PrimePartners
for Case Managers

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In this issue:

Welcome to Our New Care & Population Health Management Staff Members

Aja Mayer, RN, Quality Improvement Coordinator

We are excited to introduce you to two new staff members who joined our team recently—get to know a little about each of them below.

Joanna Girard, MSN, RN, PHN, Population Health Coordinator

Joanna lives in Alexandria with her husband, Justin, and their blended family including children Addison (11), Cecilia (7), Archer (5), and Emerson (8 months). Originally from Starbuck, Joanna lived in Hutchinson for roughly 16 years and then moved to Alexandria in 2022 when she married Justin. She is glad to be back in her home area around her family! Joanna and her family have a miniature schnauzer named Sarge, a Yorkie-poo named Ernie, and a cat named Leo. Joanna enjoys family walks and movie nights, going out on the lakes, reading, gardening, baking, golfing, and riding on the back of her husband's motorcycle.

Tia Imdieke, BSN, RN, Special Needs Plan Care Coordinator

Tia lives in Osakis with her husband, Luke, and their puppy, Poppy. Tia and Luke are newlyweds and just got married in April! Tia grew up in Osakis where she enjoyed playing a variety of sports throughout high school. During high school she also worked as a certified nursing assistant (CNA) at the local nursing home, which is where she developed her passion for nursing. In her free time, she loves spending time with family and friends and taking Poppy for lots of walks.

Helpful PrimeWest Health Dental Resources

Amanda Englund, Dental Services Coordinator

PrimeWest Health has several resources available for county case managers and other providers to find information about dental benefits and coverage, Service Authorization requirements, billing guidelines, and other details about PrimeWest Health's dental program. The list below provides a short description of some of these resources and what each can help you with.

- *Dental* section of the PrimeWest Health ***Provider Manual*** – Provides information on dental services, what

services are covered, when to request a Service Authorization, and the guidelines and criteria for each benefit that requires a Service Authorization

- Dental Covered Services Chart – Shows which dental codes are covered, which codes have restrictions, and which services require a Service Authorization
- Emailed Provider Updates – Contain important provider notifications and updates about dental benefits, coverage, Service Authorization requirements, and more. You can sign up to receive general PrimeWest Health updates and customized notifications based on your provider type by filling out a simple form.

PrimeWest Health has also developed several educational dental handouts you can use with members. Topics include things like how to prevent dental emergencies, how sour candy affects teeth, the connection between poor oral health and school performance, and what tooth decay looks and feels like.

MnCHOICES Certified Assessor Recertification Process

Skyler VonWahlde, RN, BSN, PHN, Special Needs Plan Care Coordinator

The MnCHOICES Certified Assessor certification is good for three years; you can view your current certification within your MnCHOICES profile under "credentials." Please be sure to complete the recertification process (below) before your certification expires. You will not be able to complete MnCHOICES Assessments if your certification is expired.

The recertification process below is from the Minnesota Department of Human Services (DHS) website. The process for getting recertified after a lapse is also included.

Please email **caremanagement@primewest.org** with any questions.

Complete recertification
Recertification is not complete until the certificate issued through TrainLink (course MNCH8020) is signed.

Assessor recertification timelines
The basic certification/recertification cycle (occurs every three years):

1. New certified assessors should print their certificate and get it signed by the proper supervisor.
2. While the assessor's certification remains valid, complete, record and document recertification CLUs.
3. Ask a supervisor to review your recertification CLUs.
4. Print the recertification certificate and have it signed by your supervisor.
5. Begin work on CLUs for recertification while the current certificate is valid.

TrainLink: MnCAT Step 4 Recertification (MNCH8020)

1. Enter all assessor recertification CLUs in this course and generate a new certificate.

   The course includes:
   —**Instructions (required):** This module trains an assessor on completing the recertification process in this course using a corresponding set of modules.
   —**Recertification documentation:** This is where the assessor enters their CLUs. Input the name of the activity, and provide a description that tells how the activity meets the CLU requirements in the comments area.
   —**Recertification certificate:** This module pulls previous certificate dates from the MnCHOICES database and issues a new certificate.

2. CLUs must be completed within the current certificate's start and end date.
   —Assessors can complete the recertification process before the end of the three-year period.

—To enter additional continued learning activities beyond the 45 CLUs for recertification:

- Do not enter CLUs that exceed the required 45 into the next recertification module. This module will contain CLUs that are earned during the assessors next three-year certification period. If an activity's data is not entered into the correct time period, the assessor will receive an error message from TrainLink.
- **TrainLink's Self Reporting Training section:** Assessors can record CLU activities that exceed the required 45 hours in the TrainLink self-reported training section.
- CLUs are meant to improve an assessor's current practices, therefore CLU's must be completed during the timeframe of the most recent valid certificate.

3. The assessor must save supporting documents.

4. The assessor prints the certificate and reviews their CLUs with an supervisor/mentor.

5. If an assessor's supervisor/mentor approves the CLUs, they will co-sign the certificate to make it valid….

Getting recertified after a lapse

When an assessor does not complete the recertification process within the required timeframe, their MnCHOICES certification expires/lapses.

- A certified assessor will be marked expired in the revised MnCHOICES system the day after the end date shown on their certificate.
- The assessor will have read-only access for MnCHOICES Assessments.
- After the certified assessor completes the TrainLink recertification (MNCH8020), by entering their CLUs, and prints the new certificate, the database is updated.
- Certificate dates are loaded into MnCHOICES each night.
- An assessor will experience delays in accessing the system if their certifications lapse, even for one day.
- If an assessor's certification lapses for more than 365 days, the assessor needs to retake and complete MnCAT steps 1 through 3 in TrainLink.

Reducing Hospital Readmissions

Joanna Girard, MSN, RN, PHN, Population Health Coordinator

Hospital readmissions, defined as a hospital admission within 30 days of an initial stay, pose significant challenges for both patients and health care systems. They are linked to inefficient use of resources and increased health care costs and have negative psychological and physical effects on patients and their families. The average cost of a hospital readmission in 2020 was $17,700 (Jiang and Barrett).

Among Medicaid and Medicare populations, the diagnoses most commonly associated with readmission include septicemia, heart failure, diabetes with complications, and renal failure. Other top diagnoses include schizophrenia and other psychotic disorders, pneumonia, and alcohol-related disorders (Jiang and Barrett). Social determinants of health (SDOH) may be one of the biggest drivers of hospital readmissions. According to the Centers for Medicare & Medicaid Services (CMS), lack of access to transportation, lack of social support, and lower education and income have been linked to increased readmission rates (CMS).

County case managers can help reduce readmissions by doing the following:

- Providing education and working with members to ensure they understand how to manage their condition
- Offering interventions such as providing care coordination post discharge, overseeing follow-up care, and monitoring member adherence to their treatment plan
- Providing information about resources that can help members with housing, transportation, and healthy food
- Referring members to the following PrimeWest Health programs and resources:
  - Community Health Workers (CHW) – PrimeWest Health CHWs work with members to promote healthy outcomes and connect them with health and social services. More information and a form for referring a member to a CHW are available on our website.

  - Medication Therapy Management (MTM) – This program can help members who take multiple medications or have very high drug costs. MTM has been shown to have a significant influence on reducing hospital readmissions (Budlong et al). More information about PrimeWest Health's MTM program is available on our website. If you work with a Families and Children, MinnesotaCare, Minnesota Senior Care Plus (MSC+), or Special Needs BasicCare member who meets the eligibility criteria and could benefit, encourage them to contact PrimeWest Health Member Services at **1-866-431-0801** (toll free) to learn more. PrimeWest Senior Health Complete (HMO SNP) and Prime Health Complete (HMO SNP) members are automatically enrolled in MTM if they qualify.
- Encouraging members to seek consistent preventive care to help maintain their overall health and improve health outcomes
  - County case managers can review the preventive and chronic disease practice guidelines PrimeWest Health has adopted for preconception, prenatal, and postpartum care; children; adolescents; young adults; and adults. These guidelines are reviewed annually and updated as appropriate.

Sources:

- Budlong, Holly, Amanda Brummel, Adam Rhodes, and Hannah Nici, "Impact of Comprehensive Medication Management on Hospital Readmission Rates," *Population Health Management* 21, no. 5 (2018): 395 – 400, https://doi.org/10.1089/pop.2017.0167.
- Centers for Medicare & Medicaid Services (CMS) Office of Minority Health, ***Guide for Reducing Disparities in Readmissions***, April 2024, http://www.cms.gov/about-cms/agency-information/omh/downloads/omh_readmissions_guide.pdf.
- Jiang, H. Joanna and Marguerite L. Barrett, "Clinical Conditions with Frequent, Costly Hospital Readmissions by Payer, 2020," Healthcare Cost and Utilization Project (HCUP) Statistical Brief #307, Agency for Healthcare Research and Quality (AHRQ), April 2024, https://hcup-us.ahrq.gov/reports/statbriefs/sb307-readmissions-2020.jsp.

Restricted Recipient Program (RRP)

Renea Weigel, LICSW, Behavioral Health Manager

The Restricted Recipient Program (RRP) was created by Minnesota State law and focuses on those with a history of misuse of medical services in a way that may cause harm. It is a universal program in the state of Minnesota that applies to services covered by MinnesotaCare or Medical Assistance, with the exception of services related to long-term care facilities. It does not apply to services covered by Medicare.

Members placed in the RRP do not lose any of their benefits by being in the program. Initial restriction is for 24 months, and a person's restricted status follows them to any public Medical Assistance program in the state. Once someone is placed in the RRP program, they are required to follow the requirements outlined below.

- Use one primary care provider for all care (provider must be located within 30 miles of member's residence)
- Use one clinic
- Use one pharmacy
- Use one hospital
- Have a referral from their assigned primary care provider for all other medical care, including specialty care

If you are aware of a member who has fragmented care or who may be misusing services and could benefit from RRP placement, please send a referral to the RRP team. The RRP team meets once a month to determine which members meet placement criteria. Referrals can be sent to the RRP team at **primewestRRPteam@primewest.org**.

Member Incentives for Preventive Services

Leah Anderson, Population Health Manager

PrimeWest Health wants our members to be healthy. Because preventive services are an important part of staying healthy, PrimeWest Health offers incentive gift cards to members for having these services completed. To receive the incentive, the member must complete the service and then let PrimeWest Health know by either returning a voucher to PrimeWest Health or submitting an online form. Some incentives have eligibility limitations.

PrimeWest Health must be the member's primary insurer on the date of service to qualify.

The following incentives are available to eligible members:

- **Colorectal Cancer Screening** – Members ages 45 – 75 years
  - Limit one per member per screening. Screening frequency is based on provider recommendations.
- **Dental Exam** – Families and Children, MinnesotaCare, and Special Needs BasicCare (SNBC) Medical Assistance-only members ages 1 – 20 years
  - Limit one per year per member for this service.
- **Mammogram** – Members who are female ages 50 – 74 years
  - Limit one every two years for this service.
- **Postpartum Visit** – Families and Children, MinnesotaCare, and SNBC Medical Assistance-only members who have a postpartum visit on or between 7 and 84 days after delivery
  - Limit one per member per pregnancy.
- **Retinal or Dilated Eye Exam** – Members with diabetes ages 18 – 75 years
  - Limit one per year per member for this service.
- **Childhood Vaccines** – Members up to date on all vaccines before age 2 years
- **Well-Child Visits** – Members ages birth – 15 months
  - Limit six per child for this service during this age range.
- **Well-Child Visits** – Members ages 15 – 30 months
  - Limit two per child for this service during this age range.
- **Well-Child Visits** – Members ages 3 – 11 years
  - Limit one per child per year for this service.
- **Well-Child Visits** – Members ages 12 – 17 years
  - Limit one per child per year for this service.
- **Wellness Visits for Young Adults** – Families and Children, MinnesotaCare, and SNBC Medical Assistance-only members ages 18 – 21 years
  - Limit one per year per member for this service.

You can find more information about these incentives on our website, as well as links to both print vouchers and the online form members can submit to get the incentive gift card.

If you have questions about our incentive program, please call the Provider Contact Center at **1-866-431-0802** (toll free).

County Case Management Updates

Skyler VonWahlde, RN, BSN, PHN, Special Needs Plan Care Coordinator

The PrimeWest Health Special Needs Plan team utilizes the County Case Management Updates page of the ***County Case Management Manual*** to post updates for county case managers. When an update is posted, you will receive an email with a link to the update. Please be sure to review each update that is sent out. If you are not receiving the emails, please contact **caremanagement@primewest.org**.

County Case Management Manual

County Case Manager Updates

Health Care Directives

Natasha Jevnager, RN, Special Needs Plan Care Coordinator

As a county case manager, you play an important role in helping members make health care decisions and plans, including planning for end-of-life care and situations when a member is unable to make medical decisions. Discussing Health Care Directives (sometimes called "Advance Directives") with members is a crucial step in this process.

What is a Health Care Directive and what makes it valid?

The term "Health Care Directive" refers to a written statement of a person's wishes regarding medical treatment made to ensure those wishes are carried out if the person becomes unable to communicate them. The holder of the Health Care Directive can name a person ("agent") to make medical decisions if the holder is unable or does not want to make these decisions. The agent cannot be the person's health care provider, unless the health care provider is a family member or the person has given reasons for naming the health care provider as the agent. A person must be at least age 18 to make a Health Care Directive. In addition, while a designated form is not required, a Health Care Directive must meet the following requirements to be legal:

- Be in writing and dated
- State the member's name
- Be signed by the member or someone the member authorized to sign when their ability to understand and communicate health care wishes was intact
  - The signature must be verified by a notary public or two witnesses
- Include the appointment of an agent to make health care decisions and/or instructions about the health care choices the member wishes to make (MDH)

What are the types of Health Care Directives?

The following are the four main types of Health Care Directives. All definitions are from the American Cancer Society.

The living will

The living will is a legal document used to state certain future health care decisions only when a person becomes unable to make the decisions and choices on their own. The living will is only used at the end of life if a person is terminally ill (can't be cured) or permanently unconscious….

Durable power of attorney for health care/Medical power of attorney

A durable power of attorney for health care, also known as a medical power of attorney, is a legal document in which you name a person to be a proxy (agent) to make all your health care decisions if you become unable to do so. Before a medical power of attorney can be used to guide medical decisions, a person's physician must certify that the person is unable to make their own medical decisions….

POLST (Physician Orders for Life-Sustaining Treatment)

A POLST form also helps describe your wishes for health care, but it is not an advance directive. A POLST form has a set of specific medical orders that a seriously ill person can fill in and ask their health care provider to sign. A POLST form addresses your wishes in an emergency, such as whether to use CPR (cardiopulmonary resuscitation) in an emergency, or whether to go to a hospital in an emergency and be put on a breathing machine if necessary, or stay where you are and be made comfortable….

Do not resuscitate (DNR) orders

...A Do Not Resuscitate or DNR order means that if you stop breathing or your heart stops, nothing will be done to try to keep you alive.

There are two types of DNR orders: one works while you are in the hospital, and one works when you are outside the hospital.

If you are in the hospital, you can ask your doctor to add a DNR order to your medical record. You would only ask for this if you don't want hospital staff to try to revive you if your heart or breathing stopped….

The non-hospital DNR is intended for Emergency Medical Service (EMS) teams. Unless you have a valid and visible DNR order, the EMS teams who answer 911 calls are required to try to revive and prolong life every way they can. A non-hospital DNR must be signed by both the patient and the health care provider.

For more detailed information on the different types of Health Care Directives, please review PrimeWest Health's Health Care Directive (HCD) on-demand training in the ***County Case Management Manual***.

What is the role of the county case manager in assisting members with their Health Care Directives?

PrimeWest Health's goal is to make sure all members have documented their health care wishes in a Health Care Directive, and county case managers should have annual discussions with members about Health Care Directives. Documentation showing that this conversation has occurred is logged in case notes as well as in the PrimeWest Health Skilled Nursing Facility (SNF) Comprehensive Assessment Tool. It is also important that county case managers encourage members to talk with their primary care provider or other health care providers about their health care wishes before starting or revising a Health Care Directive.

Part of your role as a case manager is to discuss and answer questions related to Health Care Directives to help facilitate their completion. It is the responsibility of the member, legal representative, or appointed guardian to ensure the Health Care Directive is completed after discussion with the member's primary care provider and interdisciplinary care team (ICT). Encourage members to review and revise their Health Care Directives periodically and as they experience changes in their health. Remind members to give a copy of their Health Care Directive to all ICT members each time the document is updated.

A printable Minnesota Health Care Directive form is available on our website for member use.

Additional resources

Members can also get more information and Health Care Directive forms by going to the Minnesota Board on Aging's website or by calling the Board's Senior LinkAge Line® at **1-800-333-2433** (toll free).

Sources:

- American Cancer Society, "Types of Advance Directives," May 13, 2019, www.cancer.org/treatment/finding-and-paying-for-treatment/understanding-financial-and-legal-matters/advance-directives/types-of-advance-health-care-directives.html.
- Minnesota Department of Health (MDH), "Questions and Answers about Health Care Directives," October 4, 2022, www.health.state.mn.us/facilities/regulation/infobulletins/advdir.html.

Addressing Vaccine Safety from Start to Finish

Natasha Jevnager, RN, Special Needs Plan Care Coordinator

PrimeWest Health members of all ages can benefit from the protection that vaccines offer against serious diseases such as measles, tetanus, and hepatitis B. County case managers play a crucial role in helping to make sure our members have the correct information on vaccines, including their risks and benefits. Providing education about how vaccine safety is monitored can help dispel fears and foster confidence in the member that they are making the best choice possible for themselves and for their family. The following can be used to help answer members' questions.

Most vaccines are covered by PrimeWest Health and are available at a variety of locations. You can find complete information in the *Immunizations & Vaccinations* section of the PrimeWest Health ***Provider Manual***.

Which vaccines should I get?

Emphasize to members that the best source of information about vaccinations is their primary care provider. Their provider can make personalized vaccine recommendations based on things like age, health history, travel destinations, sexual activity, lifestyle, occupation, and previous vaccinations (Mayo Clinic).

What if I don't know my vaccination history?

Some members may not be sure of their vaccination history. In this case, encourage members to talk to their parents or other caregivers (if available) to get any historical information possible. Other helpful sources may

include previous medical providers, schools, employers, or state health organizations. If a member's vaccination history isn't available, they may be able to get a blood test to verify immunity to certain diseases (Mayo Clinic).

How do I know vaccines are safe?

Knowing how the testing and approval process works can help reassure members. Let them know that before vaccines are recommended for use, they are tested in labs through a process that can take years. The U.S. Food and Drug Administration (FDA) evaluates the results to decide whether to test the vaccines on people as part of a clinical trial. In clinical trials, people volunteer to get vaccinated to help researchers determine if the vaccine is safe and effective in humans (HHS, 2021).

As the U.S. Department of Health and Human Services (HHS) notes, "Throughout the process, FDA works closely with the company producing the vaccine to evaluate the vaccine's safety and effectiveness. All safety concerns must be addressed before FDA licenses or authorizes a vaccine" (HHS, 2021).

Let members know that even after a vaccine is approved, it continues to be tested and monitored. Batches of the vaccine are tested to verify key aspects such as potency, purity, and sterility. "FDA reviews the results of these tests and inspects the factories where the vaccine is made. This helps make sure the vaccines meet standards for both quality and safety." Further, "Once a vaccine is recommended for use, FDA, CDC [Centers for Disease Control and Prevention], and other federal agencies continue to monitor its safety" (HHS, 2021).

There are also data collection systems in place such the Vaccine Adverse Events Reporting System (VAERS), which is "designed to find possible vaccine safety issues" based on reported side effects. The system "helps track unusual or unexpected patterns of reporting that could mean there's a possible vaccine safety issue that needs further evaluation" (HHS, 2021).

How common are side effects?

You can reassure members that most people don't have serious side effects from vaccines. Common side effects include pain, swelling, or redness where the shot was given; mild fever; chills; tiredness; headache; and muscle and joint aches. These symptoms are usually mild and resolve quickly on their own (HHS, 2022).

According to the HHS, "Serious side effects from vaccines are extremely rare. For example, if 1 million doses of a vaccine are given, 1 to 2 people may have a severe allergic reaction." Because serious reactions can happen, members should be advised to call **911** or go to the nearest hospital if they experience difficulty breathing, swelling of the face or throat, a fast heartbeat, a bad rash all over their body, dizziness, or weakness (HHS, 2022).

Details on the specifics of each vaccine, including potential side effects, can be found in the Vaccination Information Statement (VIS) for that vaccine. These are distributed at the time of vaccination and are also available on the CDC's website.

Sources:

- Mayo Clinic, "Vaccines for Adults: Which Do I Need?" October 5, 2024, www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/vaccines/art-20046750.
- U.S. Department of Health and Human Services (HHS), "Vaccine Safety," April 29, 2021, www.hhs.gov/immunization/basics/safety/index.html.
- U.S. Department of Health and Human Services (HHS), "Vaccine Side Effects," May 6, 2022, www.hhs.gov/immunization/basics/safety/side-effects/index.html.

Important Dates

County case management supervisor meetings

Meetings are held **quarterly** on 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 for in-person attendees. Upcoming meeting dates:

- October 16, 2025
- January 15, 2026

County case manager meetings

Meetings are held **monthly** on the fourth Thursday of the month, from 10:30 a.m. to 1 p.m., via Microsoft Teams. You will receive an email containing the agenda along with a meeting link the week of the meeting. Upcoming meeting dates:

- September 25, 2025
- October 23, 2025

Contact Information

Care Management is here to support you! Have a question? Please email us at caremanagement@primewest.org.

You can find current and past issues of ***PrimePartners*** at www.primewest.org/primepartners.

PrimeWest HEALTH

Your *greater* Minnesota health plan

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