

PrimePartners

for Case Managers

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Pharmacy Updates

Ann Ehlert, PharmD, Pharmacy Manager

Fourth quarter 2016 formulary changes

PrimeWest Health's Medicaid formulary changes each quarter when the Pharmacy and Therapeutics (P&T) Committee meets. The following are the changes to the Medicaid formulary for the fourth quarter of 2016. These changes have little effect on members. For more information on these changes, please call the Provider Contact Center at **1-866-431-0802** (toll free).

- PrimeWest Health's preferred hepatitis C drugs have changed from Harvoni® to Zepatier™, Sovaldi®, and Epclusa®. The authorization criteria for these drugs has also changed.
- Methadone now has quantity limits and step therapy applied to prevent fraud, waste, and abuse.
- Ocaliva®, for primary biliary cholangitis, has been added to the formulary, but it requires prior authorization.
- Quantity limits have been added to all HIV agents to ensure appropriate prescribing.
- Entresto™, for heart failure, has been added to the formulary, but it requires prior authorization and, once approved, has quantity limits.
- Ampyra®, for multiple sclerosis, has been changed to non-formulary. A formulary exception is now needed for this medication.
- Zenpep®, for pancreatic insufficiency, has been added to the formulary with no restrictions.
- Relistor®, for opioid-induced constipation, now has quantity limits. This medication also requires prior authorization.

For more information about formulary changes, please call the Provider Contact Center at **1-866-431-0802** (toll free).

Medicaid vaccines at participating pharmacies

As of October 13, 2016, vaccines have been added as part of the Medicaid pharmacy benefit. This means that members with Medicaid who are age 12 and over can get a flu vaccine at participating pharmacies. Members with Medicaid who are over age 18 can receive other vaccinations such as Tdap (tetanus, diphtheria, and pertussis), pneumonia, and MMR (measles, mumps, and rubella) at participating pharmacies.

Members with Medicare have always been able to get Part D vaccines at participating pharmacies.

If you have questions, please contact **Ann Ehlert**. 

Senior LinkAge® Line Resources for Non-English-Speaking Seniors

Elizabeth Warfield, RN, BSN, Care Coordinator

The Senior LinkAge Line® is a great resource that can help seniors find services and plan for their future. Because it's such a useful service, it makes sense to share information about it with the members you see. If you ever struggle to explain the Senior LinkAge Line to non-English-speaking members, new videos explaining it are available in **Hmong, Somali, Spanish, and Russian**. (There's also one in **English**.) Senior LinkAge Line interpreter services are also available in these four languages. The videos, titled "What is Senior LinkAge Line?" were developed by the Minnesota Board on Aging and ECHO Minnesota, a nonprofit organization that strives to overcome language barriers for non-English-speaking Minnesotans.

The number for the Senior LinkAge Line is **1-800-333-2433** (toll free).

Source: Minnesota Department of Human Services, "Board Partners with ECHO to Expand Offerings to Non-English Speaking Older Adults, Families," July 29, 2016, www.mn.gov/dhs/media/news/?id=1053-250753. 

Caregiver Assessment

Kristi Shamp, RN, BSN, PHN, CCP, Special Needs Plan Manager

Unpaid, family/friend caregivers provide the vast majority of care needed by older adults and are an invaluable resource. In Minnesota, the value of the care provided by unpaid caregivers is \$7.86 billion per year. (Reinhard 2015). To support such caregivers, it is crucial to first assess their needs. Fortunately, tools are available to help with that process.

When a caregiver is identified during the assessment process for Elderly Waiver (EW) members, county case managers should use the Caregiver Assessment found in Section O of the **Minnesota Long Term Care Consultation Services Assessment Form** when conducting a caregiver interview. If a member had a MnCHOICES assessment prior to PrimeWest Health enrollment, the **Caregiver Questionnaire** should be part of the member record.

Using these tools will help you assess the needs of a caregiver, guide support planning, and identify resources to help the caregiver. Any identified needs of the caregiver should be documented in the member's care plan.

Caregiver resources

The following websites have valuable information for caregivers:

- **Minnesota Board on Aging**
- **Healthy Aging Minnesota**

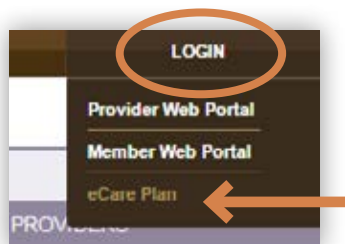
Source: Reinhard, Susan C., Lynn Friss Feinberg, Rita Choula, and Ari Houser, "Valuing the Invaluable 2015 Update: Undeniable Progress, but Big Gaps Remain," Insight on the Issues 104 (July 2015), AARP Public Policy Institute, www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf. 

Resetting Your Care Plan Password

Kristi Shamp, RN, BSN, CPHM, Special Needs Plan Manager

As a reminder, you are able to reset your own password for the electronic care plan by following the steps below.

1. Access the electronic care plan website through the **PrimeWest Health website**.



2. Click on *Forgot password* under the User Name and Password fields



The image shows the PrimeWest Health sign-in page. At the top is the PrimeWest Health logo. Below it is the heading "Please Sign In". There are two input fields: "User Name:" with the text "jane.doe" and "Password:" with masked characters. Below the password field is a checkbox labeled "Remember my username" which is checked. At the bottom left is a link "Forgot password" with a red arrow pointing to it. At the bottom right is a "Log in" button.

3. Enter your user name in the Username field and click *Submit*.



The image shows a "Forgotten password?" form. It has the heading "Forgotten password?". Below it is a message: "Please enter your username, we will send you an email containing instructions on how to reset your password." There is a "Username" label followed by an input field with a red "x" icon. At the bottom are "Submit" and "Cancel" buttons.

4. An email will be sent to the email address on file for the user name entered.
5. Click on the link in the email to reset your password. An example email is shown below.



The image shows an email from PrimeWest Health. The header includes a profile icon, the date "Wed 9/14/2016 10:07 AM", and the text "No Reply". The subject is "PrimeWest Health: You have requested a password reset". The email body contains the following text: "To: Jane Doe", "Retention Policy: PW Delete (5 years)", "Expires: 9/13/2021", "You have requested to have your PrimeWest account's password reset.", "If you want to reset your password then follow the link below.", and a note: "**Note: If you encounter an error message when you click on this link, please copy the url and paste it into your browser instead." Below the note is a long URL: <https://auth.primewest.org/sso/XUJ/confirm.html?confirmationid=pFyMd4D5uBesxDe14mZUzrHaA=&tokenId=E89uKECIHNug+UoyCtMUyWwBcM=&username=monica.peterson&realm=/>

6. Follow the instructions on the screen to set up a new password.
7. Click *Submit* when you have entered your new password.



The image shows a "Change forgotten password" form. It has the heading "Change forgotten password". Below it is a message: "Please enter new password in the fields below to change your password. Your password must contain at least one of each: Uppercase, lowercase, number, and special char (e.g. !, ^, \$)". There are two input fields: "New password" and "Confirm Password". Below the "New password" field is a red "x" icon and the text "At least 8 characters". Below the "Confirm Password" field is a red "x" icon and the text "Confirmation matches password". At the bottom are "Submit" and "Cancel" buttons.

8. Once you have reset your password, close all open browser windows.
9. Open the electronic care plan and log in with your user name and new password.

If you are unable to resolve the issue following these steps, please send an email to seniorcare@primewest.org.

Care Plan Reminders

Elizabeth Warfield, RN, BSN, Care Coordinator

Requests to copy care plans

PrimeWest Health is not able to access care plans and associated service agreements for members whose care plans were created prior to their PrimeWest Health enrollment date for any reason, including claim payment. PrimeWest Health can, however, access copied care plans for these members. To allow us to pay claims, PrimeWest Health may ask you to create a copy of a member's care plan and archive the original. Access issues should not continue once the new PrimeWest Health-member-specific care plan is developed and implemented.

Elderly Waiver (EW) service agreement lines

When EW services are terminated for a member, providers are not always finished submitting claims for these services. So that PrimeWest Health can pay claims that come in after termination, please **do not delete service agreement lines for EW services**. The best practice is to add an end date instead of deleting service agreement lines. If you do delete a service agreement line, PrimeWest Health will ask you to reenter the missing service agreement line in the care plan.

If you have questions, please send a secure email to seniorcare@primewest.org. 

November Is Movember

What?

Did you know that November is also called Movember? It's a combination of the words "November" and "Moustache" and it's a unique approach to raising awareness about, and funds for, health issues that affect men, including testicular cancer, prostate cancer, and depression. Aiming to improve the "face of men's health," Movember combines fun—one way men participate in the effort is by growing a moustache during November and getting sponsors to "support" their moustache—with a serious purpose.

Why?

We are sharing this information about Movember in the hope that you can use it as an icebreaker to discuss men's health with members and encourage them to get the health care services they need.

Source: Movember Foundation, "The Movember Foundation," 2016, <https://us.movember.com/about/foundation>.

Domestic Violence and How You Can Help

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

Domestic violence, sometimes known as intimate partner violence, is described by the Centers for Disease Control and Prevention (CDC) as "physical violence, sexual violence, stalking and physical aggression (including coercive acts) by a current or former intimate partner." It can vary in frequency and severity and can occur between both heterosexual and same-sex couples (CDC 2016). Over 10 million women and men in the United States experience physical domestic violence each year (Breiding 2015).

How to help

If you work with members who are victims of domestic violence, urge them to call **911** if they are ever in immediate danger. You can also tell these members about local agencies that can help and give them the number of the Minnesota Day One Crisis Hotline, **1-866-223-1111** (toll free). This confidential hotline is staffed 24 hours a day, 7 days a week with advocates who can help assess their needs and safety and give them information and resources (Day One 2016). By educating and arming members with resources, county case managers can play a vital role in helping victims of domestic violence find help and get out of a bad situation.

Sources: Breiding, Matthew J., Kathleen C. Basile, Sharon G. Smith, Michele C. Black, and Reshma Mahendra, *Intimate Partner Violence Surveillance Uniform Definitions and Recommended Data Elements, Version 2.0* (Atlanta: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2015), www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf.

CDC, "Intimate Partner Violence: Definitions," July 20, 2016, www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html.

Day One, "Calling the Crisis Hotline," accessed October 20, 2016, www.dayoneservices.org/calling-the-crisis-hotline.

Talking about Chronic Obstructive Pulmonary Disease (COPD)

November is National Chronic Obstructive Pulmonary Disease (COPD) Awareness Month, which makes now a good time to talk with members about this chronic condition. An estimated 15 million Americans have COPD and many millions more likely have it but don't know it. Because of the large number of people affected, it's important that members understand the condition and how to talk about it with their providers. However, many people are reluctant to do that for a variety of reasons. "Talking with Your Patients about COPD," attached at the end of this issue, provides some information about why people may hesitate to talk to providers and how providers can best communicate with patients. You can turn this information around and use it to encourage members to speak up during their provider visits. (You can even use it as "proof" that providers *want* them to do this!) Encourage them to talk about *all* of their symptoms and ask questions. Another way to encourage members to talk to their providers about COPD is to let them know that it can be treated.

Source: COPD Learn More Breathe Better® Campaign, National Heart, Lung, and Blood Institute

Tools for Person-Centered Thinking: Part 7 of 7

Ann Tesch, RN, BSN, PHN, CCP, Complex Care Coordinator

Over the past several months, this series has explored five person-centered thinking tools to help you develop a skill set focused on person-centered thinking and person-centered care plans for the members you serve. Person-centered thinking emphasizes empowerment, personal rights, choice, and inclusivity when working with members.

In **April**, we started by covering the core of person-centered thinking: being able to identify what is "important to" and "important for" a member.

- "Important to" identifies what is truly important to the member to be satisfied in life. This may include areas such as relationships, levels of status and control, things to do and places to go, rituals and routines, pace of life, and things to have.
- "Important for" identifies the issues of health and safety as they relate to the member's need for support. This may include areas such as prevention and treatment of illness, promotion of wellness, environmental safety, physical and emotional well-being, and freedom from fear.

We learned how and why to develop a relationship map in the **May** issue. This is a tool that can be used to help do the following:

- Identify the important people in a member's life
- Identify potential issues with specific relationships
- Determine how important each person is to the member and if the member wants the person involved in care planning
- Identify people who might be able to provide additional insight into the member's needs and wants

In **June**, we looked at how rituals and routines contribute to our sense of comfort and control, providing

consistency in our day-to-day lives. Rituals and routines include our morning and bedtime routines, how we celebrate birthdays and holidays, and how we recognize grief and loss. It's important to remember that rituals and routines are just as important to the people we support as they are to us.

In **July**, we talked about a problem-solving tool called "4+1." This tool is designed to help collect and organize information in a way that helps identify problems and potential solutions. 4+1 is an effective way to bring different perspectives together to focus on solving an identified problem.

The last tool we looked at was the "donut," which we discussed in **August**. The donut is a tool used to define roles and expectations. Specifically, it helps define what *is* your responsibility as a case manager, where there is some wiggle room for creativity, and what *is not* your responsibility.

We hope you have been able to apply the information from this series to your work with members and add it to your professional skill set. If you have questions or would like additional information, please contact **Ann Tesch**.

Important Dates

✓ County supervisor meeting

Meetings are held on the third Thursday of the month, 10 a.m. – 3 p.m., at PrimeWest Health in Alexandria, unless otherwise noted.

November 17

December 15

✓ County case management educational training

Trainings are held on the fourth Wednesday of the month via webinar, 10 a.m. – noon, unless otherwise noted.

November 23

December 28

Contact Information

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

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



COPD

LEARN MORE
BREATHE BETTER®

A program of the National Institutes of Health.

TALKING WITH YOUR PATIENTS ABOUT COPD.

HELP YOUR PATIENTS BY LEADING THE DISCUSSION.

Providers must often take the lead in recognizing and helping patients overcome some common communications barriers. This helps achieve provider-patient dialogue in the exam room that facilitates early diagnosis, treatment and improved quality of life.

1 IN 3 AMERICANS REMAIN UNAWARE OF COPD.

Despite recent gains in awareness and the fact that COPD is now the third leading cause of death in the United States, millions still have not heard of COPD or its symptoms.

Barrier Breakers: Incorporate educational materials such as posters, brochures or videos in the exam and waiting rooms. Refer patients to the **COPD Learn More Breathe Better website:** COPD.nhlbi.nih.gov, the **COPD Foundation website:** www.copdfoundation.org or their toll-free **COPD Information Line:** 1-866-316-COPD (2673).

PATIENTS HESITATE TO TELL YOU THEIR SYMPTOMS.

Nearly half of all primary care physicians say the biggest barrier to COPD diagnosis is that patients do not fully report their symptoms. One quarter of patients who say they have experienced common COPD symptoms say they haven't mentioned these symptoms to their provider.

Barrier Breakers: Ask questions and give examples that get your patients talking. Have them visit with your nurse or physician's assistant first. Patients may be more likely to share information or concerns they are unsure of with these individuals first.



BETTER CONVERSATIONS LEAD TO BETTER BREATHING

It's a well-known fact. Good communication between providers and patients is especially important for managing a chronic disease, such as COPD (Chronic Obstructive Pulmonary Disease). Studies show that patients who feel they are informed and part of the decision making process are more likely to adhere to a treatment regimen and actively manage their disease.

In a recent survey, almost four in five people who have talked to their doctor about their COPD reported that they understood how to manage their COPD symptoms. Among those people who did not discuss COPD with their providers, only six in ten believe they know how to manage their symptoms.



NIH National Heart, Lung,
and Blood Institute

COPD Learn More Breathe Better®
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WHY AREN'T PATIENTS TALKING?

There are many reasons Americans don't talk to their providers about symptoms. For many, they just don't want to hear another quit smoking message. For others it's financial – they are afraid they will need tests and treatment they cannot afford. For some, the symptoms are not something they think of, they may have had symptoms for a long time and grown used to them – or they may believe these issues will go away on their own in time. Still others keep quiet to avoid hearing they may have a serious health problem.

Barrier Breakers: If you know or suspect your patient is a smoker, let them know that you empathize with how hard it is to quit and refer them to a support group. Let them know that there are ways to manage the symptoms to improve quality of life – but you must know about the symptoms in order to treat them. Refer low-income or uninsured patients to free or low-cost testing.

THE MAJORITY OF PEOPLE AT RISK FOR COPD DOUBT THAT IT CAN BE TREATED.

Less than half of Americans agree with the statement, "COPD is treatable."

Barrier Breakers: Talk with at-risk patients clearly and early on to demystify COPD and overcome misperceptions. To make them aware of symptoms, ask them to keep a daily log and bring it to the next office visit. Be sure to share that although there is no cure for COPD, early diagnosis and proper treatment can improve quality of life.



**COPD Learn More
Breathe Better®**

is a program of the National Heart, Lung, and Blood Institute. It was created to help people diagnosed with and at risk for COPD to become informed about the disease and ways to live better with it.

For more information and free, downloadable materials, visit:

COPD.nhlbi.nih.gov

Contact the National Heart, Lung, and Blood Institute at:
nhlbi.nih.gov