

Minnesota's first e-patient

Minnesota's first virtual doctor's visit was conducted recently, the Pioneer Press reports. The patient, Beth Piper of Hampton, Minn., learned that sleeping pills would interact badly with another medication she uses during the seven minute Webcam-enabled discussion. Her doctor, Eric Christianson, suggested using Benadryl instead.

"It was the first real test of Online Care Anywhere, a virtual clinic that Fairview

Health Services and Blue Cross and Blue Shield of Minnesota launched recently. For now, the online clinic is being tested only on Blue Cross employees such as Piper, but its creators say it will soon be a 'better, faster, cheaper' option for all Minnesotans with basic medical needs" (Olson, 12/01).

(Kaiser Daily Health Report, Dec. 2, 2009)

Recall: Vicks Sinex nasal spray

One lot of over-the-counter Vicks Sinex Nasal Spray in the United States has been recalled, along with two other lots in Germany and the United Kingdom.

The recalled U.S. product is Vicks Sinex Vapospay 12-Hour Decongestant Ultra Fine Mist, 15 ml, Nasal Spray, lot number 9239028831.

The risk: The bacteria *B. cepacia* was found in a small amount of the drug made at the manufacturer's German plant. There have been no reports of illness; however, the bacteria could cause serious infections for people who have a compromised immune system or those with chronic lung conditions, such as cystic fibrosis.

Recommendations:

- Check to see if you have the U.S. recalled product. The lot number is listed on both the outer carton and the bottle.
- If you have the recalled product, throw it away.
- You may call the manufacturer, Procter & Gamble Company, for a replacement coupon or refund at 877-876-7881.

(FDA MedWatch Safety Alert November 2009)



North Dakota
INSURANCE
DEPARTMENT
PROTECTING THE PUBLIC GOOD
PRESCRIPTION CONNECTION

■ 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 ssaubin@nd.gov or call her at 1.888.575.6611.



Adam Hamm
Insurance Commissioner

Need in-home care help?

Looking for an attendant? Looking for some help to stay in your own home and community? There is a new resource website that has gone statewide to connect people with disabilities and the elderly with in-home service providers.

Homecarend.com is a free interactive resource meant to link up people who need in-home help with people looking for work to provide the in-home help. You can sign up as a consumer, or as a provider (independent or agency) whichever

the case may be. This resource is available to all, whether it is private pay or subsidized through third parties.

Check it out today at www.homecarend.com.

For more information or questions about the North Dakota Personal Assistance Registry, contact Chuck Stebbins at 701-720-2658.

(AARP North Dakota News December 2009)

Veteran news

Many veterans in Options service area are taking of the services NOW available at the new VA Outpatient Clinic located at 3221 32nd Ave. South in Grand Forks (701-335-4380). Options is an agency that serves people with disabilities in Grand Forks. In addition to providing outpatient medical services, there is a OEF/OIF Case Worker, Heidi Sanger, at the clinic to work with any Persian Gulf returnees experiencing problems with drinking, PTSD or other emotional or financial difficulties. In addition, Heidi indicated there are some Vietnam veterans willing to serve as mentors to

those recently returning from combat areas. These Vietnam vets experienced the same turmoil and mixed feelings upon their return.

The co-pay for most veterans and most medications is \$8.00 for a 30 day supply. There are some situations there is no cost to the veteran.

(Options Choices Rights Winter 2009)

Improvements to Medicare beginning Jan. 1, 2010

With last year's MIPPA (Medicare Improvements for Patients and Providers Act, 2008) legislation comes important and positive changes to the Medicare program, effective Jan. 1, 2010. One of the more significant changes is better coordination of outreach to low-income beneficiaries who are potentially eligible for Medicare Savings Programs (MSPs).

Starting Jan. 1, 2010, the Social Security Administration (SSA) will be sending all Part D low-income subsidy (LIS) applicant data to state Medicaid offices to determine MSP eligibility. This change will streamline the application process for the two programs, and increase the chances of reaching the more vulnerable beneficiaries who often fall through the cracks when it comes to these historically under-enrolled programs.

HAP and other beneficiary advocates are pleased

to see these changes, which offer significantly more robust protections for low-income beneficiaries. Another significant change effective January 1 will be the increase in the asset test for MSPs. In 2010, the asset test amounts will be \$8,100 for an individual and \$12,910 for a couple. Additionally, the increased asset limit will be indexed for inflation each year (something that has not happened since the program's inception in 1990) and will also match the asset test of the Part D LIS program, again making it easier for low-income beneficiaries to get much needed benefits.

For a complete review of changes scheduled to take effect Jan. 1, see HAP's MIPPA Changes 2010 fact sheet.

(HAP December 2009)

Changes to Medicare in 2010

Most people with Medicare will not see their Part B premium increase in 2010. Their Part B premium will stay at \$96.40 per month because Part B premiums cannot ordinarily increase when Social Security benefits do not increase that year. In 2010, Social Security benefits will not rise.

Some people will have to pay a higher Part B premium in 2010. Your Part B premium will increase to \$110.50 per month next year if your premium is not withheld from your Social Security check or if you recently enrolled in Medicare. Your premium will also increase if your adjusted gross income is above \$85,000 if you are single or \$170,000 if you are married.

Each Medigap plan pays for a particular set of benefits, but they all must include the following basic benefits:

- Hospital coinsurance coverage
- 365 additional days of full hospital coverage
- Full or partial coverage for the 20 percent coinsurance for doctor charges and other Part B

services (K and L only cover this after you have paid the out-of-pocket limit)

- Full or partial coverage for the first three pints of blood you need each year

Beginning June 1, Medigap plans E, H, I and J will no longer be sold, but if you already have one of those plans, you can keep it as long as you like. Two new plans—M and N—will be offered instead.

In most states, you only have the right to buy a Medigap policy at certain times.

(Dear Marci, Nov. 30, 2009)

Transplants vs. dialysis

The New York Times: “A Congressional proposal to help pay for drugs needed by transplant recipients to prevent rejection of donated kidneys has run into opposition from dialysis providers, drug companies and the National Kidney Foundation.” The groups support extending Medicare drug coverage but say the measure would cut funding for dialysis. “The proposal has created a rift between those in the business of providing dialysis and those in the business of performing transplants.

The discord is being felt on Capitol Hill, and supporters of the measure fear it may make it easy for Congress to kill the provision altogether

in the late stages of negotiation.” Meanwhile, the House health overhaul bill “includes a provision that would provide Medicare coverage for immunosuppressant drugs for all beneficiaries for life, starting in 2012.” But the issue is currently not addressed in the Senate health bill, though “the second-ranking Democrat in the Senate, Richard J. Durbin of Illinois, submitted an amendment that replicates the House language, giving the provision a badly needed lift” (Sack, 12/14).

(Kaiser Health News’ Daily Report)

New medical debt fact sheets and consumer guides available

According to a new publication recently released by Families USA*, *Shortchanged by Medical Debt*, 41 percent of working-age adults in 2007 were paying off medical debt or were having trouble paying their health care bills. Medical debt contributes to bankruptcy, housing insecurity and can have a negative impact on access to health care because people in debt often delay or forgo needed care. For Medicare beneficiaries, common contributors to medical debt include the coverage gap, or “doughnut hole,” in Part D prescription drug plans and the cost-sharing charges in Medicare Advantage (MA) plans.

Your Medical Bills: A Consumer’s Guide to Coping with Medical Debt, another new publication from Families USA, offers helpful information, tips and resources for health care consumers of any age. It includes step-by-step instructions for paying off medical debts, what to do if you cannot afford to pay, how to negotiate a payment plan with a hospital or other health care provider and it outlines what to ask for in a payment plan. The guide also describes the consumer rights and protections that exist in such laws as the Fair Debt Collection Practices Act. The guide includes an extensive list of contacts and resources that might be helpful to SHIPs and your clients if these questions arise during counseling sessions

in the Annual Enrollment Period (AEP). HAP first covered the issue of medical debt and Medicare beneficiaries in its August newsletter and offered a number of additional consumer resources for SHIP counselors to use when helping people who are struggling with medical debt:

- Medical Debt and Seniors: How Consumer Law Can Help explains strategies, such as negotiating with creditors.
- Dealing with Debt Collection Harassment describes how to avoid or stop harassment using your rights and protections available through the federal Fair Debt Collections Practices Act and other state laws.

*(*HAP is an independently funded project of Families USA, a national nonprofit, nonpartisan organization. December 2009)*

Data update

Statehealthfacts.org has recently added new and updated data on Demographics and the Economy, Medicaid & CHIP, Providers & Service Use, and Women's Health. You can also view a list of all recent updates.

Demographics & the economy

- Unemployment

The latest data from the Bureau of Labor Statistics (BLS) on unemployment rates have been added for all states and the nation for October 2009.

- Food stamp program

The most recent information from the United States Department of Agriculture (USDA) on monthly food stamp enrollment is now available for all states and the nation for September 2009.

- State fiscal distress

The most recent data on state budget shortfalls for fiscal year (FY) 2010 have been added and are available from the Center on Budget and Policy Priorities (CBPP). Also updated are aggregate state rankings in foreclosures, unemployment, and food stamp participation with the latest data from RealtyTrac, the BLS, and the USDA.

Medicaid & CHIP

- Monthly Medicaid enrollment

Updated data from Kaiser Commission on Medicaid and the Uninsured (KCMU) on monthly Medicaid enrollment for December 2008 are now available for all states and the nation. Data are also available for the percent change in Medicaid enrollment between December 2007 and December 2008 for total enrollees, and children and adults.

- Medicaid and CHIP eligibility

Updated information from the Center on Budget and Policy Priorities (CBPP) and the Kaiser Commission on Medicaid and the Uninsured (KCMU) on current income eligibility levels for Medicaid and CHIP has been added. State-by-state income requirements as of December 2009 are now available for

children, pregnant women and parents in Medicaid and for children in CHIP.

- Medicaid and CHIP Enrollment and Renewal Practices

Information from CBPP and KCMU on enrollment and renewal practices for children and pregnant women applying for Medicaid or CHIP as of December 2009 has also been added. Updated information on asset test requirements, face-to-face interview requirements, the availability of a joint application and information on states that allow administrative verification of income and presumptive eligibility is now available.

- Home and Community-Based Service (HCBS) Waivers

Updated data on home and community-based service (HCBS) waivers have been added and include 2006 HCBS expenditure, participant, and waiting list data for all states and the nation. Based on analysis of The Centers for Medicare and Medicaid Services' (CMS) Form 372 conducted by KCMU and the University of California at San Francisco (UCSF), this update also includes information on home health and personal care services expenditures and participants.

Providers & service use

- Certified nursing facilities

Updated data on nursing facility residents and nursing facilities from the University of California at San Francisco (UCSF) are now available for 2008 for all states and the nation. Nursing facilities topics include total number of nursing facility residents, number of residents by primary payer source, total number of nursing facilities, number of nursing facilities by ownership type, and total nursing facility beds. Nursing facility occupancy rates and the percent of facilities with serious deficiencies have also been updated and are available by state.

- Federally Qualified Health Centers (FQHCs) Data from the National Association of Community Health Centers have been updated to 2008 and include the total number of FQHCs; number of service delivery sites operated by FQHCs; and total patients served. Also available are data on patient visits to FQHCs and the distribution of revenue by source for all states and the nation.

Women's health

- Preventive health
Updated survey data from the Centers for

Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) are now available for mammogram rates in women age 40 and older and 50 and older for 2008 for all states and the nation. Data are also available for Pap smear rates in women age 18 and older and colorectal cancer screening rates in women age 50 and older for 2008.

(Kaiser Family Foundation)

PAP updates

- Cipro and Cipro XR are no longer available through Schering-Plough's Cares program.
- Theocron is no longer available on the Forest PAP.
- JDS Patient Care is now called Noven Patient Care Program. The new application is available on the NeedyMeds website.
- Docil IV Injection, Levaquin Oral Solution and Procrit for Injection have been added to the Johnson & Johnson Hospital Access PAP.
- Janssen Ortho PAP has been renamed Johnson & Johnson Patient Assistance Program.
- Endo Pharmaceuticals has a new program for Opana and Opana ER.

- Vesanoid has been removed from the Roche Oncoline PAP.
- The new contact information for Triax Patient Assistance Program is:

Triax Patient Assistance Program
P.O. Box 42886
Cincinnati, OH 45242
Phone : (800) 956-0697
Fax: (732) 507-7633

For access to more PAP updates, join NeedyMeds Forums at forums.needymeds.com.

(NeedyMeds.com)

Understanding legal issues for people with Parkinson's

Join the Parkinson's Disease Foundation (PDF)—by phone or computer—for “Understanding Legal Issues for People with Parkinson's,” the third event in a six-part educational series of PD ExpertBriefings. This free one-hour event, led by Janna Dutton, J.D., will provide tips on navigating the legal issues that face people living with Parkinson's disease (PD). During the last 20 minutes of the event, participants will have the opportunity to ask Ms. Dutton their own

questions about the topic.

To register: call 800-457-6676, email info@pdf.org or visit www.pdf.org.

(Patient Advocate News, Nov/Dec 2009)

Current economic downturn increasing value of PAPs

A recent study of primary care physicians and office staff found that nearly 90 percent of both groups saw an increase in the number of patients who struggle with prescription costs during this economic downturn. Our company's second annual prescription assistance program (PAP) study revealed that more than 60 percent of these physicians and office staff report the economy has impacted the likelihood they talk about patient assistance programs, which bridge the gap for patients who are struggling to obtain the medications they need.

Providing patients with free medications appears, at face, to be an obvious solution to helping patients. Yet, physicians and office staff report suggesting PAPs to patients just 25 percent of the time. Perhaps the usual objection that PAP enrollment is too complicated and time intensive still drives health care providers to offering other money-saving avenues, like generics or coupons/vouchers. For patients on multiple medications, however, \$4 generics can still pose a significant financial burden.

Pharmaceutical companies are addressing these perceived barriers. In the past year, several companies have created new patient-centric applications, increased income limits and streamlined the renewal process. A key



question is whether health care providers have noticed these changes and have modified their perception of PAPs. If so, other pharmaceutical companies have the opportunity to

identify and, if necessary, modify program features that meet the needs and concerns of patients and health care providers.

Our PAP study of 14 company PAPs investigated how physicians view each company and each company's performance on 26 PAP program attributes. The study's objective was to identify which attributes have the greatest impact on a PAP performance.

This independently funded web-panel study surveyed 200 physicians who were familiar with at least four PAPs. Pfizer continues to lead in overall PAP image, but AstraZeneca is rapidly closing the gap. Merck, GlaxoSmithKline and Lilly round out the top five companies. This year's study added the ratings of 150 office staff to capture opinions of those who tend to work most closely with these programs. Interestingly, the five companies that top the physician list also rank highest among office staff.

In regards to specific attributes, a company's enrollment procedure, corporate commitment toward its PAP and impact on office time emerged as key drivers in shaping what physicians think of a company's PAP. Physicians and office staff tend to share similar beliefs in what they consider important, but there were differences. Not surprisingly, call center, website support and speed of application approval were more important to office staff than to physicians.

Office staffs' familiarity with pharmaceutical companies is also reflected in their ability to better differentiate program attributes than physicians. For example, office staff rated the speed at which GSK's PAP gets patients their medications number one, but GSK's requirement that "advocates" enroll patients comes at a cost. GSK ranked near the bottom in the a PAP's ability to "keep office staff time to a minimum" attribute. Recently, GSK modified its program so that patients can enroll in their PAP without an advocate. It remains to be seen whether this will impact their overall ratings in the future.

In the past year, companies have made changes to their PAP to make enrollment easier for

continued ...

patients and health care providers. The study's lead researchers, Jack Fyock, PhD and Jill Miller of Market Strategies, contend that results in this study provide evidence that these changes are being noticed by health care providers and make a difference in how providers view a company's PAP. By addressing the attributes that matter

most, pharmaceutical companies have an opportunity to change old perceptions and bring PAPs to the forefront in helping patients obtain the medications they need.

(Patient Advocate News, Nov/Dec 2009)

Reminder concerning Medicare Advantage plans

A frequent question regarding Medicare Advantage Plans is "can I get my Medigap policy back if I decide I don't want the Advantage plan?"

If you dropped a Medigap policy to join a Medicare Advantage Plan for the first time; if you have been in the plan less than a year and you want to switch back you have a guaranteed issue right. You have the right to buy the Medigap policy you had before you joined the Medicare Advantage Plan, if the same insurance company you had before still sells it. If your former Medigap policy isn't available, you can

buy a Medigap Plan A, B, C, F, K or L that is sold in your state by any insurance company.

Be sure to note that it must be the first time you have purchased an Advantage Plan. Some Medicare beneficiaries have purchased Advantage Plans, have dropped them and are now, two years later, considering a different Advantage Plan. In such situations, there is no guaranteed issue right to buy the Medigap policy because it is the second time the beneficiary has had a Medicare Advantage plan.

(2009 Choosing a Medigap Policy)

Health fraud awareness video

FDA urges consumers to be on guard against fraudulent products claiming to treat, prevent or cure a wide variety of medical conditions, including the H1N1 flu virus. In this Consumer Update video, FDA health fraud expert Gary Coody demonstrates fraudulent products

removed from the market, and provides advice on how to spot and avoid health fraud.

[Click here to watch the video.](#)

(FDA)

Check your Medicare skills

For those of us who enjoy checking our Medicare skills, go to www.hapnetwork.org/faq/check-your-skills/ and click on the answers.

(HAP December 2009)

