

Medicare and the new health law—what it means for you

Starting May 25 and throughout the week, Medicare beneficiaries across the country should begin receiving copies of a brochure “Medicare and the New Health Law—What it Means for You” in their mailboxes. The mailing from CMS outlines key provisions of the Affordable Care Act for people with Medicare as well as members of their families. The mailing is being sent in both English and Spanish.

Because Medicare is a trusted resource for beneficiaries and their family members, the mailing encourages them to log on to www.medicare.gov or call 1-800-MEDICARE to get their questions about Medicare or the Affordable Care Act answered and reminds them to be on the alert for possible scams.

The first benefit that many people with Medicare will receive as a result of the passage of the new law is a one-time check for \$250, if they enter the Part D donut hole and are not eligible for Medicare Extra Help. Beginning next year, the Affordable Care Act ensures that Medicare beneficiaries will get free preventive care services such as colorectal cancer screening and mammograms, in addition to a free annual wellness visit. The law also includes new tools to help fight fraud by helping Medicare crack down on criminals who are seeking to scam seniors and steal taxpayer dollars.

(CMS Ship)

Free Turning 65 seminars

The North Dakota Insurance Department is once again hosting free Turning 65 seminars to present information on Medicare, Medicare prescription drug coverage, Medicare supplements, Medicare Advantage plans and assistance to those who are low-income.

All of the seminars are from 6:30–9 p.m. Registration is required for all of the seminars. Call Jan Frank at 701-328-9611.

- Bismarck, June 3, Doublewood Inn
- Dickinson, June 8, Days Inn
- Fargo, August 11, Country Inn and Suites



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 or call her at 1.888.575.6611.



Adam Hamm
Insurance Commissioner

North Dakota elects not to participate at this time in federal government's new temporary high risk health insurance pool

North Dakota Insurance Commissioner Adam Hamm, in a letter to the United States Secretary of Health and Human Services (HHS), said that North Dakota will not operate the federal government's new temporary high risk health insurance pool.

Hamm wrote, "I have carefully analyzed and considered this issue, including conferring with elected state leaders and the Board of Directors of North Dakota's existing high risk insurance pool (Comprehensive Health Association of North Dakota (CHAND)). I have come to the conclusion that at this time the State of North Dakota will not seek to operate this new temporary federal insurance program."

The temporary high risk pool was created by the federal health care reform law for high risk individuals with pre-existing conditions. In order to be eligible for coverage, individuals must have been uninsured for six months. Hamm went on to convey to HHS Secretary Kathleen Sebelius his concerns with the new federal high risk pool program.

"I am very concerned that the allotted money for this new federal program (you have estimated that North Dakota's potential allocation would be approximately \$8 million) may be insufficient to fully run the program until it ends on January 1, 2014."

"North Dakota simply cannot afford to get stuck with an unfunded mandate," Hamm said.

Hamm also explained that CHAND's authority comes from statute and that if the legislature desires to further analyze this issue he will work with them to evaluate whether to allow HHS to continue the program in North Dakota or seek to integrate it into North Dakota's current CHAND program in the upcoming legislative session.

The federal government's new temporary high risk pool is the first of many provisions of the federal health care reform law that North Dakota and other states will be considering, and in his letter Hamm stressed to the federal government that he will thoroughly review each issue on behalf of the people of North Dakota.

Continuing extra help eligibility from one year to the next

Mr. L has Original Medicare Parts A and B and a stand-alone Part D prescription drug plan. In November of last year, he applied for Extra Help, the federal program that helps with most of the costs of Medicare Part D coverage. Mr. L qualified for partial Extra Help, which reduced his Part D premium, deductible and copayments for all of 2009. However, Mr. L recently received a letter in the mail letting him know that his Extra Help would end on Dec. 31.

Mr. L called the Medicare Rights Center hotline and spoke with a counselor about his Extra Help status. The counselor asked Mr. L whether his income or assets had changed in the past year. Mr. L said his income had not changed significantly. The counselor assessed that Mr. L should still be eligible for Extra Help in 2010. The hotline counselor then asked Mr. L whether he had received a form from Social Security called “Review of Your Eligibility for Extra Help.” The counselor explained that when you apply for Extra Help, Social Security will sometimes send out a form in August or September to assess whether you continue to qualify for Extra

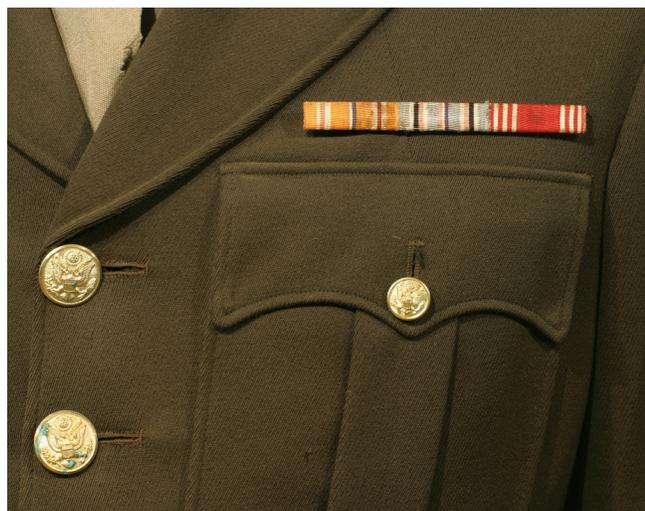
Help. Not everyone gets the form, but those who do receive it must fill it out. If you receive the form and do not return it, your Extra Help will not be recertified, and your assistance will stop at the end of the year.

Mr. L looked through his old mail and found that he had received a recertification letter, but, since his income and assets had not changed, he had not realized that he was supposed to return the enclosed form to Social Security. The counselor told Mr. L that even though his Extra Help was set to end, he could reapply for assistance for the following year by going in person to his local Social Security office, or by applying online at www.ssa.gov. The counselor advised Mr. L to reapply as soon as possible to ensure that his Extra Help coverage continues in January 2011. Mr. L took the counselor’s advice and went to his local Social Security office that day to reapply for Extra Help for the following year. Four weeks later, he was notified that he would again have partial Extra Help coverage for the year in 2011.

(Medicarerights.org)

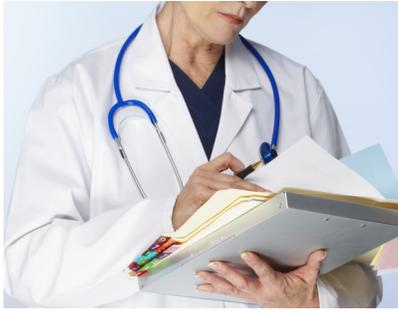
Obama signs bill to expand health care access for veterans, provide more caregiver benefits

President Barack Obama signed a bill recently that expands access to health care for veterans and provides a monthly stipend and health care for caregivers of American soldiers severely injured in Afghanistan or Iraq, The Associated Press reports. “Under the bill, caregivers of the estimated 2,000 severely wounded veterans from the recent conflicts are eligible for training, a monthly stipend and health care. Caregivers of veterans from other eras receive more limited benefits. But the VA secretary under the law must report on the possibility of expanding benefits to them within two years.” The bill also “instructs the VA to offer post-delivery care to female veterans’ newborns ... and work with the Pentagon on a study on veterans suicide” (Hefling, 5/5).



(Kaiser Health News)

Primary care doctors earn less



“Doctors going into primary care will earn about \$2.7 million less over their lifetime than those who choose specialty fields, according to a new Duke

University study [published in *Health Affairs*]. The nation is facing a growing shortage of primary care physicians, and the fact that primary care physicians earn less than specialists is among the main reasons so few medical students choose the field.”

The study took into account “years of schooling and work, student debt, income and investment income potential. Based on the study’s calculations, a physician who entered medical school at the age of 23 and practiced medicine until the age of 65, could potentially accumulate \$5.2 million in lifetime wealth as a cardiologist but only \$2.5 million as a family medicine or internal medicine doctor” (Gallagher, 5/4).

(Triangle Business Journal)

Medical homes lower costs without sacrificing quality

“Some health policy experts and clinicians have long maintained that, in the effort to reduce health care costs and improve patient outcomes, there’s no place like (a medical) home. A new study in the May issue of the journal *Health Affairs* seems to validate that notion. Medical homes—where primary care doctors are held responsible for coordinating care for individual patients—are seen as a model for lowering costs without sacrificing quality. ... Dr. Rob Reid and colleagues from the Group Health Research Institute examined the costs and patient outcomes from a team of medical professionals providing care for 10,000 patients at a Seattle-area Group Health ‘medical home.’

The conclusion? The medical home produced significant cost savings. For example, during the two years studied, the team’s patients had 29 percent fewer ER visits and 6 percent fewer hospitalizations compared with other Group Health clinic patients. There were start-up costs—\$16 per patient per year—and results took a couple years to provide the bulk of the savings. But, ultimately, Reid said that for every \$1 it invested in the system, Group Health saved \$1.50 by keeping patients out of the ER and the hospital. And the medical home patients ‘reported better care experiences’ as well” (Villegas, 5/4).

(Kaiser Health News)

Young adults seeking coverage on parents’ plans face obstacles

Though the provision goes into effect in September, children of federal workers won’t likely be eligible to go on their parents’ plans until next year, when the new plan year begins in the Federal Employees Health Benefits Program. “That means the government, which is the largest employer in the nation, will not follow the lead of some private insurance companies that will begin offering such coverage to young adults by June 1.” Those insurers who said they will begin offering such coverage for

young adults include United Healthcare, WellPoint, Humana, independent Blue Cross and Blue Shield plans and Kaiser Permanente. The Office of Personnel Management says federal law doesn’t allow it to offer such coverage to federal workers’ children before the September start date (Marcy, 4/27).

(Kaiser Health News)

Voluntary recall of certain OTC infants' and children's products

McNeil Consumer Healthcare, Division of McNEIL-PPC, Inc., in consultation with the U.S. Food and Drug Administration (FDA), is voluntarily recalling all lots that have not yet expired of certain over-the-counter (OTC) children's and infants' liquid products manufactured in the United States and distributed in the United States, Canada, Dominican Republic, Dubai (UAE), Fiji, Guam, Guatemala, Jamaica, Puerto Rico, Panama, Trinidad & Tobago and Kuwait (see recalled product list below).

McNeil Consumer Healthcare is initiating this voluntary recall because some of these products may not meet required quality standards. This recall is not being undertaken on the basis of adverse medical events. However, as a precautionary measure, parents and caregivers should not administer these products to their children. Some of the products included in the recall may contain a higher concentration of active ingredient than is specified; others may contain inactive ingredients that may not meet internal testing requirements; and others may contain tiny particles. While the potential for serious medical events is remote, the company advises consumers who have purchased these recalled products to discontinue use. The company is conducting a comprehensive quality assessment across its manufacturing

operations and has identified corrective actions that will be implemented before new manufacturing is initiated at the plant where the recalled products were made.

Consumers can contact the company at 1-888-222-6036 and also at www.mcneilproductrecall.com. Parents and caregivers who are not sure about alternative pediatric health treatment options should talk to their doctor or pharmacist and are reminded to never give drug products to infants and children that are not intended for those age groups as this could result in serious harm.

For additional information, including affected NDC numbers, consumers should visit our website www.mcneilproductrecall.com or call 1-888-222-6036 (Monday-Friday 8 a.m. to 10 p.m. Eastern Time, and Saturday-Sunday 9 a.m. to 5 p.m. Eastern Time). Any adverse reactions may also be reported to the FDA's MedWatch Program by fax at 1-800-FDA-0178, by mail at MedWatch, FDA, 5600 Fishers Lane, Rockville, MD 20852-9787, or on the MedWatch website at www.fda.gov/medwatch.

McNeil Consumer Healthcare, Division of McNeil-PPC, Inc. markets a broad range of well-known OTC products.

Click here for recall information on certain **infants' Tylenol®** and **children's Tylenol®** products.

Click here for recall information on certain **infants' Motrin®** and **children's Motrin®** products.

Click here for recall information on certain **children's Zyrtec®** products.

Click here for recall information on certain **children's Benadryl®** products.

Click here for information on **all recalled products** from April 30, 2010.

Click here to request a refund or high value **coupon**.

Click here to see **frequently-asked questions**.

(FDA)

Properly disposing of medications

It happens to everyone—you're moving or cleaning the house and discover an incredible amount of unused medicine. What do you do? Unfortunately, for the most part, individuals cannot donate medicines, even those that are unopened. Some nursing homes may be able to use unopened blister packs or equipment but you probably need to throw the leftover medicines away, painful as it is knowing how much they cost. It is illegal to give people medicine that has not been prescribed for them. Some state and city governments have addressed the problem with drug take-back programs and disposal sites.

The old advice was to flush them down the toilet but traces of some medicines have been found in the water supply because the drugs can pass untouched through water treatment systems. These drugs can also kill helpful bacteria in septic systems. Some state and city governments have addressed the problem with drug take-back programs and disposal sites.

Ask your pharmacist if he or she can take back the drugs or knows of a disposal site. Call your state or city government to see if there is a local program to dispose of or possibly donate unused drugs. Unused drugs can be a hazard if left in your home. More medicine bottles mean more chance of taking the wrong medicine or using an out-of-date drug. Medicine should always be stored in a dry, safe place out of the hands of small children or teens that may be tempted to experiment with pills. Since these programs are not always available, the Office of National Drug Control Policy has issued new guidelines for the proper disposal of prescription drugs.

This policy, issued in February 2007, urges people to do the following:

- Take unused, unneeded, or expired prescription drugs out of their original containers
- Mix the prescription drugs with an undesirable substance, like used coffee grounds or kitty litter, and put them in impermeable, non-descript containers, such as empty cans or sealable bags, further ensuring that the drugs are

not diverted or accidentally ingested by children or pets

- Throw these containers in the trash
- Flush prescription drugs down the toilet only if the accompanying patient information specifically instructs it is safe to do so (see list below)
- Return unused, unneeded, or expired prescription drugs to pharmaceutical take-back locations that allow the public to bring unused drugs to a central location for safe disposal



The FDA advises the following drugs, and any with specific labels mentioning this, be flushed down the toilet instead of thrown in the trash:

- Actiq (fentanyl citrate)
- Daytrana Transdermal Patch (methylphenidate)
- Duragesic Transdermal System (fentanyl)
- OxyContin Tablets (oxycodone)
- Avinza Capsules (morphine sulfate)
- Baraclude Tablets (entecavir)
- Reyataz Capsules (atazanavir sulfate)
- Tequin Tablets (gatifloxacin)
- Zerit for Oral Solution (stavudine)
- Meperidine HCl Tablets
- Percocet (oxycodone and acetaminophen)
- Xyrem (sodium oxybate)
- Fentora (fentanyl buccal tablet)

(NeedyMeds.org)

Doctors seeing patients in groups

“Jeff Wilson saw a doctor recently about his high cholesterol—and five other patients with the same problem came to his appointment. It was a ‘group visit,’ a growing trend in health care that allows doctors to reach more patients and patients to get more face time with their physician, even if they have to share it.”

Patients “said they got far more information than in a typical, 10-minute one-on-one appointment. ... until recently, for-profit insurance companies

weren’t reimbursing doctors when they deviated from the one-on-one appointment. Now, through a project involving five of Colorado’s big insurance companies and 17 doctors’ offices, physicians are getting paid for seeing more than one patient at a time.” Medicare and Medicaid will reimburse for group visits “as long as a physician spends at least a minute or two with each patient” (Brown, 5/6).

(The Denver Post)

Personal medication record

One of the best ways to track your medications is for the consumer to keep a medications list, or “personal medication record” (PMR). The PMR will help a consumer list all the medicines, including prescription and over-the-counter drugs and dietary supplements that they take, the doses,

and how they are taken. They may download a copy or make an online record at www.aarp.org/usingmeds.

(AARP RxWatchdog Report)

Cancer patients’ dilemma: expensive pills vs. invasive chemo

“When Jere Carpentier learned last year that she had advanced colon cancer—her third malignancy in a dozen years—she worried about spending hours in a clinic tethered to an intravenous line, enduring punishing chemotherapy that would make her hair fall out. Her veins ruined by earlier treatments, Carpentier was elated when her

oncologist said this time she could avoid needles and take a pill at home that would specifically target the cancer cells and spare her hair” (Boodman, 4/27). [Click here to watch the related video.](#)

(Kaiser Health News)

New and generic drug approvals

- Adenosine Injection, Sagent Strides LLC, tentative approval
- Amoxicillin and Clavulanate Potassium
- Diovan HCT (valsartan and hydrochlorothiazide) Tablets, Novartis Pharmaceuticals Corp., labeling revision
- Mavik (trandolapril) Tablets, Abbott Laboratories, labeling revision
- Mefloquine Hydrochloride Tablets, West-Ward Pharmaceutical Corp., approval
- Memantine Hydrochloride Tablets, Upsher-Smith Laboratories, Inc., tentative approval
- Metformin Hydrochloride Tablets, Granules India Ltd., approval
- Methamphetamine Hydrochloride Tablets, Coastal Pharmaceuticals, approval
- Metoprolol Succinate Extended-Release Tablets, Watson Laboratories, Inc., approval
- Ondansetron Hydrochloride Injection, Lannett Holdings, Inc., approval
- Taxotere (docetaxel) Injection, Sanofi-Aventis US Inc., labeling revision
- Torsemide Injection, PharmaForce, Inc., approval
- Ventavis (iloprost) Inhalation Solution, Actelion Pharmaceuticals, Ltd., labeling revision
- Zortress (everolimus) Tablets, Novartis Pharmaceuticals Corp., labeling revision

(FDA)

Drug discount card update

NeedyMeds free drug discount card celebrates its first year anniversary

In the first year, the free card was used more than 65,000 times, and produced a potential savings of over \$1.5 million. The card has been used in every state of the union, though Texas residents used it the most. The single largest savings was \$3,791, a savings of 43.3%, which also happens to be in line with the card's average savings of 45%. Many users saw savings in the hundreds of dollars.

One area of great savings is diabetic supplies—test strips, syringes and lancets. The card offers savings on these and other medical supplies if the prescriber writes a prescription for them. The same applies to over-the-counter drugs. The patient takes the OTC medication, the prescription, and the NeedyMeds

drug discount card to the pharmacy counter, then the pharmacist enters the information into his computer, and the patient may save on the items. It really is simple, and free.

More than 50 partners offer a branded version of the card. Not only do these partner organizations help their patients and clients obtain medications they otherwise couldn't afford, but also they earn some income for their groups.

For more information go to www.needymeds.org.

(Patient Advocate News)

FDA approves new prostate cancer therapy

FDA has approved Provenge, a treatment that stimulates a patient's own immune system to respond against prostate cancer, for use by certain men.

[Click here to read more.](#)

(FDA)

Warning on propylthiouracil

FDA has added a boxed warning to the label for propylthiouracil to include information about reports of severe liver injury and liver failure, including some deaths, in adults and children using this medication. Propylthiouracil is a drug used to treat overactive thyroid (hyperthyroidism).

Recommendations:

- Tell your health care professional about any medication you are taking or medical conditions you may have before taking propylthiouracil.
- Read the Medication Guide that comes with each prescription for propylthiouracil to better understand the potential risks and benefits of your medication.
- Contact your health care professional if you

have fever, loss of appetite, nausea, vomiting, tiredness, itchiness, dark colored urine, or yellowing of your skin or eyes while taking propylthiouracil.

- Propylthiouracil may be the treatment of choice during and just before the first trimester of pregnancy (weeks 1–12). Talk to your health care professional if you are pregnant, or plan to become pregnant, and are taking a medication to treat hyperthyroidism.
- Don't stop taking propylthiouracil unless told to do so by your health care professional.

For more information, see FDA's Drug Safety Communication on propylthiouracil8.

(FDA)

Recall: Camolyn eye drops and Fisiolin nasal drops

US Oftalmi Corp. recalled all of its over-the-counter eye drops and nasal drops due to conditions at the manufacturing facility that cannot assure that the products are sterile.

The risk: Products that are non-sterile have the potential to cause eye infections, which may threaten eyesight.

The recalled products are packaged in 15 mL

plastic bottles and were distributed nationwide. The products affected by this recall are shown below.

Recommendations:

- Throw away the recalled products.
- If you have questions, call US Oftalmi at 954-338-6891 Monday through Friday between 8 a.m. and 4:30 p.m. Eastern Time.

(FDA)

Product	Lot Number	Expiration Date	UPC
Camolyn Homeopathic	049036 087934	05/2011 08/2009	591196 00446
Camolyn Plus, Naphazoline + Chamomile 15 mL.	037691 097420	03/2010 10/2010	66482 00018
Camolyn Refresh 15 mL	116636 107610	11/2009 11/2010	66482 00020
Camolyn-A, Naphazoline + Pheniramine 15 mL	057063 058962 106606 099487	05/2009 04/2010 10/2008 09/2011	66482 00019
Fisiolin Nasal Drops Sodium Chloride Pediatric Uses 15 mL	028659	03/2011	591196 00375

Medigap changes effective June 1

There will be some changes to Medigap plans beginning June 1, 2010. These changes will only affect plans that are sold after June 1, 2010. All Medigap plans sold starting June 1, 2010 will cover the hospice benefit. Plan K will cover 50 percent of the hospice coinsurance, and Plan L will cover 75 percent of the hospice coinsurance. All other plans will cover the hospice coinsurance completely.

The at-home recovery benefit and the preventive care benefit will no longer be included in Medigap plans sold starting June 1, 2010. However, these benefits will still be covered under Part B. Plan G sold after June 1, 2010 will increase its coverage of the Part B excess charge from 80 percent to 100 percent. The excess charge is the amount a doctor is allowed to charge over the Medicare approved amount if the doctor is not a

participating provider.

Plans E, H, I, J and high deductible J will no longer be sold as of June 1, 2010. With the changes to all the Medigap plans, these plans would have been identical to other plans.

Two new plans will also be created and sold beginning June 1, 2010. These plans are M and N. As noted above, these changes only affect plans purchased on or after June 1, 2010. If you purchased a plan between July 31, 1992 and May 31, 2010, your benefits will not change, and you can continue renewing your plan.

To see the new plans, go to www.nd.gov/ndins/consumer/medicare/premium-comparison.

(Medicare Interactive)

Swamped insurance departments hope website will answer overhaul questions

Want to understand how the new health law might affect you? Be prepared to spend some time online.

State insurance regulators—swamped by consumers confused about the new health law—are looking forward to one of the earliest concrete pieces of the health overhaul: a consumer-friendly tool on the web.

By July 1, the Department of Health and Human Services will set up a website that has a section for each state. Consumers and small businesses can consult it when shopping for insurance plans.

The federal website will have every health plan listed that is authorized by each state, a list of the plans' network of providers, the services they offer, who is eligible and how to sign up. The portal will include private plans, Medicare, Medicaid, the State Children's Health Insurance Program and the new high-risk pools. It's considered the first step in what will eventually be the state-based insurance exchanges.

The July 1 deadline for the preliminary web portal was set in the health care law. With that date fast approaching, HHS recently published rules on how to meet it.

Now the states are scrambling to get ready. "It's going to be a lot of data entry," said Stephanie Marquis, spokesperson for the Washington State Office of the Insurance Commissioner.

Health tip

The National Patient Safety Foundation has created the Ask Me 3 program, which helps foster communication between patients and health care providers. They believe these three questions are important because studies have shown that people who understand their diagnoses are more likely to follow the correct procedures and get better faster.

The law spells out a pretty tall order for this portal, but HHS plans to roll it out in phases, so at first it will just outline the basic plan information. But, come fall, more information should be available. "The goal is that by October, you can actually compare multiple plans," said Marquis. "There will be specific links and explanations of what the benefits are and what your rights are."

The portal is one of the parts in the health bill that's supposed to help protect consumers, by making information clearer and more accessible — something most health plans usually aren't.

But in the meantime, insurance departments like Washington's are fielding "a lot of questions from consumers" and answering them one at a time, Marquis said.

(NPR)

The three questions are:

- 1) What is my main problem?
- 2) What do I need to do?
- 3) Why is it important for me to do this?

Medicinenet.com has a list of more specific questions to ask your doctor on its website. <http://bit.ly/dgphqU>

(Medicare Rights Center)

