

PrimePartners

for Case Managers

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Our Pharmacy Team Is Here to Help!

Ann Ehlert, PharmD, Director of Pharmacy Management

Our Pharmacy team gets great questions from county case managers! We appreciate these questions as they help us learn about things we should be aware of and new ways we can help our members. From the questions you ask—such as how to help a member who has received a bill and how to help a member get a certain medication—we can tell you are strong member advocates who work hard to help them get care they need. Thank you for all you do!

We hope you consider our Pharmacy team as a resource. We are here to help you and our members understand and access pharmacy benefits. We can help by educating pharmacies about correct billing, changing a medication to a formulary alternative, and helping get claims paid so the member does not get billed. A recent example of how we can help involved members who had problems getting insulin pump supplies. We altered our pharmacy network to include some pharmacies that could supply the diabetic equipment when others could not.

We want to help in whatever way we can. If you have questions or concerns about pharmacy-related issues, please contact the Pharmacy team at PRW_PharmacyTeam@primewest.org or call Ann Ehlert, PharmD, Director of Pharmacy Management, at 1-320-759-4154. 

Helping Members Navigate Their Enrollment Options with PrimeWest Health

Natasha Jevnager, RN, Special Needs Plan Care Coordinator

PrimeWest Health offers the following programs for eligible members who live in our [24-county service area](#):

- [Families and Children](#)
- [MinnesotaCare](#)
- [Minnesota Senior Care Plus \(MSC+\)](#)
- [PrimeWest Senior Health Complete \(HMO SNP\)](#) – A Minnesota Senior Health Options (MSHO) program for people who choose to have both their Medical Assistance and Medicare through PrimeWest Health
- [Special Needs BasicCare \(SNBC\)](#)
- [Prime Health Complete \(HMO SNP\)](#) – An SNBC program for people who choose to have both their Medical Assistance and Medicare through PrimeWest Health

Each PrimeWest Health program has its own web page that provides a program description and enrollment and eligibility information. Tools to search for in-network providers, clinics, and pharmacies can be accessed from

these pages, as can a program-specific [drug search](#) tool. Members can review these pages and resources as they think about what's best for them in 2026.

Members can also review the *Annual Notice of Changes* for 2026 posted on the [Prime Health Complete](#) and [PrimeWest Senior Health Complete](#) program pages. This document can help members currently enrolled in these programs identify changes for next year.

PrimeWest Health has created comparison brochures to help members understand the differences between our integrated and non-integrated programs. One looks at the differences between [PrimeWest Senior Health Complete and MSC+](#) and one looks at the differences between [Prime Health Complete and SNBC](#). These brochures highlight the benefits of our integrated programs including convenience and supplemental health and wellness benefits.



If you are working with a member who has questions or concerns about PrimeWest Health enrollment and would like help, please reach out to us at caremanagement@primewest.org.

Covered Dental Services and Potential Single Dental Administrator for MHCP

Amanda Englund, Dental Services Coordinator

Covered services and authorization requirements

Have you ever wondered where you can find out what dental services are covered or what the authorization requirements are? You can find both pieces of information in the [Dental Covered Services section](#) of the PrimeWest Health *Provider Manual*. This web page shows what services are covered and which services require authorization, along with the information required when submitting an authorization request. This page is updated throughout the year.

Single dental administrator for MHCP

Minnesota Health Care Programs (MHCP) members enrolled in a County-Based Purchasing (CBP) plan will not be affected by the potential implementation of a single dental benefits administrator (DBA) for MHCP effective January 1, 2028. As a CBP plan, PrimeWest Health will not have this DBA and will continue to facilitate dental benefits for our members.

Explanation of Benefits (EOB) and Formulary Change Notice (FCN)

Katie Brand, PharmD, Pharmacy Manager

Members who use their pharmacy benefit may get an *Explanation of Benefits (EOB)* (members with Medicare only) and/or *Formulary Change Notice (FCN)* in the mail. The following information may be helpful if members come to you with question about these documents.

Explanation of Benefits (EOB)

When a member with Medicare through PrimeWest Health fills a prescription, they will receive an *EOB* in the mail the following month. For example, if the member fills a medication in March, they will get an *EOB* in April. The *EOB* includes information for the month (such as total drug costs, what PrimeWest Health paid, what the member paid, etc.), year-to-date information (such as total drug costs and payments made since January 1 of that year), drug price information, and lower cost alternatives. Members can review *EOBs* to ensure accuracy. The *EOB* is not a bill.

Formulary Change Notice (FCN)

When PrimeWest Health has made or is planning to make a change to our *List of Covered Drugs* (formulary), such as removing a drug from the formulary, removing a brand name from the formulary due to availability of a generic, etc., members will receive an *FCN* in the mail. The member may not be taking the medication(s) listed in the *FCN* as the *FCN* is sent out to all members. The information is provided to members so they are aware of changes that have occurred or will occur.

Questions

If you have questions, please send an email to caremanagement@primewest.org. 📧

Identifying and Addressing Fall Risks

Natasha Jevnager, RN, Special Needs Plan Care Coordinator

Many members have a goal of remaining as independent as possible in the community. Falls pose a major threat to the health and independence of older adults: each year, millions of adults age 65 and over fall. According to the Centers for Disease Control and Prevention (CDC), “more than one out of four older people falls each year, but less than half tell their doctor. Falling once doubles your chances of falling again” (CDC “Facts”). Sometimes a fall might be minor, resulting in no or minimal injury. Sometimes, however, they can be devastating to a member’s ability to continue living independently.

Falls are the leading cause of nonfatal injuries among older adults (CDC “Older”). Serious injuries from falls can result in hospitalization, physical and emotional pain, changes in long-term abilities, and time spent away from home and loved ones. Falls can also be fatal: “falls among adults 65 and older caused over 38,000 deaths in 2021, making it the leading cause of injury death for that group” (CDC “About”).

As the National Center for Injury Prevention and Control notes, fall risk factors are generally divided into three categories: biological, behavioral, and environmental.

Biological risk factors

Muscle weakness or balance problems, medication side effects and/or interactions, chronic health conditions such as arthritis or stroke, vision changes and vision loss, loss of sensation in feet

Behavioral risk factors

Inactivity, risky behaviors such as standing on a chair in place of a step stool, alcohol use

Environmental risk factors

Clutter and tripping hazards, poor lighting, lack of stair railings, lack of grab bars inside and outside the tub or shower, poorly designed public spaces

The more risk factors present at the same time, the higher the overall risk for falls will be. Often, falls are caused by multiple factors (National Center).

The good news is that falls can be prevented by identifying and addressing risks. Unfortunately, many older adults and their caregivers don't know what the person's risk factors are, or how to address them. As a county case manager, you are optimally positioned to assist members in assessing their fall risks and then helping them identify interventions that promote their safety and independence. Interventions may include vision checks, increased activity, behavior adaptations, and medication review. Encourage members to talk to their health care providers as needed.

Sources:

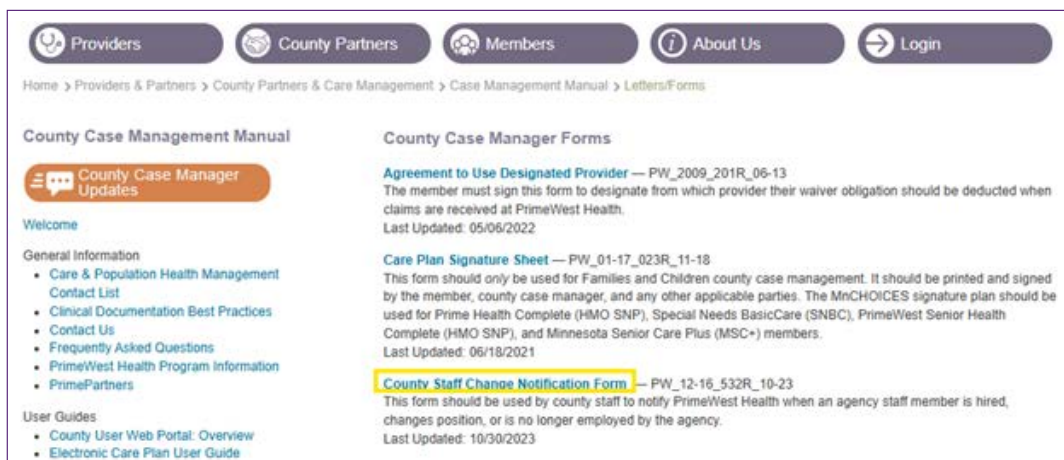
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- National Center for Injury Prevention and Control, *Preventing Falls: A Guide to Implementing Effective Community-Based Fall Prevention Programs*, 2nd ed. (Centers for Disease Control and Prevention, 2015), 3, www.cdc.gov/falls/pdf/FallPreventionGuide-2015-a.pdf. 

County Staff Change Notification Form

Olivia Niblett, LPN, Behavioral Health Specialist

Please remember to complete and submit the *County Staff Change Notification Form* whenever a staff member is hired, changes position or name, or is no longer employed by your agency. This allows us to keep our internal resources and your staff members' access up to date!

The [County Staff Change Notification Form](#) can be found on the [Letters/Forms](#) page of our *County Case Management Manual*, as shown below. Please email completed forms to caremanagement@primewest.org. 



Changes in Time Frames for Authorization and Appeal Determinations

Melissa Silvernagel, Complaints/Appeals & Grievances Coordinator

PrimeWest Health would like county case managers to be aware of authorization and Appeal time frame changes taking effect January 1, 2026. These changes are in accordance with MN Stat. sec. 62M.05, Procedures for Review Determination, and MN Stat. sec. 62M.06, Appeals of Adverse Determinations. If you have questions, please call the Provider Contact Center at 1-866-431-0802 (toll free).

Service Authorization requests

A standard review determination on all requests for utilization review must be communicated by PrimeWest Health to the provider and member within five business days after receiving the request. This is a change from the previous regulatory deadline of 14 calendar days.

Appeal determinations

PrimeWest Health must notify the member, health care professional, and claims administrator of its determination on standard Appeals within 15 days after receipt of the Appeal notice. This is a change from the previous regulatory deadline of 30 days.

PrimeWest Health may take an additional four days for review if there are extenuating circumstances that prevent the Appeal determination from being completed in 15 days. The member, health care professional, and claims administrator must be informed and given a reason for the four-day extension. 

Important Dates

County case management supervisor meetings

Meetings are held **quarterly** on the third Thursday of the month, from 10:30 a.m. to 1 p.m., at PrimeWest Health in Alexandria, unless otherwise noted. Lunch is provided for in-person attendees. Remote participation via Microsoft Teams is also available. Supervisors will receive an email containing the agenda along with a meeting link the week of the meeting. Upcoming meeting dates:

- January 15, 2026
- April 16, 2026

County case manager meetings

Meetings are held **monthly** on the fourth Thursday of the month, from 10:30 a.m. to 1 p.m., via Microsoft Teams. County case managers will receive an email containing the agenda along with a meeting link the week of the meeting. Please note that **no meetings will be held in November or December 2026** due to scheduling conflicts. Upcoming meeting dates:

- January 22, 2026
- February 26, 2026
- March 26, 2026

Contact Information

Care Management is here to support you! Have a question? Please email us at caremanagement@primewest.org.

You can find current and past issues of **PrimePartners** at www.primewest.org/primepartners.



Your *greater* Minnesota health plan



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