

## Federal government approves new N.D. Medicaid services

Children who have a life-limiting diagnosis and their families will benefit from new services available through the North Dakota Medicaid program. The federal Centers for Medicare and Medicaid Services (CMS) has approved the N.D. Department of Human Services' Children's Hospice Program.

"Our goal is to support families as they care for their children at home," said Medical Services Division Director Maggie Anderson. "The new program provides hospice services along with other specialized care and support for children while they continue to receive treatment toward a cure."

Anderson said the program is intended to benefit children who have a life expectancy of a year or less. The program overrides some coverage limits, allows ongoing treatment, while also providing specialized services including palliative care, which addresses pain, symptoms, the stress of serious illness, and grief.

North Dakota's Children's Hospice Program can serve up to 30 children at a time and will cover qualifying children ranging in age from infants to young adults age 21, she said. Children with life-limiting diagnoses may qualify even if their families do not meet the regular income criteria for Medicaid coverage.

The program will help qualifying families access services with the help of a nurse case manager, including respite care and other home health aide support, nursing services, hospice, therapy, and grief counseling. Other available services help children with the physical, emotional, spiritual and social stresses experienced during serious illness.

Lawmakers approved state matching funds for the program during the 2009 legislative session. Because the services supplement existing approved Medicaid services and serve a specific targeted group of people, the state had to apply for a waiver and obtain federal approval.

Families are encouraged to contact the N.D. Department of Human Services' Medical Services Division at 701-328-3701 if they have a child age 21 or younger who has a life-limiting diagnosis.

*N.D. Department of Human Services*



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



Adam Hamm  
Insurance Commissioner

## One in five Americans visited ER in 2007

One in five Americans visited the emergency room in 2007 whether they were insured or not, according to data from the National Center for Health Statistics. “Among the uninsured, 7.4 percent made two or more visits to an E.R., but so did 5.1 percent of people with private insurance. Medicaid recipients

were the heaviest users of E.R.’s, with 15.3 percent of them making two or more visits during the year. ... The uninsured were no more likely to make non-emergency visits to the E.R. than anyone else -- about 10 percent of visits were for non-emergencies, whether the patients had private insurance, Medicaid

coverage or no insurance.” Pinning down who visits the E.R. and why is a complex calculation involving many factors including “socioeconomic level, health status, age, health insurance, access to health care and others” (Rabin, 8/9).

*The New York Times*

## HHS Secretary Sebelius announces new Pre-Existing Condition Insurance Plan

HHS Secretary Kathleen Sebelius recently announced the establishment of a new Pre-existing Condition Insurance Plan (PCIP) that will offer coverage to uninsured Americans who have been unable to obtain health coverage because of a pre-existing health condition.

PCIP, which will be administered either by a state or by HHS, will provide a new health coverage option for Americans who have

been uninsured for at least six months, have been unable to get health coverage because of a health condition and are U.S. citizens or are residing in the United States legally.

Created under the Patient Protection and Affordable Care Act (Affordable Care Act), PCIP is a transitional program until 2014, when insurers will be banned from discriminating against adults who

have pre-existing conditions, and individuals and small businesses will have access to more affordable private insurance choices through new competitive exchanges.

For more information on PCIP, visit [www.hhs.gov/news/press/2010pres/07/20100701a.html](http://www.hhs.gov/news/press/2010pres/07/20100701a.html).

*SHIP Navigator E Newsletter*

## New releases examine Medicaid benefits and enrollment systems under health reform

Under the new health reform law, Medicaid eligibility will be expanded significantly beginning in 2014, and an estimated 16 million more low-income people, mostly uninsured adults, are expected to gain coverage through the program by 2019.

Three new publications from the Kaiser Family Foundation's Commission on Medicaid and the Uninsured look at important Medicaid benefit and enrollment issues stemming from the reform law.

- Explaining Health Reform: Benefits and Cost-Sharing for

Adult Medicaid Beneficiaries lays out the rules governing the Medicaid benefits that will be offered to newly-eligible adults under health reform, and the choices and considerations for states.

- Optimizing Medicaid Enrollment: Spotlight on Technology is a new series examining how states are currently using technology in innovative ways to streamline and simplify Medicaid enrollment. The series begins with Louisiana's Express Lane Eligibility.

- Explaining Health Reform: Eligibility And Enrollment Processes For Medicaid, CHIP and Subsidies in the Exchange outlines key provisions of the reform law that, taken together, offer a blueprint for tightly-coordinated and consumer-friendly eligibility and enrollment systems with seamless coverage as their goal.

*Kaiser Family Foundation*

## Number of soldiers leaving the army because of mental health issues jumps 64%

USA Today: "The number of soldiers forced to leave the Army solely because of a mental disorder has increased by 64% from 2005 to 2009 and accounts for one in nine medical discharges, according to Army statistics. Last year, 1,224 soldiers with a mental illness, such as post-traumatic stress disorder, received a medical discharge. That was an increase from 745 soldiers in 2005 or about 7% of medical

discharges that year, according to personnel statistics provided to USA Today" (Zoraya, 7/23).

*Kaiser Health News*



## What's your health reform IQ?

Take our online Straight Talk quiz to find out! Designed for seniors and professionals, the quiz tests how much you know about

the new health reform law and its impact on older Americans—then gives you the facts.

Click here to take the quiz:  
<http://bit.ly/cRUDu9>

*NCOA Week*

## Report: Generic drugs offer savings for Medicaid

A new report suggests that expanding use of generic drugs could offer significant savings for Medicaid.

“Every 2% uptick in the substitution of generic drugs for brand-name products saves Medicaid \$1 billion a year, according to a report released by the Generic Pharmaceutical Association (GPhA),” The Wall Street Journal’s Health Blog reports. “And, the group says, the generic utilization rate is about 64% across Medicaid, more than 10 percentage points

lower than for the general population -- suggesting a potential for significant savings.” Generating Medicaid savings is particularly important as states prepare to expand the program by 16 million people under the new health law. “A working paper released last week by the conservative American Enterprise Institute pegs an additional \$271 million of what it calls ‘wasteful spending’ on brand-name drugs last year by Medicaid, identifying 20 brand-name drugs for which a generic was available but underused” (Hobson, 7/26).

The New York Times’ Prescriptions: The study found that generic drugs “saved the nation’s health care system more than \$824 billion from 2000 to 2009.” The analysis was done “by IMS Health, a health information company that tracks drug sales. In 2009 alone, generic drugs saved the health system nearly \$140 billion—or about \$383 million a day—up from \$121 billion in 2008, according to the analysis” (Singer, 7/26).

## Map benefits in your state

Use this tool to see who’s eligible for Medicare and Medicaid benefits: <http://bit.ly/9f3rh5>



## PAP updates

The Merck PAP and Schering-Plough Cares program have merged.

Colchicine Tablets 0.6mg are no longer covered by Rx Outreach Medications.

All Colchicine is now branded Colcrys and available through the Colcrys PAP.

The Takeda PAP has added ACTOplus met® XR Tablets.

Cornerstone Therapeutics has a new Cornerstone Cares PAP for Zylfo CR Tablets 600mg.

Alkeran Tablets are no longer available through GSK Access.

Updated applications on NeedyMeds for the following drugs on the Bristol-Meyers Squibb Destination Access program: Ixempra, Erbitux, and Sprycel.

Also available are updated applications for BMS’s Abilify, oncology and Orenicia PAPs. Abilify has been added to the Xubex free 30-day supply program.

For access to more PAP updates, join NeedyMeds Forums for free at [forums.needymeds.com](http://forums.needymeds.com).

*Patient Advocate News*

## Get on board with National Depression Screening Day

Screening for Mental Health invites you to celebrate National Depression Screening Day on Oct. 7. Your organization can register for a screening kit and

host an event. Especially designed for older adults is the Feel Good Bingo—Older Adult kit, a game that teaches seniors about mental health.

Click <http://bit.ly/9flupm> to participate.



**Dear Marci,**

I am 26 years old, and I have Medicare because of a disability. What happens to my Medicare coverage and Social Security benefits if I go back to work?  
—Nick (Hilo, Hawai'i)

Dear Nick,  
You can keep your Medicare coverage as long as you are medically disabled. Your Part B premium, which is what you pay each month to have Medicare Part B, will continue to be deducted from your check. However, you will not have to pay the Part A premium for the first 8.5 years that you return to work. After 8.5 years, you will have to pay for the premium yourself. If you cannot afford the premium, there are programs that might be able to help you pay the Part A premium if you qualify. The first nine months that you return to work are called the trial work period and are included in the 8.5 years of premium-free Part A.

In these nine months, your Social Security Disability Benefits (SSDI) will not be affected. This nine month trial work period (TWP) is to let you see if you can

return to work without worrying about losing your SSDI benefits. In 2010, only months in which you earn more than \$720 count toward your nine month trial work period. These do not have to be nine months in a row. After this nine month work period, the Social Security Administration determines whether the amount you earn is enough to end your SSDI benefits.

In 2010, if you earn more than \$1,000 a month, you will lose SSDI benefits two months after the nine month transition work period. If you are blind, you must earn more than \$1,460 a month to lose SSDI benefits.

Sincerely,  
Marci

Click here for more information from the Social Security Administration about Medicare coverage for working people with disabilities: <http://bit.ly/9hNlkk>

**Dear Hannah,**

I have a client who just got QI. He has not yet picked a Part D plan. He takes expensive medications and should have LIS (Low-Income Subsidy)

automatically due to MSP (Medicare Savings Program) eligibility, but it isn't showing up yet on the Medicare.gov site. Can he use the LI NET Program to get his prescriptions this month? If so, how?

-Diana, SHIP Counselor

Dear Diana,  
Yes, he can certainly use LI NET. Here is a plethora of information about LI NET from Humana, the plan who runs the program. You will probably have to work with his pharmacist, who can call the pharmacy help-lines run by Humana:

Calling the LI NET Program:  
1-800-783-1307. Pharmacy Provider: Press 1, then for:  
Claim Rejections: Press 1  
Part B vs. Part D Drug: Press 2  
Eligibility Verification: Press 3  
Repeat Options: Press 4

Humana will eventually want to see proof that he has QI. If he does not have a letter from your DSS, you can request one from the office.

All the best,  
Hannah

## Keep kids, pets away from skin sprayed with Evamist

The Food and Drug Administration (FDA) says children and pets should not be exposed to Evamist, a drug for women that is sprayed on the skin to treat hot flashes caused by menopause.

The agency also wants consumers to take precautions to ensure that children and pets do not make contact with skin where Evamist has been sprayed.

Evamist contains the estrogen hormone estradiol. It is sprayed inside the forearm between the elbow and wrist. FDA, which issued its warning on July 29, 2010, says it is reviewing reports of adverse events in children and pets who were inadvertently exposed to Evamist.

Adverse events reported in unintentionally exposed children include:

- Premature puberty, nipple swelling and breast development in girls
- Breast enlargement in boys.

FDA has also received reports of inadvertent exposure in pets. Pets exposed to Evamist may exhibit signs such as mammary/nipple

enlargement and vulvar swelling.

“Women using Evamist need to be aware of the potential risks to children who come in contact with the area of skin where this drug is applied,” says Julie Beitz, M.D., a director of drug evaluation with FDA. “It is important that people know to keep both children and pets away from the product to minimize exposure.”

### Advice for consumers

FDA recommends that women using Evamist:

- Not allow children to come in contact with the area of the arm where Evamist was sprayed
- Not allow pets to lick or touch the arm where Evamist was sprayed. Small pets may be especially sensitive to the estrogen in Evamist. Contact a veterinarian if your pet shows signs of nipple and/or vulvar enlargement, or any other sign of illness
- Wear a garment that covers the arm where Evamist was sprayed if they know they cannot keep a child or pet from making contact with it

- Talk with their health care professional if they have questions about the possibility of exposing a child to Evamist
- Read the patient package insert when picking up a prescription for Evamist

### If contact occurs

If a child comes in contact with the part of the arm where Evamist was sprayed, FDA recommends:

- Washing the child’s skin with soap and water as soon as possible
- Contacting the child’s health care professional if the child begins to have any of the following signs or symptoms: nipple or breast swelling or breast tenderness in girls, or breast enlargement in boys. Be sure to tell the health care professional that the child may have been exposed to Evamist.

You can report any side effects from the use of Evamist to FDA’s MedWatch Adverse Event Reporting Program.

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

*FDA*

## Dental care

The Daytona Beach News-Journal: “Even though getting dental care can mean life or death—[it is even] related to conditions such as heart disease, diabetes and low birth weight—dental insurance remains

something of a luxury item for millions of Americans. Compared to the 15 percent of Americans who lack health insurance, the U.S. Surgeon General’s Office estimates 108 million—or about 35 percent of the population—

lack dental insurance coverage. The National Association of Dental Plans estimates a bigger problem, with about 47 percent having no dental insurance” (Geggis, 7/26).

## Thefts on college campuses on the rise: How to protect yourself and your stuff

College students may be poor, but they've still got plenty of stuff of value, monetary and otherwise. Thefts are on the rise on campuses everywhere, and students need to take precautions.

Small high-dollar gadgets, like iPods, laptops and game systems, are the most commonly stolen items on college campuses around the country. A campus robber in Fort Collins, Colo. roamed campuses in the early evenings and stole laptops, music players, digital cameras and phones from unlocked rooms. At Illinois Universities, residence hall burglaries doubled from 2006 to 2007, while at the University of Maine, vehicle robberies are common.

In Atlanta, Ga., crimes against college students on and off campus became so common that in April, six college agencies and the Atlanta Police Department met at Georgia Tech to create a task force to combat crime against students. In most cases, campus thefts are crimes of convenience. The criminals see an item out in the open, locked in a car or in a dorm room, and they simply take it when no one is looking.

The University of Oklahoma police department reported over \$30,000 in stolen property from cars and vehicle damage during the 2007 fall semester alone. The Massachusetts Institute of Technology reports that the cost of theft at the college can total

“several hundreds of thousands of dollars per year.” Fortunately, MIT carries insurance to cover this loss. Many colleges, however, do not.

The National Association of Insurance Commissioners suggest that off-campus students get renter's insurance. This costs between \$15 and \$30 a month and covers electronics, computers, clothes, bicycles and other items that can be stolen. For students who live on campus, parents can put them on their existing homeowners policy for no additional cost. The student is covered for up to 10 percent of the value of the homeowner's policy. Of course, there could be a hefty deductible and making a claim on the policy can have adverse effects such as triggering rising annual premiums.

When all else fails, you can insure individual electronics and items for a little as \$10 to \$40 a year either from your insurance company, or your cell phone and data package provider. To find the best insurance option for you, check with your family's insurance agent or college, which may have a deal with an insurance carrier, or at least a list of preferred insurance companies. Meanwhile, let's not forget what good old Ben Franklin said: “An ounce of prevention is worth a pound of cure.” By taking precautions to protect your belongings and yourself, you will save yourself a great deal of grief, loss and pain. Here are some



safety rules that will protect you from personal harm as well.

- Lock the door to your dorm room, even if you are leaving for just a moment. This includes making sure the entry doors to the residence hall stays locked, too.
- Don't let strangers or people you don't know very well into your room or dorm, even if they look like they belong there.
- Become very familiar with campus safety. Memorize and program these phone numbers into your phone. (This saved four students in a recent Morehouse College car-jacking.) Report any suspicious activity immediately.
- Take a self defense course that teaches you to be aware of your surroundings, and use common items as weapons.

*WalletPop.com*

## FDA considers dropping Avastin approval

The Food and Drug Administration is considering revoking its approval of a last-ditch breast cancer drug over the debate on “medical spending and effectiveness that flared during the battle over health-care reform,” The Washington Post reports. “The [FDA] is reviewing the recommendation of influential scientific advisers to revoke authorization of the drug to treat metastatic breast cancer. Contrary to initial research, new studies indicate that the benefits of the drug, which costs \$8,000 a

month, do not outweigh its risks, the advisory panel concluded. Citing a dearth of evidence of the drug’s effectiveness, its potential toxic side effects, and its high cost, many cancer experts, patient advocates and others are welcoming the prospect that Avastin’s authorization for breast cancer might be repealed.” But this possibility is causing alarm among some cancer specialists as well as members of Congress and women taking the drug. The drug is prescribed to about 17,500 women a year and is the world’s

best-selling cancer drug with global sales of \$5.8 billion. “The FDA is not supposed to consider costs in its decisions, but if the agency rescinds approval, insurers are likely to stop paying for treatment.” Avastin is approved for use in treating colon, lung, kidney and brain cancer, as well as some other forms of the disease. “So doctors could continue to write prescriptions for it for breast cancer, as an ‘off-label’ use” (Stein, 8/16).

## Obama signs legislation to cut improper government spending, largely in Medicare and Medicaid

President Barack Obama signed legislation recently that aims “to take on fraudulent and improper government spending that he said diverts money from important priorities,” the Los Angeles Times reports.

According to the Office of Management and Budget, the majority of improper payments come from Medicare and Medicaid. “The legislation targets instances in which the federal government pays the wrong amount, pays the wrong recipient or pays at the wrong time, according to the

Obama administration. The new law would open the door to private audits and reduce the dollar amount that would prompt an agency to investigate misspending. The law would add sanctions for programs that do not comply. ... Obama noted that the legislation passed the House and Senate unanimously.” OMB “estimates that improper federal payments, including those to jailed or dead individuals or contractors barred from doing business with the government, cost the U.S. \$98 billion in 2009” (7/22).

The Washington Post: “But the Improper Payments Elimination and Recovery Act that Obama signed requires agencies to spend at least \$1 million on audits to identify potential overpayments, produce plans to cut such overpayment errors and sets penalties for agencies that fail to comply. ‘It means cutting down on waste, fraud and abuse and ensuring that our government serves as a responsible steward of the tax dollars of the American people,’ Obama said before signing the bill” (O’Keefe, 7/22).

*Kaiser Health News*

## Give older adults a BenefitsCheckUp

Use our free online screening service to find help for food, medicine and more: <http://bit.ly/bWxvus>