

MGH GENERATIONS 60+

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Medicare-approved drug discount cards

Driving down costs or just driving you crazy?

by Krystle Ficco

THE ONLY THING scarier than the exorbitant amount of money many seniors spend on medication each month is dealing with Medicare's new solution to that issue. If you feel like you have to be a rocket scientist to figure out what the new drug discount program from Medicare is all about, and what it means to you, you are not alone.

What is it?

Recently, Medicare contracted with private companies to offer voluntary enrollment in drug discount card programs to their beneficiaries. The drug discount cards are part of a temporary program that is being used until 2006 when the new Medicare Part D drug coverage plans go into effect.

The companies that provide the discount cards chose to apply to be part of the program, and they had to meet Medicare standards and customer service criteria to be accepted. The companies decide individually which drugs they will discount and the amount of the discount. Each company maintains a Drug Discount List with this information on it. Discounted drugs and the amount of discounts can be changed weekly.

The drug discount card program offered through Medicare and private companies has two components: a drug discount card, and a \$600 credit to offset some of the costs of prescriptions.

Since the discount cards became available, most people in Massachusetts who have enrolled in a card program are those who have qualified for the \$600 credit, as this group benefits most from the cards.

If you do not have health insurance that helps cover outpatient prescriptions, if you have health insurance that limits how much it will pay for drugs, or if you have high prescription costs and do not already receive any type of discount, you may also benefit from enrolling in a discount card, even if you are not eligible for the \$600 credit.

Eligibility & Enrollment

Any person enrolled in Medicare is eligible to enroll in a Medicare-approved drug discount card program, as long as you do not have drug coverage through Medicaid. Discounts on prescriptions with the card are approximately 10 to 20 percent off the retail price of the drug. Drugs that are already covered by Medicare, such as those for cancer treatment, will not have a discount applied to their costs.

A Medicare-approved drug discount card is not a form of insurance. It is not advisable to drop any current insurance and use a drug discount card in its place.

Things to Watch Out for When Choosing a Drug Discount Card

- There are many prescription discount cards on the market. Only those with the Medicare seal on them are Medicare-approved.
- Soliciting the cards by phone or door-to-door is illegal. Do not give any personal information to telemarketers or door-to-door salesmen.
- It is not advisable to cancel drug coverage through other insurance policies in order to enroll in a Medicare drug discount program. Compare

your options, but remember that co-payments with insurance are usually more cost effective in the long run.

You are eligible for the \$600 credit if:

- You are enrolled in Medicare Part A and/or Part B
- Your annual income is less than \$12,569 if you are single or \$16,862 (combined) if you are married
- You do not have prescription drug coverage through a health insurance plan (Except for Medigap or a Medicare + Choice plan.)

— Medicare-approved drug discount cards

(Continued from Page 1)

You can have other coverage through Medigap programs and still enroll in a discount card program, although doing so may not be cost-effective or necessary depending on your current coverage.

Each Medicare beneficiary can only be enrolled in one card at a time. Companies can charge a maximum of 30 dollars annually for enrollment. The cards vary greatly in annual enrollment cost, from being free to costing the full 30 dollars. Be sure any discounts you receive add up to more than the cost of the annual enrollment fee.

In conjunction with the drug discount card, the \$600 credit to help offset the cost of prescriptions is available to Medicare beneficiaries who meet certain financial criteria. Currently, if you are single with an annual income that is less than \$12,569, or if you are married with a combined annual income that is less than \$16,862, you would qualify for the credit. The credit is applied to the Medicare-approved discount card, which then acts as a debit card at the pharmacy to help pay for the cost of prescriptions. The annual enrollment fee is waived if you receive the credit.

With the \$600 credit, you pay a 5 to 10 percent co-payment for prescriptions depending on your income, and the rest is deducted from the credit on your discount card. When the credit runs out, you will have to pay the full price of the drug, based on the discount offered by your card. The pharmacist, or the statement you receive with your prescriptions, should tell you how much of the credit remains on your card.

Throughout 2004, the entire

\$600 will be applied to the discount card regardless of when you enroll. As long as you are still enrolled in your card from 2004 to use in 2005, you do not have to reapply for the credit for 2005. It will automatically be credited to your discount card.

If you apply for the credit for the first time in 2005, the amount of credit received will depend on when you apply. New income levels for eligibility for the credit may be introduced in 2005.

Tips

If you are considering enrolling in a Medicare-approved discount card program, know the prescriptions you are taking and review the drug discount lists from each card provider that you are interested in.

Comparing cards can be the most difficult and confusing part of the whole process. If you take many different medications, it is unlikely that any one card will offer discounts on every prescription you are taking.

Consider which card offers

the best prices overall on your prescriptions, which card offers a lower annual enrollment fee, and which card is eligible to be used at the pharmacy where you would like to fill your prescriptions.

Finally, if you are still unsure of whether the discount card is something that would benefit you, or if you need help choosing a discount card, contact SHINE (Serving the Health Information Needs of Elders in Massachusetts), the City of Boston Elderly Commission, Medicare, your pharmacy, or the provider of a Medicare-approved discount card you are interested in learning about. These resources can be very helpful, and their representatives are ready to help tackle this confusing issue.

Good luck as you make your choices, and while you are at the pharmacy be sure to pick-up some headache medicine, because you may need it after all of this. If you're lucky, your discount card may even cover it.

FOR MORE INFORMATION, CONTACT:

- ◆ SHINE (Serving the Health Information Needs of Elders in Massachusetts)
1-800-AGE INFO
(1-800-243-4636) or
www.medicareoutreach.org
- ◆ Medicare 1-800-MEDICARE
(1-800-633-4227) or
www.medicare.gov
- ◆ Your pharmacy
- ◆ The provider of the Medicare-approved discount card you are interested in
- ◆ The City of Boston Elderly Commission (617) 635-4366 or
www.cityofboston.gov/elderly

Active seniors in the Arts

By Krystle Ficco

FOR TWO MEMBERS of the arts community, what they do is not simply their job or their pastime. It is their passion.

Robert Brink, an internationally renowned violinist, conductor and teacher, and Dorothy Arnold, an accomplished artist, are truly dynamic “active seniors” with talents and aspirations that show no signs of decelerating any time soon.



Robert Brink

With a reminiscent look in his eyes, Robert commented, “I was 4 years old, and I remember walking up a hill to hear my father playing music on the veranda of our house. It was a hot summer day. He was playing the Violin Concerto by Mendelssohn. He was very good, and he was just playing and having a good time, and I felt the beauty of the music. I ran up to him and said in whatever language I had at that age and said, ‘I want one of those things’.”

After finally getting “one of those things”— a violin – at age 6, Robert fell in love with music and never had a doubt in his mind that it would be his life’s work. Ever since a teacher told him, at the age of 14, that he didn’t work hard enough to pursue a career in music he has practiced 6 hours a day. Even now it is typical for Robert to wake at 3 a.m., practice his music and make time for his other passion: running. He has run 2 miles a day since 1962.

Over the years, Robert Brink has toured the United States, Canada, Europe, and Iceland with many famous conductors and musicians. He has performed as a soloist, a chamber musician, and as concertmaster of orchestras. A brilliant businessman as well as musician, he has also founded several music management organizations. He is the creator of the Boston Classical Orchestra and was its concertmaster until 1995. More recently he is notable as the founder and conductor of the Orchestra for the Art of Music (OAM). The OAM is the only orchestra in Boston, (perhaps the country), that performs music solely from the Classical period. These concerts are held annually in Faneuil Hall. He is currently looking for people to join the Board of the OAM. Mr. Brink can be reached at 1-508-758-6085.

Now residing on Cape Cod, Robert Brink remains fiercely busy between teaching, studying scores, practicing, running, and sailing. His recipe for health and success for people of all ages is “Be happy, do what you love and take up running.”

Dorothy Arnold

Walking into Dorothy Arnold’s Cambridge art studio, it is immediately apparent that art is not something she does, it is something that is a fundamental part of her. Classical music floats in the background as Dorothy introduces her infinite collection of paintings and screens. A reflective and modest woman, she allows the works to speak for themselves instead of revealing what she intended them to be. Although a “word aficionado”, the titles for each piece of art are simple, telling, and distinct, with names such as “Pure Beauty”, “Slinky”, and “Don’t Tell a Soul”.

Like almost all of her friends, during world war two, instead of



attending college they worked in war related jobs. Dorothy worked at the underwater sound lab. After her 3 children were grown she received her formal art training at the Museum School in Boston in
(Continued on page 4)

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Research and Grants: What's Happening at MGH Senior Health

By K. Easton

THEYOND THEIR ROLES caring for patients, several clinicians at MGH Senior Health are pursuing research and other grant-sponsored programs. Their research aims to improve the quality of health care and the quality of life for all patients.

Barbara Roberge NP PH.D, is researching fatigue in elders with heart failure. She is investigating the prevalence of fatigue, its relationship to other symptoms (such as sleep disturbance and depression), and the impact of fatigue on quality of life. Her current focus is on a pilot study that will be used as background for an interventional study in the future.

Kathleen Cumming NP, is currently involved with two research projects studying the naturally occurring hormone called growth hormone releasing

hormone (GHRH). These studies are looking at GHRH and its possible effect of improving cardiac function, as well as bone and tissue strength, in the body.

The staff of MGH Senior HealthWISE – Barbara Moscovitz, Frank Bellistri, and Lindy Wilks – recently launched the Health Enhancement Program (HEP). HEP is a health promotion program that empowers people to take charge of their health through self-evaluation, coaching, mentoring, and group support. Patients choose which areas to concentrate on. This may include exercise, nutrition, socialization, smoking cessation, and many others. Currently, a limited number of older adults are taking part in the program as part of a research study. After the pilot is concluded the program will be available to all participants in the HealthWISE program.

— Active seniors

(Continued from page 3)

1975. Since then, her pieces have been displayed in exhibits around the world. Her travels and encounters along the way have influenced much of her art and she in turn has greatly influenced the art world. Recently, her work was presented in a Retrospective in Denmark, Russia, Sweden, Italy, and many cities in the United States.

Dorothy's art is also displayed in several public collections. In fact, if you have ever walked through the halls of the Massachusetts General Hospital, you have probably seen some of her pieces that adorn the walls.

Dorothy spends at least some of the day 7 days a week on art related subjects. Sometimes she works on her art, and sometimes she simply reflects on it. After sitting quietly for a few minutes, while looking around her studio, Dorothy commented, "I have realized that I don't have to paint all day every day. I am grateful for art now. It makes me happy."