

# PrimePartners

## *for Case Managers*

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### Meet the Care & Population Health Management Team

*Aja Mayer, RN, Internal Quality Improvement Coordinator*

PrimeWest Health Care & Population Health Management staff help county case managers with member-related issues and questions regarding processes and policies. Team members are available via phone and email and, if they cannot assist you, they will connect you to someone at PrimeWest Health who can. We work every day to achieve our department mission: "Managing care for PrimeWest Health members across the continuum to improve health, enhance care experience, and reduce health care fragmentation, while empowering them to understand and access quality, cost-efficient health care."

We have gained a lot of new faces over the past year—take some time to match the names of our current team members with their faces and learn how they can help you. For additional details about each person's specific job duties and contact information, please see the [Care Coordination Contact List](#) in the [County Case Management Manual](#).

**Administration** – Administrative team members keep the department running smoothly on a day-to-day basis.



**Donna Meyer, RN,**  
MSN, MBA, Director of Care &  
Population Health Management



**JoAnn Ressemann, Care Management**  
Project Coordinator

**Special Needs Plan Care Management** – This unit provides care management services for members enrolled in our PrimeWest Senior Health Complete (HMO SNP), Minnesota Senior Care Plus (MSC+), Special Needs BasicCare (SNBC), and Prime Health Complete (HMO SNP) programs. They also provide support, education, and oversight for county case management teams that work directly with our members in these programs.



**Crystal Holloway, RN, BSN, PHN,**  
*Special Needs Plan Manager*



**Tasha Jevnager, RN,** *Special Needs  
Plan Care Coordinator*



**Amber Wajer, RN,** *Special Needs Plan  
Care Coordinator*



**Rachel Rollie, RN, BSN, PHN,**  
*Special Needs Plan Care Coordinator*



**Skyler VonWahlde, RN,** *Special Needs  
Plan Care Coordinator*



**Kelly Anderson, RN, BSN, PHN,** *Care  
Management Audit Coordinator*

**Families and Children Care Management** – This unit provides telephonic and in-person care management services for members enrolled in our Families and Children and MinnesotaCare programs. Families and Children is our largest program and serves members from birth to age 64, while MinnesotaCare serves members of all ages. In addition to internal care coordination and community-based assistance, this unit provides support and oversight of catastrophic county case management services.



**Christi Matt, RN, CCP,** *Families and  
Children Care Management Manager*



**Dawn Hartman, RN,** *Complex Care  
Management Lead Care Coordinator*



**Kellie Thomas, LPN,** *Complex Care  
Management Specialist*



**Sheila Radtke, RN, MSN, PHN,**  
*CNE, Women & Children Care  
Coordinator*



**Jennifer Klassen, LPN,** *Women &  
Children Care Specialist*



**Aja Mayer, RN,** *Internal Quality  
Improvement Coordinator*



**Shannon Kimball,** *Care & Population  
Health Management Specialist*



**Connie Norman,** *Community Health  
Worker*



**Brenda Long,** *Community Health  
Worker*



**Skyler Jibben, CMA,** *Community  
Health Worker*

**Behavioral Health** – This unit provides care management services for members enrolled in any program who have a mental health condition and/or substance use disorder (SUD). They also serve as a resource for county case managers and our internal care coordinators regarding members' behavioral health needs and conduct many of the associated utilization management functions. In addition, the Behavioral Health unit works directly with our members enrolled in the Restricted Recipient Program (RRP).



**Renea Weigel**, LICSW, Behavioral Health Manager



**Danielle Turner**, LADC, Behavioral Health Team Lead



**Brooke Kolstad**, LSW, Behavioral Health Care Coordinator



**Jolee Berneking**, LPN, Behavioral Health Specialist



**Olivia Niblett**, LPN, Behavioral Health Specialist

**Population Health Management** – This unit develops initiatives and interventions designed to improve the overall health and wellness of our member population and supports PrimeWest Health's health equity efforts. In addition, they meet our members and providers in the communities in which they live at various health and wellness events. Please let us know of any upcoming events in your region by emailing [CareManagement@primewest.org](mailto:CareManagement@primewest.org), and we will do our best to be there.



**Leah Anderson**, Population Health Manager



**Dana Frovarp**, MSN, RN, CARN, Population Health Coordinator



**Heather Keating**, LPN, Population Health Specialist



**Abdishakur "Shak" Mahboub**, Community Health Worker 

## Over-the-Counter (OTC) Medications and Supplemental OTC Items

*Ann Ehlert, PharmD, Director of Pharmacy Management*

### Over-the-counter (OTC) medication coverage for all members

PrimeWest Health covers most OTC medications that members can get at a pharmacy with a prescription. The member's health care provider or pharmacist can write a prescription for these medications and the pharmacy can bill PrimeWest Health for the OTC item as a pharmacy claim. With a prescription, the copay for OTC medications is \$0 for all members.

We are often asked if PrimeWest Health covers probiotics, cranberry pills, or glucosamine chondroitin as OTC items. We do not cover these items, as there is not enough evidence that they work and do not cause harm.

The [Formularies page](#) of our website will soon be updated with a list of prescription OTC medications that are covered in 2024.



## Supplemental OTC benefit for PrimeWest Senior Health Complete (HMO SNP) members

As of January 1, 2024, PrimeWest Health covers up to \$60 each month for Supplemental OTC items for PrimeWest Senior Health Complete members. Members get a card onto which \$60 is loaded automatically each month to spend on Supplemental OTC items.

Supplemental OTC items are different from the OTC medications members can get with a prescription at the pharmacy. OTC medications are *not* included in the Supplemental OTC benefit; they are covered at no cost with a prescription as described previously. Supplemental OTC items typically include items for which a prescription will not be written and include COVID-19 tests, bandages, compression stockings, sunscreen, and other items.

In accordance with the *Medicare Managed Care Manual*, the following categories of Supplemental OTC items are *not* covered.

| Examples of Non-Covered Items/Drugs         | Examples of Items/Drugs Included in this Category                                                                |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Alternative medicines                       | Homeopathic and alternative medicines including botanicals, herbals, probiotics, and nutraceuticals              |
| Baby items                                  | Diapers, formula                                                                                                 |
| Contraceptives                              | Birth control pills, spermicide, prophylactics                                                                   |
| Convenience and comfort                     | Scales, fans, magnifying glasses, ear plugs, insoles, arch supports, and gloves                                  |
| Cosmetics                                   | Mouthwashes, bad breath remedies, deodorants, lip soothers, grooming devices, skin moisturizers, teeth-whiteners |
| Food product or supplements                 | Sugar/salt supplements, energy bars, liquid energizers, protein bars, power drinks                               |
| Replacement items, attachments, peripherals | Hearing aid batteries, contact lens containers, etc., when not factory packaged with the original item           |

Knowing what qualifies for the Supplemental OTC benefit can be confusing. Currently, the quickest way to find out if something is available under the Supplemental OTC benefit is by going to [www.mybenefitscenter.com](http://www.mybenefitscenter.com) and entering a member's PrimeWest Health ID card number. We encourage you to help members look up items on this site.

## Questions

Members with questions can call PrimeWest Health Member Services at **1-866-431-0801** (toll free). If you have questions or suggestions, contact:

**Ann Ehlert, PharmD, Director of Pharmacy Management**  
1-320-759-4154  
[ann.ehlert@primewest.org](mailto:ann.ehlert@primewest.org)

**Troy Mills, CPhT, Pharmacy Management Specialist**  
1-320-335-5361  
[troy.mills@primewest.org](mailto:troy.mills@primewest.org) 

**Katie Brand, PharmD, Pharmacy Manager**  
1-320-335-5246  
[katie.brand@primewest.org](mailto:katie.brand@primewest.org)

## Formulary Changes for 2024

*Ann Ehlert, PharmD, Director of Pharmacy Management*

### Medicare formulary changes – Effective January 1, 2024

The table on the next page shows the drugs for which Medicare coverage has changed in 2024.

Formulary change letters were sent to affected Medicare members at the beginning of December 2023. The letter indicates what drugs will change, the reason for the change, and similar covered drugs. Members affected by a change can receive a one-time fill (a transition fill) to allow them time to get a prior authorization or change to a similar covered drug. [Formulary exception forms](#) are available on the PrimeWest Health website.

| Covered in 2023                      | Covered in 2024                                                             | Reason                                                               |
|--------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------|
| Advair Diskus Inhaler                | Advair HFA inhaler                                                          | Advair Diskus discontinued                                           |
| Flovent HFA Inhaler                  | generic fluticasone inhaler                                                 | Generic available                                                    |
| NovoLog® Flexpen                     | insulin aspart (human analog) 100 units/mL solution pen                     | Generic available                                                    |
| NovoLog® Mix 70/30 Prefilled Flexpen | insulin aspart (human analog) and insulin aspart protamine 70/30 suspension | Generic available                                                    |
| NovoLog® Penfill                     | insulin aspart (human analog) 100 units/mL solution                         | Generic available                                                    |
| NovoLog® Vial                        | insulin aspart (human analog) 100 units/mL vial                             | Generic available                                                    |
| PreviDent® 5000 Ortho Defense        | dentagel dental gel, denta 5000 plus dental cream                           | Generic available                                                    |
| Symbicort® Inhaler                   | budesonide-formoterol inhaler                                               | Generic available                                                    |
| Victoza®                             | Trulicity® pen, Ozempic® pen                                                | Similar drugs available on formulary; Victoza may be generic in 2024 |

### Medical Assistance formulary changes – Effective March 15, 2024

The table below shows the drugs for which Medical Assistance coverage will change in March 2024. PDL stands for “preferred drug list.” Prior authorization is required for non-preferred drugs. [Formulary exception forms](#) are available on the PrimeWest Health website.

| Brand Name                                | Generic Name               | New PDL Status                      | PDL Drug Class                 | Notes                            |
|-------------------------------------------|----------------------------|-------------------------------------|--------------------------------|----------------------------------|
| Xarelto®, Xarelto Dose Pack               |                            | Preferred                           | Anticoagulants                 | All strengths of Xarelto tablets |
|                                           | dabigatran                 | Non-preferred                       | Anticoagulants                 |                                  |
| Pradaxa® Pellet Pack                      |                            | Non-preferred                       | Anticoagulants                 |                                  |
|                                           | topiramate ER              | Non-preferred                       | Anticonvulsants                | Generic of Qudexy®, Trokendi®    |
| Viibryd®                                  |                            | Preferred                           | Antidepressants, Other         |                                  |
| Auvelity™                                 |                            | Non-preferred                       | Antidepressants, Other         |                                  |
|                                           | vilazodone                 | Non-preferred                       | Antidepressants, Other         | Generic Viibryd®                 |
|                                           | desvenlafaxine fumarate ER | Added to PrimeWest Health drug list | Antidepressants, Other         | Generic Khedezla                 |
|                                           | zolmitriptan tablet        | Preferred                           | Anti-migraine Agents, Triptans |                                  |
| Zomig® (nasal)                            |                            | Preferred                           | Anti-migraine Agents, Triptans |                                  |
| Imitrex® (nasal), Onzetra® Xsail® (nasal) |                            | Removed from PDL                    | Anti-migraine Agents, Triptans |                                  |
| Abilify Asimtufii®                        |                            | Preferred                           | Antipsychotics                 |                                  |
| Perseris®                                 |                            | Preferred                           | Antipsychotics                 |                                  |
|                                           | lurasidone                 | Preferred                           | Antipsychotics                 | Generic Latuda®                  |
|                                           | roflumilast (oral)         | Preferred                           | COPD Agents                    | Generic of Daliresp®             |
|                                           | tiotropium                 | Non-preferred                       | COPD Agents                    | Generic of Spiriva® Handihaler   |
| Otezla®                                   |                            | Preferred                           | Cytokine and CAM Antagonists   |                                  |

| Brand Name                                             | Generic Name                     | New PDL Status   | PDL Drug Class                             | Notes                                                                                 |
|--------------------------------------------------------|----------------------------------|------------------|--------------------------------------------|---------------------------------------------------------------------------------------|
| Adalimumab-adaz syringe, Adalimumab-adbm syringe, etc. |                                  | Non-preferred    | Cytokine and CAM Antagonists               | Biosimilar Humira®                                                                    |
| Entyvio® pen                                           |                                  | Non-preferred    | Cytokine and CAM Antagonists               |                                                                                       |
| Arnuity Ellipta                                        |                                  | Preferred        | Glucocorticoids, Inhaled                   |                                                                                       |
|                                                        | fluticasone HFA (AG) inhaler     | Non-preferred    | Glucocorticoids, Inhaled                   |                                                                                       |
|                                                        | fluticasone/salmeterol inhaler   | Non-preferred    | Glucocorticoids, Inhaled                   | Generic of Advair HFA                                                                 |
|                                                        | fluticasone/vilanterol inhaler   | Non-preferred    | Glucocorticoids, Inhaled                   | Generic of Breo®                                                                      |
| Flovent Diskus, Flovent HFA                            |                                  | Discontinued     | Glucocorticoids, Inhaled                   |                                                                                       |
| Janumet® XR                                            |                                  | Preferred        | Hypoglycemics, Incretin Mimetics/Enhancers |                                                                                       |
| Jentadueto® XR                                         |                                  | Preferred        | Hypoglycemics, Incretin Mimetics/Enhancers |                                                                                       |
| Nesina                                                 |                                  | Preferred        | Hypoglycemics, Incretin Mimetics/Enhancers |                                                                                       |
| Ozempic®                                               |                                  | Preferred        | Hypoglycemics, Incretin Mimetics/Enhancers |                                                                                       |
|                                                        | fingolimod                       | Preferred        | Multiple Sclerosis Agents                  | Generic Gilenya®                                                                      |
|                                                        | teriflunomide tablet             | Preferred        | Multiple Sclerosis Agents                  | Generic Aubagio®                                                                      |
| Brixadi® Weekly, Monthly                               |                                  | Non-preferred    | Opiate Dependence Treatments               |                                                                                       |
| Opvee®                                                 |                                  | Non-preferred    | Opiate Dependence Treatments               |                                                                                       |
|                                                        | ciprofloxacin/dexamethasone otic | Preferred        | Otic Antibiotics                           | Generic and authorized generic of Ciprodex®                                           |
|                                                        | amlodipine/valsartan/HCTZ        | Preferred        | Angiotensin Modulator Combinations         |                                                                                       |
|                                                        | olmesartan, olmesartan HCTZ      | Preferred        | Angiotensin Modulators                     |                                                                                       |
|                                                        | tobramycin inhalation            | Preferred        | Antibiotics, Inhaled                       | Generic of Tobi®                                                                      |
|                                                        | icatibant                        | Preferred        | HAE Treatments                             |                                                                                       |
| Sevenfact®                                             |                                  | Preferred        | Hemophilia Treatments                      |                                                                                       |
|                                                        | sirolimus (oral)                 | Preferred        | Immunosuppressives, Oral                   |                                                                                       |
|                                                        | levofloxacin (ophthalmic)        | Removed from PDL | Ophthalmic Antibiotics                     |                                                                                       |
| Renvela® Powder Pak                                    |                                  | Preferred        | Phosphate Binders                          |                                                                                       |
|                                                        | lisdexamfetamine capsule         | Preferred        | Stimulants and Related Agents              |  |

## Protecting Teeth with Sealants

*Amanda Englund, Dental Services Coordinator*

Members likely know about the importance of brushing and flossing, but one method of cavity prevention they may not be familiar with is sealants. Sealants are covered once per tooth, per five years for permanent molars (tooth numbers 1 – 3, 14 – 16, 17 – 19, and 30 – 32).

### What are sealants?

Sealants are a protective coating that is applied to molars to help keep food from getting trapped in the grooves. They are applied by “painting” a clear gel on the back teeth that creates a rough surface for the sealant to bond to. After a few seconds, the gel is washed off and the sealant is “painted” on. Once applied, a blue light is used to harden the sealant. Sealants alone won’t stop cavities; however, along with flossing and brushing twice a day with fluoride toothpaste, they can aid in prevention.

It’s a good idea to get molars sealed as soon as they come in. First molars appear around age 6, and second molars appear around age 12.

**Source:** MouthHealth (American Dental Association), “Sealants,” accessed January 18, 2024, [www.mouthhealthy.org/all-topics-a-z/sealants](https://www.mouthhealthy.org/all-topics-a-z/sealants). 

## Caregiver Support Program for Members with Alzheimer’s Disease or Related Dementias and Their Caregivers

*Dana Frovarp, MSN, RN, CARN, Population Health Coordinator*

The Caregiver Support Program is a 2024 Supplemental benefit offered by PrimeWest Health. Prime Health Complete and PrimeWest Senior Health Complete members with Alzheimer’s disease or related dementias and their caregivers are eligible for the program. The program aims to promote the health and well-being of caregivers and members by providing support, coaching, education, and resources. The goal is for the caregiver to feel they can confidently provide care to the member. To accomplish this, the program uses the COACH model (see “[The COACH Model](#)”) and a set of program-specific [action cards](#).

The Caregiver Support Program provides the following:

- Individualized coaching and education for members and caregivers
- Educational materials to help members and their caregivers understand the member’s condition
- Resources tailored to the needs of the member and their caregiver
- A binder and planner to help organize important information

The education and resources provided can help both the member and caregiver with the following:

- Planning for the future
- Finding resources or services
- Coping with progressive symptoms
- Improving communication
- Creating purposeful activities
- Improving home safety

If you would like to refer a member and their caregiver to this program, please complete the [Caregiver Support Program Referral Form](#).

If you have questions, contact:

**Dana Frovarp, MSN, RN, CARN, Population Health Coordinator**

1-320-335-5374

[dana.frovarp@primewest.org](mailto:dana.frovarp@primewest.org)





## Focused Wellness Programs for Chronic Conditions

*Heather Keating, LPN, Population Health Specialist*

PrimeWest Health's educational Focused Wellness programs are designed to help members with chronic conditions improve their health and well-being while empowering them to manage their condition(s). We have added a program for members with anxiety, and now offer programs for the following conditions:

- Anxiety: Ages 18 and over
- Asthma: Ages 3 – 21
- Chronic Obstructive Pulmonary Disease (COPD): Ages 18 and over
- Depression: Ages 18 and over
- Diabetes: Ages 1 and over
- High Blood Pressure (Heart Disease): Ages 18 and over

Members can enroll in one or more programs to receive educational information and support and work on self-driven goals. Focused Wellness is offered at no cost to members and is completed through phone calls and mailings—members don't need to leave their homes!

The backbone of Focused Wellness is the COACH model (see "[The COACH Model](#)") and members are encouraged to use a set of program-specific [action cards](#).

### Referrals and more information

If you would like to refer a member to one or more of these programs, please complete the [Focused Wellness Program Referral Form](#).

If you have any questions about Focused Wellness or would like more information, contact:

**Heather Keating, LPN, Population Health Specialist**

1-320-759-4159

[heather.keating@primewest.org](mailto:heather.keating@primewest.org)



## The COACH Model

*Dana Frovarp, MSN, RN, CARN, Population Health Coordinator*

*Heather Keating, LPN, Population Health Specialist*

PrimeWest Health recognizes that members who have complex or chronic conditions face extra challenges. To help address these challenges, PrimeWest Health has implemented the COACH model in many of our care management programs, including the Focused Wellness program for members with certain chronic conditions and the Caregiver Support Program for members with Alzheimer's disease or related dementias.

Developed by the Camden Coalition as a way to help people with complex health and social needs take charge of their health and achieve better outcomes, COACH is defined as follows:

- C** Create a care plan
- O** Observe the normal routine
- A** Assume a coaching style
- C** Connect tasks with vision and priorities
- H** Highlight efforts with data

The model utilizes tools and techniques to support and engage members in a way that elicits their goals and preferences. To help members identify and work toward goals, they are encouraged to use a set of action cards unique to the care management program in which they are enrolled. Each card contains a description of an area where additional help may be needed; members choose cards that apply to them and sort them according to priority. You can find more information about COACH, including a reference guide and handbook, on the [Camden Coalition's website](#). 



## Substance Use Disorder (SUD) Treatment: Update to Notification Requirement

*Danielle Turner, LADC, Behavioral Health Team Lead*

Effective January 1, 2024, PrimeWest Health has removed the notification requirement for the following substance use disorder (SUD) services:

- Residential withdrawal management
- Peer recovery support
- Treatment coordination
  - Counties that provide treatment coordination are still required to submit notification for services provided prior to January 1, 2024.

If you have questions, contact:

**Danielle Turner, LADC, Behavioral Health Team Lead**

1-320-335-5348

[danielle.turner@primewest.org](mailto:danielle.turner@primewest.org) 

## Notifying PrimeWest Health of Staff Changes

*Brenda Long, Community Health Worker*

Please use the [County Staff Change Notification Form](#) to notify PrimeWest Health when an agency staff member is hired, changes position, or is no longer employed by the agency. If a staff member will need access to MnCHOICES, be sure to complete page 2 of the form.

Accessing the [County Staff Change Notification Form](#) through the link provided here will ensure you are completing the most current version of the form. Please do not save it on your desktop. 

## Keeping Warm: Minnesota's Energy Assistance and Weatherization Assistance Programs

*Tasha Jevnager, RN, Special Needs Plan Care Coordinator*

Spring is around the corner, but winter is still here. We encourage you to let members know about Minnesota's Energy Assistance Program (EAP) and Weatherization Assistance Program (WAP). Both programs help income-eligible Minnesotans save energy and money. **The deadline to apply for assistance during the winter of 2023 – 2024 is May 31, 2024.** The following information about these programs is from the Minnesota Department of Commerce.

### EAP – Help with energy bills

The EAP helps pay heating and electricity costs for qualifying households. As part of the program, payments for energy bills are sent directly to the household's energy company or to a fuel provider. Initial benefits average \$500 per household and can be up to \$1,400.

Both renters and homeowners can qualify, and eligibility is based on income and household size. Details on income guidelines can be found on the [Energy Assistance Program](#) page of the Minnesota Department of Commerce website.

### How to apply

Applications for EAP can be completed online. The [online application](#) is available only in English. However, printable applications are available in [Spanish](#), [Hmong](#), [Somali](#), [Vietnamese](#), and [English](#). Applications can also be [requested by mail](#).

The application asks for the following:

- Name, contact information, and address
- Names of the people in the household and their Social Security numbers or alternative ID numbers
- Household income information and documents to verify income
- Housing information
- Names of the energy companies that provide heat and electricity and the applicant's account numbers
- Any emergency heating needs

## EAP – Emergency help

The EAP also offers provides up to \$600 in additional grants for income-eligible Minnesotans who need help with the following:

- Preventing disconnection
- Getting reconnected to heat and power after disconnections
- Paying for emergency fuel deliveries of propane, heating oil, or biofuel

Homeowners may also be eligible to receive help with heating system repair or replacement.

### How to apply

Those facing an energy emergency can [call their local service provider to apply for a grant](#).

## WAP – Home energy upgrades

WAP provides free home energy upgrades that help income-eligible homeowners and renters save energy and ensure their homes are healthy and safe. Energy upgrades can decrease annual energy costs by up to 30 percent.

Those who qualify may receive a free home energy assessment to see whether cost-effective energy efficiency improvements can be completed in the residence. Potential energy upgrades include:

- Exterior wall and attic insulation
- Air leakage reduction
- Furnace, boiler, and water heater repair or replacement
- Ideas to help reduce home energy use, such as using a programmable thermostat

### How to apply

Eligibility is determined using applications for the EAP and eligible households are notified. **There's no need to fill out a second application for the WAP.** See information on how to apply for the EAP above.

## More information

- [Energy Assistance Program](#)
- [Energy Assistance Program Frequently Asked Questions \(FAQ\)](#)
- [Weatherization Assistance Program](#)
- [Application Help](#)

**Source:** Minnesota Department of Commerce, "Help with Heating Bills," accessed January 18, 2024, <https://mn.gov/commerce/energy/consumer-assistance>. 

## Important Dates

### ✓ County case management supervisor meetings

Meetings are held the third Thursday of the month, from 10:30 a.m. to 1 p.m., at PrimeWest Health in Alexandria, unless otherwise noted. Lunch is provided.

- February 15
- March 21
- April 18
- May 16
- June 20

You can find current and past issues of *PrimePartners* at [www.primewest.org/primepartners](http://www.primewest.org/primepartners).

## Contact Information

Care Management is here to support you! Have a question? Please email us at [CareManagement@primewest.org](mailto:CareManagement@primewest.org).

