Hospice Updates
Shirley Saathoff, Senior Care Coordination Specialist

Hospice updates are due July 31, 2014. If you have a member who has elected hospice care, please complete a Hospice Update to PrimeWest Health. This form is found on our website. Go to www.primewest.org/providers and click on CCM Forms>Hospice Update to PrimeWest Health. Return the forms via secure email to seniorcare@primewest.org.

If you have any questions, send an email to the address above or contact Shirley Saathoff.

Recent Changes in Hospice Medications
Ann Ehlert, PharmD, Pharmacy Manager

There have been many changes to hospice this past year as evidenced by the Centers for Medicare & Medicaid Services’ (CMS) repeated release of guidance in 2013 and 2014 related to medications covered by hospice. According to the final 2014 CMS hospice guidance, the hospice is responsible for covering all drugs or biologicals for the palliation and management of terminal and related conditions. Prior to this, if a member were on hospice and his/her medications were paid for by a Part D plan, CMS would be paying for them twice—one as part of the hospice per diem and once under the Part D plan. As a result, as of March 1, 2014, all medications are to be blocked by the health plan for any member with a hospice indicator. If a medication is not covered by hospice, a prior authorization needs to be submitted by the member, provider, or hospice along with a reason why each medication was not covered.

There are specific forms for hospice prior authorizations. If you need a form for a PrimeWest Health member, you can call PrimeWest Health Member Services at 1-866-431-0801 (toll free) or Prime Therapeutics at 1-888-282-4801 (toll free). You can also access forms on Prime Therapeutics’ website. The Prime Health Complete form is available at https://www.myprime.com/MyRx/MyRxAssistant/forms/formulary/ECNPWEST_Hospice_Medicare.pdf#page=1&zoom=100. The PrimeWest Senior Health Complete form is available at https://www.myprime.com/MyRx/MyRxAssistant/forms/formulary/ECMPWEST_Hospice_Medicare.pdf#page=1&zoom=100.

May 28, 2014, County Case Manager Training Recap
The recording of the May 28, 2014, county case managers training is now available on the PrimeWest Health website at www.primewest.org/providers. Click on CCM Resources>Presentations. The handouts and presentation were sent out via email before the presentation; if you would like additional copies, please send an email to seniorcare@primewest.org.

The training session provided information on the following topics:
- Goals: How to prioritize them and how to overcome barriers to achieving them
- Cultural considerations
- Health Risk Assessment (HRA)
- Medication Therapy Management (MTM)
- 365-day reassessment
• Service agreements as they relate to the 365-day reassessment
• Community disaster plan documentation
• Changes to the Transition of Care Form

The link to *High-Risk Medications for Members Age 65 and Over*, also known as the BEERS list, was sent out via secure email. You can also find it at the following link: [www.myprime.com/MyRx/MyRxAssistant/forms/formulary/PW_High_Risk_Medication.pdf](http://www.myprime.com/MyRx/MyRxAssistant/forms/formulary/PW_High_Risk_Medication.pdf#page=1&zoom=100).

**Mammograms**

A mammogram is an X-ray test of the breast used to look for breast cancer. It can detect breast cancer early, which is the best protection against it. If a lump is found early, removal of the breast or chemotherapy may not be needed. Even more importantly, a mammogram can find cancer before it spreads. Members can learn more about mammograms by going to Health Coach 4 Me (HC4M) on the PrimeWest Health website. Go to [www.primewest.org/members](http://www.primewest.org/members) and click on *Keeping You Healthy>Health Coach 4 Me (HC4M)*. This is a health information resource available at no cost.

PrimeWest Health’s Winter 2013/New Member 2014 issue of *PrimeLines* recommends regular mammograms beginning at age 50 as recommended by the member’s health care provider. You can view this issue at [www.primewest.org/providers](http://www.primewest.org/providers). Click on *Keeping You Healthy>General Health Resources>PrimeLines>Winter 2013/New Member 2014*.

PrimeWest Health reminds you to encourage members to make appointments for mammograms as recommended by their health care providers. It is especially important to remind members age 65 and over to get a mammogram because this screening affects our Healthcare Effectiveness Data and Information Set (HEDIS) rating.

**Socialization in Customized Living (CL)**

*Kristi Shamp, RN, BSN, PHN, CPHM, SNP, SNF Senior Care Coordinator*

Socialization is a Customized Living (CL) service component designed to help members achieve established person-centered goals and outcomes. Socialization activities should support a member’s need to maintain or develop relationships, fulfill socially valued roles of their choice, and/or participate in meaningful leisure and community activities. It is not designed to accommodate all activities offered in a CL setting.

As a case manager, it is important for you to ensure that there is documented need for socialization services and to indicate what level of support is needed to meet the member’s established goal(s). Activity programs offered by the CL facility that do not correspond to documented needs and goals for a member should not be authorized.

If you have questions, please contact Kristi Shamp.

**Safety in the Home**

According to the Centers for Disease Control and Prevention (CDC), injuries in the home are not accidents because they can be prevented. The CDC is focused on the science behind making people safe and working to prevent leading causes of injuries, including fires, poisoning, and falls.

The following are some tips from the CDC about medications, household chemicals and carbon monoxide, poisonings, and falls prevention aimed at older adults. Please share these with members.

**Medications**

- Only take prescription medications that are prescribed to you by a healthcare professional. Misusing or abusing prescription or over-the-counter medications is not a “safe” alternative to illicit substance abuse.
• Never take larger or more frequent doses of your medications, particularly prescription pain medications, to try to get faster or more powerful effects.
• Never share or sell your prescription drugs. Keep all prescription medicines (especially prescription painkillers, such as those containing methadone, hydrocodone, or oxycodone), over-the-counter medicines (including pain or fever relievers and cough and cold medicines), vitamins and herbals in a safe place that can only be reached by people who take or give them.
• Follow directions on the label when you give or take medicines. Read all warning labels. Some medicines cannot be taken safely when you take other medicines or drink alcohol.
• Turn on a light when you give or take medicines at night so that you know you have the correct amount of the right medicine.
• Keep medicines in their original bottles or containers.
• Monitor the use of medicines prescribed for children and teenagers, such as medicines for attention deficit hyperactivity disorder, or ADHD.
• Dispose of unused, unneeded, or expired prescription drugs. Follow federal guidelines for how to do this (FDA 2011).
• Participate in National Drug Take Back days recognized by the Drug Enforcement Administration or local take back programs in your community.
• Do not call medicine “candy.”

Household chemicals and carbon monoxide
• Always read the label before using a product that may be poisonous.
• Keep chemical products in their original bottles or containers. Do not use food containers such as cups, bottles, or jars to store chemical products such as cleaning solutions or beauty products.
• Never mix household products together. For example, mixing bleach and ammonia can result in toxic gases.
• Wear protective clothing (gloves, long sleeves, long pants, socks, shoes) if you spray pesticides or other chemicals.
• Turn on the fan and open windows when using chemical products such as household cleaners.

Poisonings
• Identify poisonous plants in your house and yard and place them out of reach of children or remove them.

What to do if a poisoning occurs
• Remain calm.
• Call 911 if you have a poison emergency and the victim has collapsed or is not breathing. If the victim is awake and alert, dial 1-800-222-1222. Try to have this information ready:
  – the victim’s age and weight
  – the container or bottle of the poison if available
  – the time of the poison exposure
  – the address where the poisoning occurred
• Stay on the phone and follow the instructions from the emergency operator or poison control center.

Falls prevention in older adults
Older adults can stay independent and reduce their chances of falling. They can:
• Exercise regularly. It is important that the exercises focus on increasing leg strength and improving balance, and that they get more challenging over time. Tai Chi programs are especially good.
• Ask their doctor or pharmacist to review their medicines—both prescription and over-the-counter—to identify medicines that may cause side effects or interactions such as dizziness or drowsiness.
• Have their eyes checked by an eye doctor at least once a year and update their eyeglasses to
maximize their vision. Consider getting a pair with single vision distance lenses for some activities such as walking outside.

- Make their homes safer by reducing tripping hazards, adding grab bars inside and outside the tub or shower and next to the toilet, adding railings on both sides of stairways, and improving the lighting in their homes.

To lower their hip fracture risk, older adults can:
- Get adequate calcium and vitamin D—from food and/or from supplements.
- Do weight bearing exercise.
- Get screened and, if needed, treated for osteoporosis.

In addition to the tips above from the CDC, some other interventions that may prevent falls include the following:
- Repair cracks and abrupt edges of sidewalks and driveways
- Install handrails and grab bars
- Use motion-sensing lights and night lights
- Keep commonly used items within reach
- Rise slowly when standing up to avoid dizziness
- Do not hurry when walking
- Keep walkways free of clutter
- Turn the light on when you get up from bed or out of a chair
- Use non-skid mats and appliqués
- Secure rug/carpet edges
- Remove caster wheels from furniture
- Use contrast tape to identify grab bars and first and last steps on stairs
- Keep a flashlight by the bed in case the power goes out
- Lock wheelchair brakes before getting up


Complex Case Management

Jennifer Bundy, RN, MSN, PHN, CMCN, CCP, Complex Care and Disease Management Manager

PrimeWest Health offers complex case management for our members ages 0 – 64. Complex case management is a voluntary program that involves a comprehensive Health Risk Assessment (HRA); the development of a comprehensive care plan; and ongoing support, monitoring, education, and evaluation of the member’s needs, barriers, and goals.

The following are the goals of complex case management:
- Improve members’ quality of life and health status
- Reduce program participants’ risk of experiencing adverse events
- Help participants build skills to change and sustain behaviors that influence controllable risk factors
- Provide education and support to help members make lifestyle changes that affect their health
- Help with self-management and skill-building
- Provide Medication Therapy Management (MTM), as indicated
- Encourage ongoing support from members of the treatment team, family, friends, and community
- Manage health plan costs by promoting prevention and early intervention
Do you know a member who would benefit from complex case management services? If so, please complete the Complex Case Management Referral Form and submit it via fax to 1-320-335-5301. You can find this form on our website, www.primewest.org/providers. Click on Forms and enter “Complex Case Management Referral Form” in the Search box. Thank you for the referral!

Medical Oversight
PrimeWest Health provides medical/clinical oversight through our Joint Powers Board (JPB), Quality and Care Coordination Committee (QCCC), and medical directors to ensure we meet all administrative/clinical oversight functions within the organizational structure. The following is an excerpt from the PrimeWest Health Model of Care that describes our medical/clinical oversight processes.

Joint Powers Board (JPB) of directors
PrimeWest Health’s JPB has final authority and responsibility for the manner in which PrimeWest Health operates and serves its constituency, including the adoption of a Credentialing Plan. The JPB has delegated responsibility for the regular oversight and implementation of the Credentialing Plan to [the Quality and Care Coordination Committee] QCCC. All credentialing activities of PrimeWest Health including, but not limited to, acceptance, recredentialing, discipline, and termination of practitioners will be reported to the JPB at its monthly meetings at which time the JPB may accept QCCC’s recommendations and actions.

The Quality and Care Coordination Committee (QCCC)
The JPB has delegated its responsibility for the credentialing activities of PrimeWest Health to QCCC. QCCC must formally approve credentialing criteria and policies. QCCC membership includes representation from a range of PrimeWest Health’s participating practitioners and health care providers. QCCC shall make recommendations for credentialing and recredentialing decisions to the JPB following a review of the recommendations of the [Peer Review Committee] PRC. The JPB has final decision-making authority of acceptance of these recommendations. PrimeWest Health’s Credentialing Plan and supporting policies and procedures will be reviewed and submitted to QCCC for approval annually or more often as is deemed necessary to ensure compliance with State and Federal regulations as well as [National Committee for Quality Assurance] NCQA standards.

Chief Senior Medical Director
[The Chief Senior Medical Director] provide[s] clinical leadership for system-wide quality program through active participation in development and oversight of the implementation of the Quality Assurance Plan, Annual Assessment, Annual Quality Project Work Plan, and all committee activities that support the quality program. Includes the review of encounter data for the appropriateness and timeliness of services. Conduct[s] peer review activities associated with the credentialing process and recommend practitioners to the Peer Review Committee (PRC) and Joint Powers Board (JPB) for review and approval. Ensure[s] and provides oversight for the provider use of clinical practice guidelines within the scope of physician practice oversight. Provide[s] clinical oversight for authorizations and conduct medical chart reviews as indicated. Conduct[s] and/or observe[s] [Interdisciplinary Care Team] ICT meetings on a non-scheduled basis to ensure that all medical, pharmacological, and other service needs are being met for the [Special Needs Plan] SNP population. Provide[s] oversight for monitoring the effectiveness of the communication system relating to medical professionals.

You can view the Model of Care on our website. Go to www.primewest.org/providers and click on Model of Care.

PrimeWest Health Quality Improvement Programs
Bethany Krafthefer, MBA, Quality Manager
PrimeWest Health has incorporated quality activities throughout our entire organization using an integrated Quality program and Quality Work Plan. The Quality program supports and promotes the mission, vision, and
values of PrimeWest Health through continuous improvement and monitoring of medical care, patient safety, mental health services, and the delivery of services to our members. This system-wide program includes county partners, providers, and other entities delegated to provide services on PrimeWest Health’s behalf.

There are several ways we measure how well PrimeWest Health and our health care providers are meeting members’ expectations and needs. For example, we annually review the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey. In 2012, it helped us focus on getting after-hours care for our members, posting website updates for our providers, and ensuring members receive excellent customer service. PrimeWest Health also collects Healthcare Effectiveness Data and Information Set (HEDIS) data annually. HEDIS is the standard for assessing organization performance and is used as part of the annual quality improvement process. HEDIS information may be found on PrimeWest Health’s website. Go to www.primewest.org/providers and click on Quality>HEDIS.

The Health Outcomes Survey (HOS) collects feedback on Medicare recipients’ physical and mental health. Recipients are first given a baseline survey and then a follow-up survey two years later to analyze declines or improvements in care. For the most recent HOS performance report, go to www.primewest.org/providers and click on Quality>Public Reports>Health Outcomes Survey (HOS). For PrimeWest Health’s analysis of the most recent report, go to www.primewest.org/providers and click on Quality>Public Reports>PrimeWest Health’s analysis of the HOS.

PrimeWest Health also conducts health record reviews to assess provider compliance with documentation standards and performance goals set in accordance with State and Federal regulations, National Committee for Quality Assurance (NCQA) standards, and PrimeWest Health policies and procedures. This review helps improve communications, coordination, continuity of care, and promotes efficient and effective treatment of our members. Reports may be reviewed at www.primewest.org/providers. Click on Quality>Public Reports>Health Record Reviews/Site Visit Reports.

We conduct Performance Improvement Projects (PIPs) designed to achieve significant, sustained improvement in members’ health outcomes and satisfaction in both clinical and non-clinical areas. This is achieved through projects that combine intervention with ongoing measurements. Projects comply with Title 42 Code of Federal Regulations (CFR) Part 438.240 (b) (1) and (d) and the Centers for Medicare & Medicaid Services (CMS) protocol, “Protocol for Use in Conducting Medicaid External Quality Review Activities: Conducting Performance Improvement Projects.”

For more information on PrimeWest Health’s PIPs, please go to www.primewest.org/providers, click on Document Search, and enter “WEB_052013_014” in the Search box.

To view the 2013 Quality Improvement Progress Report, please go to www.primewest.org/providers and click on Quality>Public Reports>Quality Improvement Progress Report.

**Important Dates**

- **County supervisor meetings**
  
  Meetings are held on the third Thursday of the month from 10 a.m. – 3 p.m., at PrimeWest Health in Alexandria unless otherwise noted.
  
  July 17
  August 21
  September 18
  October 16
  November 20
  December 18

- **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.
  
  July 23
  August 27
  September 24
  October 22
  November 26
  No December meeting
Contact Information
Kelly Irish, RN, BA, CCP, Senior Care Coordinator
Newsletter Coordinator
1-320-335-5370 or 1-888-588-4420 ext. 5370 (toll free)
kelly.irish@primewest.org

Shirley Saathoff, Senior Care Coordination Specialist
1-320-335-5206 or 1-888-588-4420 ext. 5206 (toll free)
shirley.saathoff@primewest.org

Kristi Shamp, RN, BSN, PHN, CPHM, SNP SNF Senior Care Coordinator
1-320-335-5377 or 1-888-588-4420 ext. 5377 (toll free)
kristi.shamp@primewest.org

You can find a PDF copy of PrimePartners by going to our website. Click on Providers & Partners>CCM Resources>PrimePartners.