

## New website section helps consumers and businesses understand health care reform

Insurance Commissioner Adam Hamm recently encouraged North Dakotans to visit the Insurance Department website—[www.nd.gov/ndins](http://www.nd.gov/ndins)—to learn more about the new health care reform law and how it will affect them.

The North Dakota Insurance Department is fielding countless questions surrounding the Patient Protection and Affordable Care Act signed into law on March 23.

In response, the Department has created a new section on its website, featuring frequently-asked questions aimed at helping consumers and business owners understand the new law, as well as a timeline showing the implementation scheduled to take place over the next nine years.

“Understandably, consumers, business owners, Medicare recipients, students

and others want to know how the new legislation will affect them,” Hamm said. “We are analyzing the details as they come in so we can provide unbiased information to North Dakota’s consumers and business owners.

“We’re also working hard to evaluate the impact this new law will have on consumers’ insurance premiums,” he said.

Many details regarding the new law are not yet available; as the Department learns more, the information on the website will change.

Visit the health care reform website section at [www.nd.gov/ndins/consumer/reform](http://www.nd.gov/ndins/consumer/reform). If you have a question that is not answered on the website, contact the Insurance Department at 1-800-247-0560 or [insurance@nd.gov](mailto:insurance@nd.gov).

## How to apply for Medicare

Americans who want to apply for Medicare now can do so online at [www.socialsecurity.gov](http://www.socialsecurity.gov). Simply select the

“Retirement/Medicare” link in the middle of the page. The whole process can take less than 10 minutes.



**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 [sstaubin@nd.gov](mailto:sstaubin@nd.gov) or call her at 1.888.575.6611.



Adam Hamm  
Insurance Commissioner

## Poisoning by powerful prescription painkillers

More and more Americans are landing in the hospital due to poisoning by powerful prescription painkillers, sedatives and tranquilizers, according to a recently-released report. City-living middle-aged women seem particularly vulnerable.

“People have seen the headlines related to Heath Ledger, Michael Jackson, Anna Nicole Smith and they think that’s tragic but maybe contained to Hollywood,” Dr. Jeffrey H. Coben of West Virginia University School of Medicine in Morgantown told Reuters Health.

“But the fact of the matter is we are seeing, across the country, very significant increases in serious overdoses associated with these prescription drugs,” Coben warned.

Between 1999 and 2006, US hospital admissions due to poisoning by prescription opioids, sedatives and tranquilizers rose from approximately 43,000 to about 71,000.

That increase of 65 percent is about double the increase observed in hospitalizations for poisoning by other drugs and medicines, Coben and colleagues found.

Opioids—examples include morphine, methadone, OxyContin and the active ingredient in Percocet—are powerful narcotic painkillers that can be habit-forming. Some examples of sedatives or tranquilizers include Valium, Xanax, and Ativan. What’s behind the rise in poisoning by prescription painkillers, sedatives and tranquilizers? “There is not any single cause,” Coben said. “There is increasing availability of powerful prescription drugs in the community and attitudes toward their use tend to be different than attitudes toward using other drugs, especially among young people, who report that prescription drugs are easy to obtain, and they think they are less addictive and less dangerous than street drugs like heroin and cocaine.”

Accidental—or unintentional—poisoning by opioids, sedatives and tranquilizers rose by 37 percent during the 7-year study period, while unintentional poisonings by other substances increased by just 21 percent.

Read the rest of the story at <http://yubanet.com/usa/Poisoning-by-prescription-drugs-on-the-rise.php>

*(American Journal of Preventive Medicine)*

## Community health centers providing return on investment

A hefty infusion of cash for community health centers in last year's federal stimulus package may be paying off.

A new study, found that \$1.85 billion the federal government gave to clinics under the American Recovery and Reinvestment Act of 2009 has generated \$3.2 billion in economic activity.

The research was done by the George Washington University Department of Health Policy along with the RCHN Community Health Foundation and the United Health Foundation.

Although many Republicans say the stimulus has failed to save or create the number of jobs Americans were promised, both parties basically agree that an expansion of the community health center model was a good way to provide care for the uninsured. Sen. Mike Enzi, R-Wyo., even called such centers "absolutely critical" on the Senate floor in December. Even before the recession, President George W. Bush doubled funding for the centers and provided money for the creation or expansion of 1,297 clinics in 2008.

Today, the centers provide a safety net of health care for much of America's poor at a subsidized rate by targeting care to places with higher poverty and unemployment rates and fewer numbers of care providers.

The National Association of Community Health Centers says the stimulus money has funded care for 1.6 million more people, including 900,000 uninsured, at 1,100 centers around the country. Visits by the uninsured to health centers rose 21 percent last year, NACHC says. Centers in California alone are expected to serve more than 380,000 new patients through 2011, according

to Capital Link, which provided modeling for the study.

The \$3.2 billion in economic activity the researchers cite comes from expanding operations of the centers and creating more jobs there via hiring additional care providers and support staff.



Researchers say the clinics' stimulus funding shows that the clinics are able to quickly turn funding into new services and additional jobs. Federal funds given to health centers, however, used to provide a "nearly four-fold return on investment," but higher unemployment and a sluggish economy has caused a lower rate of return this time around, the researchers write.

Still, such returns could well raise support for funding the clinics. The president's new budget would provide \$290 million in sustaining funding for the centers that would otherwise expire after the one-time infusion of stimulus cash.

*(Kaiser Health News)*

## Resources for caregivers

Visit the National Caregivers Library at [www.caregiverslibrary.org](http://www.caregiverslibrary.org) to find free tools for caregivers. Click on the state in which you are

seeking information. There is information on finding speakers, elder abuse, newsletters and lots more.

## Tell us your story

Personal stories are powerful. They help us identify health care problems and trends that need attention, and describe how Medicare policies play out in the lives of people with Medicare across the country. The stories we hear from consumers drive the Medicare Rights Center's policy work.

Are you having trouble paying for the medical care or prescription drugs you need?

Do you or a loved one receive care from more than one doctor or health care provider? If so, are you experiencing problems coordinating that care?

Do you have difficulty getting clear information about how to manage your health?

Tell us how the health care system is or isn't working for you or your loved ones. Share your story with us.

Submit your story at [www.medicarerights.org/partdstories.html](http://www.medicarerights.org/partdstories.html) or email it to the Insurance Department at [insurance@nd.gov](mailto:insurance@nd.gov).

*(Medicare Watch)*

## Annual Medicare report delayed to reflect impact of health law, the AP reports

The Associated Press: "The Obama administration is delaying release of the annual report on the financial health of Social Security and Medicare so that the new report can reflect the impact of the recently passed health care overhaul." The AP says that, according to an administration official, the report "will be delayed until June 30, three months later than it usually comes out." According to last year's report by the trustees of these two programs,

"the Social Security trust fund would be depleted by 2041 and the Medicare trust fund would be depleted by 2019." Health overhaul supporters believe the recently enacted law will extend "the life of both trust funds" (Crutsinger, 4/5).

*(Kaiser Daily Health Policy Report)*

## Free eye care for seniors



Until May 30, EyeCare America is offering free eye exams for adults aged 65+ who have not seen an ophthalmologist in at least three years and do not belong to an HMO.

Click here to learn more: <http://bit.ly/JsEmQ>

## The pharmacist knows

These are tough times for consumers trying to get assistance paying for prescription drugs. Prescription Assistance Programs help fill some of the gaps. These programs offer free or low cost prescription drugs primarily to people without insurance and whose income falls around 200 percent of the Federal Poverty Level. For an individual, 200 percent of the Federal Poverty Level is \$21,660.

Another route for consumers before seeking assistance from public or private programs is to speak with a pharmacist about the options. Tom Clark, RPh., director of Clinical Affairs of the American Society of Consultant Pharmacists says, "Your pharmacist is quite knowledgeable about different strategies and ways you may be able to lower your prescription drug costs. Going

over your list of medications, making sure there is no duplication, and seeing if there are generic alternatives are just a few of the ways we can help."

Not all pharmacists have the time these days to spend consulting with patients, due to reimbursement issues. But Clark encourages patients to try as all pharmacists are very knowledgeable and want to help.

*Editor's note:* Call the pharmacy and ask the best time to come in to talk with a pharmacist. If you just drop by the pharmacy, you may be arriving at the busiest time of the day for the pharmacist and (s)he may not have adequate time to review your information.

## Patient Advocate Foundation

Patient Advocate Foundation's Headquarters Office has relocated. The new office address is:

421 Butler Farm Road  
Hampton, VA 23666  
1-800-532-5274  
www.copays.org

The Patient Advocate Foundation (PAF) Co-Pay Relief Program (CPR) currently provides direct financial support to insured patients, including Medicare Part D beneficiaries, who must financially and medically qualify to access pharmaceutical co-payment assistance. The program offers personal service to all patients through the use of call

counselors; personally guiding patients through the enrollment process.

### Are you eligible?

The Patient Advocate Foundation (PAF) Co-Pay Relief Program (CPR) currently assists insured patients who are financially and medically qualified and are being treated for breast, lung, lymphoma and cutaneous t-cell lymphoma, prostate, kidney, colon, pancreatic, head/neck cancers, malignant brain tumor, sarcoma, diabetes, multiple myeloma, myelodysplastic syndrome (and other pre-leukemia diseases), osteoporosis, pain, hepatitis C, rheumatoid arthritis, selected autoimmune disorders and CIA/CIN.



## Take the new NAIC iiQ quiz

Test your insurance knowledge to see how you rate.

Take the test!

[www.insureuonline.org/iiQ\\_2010.htm](http://www.insureuonline.org/iiQ_2010.htm)

## Generic drug roundup

Each year, the Food and Drug Administration (FDA) approves many generic drugs that treat a wide variety of conditions and help consumers save money.

Significant approvals for medications granted by FDA's Office of Generic Drugs since October 2009 are listed below.

Be aware that the "Notes" for each drug listed do not include all warnings, side effects, or use instructions associated with these products. Consumers should read the Medication Guide, when available, and speak with a health care professional regarding any medication they are taking, have been prescribed, or are considering taking.

### **Polyethylene glycol 3350** (powder for oral solution)

Used for treating occasional constipation.

- Availability in the U.S.: Over the counter
- Originally marketed as: Miralax, by Schering-Plough
- Date generic approved: Oct. 30, 2009
- Notes: Don't use this medication if you're allergic to polyethylene glycol. Also don't use it if you have a bowel obstruction or intestinal blockage, as dangerous or life-threatening side effects may occur. People with eating disorders should not use this medication without consulting a health care professional.

### **Oral transmucosal fentanyl citrate** (OTFC)

- Used for treating cancer breakthrough pain in patients who are already tolerant to opioid drugs. Breakthrough pain is defined as severe flares of pain that occur despite use of regular pain medication.
- Availability in the U.S.: By prescription only
- Originally marketed as: Actiq, by Takeda
- Date generic approved: Oct. 6, 2009
- Notes: Numerous warnings are associated with OTFC. These warnings include the possibility of life-threatening breathing problems if the drug is used by anyone not already receiving opioid treatment and who has become tolerant to that treatment, and if OTFC is not used

exactly as prescribed. Also, this medication must be kept in a safe place out of the reach of children.

### **Ketorolac tromethamine ophthalmic solution** (0.4% and 0.5%)

- Used for treating itching eyes associated with seasonal allergic conjunctivitis, an inflammation of tissue lining the eyelids. This condition is triggered by substances such as pollen and dander.
- Availability in the U.S.: By prescription only
- Originally marketed as: Acular, by Allergan
- Date generic approved: Nov. 5, 2009
- Notes: This medication is a topical nonsteroidal anti-inflammatory drug (NSAID). With NSAIDs, there is potential for stomach bleeding. The risk increases in people who are older than 60, are taking prescription blood thinners, are taking steroids, or have a history of stomach bleeding.

### **Lansoprazole delayed-release capsules** (15 mg and 30 mg)

- Used for treating gastroesophageal reflux disease (GERD).
- Availability in the U.S.: By prescription and over the counter
- Originally marketed as: Prevacid, by Takeda
- Date generic approved: Nov. 10, 2009
- Notes: Tell your health care professional if you experience severe stomach pain or diarrhea that does not go away while taking lansoprazole. Also, call your health care professional if you have any other unusual problems while taking this medication.

### **Ibutilide fumarate injection** (0.1 mg/mL [10 mL single-dose vials])

- Used for treating atrial arrhythmia (abnormal heart rhythm caused by electrical disturbances in the heart).
- Availability in the U.S.: By prescription only
- Originally marketed as: Corvert, by Pfizer
- Date generic approved: Jan. 11, 2010
- Notes: Ask your health care professional about the potential for fatal arrhythmias (abnormal heart rhythms) associated with this medication.

continued ...

### **Imiquimod cream (5%)**

- Used for treating actinic keratosis and superficial basal cell carcinoma. Actinic keratoses are precancerous growths on the skin caused by sun exposure. Basal cell carcinoma, a type of nonmelanoma skin cancer, is the most common form of cancer in the United States.
- Availability in the U.S.: By prescription only
- Originally marketed as: Aldara, by Graceway
- Date generic approved: Feb. 25, 2010
- Notes: Since imiquimod cream may make skin sensitive to sunlight, users should avoid exposure to sunlight as much as possible and wear protective clothing, sunglasses, and sunscreen if outside during daylight hours. Users should not use tanning beds or sunlamps. The cream may cause permanent changes in your skin color.

### **Tamsulosin Hydrochloride capsules (0.4 mg)**

- Used for treating male urinary symptoms of benign prostatic hypertrophy (BPH)—an enlarged prostate gland.
- Availability in the U.S.: By prescription only
- Originally marketed as: Flomax, by Astellas Pharma
- Date generic approved: March 2, 2010
- Notes: Only a health care professional can tell if you have BPH and not a more serious

condition like prostate cancer. When beginning treatment or increasing the dose, avoid driving or performing hazardous tasks where injury could result should loss of consciousness occur. Common side effects are runny nose, dizziness, and decrease in semen.

### **Generic drugs: vital facts**

- Generic drugs cost about 30 to 80 percent less than their brand-name counterparts. A recent analysis by IMS Health, which provides market intelligence to the pharmaceutical and health care industries, found that generic medicines saved the U.S. health care system more than \$734 billion from 1999 to 2008.
- Generic drugs are identical to their brand-name equivalents in dosage, safety, strength, quality, performance characteristics, intended use, and the way they're administered to patients.
- Drug manufacturers develop new drugs under patents that protect their firms' investments in the products. When patents or other periods of exclusivity on the new drugs expire, manufacturers can seek approval from FDA to sell generic versions.

(FDA)

## **Generics for Cozaar and Hyzaar**

On April 6, the U.S. Food and Drug Administration approved the first generic versions of two drugs used for the treatment of hypertension. Losartan potassium tablets and losartan potassium and hydrochlorothiazide tablets (a combination drug) are the generic equivalents of Cozaar and Hyzaar tablets, respectively.

Cozaar and Hyzaar tablets are widely-used antihypertensive drugs. Both generic losartan

products will carry the same safety warnings as their brand counterparts. These warnings include a boxed warning against the use of these products during the second and third trimesters of pregnancy.

For more information please visit <http://bit.ly/93A6YW>.

(FDA)

## **Spotlight on Medicare website**

Early in April, the Centers for Medicare & Medicaid Services launched a new and improved Medicare website ([www.medicare.gov](http://www.medicare.gov).) The site

features a new look and improved usability, which should help more people with Medicare get access to the information they need.

## Medicare issues intermediate sanction notice to Aetna Insurance Company

On April 5, 2010, the Centers for Medicare & Medicaid Services (CMS) issued a notice to Aetna Insurance Company of its intent to impose an intermediate sanction to ensure that Medicare beneficiaries continue to have access to prescription drugs under Medicare's requirements.

The intermediate sanction, which will prevent Aetna from marketing to and enrolling new beneficiaries, will be effective April 21. It will remain in effect until Aetna demonstrates to CMS that it has corrected its deficiencies and they are not likely to recur. Medicare's actions should not impact the approximately one million enrollees in the Aetna plans across the country.

## Download your state's advance directives

Caring Connections provides free advance directives and instructions for each state that can be opened as a PDF (Portable Document Format) file.

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These materials are copyrighted by Caring Connections. Permission is granted to download a single copy of any portion of these texts. Use by individuals for personal and family benefit is

[www.caringinfo.org/UserFiles/File/NorthDakota.pdf](http://www.caringinfo.org/UserFiles/File/NorthDakota.pdf)

## The Medicare Rights Center's Hotline for Professionals

Do you help people with Medicare? Where do you turn to for help? Call the Professional Hotline, a national service offered by the Medicare Rights Center to support people serving the Medicare population. Dial 877-794-3570 from 9 a.m. to 6 p.m. Eastern Time for accurate, up-to-date information and ongoing technical support.

Examples of some people who may be using this line are paralegals, professionals at Senior Centers, Hospital Social Workers, etc.

## The Medicare Rights Center's Hotline for Consumers

If you are helping your parents regarding a Medicare issue or if you are a Medicare beneficiary and need to have a question answered, call the Consumer Hotline at 1-800-333-4114.



## Seven metered dose inhalers are being phased out

On April 13, 2010, the Food and Drug Administration (FDA) announced that seven metered dose inhalers that contain chlorofluorocarbons (CFCs) are being phased out in the United States.

These inhalers use CFCs as propellants to spray the medicine out of the inhaler so patients can breathe the medicine into their lungs.

The seven CFC inhalers are used for the treatment of asthma or chronic obstructive pulmonary disease (COPD) or both. Both diseases cause a decrease in air flow to the lungs.

### Which CFC inhalers are being phased out, and when?

Dates for the phase-out of each CFC inhaler have been set. After those dates, these CFC inhalers cannot be made, dispensed or sold in the United States.

The seven CFC inhalers are listed here by their brand names, along with their manufacturers and the last date they can be sold in the United States. The generic names for the medicines appear in parentheses.

- Tilade Inhaler (nedocromil), made by King Pharmaceuticals, last date for sale: June 14, 2010
- Alupent Inhalation Aerosol (metaproterenol), made by Boehringer Ingelheim Pharmaceuticals, last date for sale: June 14, 2010
- Azmacort Inhalation Aerosol (triamcinolone), made by Abbott Laboratories, last date for sale: Dec. 31, 2010
- Intal Inhaler (cromolyn), made by King Pharmaceuticals, last date for sale: Dec. 31, 2010
- Aerobid Inhaler System (flunisolide), made by Forest Laboratories, last date for sale: June 30, 2011



- Combivent Inhalation Aerosol (albuterol and ipratropium in combination), made by Boehringer Ingelheim Pharmaceuticals, last date for sale: Dec. 31, 2013
- Maxair Autohaler (pirbuterol), made by Graceway Pharmaceuticals, last date for sale: Dec. 31, 2013

Four of the seven CFC inhalers are no longer being made. Three CFC inhalers currently in use—Aerobid, Combivent, and Maxair—will be phased out over the next one to three years. These later phase-out dates give patients time to talk with their health care professionals and switch to another medicine.

FDA will continue to reach out to companies, health care professionals, and patients to ensure a smooth transition.

Read more information at:  
[www.fda.gov/ForConsumers/ConsumerUpdates/ucm207864.htm](http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm207864.htm)

(FDA)

## What are the major types of travel insurance?

There are two main types of travel insurance.

The first type, commonly called trip cancellation insurance, protects against the loss of non-refundable travel costs—like airfare, hotel or tour expenses. So if you're making a deposit on a cruise or have non-refundable airline tickets, this would be the type of coverage you'd consider.

The other type of travel insurance offers protection against loss due to medical emergencies, damage to personal property or death that occurs while you are traveling.

### **Trip cancellation/delay/interruption insurance**

Travel insurance generally covers a very specific list of reasons for cancellation, delay or interruption. Before you buy a policy make sure you've reviewed these situations carefully.

- Trip cancellation—Reimburses pre-paid travel expenses if you aren't able to take your trip because you become ill or die.
- Travel delay—Reimburses pre-paid expenses if you aren't able to take your trip because of a travel delay, such as a flight delay or cancellation.
- Trip interruption—Reimburses pre-paid expenses if your trip is cut short because you become ill or die, or because of any other misfortune listed in policy. Covered reasons might include bad weather, airline strikes, terrorism, bankruptcy, jury duty, or fire or flood damage to your home.

### **Medical/accidental death insurance**

When considering a medical or accidental death travel policy, ask about pre-existing conditions and age limits. How companies deal with pre-existing conditions can vary widely. Read the terms of coverage carefully if you have a pre-existing condition and be prepared to pay a higher premium to cover them. Some insurers also charge more for older travelers.

American health insurance is generally not accepted outside of the United States. To find out more about the extent of your coverage, speak with your

insurance agent or company before you leave home.

- Medical/health—Reimburses medical and emergency dental expenses that you incur because of an illness or injury while you're traveling.
- Medical evacuation—Provides emergency transportation to either a hospital in the geographic region where you are and/or transportation back to a hospital near your home.
- Accidental death—This coverage is usually split into three parts:
  1. Air Flight accident—Covers death or dismemberment during flight only.
  2. Common carrier—Covers death or dismemberment while traveling on public transportation such as a plane, ferry, train, bus or taxi.
  3. Accidental death—Covers death or dismemberment at any time during a trip.

### **Baggage/rental car damage insurance**

Homeowners or renter's insurance may cover baggage or personal property damage when you're traveling and your auto insurance may extend to a rental car, but you should always check the terms of your current policy or ask your insurance agent or company.

- Baggage loss—Reimburses for lost, stolen or damaged personal items. This usually doesn't cover personal items lost or damaged by an airline. If you buy baggage insurance, be sure to review the policy for the list of property that is not covered and the value limits associated with the property.
- Rental car damage—Reimburses for damage or loss to a rental vehicle. If you purchase this coverage you can decline the rental car company's "collision damage waiver." This coverage doesn't provide liability protection.

### **Is a waiver the same as insurance?**

Cruise and tour operators may offer Cancellation Waivers. Keep in mind that waivers are not insurance policies and are not regulated by the state, and therefore do not have the same consumer

protection as a travel insurance policy. Read all of the restrictions before you buy a Cancellation Waiver.

### **What red flags should I watch for?**

Here are some warnings against possible fraudulent policies:

- The insurance is advertised through blast faxes, spam e-mails, Internet pop-ups or signs posted on telephone poles.
- The company claims you can save a considerable amount on travel insurance.
- The company uses high-pressure marketing and an extreme sense of urgency, telling you that you “must act now” or “this one-time offer.”

Just remember, if it seems too good to be true, it probably is!

### **What should I check before I buy?**

- Are the company and the person I am buying the policy from licensed by the state where I live to sell insurance?
- What is the refund policy on prepaid expenses? How long in advance do I have to cancel to get a refund?
- Other than a full refund, what benefits will the insurance company offer? Will they rebook a flight or help me find a new hotel room?
- Read the policy to see if the coverage applies only to the traveler, or if an illness or emergency with a family member will also trigger the coverage.

- If you're working with a travel agent you trust, ask about his or her experiences with any recommended travel insurance companies. Have their customers filed claims? Were those claims paid?
- If you're planning an adventurous vacation (i.e. skydiving, scuba diving), ask if the insurance will cover those activities.
- You don't have to buy travel insurance from the travel agent booking your trip. You may get a better deal if you work directly with the travel insurance company. Just make sure the quotes you're comparing are for the same coverages.
- If you buy from your travel agent, ask to speak with the licensed insurance agent in their office, and check with your state insurance department to make sure that person's license is up to date.

### **More information**

If you have questions about your insurance coverage, contact the North Dakota Insurance Department at 1-800-247-0560.

Get smart about your insurance needs! For more information about auto, home, life and health insurance options—as well as tips for choosing the coverage that is right for you and your family—visit [www.InsureUonline.org](http://www.InsureUonline.org).

*(NAIC)*

## Can't afford your drugs? There may be some help for you

While not a traditional PAP, Welvista, a South Carolina based nonprofit organization, serves low-income uninsured people in all 46 counties in the state who need access to prescription medication. Welvista partners with 12 pharmaceutical companies who donate the medications to dispense to the uninsured.

However, one significant different and advantage to consumers is they only have to complete one standard application, and the patient can access medication from all 12 manufacturers. The completed and consumer-friendly application is current for 12 months with no additional paperwork required.

Providers also enjoy the benefit of just being able to fax their patient's prescriptions into Welvista. Orders are filled from their mail-order pharmacy for a 3-month supply, and patients can speak directly to a pharmacist if they have questions.

Welvista is based on the medical home model—a comprehensive primary care health care delivery system that positions the provider at the center of patient care—so they go beyond just distributing free medications. They conduct extensive outreach and are strategically placed in hospitals and clinics around the state to educate the consumer about the need to take their medications and how Welvista can help. They enroll the patients on-site.

They also manage five pediatric dental clinics that provide children from low-income families with dental care and oral health care education. Welvista is also expanding their medication assistance program pilots in Texas, New Jersey and Delaware.

“We work with the hospital social workers and case managers to get the patients enrolled in Welvista allowing the patient to leave with their medication when discharged. This is extremely effective and our outcomes show it,” he added.

“When we got started in 1993 we quickly learned that due to the prevalence of chronic disease in our state that getting the patients to the doctor wasn't enough, we needed to help people access their prescription medication. The rest is history,” said Chief Executive Officer Ken Trogdon.

To qualify for Welvista's medication assistance program, a person must have a household income of at or below 200 percent of the federal poverty level, must be under the age of 65, and be uninsured. They do not accept Medicare beneficiaries, even if the beneficiaries do not have prescription coverage, and there is a \$20 application fee. Once a person is approved for the program they can receive medication from the Welvista formulary for one full year at no cost. For more information visit their website at [www.welvista.org](http://www.welvista.org).

*(AARP RxWatchdog Report)*

# WANTED

## Insurance Dept. volunteers

### Volunteers are needed to:

- Provide one-on-one counseling on all aspects of Medicare
- Assist with Medicare Part D at the end of each year
- Provide presentations to communities

Free training is provided.

For more information,  
call 1-888-575-6611 or  
email [ndshic@nd.gov](mailto:ndshic@nd.gov).

