

RxCONNECTOR

A publication of the North Dakota Insurance Department

TOGETHER RX ACCESS

In the state of North Dakota, 11 percent of the population is uninsured. Many of these individuals and families have difficulty paying for the prescription medicines they need to stay healthy and to treat many common conditions such as asthma, high cholesterol and diabetes.

Several pharmaceutical companies have created the Together Rx Access™ Program to help eligible uninsured individuals and their families gain access to savings on the prescription medications they need to live healthier lives.

Eligibility for the Together Rx Access Program includes:

- No prescription drug coverage (public or

private);

- No eligibility for Medicare;
- Income equal to or less than \$30,00 for a single person; \$40,000 for a family of two;
- Legal resident of the United States

Over 300 brand-name prescription products are available through this program. Cardholders bring the card to their local pharmacy along with their prescription, and the savings are calculated at the pharmacy counter.

To enroll in the Together Rx Access Program
Call 1-888-743-7274 or complete a short paper

Continued on next page.

SCHERING PLOUGH SP CARES COMPUTER THEFT

McKesson Specialty who administers Patient Assistance programs for a number of drug manufacturers has notified patients regarding a July 18 computer theft. The computers were stolen from the McKesson offices. Patients affected by this incident include patients who are/were enrolled in

Schering-Plough's SP Cares Patient Assistance program.

Patients who received this notification are best protected by placing a fraud alert on credit files. There is no charge for this service.

A representative from SP Cares informed Prescription Connection for North Dakota that to place a fraud alert on credit files, the patient can call 1-877-322-8228. Specialists at that toll free number will notify the three credit companies, Experian, Equifax and TransUnion Corporation.

**Contact the
Department:**

**1.888.575.6611
insurance@nd.gov
www.nd.gov/ndins**

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**Prescription
Connection**
for North Dakota

application and return it by mail or visit www.TogetherRxAccess.com to instantly enroll online.

A feature of the Together Rx Access Program is a quick start savings card, a preprinted removable card that can be detached from the front of a two-sided brochure. Agencies in North Dakota who are helping people apply for prescription assistance programs, may want to order a supply of the quick start savings cards for distribution to eligible individuals. Contact

Amy Niles, Chair, Medical Relations and Advocacy for Together Rx Access at amyniles@aol.com

Mike Schwab, executive director of the North Dakota Pharmacists Association states "Our members can play an important role in educating their uninsured health care customers about programs like Together Rx Access that can help people pay for the medicines they so desperately need."

Source: NoDak Pharmacy Vol. 20, No. 4, August 2007

2-1-1, RSVP AND SHIC TEAM UP TO BRING SERVICES TO SENIORS

2-1-1 is an easy-to-remember telephone number that connects people with important community services. One of those services is to connect people with Medicare with a Medicare approved prescription drug plan.

Starting November, 1, 2007, people on Medicare may call 211 to receive assistance signing up for a Part D plan. An operator will ask a series of questions relating to the Medicare prescription drug plans. An intake form will be completed and will be processed by RSVP volunteers in Bismarck. Plan comparisons will be completed and mailed to the individual.

The Medicare beneficiary will use the plan comparisons to

determine which Medicare Prescription Drug Plan will be best for them in 2008. With this information, the person on Medicare can enroll in a prescription drug plan between November 15 and December 31, 2007 for enrollment to begin on January 1, 2008.

Those who entered the donut hole (or gap) early in 2007, should definitely use this service by simply dialing 2 1 1.

To enroll in a Prescription drug plan, the Medicare beneficiary can call:

- Medicare at 1-800-MEDICARE (1-800-633-4227)
- The prescription drug plan. The telephone number for

each drug plan will be found on the plan comparison. It should also be listed in 2008 "Medicare and You" booklet mailed by Medicare in October.

- A life/health insurance agent who sells the plan. The agent's telephone number is listed in your phone book.
- RSVP (Retired Senior Volunteer Program) (1-701-258-5436) Call on a Monday, Wednesday or a Friday between 12:30-3:30 p.m. only.
- SHIC (Senior Health Insurance Counseling Program) - 1-888-575-6611.



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SHIC
Senior Health
Insurance Counseling

WORKER ENROLLMENT IN CONSUMER-DRIVEN HEALTH PLANS REMAINS MODEST

Washington, D.C. -- Premiums for employer-sponsored health insurance rose an average of 6.1 percent in 2007, less than the 7.7 percent increase reported last year. This is still higher than the increase in workers' wages (3.7 percent) or the overall inflation rate (2.6 percent), according to the [2007 Employer Health Benefits Survey](#) released today by the Kaiser Family Foundation and Health Research and Educational Trust. Key findings from the survey were also published in the journal *Health Affairs*.

The 6.1 percent average increase this year was the slowest rate of premium growth since 1999, when premiums rose 5.3 percent. Since 2001, premiums for family coverage have increased 78 percent, while wages have gone up 19 percent and inflation has gone up 17 percent.

The average premium for family coverage in 2007 is \$12,106, and workers on average now

pay \$3,281 out of their paychecks to cover their share of the cost of a family policy.

"We're seeing some moderation in health-cost increases, but premiums for family coverage now top \$12,000 annually," Kaiser President and CEO Drew E. Altman, Ph.D. said. "Every year health insurance becomes less affordable for families and businesses. Over the past six years, the amount families pay out of pocket for their share of premiums has increased by about \$1,500."

"The number of options for low-wage earners is limited and the greatest burden of all health care costs falls to this segment of the population," said Health Research and Educational Trust President Mary A. Pittman, Dr. P.H. "Although the economy seems to be strong, between 2005 and 2006 the total number of uninsured still rose by 5 percent, including a 9 percent increase in the number of uninsured children."

Source: Kaiser Family Foundation

LIS RECIPIENTS MAY FACE DISRUPTIONS IN DRUG COVERAGE

Nearly 1.6 million low-income people with Medicare could face disruptions in their drug coverage when they are randomly reassigned to new Part D prescription drug plans effective January 1, 2008.

The plan reassignments, which affect one in six of the 9.5 million enrollees in the Part D Extra Help program, were announced by the Centers for Medicare & Medicaid Services (CMS) on August 13. These individuals are now enrolled in plans that will no longer qualify for a full premium subsidy in 2008, because their plans' premiums are above the regional average.

CMS will reassign the affected individuals to new

plans with premiums that qualify for a full subsidy, although they will have the right to change to an alternate plan.

Because the reassignments are conducted randomly-without regard to whether the new plan covers the drugs a person takes-reassigned individuals could face new obstacles to receiving coverage for all the medications on their drug regimens.

The Extra Help program helps pay premiums and copayments under Part D for people with Medicare earning low income and with limited financial assets.

ADDRESS CHANGES

Medicare beneficiaries should be periodically reminded to keep their addresses current with Social Security. This is especially important for those who are eligible for the low income subsidy as Social Security will soon be mailing important information about re-determinations for extra help.

MORE THAN \$9 BILLION SPENT ON LIPTOR IN 2004

U.S. adults in 2004 purchased more than \$9 billion -- the most spent on any prescription drug - of the anti-cholesterol medication Lipitor, followed by \$4.7 billion on the anti-cholesterol treatment Zocor, according to a survey released on Wednesday by the [Agency for Healthcare Research and Quality](#), [Reuters/Los Angeles Times](#) reports.

Adults in 2004 used \$4.2 billion of the ulcer medication Nexium and \$2.4 billion on the ulcer treatment Prevacid.

The survey also found that adults ages 18 to 64 in 2004 generated sales of \$1.9 billion for the antidepressant Zoloft.

For children ages 17 and younger, the survey found that adults in 2004 purchased \$680 million of the asthma medication Singulair, followed by \$490 million for the attention deficit hyperactivity disorder treatment Concerta.

Adults in 2004 also used \$420 million of the allergy medication Zyrtec and more than \$400 million each of the ADHD treatments Strattera and Adderall for children ages 17 and younger, the survey found.

Adults ages 65 and older in 2004 generated the greatest sales for Lipitor and Zocor. Adults ages 65 and older in 2004 purchased \$1.7 billion of

the blood thinner Plavix and \$1.5 billion of the calcium channel blocker Norvasc ([Reuters/Los Angeles Times](#), 9/13).

Note: All these medications are available through prescription assistance programs, or at less cost on a discount card, or as a generic medication at a reduced cost through sources such as RxOutreach or Xubex.

Contact Prescription Connection for North Dakota to obtain more information about these medications and the assistance available for obtaining the medication.

DOES MEDICARE COVER DRUGS UNDER PART A, B, D?

Generally, Part A doesn't pay for outpatient prescription drugs. However, people with Medicare may get drugs as part of their inpatient treatment during a covered stay in a hospital or skilled nursing facility (SNF).

Part B covers drugs that aren't usually self-administered and are given as part of a doctor's service. Coverage is usually limited to drugs that are given by infusion or injection. If the injection is generally self-administered or isn't given as part of a doctor's service, Part B may not cover it.

Part B also covers:

- Flu Shot;
- Pneumococcal Shot. (*Most people only need this preventive shot once in their life.*)
- Hepatitis B Shot. Part B covers this preventive service only for people at

high or medium risk for Hepatitis B. People with Medicare should check with their doctor to see if they are at high or medium risk for Hepatitis B.

- Part B covers some other vaccines (such as a tetanus shot) when they are related to the treatment of an injury or illness.

Generally, Part D will cover vaccines that aren't covered under Part B when the vaccine is needed to prevent illness. Starting in 2008, all Medicare drug plans must include all commercially available vaccines on their drug formularies (except vaccines, such as the flu or pneumococcal shot that would be covered under Part B).

CMS Publication 11315-P is a tip sheet providing an overview of drug coverage under Medicare Part A, B and D. A copy is available by calling SHIC at 1-888-575-6611.

CASE FLASH: SEP FOR VICTIMS OF FRAUDULENT MARKETING

Mr. B was walking on a crowded sidewalk when his glasses fell off and broke on the pavement. A man helped Mr. B pick up his glasses and told Mr. B that if he signed up for the Medicare private health plan he was selling, Mr. B could get a new pair of glasses and still keep his current Medicare private health plan.

Persuaded by the insurance agent, Mr. B signed up for the plan. Soon after, Mr. B realized that the plan was an HMO, not a supplemental plan like he had been led to believe. By enrolling in the plan, Mr. B was disenrolled from his former Medicare private health plan.

He was now unable to afford the medications that he needed because they were not covered by his new plan. Mr. B wrote a letter to the plan stating that he did not wish to be a member, but when he called to follow-up, the plan told him it never received a letter from him.

Mr. B called the Medicare Rights Center for help.

The MRC counselor explained that in most cases, you can change your Medicare health plan only during specified enrollment periods, but under certain special circumstances you may qualify for a Special Enrollment Period (SEP) that allows you to change your Medicare plan at additional times. If you were misled into joining a Medicare private health plan because of misleading or fraudulent marketing, you are entitled to an SEP.

The MRC counselor told Mr. B to call 1-800-Medicare and specifically say that he was misled by a plan sales representative into joining his current plan. He was told to ask to be retroactively disenrolled from his new plan and enrolled back into his old plan. Mr. B did so and was re-enrolled in his former plan back to the date he first joined the other plan, which means that he was reimbursed for the medical expenses he had paid out of pocket.

Source: Medicare Watch

HIGH COST OF CARE CAUSING FINANCIAL STRAIN FOR FARMERS AND RANCHERS

The high cost of health care premiums and out-of-pocket expenses are causing financial difficulties for more than 25% of family farmers and ranchers, according to a report released on Thursday, the [AP/Des Moines Register](#) reports.

For the 2007 Health Insurance Survey of Farm and Ranch Operators, researchers from the University of North Dakota's [Center for Rural Health](#), [Brandeis University](#) and [The Access Project](#) analyzed responses from telephone surveys of more than 2,000 farmers and ranchers in Iowa, Minnesota, Missouri, Montana, Nebraska, North Dakota and South Dakota.

The report found that 90% of those surveyed had health insurance. Twenty percent of

farmers and ranchers had outstanding medical debt, and one in six postponed physician visits either because of cost, high medical debt or a heavy workload, the study found. Ten percent of respondents said that at least one family member was uninsured at some point during 2006, and of those people, most said that the period of uninsurance was because of cost. About 36% of farmers and ranchers surveyed said they have private insurance policies; 10% said they are enrolled in a public insurance program; and 54% said they receive health insurance through other employment or a spouse. According to the report, "For farmers and ranchers, health care expenses have the potential to affect not only their families' economic security, but

the financial viability of their businesses, which in turn may impact the larger economy."

Co-author Bill Lottero of The Access Project said that "it's clear that the middle-class folks with health insurance are feeling the pinch of spiraling premiums and medical costs." Alana Knudsen, a co-author from the rural health center, said that policy solutions are needed "to ensure that farm and ranch operators and other small-business owners are able to pay for health care services in their rural communities" ([AP/Des Moines Register](#), 9/6)

The study is available [online](#) (.pdf).

Source: KaiserNetwork.org

DATA UPDATE BY KAISER

Statehealthfacts.org has recently added new and updated data on [Health Costs and Budgets](#), [Managed Care and Health Insurance](#), [Health Status](#), [HIV/AIDS](#), [Women's Health](#), and [Demographics and the Economy](#). You can also view a list of all [recent updates](#).

A total of 6,586,945 retail prescription medications were filled by pharmacies in 2006 in North Dakota. The total sales were \$377,960,128 for an average cost of prescription of about \$63. That number may influence the statistics that prescription assistance programs can use when making end of the year reports.

Retail drugs used per capita in North Dakota are 10.4 which is typical for this section of the United States. If the per capita is broken down by age:

- Persons 0-18 use 3.5 medications;

- Persons 19-64 use 8.9 medications;
- Persons 65+ use 29 medications.

Press Control and Click on the underlined topics in the following paragraph to obtain more information:

[Health Costs and Budgets](#)

[Prescription Drugs](#) Updated data from Verispan on prescription [drugs filled](#) at retail pharmacies in 2006 are now available by state and region. The total number of retail prescriptions drugs filled, drugs per capita, and drugs per capita by age and gender have been updated. Data on total [sales](#) for prescription drugs filled have also been updated and are available by state and region.

FDA APPROVES ANTIPSYCHOTIC RISPERDAL FOR USE IN SOME CHILDREN

[FDA](#) on Wednesday approved the atypical antipsychotic Risperdal, manufactured by [Johnson & Johnson](#) subsidiary [Janssen](#), for use in children with schizophrenia and bipolar disorder, the *Wall Street Journal* reports. The move marks the first time that FDA has approved an atypical antipsychotic for use in children with schizophrenia and bipolar disorder (Mathews/Johnson, *Wall Street Journal*, 8/23). FDA

previously has approved Risperdal, which first reached the U.S. market in 1993, for use in adults with schizophrenia and bipolar disorder and for use in children ages five to 16 with irritability associated with autism.

Under the expanded approval, J&J can market Risperdal for use in children ages 13 to 17 with schizophrenia and for short-term use in children ages

10 to 17 with bipolar disorder. FDA said that about 0.1% to 1% of reported schizophrenia cases involve children ages 13 to 17 ([Reuters/New York Times](#), 8/23). The approval likely will prompt physicians to prescribe and health insurers to cover Risperdal over rival medications that have not received FDA approval for those uses.

Source: KaiserNetwork.org

LOW INCOME EXTRA HELP

There is extra help for people with limited income and resources. It is estimated that 4,000 people with Medicare in North Dakota who would qualify for extra help have not applied. Extra help pays for almost all of prescription drug costs, including monthly premiums, deductibles, and drug co-pays.

People can apply or get more information about the extra help by calling Social Security at 800-772-1213 or visiting www.socialsecurity.gov. North Dakota Legal Services will help people complete Social Security's application for extra help. Contact them at 1-866-621-9886.