

PrimePartners

for Case Managers

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MedImpact: New Pharmacy Benefits Manager (PBM) Effective January 1, 2016

Ann Ehlert, PharmD, Pharmacy Manager

PrimeWest Health will have a new pharmacy benefits manager (PBM), MedImpact, effective January 1, 2016. Members will receive new ID cards with the new PBM information in December 2015. The information below is needed to process a pharmacy claim as of January 1, 2016.

Part D	Medicaid
• RxBin (Bank Identification Number): 015574 • RxPCN (Processor Control Number): ASPROD1 • RxGrp (Group): PRW01 • MedImpact Pharmacy Help Desk #: 1-877-391-9294	• RxBin (Bank Identification Number): 017142 • RxPCN (Processor Control Number): MNPROD1 • RxGrp (Group): PRW02 • MedImpact Pharmacy Help Desk #: 1-800-788-2949

In most cases, members who are taking a medication that is not on MedImpact's formulary will be able to continue getting that medication. If a member finds a drug he/she thinks should be covered, the member can call Member Services at **1-866-431-0801** (toll free) for assistance.

If you have questions, please contact **Ann Ehlert**. 

MnCHOICES Launch Postponed

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

A September 29, 2015, memo from the Minnesota Department of Human Services (DHS) announced that the launch of MnCHOICES for managed care organizations (MCOs) will be postponed. More work is needed to stabilize and enhance the application.

DHS anticipates that MnCHOICES will not be available for MCO use before August 2016. DHS plans to continue to work with lead agencies to develop specific plans for training MCOs to use MnCHOICES.

If you have any questions, please visit the DHS MnCHOICES web page at www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=hs16_180264. 

Socialization in Customized Living (CL)

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

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

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

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

Telephone Equipment Distribution (TED) Program

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

The Telephone Equipment Distribution (TED) Program loans telephone equipment at no cost to people who have hearing loss or a speech or other physical disability that limits their ability to use a standard telephone. To be eligible for the TED Program, the person needs to live in Minnesota, have phone service in the home or have applied for phone service, and have a family income equal to or below the established guidelines found at the link below.

Equipment with various features is available, including the following:

- Amplification for voice clarification
- Braille
- Captioning
- Speakers
- Speech amplification
- Ring signalers

As a case manager, you may very well find yourself working with members who could benefit from this service. For additional information or to help a member apply for the program, please visit the TED Program web page at www.mn.gov/dhs/people-we-serve/adults/services/deaf-hard-of-hearing/programs-services/telephone-equipment.jsp or contact the program via one of the following methods:

- Phone: **1-800-657-3663** (toll free)
- Fax: **1-651-431-7587**
- Email: ted.program@state.mn.us 

Person-Centered Language

Ann Tesch, RN, BSN, PHN, CCP, Complex Care Coordinator

The purpose of language is to communicate. This may seem fairly obvious, but as PrimeWest Health updates our care delivery models to include a person-centered focus, we need to be especially aware of how we communicate with the people we support. Effective language should convey respect, acceptance, and understanding. It should support positive, trusting relationships that acknowledge individuality.

To use person-centered language effectively, remember that language is powerful and that each person we support may interpret what we say differently than we had intended.

It can be easy to define people by the language used to refer to them. When talking to members, ask how they would like to be addressed. Is it okay to use a first name? Does the member prefer something more—or less—formal? When talking about a member in respect to his/her condition, be careful not to define the person by the condition. For example, instead of referring to someone as “a diabetic,” you might say that the person “has diabetes.” Recognize that the person is more than his/her health concerns. These are two examples of ways to use language that focuses on the person—not preconceived cultural norms or a condition the person happens to have.

Using person-centered language helps remind us that members are unique individuals and valued members of the community. In turn, this can help change the way members think about themselves. Being on the receiving end of person-centered language can give people the opportunity to feel respected, valued, and understood.

For additional information on person-centered language and thinking, please contact **Ann Tesch**. 

American Diabetes Month: Learn about the Different Types of Diabetes

As case managers, you will likely encounter members with diabetes. Some may be newly diagnosed and others may have had it for a long time. In honor of American Diabetes Month this November, take a moment to refresh your knowledge about diabetes so you can help educate members and encourage them to manage their condition.

Diabetes overview

To help members better understand diabetes, they need to understand what insulin is. Insulin is a hormone produced by the pancreas that helps keep your blood glucose (sugar) level from getting too high or too low. It moves excess glucose from your bloodstream into your cells. Your body releases this stored up glucose when your blood glucose level is too low. If your blood glucose level is too high, your pancreas secretes more insulin. Diabetes results when the body doesn't produce enough insulin or cells don't respond to the insulin the way they should.

Symptoms of diabetes include extreme thirst, hunger, or tiredness; frequent urination; blurry vision; tingling, pain, or numbness in hands or feet; and bruises or cuts that are slow to heal. If members have any of these symptoms, encourage them to make an appointment with their primary care provider. If left unchecked, diabetes can lead to damage of the heart, blood vessels, nerves, kidneys, eyes, and feet.

There are three main types of diabetes: type I, type II, and gestational diabetes.

Type I diabetes

Type I diabetes is sometimes known as juvenile diabetes because it is most often diagnosed in children and young adults, although it can develop in adulthood. Five percent of people with diabetes have type I.

Type I diabetes occurs when the body does not produce insulin. Because the body can't produce insulin to bring blood glucose down, people with type I diabetes often experience high blood glucose levels. Insulin injections have to be managed carefully so that blood glucose levels don't get too low.

Managing type I diabetes involves life-long insulin therapy. (Type I diabetes is known as insulin-dependent diabetes.) Healthy eating habits, regular exercise, and maintaining a healthy weight are also key components of treatment. People with type I diabetes need to frequently check blood glucose levels to make sure they are not too high or too low.

Type II diabetes

Type II diabetes is the most common type of diabetes and is increasing in prevalence. As a case manager, this will likely be the most common type of diabetes you will see in members. With type II diabetes, the body makes insulin, but it does not use it properly. This is known as insulin resistance. According to the American Diabetes Association (ADA), "Some groups have a higher risk for developing type 2 diabetes than others. Type 2 diabetes is more common in African Americans, Latinos, Native Americans, and Asian Americans/Pacific Islanders, as well as the aged population."

Managing type II diabetes involves healthy eating and regular exercise, as well as blood glucose monitoring. Diabetes medication or insulin therapy may also be necessary.

Gestational diabetes

The third type of diabetes is called gestational diabetes. This type of diabetes occurs when a woman previously unaffected by diabetes develops high blood glucose levels while pregnant. A 2014 study by the Centers for Disease Control and Prevention (CDC) cited by the ADA notes gestational diabetes affects as many as 9.2 percent of pregnant women. Gestational diabetes is usually diagnosed around the 24th week of pregnancy.

During pregnancy, the placenta produces high levels of hormones, most all of which impair the action of insulin cells. Extra blood glucose goes through the placenta to the fetus. In turn, the fetus's pancreas makes extra insulin to get rid of the extra glucose. The extra glucose is usually stored as fat. Newborns of mothers with gestational diabetes can have low blood glucose levels at birth and can also be at higher risk for breathing problems. These babies can become children who are at risk for obesity and adults who are at risk for type II diabetes.

Pregnant women who develop gestational diabetes are at risk for high blood pressure and preeclampsia. Women who have gestational diabetes with one pregnancy are more likely to get it during a subsequent pregnancy. Gestational diabetes also increases the risk of developing type II diabetes later in life, so remind members to continue taking care of their bodies after giving birth.

With proper treatment and close monitoring of the developing fetus, most women with gestational diabetes have healthy babies. Treatment includes monitoring blood glucose levels, eating healthy foods, and exercising. If necessary, medication may also be prescribed. A mother's blood glucose levels usually return to normal after birth.

Encourage members with diabetes to follow their treatment plans. This includes eating right, exercising, monitoring blood glucose levels, taking medications as prescribed, and getting recommended tests and screenings. If the member requests, you can attend medical appointments, including meetings with dietitians and diabetes educators. Also be sure to keep the member's interdisciplinary care team (ICT) up-to-date and update the member's care plan with any changes in prescriptions or provider recommendations.

For more in-depth information and resources, you can visit the ADA's website at www.diabetes.org.

Sources:

ADA. Accessed October 20, 2015, www.diabetes.org. Mayo Clinic. "Gestational Diabetes." Accessed October 20, 2015, www.mayoclinic.org/diseases-conditions/gestational-diabetes/basics/definition/con-20014854. 

Models of Care: Part 3 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 3

Chapter 3 provides a description of the network of health care providers who are contracted to provide health care services to PrimeWest Health's Special Needs Plan (SNP) members.

PrimeWest Health provides a contracted comprehensive network of primary care providers, specialists, and facilities with the specialized clinical expertise pertinent to the diagnosis and treatment of the special needs population.

Chapter 3 provides information on each of the following:

- **Provider network and specialized expertise**
 - Description of the provider network
 - Specialties that make up the provider network
 - Member access to the provider network
 - PrimeWest Health's provider licensing and competency determination process
 - Organizational provider network oversight
 - Individual practitioner oversight
- **Network monitoring**
 - Credentialing and recredentialing of practitioners
 - Assessment of organizational providers, including communication and care coordination
- **Provider collaboration with members and the Interdisciplinary Care Team (ICT)**
 - Process for ensuring delivery of necessary specialized services
 - Provider communication with members, case managers, and other members of the ICT
 - Timely and effective delivery of specialized services
 - Rendering of reports regarding services and sharing of reports with the ICT
 - How relevant information is incorporated into the individualized care plan (ICP)
- **Clinical practice guidelines and care transitions protocols**
 - Processes that ensure network providers utilize appropriate clinical practice guidelines and nationally recognized protocols
 - Provider training on the Models of Care

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.

November 25

December 23

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