



Medicare Changes and Deadlines

Every year from November 15th to December 31st, it is the time to review and make any necessary changes in Medicare coverage, prescription benefits and consider all other options. Although the Medicare program does not have significant changes, drug plans do.

For the average person, it was probably already a painful process to choose one prescription plan from all the confusing choices. However, it is still necessary to review the changes in that selected policy. The most critical part of any prescription benefit is the formulary (or list of covered drugs). At minimum, everyone should review the formulary to make sure all medications are covered. The plan has the freedom to change drugs in this list from year to year. The other consideration is rising cost and co-pays. Many of these plans offers cost reductions when a member utilizes a mail order pharmacy. The concept may be new to some, but once it is put into place, it is a nice solution.

Open enrollment, that is the freedom to make changes in Medicare choices in the form of health plans, is available from November 15th to March 31st. The many names can be confusing, as they are called Medicare Advantage plans, Medicare part C, and Medicare HMO. This last term may seem a bit scary, but it isn't restricted to an HMO product. It can be a PPO, POS or a fee for service plan. These plans can be an advantage in cost cutting. Once enrolled, a person doesn't need a Medicare supplement plan and prescription coverage could be included.

Any decision should be made on a personal comfort level. Traditional Medicare with a supplemental plan and the prescription drug plan is one preference while signing up for a Medicare Advantage plan could be another.

Keep in mind if you are receiving retirement medical benefits from a former employer, retaining it is possibly the best option for you.

Quote of the Quarter

"The thing that is really frustrating to us as physicians — and I've been in practice since 1974 — is there are new drugs that are helping so many people with so many diseases that we couldn't treat before. But with increased pressure from insurers, we wonder whether we will be able to use these....The pressure will continue to be ratcheted upwards" in a situation that is "an abomination."

— Mark Davidner, M.D., an oncologist at Kansas City Cancer Centers, told *AIS's Specialty Pharmacy News*.

Medical Tourism

Medical tourism may be a strange concept to some, but is a viable option to others. An elective, but much needed surgery can be performed abroad for a fraction of the cost in the United States. There are a number of companies formed specifically to arrange medical travel. There are significant savings for those who are willing to take a chance or those who

are forced to do so for financial reasons.

A knee surgery in the US can cost \$45,000. In India the cost is about \$10,000, plus the price of an airplane ticket (approximately \$1,400 round trip). For people with insurance, there is a battle to get those expenses reimbursed but there is some positive movement in that

direction. Last year, Blue Cross of South Carolina signed alliances with seven overseas hospitals. An American company, Joint Commission International (JCI), accredits hospitals and medical centers overseas. The number of these accredited hospitals is growing rapidly. Presently, there are about 220 hospitals are accredited by the JCI located in Thailand, India, the Philippines

and other countries.

There are concerns not only about the quality of care, but recovery, follow up physical therapy along with questions about when something goes wrong. Foreign court systems work differently and some aren't as accessible. As a result, the final award could be significantly less than in the United States.

How to Save on Prescription Medications

As the cost of prescription drugs are rising, and the need to reduce cost is increasingly important.

Getting maintenance medications filled in a local drug store is one option. The other option is mail order. Most insurance policies have built-in savings for participants that utilize mail order. The savings are often a reduction in co-pay. The typical deal is getting a three month supply for the co-pay of a two month supply. The added convenience of not having to wait in line or fight crowds, is a

good trade off for the initial time invested in creating the mail order account.

Other options include asking your doctor for a less costly drug or starting a new medicine with a small supply. Sometimes new drugs have adverse effects, which would prevent you from taking it long term. Ask your doctor for samples first.

The cost of drugs varies depending on the pharmacy. Shopping around can make a difference for people on Medicare and on over the counter drugs that aren't covered under a plan.

Definitions:

OIG: Office of Inspector General

HMO: Health Maintenance Organization. Patients pay HMOs a monthly fee. HMOs, in turn, pay for medical care when patients use in-network providers.

PPO: Preferred Provider Organization. Pays for medical care as it is received, in or out of network.

OIG Nursing Home Reports

The Office of Inspector General (OIG) has released their latest report on nursing homes. This report reviews specific surveys from 2007 and identifies trends between 2005 and 2007.

The sad news is that only 9% of surveyed nursing homes passed inspections. The most disturbing is the 17 % that failed for actual harm or immediate jeopardy deficiencies. There is a slight increase in

quality of care problems.

The worst offenders are Alaska, the District of Columbia, Idaho and Wyoming.

Surprisingly, government run and not-for-profit nursing homes fared somewhat better than for-profit nursing homes. Not only were fewer not-for-profit homes cited, but they typically had fewer deficiencies per home.

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Legal Issues or who is in trouble this time?

Connecticut Attorney General Richard Blumenthal announced a \$425 million national Medicaid settlement and a separate \$6.15 million Connecticut settlement with Cephalon, Inc. The four year investigation by federal and Connecticut authorities revealed Cephalon's conscious efforts to market drugs, such as Provigil, Gabitril and Actiq for off label and unapproved uses in violation of state and federal laws. While the company profits soared,

patients were exposed to serious side effects, such as seizures, respiratory depression, serious skin rashes, addiction and even death.

These drugs were overused and overprescribed because the company relentlessly promoted them for unapproved purposes. The majority of prescriptions were off label use and not as approved by the FDA for severe cancer pain.