PrimePartners
for Case Managers

Volume 13, Issue 2
August 2019

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Free Cultural Competency E-Learning Opportunity

Elizabeth Warfield, RN, BSN, PHN, SNP Manager

The U.S. Department of Health & Human Services (HHS) has developed a free e-learning program called "Improving Cultural Competency for Behavioral Health Professionals." While this program is geared toward behavioral health professionals, it includes information helpful for anyone working with clients who have unique cultural and communication needs.

This self-paced program offers the following accreditation hours:

- Five contact hours for licensed alcohol and drug counselors, nurses, psychologists, and psychiatrists
- Four contact hours for social workers

Other professionals may earn a Statement of Participation. You can learn more about this program and register on the HHS website.

Stress Relief

Jennifer Bundy, RN, MSN, PHN, CMCN, CCP, Director of Care Management

As a professional working with people who come to you for help and support, you may feel stressed at times—or even a lot of the time. Managing stress is an important part of your overall health and we want to remind you to take some time for yourself! We hope the information in this article will help you de-stress and relax, even while working in a challenging field.

Stress

Stress can be short-term and it can even be useful. It can motivate you to do your best or help you handle a high-stakes situation. Long-term stress, however, can be harmful to your health, leading to heart disease, high blood pressure, depression, anxiety, and other health problems (NIMH).

Stress relief

Fortunately, there are things you can do to manage and relieve stress. Exercise is one of the best ways to de-stress. Physical activity causes your body to release chemicals called endorphins, which can reduce feelings of pain and even give you a feeling of euphoria (WebMD). Exercise can also help you sleep better and take your mind off the stress in your life as you focus on your body instead (Mayo Clinic).

There are many different kinds of exercise, and simple things like walking count! All that matters is that you get up and move around. You can bike, garden, jog, or try something a little different like yoga, an exercise that combines components of meditation and breathing techniques, which are other great stress relievers.

Deep breathing or "belly breathing" is a proven way to relax as it lowers your heart rate and blood pressure (Moninger). It's called belly breathing because you breathe from your belly (or diaphragm) instead of your chest. You can practice deep breathing anywhere. Just sit up straight or lie down and put a hand on your stomach. Breathe in through your nose for about two seconds, making the hand on your stomach rise. Then breathe out through your mouth for about two seconds. Your hand should move in. Repeat these steps until you feel more relaxed (Healthline).

It can be hard to find time, but staying connected with friends and family can also help you handle stress. Talk to others about what's going on and listen to their perspectives. Don't forget to talk about the lighter parts of your day. Laughing lowers stress hormones and boosts endorphins (Moninger).

De-stress for your health

Stress is a part of daily life, but there are ways to manage it by taking time for yourself—take a walk, take some deep breaths, and take a break with a friend. It will boost your mood and help you avoid long-term health issues.

Sources:

- Healthline, "What Is Diaphragmatic Breathing?" accessed July 26, 2019, www.healthline.com/health/diaphragmatic-breathing#benefits.
- Mayo Clinic "Exercise and Stress: Get Moving to Manage Stress," March 8, 2008, www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/exercise-and-stress/art-20044469.
- Moninger, Jeannette, "10 Relaxation Techniques That Zap Stress Fast," WebMD, reviewed December 10, 2017, www.webmd.com/balance/guide/blissing-out-10-relaxation-techniques-reduce-stress-spot#1.
- National Institute of Mental Health (NIMH), "5 Things You Should Know About Stress," accessed July 25, 2019, www.nimh.nih.gov/health/publications/stress/index.shtml.
- WebMD, "Exercise and Depression," reviewed February 21, 2018, www.webmd.com/depression/guide/exercise-depression#1.

Check out PrimeWest Health's Other Newsletters

Elizabeth Warfield, RN, BSN, PHN, SNP Manager

In addition to ***PrimePartners***, PrimeWest Health publishes two other newsletters. ***PrimeLines*** is for members, and ***PrimePointers*** is for providers.

PrimeLines is a quarterly health and wellness newsletter for members that focuses on prevention and encourages members to take charge of their own health, make lifestyle changes, and have regular visits with a health care provider. It is mailed to all member households and is also available on our website. We encourage you to take a peek so you're aware of the information members are receiving. In addition to our Annual Report, which tells members about our performance over the past year, the Summer 2019 issue included articles about the following:

- Deciding the right level of care to seek for an illness or injury
- Helping older adults with their oral health care
- Making the switch from a pediatrician to a family practice provider/internal medicine provider

PrimePointers is a quarterly electronic newsletter that contains information and news useful to providers. Regular topics include PrimeWest Health billing, coding, State and Federal requirements, and medical and performance updates. Articles are organized based on which type of reader is most likely to find them useful—

business office staff, medical providers, management, and contracting and credentialing staff. The Summer 2019 issue included articles about the following:

- A new process for submitting electronic provider Appeals
- Ideas for improving vaccination rates
- How to refer a member for summer diabetes camp
- Recommendations for opioid use from the American Dental Association (ADA) and the American Association of Oral and Maxillofacial Surgeons (AAOMS)
- How to let us know your thoughts about our Disease Management programs
- The 2019 Providers & Partners Fall Conference

If these articles sound interesting, you can sign up to receive notification each time a new issue of ***PrimePointers*** is published.

Senior LinkAge Line® and Disability Hub MN

Elizabeth Warfield, RN, BSN, PHN, SNP Manager

Senior LinkAge Line and Disability Hub MN are great sources of information for county case managers and members alike. You can help members by familiarizing yourself with the types of assistance each can provide and referring members to these resources when applicable.

The Minnesota Board on Aging's free information and assistance service, Senior LinkAge Line, helps connect seniors with needed services and provides personalized information to help them and their families make important decisions. Minnesota seniors can call **1-800-333-2433** (toll free) or use the online chat feature Monday – Friday, 8 a.m. – 4:30 p.m. The following are some examples of things the Senior LinkAge Line can help with:

- Questions about Medicare
- Prescription drug expense assistance
- Applying for Medical Assistance (Medicaid) and Medicare
- Long-term care planning and insurance
- Caregiver planning and support
- Grandparents raising grandchildren
- Volunteer and employment resources
-

Disability Hub MN is a free resource network that helps people with disabilities understand and make decisions about things like housing, work, health, and money. Minnesotans with disabilities can log on to the website any time or call **1-866-333-2466** (toll free) or use the online chat feature Monday – Friday, 8:30 a.m. – 5 p.m. The following are some examples of things offered through Disability Hub MN:

- Links to planning tools
- Resources to help facilitate successful employment outcomes
- Tools and strategies to balance work and life
- Housing options
- Resources for managing health

We encourage you to take a look at these valuable resources and to share them with members. They each have a lot to offer!

Sources:

- Disability Hub MN, "Welcome to the Hub," accessed July 31, 2019, https://disabilityhubmn.org.
- Minnesota Board on Aging, "Senior LinkAge Line," accessed August 1, 2019, www.mnaging.net/en/Advisor/SLL.aspx.
- Senior LinkAge Line, "Senior LinkAge Line," accessed July 31, 2019, http://seniorlinkageline.com.

Referring Members to the Restricted Recipient Program (RRP)

Daniel Turner, Behavioral Health Care Coordinator

The Restricted Recipient Program (RRP) is for Minnesota Health Care Programs (MHCP) recipients who have used services at a frequency or amount that is not medically necessary and/or who have used health services in a way that resulted in unnecessary costs. Members in this program are restricted to one primary care provider, clinic, pharmacy, and hospital. The primary care provider works closely with the member to ensure he/she receives appropriate care and authorizes any referrals to other providers the member needs.

If you would like to refer a PrimeWest Health member to this program, please call the Provider Contact Center at **1-866-431-0802** (toll free) and ask to speak with a member of the RRP team. The RRP team will review the services the member has received and determine whether he/she meets criteria for placement in this program. You can also refer a member by contacting his/her care coordinator and explaining why you believe the member should be placed in the program. The care coordinator will pass the information along to the RRP team for review.

If you have any questions about the RRP or referring a member to this program, please call the Provider Contact Center at **1-866-431-0802** (toll free) and ask to speak to a member of the RRP team. You can also find information in our RRP handout for providers.

Signs and Symptoms of Opioid Addiction

Danielle Turner, Behavioral Health Care Coordinator

Opioid use in Minnesota is a problem: In 2017, 422 people in our state died as a result of an overdose involving opioids (NIDA). As a county case manager, you can help prevent overdoses by recognizing the signs and symptoms of opioid addiction and helping the members you work with get the care they need.

The Mayo Clinic lists the following signs and symptoms of opioid use or addiction:

- Reduced sense of pain
- Agitation, drowsiness or sedation
- Slurred speech
- Problems with attention and memory
- Constricted pupils
- Lack of awareness or inattention to surrounding people and things
- Problems with coordination
- Depression
- Confusion
- Constipation
- Runny nose or nose sores (if snorting drugs)
- Needle marks (if injecting drugs)

If you are aware that a member you work with is taking opioids, talk to him/her about the dangers and the possibility of addiction. Remind all members to take medication as prescribed and to never give their medication to anyone else. This is a common problem, as the University of Minnesota reports that "more than half of the people who abuse prescription drugs get them for free from a family member." Instead, tell members how to dispose of their unused medications properly. Let them know of any upcoming drug take-back days and locations that accept unused prescription drugs such as pharmacies and police departments. Tell members not to flush medication down the toilet or dump it down the drain where it can end up in the water supply (Office of the Minnesota Attorney General). If members can't find a drop-off site, let them know they should remove their information from the prescription label, mix the medication with something unappealing (dirt or kitty litter), put it in a plastic bag, and throw it the garbage (FDA).

Thank you for doing your part to prevent opioid abuse and addiction. If you have questions or would like more information, please contact **Danielle Turner**.

Sources:

- Mayo Clinic, "Drug Addiction (Substance Use Disorder)," October 26, 2017, www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112.
- National Institute on Drug Abuse (NIDA), "Minnesota Opioid Summary," March 2019, www.drugabuse.gov/opioid-summaries-by-state/minnesota-opioid-summary.
- Office of the Minnesota Attorney General, "How & Where to Dispose of Unwanted Prescription Painkillers and Other Drugs," accessed July 24, 2019, https://doseofreality.mn.gov/drug-takeback/default.asp.
- University of Minnesota Health Sciences, "Opioid Addiction," accessed July 24, 2019, www.health.umn.edu/research/research-topics/addiction/opioid-addiction.
- U.S. Food and Drug Administration (FDA), "Drug Disposal: Dispose 'Non-Flush List' Medicine in Trash," accessed July 24, 2019, www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-dispose-non-flush-list-medicine-trash.

Post-Surgery Pain Medication: Emergency Requests

Ann Ehlert, PharmD, Pharmacy Manager

PrimeWest Health placed limits on opioid prescriptions effective October 1, 2018. These limits were put in place to address the nationwide opioid epidemic, and are required by the Universal Pharmacy Policy Workgroup, a collaboration of all managed Medical Assistance (Medicaid) plans in Minnesota and the Minnesota Department of Human Services (DHS).

Because of these new limits, some members have experienced difficulty filling medications for post-surgery pain. If a member is in urgent need of pain medication, the member's pharmacy or provider can call the MedImpact Pharmacy Help Desk at **1-800-788-2949** (toll free) and request an "**emergency** 72-hour override." **The word "emergency" must be used** to trigger the appropriate override. The override will allow for a 72-hour supply of one opioid medication. If the override is given for hydrocodone, the claim will only be paid for hydrocodone. If the override is given for hydrocodone and the prescription was then changed to oxycodone, PrimeWest Health will not pay the claim for oxycodone.

Once the urgent need has been addressed, prior authorization is still required for further dispensing of pain medication. It's important that providers remember to follow up and submit these requests for additional medication.

Please relay this information to providers/pharmacists who may contact you with questions. If *you* have any questions, please contact **Ann Ehlert**.

August Is National Immunization Awareness Month

Elizabeth Warfield, RN, BSN, PHN, SNP Manager

Each year, PrimeWest Health includes vaccine schedules in our member newsletter, ***PrimeLines***, to help members see which vaccines they need and when. The schedules attached at the end of this issue were originally shared with members in the Winter 2018/New Member 2019 issue of ***PrimeLines***, and we are including them here for your reference.

Important Dates

✓ County supervisor meetings

Meetings are held the third Thursday of the month, from 10 a.m. to 2 p.m., at PrimeWest Health in Alexandria, unless otherwise noted.

August 15
September 19
October 17
November 21
December 19

✓ Fall Providers & Partners Conference

October 16, Arrowwood Resort, Alexandria

Contact Information

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

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Recommended Vaccines for Children from Birth – 18 Years[1]

VACCINE	AGE								
	Birth	2 months	4 months	6 months	12 – 18 months	4 – 6 years	7 – 10 years	11 – 12 years	12 – 18 years
Hepatitis B (Hep B) – protects against a virus that attacks the liver	✓	✓ 1 – 2 months after first hepatitis B shot		✓ 6 – 8 months after first hepatitis B shot		✓ If child did not get shots earlier			Check with your health care provider at each visit to be sure your child's vaccines are up to date
Diphtheria, tetanus, pertussis (whooping cough) (DTaP/Tdap)		✓ DTaP	✓ DTaP	✓ DTaP	✓ DTaP	✓ DTaP		✓ Tdap	
Polio		✓	✓	✓		✓			
Measles, mumps, rubella (MMR)					✓	✓			
***Haemophilus influenzae,* type B** (Hib)		✓	✓	✓	✓				
Pneumococcal (PCV13) – protects against bacteria that can cause meningitis		✓	✓	✓	✓				
Hepatitis A (Hep A) – protects against a virus that attacks the liver				✓ 2 doses between 1st and 2nd birthdays, separated by 6 or more months					
Rotavirus – protects against a virus that causes severe diarrhea in infants		✓	✓	✓[2]					
Varicella (chickenpox)					✓	✓	✓ If child did not get shots earlier or have disease		
Meningococcal conjugate (MCV4) – protects against some bacteria that cause meningitis		✓ Children with certain diseases or risk factors should have vaccine between 8 weeks and 24 months; check with your health care provider						✓	✓ Booster at age 16
Human papillomavirus (HPV) – this series protects against genital warts and cervical, throat, penile, and anal cancers							✓ Can start vaccine at age 9	✓ Ideal age for vaccine series	✓ If child did not get series at 11 – 12 years, give at 13 – 18 years
Influenza[3] (flu)				✓ Children ages 6 – 24 months should have 2 shots each year		✓ Each fall			

[1]This schedule may vary. It will depend on your specific health care provider and your child's medical needs.

[2] Depending on which vaccine is used, this may or may not be needed. Talk with your health care provider.

[3]All children ages 6 – 24 months should get 2 flu vaccine doses if they are getting the flu vaccine for the first time. Children 3 – 18 years should get 1 flu vaccine each year. This is especially important for children with risk factors like asthma and diabetes.

Source: Centers for Disease Control and Prevention (CDC). "Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, United States, 2018" (Jan 2018). **www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf**.

Recommended Vaccines for All Adults over Age 18

VACCINE	AGE		
	18 – 49 years	50 – 64 years	65 years & over
Influenza (flu)	✓ Recommended **every year for all adults**		
Pneumococcal (PCV, PCV13, PPSV23)	✓ 1 – 2 doses if you have **certain chronic medical conditions**[1] (this includes smoking, diabetes, chronic lung disease, and chronic kidney disease)		✓ 1 dose of PCV13 at **age 65 (or over)** if you have never had this shot, followed by PPSV23 at least 1 year after PCV13
Tetanus, diphtheria (Td) **Tetanus, diphtheria, pertussis** (Tdap)	✓ All adults should substitute the next Td booster shot with Tdap 1 time, then **continue with Td every 10 years**		
Hepatitis B (Hep B)	✓ You need this shot if you have a **specific risk factor for hepatitis B virus infection**[1] or you simply wish to be protected from this disease		
Hepatitis A (Hep A)	✓ You need this shot if you have a **specific risk factor for hepatitis A virus infection**[1] or you simply wish to be protected from this disease		
Human papillomavirus (HPV) – for protection against genital warts and cervical, oral pharyngeal, rectal, and anal cancers	✓ This vaccine is covered for men and women up to age 26; talk to your health care provider		
Varicella (chickenpox)	✓ If you've **never had chickenpox** or received only 1 dose of the vaccination, talk to your health care provider about whether you need this vaccine		
Measles, mumps, rubella (MMR)	✓ If you were **born after 1957,** you may need to get this vaccine. Talk to your health care provider to see if you need this vaccine.		
Meningococcal conjugate (MCV4)	✓ If you are a **young adult going to college** and plan to live in a dormitory, you need to be vaccinated against meningococcal disease. People with **certain medical conditions** should also receive this vaccine.[1]		
Zoster (shingles)		✓ If you are age 50 or over, you should have 1 – 2 doses of this vaccine	

[1]Talk with **your** health care provider about your level of risk for infection and your need for this vaccine.

Source: Centers for Disease Control and Prevention (CDC). "Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018" (Feb 2018). **www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf**.