

PrimePartners

for Case Managers

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Education Provided by PrimeWest Health

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

Case Management Manual

PrimeWest Health developed the *Case Management Manual* to replace the monthly webinars previously conducted to keep county case managers aware of upcoming changes in requirements and processes. The *Case Management Manual* provides a centralized location for information related to PrimeWest Health case management, and Care Management staff continually work to update the manual. When changes are made to the manual, they are communicated via email. When these changes are communicated, please review the updates within the manual and ask questions as needed.

Other training—current and future

Lunch & Learns, other in-person trainings, quarterly *PrimePartners* issues, and webinars (as needed) will continue into and throughout 2018. Future plans include recorded trainings that will be posted in the *Case Management Manual* and be available on demand. PrimeWest Health will let counties know when this feature is ready. We are also putting together a training for new county case managers and those whose program areas are changing.

Suggesting training topics

As always, PrimeWest Health appreciates input about training and encourages topic suggestions. If you have a training idea, please share it with any member of the PrimeWest Health Care Management team or email caremanagement@primewest.org. 

Update: Training for Elderly Waiver (EW) Provider Signature Requirements

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

Training on the Elderly Waiver (EW) provider signature requirement will be held via webinar on December 7, 2017. This training will be given by PrimeWest Health and the other managed care organizations (MCOs) in Minnesota in partnership with the Minnesota Department of Human Services (DHS). Additional information, including the time and a link to the webinar, will be shared once available. PrimeWest Health county case managers will be expected to follow the provider signature requirement starting January 1, 2018.

This requirement was first announced by DHS in January 2017. Since then, PrimeWest Health and the other MCOs in Minnesota have been working together and in conjunction with DHS to determine how MCOs will come into compliance with this requirement.

The **August issue** included more information about the EW provider signature requirement, which requires lead agencies to obtain a signature from EW providers for new and updated authorizations of EW services. The signature indicates the provider's acknowledgement of, and agreement to provide, the EW service(s) he/she has been authorized to provide. 

Residential Services (RS) Tool: Dependency Descriptions for Socialization and Active Cognitive and Behavioral Support

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

Most of the service component areas within the PrimeWest Health Residential Services (RS) tool are associated with screening document (SD) entries. An SD entry provides documentation of member need as well as a description of that need (dependency description) that displays for each service component area it is tied to. However, some service component areas in the tool do not have associated SD entries. These include the Socialization and Active Cognitive and Behavioral Support sections. When entering services in these areas of the RS tool, county case managers should type in a dependency description to provide documentation of assessed member needs. Doing so reduces the need for additional information requests during PrimeWest Health RS tool reviews.

Please contact **Elizabeth Warfield** with questions about the RS tool. 

Changes to PrimeWest Health's Medical Assistance (Medicaid) Formulary

Ann Ehlert, PharmD, Pharmacy Manager

Several changes have been made to PrimeWest Health's Medical Assistance (Medicaid) formulary as a result of the April and July Pharmacy and Therapeutics (P&T) committee meetings. Changes, effective dates, and reasons are shown in the following table.

Please contact **Ann Ehlert** if you have questions or would like more information.

Medication	Effective Date	Reason
Coagulation Factor X (Coagadex) 250 (+/-) Vial Intraven	7/1/2017	New drug on formulary
Enalapril Maleate (Epaned) 1 mg/ML Solution Oral	7/1/2017	New drug on formulary; prior authorization required
Factor IX Human Recomb, Thr 148 (Ixinity) 500 Unit Vial Intravenous	7/1/2017	New drug on formulary
Factor IX Recom, Albumin Fusion (Idelvion) 1000 (+/-) Vial Intraven	7/1/2017	New drug on formulary
Flurandrenolide (Flurandrenolide) 0.05% Ointment (g) Topical	7/1/2017	Generic added to formulary
Methylphenidate Hcl (Methylphenidate LA) 60 mg CPBP 50-50 Oral	7/1/2017	Generic added to formulary
Prednisolone Sod Phosphate (Millipred) 10 mg/5 mL Solution Oral	7/1/2017	Changed to non-formulary due to generic availability
Ribociclib Succinate (Kisqali) Tablet Oral, Various Strengths	7/1/2017	New drug on formulary; prior authorization required
Ribociclib Succinate/Letrozole (Kisqali Femara Co-Pack) 200-2.5 mg Tablet Oral	7/1/2017	New drug on formulary; prior authorization required
Tazarotene (Tazorac) 0.1% Cream (g) Topical	7/1/2017	Changed to non-formulary due to generic availability
Von Willebrand Factor (Vonvendi) 1300 (+/-) Vial Intraven	7/1/2017	New drug on formulary
Buprenorphine/Naloxone Products	7/1/2017	Prior authorization requirements removed, quantity limit of 24 mg/day remains

Medication	Effective Date	Reason
Adapalene/Benzoyl Peroxide (Adapalene-Benzoyl Peroxide) 0.1%-2.5% Gel w/Pump Topical	8/12/2017	Generic added to formulary
Estradiol (Estradiol) 10 mcg Tablet Vaginal	8/5/2017	Generic added to formulary
Butalbital/Aspirin/Caffeine (Butalbital-Aspirin-Caffeine) 50-325-40 Tablet Oral	8/19/2017	Generic added to formulary
Bacitracin/Polymyxin B Sulfate (Polycin) 500-10k/g Oint (g) Ophthalmic	8/26/2017	Generic added to formulary
Benzoyl Peroxide (Clearasil Ultra) 10% Cream (g) Topical	8/26/2017	Generic added to formulary
C1 Esterase Inhibitor (Haegarda) 2000 Unit Vial Subcutane	8/26/2017	Generic added to formulary
Chlorhexidine Gluconate (Paroex) 0.12% Mouthwash Mucous Mem	8/26/2017	Generic added to formulary
Hydrocortisone Acetate (Hydrocortisone Acetate) 1% Cream (g) Topical	8/26/2017	Generic added to formulary
Levonorgestrel-Ethinyl Estradiol (Lillow) 0.15-0.03 Tablet Oral	8/26/2017	Generic added to formulary
Lidocaine HCl (Lidocaine HCl) 3% Cream (g) Topical	8/26/2017	Generic added to formulary
Magnesium Oxide (Mag-Oxide Magnesium) 200 mg Tablet Oral	8/26/2017	Generic added to formulary
Norethindrone Ac-Eth Estradiol (Norethindrone-Ethinyl Estradiol) 1 mg-5mcg Tablet Oral	8/26/2017	Generic added to formulary
Omega-3 Acid Ethyl Esters (TriKlo) 1 g Capsule Oral	8/26/2017	Generic added to formulary
Prasugrel HCl (Prasugrel HCl) 10 mg Tablet Oral	8/26/2017	Generic added to formulary
Testosterone (Testosterone) 30 mg/1.5 mL Solution, Metered Pump Transdermal	8/26/2017	Generic added to formulary
Atomoxetine HCl (Strattera) Capsule Oral, Various Strengths	10/1/2017	Changed to non-formulary due to generic availability
Betaxolol HCl (Betoptic S) 0.25% Drops Susp Ophthalmic	10/1/2017	Removed from formulary; generic equivalents available
Codeine Phosphate/Guaifenesin (Codeine-Guaifenesin) 10-100 mg/5 mL Liquid Oral	10/1/2017	Generic added to formulary
Codeine Phosphate/Guaifenesin (G Tussin AC) 10-100 mg/5 mL Liquid Oral	10/1/2017	Generic added to formulary
Codeine Phosphate/Guaifenesin (GuaiaTussin AC) Various Strengths	10/1/2017	Generic added to formulary
Insulin Glargine/Lixisenatide (Soliqua 100-33) 100-33/mL Insulin Pen Subcutane	10/1/2017	New drug on formulary
Midostaurin (Rydapt) 25 mg Capsule Oral	10/1/2017	New drug on formulary; prior authorization required
Moxifloxacin HCl (Moxeza) 0.5% Drops Visc Ophthalmic	10/1/2017	Changed to non-formulary due to generic availability
Testosterone (Axiron) 30 mg/1.5 mL Solution, Metered Pump Transdermal	10/1/2017	Changed to non-formulary due to generic availability 

Helpful Pharmacy Information

Ann Ehlert, PharmD, Pharmacy Manager

The following are some pharmacy facts that you might not know...and that you might be interested in learning!

- PrimeWest Health covers nebulizers at the pharmacy.
- You can recommend over-the-counter medications to be considered for inclusion on our formulary by contacting a care coordinator or calling the **Provider Contact Center**.
- You can refer members for Medication Therapy Management by contacting a care coordinator or calling the **Provider Contact Center**.

- You can recommend a member be reviewed for placement in the Restricted Recipient Program (RRP) by contacting a care coordinator or calling the **Provider Contact Center**.
 - PrimeWest Health currently has over 42,500 members in our Medical Assistance (Medicaid) plans and of those, 100 are in the RRP.
- New limits on opioid pain medications are coming in 2018. They include first-fill limits, which limit the days' supply allowed on first-time opioid prescriptions.
- In 2018, there will be a 24-hour turnaround time for prior authorizations for Medical Assistance (Medicaid) members as a result of the Centers for Medicare & Medicaid Services (CMS) Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule.
 - The current average turnaround time for a prior authorization for Medical Assistance (Medicaid) members is just over 48 hours.
- In 2017, the top five drugs prescribed for members in our Medical Assistance (Medicaid) programs were Enbrel® (rheumatoid arthritis), Epclusa® (hepatitis C), Vyvanse® (ADHD), Lyrica® (nerve pain), and generic Adderall XR® (ADHD).

Please contact **Ann Ehlert** with any pharmacy-related questions. 

What Is Pharmacogenomics?

Ann Ehlert, PharmD, Pharmacy Manager

Pharmacogenomics is the study of how peoples' genes affect the way their body responds to medications. It "combines the science of how drugs work, called pharmacology, with the science of the human genome, called genomics." Depending on a person's genetic makeup, some drugs may work more or less effectively than others. Similarly, "some drugs may produce more or fewer side effects" in certain people. The field is still in its infancy, but, while its current use is limited, many clinical trials are underway (NHGRI 2016).

Pharmacogenomics is a departure from the "one size fits all" approach to medication and is opening the door to individualized approaches for selecting, dosing, and developing drugs (NHGRI 2016). To find the best drug for a certain person, medical laboratories use a blood or saliva sample to look for changes or variants in genes that can affect that person's response to certain drugs. This can help providers determine the best drug for a person, the right dose of that drug, and the potential for a person to experience serious side effects from a drug (Mayo Clinic 2017). As the field advances, pharmacogenomics can also save time and money by removing the "trial and error" approach to finding the most appropriate drug (NHGRI 2016).

Currently, providers can only use pharmacogenomic information to prescribe drugs for a few diseases. However, given the rapid growth of the field, pharmacogenomics is expected to lead to the development of more tests and improvements in the use of drugs to manage heart disease, cancer, asthma, depression, and many other common diseases. In addition, further research may lead to the development of highly effective drugs that do not cause serious side effects. Advancements in the field could allow drug developers to find and design drugs "aimed at subgroups of patients with specific genetic profiles" (NHGRI 2016).

If you work with members struggling to find the right medication to treat their depression or heart disease effectively, they may be candidates for genetic testing. PrimeWest Health currently requires a Service Authorization for genetic testing.

Sources: Mayo Clinic Center for Individualized Medicine, "Drug-gene testing," accessed October 19, 2017, <http://mayoresearch.mayo.edu/center-for-individualized-medicine/drug-gene-testing.asp>.

National Human Genome Research Institute (NHGRI), "Frequently Asked Questions about Pharmacogenomics," National Institute of Health (NIH), updated May 2, 2016, www.genome.gov/27530645/faq-about-pharmacogenomics. 

Encourage Members to Get a Flu Shot!

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

It is officially flu shot season! The Centers for Disease Control and Prevention (CDC) recommends that everyone age 6 months and over (with some exceptions) get an annual flu vaccine. An annual flu vaccine is especially important for people in any of the following high-risk groups:

- Children ages 6 months – 5 years
- Adults age 65 and over
- Residents of nursing or long-term care facilities
- People with chronic health conditions such as heart disease, diabetes, or asthma
- Pregnant women

Please encourage members you work with to talk with their health care provider about getting a flu vaccine. This encouragement can go a long way, especially if a member is hesitant about getting vaccinated. You can also provide education about the flu and the flu vaccine to address some of the concerns that cause hesitation. Make sure members understand that the flu vaccine *cannot* give them the flu. What it *can* do is help protect the person getting vaccinated from getting the flu *and* protect others (including people who aren't able to get the flu vaccine), via herd immunity. Let members know how serious the flu can be—it is more than “just a nasty cold” and it can lead to hospitalization and even death.

A flu vaccine is the best way to prevent the flu. Taking time to talk to members about the flu vaccine can help them stay healthy this flu season!

Note: People who should not get a flu shot include those who have any of the following:

- History of a severe allergic reaction to a flu shot
- Severe egg allergy
- History of Guillain-Barré syndrome
- Symptoms of illness or infection (especially fever) ⓘ

Adverse Childhood Experiences (ACEs)

Ann Challes, RN, BSN, PHN, CMCN, Women & Children Care Coordinator

Adverse Childhood Experiences (ACEs) affect children's lives through adolescence and adulthood and include abuse, neglect, and household dysfunction (e.g., witnessing domestic violence or living with someone with substance use disorder) (SAMSHA 2017). ACEs have been linked to physical, emotional, and behavioral health issues; adoption of risky behaviors; and early death (CDC April 2016). Knowing information about ACEs and the effect they may have currently or in the future can help you serve the members you work with most effectively.

From 1995 to 1997, the Centers for Disease Control and Prevention (CDC) and managed care organization Kaiser Permanente conducted a study on ACEs that included more than 17,000 participants (SAMSHA 2017). Participants were asked questions about their childhood experiences and their current health and behavior (CDC June 2016). As summarized by the Substance Abuse and Mental Health Services Administration (SAMSHA), the study found the following:

- **ACEs are common.** For example, 28% of study participants reported physical abuse and 21% reported sexual abuse. Many also reported experiencing a divorce or parental separation, or having a parent with a mental and/or substance use disorder.
- **ACEs cluster.** Almost 40% of the Kaiser sample reported two or more ACEs and 12.5% experienced four or more. Because ACEs cluster, many subsequent studies now look at the cumulative effects of ACEs rather than the individual effects of each.
- **ACEs have a dose-response relationship with many health problems.** As researchers followed participants over time, they discovered that a person's cumulative ACEs score has a strong, graded relationship to numerous health, social, and behavioral problems throughout their lifespan, including substance use disorders. Furthermore, many problems related to ACEs tend to be comorbid, or co-occurring.

The **ACE Score** is a helpful tool to use when addressing ACEs with members. After completing a 10-question survey, the number of “yes” responses is calculated. The higher the score, the higher the risk for future physical, emotional, and behavioral health issues. The responses to the questions give a snapshot of the member’s exposure to ACEs; the score gives a snapshot of their *potential effect* on future health. Knowing the level of risk for future problems and using it as a *guideline* allows you to work with a member more effectively. It can help you and the member spot potential issues and look for warning signs. It can also help you know what resources the member needs most.

The infographic at the end of this issue provides at-a-glance information about ACEs, their prevalence, and their effects. Infographic reproduced with permission of the Robert Wood Johnson Foundation, Princeton, N.J.

Sources: CDC, “About Adverse Childhood Experiences,” updated April 1, 2016, www.cdc.gov/violenceprevention/acestudy/about_ace.html.

CDC, “About the CDC-Kaiser ACE Study,” updated June 14, 2016, www.cdc.gov/violenceprevention/acestudy/about.html.

SAMHSA, “Adverse Childhood Experiences,” updated September 5, 2017, www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences. 

Important Dates

✓ County supervisor meeting

Meetings are held the third Thursday of the month, from 10 a.m. to 2 p.m., at PrimeWest Health in Alexandria, unless otherwise noted.

2017

November 16

December 21

2018

January 18

February 15

March 15

April 19

May 17

June 21

July 19

August 16

September 20

October 18

November 15

December 20

Contact Information

Provider Contact Center

1-866-431-0802

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1-320-335-5207 or 1-888-588-4420 ext. 5207 (toll free)

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Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

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THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

ABUSE

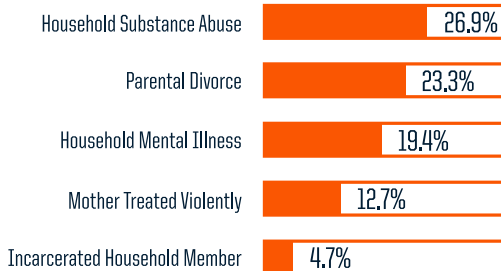


percentage of study participants that experienced a specific ACE

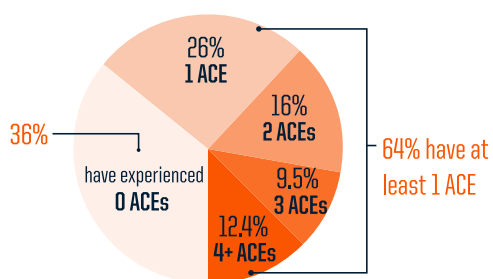
NEGLECT



HOUSEHOLD DYSFUNCTION

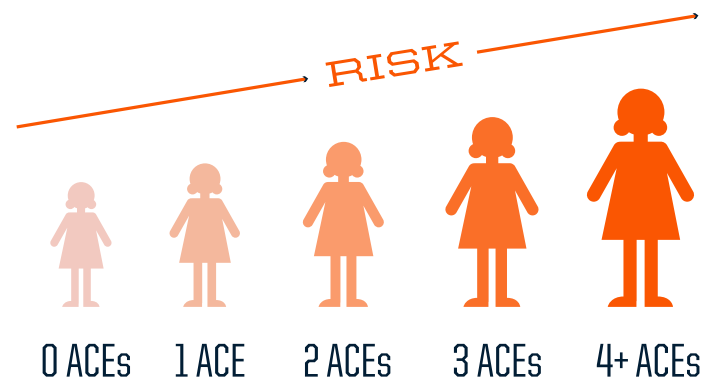


Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

