

PrimePartners

for Case Managers

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ICD-10 Implementation and Resources

Kristi Shamp, RN, BSN, CPHM, SNP Senior Care/UM Care Coordinator

Effective October 1, 2015, all entities covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) were required to be in compliance with ICD-10.

ICD-10 has been a big change for everyone involved. County case managers will want to take note that PrimeWest Health made changes to our electronic care plan to allow entry of ICD-10 codes. County case managers are responsible for updating care plans and service agreements with ICD-10 codes. We encourage you to collaborate with the member's primary care provider and use appropriate resources as you make these updates.

ICD-10 resources

You can learn more about ICD-10 on PrimeWest Health's website at www.primewest.org/5010_ICD10. You can also call the Provider Contact Center at **1-866-431-0802** (toll free).

In addition, several external resources are available. Please note that PrimeWest Health has not independently verified the information on these sites and is not endorsing any particular product or resource. Rather, we are simply making the information available for you to use as you see fit.

- Centers for Medicare & Medicaid Services (CMS) ICD-10 web page
www.cms.gov/Medicare/Coding/ICD10/index.html
- CMS ICD-10 Code Lookup
www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx
- Minnesota Administrative Uniformity Committee ICD-10 web page
www.health.state.mn.us/auc/icd10/icd10index.html
- Minnesota Department of Human Services (DHS) ICD-10 web page
www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_163450
- DHS Bulletin #15-25-11
www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs16_196457.pdf
- ICD10Data.com conversion tool
www.icd10data.com/Convert 

Documenting Late Assessments, Reassessments, and Care Plan Completion

Kristi Shamp, RN, BSN, CPHM, SNP Senior Care/UM Care Coordinator

The Minnesota Department of Human Services (DHS) and the Centers for Medicare & Medicaid Services (CMS) require assessments/reassessments and care plans be completed within specified time frames. If an assessment/reassessment and/or care plan is completed outside of the specified time frames, an explanation for the delay should always be documented in the "Updates" section of the care plan.

If you have questions, please contact **Kristi Shamp**. 

Supportive Services as Part of Customized Living (CL) Services

Kristi Shamp, RN, BSN, CPHM, SNP Senior Care/UM Care Coordinator

Supportive services, such as helping members make appointments, arrange transportation, and manage money, are all components of the Residential Services and Rate Development Tool. As with other components, these services must be provided based on the assessed needs of the member, and county case managers must ensure that services are not duplicated.

Time allotted for assistance with making appointments is for helping **members** make medical and non-medical appointments. Time should not be included for appointments that are scheduled by a case manager or family member.

Time allotted for arranging transportation is for helping members arrange non-medical transportation or calling the designated access transportation coordinator to schedule transportation. Time should not be included for arranging Medical Assistance (Medicaid) State plan transportation.

Time allotted for money management is for helping members with tasks such as paying bills, balancing checkbooks, and budgeting. Time should not be included for money management services provided by others, such as a representative payee, conservator, trustee, or family member.

If you have questions, please contact **Kristi Shamp**. 

Changes to Documentation Requirements for Wheelchair Features

Kristi Shamp, RN, BSN, CPHM, SNP Senior Care/UM Care Coordinator

PrimeWest Health recently made changes to the documentation requirements for wheelchair features. These new requirements are outlined in Chapter 23, Equipment and Supplies, of the PrimeWest Health *Provider Manual*. You can view the *Provider Manual* at www.primewest.org/providermanual.

If a wheelchair with a seat elevation system (Healthcare Common Procedure Coding System [HCPCS] code E2300) or standing system (HCPCS code E2230 [manual] or E2301 [power]) is approved and purchased for a member, the provider must obtain documentation from the member acknowledging that the wheelchair feature may affect future requests for Personal Care Assistance (PCA) or home care services before dispensing and billing for these items. Documentation for the standing system must also acknowledge that PrimeWest Health will not pay for future repairs to a stander. It is the responsibility of the Durable Medical Equipment (DME) supplier to obtain the documentation from the member; however, county case managers may be asked to help complete the documentation. This documentation must be available to PrimeWest Health upon request. 

Disclosure of Information Related to Substance Abuse

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

As a county case manager, you are responsible for coordinating members' needs on a daily basis. This includes communicating with other providers about protected health information (PHI). Releasing PHI, such as information about a member's substance use disorder, without specific consent from the member is prohibited by law and can result in a criminal penalty.

Title 42 Code of Federal Regulations (CFR) Part 2 provides rules about what information related to a patient's substance use disorder can be disclosed and under what circumstances. 42 CFR 2 was created to add additional protection to already existing laws, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), that regulate the use and disclosure of PHI.

42 CFR 2 covers all records concerning the identity, diagnosis, prognosis, or treatment of any person in a substance abuse program that either directly or indirectly derives some type of benefit from the U.S. government. The full text of the regulation can be found at www.ecfr.gov/cgi-bin/text-idx?c=ecfr&rgn=div5&view=text&node=42:1.0.1.1.2&idno=42#42:1.0.1.1.2.3.

Patient consent is **not required** for release of PHI to the following:

- Medical personnel during a medical emergency
- Qualified service organizations working in agreement to provide accounting, claims processing, or legal services to the program serving the patient
- Staff within the substance abuse program who need access to the PHI to diagnose, deliver treatment, or make referrals for the patient
- Police, when a crime has been committed on the premises of the treatment facility

Patient consent is also **not required** for PHI requested by a court order issued for the following reasons:

- To protect against an existing threat to life or serious bodily injury
- To further the investigation of a serious crime

All other disclosures require patient consent before identifiable information about substance use disorders can be shared. The consent must include the following:

- Name of the parties involved in the disclosure
- Reason for disclosure
- Type of information to be disclosed
- Duration of the consent
- Preclusions against further disclosure

More information on disclosures requiring consent can be found in 42 CFR 2, subp. C.

PrimeWest Health's member consent form, *Mental Health and/or Chemical Dependency Authorization to Release Protected Health Information (PHI)*, can be found at www.primewest.org/privacy-practices.

If you have questions, please contact **Chelsey Wildman**. 

Million Hearts®

The Million Hearts® initiative aims to prevent 1 million heart attacks and strokes in the United States by 2017, bringing together communities, health systems, non-profit organizations, Federal agencies, and private-sector partners from across the country. Learn more about this important project below and encourage members to do what they can to prevent heart attack and stroke.

Heart disease and stroke are the first and fifth leading causes of death in the United States, making cardiovascular disease responsible for 1 of every 3 deaths in the country. Americans suffer more than 1.5 million heart attacks and strokes each year, and every day, 2,200 people die from cardiovascular disease. Further, heart disease and stroke are among the leading causes of disability in our country, with more than 3 million people reporting serious illness and decreased quality of life.

Preventing 1 million heart attacks and strokes by 2017 will require commitment from everyone—health care providers, pharmacies, hospitals, employers, communities, and individuals too. Each person can help the nation reach this goal by committing to:

- **PREVENT** heart disease and stroke in your families by **UNDERSTANDING** the risks.

- **GET UP and Get Active** by exercising for 30 minutes several days a week.
- **KNOW** your **ABCS**:
 - Aspirin When Appropriate
 - Blood Pressure Control
 - Cholesterol Management
 - Smoking Cessation
- **STAY STRONG** by eating a heart-healthy diet that is high in fresh fruits and vegetables and low in sodium, saturated and trans fats, and cholesterol.
- **TAKE CONTROL** of your heart health by following your doctor's instructions for medications and treatment.

Visit millionhearts.hhs.gov for more information about the Million Hearts® initiative.

Source: Million Hearts®. Accessed October 2, 2015, http://millionhearts.hhs.gov/Docs/MH_Fact_Sheet.pdf. 

Abuse of Non-Controlled Drugs

Ann Ehlert, PharmD, Pharmacy Manager

Due to the attention placed on opioid abuse, it can be easy to forget that non-controlled drugs can also be abused. People who abuse these drugs generally take them in higher doses than what is typically prescribed to get the desired effect. The “desired” effect is often an enhancement of the intended effect, such as elevated mood.

Almost any drug can be abused when used for reasons other than those medically indicated. Abuse is often suspected when members try to refill their prescriptions sooner than they should. In cases of abuse, there is often a pattern of a member trying to refill a prescription early every month, and possibly multiple times per month. Pharmacists should also remember that PrimeWest Health members should not pay the total cost of any prescribed medication out-of-pocket—they should only pay their copay. The total cost of drugs are included in this article as a reference point.

It is important to be aware of the medications members are taking and to be aware of possible signs of abuse. The following are a few of the more commonly abused non-controlled drugs. If you would like to learn more and read first-hand accounts of the effects of abusing substances, you can find more information at www.erowid.org.

- **Gabapentin**

This drug was originally developed as a seizure drug and is only Food and Drug Administration (FDA)-approved for postherpetic neuralgia and partial onset seizures. However, it is often prescribed for many other reasons, including nerve pain, fibromyalgia, hiccups, hot flashes, itching, and restless leg syndrome. This drug is fairly cheap to obtain at a pharmacy, often costing less than \$20 for 60 capsules. Pharmacies are not allowed to let Medicaid recipients pay out-of-pocket for gabapentin; however, this rule is sometimes overlooked since the medication is not controlled.

When taken in large quantities, people report feelings similar to intoxication and euphoria. Abuse of this drug is fairly common among PrimeWest Health members.

- **Lyrica® (pregabalin)**

Lyrica® is used for nerve pain and partial onset seizures. Although this drug is related to gabapentin, it is a controlled substance due to the potential euphoric effects. It is also much more expensive than gabapentin because the generic form is not yet available. It costs around \$300 for 60 capsules.

Similar to gabapentin, people experience feelings of intoxication and euphoria when taking pregabalin in large quantities.

- **Antidepressants**

Antidepressants are FDA-approved for treating depression and anxiety. They are also prescribed for many non-FDA-approved uses such as insomnia. Most antidepressants are inexpensive and cost anywhere between \$4 and \$20 for a month's supply.

Antidepressants are prescribed to elevate mood, and abusing the drug increases this effect.

- **Bupropion**

Bupropion is used to treat depression and seasonal affective disorder. It is also prescribed to help people stop smoking. This medication is fairly cheap and costs \$20 – 30 for 30 tablets.

Mild euphoria is a side effect of taking more than the prescribed amount.

- **Strattera® (atomoxetine)**

Strattera® (atomoxetine) is prescribed for treatment of attention deficit hyperactivity disorder (ADHD). A generic version of this drug is not yet available, which means it costs more than others, around \$12 a capsule.

In high doses, people have said the effects of Strattera® are similar to those of methamphetamine.

If you have questions about abuse of non-controlled substances, please contact **Ann Ehlert**. 

Influenza and Pneumococcal Disease: Know the Difference and Learn about the Vaccines

Rachel Mead, RN, SNP Senior Care/UM Coordinator

Because respiratory illnesses are common in the fall and winter, now is a good time to educate members about the risks of influenza (flu) and pneumonia and talk to them about the available vaccines.

Influenza (flu)

What is the flu?

The flu is a contagious respiratory disease caused by a virus. According to the Immunization Action Coalition (IAC), "influenza is the most frequent cause of death from a vaccine-preventable disease in the United States." It also causes more than 200,000 hospitalizations a year.

Who should get a flu vaccine?

The Centers for Disease Control and Prevention (CDC) recommends that everyone older than 6 months get a flu vaccine each year. A flu vaccine is especially important for people in any of the following high-risk groups:

- Adults age 65 and over
- Pregnant women (the vaccine can be given during any trimester of pregnancy)
- People with chronic diseases, such as heart disease, diabetes, or asthma
- Health care workers
- Children between 6 months and 5 years of age
- Caretakers for anyone in one of the categories listed above

People should not get a vaccine if they have had a previous allergic reaction to the vaccine or are allergic to eggs.

The flu vaccine comes in two forms: an injection or nasal mist. Encourage members to talk to their health care providers about whether they should get a vaccine and which vaccine is right for them.

How long does protection provided by the flu vaccine last?

The protection from flu a vaccine usually lasts up to a year. The period of protection may be shorter for people age 65 and over.

Pneumococcal disease

What is pneumococcal disease?

According to the CDC, pneumococcal disease can cause serious blood, brain, and lung infections, including pneumonia, meningitis, and septicemia. Pneumococcal pneumonia is the most common form of pneumococcal disease in adults. An estimated 900,000 people in the United States get pneumococcal pneumonia each year and, of those, about 5 – 7 percent die from it.

Who should get a pneumococcal vaccine?

Children under age 2, people over age 65, people who smoke or use alcohol excessively, those with a suppressed immune system, and those with chronic diseases, such as diabetes, cardiovascular disease, pulmonary disease, liver disease, chronic renal failure or nephrotic syndrome, and Hodgkin's lymphoma, should be vaccinated.

There are two different pneumococcal vaccines available: PCV13 and PPSV23. The two can be used together (but not given simultaneously) for those at highest risk.

Encourage members to talk to their health care providers about whether they should get a vaccine and which vaccine is right for them.

How long does protection provided by the pneumococcal vaccine last?

Some people need a booster shot after five years. Members should check with their health care provider about their individual needs.

Sources:

Adapted from www.immunize.org/askexperts/experts_pneumococcal_vaccines.asp and www.immunize.org/askexperts/experts_inf.asp. We thank the Immunization Action Coalition.

CDC. "About Pneumococcal Disease." Accessed October 9, 2015, www.cdc.gov/pneumococcal/about/index.html.

October Is Breast Cancer Awareness Month

Elizabeth Warfield, RN, BSN, Senior Care Coordinator

According to the American Cancer Society, one in eight women in the United States will develop breast cancer during their lifetime. Breast cancer is second only to lung cancer as the leading cause of cancer deaths in women. The good news is the incidence of breast cancer and deaths related to breast cancer are decreasing. This is likely due to early detection, increased awareness, and more individualized treatments. The bad news is breast cancer is still the most common cancer diagnosed in women, with the exception of skin cancer.

There are non-modifiable and modifiable risks associated with breast cancer. Being aware of both risk categories can help with prevention and/or early detection.

Some of the non-modifiable risk factors for breast cancer include the following:

- Gender (women are diagnosed 100 times more often than men)
- Aging
- Family history
- Genetics
- Dense breast tissue

Excessive alcohol consumption, obesity (especially after menopause), and the use of hormone therapy after menopause are some of the modifiable risk factors associated with breast cancer.

The hallmark of breast cancer screening is the mammogram. The American Cancer Society recommends women begin an annual mammogram at age 40. This should be done in conjunction with periodic clinical breast exams. Many women question the need for both. As with many methods of disease detection, both mammograms and clinical breast exams have their limitations. Clinical breast exams and self-breast exams may miss breast cancers that are not yet big enough to be palpated, but which a mammogram may catch. On the other hand, there are instances where a clinical exam detects a problem before a mammogram is due. For this reason, neither should replace the other. They should be used hand-in-hand to increase the chances of early detection.

To help promote early detection, PrimeWest Health continues to send out mammogram vouchers to female members ages 50 – 74. Once the member receives the mammogram and the voucher is appropriately filled out and returned (per instructions included with the voucher), the member is entitled to a \$100 prepaid MasterCard Reward Card.

Important qualification reminders for 2015 mammogram vouchers:

- The member must be a current PrimeWest Health member when the mammogram is completed
- The mammogram must be completed by December 31, 2015
- The voucher must be signed and dated by the ordering provider and must be received at PrimeWest Health no later than January 31, 2016

Source: American Cancer Society. Accessed October 2, 2015, www.cancer.org/cancer/breastcancer. 

Models of Care: Part 2 of 4

The Models of Care are guidelines PrimeWest Health developed that help us ensure our members get the best care with the best outcomes. They provide a step-by-step process to develop personalized care plans for our members enrolled in PrimeWest Senior Health Complete (HMO SNP) and Prime Health Complete (HMO SNP).

You can review the Model of Care for each program on our website at www.primewest.org/modelofcare.

PrimeWest Health's 2015 Models of Care were approved upon PrimeWest Health's first submission to the Centers for Medicare & Medicaid Services (CMS), receiving a three-year approval and a score of 60/60.

In this issue, we are continuing a series of articles that will highlight the key details from each chapter of the Models of Care.

Chapter 2

Chapter 2 provides a description of staff structure, health risk assessments, individualized care plans, Interdisciplinary Care Teams (ICT), and transition of care services.

Staff structure and training

This section provides a description of the staff PrimeWest Health employs and contracts with to ensure we meet all administrative and clinical oversight functions within the organizational structure. PrimeWest Health's job titles and descriptions articulate and define roles and responsibilities for individuals participating in the health and social care of members in PrimeWest Senior Health Complete and Prime Health Complete. This section also provides a comprehensive description of how PrimeWest Health provides initial and annual training on the Models of Care to our employees, Joint Powers Board (JPB) members, and all appropriate committees.

Health risk assessments

PrimeWest Health uses five assessment tools to identify the specialized needs of our members:

- PraPlus
- Long-Term Care Consultation (LTCC)
- MnCHOICES
- Developmental Disability (DD) Screen
- Skilled Nursing Facility (SNF) Comprehensive Assessment Tool

Each tool is standardized, reliability tested, and validated to meet State and/or Federal criteria for all our members.

Individualized care plans

This section defines the following:

- Personnel developing the individualized care plan
- Essential elements of the care plan
- Care plan review and frequency
- Care plan documentation and maintenance processes
- Communication of the care plan

ICT

PrimeWest Health utilizes an interdisciplinary approach to ensure comprehensive and holistic services are provided to our PrimeWest Senior Health Complete and Prime Health Complete members. This section defines the following:

- Composition of the team
- Facilitation of member's participation in the development of his/her care plan
- Operation and communication of the ICT

Care transition protocols

PrimeWest Health follows approved transition of care policies, procedures, and protocols to ensure continuity of care for PrimeWest Senior Health Complete and Prime Health Complete members. Each member is assigned a county case manager/care coordinator who is responsible for identifying that a transition is pending or has occurred and then facilitating a safe transition. PrimeWest Health's contracted providers are required to notify PrimeWest Health of planned and/or unplanned transitions of care within 24 hours of the transition. This section includes the following:

- Description of personnel responsible for coordinating the transition
- Process for accessing protected health information (PHI) to facilitate communication
- Process for educating members about their conditions and developing or improving self-management activities
- Process for communicating with the identified point of contact

For more information on the Models of Care, please contact **Catie Lee**. 

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 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.

October 28
November 25
December 23

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