

MIPPA key changes for low-income beneficiaries

Effective Jan. 1, 2010, the asset limits for Medicare Savings Programs (MSPs) are increased to \$7,790 for an individual and \$12,440 for a married couple. Currently the asset limits are \$4,000 for an individual and \$6,000 for a couple.

Effective Jan. 1, 2010, states are prohibited from pursuing estate recovery to collect Medicare cost-sharing benefits from deceased MSP enrollees.

Also effective Jan. 1, 2010, MIPPA changes two LIS eligibility criteria:

1) Elimination of life insurance as a countable asset—beneficiaries no longer need to contact their life insurance company to find out the cash value of their policy.

2) Elimination of in-kind support as a countable income—beneficiaries no longer have to report help from family or friends as income.

Effective Jan. 1, 2013, Medicare prescription drug plans are allowed to cover barbiturates (for certain conditions) and benzodiazepines.

Starting Jan. 1, 2010, co-insurance amounts for Medicare's outpatient psychiatric services will decrease from 50 percent to 45 percent for the beneficiary. The outpatient psychiatric services include treatment of mental, psychoneurotic and personality disorders

Source: Health Assistance Partnership September 2008



Adam Hamm
Insurance Commissioner

Welcome to the *RxConnector* newsletter!

Dear friends,

This newsletter is designed to keep you up-to-date about the Prescription Connection for North Dakota program and to keep you in the know about the various prescription assistance programs that are available. From time to time, we may also include other items of interest related to Medicare and the State Health Insurance Counseling (SHIC) program.

As always, thank you so much for all that you do for the Prescription Connection program. Without your help, our work would be that much harder. Your efforts are valued and appreciated.

If you have items of interest that you think should be included in this newsletter, we would love to hear about them. Please contact Sharon St. Aubin at sstaubin@nd.gov or call her at 1.888.575.6611.



Adam Hamm
Insurance Commissioner



RxConnector is a publication of the Prescription Connection program.

Contact us at: 1.888.575.6611 insurance@nd.gov www.nd.gov/ndins

Plans for “donut hole” reform

Recently announced is a major step forward in the healthcare reform discussions. The Pharmaceutical Research and Manufacturers of America (PhRMA) has committed to helping close the Medicare Prescription Drug Program’s coverage gap (also called the “doughnut hole”) by providing as much as \$80 billion worth of discounts on medicines.

Particularly, companies will provide a mandatory 50 percent discount on negotiated price of all brand-name medicines in the gap, and 100 percent of the price will

count towards the beneficiaries out-of-pocket costs. It will be seamless for Part D beneficiaries and no additional paperwork or application would be required.

Sources:

Leslie (Wilcox) Rosedahl

North Dakota Healthcare Access Network

Partnership for Prescription Assistance

Medicare Rx Access Network

Beneficial Financial bowing out of insurance business

For more than a century, Beneficial Financial Group has been selling insurance to members of the LDS Church, heeding the call of prophet Heber J. Grant, who encouraged Beneficial’s founding to protect living souls from the suffering he and his widowed mother endured.

In June, the church-owned company announced it will discontinue issuing life insurance policies and annuities in October, setting Beneficial on a path that will put it out of business, possibly in 50 years, while putting 150 people out of work almost immediately. Beneficial will halt sales in late August and issue the last new policies Oct. 31. It is taking the actions because the company is too small to compete against bigger, newer rivals that can offer more financial products, said Mark Willes, CEO of Deseret Management Corp., Beneficial’s parent company.

These actions will not affect owners of Beneficial’s life insurance policies and annuities, who number 150,000 to 160,000. Willes said the company is well capitalized and “fully able” to meet its obligations until Beneficial is out of business, sometime around the middle of the century.

Upcoming plan non-renewals

In May, CMS (Centers for Medicare and Medicaid) shared the news that two plans—Wellcare and Coventry—will not be offering their Private-Fee-For-Service (PFFS) plans in the 2010 plan year. There are currently 105,000 beneficiaries enrolled in the



Instead, the impact will fall on about 70 percent of Beneficial’s work force of 214 home office and field representatives who will lose their jobs in the coming four months.

Source: The Salt Lake Tribune

Wellcare PFFS plan (data on the number of beneficiaries in the Coventry PFFS plan are not available at this time).

Source: HAP e-Newsletter June 2009

SHIC and PC at the North Dakota State Fair

SHIC and Prescription Connection are sponsoring a vendor booth at the North Dakota State Fair on Thursday, July 10. A sock hop will also begin at 10 a.m. All activities are in the Upper Atrium of the North Dakota State Fair Center. The Upper Atrium is accessible by an elevator on the east side of the lower lobby.

In addition to Dr. Darrell Williams in his best Elvis costume and hosting this special sock hop sponsored by Trinity Medical Group, there will be bingo and lots of giveaways, cookies and coffee provided by the



North Dakota Silver Haired Education Association.

Seniors 65 and older are eligible for half price gate admission.

FDA advisory about Levemir insulin

The Food and Drug Administration (FDA) recently issued an advisory about the long-acting insulin Levemir made by Novo Nordisk. FDA has learned that some stolen vials of Levemir have reappeared and are being sold in the U.S. market. The stolen insulin vials may not have been stored and handled properly and may be dangerous for people to use. Three lots, or a total of 129,000 vials, of the insulin were stolen.

FDA has received one report of a patient who suffered a dangerous side effect due to poor control of glucose levels after using a vial of the stolen insulin.

FDA advises people who use Levemir insulin to:

1. Check your personal supply of insulin to determine if you have Levemir insulin from one of the following lots: XZF0036, XZF0037 or XZF0038. You can locate the lot number on the side of the box of insulin and also on the side of the vial.

2. Do not use your Levemir insulin if it is from one of these lots. Replace it with a vial of Levemir insulin from another lot. If you must switch to another brand of insulin for any reason, first contact your health care provider because you may need a different dose of another insulin product.

3. Always look at your insulin carefully before using it. Levemir is a clear and colorless solution.

4. Contact the Novo Nordisk Customer Care Center at 800-727-6500 for instructions on what to do with vials from these lots or if you have any other questions. This article appears on FDA's Consumer Updates page, which features the latest on all FDA-regulated products.

Source: FDA

Registration fee scholarships are available to attend the **Dakota Conference on Rural and Public Health** through the State Office of Rural Health Grant program. Preference will be given to applicants who have not previously attended the conference or received the scholarship.

- Registration fee scholarship (<http://ruralhealth.und.edu/dakotaconference/scholarships.php>)
- Registration fee scholarship form (http://ruralhealth.und.edu/dakotaconference/pdf/scholarship_application.pdf)

Deadline: Noon Feb. 4, 2010

Cross Country Carriers make room for Interagency Program for Assistive Technology (IPAT)

Cross Country Carriers (CCC), a North Dakota-owned and operated trucking company, has been making room on their trucks for assistive technology (AT) equipment from IPAT AT Swap'n Shop and has delivered AT equipment throughout the state.

Since the fall of 2007, CCC has shipped more than 245 items, which represents a total savings to consumers of close to \$12,000.

IPAT suggests that every time you see one of CCC's trucks on the road, you should wave in appreciation.

Source: AT KEY June 2009



Check out the North Dakota Prescription Drug Repository Program

In the summer of 2006, the American Cancer Society approached the Board of Pharmacy with the possibility of creating a drug donation and repository program in North Dakota. The program discussed and envisioned was one where the board of pharmacy would develop criteria for the establishment of the program and register voluntary participants for the intake of donated items as well as for the dispensing of items.

As a result, on April 17, 2007, Gov. John Hoeven signed House Bill 1256, authorizing a state Prescription Drug Repository Program to collect and distribute unused medications so that pharmacies and physicians can dispense them to those who need them. A drug donated or dispensed under the program must be in the original, unopened package, except drugs packed in single-unit doses, or punch cards, may be accepted and dispensed if the outside packaging has been opened and the single-unit dose package is unopened. A few cases where the shipped package has not been opened may also be allowed.

Because this is a volunteer program, the dispenser of donated legend drugs, devices or supplies may not submit a claim or otherwise seek reimbursement from

any public or private third-party payer for the cost of donated legend drugs, devices, or supplies dispensed to any eligible individual under the program. A small fee up to 2.5 times the Medicaid fee of \$4.60 can be charged to cover costs.

If someone in your community needs help with a medication, visit www.nodakpharmacy.com. Click on Prescription Drug Repository Program on the left hand side of the page.

Next, click on Search for a Donated Drug. Use the drop down arrow by Drug and select the medication you need. Click on the name of the medication. Then click on the Enter box. The next screen will show the name of the pharmacy that has the medication. Click on the name of the pharmacy to get the phone number.

There are many nursing homes throwing away valuable medications that could be used by other citizens in North Dakota. Encourage them to donate to this program.

Source: North Dakota Prescription Drug Repository Program

GlaxoSmithKline drops Wellbutrin

GlaxoSmithKline has divested U.S. rights for the product Wellbutrin XL to Biovail. Because it is no longer a GlaxoSmithKline product, Wellbutrin XL will not be available through Bridges to Access.

For additional information regarding the product, contact Biovail directly at 1-866-268-7325.

This change will have no impact on Wellbutrin IR and Wellbutrin SR, which are still available through Bridges to Access. If you have any questions regarding Bridges to Access, call 1-866-728-4368 from 8 a.m to 8 p.m., Monday through Friday.

AARP public forum on healthcare

“Health Care Reform—The Cost of Doing Nothing” will be the topic of discussion at AARP-sponsored public forums in Grand Forks and Minot.

Speakers from AARP North Dakota will provide an update on the status of health care reform legislation before Congress and AARP’s six health care reform priorities. Time will also be allowed for questions from those attending.



Grand Forks

7 p.m. July 13
Ramada Inn

Minot

7 p.m. July 14
Grand International Inn

There is no charge to attend, but space is limited. Register by calling 1-877-926-8300.

Source: July AARP ND Newsletter

Nationwide health IT expansion could create jobs

As unemployment rises, the medical world prepares to create thousands of jobs as part of an industry-wide effort to transfer paper health records to electronic medical record systems, CBS News (Chicago) reports.

“With the initiative of electronic health records, we expect that there will be new types of jobs,” a spokeswoman for the American Health Information

Management Association, an industry group that predicts the initiative will create 75,000 jobs, told CBS. People with two year associate degrees will be eligible for many of the jobs, which can carry a starting pay of \$25,000 to \$45,000, the spokeswoman said (Tucker, 6/18).

Source: Kaiser Daily Health Policy Reports

Serve your community at www.serve.gov

This summer, President Obama is calling on all of us—young and old, from every background, all across this country—to participate in our nation’s recovery and renewal by serving in our communities. From June 22 to Sept. 11, United We Serve will begin to

engage Americans from coast to coast in addressing community needs in education, health, energy and the environment, and community renewal.

For more information, go to www.serve.gov

What do we live for, if it is not to make life less difficult for each other?

~George Eliot

Ensuring safe use of contact lens solution

Not emptying the solution out of your contact lens case after each use could cost you your sight. That's because solutions that are left over in the case after a disinfection cycle are essentially dirty. Using fresh solution each time helps reduce the risk of problems.

"The solution no longer has the same effectiveness for disinfection as when it was freshly placed in the case," says Bernard Lepri, O.D., M.S., M.Ed., of the Division of Ophthalmic and Ear, Nose and Throat Devices in the Food and Drug Administration's (FDA) Center for Devices and Radiological Health (CDRH). "The leftover solution can have little disinfecting chemical left to kill bacteria and other micro-organisms that may contaminate your contact lenses and lead to serious eye infections."

"FDA regulations require that a manufacturer who wants to market a new contact lens solution demonstrate that it is just as safe and effective as an already marketed product," Lepri says.

Improving guidance

FDA convened a meeting of its Ophthalmic Devices Panel in June 2008 to consider ways to improve contact lens safety. This group of outside experts gave input on updating the existing guidance for multipurpose contact lens care products. Multipurpose products are those that can be used to clean, disinfect and rinse contact lenses.

FDA is revising the guidance document that specifically addresses the labeling and directions for use of contact lens care products and solutions.

Among the panel's recommendations on labeling and directions for use:

- Contact lens solution manufacturers should include a discard date on their products, in addition to the usual expiration date. Consumers should never use expired products. The discard date is the date the solution should be thrown out after opening.
- Contact lens wearers should rub and rinse their lenses for added effectiveness of cleaning and disinfection. This recommendation is consistent with

advice from the American Optometric Association and the American Academy of Ophthalmology. The direction to "Rub and Rinse" your lenses, based on the advice of your eye care professional, has always been part of "No Rub" consumer labeling for multipurpose care products.

The rub and rinse method

The rub and rinse method is similar to washing one's hands. The multipurpose solution is placed on the lens in the palm of the hand. With the index finger of the opposite hand, the solution is rubbed over the surface of the contact lens for five to 10 seconds. The lens is turned over and the procedure is repeated.

Finally, a strong stream of the contact lens multipurpose solution is sprayed over both sides of the lens to remove any debris attached to the lens. Research has shown that this procedure helps remove more bacteria, protein, and other deposits from the surface of the lens.

This may contribute to better lens hygiene and safety. "The rub and rinse method is based on the same concept of hand washing," Lepri says. "You get more dirt off of your hands by rubbing them with soap and then rinsing, rather than merely just rinsing."

About eye infections

Failure to use contact lenses and solution correctly can result in eye infections. Both bacterial and fungal infections can lead to serious consequences such as permanent loss of sight if left untreated.

Bacterial infections are more common than fungal infections. Characterized by severe pain, fungal infections are much more difficult to diagnose and treat. "Fungal infections are much more dangerous because they slowly proliferate within the cornea and are highly resistant to treatment," Lepri says. "When a fungal infection occurs, it results in a corneal ulcer, which can lead to permanent blindness. Bacterial infections such as *Pseudomonas* are extremely rapid, result in corneal ulcers, and cause blindness—sometimes within as little as 24 hours if not diagnosed and treated promptly."

The symptoms of an eye infection are: discomfort, excess tearing or other discharge, unusual sensitivity to light, itching, burning or gritty feelings, unusual redness of the eyes, blurred vision, swelling and pain.



How can you tell if you have an infection or if you are suffering from allergies? Typically, the major difference between infection and allergy is that allergy is accompanied by itching and watery discharge and will affect both eyes relatively the same.

Infection presents with severe pain, redness, mucus discharge and blurred vision, and often affects one eye only. The best way to determine whether your symptoms are due to an infection or allergies is to consult your eye care professional as soon as possible after the onset of symptoms.

Dos and don'ts for contact lens wearers

Do:

- Always wash your hands before handling contact lenses to reduce the chance of getting an infection.
- Remove the lenses immediately and consult your eye care professional if your eyes become red, irritated or your vision changes.
- Always follow the directions of your eye care professional and all labeling instruction for proper use

of contact lenses and lens care products.

- Use contact lens products and solutions recommended by your eye care professional.
- Rub and rinse your contact lenses as directed by your eye care professional.
- Clean and disinfect your lenses properly following all labeling instructions provided with your lens care products.
- Clean, rinse and air dry your lens case each time lenses are removed. You may want to flip over your lens case while air drying so that excess solution can drain out of the case. Contact lens cases can be a source of bacterial growth.
- Replace your contact lens storage case every 3-6 months.

Don't:

- Don't use contact lens solutions that have gone beyond the expiration or discard date.
- Don't "top-off" the solutions in your case. Always discard all of the leftover contact lens solution after each use. Never reuse any lens solution.
- Don't expose your contact lenses to any water: tap, bottled, distilled, lake or ocean water. Never use non-sterile water (distilled water, tap water or any homemade saline solution). Exposure of contact lenses to water has been associated with Acanthamoeba keratitis, a corneal infection that is resistant to treatment and cure.
- Don't put your lenses in your mouth to wet them. Saliva is not a sterile solution.
- Don't transfer contact lens solutions into smaller travel size containers. This can affect the sterility of the solution which can lead to an eye infection. Transferring solutions into smaller size containers may also leave consumers open to accidentally using a solution that is not intended for the eyes.

Source: FDA

Nestle TollHouse cookie dough possibly contaminated

On June 19, 2009, the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) warned consumers not to eat any varieties of prepackaged Nestle Toll House

refrigerated cookie dough due to the risk of contamination with *E. coli* O157:H7, a bacterium that causes food borne illness.

Insurance Department still looking for study participants

The North Dakota Insurance Department is conducting a health insurance study this summer called CHAT, which stands for Choosing Health Plans All Together. CHAT allows small groups of consumers to make health insurance decisions together and learn from each other. The purpose of the study is to help North Dakotans better understand health insurance and to learn what consumers want and need from their health insurance.

Some participants will do the internet-based exercise on their own. Others will do the exercise in a group setting with a facilitator at 13 different locations around the state: Williston, Dickinson, Bowman, Minot, Bismarck, Bottineau, Harvey, Devils Lake, Jamestown, LaMoure, Grand Forks and Fargo, Wahpeton.

The Department is specifically seeking participants that fall into the following categories:

- Students
- Employers (business owners)
- Unemployed people
- Retired people
- Single working people
- Parents
- Uninsured people
- Insurance agents/insurance company representatives

If you or someone you know may be interested in participating in this study, please contact the North Dakota Insurance Department at 1-800-247-0560 or insurance@nd.gov.

Health insurers refuse to limit rescission of coverage

Executives of three of the nation's largest health insurers told federal lawmakers in Washington recently that they would continue canceling medical coverage for some sick policyholders, despite withering criticism from members of Congress who decried the practice as unfair and abusive.

An investigation by the House Subcommittee on Oversight and Investigations showed that health insurers WellPoint Inc., UnitedHealth Group and Assurant Inc. canceled the coverage of more than 20,000 people, allowing the companies to avoid paying more than \$300 million in medical claims over a five-year period.

It also found that policyholders with breast cancer, lymphoma and more than 1,000 other conditions were targeted for rescission and that employees were praised in performance reviews for terminating the policies of customers with expensive illnesses.

“No one can defend, and I certainly cannot defend, the practice of canceling coverage after the fact,” said Rep. Michael C. Burgess (R-Tex.), a member of the committee. “There is no acceptable minimum to denying coverage after the fact.”

The executives—Richard A. Collins, chief executive of UnitedHealth's Golden Rule Insurance Co.; Don Hamm, chief executive of Assurant Health and Brian Sassi, president of consumer business for WellPoint Inc., parent of Blue Cross of California—were courteous and matter-of-fact in their testimony.

But they would not commit to limiting rescissions to only policyholders who intentionally lie or commit fraud to obtain coverage, a refusal that met with dismay from legislators on both sides of the political aisle.

Experts said it could undermine the industry's efforts to influence healthcare-overhaul plans working their way toward the White House.

“Talk about tone deaf,” said Robert Laszewski, a former health insurance executive who now counsels companies as a consultant.

Democratic strategist Paul Begala said the hearing could hurt the industry's efforts to position itself in the debate.

“The industry has tried very hard in this current effort not to be the bad guy, not to wear the black hat,”

Begala said. “The trouble is all that hard work and goodwill is at risk if in fact they are pursuing” such practices.

Rescission was largely hidden until three years ago, when The Times launched a series of stories disclosing that insurers routinely canceled the medical coverage of individual policyholders who required expensive medical care.

Sassi said rescissions are necessary to prevent people who lie about preexisting conditions from obtaining coverage and driving up costs for others.

“I want to emphasize that rescission is about stopping fraud and material misrepresentations that contribute to spiraling healthcare costs,” Sassi told the committee.

But rescission victims testified that their policies were canceled for inadvertent omissions or honest mistakes about medical history on their applications.

“It’s about the money,” said Jennifer Wittney Horton, a Los Angeles woman whose policy was rescinded after failure to report a weight-loss medication she was no longer taking and irregular menstruation.

“Insurers ignore the law, and when they find a discrepancy or omission, they rescind the policy and refuse to pay any of your medical bills—even for routine treatment or treatment they previously authorized,” Horton said.

She and others from around the country accused insurers in testimony of gaming anti-fraud laws to take policyholders’ premiums, only to drop people who developed serious illnesses. They testified that they or a deceased loved one had had policies canceled over innocent mistakes and inadvertent omissions on their applications.

A Texas nurse said she lost her coverage, after she was diagnosed with aggressive breast cancer, for failing to disclose a visit to a dermatologist for acne.

The sister of an Illinois man who died of lymphoma said his policy was rescinded for the failure to report a possible aneurysm and gallstones that his physician

noted in his chart but did not discuss with him.

The committee’s investigation found that WellPoint’s Blue Cross targeted individuals with more than 1,400 conditions, including breast cancer, lymphoma, pregnancy and high blood pressure. And the committee obtained documents that showed Blue Cross supervisors praised employees in performance reviews for rescinding policies.

One employee, for instance, received a perfect five for exceptional performance on an evaluation that noted the employee’s role in dropping thousands of policyholders and avoiding nearly \$10 million worth of medical care.

“When times are good, the insurance company is happy to sign you up and take your money,” said Rep. Bart Stupak (D-Mich.). “But when times are bad ... some insurance companies use a technicality to justify breaking its promise.”

“I think a company does have a right to make sure there’s no fraudulent information,” said Rep. Joe Barton (R-Tex.). “But if a citizen acts in good faith, we should expect the insurance company that takes their money to act in good faith also.”

Late in the hearing, Stupak, the committee chairman, put the executives on the spot. Stupak asked each of them whether he would at least commit his company to immediately stop rescissions except where they could show “intentional fraud.”

The answer from all three executives: “No.”

Rep. John Dingell (D-Mich.) said that a public insurance plan should be a part of any overhaul because it would force private companies to treat consumers fairly or risk losing them.

“This is precisely why we need a public option,” Dingell said.

Proponents of a public plan seized upon the hearing, saying it showed why access to healthcare cannot be left to private insurance companies.

“This could reshape the debate,” said Jerry Flanagan, a
9 continued ...

patient advocate with Santa Monica-based Consumer Watchdog.

“When insurance companies go under oath and admit they are canceling innocent patients when they get sick, it makes it very difficult for lawmakers to pass a law that requires every American to buy a policy or face a tax fine. It opens the way for a public option to hold the companies in check.”

Rescission has fueled consumer outrage, particularly in California, where lawmakers are considering legislation to limit the practice to cases of intentional misrepresentation. It has also led to a flurry of lawsuits.

In November 2007, The Times reported that insurer Health Net Inc. paid bonuses to employees based in part on their involvement in rescinding policies. According to internal corporate documents disclosed through litigation, Health Net saved \$35 million over six years by rescinding policies.

The disclosures in part led an arbitration judge to levy \$9 million in damages against Health Net in a case involving the company’s rescission of the policy of a woman diagnosed with breast cancer.

At the time, Blue Cross told The Times that it did not link employee performance reviews to rescission. Blue Cross also said at the time that it had conducted audits

to ensure that claims reviewers were not given any “carrots” for canceling coverage.

The company reiterated that position in spite of the committee’s disclosure of two employee performance evaluations from 2003 discussing rescission levels and savings.

In a statement, WellPoint spokesman Jerry Slowey said the company had “no policy to factor either the number of rescissions or the value of claims not paid in the evaluation of employee performance or when calculating employee salary or bonuses.”

Last year, while reviewing documents for the committee, two employee reviews from 2003 were discovered “that made reference to savings in a section of the review that contains many other factors,” Slowey said.

“Once we discovered this reference, more than 100 other individuals’ reviews were reviewed, and no other such references were found.”

“The fact that two out of more than 100 individuals handling possible rescissions points to the fact that this was just two associates in the same area recognizing the work done that year to uncover fraud and abuse,” he said.

Source: Los Angeles Times

The opposite of love is not hate, it’s indifference.
 The opposite of art is not ugliness, it’s indifference.
 The opposite of faith is not heresy, it’s indifference.
 And the opposite of life is not death, it’s indifference.
 ~Elie Wiesel

Thank you to those who are making a difference in the lives of others.