

VA expected to cover more Agent Orange effects

The Department of Veterans Affairs may need to pay heavily to treat veterans who have been adversely affected by Agent Orange. McClatchy/Beaufort (S.C.) Gazette report: "The cost of war — on veterans' health and taxpayer wallets—will loom a little larger in the new year when the Department of Veterans

Affairs issues a final rule to claim adjudicators to presume three more diseases of Vietnam veterans, including heart disease, were caused by exposure to Agent Orange. The rule, expected to be published soon, will make almost any veteran who set foot in Vietnam, and is diagnosed with Parkinson's disease, B

cell leukemia or ischemic heart disease (known also as coronary artery disease), eligible for disability compensation and VA medical care. The exception would be if credible evidence surfaces of a non-service cause for the ailment" (Philpott, 1/7)

(Kaiser Daily Health Report)

Annual Assistive Technology Expo

Do you or does someone you know have difficulty communicating, learning, working, remembering or performing everyday tasks? Assistive technology can help and the annual Assistive Technology Expo is the place to learn about it. Make plans to attend on April 15 at the Ramada Plaza Suites in Fargo.

The day includes a morning of presentations by various assistive technology professionals. The registration fee is \$30 for these sessions and lunch. Scholarships are

available to individuals with disabilities on a first-come, first-serve basis.

From 11 a.m. to 6 p.m., the Expo Exhibit Hall will be free and open to the public. More than 60 vendors and service organizations are expected.

For more information, go to www.atexpo.org or contact Daphne Meyers at 1-877-760-2939 or email daphne@atexpo.org.

(AARP North Dakota News)



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

Interest-free loans available for electronic medical records

The Minneapolis Star Tribune recently reported that United Health Group's technology wing, Ingenix Inc., will begin offering interest-free loans to help physicians buy electronic medical records, another incentive that will coincide with economic stimulus bonus payments to physicians who adopt records beginning next year. In addition, "one of the

biggest players in the field—Allscripts-Misys Healthcare Solutions of Chicago—plans to unveil its own loan offer for a similar product aimed at small doctors' practices" (Yee, 1/8).

(Kaiser Daily Health Report)

Limited income net for people at the pharmacy counter

Limited Income NET will provide immediate prescription drug coverage for people with Medicare who are at the pharmacy counter and qualify for Extra Help, but aren't enrolled in a Medicare drug plan. Limited Income NET covers all Part D covered drugs, and there are no prior authorization or network pharmacy restrictions during the time period covered by this program. The person will be charged the reduced copayment based on the level of Extra Help they get.

Limited Income NET will also cover prescriptions that eligible people filled within the last 30 days.

(Editor's note: All beneficiaries enrolled in the Limited Income Net program will be

randomly enrolled into a below benchmark Part D PDP beginning on the first day of the second month after their enrollment into the Limited Income NET. Therefore, if a pharmacy processes claims for an eligible beneficiary with the Limited Income NET on January 15, that individual will have prospective coverage in the Limited Income NET for the remainder of January and all of February. Coverage in a new below-benchmark PDP will be effective on March 1 for that hypothetical beneficiary.)

For more information about the Limited Income NET Program, call 1-800-783-1307.

(CMS)

Where the jobs will be in the next decade

Dixie Sommers, assistant commissioner for the Bureau of Labor Statistics, recites a list of the 10 occupations that the BLS expects will provide the greatest number of new jobs over the next decade. These include:

1. Registered nurses
2. Home health aids
3. Customer service representatives
4. Food preparation and serving workers
5. Personal and home care aides
6. Retail salespersons
7. Office clerks
8. Accountants
9. Nursing aides, orderlies and attendants
10. Postsecondary teachers

Six of the top seven fastest-growing occupations are low-skill, low-wage jobs.

Katz says the challenge is to move those jobs up the skills ladder. There's no reason, he says, that home health care workers couldn't be better educated to provide patients with greater value and, as a result, command higher wages to improve their own living standards.

"So [by] professionalizing those types of jobs, we could have a very optimistic vision of an economy," Katz says.

How that might square the goal of spending less on health care isn't clear.

Katz argues it wouldn't necessarily require spending more on education, but rather changing what's taught to focus more on different skills like problem solving, interpersonal relations and teamwork.

(Kaiser Health News and NPR)

Preparing for the 2010 Census

What to do when a census taker visits you.

"Conducting the census is an enormous task, and the Census Bureau goes to extraordinary measures to keep all the data we collect confidential."

-- Robert M. Groves, Director of the United States Census Bureau

If you don't send back your form, you may receive a visit from a census taker. If a census taker visits you, here's what you should do:

- First ask to see their ID. All census workers carry official government badges marked with just their name; they may also have a "U.S. Census Bureau" bag.
- Note that the census taker will never ask to enter your home.
- If you're still not certain about their identity, please call the Regional Census Center's to confirm they are employed by the Census Bureau.

- Answer the census form questions for your entire household (you must be at least 15 years old to answer questions) so that the census taker can record the results for submission to the Census Bureau.

Census takers visit local homes several times to capture resident information for the 2010 Census. If you prefer, you can schedule a visit with your census taker. Should the census taker come when you are away from your home, they will leave a contact number. If a census taker has not visited your home or you have a question about your participation with the census, call your Census office.

Denver Regional Census Center:
(720)-475-3640

(<http://2010.census.gov/2010census/how/preparing.php>)

LINET Program replaces WellPoint POS FE process

Effective Jan. 1, 2010, Humana will begin administering the Limited Income Newly Eligible Transition (LINET) Program for the Centers for Medicare & Medicaid Services (CMS).

The LINET Program allows individuals who receive Medicare's Part D Low Income Subsidy (LIS) to receive immediate need coverage at the point of sale if they are not already enrolled in a Part D plan.

Additionally, CMS will temporarily enroll newly identified individuals with Medicare and Medicaid (dual eligibles), and Medicare and Supplemental Security Income (SSI), into the Limited Income NET contract (Contract ID X0001). This allows for a smoother transition as CMS autoenrolls them into standard Medicare prescription drug plans for the future.

The Limited Income NET Program replaces the WellPoint Point of-Sale Facilitated Enrollment (POS FE) process.

To facilitate the transition to the Limited Income NET Program, Humana has developed a

variety of educational materials for pharmacists that you can access through the Humana website at www.humana.com/providers/tools/prescription_tools/li_net.asp.

Resources available from this web site include:

- Education-on-demand: These presentations will walk you through the Limited Income NET claim submission process; separate presentations focus on pharmacy providers and long-term care pharmacies.
- LI NET payer sheet: A document that explains in detail how to submit Limited Income NET claims.
- LI NET Question & answers: A list of frequently asked questions regarding the Limited Income NET Program.
- LI NET tip sheet for pharmacy providers: A document that offers pharmacists additional guidance on using the Limited Income NET Program.

(Paulette Baudler, Regulatory Compliance Director, Humana)

Voltaren Gel and liver damage

New warnings and precautions regarding the risk of liver damage have been added to the labeling of Voltaren Gel (diclofenac sodium topical gel) 1% and other drugs that contain diclofenac sodium. Voltaren Gel is a non-steroidal anti-inflammatory drug used to relieve pain from osteoarthritis of the joints, such as the knees and those of the hands.

The risk: Liver damage (hepatotoxicity) has been reported in people in the first month of using Voltaren Gel, although this damage can occur at any time during use of the drug. Severe reactions including liver cell death (necrosis), yellowing of the skin and whites of the eyes (jaundice), hepatitis, and liver failure have

been reported. Some of these cases resulted in death or liver transplantation.

Recommendations:

- Let your health care professional know if you have any liver problems before you use Voltaren Gel.
- Contact your health care professional if after using Voltaren Gel you have side effects, such as nausea, fatigue, lethargy, diarrhea, itching, jaundice, stomach tenderness, or flu-like symptoms.

(FDA)

COBRA extension helps unemployed workers this year

Another COBRA extension helps unemployed workers without insurance. USA Today reports: “A defense spending bill signed into law Dec. 19 expands a subsidy for unemployed workers who want to continue their former employer’s health insurance coverage. Under the federal law known as COBRA, workers who leave their jobs can continue their former employer’s coverage for up to 18 months. Ordinarily, though, workers must pay the entire premium, making COBRA out of reach for most unemployed workers. The economic stimulus package enacted by Congress last year subsidized 65% of COBRA premiums for unemployed workers for up to nine months, starting in March 2009. But with unemployment still above 10 percent at year’s end, Congress decided to extend and expand the benefit.” The extension allows individuals to continue receiving the subsidy for another six months.

The subsidy has increased COBRA use significantly: “From March to November, the number of workers who signed up for COBRA

increased 20 percentage points over the previous six-month period, when no subsidy was available, according to Hewitt Associates ... [the group] estimates that subsidized COBRA premiums cost the average worker \$3,000 a year, vs. \$8,800 a year without the subsidy.”

Additionally, the COBRA extension is retroactive, therefore unemployed workers “who lost their subsidy before the legislation was enacted are still eligible for six more months of subsidized premiums, according to the Department of Labor. The government is providing a grace period for workers who let their coverage lapse, says Kathryn Bakich, senior vice president and head of the health care compliance practice at Segal Co. To resume subsidized COBRA, you must pay the back premiums at the reduced rate by Feb. 17, or 30 days after receiving a notice from your plan administrator, whichever is later” (Block, 1/5).

(Kaiser Daily Health Report)

FDA’s MedWatch Safety Alerts



After the Food and Drug Administration (FDA) approves a product and it is on the market, FDA continues to monitor unexpected and undesirable side effects (adverse events) of that product.

Health care professionals and consumers may report side effects, product quality problems, product use errors, or therapeutic failure with

the use of medical products to FDA’s MedWatch Adverse Event Reporting program either online, by regular mail, by fax or by phone.

- Online
- Regular mail: Use postage-paid, pre-addressed FDA form 3500
- Fax: 1-800-FDA-0178
- Phone: 1-800-332-1088

MedWatch reports can signal a safety problem and lead to an FDA action to protect the public from harm, serious illness or even death.

(FDA)

Recall: Tylenol arthritis pain caplet, 100 count bottles

McNeil Consumer Healthcare expanded its recall to include all product lots of Tylenol Arthritis Pain Caplet, 100 count bottles, with the distinctive red EZ-open cap. In November 2009, McNeil recalled five lots of this product due to reports of an unusual moldy, musty or mildew-like odor that was related to nausea, stomach pain, vomiting and diarrhea.

The odor is caused by the presence of a compound believed to be the breakdown of a chemical used to treat wooden pallets that transport and store packaging materials.

The risk: The health effects of the compound believed to cause the symptoms have not been

well studied. To date, all of the observed events reported were temporary and not serious.

Recommendations:

- Stop using any Tylenol Arthritis Pain Caplet, 100 count bottles, with the distinctive red EZ-open cap.
- Contact the company, McNeil Consumer Healthcare, at 888-222-6036 or at www.tylenol.com, for instructions on how to get a refund or replacement, and how to return or dispose of the product.

(FDA)

Birth defects related to Depakote and similar drugs

FDA has notified health care professionals and patients about the increased risk of major birth defects in babies exposed to valproate sodium and related products during pregnancy.

The products are marketed under the following brand names:

- Depacon (valproate sodium)
- Depakote, Depakote CP, Depakote ER (divalproex sodium)
- Depakene (valproic acid)
- Stavzor (valproic acid)

Depending on the products, they may be used to treat epilepsy, bipolar disorder and migraine headaches.

The risk: There is an increased risk of neural tube defects, such as defects of the brain and spinal cord, and other major birth defects, such as craniofacial defects (abnormally formed face and skull enclosing the brain) and cardiovascular malformations (abnormally formed heart or blood vessels), in babies exposed to valproate sodium and related products during pregnancy.

The medication guide for valproate that is provided with each prescription explains the benefits and risks of valproate and encourages patients to discuss options

with their health care professional.

Recommendations:

- Women who are planning a pregnancy or who become pregnant while taking valproate should contact their health care professionals immediately.
- Valproate should not be stopped without talking to a health care professional, even in pregnant women. Stopping valproate suddenly can cause serious problems.
- Women who may bear children should only use valproate if it is necessary to manage their medical condition. Talk to your health care professional about the risks and options if you use valproate and you may become pregnant.
- Women who use valproate and are not planning to get pregnant should use effective birth control.
- Pregnant women who use valproate or other drugs to treat epilepsy should consider enrolling in the North American Antiepileptic Drug Pregnancy Registry by calling 888-233-2334 or visiting www.aedpregnancyregistry.org.

(FDA)

AZ & Me Prescription Savings program changes

In an effort to continuously improve the services offered in the AZ&Me™ Prescription Savings Programs, the following announcement regarding program changes are effective Jan. 1, 2010:

The AZ&Me™ Prescription Savings program for people with Medicare Part D will be changing from a retail pharmacy-based program, where patients paid no more than \$25 for a 30-day supply depending on income level, to a mail order program through which eligible patients will receive their AstraZeneca medicines at no cost. While all program eligibility requirements will remain unchanged in 2010, patients will now be required to provide proof of income documentation.

Enrollment and re-enrollment for the AZ&Me™ Prescription Savings program for people without insurance and for people with Medicare Part D will be available online at www.azandme.com. In addition, online self-service options will be available for both programs. HCPs, advocates and patients will have the ability to order refills and check the status of enrollment or their refill online at www.azandme.com.

For those who prefer completing a hard-copy application, the AZ&Me™ Prescription Savings program for people without insurance and for

people with Medicare Part D will now offer one streamlined application that may be used for both programs. This application is available in English and Spanish. Download a PDF of the application at www.azandme.com or call 1-800-AzandMe (292-6363) to request that the application be sent to you.

Lastly, please note that the AZ&Me™ Prescription Savings Program secure fax number will be changing from (888) 810-5282 to (800) 961-8323. Share this new fax number with others you know who utilize these programs.

As a reminder, before you fax your patient's completed application, you must also attach the following:

- A prescription for an AstraZeneca medicine
- A copy of last year's Federal income tax return for the patient, his/her spouse, and dependents (or other proof of income or a 4506T).

Both the online and faxing capability will enable applications to be processed more efficiently so medications may be received more quickly.

(AZ&Me™ Individual Patient Assistance Programs)

Uplift power seat

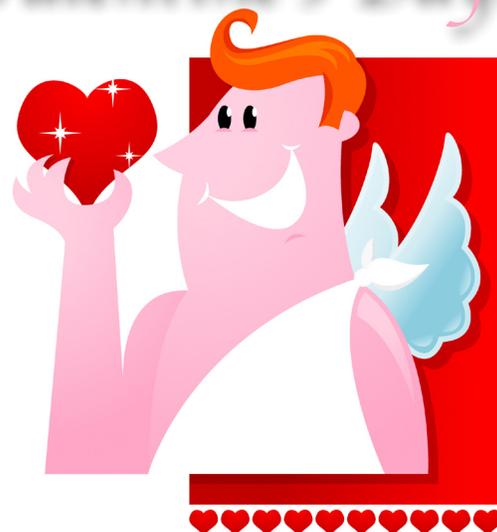
Rise easily from your favorite armchair or sofa using the Uplift Power Seat or the portable Uplift Seat Assist. In the bathroom, where privacy is important, the Uplift Commode Assist can help. These independent living aids help you keep your freedom at home or wherever you go!

For more information contact IPAT at 1-800-895-4728 (Fargo) or 1-888-540-4728 (Bismarck).

(AT KEY)



Happy Valentine's Day!



Recall: Thermoflect products

Encompass Group has recalled its Thermoflect product line for relabeling regarding its use with magnetic resonance (MR).

FDA has recommended that Thermoflect blankets and other Thermoflect products not be used for patients undergoing magnetic resonance imaging (MRI), a technology that uses the body's natural magnetic properties to produce detailed images of parts of the body.

In addition to being used in hospitals and by the military, Thermoflect products may be used by consumers for camping or other outdoor

activities because they can help prevent dangerously low body temperature (hypothermia).

In addition to blankets, Thermoflect products include jackets, pants, vests and caps for adults and children.

The risk: An injury occurred in a patient undergoing MRI, which may have been related to the Thermoflect blanket used.

(FDA)

Recall: Alka-Seltzer Plus Day & Night Cold Formula Liquid Gels

Bayer has recalled on product lot of the combination package of Alka-Seltzer Plus Day & Night Cold Formula Liquid Gels. The labeling on the foil blister card of certain packages within the lot was printed with the label reversed. The product was sold at retail outlets throughout the United States.

The details of the recalled Alka-Seltzer Plus Day & Night Cold Formula Liquid Gels are as follows:

- Package size: 20 liquid filled capsules per carton (12 day formulation capsules and 8 night formulation capsules)
- UPC#: 016500537779
- Lot #: 2969391
- Expiration: 5/11

You can find the product lot number on both the interior blister package (in black text next

to the expiration date) and the exterior carton containing the blister packaging (embossed on the side panel under the Bayer company logo).

The risk: The label for the green night product appears under some of the blue day product and vice versa. Consumers using the affected product may not be aware of the warnings regarding an antihistamine in the product that could cause drowsiness.

Recommendations:

- Stop using the recalled product.
- Contact your health care professional if you have a medical concern.
- Contact Bayer Consumer Care at 800-986-3307 with any other questions or for instructions on a refund or replacement.

(FDA)

Side-by-Side Comparison of Health Reform Bills' Impact on Medicare

Impact on Medicare	Patient Protection and Affordable Care Act (Senate Bill)	Affordable Health Care for America Act (House Bill)
Prescription Drugs	<ul style="list-style-type: none"> Requires 50 percent discount on brand-name drugs in the doughnut hole, effective July 1, 2010. (The doughnut hole is the \$3,600 gap in the drug benefit when consumers pay full price.) Discount does not apply to individuals with incomes above \$85,000 and couples with incomes above \$170,000 per year Reduces coverage gap by \$500 in 2010 only 	<ul style="list-style-type: none"> Requires 50 percent discount on brand-name drugs in the doughnut hole, effective July 1, 2010 Phases out doughnut hole completely by 2019 by shrinking the gap each year starting in 2010 Secures price concessions from drug manufacturers Allows Medicare to negotiate lower drug prices Lifts the 36-month limit on coverage of drugs to prevent rejection of a kidney transplant
Preventive Services	<ul style="list-style-type: none"> Eliminates deductibles and coinsurance for preventive services recommended by the U.S. Preventive Services Task Force Provides coverage of annual wellness visit and personalized prevention plan at no charge 	<ul style="list-style-type: none"> Eliminates deductibles and coinsurance for preventive services Moves coverage of all vaccines, including shingles vaccine, to Part B, improving access and reducing coinsurance
Assistance for Low-Income People with Medicare	<ul style="list-style-type: none"> Eliminates prescription drug copayments for certain Medicaid recipients receiving home- or community-based long-term care 	<ul style="list-style-type: none"> Eliminates prescription drug copayments for certain Medicaid recipients receiving home- or community-based long-term care Expands eligibility for Extra Help (helps pay drug premiums and copayments) and Medicare Savings Programs (helps pay Medicare premiums, deductibles and coinsurance) by more than doubling the amount of allowable savings and other financial assets people can have Extends through December 2012

		<p>the Qualified Individual (QI) program, which helps low-income people with Medicare pay for their Part B premiums</p> <ul style="list-style-type: none"> • Pays some Medicare coinsurance and deductibles for people with disabilities under 65 earning up to 150 percent of the federal poverty level (\$16,245 individual/\$21,855 couple) with limited assets
Doctors	<ul style="list-style-type: none"> • Provides 10 percent bonus for primary care 	<ul style="list-style-type: none"> • Related bill eliminates 21 percent pay cut in 2010 and cuts scheduled for 2011 and following years • Provides 5-10 percent bonus for primary care
Care Coordination	<ul style="list-style-type: none"> • Provides incentives for doctors to join Accountable Care Organizations that coordinate care from specialists and improve patient health 	<ul style="list-style-type: none"> • Provides incentives for doctors to join Accountable Care Organizations that coordinate care from specialists and improve patient health • Establishes “Medical Home” pilot to improve access to primary care services, coordination of specialist care and patient health
Hospitals and other facilities	<ul style="list-style-type: none"> • Saves \$147 billion over ten years by reducing annual payment increases • Provides incentives to reduce readmissions due to infections or other preventable causes 	<ul style="list-style-type: none"> • Saves \$173 billion over ten years by reducing annual payment increases • Provides incentives to reduce readmissions due to infections or other preventable causes
Private “Medicare Advantage” Health Plans	<ul style="list-style-type: none"> • Saves \$120 billion over ten years by setting payment based on plan bids • Provides bonus payments to plans that meet broadly defined quality or care coordination criteria • Prohibits plans from charging enrollees more than Original Medicare for <i>certain</i> medical services • Requires plans to use bonus payments to reduce cost-sharing for medical services 	<ul style="list-style-type: none"> • Saves \$170 billion over ten years by pegging payment to costs under Original Medicare • Provides bonus payments to plans that provide high-quality care based on specific performance standards • Prohibits plans from charging enrollees more than Original Medicare for <i>any</i> medical services • Limits plan profits and administrative expenses to 15 percent of Medicare payments and enrollee premiums

	<ul style="list-style-type: none"> • Creates single Annual Enrollment Period (AEP) for drug and health plan changes from October 15 - December 7 • Allows Medicare Advantage enrollees to enroll in Original Medicare during first 45 days of the new year 	<ul style="list-style-type: none"> • Creates single Annual Enrollment Period (AEP) for drug and health plan changes from November 1- December 15
Medicare Payment Advisory Board	<ul style="list-style-type: none"> • Establishes an Independent Payment Advisory Board with mandate to implement Medicare provider payment changes to meet savings targets. • Limits Congress's ability to overturn or amend payment changes • Board cannot change Medicare eligibility or reduce benefits or premium subsidies. Allowed to make limited changes to how drug plan premium subsidies are calculated 	<ul style="list-style-type: none"> • No similar provision
Means Testing Medicare	<ul style="list-style-type: none"> • Raises drug plan premiums for individuals earning over \$85,000 and couples earning over \$170,000 • Freezes inflation indexing for Medicare-related premiums for people with high incomes 	<ul style="list-style-type: none"> • No similar provision
Medicare Part A Payroll Tax	<ul style="list-style-type: none"> • Increases the Medicare Part A payroll tax by 0.9% for individuals earning over \$200,000 and couples earning over \$250,000 	<ul style="list-style-type: none"> • No similar provision
Financial Solvency	<ul style="list-style-type: none"> • Adds nine years to the life of the Part A Trust Fund 	<ul style="list-style-type: none"> • Adds five years to the life of the Part A Trust Fund