:** Number of total members that meet HEDIS Centers for Disease Control and Prevention (CDC) measurement criteria for the population within the measurement period

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<tbody>
<tr>
<td>Families &amp; Children/MinnesotaCare</td>
<td>70.83%</td>
<td>78.8%</td>
<td>79.93%</td>
<td>79.41%</td>
</tr>
<tr>
<td>MSHO/MSC+</td>
<td>66.41%</td>
<td>75.1%</td>
<td>71.95%</td>
<td>79.78%</td>
</tr>
<tr>
<td>SNBC*</td>
<td>84.35%*</td>
<td>84.35%</td>
<td>85.95%</td>
<td>87.16%</td>
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*The revised collaborative baseline is assumed to be 84.35 percent (same as measurement 1) based on additional records found in 2012*

Review of the third measurement period rates reveal the Collaborative has successfully met the goal of increasing the proportion of members with diabetes in the cohort whose blood pressure is less than 140/90 mmHg by 4 percent and sustaining this for two measurement periods for both the Families & Children/MinnesotaCare and MSHO/MSC+ populations. In 2013, Families and Children/MinnesotaCare rates improved 8.6 percent and MSHO/MSC+ improved 13.4 percent. The Collaborative was able to successfully improve the rate for SNBC by 6.9 percent as well; however, following the establishment of a revised baseline in March 2013, in order to satisfy sustained improvement for two years, PrimeWest Health and South Country will need to continue working with this population for another measurement period. This is a DHS recommendation based on the fact that additional records were found after chart review. As Itasca Medical Care does not have the SNBC population, the formal PIP process will be completed for the MSHO and PMAP populations and maintenance efforts will continue.

2011 PIPs

**Post-Discharge Member Follow-Up**

The purpose of the Families & Children/MSHO/MSC+ 2011 PIP, *Post-Discharge Member Follow-Up*, is to work with three contracted focus hospitals to affect the outcomes of discharge planning for members and ultimately reduce readmissions. The goal is to decrease the aggregate 30-day readmission rate for PrimeWest Health members discharged from the three contracted focus hospitals by a relative 10.8 percent and sustain that improvement for two measurement periods. The strategy of this project will be to work closely with the three contracted focus hospitals and their staff to facilitate communication of the discharge date and discharge plan to PrimeWest Health in a timely manner. A second strategy will be to use this information to follow up with members by phone. These phone calls are intended to let the member know that someone cares and to check whether medications are being picked up, follow-up appointments are being made, etc. Best practices from medical literature have shown that this follow-up may help reduce readmissions. While Measurement 1 results were very positive, Measurement 2 results did not meet the goal for this PIP. PrimeWest Health has addressed this through additional interventions and continues to evaluate its contracted hospitals’ existing discharge forms and communication practices as well as follow-up with discharged members through timely contact and assessments of members’ understanding of discharge instructions.

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<tr>
<td>Families &amp; Children/MinnesotaCare</td>
<td>6.84%</td>
<td>4.73%</td>
<td>7.29%</td>
</tr>
<tr>
<td>MSHO/MSC+</td>
<td>12.91%</td>
<td>6.99%</td>
<td>12.77%</td>
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Cholesterol Screening among Members with Diabetes

The purpose of the SNBC 2011 PIP, *Cholesterol Screening among Members with Diabetes*, is to increase the current percentage (81.36 percent) of SNBC members with diabetes who are ages 18 – 75 who receive a Low Density Lipoprotein-Cholesterol (LDL-C) or “bad” cholesterol screening annually. The goal is to increase this rate to 85 percent or above and sustain this improvement for two measurement periods. The strategy of this project is to work with county case managers who provide care for PrimeWest Health’s SNBC members to more closely and regularly monitor members’ cholesterol screening. Quarterly risk lists are emailed to county case managers and reminders are sent to the primary care providers for SNBC members who need a cholesterol screening to encourage them to make a note in the member’s chart. Measurement 1 and 2 rates are reflected in the following table; both have met the goal for improvement.

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<tbody>
<tr>
<td>SNBC</td>
<td>81.36%</td>
<td>88.73%</td>
<td>87.30%</td>
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2012 PIP

The 2012 PIP, *Colorectal Cancer Screening*, crosses all contract populations with the goal of increasing the colorectal cancer screening rate through multiple reminders. The project is a group effort among the Collaborative. Interventions include quarterly mailings, provider outreach, birthday cards to encourage screenings at age 50, and outreach phone calls. Measurement 1 results are available in the chart below.

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<tbody>
<tr>
<td>Families &amp; Children/MinnesotaCare</td>
<td>32.53%</td>
<td>33.08%</td>
</tr>
<tr>
<td>MSHO/MSC+</td>
<td>35.64%</td>
<td>36.99%</td>
</tr>
<tr>
<td>SNBC</td>
<td>40.84%</td>
<td>40.82%</td>
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Measurement 1 did not meet the goal in any populations. The Collaborative will pursue additional interventions such as targeting identified barriers through education and working with MDH on a new cancer prevention project in late 2013 and early 2014.

2013 PIPs

Human Papillomavirus for Males

This PIP is for the Families & Children contract population. The goal of the project is to increase the percentage of males ages 11 – 12 who have had at least one administered dose of the HPV vaccine. The project is a group effort among the Collaborative. Measurement 1 data will be available in summer 2014.

Medication Reconciliation Post-Discharge

A second PIP for the MSHO/MSC+ and SNBC contract population focuses on increasing medication reconciliation post-discharge to assist in reducing readmissions. This PIP works with county Public Health/Human Services agencies and/or home care agencies to complete mediation reconciliation in the home by registered nurses (RNs) and encourages the use of the 1111F code to signify medication reconciliation was completed. There is reimbursement offered for this visit. Measurement 1 data will be available in summer 2014.

2014 PIP

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

This is an administrative PIP currently being proposed for 2014. The goal of this PIP is to increase the number of drug and alcohol screenings taking place in primary care clinics through the use of a DHS-approved screening tool such as the AUDIT, CAGE, ASSIST, etc. The SBIRT model encourages use of a screening tool followed by interventions or referrals based on the results of that tool. This project was submitted for approval on September 1, 2013.

If you have questions or would like more information about PrimeWest Health’s PIPs, contact Jordan Klimek, PIP/HEDIS Coordinator at 1-320-335-5364, 1-888-588-4420 ext. 5364 (toll free), or jordan.klimek@primewest.org.