

Assistive Technology Expo set for April 28

Do you or does someone you know have difficulty hearing, seeing, speaking, learning, working, remembering and/or performing everyday tasks? Assistive technology (AT) can help and the 8th Annual Assistive Technology Expo is the place to learn about it. Make plans to attend on April 28 at the Ramada Plaza Suites in Fargo.

The day includes a morning of presentations by AT providers and vendors. There is a registration fee of \$30 for these sessions and lunch. Scholarships are available to individuals with disabilities on a first-come, first serve basis.

The AT Expo runs 11 a.m.–6 p.m. and is free and open to the public. Over 60 vendors and service organizations are expected. Pre-conference workshops will be held on April 27.

More information on presentations, vendors and how to register for this event can be found at www.atexpo.org, or by contacting Jenny Davis at 1-877-760-2939 (701-526-3454) or e-mail jenny@atexpo.org.

AARP North Dakota News

Hamm updates consumers on expanding individual health insurance market

North Dakota Insurance Commissioner Adam Hamm updated North Dakotans recently on the state's expanding health insurance market. Six new health insurance products have been introduced into the individual major medical market in the last two years, bringing more choices to the state's consumers.

For example, Medica Insurance Company, American Enterprise Group, Blue Cross Blue Shield of North Dakota and Sanford Health Plan have all recently introduced new individual major medical products in North Dakota.

"This is great news for North Dakotans as they now have more individual health insurance options than they had just two years ago,"

Hamm said. "New companies and new products mean better competition in our market, which is a benefit to North Dakota's insurance consumers."

For more information about health insurance products in North Dakota, visit www.nd.gov/ndins or call the Department at 1-800-247-0560.



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

Changes to prescription drug formularies

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 established Medicare Part D to provide voluntary prescription drug coverage to beneficiaries. The Centers for Medicare & Medicaid Services (CMS) contracts with private companies, called sponsors, to operate Part D prescription drug plans. Sponsors identify the complete list of drugs they cover in their formularies.

CMS sets guidelines for when and how sponsors may make changes to their formularies, referred to as positive and negative changes. Positive changes require no CMS approval and enhance

the formulary by adding new drugs, reducing cost sharing, or removing utilization controls.

Negative changes, which require CMS approval, restrict the formulary by removing drugs, increasing cost sharing or adding utilization controls. Sponsors must provide written notice to beneficiaries currently taking affected drugs before implementing negative changes. CMS also requires sponsors to post updated formularies on their websites at least monthly and to list formulary changes 60 days before they take effect.

Department of Health and Human Services

Medicare reminder

Every Medicare prescription drug plan must have a transition policy to ensure that new members have uninterrupted access to drugs they were already taking before they joined. Your plan's transition policy must cover at least one 30-day supply of drugs not on the formulary (list of covered drugs) and override plan restrictions (such as prior authorization, quantity limits or step therapy) within the first 90 days you are enrolled in the plan.

Transition fills are temporary. Take action immediately and have your doctor change your prescription to a covered drug or ask your plan for an exception. This way you will ensure that you continue getting the medications you need after your transition period has ended.

Learn more about transition fills at www.MedicareInteractive.org.

Medicare Watch

Affordable Care Act update

The Department of Health and Human Services (HHS) announced in January 2011 several important accomplishments related to the Affordable Care Act (ACA):

- Three million people with Medicare who fell into the doughnut hole last year have received assistance in the form of a \$250 check. In 2011, people who reach the doughnut hole will receive a 50 percent discount on brand-name drugs.

- The government's stepped-up efforts to fight fraud recovered a record \$4 billion of taxpayer money in Fiscal Year 2010. The ACA includes new tools to help continue this effort and prevent fraud before it happens.

Medicare Watch

High blood pressure medicines for women

Use this guide to help you talk to your doctor about your blood pressure medicines. Ask your doctor about the risks of taking your medicine. This guide only talks about some of the risks. Tell your doctor about any problems you are having. Also, tell your doctor if you are pregnant, nursing or planning to get pregnant. Your doctor will help you find the medicine that is best for you.

The different kinds of blood pressure medicines are listed below. The drugs are listed in groups. The brand names and generic names are given for the drugs in each group. Find your drug. Then read some basic information about your kind of drug.

<http://bit.ly/hOXFvg>

FDA



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 Zylflo CR Tablets 600mg.
- Alkeran Tablets are no longer available through GSK Access.

- There are updated applications for the following drugs on the Bristol-Meyers Squibb Destination Access program: Ixempra, Erbitux and Sprycel.
- There are also 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.

Patient Advocate News

How to use the NeedyMeds drug discount card with Medicare

One frequent question people often ask us is “Can the drug discount card help patients on Medicare?” It can, but only in certain situations.

One situation is when the prescribed drug is not covered by the patient’s Part D program. If the patient is going to pay full price, then the card can provide great savings.

The most common situation is when the patient has fallen into the dreaded “donut hole.” We divided these people into two groups. First, there are those who fall into the hole early in the first half of the year. If they can afford the roughly \$2,800 dollars,

then it makes sense for them to spend the money and get out of the donut hole and into catastrophic coverage.

Second, there are those who fall into the donut hole in the second half of the year. For these people it’s unlikely they will spend enough to pay their way out of the donut hole. For them, using the card may make sense. If their medications don’t change then there is not enough time for them to pay the required \$2,800 to get out of the hole into and into catastrophic coverage. It’s a gamble only each individual can decide whether or not to take.

Patient Advocate News

How to use the drug discount card if you’re insured

The NeedyMeds drug discount card can’t be used in combination with insurance. However, it can be used in place of insurance. It’s important to remember that no one ever has to use her insurance. Many pharmacists are not aware of this fact, but it’s true.

There are five situations where the NeedyMeds drug discount card can save people who have health insurance money:

1. The person doesn’t have drug coverage. Obvious, but some people forget it.
2. The prescribed drug isn’t covered by insurance. One common scenario is the doctor wants the patient to take a brand name drug and the insurance only pays for the generic version.
3. The coverage has a high deductible. You can use the card to lessen expenses. Remind the patient

to submit receipts so she gets credit for what she spends.

4. The coverage has a low medication cap. Some health insurance companies will only cover a certain amount before the patient has to pick up the rest of the cost. Once the cap is exceeded the card can help.
5. The card price is cheaper than the copay. We are hearing more and more that this is the case. For example, we recently received an email that a person’s prescription copayment was \$15, but with the drug discount card the prescription price was \$10.

We recommend you present the card and ask (sometimes insist) the pharmacist to check the card price. You have nothing to lose and money to save.

Patient Advocate News

Tax-Aide sites open

Tax-Aide sites in North Dakota are open and ready to help this tax season. Communities with Tax-Aide offices are Bismarck, Dickinson, Fargo, Grand Forks, Hankinson, Mandan, Minot, Valley City, Wahpeton and West Fargo. You do not have to be an AARP member to take advantage of this free service.

This service is available to middle- and low-income taxpayers of all ages with special attention to those 60 and older. For more information call toll-free 888-227-7669 or visit www.aarp.org/taxaide.

AARP North Dakota News



Dear Hannah,

I have been hearing a lot about Medicare Medical Savings Accounts (MSAs). Can you give me a primer on MSAs and how they work?

-Carol, SHIP Counselor

Dear Carol,

We have been hearing more about MSA plans recently too. These plans are open to people who have Medicare A and B, but do not also have insurance through a group health plan. Individuals who have TRICARE, FEHBP and Medicaid are also not eligible to enroll in one of these plans. Since Medicare MSAs only cover Part A and B services, your client will need to join a stand-alone drug (Part D) plan in order to get Medicare drug benefits.

MSAs are high deductible plans that do not have a monthly premium, but people who have MSAs must continue to pay their Medicare Part B premium each month. If your client chooses to enroll in an MSA plan, the plan will deposit a lump sum into an account at a bank of their choosing. As long as your client uses the money for qualified health care expenses it will not be taxed.

It is important for your clients to find out what the deductible is for the plan they choose to enroll in. The maximum deductible is \$10,000, but the plan will not put that much money into the account. During the deductible period, providers who do not accept assignment may be able to charge your clients up to 15 percent more than the Medicare-approved amount (the Medicare limiting charge).

After they reach the deductible, their plan should cover them in full for all Part A and B services. If someone does not use all the money in their MSA, then the money will stay in their account for the following year.

If someone in an MSA plan wants Medicare drug coverage, they must purchase a stand-alone prescription drug plan.

Your clients can only enroll in an MSA plan when they first qualify for Medicare Advantage and during Fall Open Enrollment (Oct. 15 to Dec. 7). The MSA would become effective Jan. 1 of the following year. Your client cannot enroll during an SEP. You can disenroll from an MSA during the Fall Open Enrollment effective January 1 of the following year. Your client can also disenroll during a Special Enrollment Period (SEP) that permits disenrollment. Not all SEPs allow disenrollment. The effective date will depend on the SEP. Your clients also cannot disenroll from an MSA plan during the Medicare Advantage Disenrollment Period (Jan. 1 to Feb. 14).

It is important for anyone in an MSA to keep track of all their health care expenses, and to report them to the IRS through the Qualified Medical Expenses form.

All the best,

Hannah

The Medicare Counselor