

The 50 most prescribed drugs

The October 2009 AARP Bulletin listed the 50 most prescribed drugs in 2008. The number 1 medication is hydrocodone with acetaminophen (pain); 121.3 million prescriptions with a total cost of \$1.78 billion were prescribed. Lisinopril (hypertension) is number 2 with 69.8 million prescriptions and a cost of \$686 million. The third medication was Simvastatin (high cholesterol) which had 60.2 million prescriptions and a total cost of \$1.45 billion. Levothyroxine (hypothyroidism) comes in number 4 with 58.6 million prescriptions and a total cost of \$546 million.

Numbers 5 and 6 are Amoxicillin and Azithromycin. Both are prescribed for bacterial infection. Amoxicillin had 52.1 million prescriptions at a total cost of \$439 million and Azithromycin had 49.3 million prescriptions for a total cost of \$1.28 billion.

Lipitor (high cholesterol) falls into seventh place with a total of 49 million prescriptions and a cost of \$5.88 billion. Comparing that to simvastatin, if a generic works, look at the price difference.

For a complete listing of all 50 medications go to http://bulletin.aarp.org/bulletin_archives/table_of_contents10/download_a_pdf_of/

An interesting highlight to this story is that all these medications, except hydrocodone, can be obtained at a discount or free. Contact Prescription Connection to obtain more information on the pharmaceutical assistance programs at 1-888-575-6611.

Source: AARP



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

Fraud alert

Medicare Part D Enrollment period has started. Seniors are starting to receive phone calls from a woman and man who claim to be from Medicare. They team up to request the Medicare number, Social Security number, bank account numbers and credit card numbers.

The scam works like this: A female caller: ‘This is (name), and I’m calling from Medicare. Your file has been flagged for Part D enrollment or a change in Medicare, and I’m calling to verify your Medicare needs.’ While on the phone, the caller tries to collect your Medicare number. Once the Medicare number is collected, the Medicare beneficiary is transferred to a male caller. He verifies the information and transfers the call to a third person. This third step is used to convince the senior into revealing bank account numbers and credit card numbers, often with a series of misleading questions bent on “verifying your information so you can keep your health coverage” or “enroll in Part D for 2010.”

A few beneficiaries have reported they did give the callers their Medicare, Social Security, bank account, and credit card numbers. Once these fraudulent people have your personal information it is easy to re-populate that information to whatever forms that are necessary to access services, submit false claims, drain bank accounts or commit ID theft for their own gain. Within 15 minutes after a call of this type is made to a victim, a new purchase can be charged to your card.

Victims believe they are getting a call from Medicare. **Medicare does not call beneficiaries to request personal information.** If anyone receives such a call, HANG-UP. Don’t be pressured to provide information or buy something. Do not give out Medicare, Social Security or bank account numbers over the phone.

You may report these calls to SHIC 1-888-575-6611, or 1-800 MEDICARE. Also report this type of call to your bank and credit card provider right away.

Advantra Freedom and Wellcare leaving North Dakota

Nearly 2,000 people will be losing their Medicare Advantage (MA) Plan in North Dakota Dec. 31, 2009 due to non-plan renewals. In most instances, these people may have guaranteed issue for a supplement.

Guaranteed issue #1 per the 2009 CMS Choosing a Medigap Policy:

- You are in a MA plan, and your plan is leaving Medicare or stops giving care in your area or you move out of the plan’s service area.
- You may have a right to buy Medigap Plan A, B, C, F, K or L that is sold in your state by any insurance company.
- You can apply for a Medigap Plan up to 60 calendar days before the date your health care coverage will end. You must apply no later than 63 calendar days after your health care coverage ends.

Additionally, if these individuals had drug coverage in their MA plan, they will need to select a new drug plan. There is a special open enrollment period (SEP) for their Part D plan:

Non-renewals—A SEP exists for members of MA plans that will be affected by plan or contract non-renewals and plan service area reductions that are effective January 1 of the contract year. In order to provide sufficient time for members to evaluate their options, the SEP begins Oct. 1 and ends on Jan. 31 of the following year. During this SEP, a beneficiary may choose an effective date of Nov. 1, Dec. 1, Jan. 1 or Feb. 1; however, the effective date may not be earlier than the date the new MA organization receives the enrollment request. Only enrollment requests received in January will have an effective date of Feb. 1.

Questions? Call SHIC at 1-888-575-6611.

Bridges to Access patient assistance program

Bridges to Access is GSK’s patient assistance program for non-cancer medicines. It provides GSK prescription drugs to eligible low-income patients who don’t have prescription drug coverage.

Program highlights:

- Same-day access to GSK drugs after your advocate enrolls you by phone or if you do not need your medicine right away, you can enroll on your own by mail.
- No application or enrollment fees
- Low-to-no patient co-pays (there is no co-pay for mail order prescriptions)

What drugs does it cover?

More than 50 GSK medicines are offered through the program. GSK cancer medicines are available through Commitment to Access.

Who can enroll?

To enroll, you must:

- Live in one of the 50 states or DC.
- Meet program income guidelines.
- Have no prescription drug coverage through a private or public program (for example, Medicaid or a Medicare drug plan).

How much does it cost?

You pay a small co-pay for an initial 60-day supply at your local drugstore. Refills for most GSK drugs come by mail. Refills by mail are free.

KIDS COUNT website updated

KIDS COUNT has updated their website. They have redesigned and reorganized the web site to make it easier to locate data on children’s well-being in North Dakota. Check it out at www.ndkidscount.org.

North Dakota KIDS COUNT is dedicated to helping

How do I enroll?

If the patient needs medicine right away:

- Patients who need medicine right away must be enrolled over the phone by an advocate. Patients and advocates may request or print an application for same day access, but only advocates may initiate the application process by calling Bridges to Access at 1-866-728-4368.

If the patient wants to enroll by mail:

- Patients who do not need their medicine right away can apply on their own by mailing a completed application, along with proof of income and a valid prescription to Bridges to Access. This application is available to both patients and advocates once enrolled. You and your Advocate will fill out an enrollment form. He or she can explain the income guidelines to you. You enroll each year.

Where can I learn more about Bridges to Access?

- www.BridgesToAccess.com
- To enroll a patient or ask other patient-specific questions: 1-866-PATIENT (1-866-728-4368)
- Mailing address:
Bridges to Access
P.O. Box 29038
Phoenix, AZ 85038-9038

people make informed decisions about policies and programs for children. They provide current, accurate data on several components of child well-being. Feel free to download any materials you need to help North Dakota secure better futures for all of our state’s children.

“A true leader has the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. He does not set out to be a leader, but becomes one by the quality of his actions and the integrity of his intent.”

~ Mike Jones

Health tip: Jump start your day

Feeling sluggish? You can jump start your day with some of these energy booster tips from experts:

- Get more magnesium in your diet. Magnesium is needed for hundreds of biochemical reactions that happen in your body. If you get too little magnesium, your body works harder to do the same tasks. The U.S. Department of Agriculture says you can increase your magnesium intake by eating leafy vegetables, nuts and whole grains.
- Brighten up. The body responds to changes in light, so being in a dark environment makes it tougher to stay alert. Putting an extra light on your desk or opening your blinds can make a difference.
- Eat small meals throughout the day. This helps stabilize your blood sugar levels, without the ups and downs that come with coffee or energy drinks.
- Take a power nap. The brain can get weary when lots of information is being thrown at it. A 60-minute snooze can reverse the effects of information overload and help you retain what you've learned, according to the National Institutes of Health.
- Stay hydrated. Dehydration is a common cause of low energy levels, as the body can confuse thirst with fatigue. Drink a big, cool glass of water next time you feel tired.

Source: FDA

Avoiding drug interactions

Learn more about the steps consumers can take to avoid the three main types of drug interactions: drugs with food and beverages, drugs with dietary supplements and drugs with other drugs.

Click here to watch the video: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm182745.htm>



Call 2-1-1 for a Medicare Part D plan comparison before Dec. 15. You'll get a customized plan comparison in the mail without waiting in line!

[Click here to see a video about 2-1-1 plan comparisons.](#)

Best practices: medication billing

One of the health systems delivers a letter to a patient the day the patient enters the hospital. This is what the letter says:



Health System Hospital cares about every aspect of your hospitalization. In a recent survey, patients told us that they would appreciate information regarding the billing process early in their stay.

In order that you may focus on your health, this letter explains how we will begin your insurance process for you.

We will submit a claim to your primary and/or secondary insurance companies. A bill will be sent to you for your balance remaining after all insurance claims have been processed.

It is possible that even though you are in a room overnight, your hospital visit may be considered an observation stay rather than an inpatient stay. This will be paid under the outpatient benefits of your

insurance plan.

If you have Medicare or Medicare HMO and you are an outpatient or an observation patient, you will be responsible for payment of any medication that Medicare considers self administered. If you have no insurance, you may be eligible for a 40 percent discount.

We have the following insurance information on file. If this information is not correct or you have any billing questions or concerns, please call the Billing Department (telephone number). Thank you for choosing Health System Hospital.

1. Insurance info
2. Insurance info

Best regards,

Name
Director of Billing and Collections

This information may be helpful in eliminating some of the misunderstandings regarding billing of medications that are considered outpatient or during observation status in a hospital and should be billed to the Part D Drug Plan.

States report sharp increase in Medicaid enrollment and spending

The number of people on Medicaid and state spending on the program are climbing sharply as a result of the recession, straining state budgets and pressuring officials to curb costs despite increased financial help from the federal government, according to a survey released today by the Kaiser Family Foundation's Commission on Medicaid and the Uninsured.

The annual 50-state survey of state Medicaid officials finds that these trends are expected to continue well into the 2010 fiscal year, with the slumping economy contributing to the loss of jobs, private health coverage and state tax revenue at a time when more

people are seeking help from public programs.

Across the country, states estimate Medicaid enrollment grew by an average of 5.4 percent in state fiscal 2009, the highest rate in six years, surpassing the projected 3.6 percent increase at the start of the year. Similarly, total Medicaid spending growth averaged 7.9 percent in FY 2009, the highest rate in five years, well above the 5.8 percent projected growth. For FY 2010, states estimate Medicaid enrollment will grow by 6.6 percent over FY 2009 levels.

Source: Kaiser Family Foundation

Determine your monthly premium under health care reform

The subsidy calculator is a tool that illustrates premiums and government assistance under the types of reform proposals being considered in Congress for people under age 65 who purchase coverage on their own in an Exchange or Gateway and are not covered through their employer, Medicare or Medicaid.

Click this link to use the calculator:
<http://healthreform.kff.org/SubsidyCalculator.aspx>

Source: Kaiser Family Foundation



PAP updates

1) GSK no longer requires that patients use an advocate for the Bridges to Access program, unless they need immediate access to medication. Lamictal XR and Lamictal Orally Disintegrating tablets have been added to the Bridges to Access and GSK Access program. Requip XL has been added to Bridges to Access and Lanoxicaps has been removed from the Bridges program.

2) Baxter has a new PAP called ARALAST NP AATmosphere.

3) The Xubex 30-day free medicine program has added Concerta and Apriso, among others.

4) Prevacid was removed from Takeda PAP effective 08-03-09.

5) There is a new application for the AZ&Me

Changes in low-income subsidy

Some Medicare beneficiaries who were not eligible for the LIS, starting 2006, may now be eligible. A new application is coming January 1, 2010. For more information, answer the questions in the skills “test” below at 2010 LIS/MSP Application.

Test your knowledge about...
 2010 LIS/MSP Application
<http://www.hapnetwork.org/faq/check-your-skills/2010-lis-msp-application.html>

Prescription Savings Program for people without insurance.

6) The following meds have been added to the Teva Patient Assistance Program: Cyclosporine Capsules and Oral Solution, Irinotecan Injection and Vivactil Tablets. The following meds have been removed from the program: Etoposide Injection, Nasarel Injection and Vincristine Injection.

7) Novartis Pharmaceuticals has developed a program for Ilaris and it is no longer on the Specialty Medications program. The name of the new program is Ilaris Patient Assistance Program.

8) Genentech Access to Care Foundation’s program for RAPTIVA is closed, as that drug has been taken off the market.

You can also check out HAP’s Check Your Skills Archive to take past quizzes.
<http://www.hapnetwork.org/faq/check-your-skills/>

Source: HAP

Health IT growth could create 50,000 new jobs

The National Coordinator for Health IT David Blumenthal said the nationwide transition to electronic health records could spur the creation of about 50,000 new jobs in the health IT field, Healthcare IT News reports.

Blumenthal spoke during the annual conference of the American Health Information Management Association (Monegain, Healthcare IT News, 10/6).

He said in the coming weeks or months he expects to announce a new work force training initiative designed to boost the ranks of health IT professionals. He offered no further details about the training programs.

However, Blumenthal did note that the federal government in December will begin awarding grants to establish regional extension centers designed to provide health IT support and training (Anderson, Health Data Management, 10/7).

Linda Kloss, outgoing CEO of AHIMA, said the U.S. currently has about 270 accredited training programs in health information management. She suggested that the federal government should support and expand those existing programs (Conn, Modern Healthcare, 10/7).

Source: iHealthBeat

FDA's new website regarding hearing aids

The Federal Drug Administration invites all to visit their new website at the following address:

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/Consumer-Products/HearingAids/default.htm>

This site provides general information on hearing aids, types of hearing loss, different types and styles of hearing aids, how to get a hearing aid, benefits and safety of hearing aids, hearing aids and cell phones, other products and procedures to improve hearing, and a checklist of steps to remember and consider before purchasing a hearing aids.

This site also includes information on the difference between hearing aids and sound amplifiers that amplify environmental sounds for consumers with no hearing loss. FDA regulates hearing aids, which are intended to compensate for hearing loss. On the other hand, FDA does not consider sound amplifiers to be medical devices when labeled for recreational or other

use by individuals with normal hearing. However, certain safety regulations related to sound output levels still apply to these products.

This site provides general information on hearing aids and is not intended to provide medical advice. If you have questions about your health, the best source of information is your hearing health care professional.



MIPPA and food stamps

Under the new MIPPA provision, beginning in January 2010 the Social Security Administration (SSA) will send electronic files to states each weekday with information on the LIS applicants for whom an eligibility determination has been made. (As part of the LIS application the applicant may ask SSA not to share the application with states.) If current trends continue, according to SSA data, they will forward an average of about 60,000 to 70,000 applications a month to the states. The electronic file from SSA will contain information from the LIS application, including the name, address, Social Security number and phone number of the applicant (and his or her spouse, if any) and income and asset information from the LIS application process.

As part of this follow-up process states also can screen for food stamp eligibility and sign up eligible seniors. This can be done by sending a separate food stamp application to the household or integrating the necessary food stamp eligibility questions into the MSP application. Similarly, if states are contacting the households over the telephone, they could initiate a food stamp application that way. In most states the population of low-income seniors who will be eligible for food stamps will be a subset of the LIS population.

The major instances where additional information may be needed to determine food stamp eligibility include:

- Household composition. States will need information on other household members, if any, who purchase and prepare meals with the Medicare beneficiary (and spouse). Approximately two-thirds of low-income Medicare beneficiaries live alone or with only a spouse, but about one-third live with other individuals, who very likely would need to be included in the food stamp unit.
- Information on deductible expenses. As discussed in more detail below, the amount of food stamp benefits for which a Medicare beneficiary can qualify will depend on the household income and the amount of shelter, out-of-pocket medical, and dependent care expenses.

Households with high expenses in these areas can qualify for higher food stamp benefits. The information could be collected on an application or

by telephone, and states have wide latitude on what documentation is required. If a household has applied for food stamps but not provided this information its application proceeds without the benefit of the deductions.

- Differences in income and asset rules. Depending upon how states have set their MSP eligibility rules, food stamp rules may require states count slightly



different types of income and assets. For the most part these types of income and assets are uncommon and should not pose a significant barrier to coordinating with MSP procedures for most households. For example, beginning in January 2010 LIS will no longer count in-kind support and maintenance (i.e., support from a family member or church) as income, but some states may count it in MSP, and food stamps may or may not count it depending on the circumstances. In addition, food stamps may require more recent household income information, and verification is likely to be required for some types of income, particularly any earnings. (For many types of unearned income, however, states can verify through data matches.)

In addition, there are likely to be some procedural differences, notably:

- States will need a food stamp application with name, address, and signature to establish a filing date. The application could be the same as any materials that are mailed to gather MSP or LIS information, or could be a separate form.
- Food stamps requires an interview, though the

interview can (and in many cases would normally) be conducted over the telephone, rather than face-to-face.

What amount of food stamps will Medicare beneficiaries qualify for?

For many low-income Medicare beneficiaries, Social Security benefits bring them close to or modestly above the poverty line. When such households do not have high expenses—for example, because they live in public housing and have no out-of-pocket medical costs—the food stamp benefit for which they qualify can be relatively low, perhaps only \$16 a month. If, however, such a household has high shelter expenses (including property taxes and utilities), out-of-pocket medical expenses, or dependent care expenses, its monthly food stamp benefit will be significantly higher. The typical Social Security recipient who does not receive SSI but does

participate in food stamps qualifies for about \$80 a month in benefits in 2009. A typical household with members who are elderly or disabled and with very high deductions can receive closer to \$150 a month or more in food stamps.

Research has found a variety of reasons that seniors are not enrolled in benefits for which they qualify. A primary reason is lack of knowledge about 1) the existence of the benefits, 2) the eligibility rules, and 3) the amount of benefits that are available. In addition, the complicated and uncoordinated application rules and processes can be daunting for low-income seniors to navigate, and result in a situation where individuals who apply for one benefit will not necessarily receive all benefits for which they qualify.

Source: HAP

Health tip: Choosing a nursing home

Choosing a nursing home for yourself or for a loved one is a major decision, and it's not always easy to tell the good ones from the bad ones. Here are some tips to help you weed through your options:

- Search for places near home. This helps ensure that you're close to family and friends who will visit you and ensure you're being cared for properly. You can start your search by using Medicare's nursing home compare tool.
- Visit the nursing home. Take a tour of the home, and meet the director. Pay attention to details such as whether there is handicap access, strong odors, plenty of meal choices and enough staff for the number of patients.

- Swing by unannounced. Make another visit to find out what it's like when the staff is not expecting a visitor. While you're there, check out a bathroom, not only for cleanliness but also to find out if there's hot water. In large homes especially, residents sometimes complain about a lack of hot water. You can also ask to see the facility's recent state inspection survey.

- Understand the details. Once you decide, make sure you understand the contract, costs and whether there's a waiting list.

Source: AARP