



# Health Care Alert

A QUARTERLY PUBLICATION PROVIDING TIPS FOR INDIVIDUALS WITH MENTAL RETARDATION AND THEIR SUPPORT TEAMS IN ACCESSING HEALTH CARE THROUGH THE MANAGED CARE SYSTEM

## Still More...Information for Medicare/Medicaid Transition “Who to call when you have a question?”



Specific organization or area of interest:	Contact:	Contact Info:
Keystone Mercy (Medicaid HMO)	Veronica Medina	(215) 937-8881
Keystone 65 Complete (Medicare Advantage Plan)	Jeri Livingston	(215) 241-4634
Keystone 65 Complete (Medicare Advantage Plan)	Case Management Intake	(800) 313-8628
Health Partners	Leah French	(215) 991-4378
Senior Partners Silver Plan (Medicare Advantage Plan)	Leah French	(215) 991-4378
AmeriChoice (Medicaid Only)	Carol Lavoritano	(215) 832-4534
<b>Medicare: 1-800-MEDICAR(E)</b>		<b>1-800-633-4227</b>
<b>CMS: Centers for Medicare and Medicaid Services</b>		(215) 861-4226 or Toll Free: 1-866-334-9994
<b>Medicaid (MA) Call Center</b>		1-866-542-3015
<b>For trouble w/medications, pharmacies may call:</b>		
TROOP Facilitation Help Desk (True Out-Of-Pocket costs)		1-800-388-2316 or 1-866-835-7595
Keystone 65 Complete re: “prior-authorizations”		1-800-588-6767
Health Partners/Senior Partners Pharmacy Hotline		(215) 991-4300
<b>Dental Issues:</b>		
For recipients to find dentists who will accept MA:		1-800-509-0987
For dental providers to clarify dental issues:		1-800-537-8862
<b>Incontinence briefs (or other medical supplies):</b>	PROMISEe Internet site:	<a href="https://promise.dpw.state.pa.us">https://promise.dpw.state.pa.us</a>
*pharmacies must bill thru PROMISEe system for MA		

If you still need help, please do not hesitate to contact PCHC at (215) 546-0300 ext: 3685 and ask to speak to the Health Care Technical Assistant (HCTA) assigned to your area.

### Revised Agency Nurse/HCTA Assignment

Do you know who your assigned PCHC Nurse or Health Care Technical Assistant (HCTA) is? To find out who to contact at PCHC in regards to nursing or technical assistance for your agency, you can check our website.

Please visit the PCHC website at [www.PCHC.org](http://www.PCHC.org) for an updated agency assignment list. To locate it, click on “Publications” and it will be listed as the “Nurse-HCTA Assignment.”

## Risk Management Corner

### Ensuring a safe outcome when a medical or dental procedure is scheduled:

#### *What the doctor needs to know*

Think of this situation: Your client has a medical or dental procedure scheduled. A few days or weeks ago, he or she had a urinary tract or other kind of infection. **STOP!** Even if the appointment for an upcoming procedure has been scheduled for months and seems routine (like dental hygiene), the doctor **MUST** be informed of the recent illness or a change in health status such as recent seizure activity, new diagnosis, new medication or dosage change. The doctor needs this information to determine if it is safe for the patient to proceed with the scheduled procedure, or to determine the effectiveness of current treatment.



#### *Severity of Illness*

Many of the people we support may have difficulty communicating the early symptoms of infection and may not obtain medical treatment as quickly as a more verbal individual. Their illness may progress to a more severe level before it is reported to the doctor. This delay can cause worsening of the infection and may complicate/prolong recovery.

#### *Follow-up Care*

It is possible that the infection may linger even if the course of antibiotics was completed. If the bacteria were not completely eradicated, symptoms of infection could recur days or weeks later. They may be developing at the time of the procedure. A routine procedure like dental cleaning may allow lingering bacteria to travel into the bloodstream and affect the vital organs. This is why it is essential that the doctor give authorization to proceed with the scheduled appointment.

#### *A Serious Complication*

An infection that overwhelms the bloodstream is called sepsis, also known as "blood poisoning." Symptoms may include fever with chills, rapid heart beat, shaking, rash on the body, confusion or delirium, and decreased urine output. An individual with a history of infection and these symptoms should receive immediate medical attention. An untreated individual may be hospitalized for treatment in an ICU with oxygen IV antibiotics, oxygen and IV fluids. Blood flow and blood pressure may be compromised, dialysis may be required for kidney failure, and mechanical ventilation for respiratory failure. Generalized sepsis could lead to organ damage or death (60% mortality rate).

Reference: <http://medlineplus.gov>

*The information presented to you is to increase your awareness of health conditions. It is not intended to replace medical advice. Please seek the advice of a physician for any health related concerns.*

## Dysphagia Pilot Project

As you may recall, the SE Region Dysphagia Summit Task Force created a non-clinical assessment tool title: "*Eating, Drinking and Swallowing Checklist*." This tool was intended for use by direct care staff to be completed as an indicator that someone you support may display symptoms related to swallowing or Dysphagia.



Beginning this past March (2006) and for the next year ending March (2007), the QEST (Quality Enhancement Support Team) reviewers have incorporated the "*Eating, Drinking and Swallowing Checklist*" into their annual monitoring tool. This means that during any QEST visit over the next year, this checklist will be completed for the individual being reviewed. The agency will receive a copy of the checklist as part of their QEST report and any follow-up recommendations will be incorporated into the "team commitments." PCHC will receive the data summary from the completed checklist in order to validate the "*Eating, Drinking and Swallowing Checklist*" as a viable data collection instrument to be used for further training and planning phases in regards to Dysphagia awareness.

The checklist can be found on the PCHC website at [www.PCHC.org](http://www.PCHC.org). To access the screening checklist, click on **Publications** and then on the **Dysphagia Resource Booklet**. The checklist can be found within the content of this booklet.

Please call Melissa Evers at PCHC with any questions regarding this project. She can be reached at (215) 546-0300 (ext. 3636).

## Health Promotion Activity Plans (HPAPs)

The nurses and HCTAs at PCHC have created templates for approximately 130 Health Promotion Activity Plans for health conditions ranging from acne to Williams Syndrome. At each of the upcoming Nurse Network/Health Care Coordinator Meetings scheduled in May and June (see list below), the templates will be demonstrated. These templates will be distributed to the network participants (CD version) in order to assist in the creation of individualized HPAPs. The HPAPs will also be available on the PCHC website in the future. The network meetings will additionally include a presentation of the Embreeville Health Care Plan Project (2004) where the HPAPs were initially introduced. Meeting dates are as follows:



May 18, 2006 - Philadelphia Nurse Network Meeting  
May 31, 2006 - Bucks/Montgomery County Health Care Coordinators Meeting  
June 16, 2006 - Chester/Delaware County Nurse Network Meeting

Please contact PCHC if you need information regarding the locations and times.



## Philadelphia Coordinated Health Care

123 S. Broad Street ♦ Philadelphia, PA 19109 ♦ 215-546-0300 ♦ fax 215-790-4976

*PCHC is a core program of PMHCC, Inc.*