

RxCONNECTOR

A publication of the North Dakota Insurance Department

THE MEDICARE PART D 2007 DONUT HOLE

Needymeds.com reports that half of the Part D beneficiaries who enter the donut hole this year will do so in late July or early August. Part D enrollees will enter the donut hole or gap when they have spent \$2,400, out of pocket for prescription medications. Enrollees will be in this gap, during which they pay 100% of their medicine costs until they have spent another \$3,051 at which point they will have Catastrophic Coverage that will cover 95% of their drug costs.

According to the 2007 "Medicare and You" book, fourteen prescription drug plans in North Dakota cover generic medications purchased while the beneficiary is in the gap. One company covers generic and preferred brands only in the gap and

another covers both generic and brand name medications.

Some beneficiaries will never fall into the coverage gap. If prescription costs are under \$200 per month, it is unlikely that the beneficiary will fall into the donut hole. Beneficiaries who are "dual eligible" will never fall into the donut hole. Most people who receive the Low Income Subsidy are exempt from all or part of the donut hole. If monthly retail prescription costs are over \$454, the beneficiary will go through the gap and reach the other side which is referred to as the Catastrophic Coverage.

The National Insurance Markets provides a free

Continued on next page.

IDENTITY THEFT SEMINARS

In October, AARP North Dakota and the Attorney General's Office will continue a series of seminars to help people learn how to protect themselves from identity theft.

The sessions are free but pre-registration is required. To register for the seminars, call toll-free 877-926-8300 or register

online at www.aarp.org/nd.

To learn more about security freeze request forms and instructions on how to place a security freeze by phone, go to www.ag.nd.gov.

Those who have questions or need assistance should call the Attorney General's Con-

sumer Protection Division at 800-472-2600 or 701-328-3404 or e-mail cpat@nd.gov.

Source: AARP ND News, August 2007.

**Contact the
Department:**

**1.888.575.6611
insurance@nd.gov
www.nd.gov/ndins**

**NORTH
DAKOTA**

*a program of the
North Dakota
Insurance Department*

**Prescription
Connection**
for North Dakota

on-line calculator to help the beneficiary understand part D costs. Click on <http://www.medicare-partd.com/PartD-PHP-PartDCalculator-MedPartDXphp.php>

Several pharmaceutical companies are offering relief for those in the gap. When the beneficiary

receives the Explanation of Benefits which indicates the person will soon be into the gap or donut hole, the beneficiary should consult with local resources who assist with the pharmaceutical assistance programs. If no local program is available, call Prescription Connection for ND at 1-888-575-6611.

PHYSICIANS UNPREPARED FOR NEW LAW

Millions of Medicaid beneficiaries might "not be able to obtain their medications" after Oct. 1, when a law requiring pharmacists to reject prescriptions not written on tamper-resistant pads goes into effect, pharmacist groups wrote in a recent letter to lawmakers, the [AP/Seattle Post-Intelligencer](#) reports. The new law is a "tiny provision tucked into a spending bill" for the Iraq war, according to the *Post-Intelligencer*.

The law was designed to make it more difficult for patients to obtain controlled substances through forged prescriptions and to save the government money. Some tamper-proof pads contain identifying serial numbers that can be matched to the doctor's prescription. Others contain a chemical that makes the prescription illegible when photocopied.

Most doctors are not aware of

the law and do not use the pads, the *AP/Post-Intelligencer* reports. Edward Langston, chair of the board of trustees for the [American Medical Association](#), said that the federal law's "implementation timetable is too short to educate prescribing physicians ... and is also likely too short to produce and distribute the enormous quantity of new prescription pads that will be needed."

COVERAGE OPTIONS FOR YOUNG ADULTS

The *Wall Street Journal* on Tuesday examined health insurance options available for young adults. According to the [National Coalition on Health Care](#), in 2005, adults ages 18 to 24 were the least likely of any age group to have health insurance, and a study released in 2006 by the [Commonwealth Fund](#) found that almost two in five college graduates lack coverage at some time during the first year after they leave school. Some college graduates are unaware that they lose health insurance under the policies of their parents after they leave school, and others have concerns about the cost of coverage, according to experts.

However, Sam Gibbs, a senior vice president of [eHealthInsurance](#), said that most young adults do not purchase health insurance because of a "sense of invincibility." The lack of health insurance for many young adults "carries serious risks," such as the inability to cover the cost of treatment for a "life-threatening medical emergency" and the "risk that if you have a lapse in coverage and develop a serious illness, it could be much more difficult -- and costly -- to get health coverage later," according to the *Journal*.

Recent college graduates can purchase short-term health insurance policies, which can help "bridge gaps for students aging off their parents' health plans," and often can contact the alumni relations departments of their schools to find coverage, the *Journal* reports.

Young adults who purchase health insurance should "do business with a reputable company that has a strong nationwide network" and determine whether they can "drop the plan without penalty" in the event that they become eligible for coverage through their employers, according to the *Journal* (Soltis, *Wall Street Journal*, 8/7).

Those without prescription insurance in North Dakota may benefit from Prescription Connection for North Dakota. Prescription Connection connects qualifying patients with discounted and free prescription drugs, direct from the pharmaceutical manufacturer. Medications available are those used on a on-going basis such as medications for diabetes, asthma, and heart disease,. Enrollment is simple. Call 1-888-575-6611.

Source: *Kaiser.org*

SAFE TRAVELS

Here are some tips to make your trip a safe and healthy one:

- Find out if vaccinations are recommended for the country. For example, vaccinations against typhoid and yellow fever are suggested for some countries. Use this website, <http://www.cdc.gov/travel/vaccinat.htm>, to help you determine which vaccinations may be needed.
- See your doctor at least four to six weeks before your trip to allow time for shots to take effect. If it is less than four weeks before you leave, you should still see your doctor. It might not be too late to get your shots or medications as well as other information about how to protect yourself from illness and injury while traveling.
- Learn how to avoid food-borne illnesses. For more information search the internet. The following site may be of value: [http://](http://digestive.niddk.nih.gov/ddiseases/pubs/bacteria/#12)
- You may want to consider buying travel insurance. Check with your insurance agent.
- Keep your personal health information handy. Write a short profile including your name, birth date, the medications you take and any food or drug allergies you have. You should also list your insurance information and a personal contact in case of an emergency.
- If you take prescription drugs on a regular basis, remember to pick up enough for the length of your trip and a little extra in case you lose some. Try to keep your medications with your carry-on luggage if you fly. Carry a copy of your prescription for eyeglasses as well.
- Make sure you have numbers you can call in case of a medical emergency in the area you are visiting. Guidebooks usually list a few numbers.

COURT DENIES TEST DRUGS TO DYING PATIENTS

~ Terminally ill people do not have the right to get unapproved, potentially lifesaving treatments, an appeals panel rules ~

By David G. Savage, Los Angeles Times Staff
Writer
August 8, 2007

WASHINGTON -- People who are dying do not have the right to obtain unapproved drugs that are potentially lifesaving, even if their doctors say the treatment offers their best hope for survival, a U.S. appeals court here ruled Tuesday.

In an 8-2 decision, the court said federal drug regulators were entrusted by law with deciding when new drugs were safe for wide use.

The families of terminally ill patients, several of whom died after they were denied promising drugs that were still in tests, filed suit. They said that patients who were dying were far more willing to take risks and argued that they should

not be forced to wait years for new treatments to win final approval from the Food and Drug Administration.

The judges said the families should take their pleas to Congress, not the courts.

However, the two dissenters said the ruling ignored the Constitution's protection for individuals and their right to life, and instead bowed to "a dangerous brand of paternalism" that put the government's interest first.

Leaders of the Abigail Alliance for Better Access to Developmental Drugs said they would appeal to the Supreme Court. The group was named in honor of Abigail Burroughs, a 21-year-old University of Virginia student who died of cancer in 2001. Her father, Frank, said she was denied the use of two investigational anti-cancer drugs that were recommended by her oncologist. These drugs later received FDA approval.

TRAINING OPPORTUNITIES AVAILABLE THROUGH KAISER

TRAINING OPPORTUNITIES

KAISERedu.org announced the availability of new training opportunities. For those who work in rural areas, these webcasts and tutorials are opportunities for education without the cost of transportation, motel rooms and meals.

[Webcast: NASI Retirement Forum](#)

KaiserEDU.org presents a webcast of sessions from the National Academy of Social

Insurance (NASI) meeting on aging and retirement issues. Designed for interns and students of public policy, the program includes presentations on major programs serving retirees, including Medicare, Medicaid, and Social Security as well as options for reforming these programs. Presentations, slides, and speaker biographies can be viewed and downloaded.

[Health Care Costs](#) (updated)
This issue module has been

updated to provide access to the latest research and information on the impact of rising health care costs. The module includes links to reports and articles on the distribution of health care dollars in the U.S., drivers of rising costs, and potential cost containment strategies.

Related Resources:

[Medicare Advantage Tutorial](#)
[Medicare 101 Tutorial](#)
[Private Health Insurance Tutorial](#)

DISENROLLMENT FROM MEDICARE ADVANTAGE PLANS

The Centers for Medicare and Medicaid Services has said it will allow unhappy Medicare Advantage customers to cancel their plans, provided they call the CMS and describe how they were misled or deceived into enrolling in a Medicare Advantage plan.

Medicare Advantage plans are sold by private insurance companies and essentially replace traditional Medicare coverage with a managed care program that provides different levels of health care coverage.

The deception that qualifies for the opportunity to exit a plan includes statements by sales people or brokers that:

- Indicate the plan is accepted by all providers who accept Medicare.
- Describe the product as a Medigap plan or supplemental plan that supports Medicare.
- Offer enrollees the opportunity to switch back to traditional Medicare "at any time."

SHORTS

FDA FIGHTS FAKE MEDS ONLINE

The U.S. Food and Drug Administration (FDA) warned consumers in May about the dangers of buying prescription drugs online.

For FDA information about buying prescriptions online visit www.fda.gov/buyonline.

Mymedicare.gov

CMS now will send beneficiaries, who have provided their email address through Mymedicare.gov, step-by-step Instructions for using Mymedicare.gov (English) / Step by Step Instructions for Using Mymedicare.gov (Spanish), an email reminder when they are eligible for one of their preventive services.

GLAXOSMITHKLINE

If you are an advocate for GlaxoSmithKline's (GSK) Bridges to Access or Commitment to Access, you can enroll online and view your patient's status with GSK's program. You have to go to www.BridgesToAccess.com to enroll. It is much easier than calling the automated system to check the status of enrollment.

IPAT PARTNERS WITH CROSS COUNTRY COURIER

Information from North Dakota Interagency Program for Assistive Technology, (IPAT) and Cross Country Courier are partnering to deliver used assistive technology (AT) equipment to people throughout the state of North Dakota.

IPAT has been operating the AT Swap & Shop program since 1996, which allows individuals to buy, sell, swap, or give away AT equipment through a statewide used equipment database.

One of the biggest challenges for people has been transporting the used devices. If someone in Williston had a lift chair for sale and someone in Drayton wished to buy it, finding

someone to take it was difficult and paying for it to be shipped was expensive. IPAT met with Cross Country Courier to discuss the problem, and they offered a solution.

CrossCountry Courier is a freight carrier headquartered in Bismarck. They have a network of 16 shipping terminals and provide delivery service to most cities throughout North Dakota, South Dakota and Minnesota.

They started business in 1980 and celebrate 25 years of service excellence and growth. When the problem was explained to them regarding the difficulty of transporting AT devices between communities,

they volunteered their services.

Cross Country Courier will transport the used assistive technology devices being exchanged via the IPAT Swap & Shop at NO charge to people in North Dakota.

Individuals in North Dakota looking for a used AT device or having AT equipment for sale, trade or donation can call IPAT (1-800-265-4728) or connect to the IPAT website (www.ndipat.org). Anyone using the IPAT Swap & Shop to sell, buy or give away AT equipment can contact IPAT for further information on how to take advantage of this FREE shipping service.

TRAINING GUIDE FOR CAREGIVERS

There is a training guide on the NDDHS/Aging Services Division website:

<http://www.nd.gov/dhs/info/pubs/aging.html>

This guide could be used as a resource for caregiver training in ND. The title of the guide is "Training for Caregivers of Individuals With Dementia".

This manual was developed by Lake Region State College to provide training for caregivers and other service providers as it relates to Alzheimer's and other dementias.

Completion of the training by the family caregiver and their respite care provider(s) will increase their knowledge and skills in caring for an individual with dementia and allow the family caregiver to access additional respite care services.

There are more than 70 conditions that can cause dementia; some may be reversible.

It is important to see a doctor to determine if one of them is causing the dementia and can be treated. Some of these conditions include:

- Medications
- Infections
- Head injuries
- Nutritional deficiencies
- Sleep deprivation
- Anemia
- Brain tumors
- Hypothyroidism
- Depression
- Drug and alcohol abuse
- Pain
- Stress
- Strokes

MEDICARE WATCH

Mr. M enrolled in prescription drug coverage through his private insurance plan in 2006. Mr. M has diabetes and hypertension and was diagnosed with irritable bowel syndrome (IBS) in July of 2006. Mr. M's doctor prescribed a drug that helped Mr. M function and leave his house. The drug that Mr. M's doctor prescribed was covered by his plan. Then, in January of 2007, the plan declined to cover the drug for Mr. M. The plan explained that it would now only cover the drug for women because that is what is indicated on the FDA label for the drug. Since Mr. M is a man, his prescription for that drug was off-label and

Medicare regulations state that Part D plans cannot cover off-label prescriptions unless the prescribed use is listed in one of three compendia (books that survey clinical trials and peer-reviewed literature to recommend new uses of medications).

The prescription's full cost is about \$400 a month. Without the drug, Mr. M's condition would progress to severe dehydration, which ultimately would lead to death. Mr. M and his doctor appealed the plan's initial denial, but Mr. M's plan continued to deny coverage.

Mr. M called the Medicare Rights Center and was counseled to apply for the Patient Assistance Program (PAP) of the company that manufactures the drug he needs. While many PAPs do not accept people who have Medicare drug coverage, Mr. M was able to enroll in the PAP because his prescription was off-label. The MRC counselor explained to Mr. M that while the PAP will help him pay for his prescription, the amount that the PAP pays will not count toward the \$3,850 in out-of-pocket costs that he must spend before catastrophic coverage begins.

FROM THE NDPHA - A MESSAGE FROM MICHAEL SCHWAB

There is a new CMS regulation relating to "tamper resistant prescription pads." Effective October 1, 2007, Medicaid outpatient drugs (as defined in Section 1927 (k)(2) of the Social Security Act) will be reimbursable only if non-electronic written prescriptions are executed on a "tamper resistant pad." CMS has not defined what "tamper resistant" actually means and what kind of consistency will be needed by states. They are currently working on it. This does not apply to electronic scripts, only non-electronic written scripts. The new provision came out of the Iraq War Supplemental Appropriations bill and was inserted in public law 110-28, under section 7002 (b). Needless to say this was a surprise to all pharmacists

across the country. It was passed at the federal level without anyone really noticing until it was too late!

This provision is an attempt to reduce fraud and abuse among those who use Medicaid as a payer for prescription drugs. Last year 330 million prescriptions were written for Medicaid beneficiaries. The ND Pharmacists Association understands and supports the need to reduce fraud and abuse. Our Prescription Drug Monitoring Program gives us the tools we need to let physicians verify their prescriptions, catch forgers, and care for patients. The following is a list of concerns with this new provision: (1) need to have a consistent definition of tamper resistant; (2) if the script isn't on

the proper tamper resistant pad, does the pharmacist fill the scripts and take the chance of not getting reimbursed; (3) does the pharmacist turn the script back over to the patient and tell them to go back to the doctor's office because the doctor didn't put it on the proper prescription pad; (4) physicians often times do not know the payer for the patients, so does this mean that they must write all of their prescription on such pads; and (5) patient access and safety may suffer, not mention the initial frustration from all involved.

For more information, contact the NDPHA at 701-258-4968.

Source: NoDak Pharmacy, Vol. 20, No. 4, August 2007.