Hepatitis C Medications and Specialty Pharmacy
Ann Ehlert, PharmD, Pharmacy Manager

Medicaid members must now get their hepatitis C medications, such as Harvoni\textsuperscript{TM}, Viekira\textsuperscript{TM}, and Sovaldi\textsuperscript{®}, filled through Fairview Specialty Pharmacy or Prime Therapeutics Specialty Pharmacy. One of the reasons for this change is that specialty pharmacies provide case management. Staff at these pharmacies will work to help members remember to take their medication and can answer any questions members may have. If a member takes a prescription for one of these medications to a community pharmacy, the pharmacy will get a rejection notice that explains which pharmacies the member needs to use.

If you have any questions, please contact Ann Ehlert.

Lidocaine Patches and Arthritis Pain
Ann Ehlert, PharmD, Pharmacy Manager

This year, the Centers for Medicare & Medicaid Services (CMS) stated that health plans need to limit the use of drugs that are often used outside of U.S. Food and Drug Administration (FDA)-approved indications. One medication commonly used for something other than an FDA-approved indication is the lidocaine patch, which many elderly patients use for arthritis pain.

However, arthritis pain isn’t an FDA-approved indication. There are only two FDA-approved indications, as follows:
1. Diabetic neuropathy – nerve pain from diabetes, usually in the hands and feet
2. Postherpetic neuralgia – shingles pain

What alternatives are available to those suffering from arthritis? A non-oral alternative to lidocaine patches is Voltaren\textsuperscript{®} Gel, which requires a PrimeWest Health Service Authorization for anyone under age 75. Some older people find the gel formulations difficult to use because they need to measure and apply the correct amount of gel, and oral non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, are usually not the first choice for elderly patients because they can cause stomach irritation. The good news is that there are many over-the-counter products targeted to provide relief from arthritis pain. One such product is acetaminophen, which is recommended by the American College of Rheumatology as the first line of treatment for osteoarthritis pain.

There are treatments for pain available other than lidocaine patches. While the convenience of the patches is nice, lack of FDA approval for use as an arthritis pain reliever does not make them a viable option.

What You Need to Know about Service Authorizations

Rachel Mead, SNP Senior Care/UM Coordinator

Service Authorizations are required to safeguard against inappropriate and unnecessary use of health care services. PrimeWest Health’s participating providers need to obtain a Service Authorization for certain services before PrimeWest Health will cover them. Out-of-network providers are required to obtain Service Authorizations for most services. Visit our website to find general information on Service Authorizations, including what is required from our providers. Go to www.primewest.org/serviceauthorization.

There is an exception to the medical Service Authorization requirement for out-of-network providers for members in our Prime Health Complete (HMO SNP) and Special Needs BasicCare (SNBC) programs and for members under age 21. Out-of-network physician specialists are allowed to see members in these groups without a Service Authorization. This exception applies only to clinic or outpatient hospital office visits provided by physician specialists and to diagnostic testing or laboratory services ordered by the same physician specialists. More information can be found in Chapter 5, Service Authorization, of the PrimeWest Health Provider Manual. Go to www.primewest.org/serviceauthorization.

Receiving an approval for a Service Authorization request does not guarantee payment. The providers must follow PrimeWest Health billing policy guidelines, and the PrimeWest Health member must be eligible at the time the service is rendered.

Providers should obtain a Service Authorization prior to providing the service. Service Authorization requirements apply when PrimeWest Health is the primary, secondary, or tertiary payer for the member. There is an exception when Medicare fee-for-service (FFS) is primary: if Medicare pays for any service, PrimeWest Health does not require authorization. If Medicare denies or does not cover any service, all PrimeWest Health authorization rules apply. PrimeWest Health has 10 business days to respond to a current Service Authorization request and 30 days to respond to a retroactive Service Authorization request.

Go to www.primewest.org/serviceauthorization to access the following Service Authorization forms:

- Inpatient Admission Authorization Request
- Enteral Nutrition Service Authorization Form
- Dialectical Behavior Therapy (DBT) Authorization Request Form
- Medical Service Authorization Request Form
- Service Authorization – Synagis
- Children’s Residential Mental Health (Rule 5) Treatment Facility Notification
- Mental Health-Targeted Case Management (MH-TCM) Service Authorization Request Form
- Care Coordination Tier Assessment Tool
- Restricted Recipient Program (RRP) Referral Form

You can fax Service Authorization forms to 1-866-431-0804 (toll free).

Per MN Stat. sec. 62M.09, subd. 3, and in compliance with National Committee for Quality Assurance (NCQA) Utilization Management standards, a licensed physician reviews all cases in which utilization review staff have concluded that authorization criteria are not met. Under these circumstances, subsequent denials can only be made by a physician reviewer based on medical necessity determinations. The physician reviewer must be licensed in the State of Minnesota and must be reasonably available by telephone to discuss the determination with the attending health care professional.
Service Authorizations for dental services
It is essential that requests submitted for dental Service Authorizations be submitted on American Dental Association (ADA) claim forms accompanied by adequate case information and appropriate diagnostic materials (e.g., radiographs of patient’s current dental condition, prosthesis information, teeth to be replaced, prognosis for remaining dentition, complete six-point periodontal charting for cast metal partials). If you are working with a dental provider, please refer him/her to Chapter 19, Dental Services, of the PrimeWest Health Provider Manual for coverage guidelines and authorization criteria. Go to www.primewest.org/providermanual.

If any providers you work with have questions about Service Authorizations, please refer them to Chapter 5, Service Authorization, of the PrimeWest Health Provider Manual found at www.primewest.org/providermanual or have them call the Provider Contact Center at 1-866-431-0802 (toll free).

TXT4Life
Dawn Hartman, SNBC Care Coordinator
TXT4Life is a suicide prevention resource for young people in the northern region of Minnesota, which includes three PrimeWest Health counties: Beltrami, Clearwater, and Hubbard. TXT4Life has plans for expansion in Minnesota and will soon have this information available on its website.

The sense of anonymity associated with texting may increase the chance a young person will reach out for help. And, because many youth and young adults now communicate via text messages instead of phone calls, they may feel more comfortable using this service instead of the more traditional suicide hotlines. TXT4Life is simple to use and is staffed by trained counselors. This is a great resource and one we encourage you to make members aware of.

How to use TXT4Life
1. Type the word “Life” in the message of the text. Don’t add anything else yet. Send the text to 61222.
2. Wait for a trained counselor to respond to the text.
3. When the counselor responds, start the conversation.

If the counselor feels there is immediate danger to the person’s life or someone else’s, he/she will alert local emergency personnel such as a suicide crisis response team or the police. According to data on TXT4Life’s website, the following are the primary concerns of those utilizing the service:
• Relationship issues
• General mental health
• Suicide

To learn more about TXT4Life, read testimonials, download posters, and find more resources for help, please visit www.txt4life.org or call Meghann Levitt at 1-218-879-4511.

Comorbid Conditions
Jennifer Bundy, RN, MSN, PHN, CMCN, CCP, Complex Care and Disease Management Manager
Lynda Moerke, Women and Child Care Coordinator
A comorbid condition is one or more chronic diseases or conditions a person has in addition to a primary disease or disorder. Comorbidity occurs when one disease affects the other disease. A comorbid condition can be either a medical condition or a behavioral health condition. For example, a person with diabetes may also develop depression, which can lead to poor control of the diabetes.

There are also different categories of conditions, such as cognitive deficits or physical limitations, that can act as comorbid conditions. Cognitive limitations are often comorbid conditions. For this reason, it is important to
perform cognitive assessments to determine how a person’s cognitive function affects his/her primary disease or condition. Different levels of cognitive functions are as follows:

- The person is alert/oriented, is able to focus and shift attention, and comprehends and recalls direction independently.
- The person requires prompting (cues, repetition, reminders) only under stressful situations or unfamiliar conditions.
- The person requires assistance and some direction in specific situations (e.g., on all tasks involving shifting attention) or consistently requires a low stimulus environment due to a proclivity to distraction.
- The person requires considerable assistance in routine situations. The person is not alert/oriented or is unable to shift attention and recall directions more than half the time.
- The person is totally dependent on others due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

People with multiple comorbid conditions are more likely to have chronic medical, social, and emotional problems. It can be harder for them to control their conditions and diseases, and their perception of what is most affecting them may be different from the provider’s. A specific plan of care should be developed for the member clearly identifying the interventions the provider will perform, interventions the member is expected to assist with, expected outcomes of the treatment plan, and resources available for assistance with the interventions. Such assistance could come from social services, public health, home care, complex case management, Medication Therapy Management, targeted mental health services, or chemical dependency case management, to name a few. Each member is a unique individual who will be affected differently by his/her comorbid conditions. Working with each member as an individual will improve outcomes and increase participation in the process.


### 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.

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

**✓ County case management educational training**
Trainings are held on the fourth Wednesday of the month via webinar from 10 a.m. – noon, unless otherwise noted.

- March 25
- April 22
- May 27
- June 24
- July 22
- August 26
- September 23
- October 28
- November 25
- December 23

### Contact Information

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You can find a PDF copy of *PrimePartners* by going to our website. Go to [www.primewest.org/primepartners](http://www.primewest.org/primepartners).