PrimePartners
for Case Managers

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New Age Restrictions for Special Needs BasicCare (SNBC) and Prime Health Complete (HMO SNP) Effective January 1, 2017

PrimeWest Health Special Needs BasicCare (SNBC) or Prime Health Complete members who are age 65 or over will be automatically transitioned to one of our senior programs, Minnesota Senior Care Plus (MSC+) or PrimeWest Senior Health Complete (HMO SNP), effective January 1, 2017. This change is due to newly enacted State age restrictions for SNBC and Prime Health Complete eligibility. If you have not received a list of members in your county who will be affected, please request this information by sending an email to **caremanagement@primewest.org**.

New Electronic Care Plan Training

Dawn Hartman, RN, Care Coordinator

In the upcoming months, PrimeWest Health will provide several training sessions for county case managers and supervisors on the **new** electronic care plan. The training sessions will also include a presentation called "Boundaries in Helping Professionals." Lunch will be provided. More detailed information will be sent via email. Please send any questions to **caremanagement@primewest.org**.

Training sessions will be held on the following dates and locations from 9 a.m. to 3 p.m.:

- January 25 – Douglas, Grant, Pope, Stevens, and Traverse counties (PrimeWest Health office in Alexandria)
- January 31 – Beltrami, Clearwater, and Hubbard counties (Beltrami Public Health building in Bemidji)
- February 9 – Big Stone, McLeod, Meeker, Pipestone, and Renville counties (McLeod County Solid Waste building in Hutchinson)

Redisclosing Mental Health and/or Chemical Dependency Treatment Program Information

Elizabeth M. Winchell, Attorney/Nilan Johnson Lewis, PA

Chelsey Wildman, Chemical Dependency Care Coordinator, BES, LADC, ADC-MN

Alcohol/drug abuse treatment programs that receive any Federal funding are subject to the strict confidentiality provisions of Title 42 Code of Federal Regulations (CFR) Part 2. In order for information about any care of this nature to be released, the patient must sign a release form.

PrimeWest Health developed our **Mental Health and/or Chemical Dependency Authorization to Release Protected Health Information (PHI)** form to improve communication between providers and offer protection for those coordinating care for PrimeWest Health members in alcohol/drug abuse treatment programs subject to the

provisions of 42 CFR 2. A signed form on file from a member allows redisclosure of information to a designated party when that information would otherwise be prohibited from redisclosure.

When do I need to use the *Mental Health and/or Chemical Dependency Authorization to Release Protected Health Information (PHI)* form?

Records you receive from a hospital may be stamped with a 42 CFR 2 redisclosure prohibition notice. If you need to redisclose information from a record that contains this stamp, including redisclosure to PrimeWest Health, you must ensure you have a **Mental Health and/or Chemical Dependency Authorization to Release Protected Health Information (PHI)** form signed by the member before making the redisclosure. If you are not sure if the hospital's practice is to use the prohibition stamp on more records than required by law, contact the hospital to find out.

42 CFR 2 does not require a **Mental Health and/or Chemical Dependency Authorization to Release Protected Health Information (PHI)** form signed by the member in order to redisclose member information that does not contain the redisclosure prohibition stamp.

When does a hospital apply the redisclosure prohibition stamp?

A facility that meets the definition in 42 CFR 2 of a "program" must use the stamp. A general medical care facility, such as a hospital, does not meet the definition in 42 CFR 2 of a "program;" however, a substance abuse unit within a hospital and medical personnel within a hospital whose "primary function" is the provision of substance abuse treatment may meet that definition. When a "program" discloses records, 42 CFR 2 requires that a notice (generally prohibiting redisclosure) accompany the records.

Hospital records may be stamped with a 42 CFR 2 redisclosure prohibition notice for three reasons.

1. The hospital may use the stamp to reflect that "program" records are being disclosed.
2. A hospital that has a unit and/or medical personnel that meet the definition in 42 CFR 2 of "program" may, out of an abundance of caution, stamp all outgoing patient records with redisclosure prohibition so that the hospital's health information management personnel do not have to determine whether a particular patient has been served by a "program" at the hospital.
3. The hospital may stamp all outgoing records of patients who have ever been served by a "program" at the hospital, even if the particular records the hospital is disclosing are not "program" records/related to substance abuse treatment.

More information

If you have questions about the information given here, please contact **Chelsey Wildman**. If you have questions about a specific set of records, contract the releasing facility.

Minnesota Department of Human Services (DHS) Special Needs BasicCare (SNBC) Dental Access Improvement and Evaluation Project

Leah Anderson, Dental Services Coordinator

Beginning January 1, 2017, Managed Care Organizations (MCOs), including PrimeWest Health, will begin working on interventions outlined by the Minnesota Department of Human Services (DHS) to improve dental access and utilization for Special Needs BasicCare (SNBC) members. This will be a 3 – 5 year program aimed at increasing the number of SNBC members who receive at least one dental visit during a calendar year. DHS has provided MCOs with three mandatory interventions: Dental Case Management, Special Needs Community Dentist and Staff Mentoring Program, and Teledentistry Demonstration. There are also three optional, but encouraged, interventions: Expand Dental Service Contracts, Provider Education, and Support Community Dental Treatment Clinics. MCOs are required to work collaboratively on the three mandatory interventions.

Of particular interest to county case managers is the Dental Case Management intervention. As you know, PrimeWest Health already includes dental activities in case management, and routine dental care is encouraged. The DHS recommendation for this area is that all MCOs agree upon similar processes for dental case management. To be consistent and to meet the DHS requirements, the role of county case managers in this intervention will be to use any additional resources that PrimeWest Health provides to enhance dental care for SNBC members.

As part of the Special Needs Community Dentist and Staff Mentoring Program intervention, MCOs will work with staff from DHS' Direct Care and Treatment Dental Clinics (DCT-DCs) to develop a program to provide education to dental clinics willing to learn how to better meet the needs of SNBC members. This may encompass learning how to handle social, emotional, or physical needs. The Teledentistry Demonstration intervention will be a collaborative project between DCT-DCs and MCOs. This intervention is still in the planning phase and possible locations for teledentistry have not yet been decided. The goal of this intervention is to bring dental services to those SNBC members who are not able to travel to a DCT-DC.

If you have any questions regarding this project, please contact **Leah Anderson**.

Save a Life with Naloxone

Ann Ehlert, PharmD, Pharmacy Manager

Opioid use in the United States

Someone dies every 20 minutes in the United States from an opioid overdose (OPG 2016). In 2015 alone, 20,101 people died from overdoses of prescription pain medication, and 12,990 people died from overdosing on heroin. 259 million opioid prescriptions—enough to give every adult their own bottle of pills—were written in 2012. All of these numbers have increased over the last four years (ASAM 2016).

Naloxone overview

Due to the increasing use—and overuse—of opioids, there has been a major push this year by the attorney general to step away from overprescribing opioids and increase access to the medication naloxone (Department of Justice 2016). Naloxone is a safe and effective temporary reversal agent used to block the effects of opioid overdose (OPG 2016). It works by attaching to the receptors that receive opioids to stop them from binding and exerting their effect. This allows a 30- to 90-minute window (depending on the severity of overdose) for overdose victims to get life-saving medical help (Calás 2016).

High-risk population

It is important to educate yourself about this medication. If you work with members who are at a high risk for an opioid overdose, you may want to consider carrying naloxone with you. You can also educate high-risk members and their families about naloxone and encourage those who spend time with these members to carry naloxone. In Minnesota, naloxone is available without a prescription (Preusz 2016).

As adapted from Oregon Pain Guidance (OPG), the following are characteristics of people who are at highest risk for opioid overdose:

- Also take a benzodiazepine or other sedative
- Get prescriptions from multiple prescribers
- Take an opioid that was not prescribed to them
- Have overdosed before
- Have a history of or a current substance abuse disorder or a psychiatric disorder
- Are on methadone, especially if it is new to them
- Were recently released from an institution requiring abstinence, like treatment or a jail

- Are taking an opioid and also have a respiratory condition or renal or hepatic disease
- Are known to use alcohol
- Live in a remote area or have difficulty accessing medical care

Naloxone administration

The most important thing to remember when administering naloxone is that it only provides temporary help and is not enough to save someone from an overdose. It is imperative to call **911** and **get help immediately** after injecting the first dose (OPG 2016).

There are three ways to administer naloxone.

1. The first way is to draw up the medication from a vial and then inject the syringe intramuscularly into the person's thigh or upper arm (Get Naloxone Now 2015).
   - The cost for a kit that includes one vial of naloxone and one syringe ranges from $15 – 20. It is not on PrimeWest Health's formulary.
2. The second way is intranasal administration, spraying pre-filled cartridges of the medication into the person's nose (Get Naloxone Now 2015).
   - This medication is on PrimeWest Health's formulary and the cost for members is $3 for two cartridges.
3. The third way is to use an auto-injector called the EVZIO®. The auto-injector is pre-filled with a ready-to-use dose of naloxone that is injected intramuscularly into the person's thigh (Get Naloxone Now 2015).
   - EVZIO is not on PrimeWest Health's formulary, and has a cash price of around $3,700. The manufacturer does offer a coupon for those who do not have insurance coverage for EVZIO.

More information

For more resources and information, go to **www.getnaloxonenow.org** or visit your local pharmacy.

Sources: American Society of Addiction Medicine (ASAM), "Opioid Addiction 2016 Facts and Figures," accessed December 15, 2016, **www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf.**

Calás, Tiffany, Michelle Wilkin, and Catherine M. Oliphant, "Naloxone: An Opportunity for Another Chance," Journal for Nurse Practitioners 2016; 12(3), **www.medscape.com/viewarticle/861748_4.**

Get Naloxone Now, "Information on How to Administer Naloxone," National Development and Research institutes, Inc., 2015, **www.getnaloxonenow.org/INFO-ON-HOW-TO-ADMINISTER-NALOXONE.pdf.**

Preusz, Jared, "Opioid Antidote, Naloxone, Now Available without Prescription," The Addiction Advisor, February 25, 2016, **https://theaddictionadvisor.com/naloxone-opioid-antidote-available-without-prescription**.

Oregon Pain Guidance (OPG), "Naloxone Saves Lives – Learn What You Can Do," 2016, **http://professional.oregonpainguidance.org/online-resources/naloxone-saves-lives-learn-what-you-can-do.**

United States Department of Justice Office of Public Affairs, "Department of Justice Releases Strategy memo to Address Prescription Opioid and Heroin Epidemic," September 24, 2016, **www.justice.gov/opa/pr/department-justice-releases-strategy-memo-address-prescription-opioid-and-heroin-epidemic.**

Thank You for a Great Year!

PrimeWest Health extends our sincere thanks and appreciation for all of the time, dedication, and hard work you put into helping PrimeWest Health members! We look forward to working with you in 2017!

2017 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.

January 19
February 16
March 16
April 20
May 18
June 15
July 20
August 17
September 21
October 19
November 16
December 21

Contact Information

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