

Area Agency on Aging District 7, Inc.
F32 - URG, P.O. Box 500
Rio Grande, Ohio 45674-0500

Phone: 1-800-582-7277
TTY: 1-888-270-1550
www.aaa7.org



Assistance. Advocacy. Answers on Aging.
Pamela K. Matura, Executive Director

QA QTRLY
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SPRING 2009

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Changing times....

As many of you are looking at costs, we too at the Area Agency on Aging are also. You will notice that the newsletter will now be distributed via email. Another change you will notice is we will no longer be sending service plans when consumers are enrolled. It is not a required document for providers, but was mailed as a resource for providers. In the past, providers have stated that they don't use the service plan. If you are a provider who uses the plan and would like to have a copy for your records, you can request that from the case manager. However, as I said previously, it is not required documentation from a compliance standpoint. Feel free to contact us if you have questions.

Food Safety - Ohio Food Recall Announcements

Ohio.gov provides Ohioans information regarding primarily "class I" food product recall announcements. "Class I" food product recall announcements are defined by United States Food and Drug Administration (FDA) as a situation in which use of or exposure to a volatile product will cause serious adverse health consequences or death.

The information regarding these announcements is obtained from information provided by the FDA and/or the United States Department of Agriculture (USDA) in cooperation with the company the recall affects. The Ohio Department of Health and Ohio Department of Agriculture then jointly provide the Ohio recall announcement information.

Please visit <http://www.odh.ohio.gov/alerts/food/foodRecall.aspx> for up-to-date food recall announcements.



Please welcome Jane Ellen McGovern, R.D., L.D., to the Area Agency on Aging. Mrs. McGovern is the agency's Nutritional Consultation. She will be working closely with our Home Delivered Meal Providers.

AAA7 "Great Leapin' Green!" Campaign

We're rolling-up our sleeves and digging in to join America's initiative to save the environment. Not a particularly new idea – but one that will jump-start our AAA7 "Great Leapin' Green!" Campaign.

With the next edition, our agency newsletter will be distributed in electronic format. So you don't miss an issue, you will find an enclosed form to submit your email address. Please follow the instructions on the form.

To make this an even more cost-saving and environmentally-friendly move, please include all email addresses within your organization/agency of staff who rely on AAA7 news. You will not have to print copies!

Grrrrrrr...Green – Help Us Leap to It!

ROUTE

Owner/CEO _____
Administrator _____
DON _____
Staff Development _____
Nurse Manager _____
Scheduler _____
Business manager _____
Other _____

Any agency changes must be reported to the PAA Quality Assurance department. This includes administrative staff, contact person for referrals, supervisory RN, agency location or mailing address, phone or fax numbers, as well as ownership changes. Written notification should be sent to Debbie Radekin, QA Dept., F-32 URG, P. O. Box 500, Rio Grande, Ohio 45674.

Seniors or caregivers who would like information about long term care options should be referred to The Area Agency on Aging District 7, Inc. at 1-800-582-7277.

The Area Agency on Aging District 7, Inc. serves Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto, and Vinton Counties.

"Services Provided on a Non-Discriminatory Basis"

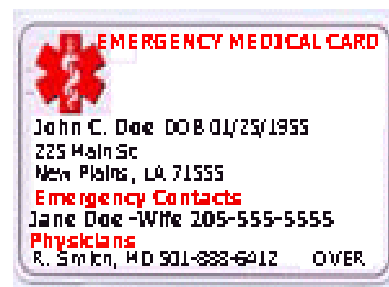
Dates to Remember

March 12 and March 30, 2009	Dental Clinic–Pike County Senior Citizens Center, Contact: 740-947-5555
April 2 & 3, 2009	DRIVE and DRIVE Refresher <u>Train the Trainer</u> Courses Location: Portsmouth, AAA7 Paula Taliaferro, taliafer@earthlink.net or 1-800-589-7277
April 14, 2009	Sensitivity to Aging, AAA7, Debbie Crawford, 1-800-582-7277 or dcrawford@aaa7.org
April 16 and April 27, 2009	Dental Clinic – Ross County Senior Citizens Center, Contact: 740-773-3544
April 20 & 21, 2009	DRIVE and DRIVE Refresher <u>Train the Trainer</u> Courses Location: Columbus, Central Ohio AAA Paula Taliaferro, taliafer@earthlink.net or 1-800-589-7277
April 28, 2009	DRIVE, AAA7, Debbie Crawford, 1-800-582-7277 or dcrawford@aaa7.org
October 13, 2009	Sensitivity to Aging, AAA7, Debbie Crawford, 1-800-582-7277 or dcrawford@aaa7.org
October 27, 2009	DRIVE, AAA7, Debbie Crawford, 1-800-582-7277 or dcrawford@aaa7.org

FREE Emergency Medical ID Wallet Card

In an emergency situation, you may not be able to speak and give vital information to help alert others concerning your health. Medical providers must sometimes treat accident victims without having any basic medical information about the individual or any way to contact someone who could provide crucial information.

Create a free emergency medical identification card online in a few minutes at www.medids.com.



alzheimer's association

the compassion to care, the leadership to conquer

Greater Cincinnati Chapter
Southeastern Ohio Branch
Adams, Brown, Gallia, Highland, Jackson, Lawrence, Scioto & Vinton Counties
www.alz.org/cincinnati

Family Care Consultation

- Do you want to know more about Alzheimer's disease or a related dementia?
- Do you need help planning for care and preparing for the future?
- Are you wondering about available community services?
- Would you like to meet with a health care professional to discuss your particular situation or caregiving issues?

How to find out more...

Call the Alzheimer's Association to arrange a meeting for your family at our office or another community location.

(937) 442-2200 or (740) 710-1821

Southeastern Ohio Branch Office

Or you may call the main Cincinnati Office at (513) 721-4284 or the nationwide 24 hour number at 1-800-272-3900.

Alzheimer's disease and other dementing illnesses can be prolonged, requiring ongoing education and support throughout the course of the disease process. Talking about concerns can help family members/caregivers meet the challenges of giving care today, while planning for changes tomorrow.

A **Family Care Consultation**, facilitated by a nurse or social worker, assists families in coping with all aspects of the caregiving experience by providing education, support and referral to services. This program is available to families at all phases in the disease process, from a new diagnosis into the later stages. If you would like to discuss your particular situation, please call the number above to schedule a meeting.

There is no charge for a Family Care Consultation, but contributions are welcomed and greatly appreciated.

Various programs and services of the Alzheimer's Association are funded in part by the Ohio Department of Aging through the Council on Aging of Southwestern Ohio and the Area Agency on Aging District 7, Inc. All services are provided without regard to race, age, color, religion, sex, disability, national origin, or ancestry.
FamilyCareConsult.doc 12/08

HOME SAFETY COUNCIL

A safe home is in your hands.

Letter From the President

Dear Friends,

The Home Safety Council is the only nonprofit organization solely dedicated to helping prevent more than 20 million medical visits each year from unintentional injuries in the home. Founded in 1993, our first decade of service has defined the quiet crisis of unintentional home injury, identified a need for more home safety education and established a solid foundation for rapid progress.

As our organization continues to grow, we often find that even small behavior changes, such as regularly testing smoke alarms or always locking household chemicals away, can greatly improve your safety – an understanding that our research also supports. The Home Safety Council’s primary goal is to arm those who can make these simple, affordable changes such as parents, guardians and other caregivers, with the right information and motivate them to take action.



Our work centers on the fundamental notion of helping to keep your family safe in and around your home. This principal carries through every aspect of our organization. As the Home Safety Council’s Great Safety Adventure travels across the country to educate children about the importance of home safety; while our home injury research continues to define the most important areas of concern; as we advocate legislation that helps keep American homes safe – it is all with a shared understanding that with the right information and safety resources, positive change can happen.

Keeping families safe is a collective effort, and we are fortunate to have a talented and very dedicated staff as well as a solid network of partners, sponsors, community experts and volunteers who share our passion for this important cause. It is through these ongoing partnerships that we can continue to reach more communities every year. With the generous ongoing support of our founding sponsor Lowe’s Home Improvement Warehouse and all of our partners, our ability to educate and empower families to take actions that will help keep them safer in and around their homes continues to grow.

The Home Safety Council stands by our belief that a safe home is in your hands – and it is our daily commitment to provide the best resources that will help you learn more and take actions that will keep your loved ones safe. I appreciate and welcome the opportunity to share our resources with you as we work together to safeguard homes and families across the country.

Sincerely,

Meri-K Appy
President
Home Safety Council



WHEN IS THE LOWEST COST PRESCRIPTION DRUG PLAN NOT THE LOWEST COST PRESCRIPTION DRUG PLAN?

The Annual Enrollment Period (AEP) for Part C and Part D plans, which began on November 15, is the time of the year when all Medicare beneficiaries may change how they receive their prescription drug and other Medicare coverage. This year the Centers for Medicare & Medicaid Services (CMS) is urging all beneficiaries to review their coverage because of the changes made by drug plans to their premiums and benefit packages. CMS encourages beneficiaries to use its Medicare Plan Finder on the Medicare website, www.medicare.gov, to help find the most comprehensive and economical coverage for them.

According to the Kaiser Family Foundation, the admonition by CMS to review current coverage is worth heeding. More than nine in ten beneficiaries enrolled in prescription drug plans will see their premiums increase in 2009. About half of prescription drug plan enrollees who have not changed plans will have experienced a fifty percent increase in their drug plan premium since Part D began in 2006.[1] Kaiser also points out that, despite the change in plan costs each year, the majority of beneficiaries remain in the same plan rather than change during the AEP.

Yet some beneficiaries who use the Medicare Plan Finder to choose the lowest cost plan, as CMS suggests, may be in for a surprise when they fill their prescriptions in January. The initial screen from the Plan Finder does not provide detailed information about new pricing schemes that increase the cost of certain brand name drugs substantially. As a result, unwary beneficiaries may find themselves paying significantly more for their brand name prescriptions than they were led to believe by the Plan Finder. What appears to be the lowest cost plan may, in fact, be more costly than other plans that do not use the same pricing mechanism.

This Weekly Alert will discuss the new pricing mechanism and the difficulties with the Medicare Plan Finder.

Pricing of Prescription Drugs

Most prescription drug plans use a multi-tiered cost-sharing structure to encourage use of certain drugs on their formularies. Generic drugs are generally placed on the lowest tier with the lowest cost-sharing amount to encourage their use. Brand name drugs are placed on higher tiers with higher cost sharing amounts.

In July 2008 CMS issued new guidance that allows drug plans to use “reference-based pricing” for certain formulary drugs, generally brand name drugs with a generic equivalent.[2] Under a reference-based pricing system, the beneficiary pays the tiered cost sharing amount plus an *additional* amount that supplements the cost-sharing. The additional amount, sometimes referred to as a “product selection penalty,” is calculated as the difference between the full price of the brand name drug and the full price of its generic equivalent. Advocates report that at least three national Part D plan sponsors, HealthNet, SilverScript, and Sterling, use reference based pricing in their formularies.

The penalty can literally add hundreds of dollars to the co-pay stated in the Plan Finder. The following examples are based on information on the Plan Finder for plans in Connecticut:

Plan:	Silverscript Value
Drug:	Cardizem (high blood pressure drug)
Tier:	3
Co-pay:	\$98 (per Plan Finder)
Full cost:	\$109.61 (Cardizem)
Full cost:	\$17.57 (Diltiazem, generic equivalent)

Actual cost for \$98 drug = (\$98) + (109.61 minus \$17.57) = \$190.04

(cont.)

Plan: HealthNet Orange 1
Drug: Arava (disease-modifying rheumatoid arthritis drug)
Tier: 2
Co-pay: \$44 (per Plan Finder)
Full cost: \$530.23 (Arava)
Full cost: \$33.06 (Leflunomide, generic equivalent)

Actual cost for \$44 drug = (\$44) + \$530.23 minus 33.06 = \$541.17[3]

Note that two of the plans, HealthNet Orange and Sterling Rx, also require prior authorization before the plan will pay for Arava.

Finding the Actual Drug Cost

The Plan Finder does not make information about reference-based pricing readily available. The cost of the penalty is not even considered in the Plan Finder's designation of lowest cost plans, and the initial screen does not mention the possibility of a penalty. Beneficiaries and their helpers who do not go beyond the initial screen, therefore, will not know that the cost of their prescription is more than the Plan Finder indicates. They may choose what appears to be the lowest cost plan without knowing that a penalty may be added to the co-payment for their drugs.[4]

Beneficiaries who dig deeper on the Plan Finder still will not get sufficient information to assess the true cost of their drugs. Those who go to the Plan Compare screen may discover that their drug bears a footnote, "Footnote 8". Footnote 8 says, "This drug may be subject to supplemental cost-sharing in addition to the price displayed. Please contact the plan for details." This cryptic language provides clues but does not effectively convey the magnitude in the cost differential.

Plan sponsors that use reference-based pricing must ensure that plan enrollees are made aware of the drugs which are subject to the additional cost-sharing.[5] Yet even beneficiaries who contact their plans still may not know how much their drug will cost. Plan web sites do not include the actual charge for the drug after the penalty is attached. Because drug costs vary by pharmacy, the plans claim that the actual charge cannot be ascertained until the claim is processed. Advocates who have contacted plans to learn about the penalty report that some customer service representatives are unaware that a penalty exists or cannot describe how it works.

What Can an Advocate Do?

Medicare beneficiaries, their advocates and other helpers cannot be assured that the information provided to them on the Plan Finder is accurate. They need to drill as deeply as possible into the Plan Finder tool to ascertain whether reference-based pricing and other utilization management tools apply to their prescriptions. They need to check the plan web site and contact the plan customer service line to ascertain how the pricing might work. Even then, they cannot be assured that the plan they believe to be the lowest cost drug plan for them will, in fact, provide the most coverage at the lowest cost.

Advocates question the legality of the reference-based pricing system. At a minimum, the Plan Finder tool, plan web sites, and plan materials fail to provide beneficiaries with sufficient information to help them make an informed and accurate choice about their prescription drug coverage.

Congressman Pete Stark (D. California), chairman of the Health Subcommittee of the House Committee on Ways & Means, sent Acting CMS Administrator Kerry Weems a letter detailing problems with the Medicare Plan Finder, including the issue of reference-based pricing. Whether CMS will take any action in response to the letter or in response to complaints by advocates remains to be seen.

For more information, contact attorney Vicki Gottlich (vgottlich @ medicareadvocacy.org) in the Center for Medicare Advocacy's Washington, DC office at (202) 293-5760.

[1] Medicare Part D Plan Spotlight: Premiums; <http://www.kff.org/medicare/upload/7835.pdf>.

[2] See PDP Manual, Ch. 5 at 20.4 (revised July 3, 2008), available at http://www.cms.hhs.gov/manuals/downloads/Pub100_18.pdf.

[3] Plans have informed advocates that beneficiaries will not be charged more than the full cost of the prescription for drugs that are subject to the penalty.

[4] They also will not know that their prescriptions may be subject to prior authorization or other utilization management requirements.

[5] Medicare Prescription Drug Manual, *Ibid*.

New Direction of the Eldercare Locator Sandra Reynolds, Manager, Eldercare Locator

After more than 15 years of connecting older adults and their family caregivers to aging resources throughout the U.S., the Eldercare Locator is moving in a new direction that will provide quicker, more streamlined access to your local resources. I am excited to share the details of this new opportunity with you and I hope you will **share this with your Information and Referral/Assistance staff**. Please see below for an overview of how the system currently works as well as the new direction. Attached are FAQs for more information.

How does the Eldercare Locator work now?

Currently, Information Specialists at the Eldercare Locator Call Center answer calls from people nationwide who are seeking local senior resources. Callers are asked a series of questions to help identify their needs and then are provided with local agency contact information, available from the Eldercare Locator database (www.eldercare.gov). After hanging up, callers then call the local contact information and again describe their needs.

What's the New Direction?

The Eldercare Locator is moving to streamline access for callers so they do not have to make a separate call to the local resource, and to simplify the process so that callers will not have to restate their needs at the local level. A call routing system is being implemented in which callers will identify the geographical area where they are seeking resources, and then will be connected directly to the appropriate agency.

It will be very important to have the most current and direct contact information at the local level for this call routing system to be successful. Next week, you will be receiving information on how to update your information.

When this new call routing system is implemented, current and future callers nationwide will be able to receive even faster access to accurate aging information from your agency and your local providers. **For FAQs about the new call routing system, please see the attached.** For further information or questions, please don't hesitate to call me at 202-872-0888, ext. 8891.

National Association of Area Agencies on Aging (n4a) 1730 Rhode Island Avenue, NWSuite 1200 Washington, DC 20036 Phone: (202) 872-0888 Fax: (202) 872-0057



On February 17, 2009 all full-power broadcast television stations in the United States will stop broadcasting on analog airwaves and begin broadcasting only in digital. Digital broadcasting will allow stations to offer improved picture and sound quality and additional channels. **Find out more about whether or not you will be impacted by the digital TV (DTV) transition.**

