



# Senior Tidings

Crawford County Council on Aging, Inc.

September 2008

Crawford County  
Council on Aging, Inc.  
200 S. Spring St.  
Bucyrus, Ohio 44820

419/562-3050 or  
1-800-589-7853

**Hours:**  
8:30 a.m.-5:00 p.m.  
Monday-Friday

**E-mail:** [coa@rroho.com](mailto:coa@rroho.com)

**Website:**  
[crawfordcountyaging.com](http://crawfordcountyaging.com)

## Topics of Interest

- Wide Waists-Risk of Health, pg. 2
- Vaccine Booster?, pg. 2-3
- E-Prescribing, pg. 3
- Avoid Marketing Fraud, pg. 4-5
- Medicare Helps Hospital Stay Safer, pg. 5-6
- Marci's Medicare Answers, pg. 6-8
- BBB Senior Alert, pg. 8
- 2009 Standard Part D Benefit, pg. 9
- Memory & Aging, presented by Alzheimer's Association, pg. 9

## Council on Aging...notes

### Congregate meals served in New Washington

A hot meal, catered by the Council on Aging staff, will be available **every Tuesday**, located at the New Washington Golden Gems Center, 117 West Mansfield Street, New Washington. Individuals must be age 60 or older to attend. Meals will be served at 12:00 p.m. Reservations are required. Please call 419-562-3050 or 1-800-589-7853.

We are very excited about the number of individuals who attended the congregate meals during the month of August. The interest in the meals is still being evaluated, so we are hopeful the reservations will continue to increase, so please spread the word.

### Bratwurst Festival Float Won Best of Parade



The Council on Aging staff won "Best of Parade" for the float they entered in the Bratwurst Festival parade. The theme "Yesterday...Today...& Tomorrow" depicted home delivered meals being served in three different eras.

A big "Thank You" goes out to our staff for putting so much time and effort into making the float. The float will also be entered in the Crestline Harvest Festival, Saturday, September 20th, 2008. If you happen to be at the festival, be sure and look for us in the parade.

*Want to see a picture of our float?* Refer to page 10, located just before our menu/calendar.

## Health & Nutrition....



### Online Care Helps Control Blood Pressure

Patients with high blood pressure, or hypertension, could better control their condition when they interacted twice a month with an online pharmacist. The new research suggest that Web-based tools may help peo-

ple take a more active role in their own medical care.

Doctors and many patients know that better blood pressure control can reduce the risk of heart disease, stroke and kidney disease. But only about 1 in 3 patients with hypertension keep their blood pressure read-

ings below target levels.

NIH-funded researchers tested whether web-based tools might help patients control their hypertension. The team looked at over 700 patients, ages 27-75, whose blood pressure stayed high even though they received medications.

The patients were randomly assigned to 3 different groups. One received standard medical care. Another received a home blood pressure monitor and instructions for using a health Web site. The third group received the same as the other 2, plus private Web interactions with a clinical pharmacist every 2 weeks. The pharmacist could adjust the patients' medications and doses.

After 1 year of treatment, more than half of the patients interacting with the online pharmacist achieved their target blood pressure readings. By comparison, about one-third of those in the other 2 groups reached that level of blood pressure control.

The scientists say that regular communications with a medical expert and fine-tuning of medications seemed to be key to the success of the online pharmacist. Web-based care might be especially helpful to patients who have difficulty traveling for clinic visits.

The researchers now plan to explore whether the strategy might prove helpful for treating other long-term diseases.

Source: National Institute of Health and Human Services, [newsinhealth.nih.gov](http://newsinhealth.nih.gov), August 2008.



### Wide Waists Boost Risk of Death

If you carry excess weight, you're more likely to have health problems. But even if your weight is in the normal range, your risk of death is still higher if your waist is wide, according to a new study.

Excess belly fat has been tied to medical troubles before, but it hadn't been entirely clear if extra weight, rather than waist size, was the main cul-

prit.

To take a closer look, NIH researchers studied a large group of people. They looked at weight, height and waist measurements from almost 155,000 men and over 90,000 women who were 51-72 years old at the beginning of the study.

During the 9-year study, the scientists found that people with the largest waist measurements had a significantly greater risk of dying than those with smaller waists. This was true whether or not the people were smokers or had a long-term illness, and regardless of their ethnic or racial group.

The researchers were also able to tease apart the effects of weight vs. waist size. When they looked at people who had normal weights for their heights, those with large waist measurements—40 inches or more for men; 35 inches or more for women—had about a 20% greater risk of dying than those whose waists were in the normal-size range.

"People not only should look at their weight but also consider their waist," said lead researcher Dr. Annemarie Koster of NIH's National Institute on Aging. If you have a large waist, health experts recommend that you talk to your doctor about losing weight and increasing your physical activity.

Source: National Institute of Health and Human Services, [newsinhealth.nih.gov](http://newsinhealth.nih.gov), August 2008.

### Should Adults Consider Vaccine Boosters?



Have you or your parents considered getting vaccine boosters? It could be a life-saving conversation. Immunity from childhood vaccines may not last a lifetime and there are also new adult vaccines to talk about with your primary care physician. According to Nancy Snyderman, TODAY Chief Medical Editor, here are some boosters to consider: Diphtheria, Tetanus and Pertussis (DTP), Measles, Mumps, and Rubella, (MMR) In-

fluenza, Pneumococcal, and Chicken Pox. Newer vaccines are now available for Human Papillomavirus (HPV) and Shingles. The Centers for Disease Control recommends that all people over 60 get immunized for Herpes Zoster, even if they have had the Chicken Pox or Shingles before.

Source: TODAY, (2008), retrieved from [http://www/msnbc.msn.com/24763360/](http://www.msnbc.msn.com/24763360/)

## E-Prescribing....



### Doctors to Receive Incentives for E-Prescribing

Incentives for doctors to use electronic prescribing that were included in the recently passed Medicare bill could reduce medication errors and save Medicare almost \$2.1 billion over 10 years, according to the Congressional Budget Office.

The Medicare Improvements for Patients and Provider Act (MIPPA) provides financial incentives to doctors who adopt electronic prescribing technology beginning in 2009. In 2009 and 2010, doctors who use electronic prescribing will receive a 2 percent bonus payment for certain services. In 2011 and 2012 that bonus decreases to 1 percent and to 0.5 percent in 2013. Doctors who do not adopt electronic prescribing may face penalties, such as payment reductions, beginning in 2012. For doctors who are unable to use electronic prescribing, such as rural providers who may not have sufficient internet access, the U.S. Department of Health and Human Services (HHS) may create a hardship exception.

Estimates by the Institute of Medicine indicate that about 7,000 people die each year because of medication errors. These errors can result from illegible handwriting, drug to drug interactions, or drug allergies. Supporters of electronic prescribing believe that these problems can be avoided with electronic prescribing. Electronic prescribing will eliminate problems with illegible handwriting and may provide warning to the doctor or pharmacist

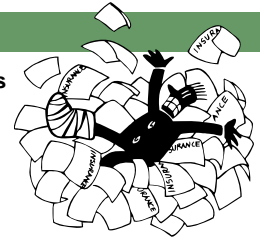
about potential drug interactions or allergies. In addition, use of electronic prescribing may lead to lower drug costs for patients by alerting doctors to available generics for the drug the doctor would like to prescribe.

Even with these potential benefits, there are concerns about the use of electronic prescribing. Privacy advocates are concerned about the use and security of patient information. According to a recent article in the Washington Post, prescribing data is being used by health insurers to assess the health of prospective enrollees. Patients are effectively forced to authorize a release of such data if they want to receive insurance. Privacy advocates do not want patient data sold to third parties for commercial purposes.

The MIPPA does not include any privacy protections, but calls on the Government Accountability Office to issue a report by September 2012 addressing the extent to which the privacy and security of personal health information of people with Medicare is protected when the prescription drug information is used for purposes other than health care, such as commercial uses.

Currently, both the U.S. House of Representatives and the Senate are considering bills that would address privacy concerns when using electronic prescribing and electronic health records. Congressman John Dingell, Democrat of Michigan, and Congressman Joe Barton, Republican of Texas, have introduced the *Pro(Tech)T Act of 2008* (HR 6357) and Senator Edward Kennedy, Democrat of Massachusetts, and Senator Mike Enzi, Republican of Wyoming, have introduced the *Wired for Health Care Quality Act* (S.1693).

Source: *Medicare Watch*, Medicare Rights Center, Vol. 11, No. 16: August 5, 2008.



## Avoid Marketing Fraud....Know the Rules

### Marketing of Medicare Private Health & Drug Plans

People with Medicare can receive their health care benefits in one of three ways: (1) Original Medicare (the traditional fee-for-service coverage from the federal government); (2) Original Medicare with supplemental insurance (such as a Medigap or retiree plan); or (3) a Medicare private health plan, also known as a “Medicare Advantage” plan. Prescription drug coverage (Part D) is available either through stand-alone drug plans (PDPs) that work with Original Medicare (and a few private health plans), or as part of Medicare private health plan benefits packages.

The companies that sell Medicare private health and drug plans must follow certain rules when promoting their products. The guidelines are meant to prevent plans from deceiving you, through marketing materials or through someone representing the plan, about what the plan offers and how much it costs. That is called marketing fraud.

Plans can market their plan through direct mail and radio, television and print advertisement. Agents can even visit your home, but only if you have invited them. However, Medicare private plans must follow certain rules. By knowing what is and is not allowed, you can protect yourself from falling victim to marketing fraud.



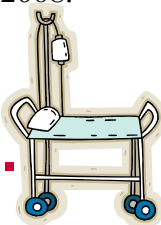
- **Plans cannot enroll you over the telephone if they called you.** If you would like to enroll, you should call the plan back yourself;
- **Plans cannot ask for your financial or personal information if they call you.** Beware if you are asked for your Social Security or Medicare number or your bank information;
- **Plans cannot request payment over the telephone;**
- **Plans cannot visit you in your home or nursing home room without an invitation.** You can ask the plan to send someone to your house, *but they cannot just knock on your door uninvited*;
- **Plans cannot provide gifts or prizes worth more than \$15 to encourage you to enroll.** (Gifts or prizes that are worth more than \$15 must be made available to the general public, not just to people with Medicare);
- **Plans cannot disregard the National Do-Not-Call Registry and “do not call again” requests.** Plans must comply with federal and state consumer protection laws for telemarketing. You can register online for the National Do-Not-Call Registry or by calling from the number you wish to register.
- **Plans cannot send you unsolicited e-mails.** You must have specifically requested information in order for a plan to e-mail you;
- **Plans cannot compare their plan to another plan by name** in advertising materials.
- **Plans cannot include the term “Medicare Endorsed” or suggest that it is a preferred Medicare drug plan.** Plans can use “Medicare” in their names as long as it follows the plan name (for example, the Acme Medicare Plan) and the usage does not suggest Medicare endorses that particular plan above any other Medicare plan;
- **Plans cannot use information that they have obtained from you to market non-health-related products** and services without your written consent. Plans cannot use information about you (such as your name and address) that they got by providing you Medicare services to try to sell you other products, like auto insurance.

To learn more about Medicare private health and

drug plans, and how you can protect yourself from marketing fraud, log on to Medicare Interactive Counselor at [www.medicareinteractive.org](http://www.medicareinteractive.org). Medicare Interactive Counselor is a resource provided by the Medicare Rights Center, the largest independent source of health care information and assistance in the United States for people with Medicare.

Source: *Medicare Interactive*, September 2008.

## Medicare Helps Hospital Stay Safer...



### Medicare Takes New Steps to Help Make Your Hospital Stay Safer

When you enter the hospital for treatment of one medical problem, you don't expect to leave with additional injuries, infections, or other serious conditions that occur during the course of your stay. Although some of these complications may not be avoidable, too often patients suffer from injuries or illnesses that could have been prevented if the hospital had taken proper precautions.

#### Hospital-Acquired Conditions

**What they are?** Medicare has selected conditions that are reasonably preventable by following evidence-based guidelines and that are either costly or common. These conditions include:

- Foreign object (such as a sponge or needle) inadvertently left in patients after surgery.
- Air embolism—an air bubble that enters the blood stream and can obstruct the flow of blood to the brain and vital organs.
- Transfusion with the wrong type of blood.
- Severe pressure ulcers—deterioration of the skin. Due to the patient staying in one position too long, that has progressed to the point that tissue under the skin is affected (Stage III), or that has become so deep that there is damage to the mus-

cle and bone, and sometimes tendons and joints (Stage IV).

- Falls and trauma: Fractures, joint dislocation, head injury, crushing injury, burn, electric shock.
- Catheter-associated urinary tract infection (UTI).
- Vascular catheter-associated infection.
- Manifestations of poor control of blood sugar levels.
- Surgical site infection following coronary artery bypass graft (CABG).
- Surgical site infection following certain orthopedic procedures.
- Surgical site infection following bariatric surgery for obesity.
- Deep vein thrombosis (a blood clot in a major vein) and pulmonary embolism (blockage in the lungs) following certain orthopedic procedures.

**What Medicare is doing:** Since October 1, 2007, hospitals have been required to report on their Medicare claims if any of the first eight selected conditions were present at the time the patient was admitted to the hospital, and beginning October 1, 2008, will have to report on the remaining conditions as well. If at discharge, there is a selected condition that was either not identified by the hospital as present on admission, or could not be identified based on data and clinical judgment at admission, it is considered hospital-acquired. To encourage hospitals to avoid hospital-acquired conditions, beginning October 1, 2008, Medicare will no longer pay hospitals at a higher rate for the increased costs of care that result when a patient is harmed by one of the listed conditions if it was hospital-acquired. Medicare prohibits the hospital from billing the beneficiary for the difference between the lower and higher payment rates.

Medicare will pay for physician and other covered items or services that are needed to treat the hos-

pital-acquired condition, including the costs of post-acute care that would not have been needed for the patient's initial medical problem, but are needed because of the hospital-acquired condition.

### Medical errors that should never happen (“Never Events”)

**What they are:** There are some events that should never happen in a hospital. When they do occur, they can cause serious injury or death to the patient. The National Quality Forum (NQF) has defined these as *Serious Reportable Adverse Events*, commonly referred to as “**never events**.” These events are also likely to be very costly both for the beneficiary and the Medicare program. Some examples of “*never events*” include:

- Surgery on a wrong body part.
- Surgery on a wrong patient.
- Wrong surgery on a patient.

**What Medicare is doing:** In most cases Medicare pays only for items or services that are reasonable and necessary for the treatment of the patient's condition, or certain preventive services required by the Medicare law. For the three wrong surgeries listed as examples above, Medicare is opening a *National Coverage Decision* process to look at how to ensure that patients get necessary care, but that the Medicare program would not pay the doctor and the hospital for an erroneous surgery.

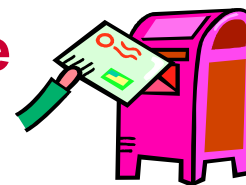
**What does this mean for me?** The most important impact for you, and those who care for you when you are ill or incapacitated, is that you should receive higher quality care during your hospital stay. With these Medicare payment rules, hospitals have additional incentives to make more thorough assessments of your condition at admission, to have systems in place to prevent adverse events from occurring during your stay, and to prevent you from undergoing surgery that you do not need and that may result in permanent injury. To the extent that these policies succeed in reducing the frequency of hospital-acquired conditions and

wrong site surgeries, you, as both a patient and a taxpayer, should pay less, while getting better outcomes.

**How can I find out more about quality?** The quality of the care you get in the hospital is important to your health. Hospitals should follow accepted standards of practice to prevent hospital acquired-conditions and “Never Events.” If you have concerns about the quality of care you received while in the hospital, call the *Quality Improvement Organization* in your state. Call 1-800-MEDICARE(1-800-633-4227) to get the telephone number. TTY users should call 1-877-486-2048.

Source: *Centers for Medicare & Medicaid Services*, www.cms.hhs.gov, August 4, 2008.

## Marci's Medicare Answers....



Dear Marci,



My father's asthma has been getting worse over the years. After trying several asthma drugs, he finally found a name-brand pill that works consistently to prevent and control his condition. Although the drug is on his Medicare drug plan's (Part D) formulary, the plan is refusing to cover it. Why is the plan denying coverage? What can my dad do?

—Lucy (South Omaha, KS)

Dear Lucy,

You or your father should call the plan and ask. But it may be that your father's plan has placed a coverage restriction on the medication. Even if a drug is on the list of covered drugs (formulary), the plan may require that you get official permission (“prior authorization”) or try a cheaper medication—generally a generic—before it will cover a more expensive one (step therapy”).

While your father can simply meet the coverage rules, it often makes more sense to make a formal request (ask for an “exception”) to the plan to override coverage restrictions. This will ensure that your father will not have to take any extra steps to get his medication for the rest of the year.

To request an exception, your father will need his doctor’s help and support.

—Marci

To learn more about how to ask for an exception, contact the Council on Aging for more information.

Dear Marci,



**My father lives alone in a big two-story house. Last month, he took a bad fall down the stairs. He dislocated his shoulder, but was otherwise unhurt. Since we live hours away and he will not agree to move to a smaller place, my sister and I are worried about leaving him all alone. We are considering hiring a home health aide who could check in on him on a daily basis and help him get around the house. Would Medicare help pay for this?**

—James (Highlands, ME)

Dear James,

Given your father’s needs, No. Medicare covers home health aide services in two situations: if you qualify for Medicare’s home health care benefit and need skilled care, or if you are terminally ill and qualify for Medicare’s hospice benefit.

Your father clearly does not qualify for hospice care and he does not seem to qualify for the home health benefit. Medicare would only pay for home care if he were homebound and in need of physical, speech or occupational therapy services, or skilled nursing on an intermittent, part-time or short-term basis. Thus, Medicare will not cover a home health aide for him. However, there are several

programs that can help provide home care, such as PACE (the Program of All-Inclusive Care for the Elderly) or Medicaid.

—Marci

To learn more about when Medicare does cover home care, contact the Council on Aging for more information.

Dear Marci,



**I have had diabetes for many years and will be eligible for Medicare in September. Does Medicare pay for my monitoring supplies?**

Dear Ed,

Yes, Medicare will cover certain diabetic supplies, such as glucose monitors and control solutions, lancets, and test strips. You can get these benefits even if you don’t use insulin. If you use an insulin pump, the insulin and the pump may be covered as durable medical equipment under Medicare Part B. Contact your Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for more information. To find the number of your local DME MAC, call 1-800-MEDICARE. If you inject your insulin with a needle (syringe), the Medicare drug benefit (Part D) covers the cost of insulin and the supplies necessary to inject the insulin. Including syringes, needles, alcohol swabs and gauze. Medicare will pay 80 percent of the Medicare-approved amount of all covered diabetes supplies and services, after you have paid the yearly Part B deductible. (If you are in a Medicare private health plan, HMO or PPO, you may have a copay for these services. Call your plan to find out what you will have to pay.)

—Marci

Dear Marci,



I applied for Extra Help paying for Medicare drug coverage ( Part D) and was denied. Is there anything I can do?

—Vincent

Dear Vincent,

If it is before you receive the final decision you get a notice from the Social Security Administration (SSA) saying you may be denied because your application is incomplete, you can correct your application. If you received a “Notice of Denial” from SSA saying that you **do not** qualify for Extra Help, and if you disagree with that decision, you can appeal. It is best not to reapply for Extra Help and appeal instead, because if you win, your Extra Help will be effective from the first day of the month that you originally submitted your application. To appeal you should request a review of your case (a hearing) within 60 days of receiving SSA’s decision. If you do not want a hearing, you can just ask for a “case review,” where an SSA agent will review your application and any additional information you send in.

—Marci

Source: *Marci’s Medicare Answers* is a service of the *Medicare Rights Center* ([www.medicarerights.org](http://www.medicarerights.org)), the nation’s largest independent source of information and assistance for people with Medicare. Articles submitted in the following order: September 2008, Vol. 7, Issue 35; August 2008; Vol. 7, Issue 34. To subscribe to “DearMarci,” MRC’s free educational e-newsletter, simply e-mail [dearmarci@medicarerights.org](mailto:dearmarci@medicarerights.org).

## BBB Senior Alert....



A call comes late at night waking the senior. There is a lot of static/fuzziness on the phone line, making it hard for the senior to hear the caller.

**Scammer:** “Grandma, it’s me.”

**Senior:** “Billy is that you?” (Oops, they now have the grandson’s name).

**Scammer:** “Yes, Grandma, it’s me, Billy. I got arrested for (whatever) and need \$300 to post bail. My friend Sean can be at your house in 10 minutes to pick up the cash.”

If you get a call like this, make the caller give his name. If they do give a grandchild’s name, get as much information as possible, including a call back number. Chances are the scammers will just hang up on you. Call the police station for verification.

Another variation:

**Scammer:** This is Officer Jones with the Highway Patrol. Your grandson has been in a terrible accident and we got your number from his wallet. He needs to be airlifted to the hospital immediately but his insurance doesn’t cover it. Can you wire \$1000 right away? Please hurry, he’s lost a lot of blood.

Try to remain calm. Again, get as much information as possible. Call your grandson’s home/parents or Highway Patrol to verify the story. **PLEASE NOTE:** Emergency medical assistance, including life flights are provided as quickly as possible. They are not withheld due to lack of insurance or an upfront payment.

Anytime you get a call about a family emergency and the caller asks for money, get needed information and verify the situation. **Be a Smart Senior**—don’t fall for these types of scams.

Source: *Better Business Bureau Foundation* serving NW OH and SE MI, Inc., Faye E Wenzlick, Director Smart Senior Program

## 2009 Standard Part D (Prescription) Benefit....

The 2009 Part D cost structure has been released. The 2009 part D plans **will not** be announced until the month of September. Medicare's website should be updated with the 2009 plans by mid-October.

### In 2009 a standard Part D plan will look like this:

- ⇒ Monthly premium (varies)
- ⇒ \$295 Annual Deductible
- ⇒ 25% of prescription costs \$295-\$2700
- ⇒ Gap in coverage: \$2700-\$6153.75
- ⇒ 5% of drug costs or \$2.40/\$6.00 co-payments after paying \$4350 out-of-pocket.

### LIS (Low Income Subsidy) Co-payments for 2009:

- ⇒ Up to or at 100% FPL (Federal Poverty Level)- \$1.10/\$3.20
- ⇒ Other LIS- \$2.40/\$6.00
- ⇒ Partial LIS Deductible/Cost-sharing- \$60/15%

Remember, you can join/switch a Medicare Drug Plan November 15th thru December 31st of every year. It's important to do a cost comparison of the Medicare Drug plan prices set for 2009. If you need assistance in determining which company may be best for you, you may contact the Council on Aging for a cost comparison.

More information regarding 2009 Medicare Drug Plans will be listed in the October edition of Senior Tidings.

## Memory & Aging....



The Alzheimer's Association will be presenting an educational program titled "**Memory and Aging: What's Normal, What's Not**".

The programs will be held at the **Council on Aging**, 200 S. Spring St., Bucyrus, on Thursday, October 9th, 10:30-11:15 a.m.

The following week, the same program will be held at the **Galion Golden Age Center**, 301 S. Market St., Galion, on Thursday, October 16th, 11:00-11:45 a.m.

If you are interested in eating lunch, please contact the Council on Aging at 419-562-3050 or 1-800-589-7853.

Remember, drop off your used cell phones at:

**Council on Aging**  
200 S. Spring St.  
Bucyrus, Ohio 44820



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