

SHIC Talk

A publication of the North Dakota Insurance Department's SHIC program



In this issue ...

Medicare Part B covered shoes, inserts

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August 2010

Low-income subsidy reminder

A form may be coming to people who have Low Income Subsidy (LIS) regarding the Medicare Prescription Drug Plan.

This form, called Review of Your Eligibility for Extra Help, comes in

August or September. It must be filled out and returned. If you do not return it, your Extra Help will end on Dec. 31, 2010.

It is very important that individuals who are eligible for

the LIS complete and return the form as soon as possible.

(See article on page 9)





Adam Hamm
Insurance Commissioner

August 2010

A note from the Commissioner

Dear friends,

The countdown is on for the upcoming 2010 Medicare Part D enrollment events. You should have recently received a letter from our SHIC staff requesting your assistance at the events coming up in November and December. A schedule of events is available on our website. These enrollment events would not be successful without you, our volunteers. We appreciate your continued commitment to the SHIC program and look forward to working with you to assist North Dakota's Medicare beneficiaries.

If you did not receive a letter and would like to volunteer at a Part D enrollment event, please contact our SHIC office at 1-888-575-6611.

Another clock is ticking here at the Department, one counting down the days until the 2011 legislative session begins Jan. 1. The Department will be sponsoring and supporting several different bills. In addition, many important decisions will be made during the upcoming session that will impact how North Dakota will implement the Patient Protection and Affordable Care Act (PPACA), specifically the health insurance exchanges for individuals and small businesses. We will keep you informed of PPACA-related decisions made by the legislature as the session progresses.

Starting this month, the *SHIC Talk* and *RxConnector* newsletters are being combined into one. *RxConnector* is the newsletter for our Prescription Connection program. We will continue to combine these newsletters for a few months. Look for the *RxConnector* information beginning on page 10.

Sincerely,

A handwritten signature in black ink, appearing to read 'Adam Hamm', written over a white background.

Adam Hamm

Free health screenings

In Bismarck, Fargo

The AARP/Walgreens Wellness Tour will make its first stop in North Dakota Saturday and Sunday, Sept. 11–12, during the United Tribes Powwow in Bismarck. It will also be in Fargo at Walgreens on Monday, Sept. 13.

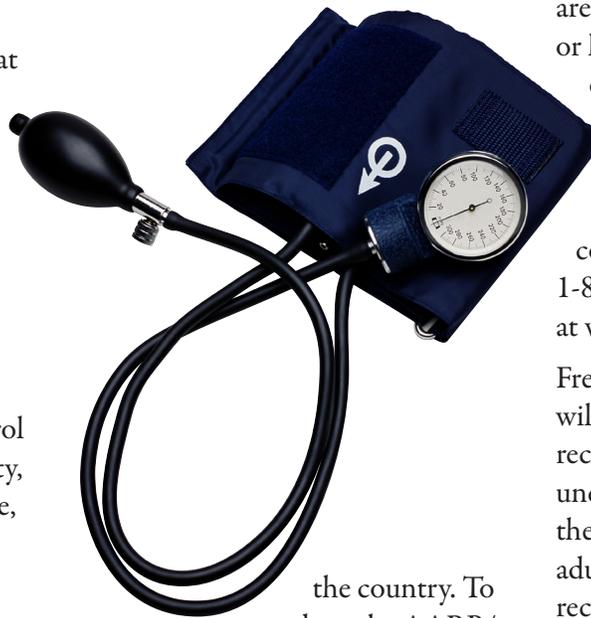
The AARP/Walgreens Wellness Tour certified health screeners offer free health screenings and health education.

Available screenings are worth more than \$140 per person, and no appointment is necessary. Screenings include total cholesterol levels, blood pressure, bone density, glucose levels, waist circumference, and body mass index.

Health screenings are a critical method for detecting potential diseases before symptoms are noticed. In fact, of those screened during the 2009 tours:

- 68.0% had high body mass index
- 64.1% had high blood pressure levels
- 40.7% had high cholesterol levels
- 36.4% had low bone density

The nationwide Wellness Tour features nine customized buses that travel to communities across



the country. To date, the AARP/Walgreens Wellness

Tour has administered more than \$27 million in free screenings. This year and next, the tour has a goal to provide more than 2.5 million free health screenings – a value of over \$60 million.

Screenings are recommended for adults age 18 and older. After the screenings are performed, a pharmacist or staff member instantly provides the results and reviews them with the attendee.

Attendees also have access to free educational information on a variety of health and wellness issues that are available in both English and Spanish. Consumers are encouraged to visit a doctor or health care provider with any concerns.

Those interested in attending can learn when the tour is scheduled to serve their community by calling toll-free 1-866-484-8687 or visiting online at www.aarpwalgreens.com/tour.

Free, one-year AARP memberships will be given to all adults who receive screenings. Participants under the age of 50 can pass on the free membership to an eligible adult, and existing members will receive a one-year extension on their current membership status.

Volunteers needed

Volunteers are also needed to help with the event in Bismarck. Volunteers will host participants and assist with completing routine paperwork. If you are interested in volunteering, please contact Marlowe Kro at mkro@aarp.org or call 701-355-3643.

AARP North Dakota

Announcing HealthCare.gov

The Obama Administration is rolling out a new website, HealthCare.gov, to help consumers understand their rights and benefits under the new health care law and view the time

line for the implementation of new programs.

Additionally, the site features an insurance finder that provides insurance options when consumers answer basic questions. U.S. Health and Human Services Secretary Kathleen

Sebelius adds that price estimates for insurance plans will be added to the site in October.

NAIC Newswire



What you need to know about the government's new health insurance website

Consumers shopping for health insurance coverage got a boost with the launch of a new federal website, www.healthcare.gov.

The health law that Congress passed in March called for the creation of the site, which advocates say will make it easier to shop for a plan. Consumers will be able to see all options available where they live, compare costs and determine if they qualify for a government program.

Federal health officials say the website will work as a bridge to help consumers until 2014 when much of the new law takes effect, including provisions that bar insurers from discriminating against people with pre-existing conditions and establishing new health insurance exchanges, the marketplaces that make it easier

for consumers and small business to buy insurance.

What's on the site? Currently, the site provides a basic list of all private health plans that are accepting new customers, by state and ZIP code. It includes information on government programs such as Medicaid and Medicare and high risk pools that provide coverage to people with pre-existing conditions.

It also includes coverage options for small businesses, such as tax credit programs contained in the health law.

You can compare quality of care at hospitals, learn about the health overhaul law and get health prevention tips.

In October, a more comprehensive version of the website will be launched that

will have extensive benefit and pricing data, including premiums, deductibles and coverage limitations.

Eventually, the site will also include performance data on the plans, such as what percentage of claims the plans reject, how much the plans' premium revenue is spent on health care and the number of times patients appeal coverage decisions.

How is this federal site different than existing online insurance brokers, such as eHealthInsurance? The federal website lists all available private health plans and government health insurance programs. EHealthInsurance lists only selected plans and does not list government plans.

Can I sign up for a plan directly from the federal website? No, there is no enrollment feature for private health insurance on the site. Rather, the site provides the health plans' web links and phone numbers so that consumers can contact a plan directly to apply.

So how does the website work?

The site takes you through a checklist: state, age range, whether you are a person with a disability, healthy or have a medical condition. The web site asks if you are losing coverage from work or if you have any coverage. Then, you're given the choice to learn more about private health plans, along with other options such as Medicare, Medicaid, COBRA coverage and the high-risk insurance pools being set up by states and the federal government this month

continued on page 5 ...

Medicare Part B covered therapeutic shoes, inserts

Do you qualify?

If you have Medicare Part B, have diabetes, and meet certain conditions (see below), Medicare will cover therapeutic shoes if you need them. The types of shoes that are covered each year include one of the following:

- One pair of depth-inlay shoes and three pairs of inserts
- One pair of custom-molded shoes (including inserts) if you can't wear depth-inlay shoes because of a foot deformity, and two additional pairs of inserts.

Note: In certain cases, Medicare may also cover separate inserts or shoe modifications instead of inserts.

How do I get therapeutic shoes?

In order for Medicare to pay for your therapeutic shoes, the doctor treating your diabetes must certify that you meet all of the following three conditions:

1. You have diabetes
2. You have at least one of the following conditions in one or

both feet:

- Partial or complete foot amputation
- Past foot ulcers
- Calluses that could lead to foot ulcers



- Nerve damage because of diabetes with signs of problems with calluses
 - Poor circulation
 - Deformed foot
3. You are being treated under a comprehensive diabetes care plan and need therapeutic shoes and/or inserts because of diabetes.

Medicare also requires the following:

- A podiatrist or other qualified doctor prescribes the shoes
- A doctor or other qualified individual like a pedorthist, orthotist or prosthetist fits and provides the shoes

Medicare Coverage of Diabetes Supplies & Services

“What you need to know,” continued from page 4

for people who have not been able to get insurance because of preexisting medical conditions. You enter your ZIP code to get a list of plans in your area.

What does the site tell me about the private health plans?

It has plans' contact information, including website links and customer service telephone contacts. In addition, the website links to a summary of the plan's benefits and to the provider network so you can check to see if your doctors are there. You can also find out about the drug coverage offered by the plans.

What changes in 2014, when more of the health law kicks in? Most of the functions of the new federal website will be taken over by state-based insurance exchanges, which will have their own websites to help consumers shop for coverage.

Kaiser Health News

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Preventive benefits for 2011

On June 25, 2010, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that would implement key provisions from the Affordable Care Act that expand preventive benefits for Medicare beneficiaries and identify which preventive services will be free to people with Medicare starting next year.

Here are some highlights:

Annual wellness visit

Beginning Jan. 1, 2011, your clients will get an annual wellness visit, covered by Medicare every 12 months, starting a year after they get their initial "Welcome to Medicare" physical exam. And if your client never had a Welcome to Medicare exam, that's okay; now they can get their free annual wellness visit each year. This is the first time Medicare will cover an annual exam, and there is no cost-sharing (coinsurance or deductible) for this service.

During the visit, your client and health care provider will develop a personalized prevention plan, building off of the initial exam. Note, there are slight distinctions between the first wellness visit and subsequent such visits.

The initial annual wellness visit includes:

- Routine measurements such as height, weight, blood pressure, body-mass index (or waist circumference, if appropriate);

- Review of medical and family history;
- Establishing a list of current providers, suppliers and medications (including supplements);
- A personal risk assessment;
- A review of functional ability and level of safety;
- Detection of any cognitive impairment;
- Screening for depression;
- Establishing a schedule for Medicare's screening and preventive services your client qualifies for over the next 5 to 10 years; and,
- Any other advice or referral services that may help intervene and treat potential health risks.

The subsequent wellness visits include:

- Measurement of weight, blood pressure and other measurements deemed appropriate;
- An update to medical and family history;
- An update to the list of providers, suppliers, and medications (including supplements);
- A review of the initial personal risk assessment;
- Detection of any cognitive impairment;
- An updated screening schedule; and,

- A review and update to list of referral services to help intervene and treat potential health risks.

Elimination of cost-sharing for preventive benefits

As of Jan. 1, 2011, the Affordable Care Act also eliminates out-of-pocket cost-sharing for most Medicare-covered preventive benefits. This means Medicare will pay 100 percent; your clients will pay nothing. The Part B deductible is also waived.

The following are the preventive services your clients will still have to pay for next year:

- Glaucoma screening,
- Prostate cancer screening,
- Certain alternative tests under the colorectal screening,
- Diabetes self-management training services, and
- EKG screening.

For these services, your client will have to pay a coinsurance (usually 20 percent of the Medicare-approved amount) and any remaining portion of their Part B deductible.

CMS



“Unless someone like you cares a whole awful lot, nothing is going to get better.

It’s not.”

Dr. Seuss

7 health care changes you might have missed

A handful of provisions in the federal health care reform law that are in effect or will be implemented in the coming months could revolutionize the nation’s health care system, including one that prevents insurers from charging co-payments or deductibles for breast cancer screenings, cholesterol blood tests, certain sexually transmitted disease screenings, and other preventive services. The law also will institute a new program to help employers manage health care costs for retirees age 55 and up who do not qualify for Medicare and expand the Medicaid program to all individuals earning less than 133 percent of the poverty line. Furthermore, insurers will be forced to justify premium hikes to federal and state regulators, and the National Association of Insurance Commissioners (NAIC) has been tasked with drafting recommendations about information that should be submitted by insurers to state and federal officials.

Kaiser Health News

Silverscript Insurance Company prescription drug plan

Pricing Information on the CBS Caremark Plus PDP and CVS Caremark Complete PDP was inaccurate from Oct. 8, 2009 to Jan. 8, 2010 on the www.silverscript.com, www.Medicare.gov, and other third-party websites. These websites have price comparison tools that help you select a prescription drug plan.

During this time, the websites showed prices that were as much as 4% lower than the prices that should have been shown for brand drugs. All co-payments and pricing for generic medications were correct.

If you selected either CVS Caremark Plus (PDP)† or CVS Caremark Complete (PDP)† because of the information on

SilverScript.com or Medicare.gov and would like to change to a new plan, Medicare is offering you a Special Election Period (SEP) for the remainder of 2010 to allow you to do so. You may enroll in another Part D plan by calling 1-800-Medicare (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

CMS



Dear Marci,

Dear Marci,

I have a Medicare private health plan. I hear Medicare private health plans may get less money from the government because of the new health reform law. Will this affect my benefits?

—Alvin

Dear Alvin,

There are two ways you can receive your Medicare benefits: either through Original Medicare, provided by the federal government, or through a Medicare private health plan. Medicare private health plans are sometimes called Medicare Advantage plans.

These private health plans contract with Medicare to provide Medicare benefits. They are paid on average 14 percent more per enrollee than it would cost to cover the same person under Original Medicare.

The health reform bill will make the payments to private health plans more in line with the costs under Original Medicare. Medicare private plans will still be required to provide coverage of the same services that Original Medicare covers. Some Medicare Advantage plans may decide

to change the extra benefits they offer, such as gym memberships, vision care and dental care. However, private plans that provide high-quality and efficient care will still receive extra payments from Medicare, which plans could use to offer and maintain these added benefits.

In 2011, private plans will no longer be allowed to charge more than Original Medicare for certain services, such as chemotherapy and skilled nursing care.

In 2014, plans must spend at least 85 percent of the money they receive from the government and premiums on medical services, and will not be allowed to use this money for administrative costs or to increase profits.

To find out more about Medicare private health plans, visit Medicare Interactive.

— Marci

Medicare Rights Center

Dear Marci,

My mother has a spinal cord injury and needs a hospital bed at home so she can safely get in and out of bed. Will her Original Medicare coverage pay for this?

—Donna

Dear Donna,

Original Medicare covers durable medical equipment (DME), such as hospital beds if you need it for a medical purpose for use in the home. Your doctor must fill out an order or prescription that explains why the item is medically necessary.

Once you have the doctor's order or prescription, you can take it to any Medicare-enrolled supplier (if you get care from a home health agency, the agency will provide you with the equipment), and Medicare will pay 80 percent of its approved amount, once you've met your Part B deductible. You or your supplemental insurance will have to pay the balance.

Visit www.medicareinteractive.org to learn more.

Medicare Watch

Recent mailings from CMS, SSA



Some Medicare beneficiaries will be receiving letters from CMS/SSA. Each letter is printed on a special colored paper. Please note the purpose of the letter.

At the end of June, a **TAN** letter was mailed to choosers. Choosers are people who are eligible for \$0 Part D premium, but chose and joined their own plan and the current plan has a premium they must pay in part. Choosers can switch drug plans at any time to a \$0 premium plan. The choosers letter will list prescription drug plans with \$0 Part D premiums.

The week of Sept. 13 a **GREY** letter will be mailed notifying those affected that they no longer qualify for (Low Income Subsidy)

LIS benefits as of Jan. 1, 2011. People receiving this letter can re-apply and are encouraged to do so.

In late September, SSA will send a letter and Form 1026, which requires re-certification of LIS qualification. The form **MUST** be filled out and returned within 30 days. Failure to do this will result in disqualification of LIS benefits. Only a small percentage of LIS-qualified people receive these.

During the week of Oct. 4, an **ORANGE** letter will be mailed notifying people of a change in their Prescription Drug Plan co-payment (either up or down) due to change in LIS status.

CMS

Advocacy guide available

Health Assistance Partnership (HAP) has developed an informal advocacy guide for SHIPs considering how to engage in public education activities in their community, including the submission of comments and other feedback to CMS. You can also learn more about HAP's efforts to address other systemic access to care and quality of care issues affecting beneficiaries across the Medicare program through its Troubleshooting Medicare project.

Health Assistance Partnership

For more information

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If you have questions about any content or have suggestions for content for our next publication,

please contact SHIC at 701.328.2440 or ndshic@nd.gov.

For Medicare-related resources, please visit www.medicarerights.org.

Aging and Disability Resource Center

A pilot Aging and Disability Resource Center (ADRC) will begin to provide Options Counseling services this summer to residents of Burleigh County. The three-year pilot project is funded by the Federal Administration on Aging. Services will expand to Morton, Emmons and Kidder counties in year two and to Grant, McLean, Mercer, Oliver, Sheridan and Sioux counties in year three. The ADRC pilot is based at the West Central Human Service Center (WCHSC) in Bismarck.

The goal of the ADRC approach is to make it easier for older adults, adults with physical disabilities and their family members to learn about the choices they have for long-term care and supportive services while minimizing confusion, enhancing individual choice and supporting informed decision-making.

The ADRC's "no wrong door" model offers a "virtual" single point of entry for accessing public and private health and human services via website, phone, and face-to-face contact. The benefit of "no wrong door" ensures that everyone has the same access to information and resources, regardless of where he or she first enters the long-term care system.

Using a web-based information system, Options counselors will, with the permission of the client, be able to coordinate intakes and assessments with community providers to make coordination and access of services easier for consumers and families.

The ADRC will provide reliable

and current information about long-term service and support options to help families plan and use resources to their advantage. It will provide service for people of all income levels easing confusion and frustration for the consumer. The consumer will have greater opportunity to direct their future with personal choice and independence, ultimately maximizing quality of life. Planning for long-term care needs decreases incidents of crisis and can delay costly institutional placement.

The ultimate benefit of the ADRC "no wrong door" will be extended independence and improved quality of life for older adults, adults with physical disabilities and their families.

The ADRC can be contacted at 1-888-328-2622, Relay ND 1-800-366-6888 (TTY).

In September, the Federal Administration on Aging awarded the N.D. Department of Human Services an initial \$202,771 grant to develop an ADRC pilot project in the Bismarck region. North Dakota is one of just five states without an ADRC.

(AARP)



North Dakota
INSURANCE
DEPARTMENT
PROTECTING THE PUBLIC GOOD
PRESCRIPTION CONNECTION

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■ 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

Save on insurance: reduce costs without compromising coverage

Millions are looking for ways to shave dollars and dimes from their daily expenses. To share your own tips, send us an e-mail telling us how you save. You can save money on everything, but here's how you can get reduce insurance costs without compromising coverage. Bundle insurance. If you roll your homeowner's, automobile and any liability coverage into a package with the same company, you may save between 5 and 15 percent of what it would cost to purchase separate policies.

- Consider dropping collision coverage if you can afford car repairs or replace cars frequently.
- If you carpool, have low mileage or commute by rail and park your car at a station, discounts may be available from your auto insurance company. The same is true for teenage drivers who get good grades.
- Nonsmokers, exercisers and people who maintain a healthy weight can enjoy as much as a 50 percent saving on life insurance.
- Pay annually, rather than in installments, and you could save as much as eight percent by avoiding fees.
- A homeowner's reduction of up to 10 percent is often available for people 55-plus because they may spend more time at home and can better monitor and maintain their property.

- Think about raising your deductible from \$500 to \$1,000 to save up to 15 percent on a homeowner's premium.
- Inventory your possessions annually and adjust your coverage. If you gave away expensive jewelry, remove that rider, which typically runs \$1.75 to \$2 in premiums per \$100 in annual coverage.
- Long-term policy holders may earn a cut in premiums of as much as 10 percent. But that discount may come after years of increases, so check if you might do better elsewhere.
- Security improvements such as an alarm or fire sprinkler system may cut your homeowner's insurance cost.
- Standard amounts of insurance are worth checking out. For example, a \$250,000 life insurance policy may have a lower premium than a \$200,000 policy simply because the company's standard policy is \$250,000.
- Consider ditching a second or third car—along with 33 to 40 percent of your premium.
- A safe-driving course may get you auto insurance discounts of up to 10 percent. Washington, D.C., and 36 states mandate discounts for people who take a course, which usually costs between \$10 and \$30. Ask your agent—restrictions may apply.

(Epocrates)

Abuse of meds sends as many to ER as illegal drugs



For the first time, abuse of painkillers and other medication is sending as many people to the emergency room as the use of illegal drugs.

In 2008, ERs saw an estimated

1 million visits from people abusing prescription or over-the-counter medicines—mostly painkillers and sedatives. That was about the same number of visits from those overdosing on heroin, cocaine, and other illegal drugs, according to a government report.

Only five years earlier, illegal drug visits outnumbered those from legal medications by a 2-to-1 margin.

In other words, the number of ER visits from medication abuse doubled, said Peter Delany of the Substance Abuse and Mental Health Services Administration.

“It’s a pretty startling jump,” Delany said. He led a team that worked with the Centers for Disease Control and Prevention on the report.

Painkillers and sedatives clearly drove the trend. ER visits for the painkillers oxycodone and hydrocodone more than doubled from 2004-2008. And cases from one kind of tranquilizer nearly doubled.

(Bismarck Tribune)

Medicare weighs cost, benefit of covering Dendreon’s Provenge for prostate cancer

Medicare officials are considering whether covering a drug used to treat prostate cancer is worth the cost, The Wall Street Journal reports.

The announcement that the Centers for Medicare and Medicaid Services would do this analysis “was the latest hurdle in Dendreon’s push to get its Provenge treatment used. If the Centers for Medicare and Medicaid Services covers Provenge, that would increase the number of patients eligible and likely force private insurers to do the same. A denial by CMS could severely stifle the product’s growth.” CMS said it will complete its assessment in a year. “Provenge, seen as the first in a new class of cancer-fighting drugs, is designed to use a patient’s own cells to stimulate the body’s immune system to fight the cancer. However, because of its complexity, a normal three-

infusion course of treatment is expected to cost \$93,000, making it difficult to afford without insurance support” (Stahl, 6/30).

Reuters: “The product is the first vaccine approved to treat a type of cancer. Unlike traditional vaccines that prevent a disease, Provenge treats prostate cancer by stimulating the body’s immune system to attack malignant cells. The Food and Drug Administration cleared Provenge for advanced prostate cancer after a study showed men treated with the vaccine lived an average of 4.1 months longer compared with a placebo. The vaccine is produced by taking cells from a patient’s tumor and incorporating them into a vaccine that is injected back into the patient” (6/30).

(Kaiser Daily Health Report)

Recall: Additional over-the-counter drugs from McNeil

Additional lots of Benadryl and Tylenol products have been added to the Jan. 15, 2010, recall of certain over-the-counter products from McNeil Consumer Healthcare. The medicines may not meet required quality standards.

The recently recalled products are:

- Benadryl Allergy Ultratab Tablets, 100 count, lot numbers AJA008, ADA194, ABA022 and ABA264
- Extra Strength Tylenol Rapid Release Gels, 50 count, lot number ASA202

Recommendations

- Stop using these products.

Webinar on work incentives

Thousands of Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) beneficiaries have learned how to stay in control of their benefits while enriching their lives through employment. You can, too.

WISE Webinars provide you and your family the opportunity to learn how to take advantage of Social Security Work Incentives, including Ticket to Work. Register for this free WISE Webinar at www.cessi.net/wise.

Approximately two days before the event, all those who have registered will receive an e-mail message with instructions on how to log in to the Webinar. Registration information will also be available online at www.cessi.net/wise on the day of the webinar.

Traveling miles for medical care

Employers, in search of better deals on surgeries, are in some cases sending employees they insure hundreds of miles for medical care, Kaiser Health News/USA Today reports. "Forget about traveling to Thailand or India for low-cost surgery. ... By steering workers to facilities with high-quality care and lower prices, employers say they can reduce their costs 20% to 40% -- more than enough to cover the travel expenses."

- For a full list of McNeil's recalled products and how to get a refund or replacement coupon, see the company's website at www.mcneilproductrecall.com or contact McNeil at 1-888-222-6036.
- Discuss any questions you may have about these products with your pharmacist or other health care professional.

For more information

Recall of Liquid Products for Children: What Consumers Need to Know

(FDA)

If you have questions, please email wise@cessi.net or call 1-877-743-8237 (v/tty).

There will be a webinar on work incentives targeted at transition aged youth on Aug. 18. Contact: Jayme Pendergraft, WISE Project Manager, New Editions Consulting, Inc., (703) 356-8035 ext. 121, jpendergraft@neweditions.net.

North Dakota Community Work Incentive Coordinators

Eastern ND: Mark Mehlhoff 866.912.9122 or ndbenefits@hotmail.com

Central ND: Pam Jochim 701.220.9073 or ndbenefits@yahoo.com

Western ND: Terry Peterson 800.258.8132 or rsi5@srt.com

Lowe's, the home-improvement store, is considering expanding its "domestic medical travel" program and other large employers have teamed up with Lowe's to expand their programs, too. Employers pay travel expenses for certain procedures when their workers get that at lower-cost facilities. If the trend spreads, "It could shake up the hospital industry by fostering 'a truly national competition,'" a health care consultant said (Appleby, 7/7).

Northern Plains Conference on Aging

Celebrate Aging—Endless Possibilities
Sept. 28-30, Fargo

Keynote speakers include:

- Dr. William Orr, neuroscientist and geriatric psychiatrist
- Teresa Lewis, independent training and coaching professional
- Bob Ash, motivational speaker and

professional corporate trainer

- Dr. Bob Edwards, senior pastor, certified marriage and family therapist, singer, author, humorist and radio talk show host

For more information, visit the website, www.northernplainsconference.com, or call 218-477-5859 for a conference brochure.

FDA MedWatch safety alerts

Prescription drugs

- Mylotarg (gemtuzumab ozogamicin) market withdrawal
- PPIs and fracture risk
- Benicar (olmesartan)
- Orlistat (Alli, Xenical)
- Long-Acting Beta-Agonists
- Claris IV Medications
- Hylene (hyaluronidase)
- Ultram (tramadol)
- Ultracet (tramadol/acetaminophen)
- GammaGard Liquid
- Hospira Liposyn and Propofol
- Tamiflu counterfeit

OTC products

- Vitamin D Supplements
- McNeil Consumer OTC Products recall
- PediaCare Children's Products
- Arrow Medicated Oil and Embrocation
- Magic Power Coffee

Medical devices

- Defibtech DBP Battery Packs
- Polypropylene Surgical Mesh

New drugs

- ACTOplus met XR (pioglitazone/metformin)
- Adagen (pegademase bovine)
- Adapalene topical (first-time generic for Differin)
- Aldurazyme (laronidase)
- Ceredase (alglucerase)
- Cerezyme (imiglucerase)
- Elaprase (idursulfase)
- Fabrazyme (agalsidase beta)
- Gammaplex (immune globulin (human))
- Gianvi (drospirenone/ethinyl estradiol)
- Kuvan (sapropterin)
- Livalo (pitavastatin)
- Lumizyme (alglucosidase alfa)
- Lysteda (tranexamic acid)
- meropenem (first-time generic for Merrem)
- Myozyme (alglucosidase alfa)
- Naglazyme (galsulfase)
- Prolia (denosumab)
- Rybix ODT (tramadol)
- Vpriv (velaglucerase alfa)
- Zavesca (miglustat)
- Zymaxid (gatifloxacin ophthalmic)

(Epocrates)

Stolen inhalers pose risk

As seasonal allergies have some asthma sufferers reaching for inhalers, FDA issues warning on stolen medicine.

For more information, visit www.fda.gov/ForConsumers/ConsumerUpdates/ucm217879.htm