

## Health & Retirement Services Of Illinois

April 2010 Newsletter

### OUR NEWS LETTER



# Surgeon General with Microsoft HealthVault Expands Consumer Benefits for the My Family Health Portrait Offering

February 24, 2010 | OPHS Press Office

The U.S. Surgeon General Regina M. Benjamin today announced a collaboration with Microsoft HealthVault that will provide new features and expand access to My Family Health Portrait, a free Internet-based resource. This resource enables consumers to easily record their family health history and integrate the information stored in their My Family Health Portrait profile into a personal HealthVault account. In addition, these users will also be able to share that information with a variety of health care providers and services that connect to HealthVault, enabling them to make more informed decisions around their current and future healthcare needs. In the coming months, My Family Health Portrait will expand its offering to other third-party health solutions.

My Family Health Portrait automatically assembles the information into a medically useful format, which can be shared with health care practitioners as well as other family members. A patient's family health history will enable health care providers to make personalized recommendations for his or her health care.

The Surgeon General's Family Health History Initiative is a collaborative initiative supported by agencies of the U.S. Department of Health and Human Services (HHS). HealthVault is a personal health application platform that allows consumers to collect and store their health information online, in a record that can be shared with physicians, family members, pharmacists and a variety of third-party health services.

"This announcement is an important advancement in primary care and disease prevention by making family health history data available and accessible to consumers and practitioners," said Dr. Benjamin. "This new collaboration with HealthVault is part of a broader initiative and one of many third-party solutions that will expand the capability of My Family Health Portrait to help individuals make knowledgeable health decisions with their doctors."

"We share the Surgeon General's goal of empowering people to become active partners in their own health and have developed HealthVault with that end-goal in mind," said David Cerino, general manager, Microsoft Health Solutions Group. "Family history can play a pivotal role in an individual's current and future health care needs. By connecting My Family Health Portrait to HealthVault, consumers can build a complete profile of their personal health information and then work with their healthcare professionals and connected Web sites, applications and devices to make more informed decisions

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about their health and wellness.”

My Family Health Portrait allows users to assemble their family health information without retaining their personal information. Consumers using HealthVault decide what information is stored and shared. Privacy and security are top priorities for HHS and its arrangements with third-party health solutions, such as Microsoft HealthVault. Stringent security measures are required to ensure that the user's information is protected.

My Family Health Portrait is hosted by the Cancer Biomedical Informatics Grid (caBIG®) at the National Cancer Institute, National Institutes of Health (NIH). The upgrade of the portal was also supported by the National Human Genome Research Institute and the National Cancer Institute at National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), the Agency for Healthcare Research and Quality (AHRQ), The Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Indian Health Service (IHS). For access to My Family Health Portrait, visit <https://familyhistory.hhs.gov/>. For more information about The Surgeon General's Family Health History Initiative visit <http://www.hhs.gov/familyhistory/>.

#### **About Microsoft HealthVault:**

Microsoft HealthVault is a personal health application platform designed to put consumers in control of their health information. HealthVault provides a privacy- and security-enhanced foundation on which a broad ecosystem of providers can build innovative health and wellness solutions such as personal health records, disease management, fitness, weight loss and other Web applications. HealthVault can be used to collect and store health information that would otherwise reside in disparate systems and transfer the information between a variety of providers' health services and systems. It enables the reuse and free flow of interoperable and transportable personal health information. For more information, visit [www.HealthVault.com](http://www.HealthVault.com).

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## **The Advantages Of Living Wills And Living Trusts.**

**February 24th, 2010**

Planning for the future basically involves a number of benefits. For one, it prepares you and your family for the inevitable. Aside from that, it allows you to formulate your decisions level-headedly.

Then again, it is not unlikely for the task to become too emotionally charged at times, which makes it all the more fitting to get it done with a sound mind. But before you proceed with putting things in order ahead of time, it would certainly be a good idea to be familiar with the advantages of living wills and living trusts.

#### **Living Wills**

A living will contains instructions concerning your health care preferences in black and white. Your immediate family members, as well as your health care provider, will refer to these

directives if you're incapable of making or expressing your decisions about medical treatment. Anyone who has reached the legal age of 18 – or 19, in certain states – may draw up his or her

own living will, provided that he or she is also of sound mind.

The biggest advantage of making a living will is that it allows you to voice out your preferences on the subject of life support measures and other medical treatment options. Even though your family and friends may not hold the same philosophy about the matter, the creation of such a legal document gives you an opportunity to confer with them and explain your choices.

You also get the chance to justify how your morals and values influenced your decisions. This furnishes them with a better insight into what you would ultimately want to come about in such difficult situations.

Without a living will, your immediate family members could face the possibility of paying large hospital bills. Aside from that, your savings account could also be used up to the point of bankruptcy.

So, in a way, the creation of a living will makes it possible for you to safeguard your family from the additional burden of searching for financial resources to pay for your hospital confinement and medical treatment – provided that the chances of recovering from your condition are very slim.

On top of the financial encumbrance, living wills also take away the likelihood of disagreements when trying to reach a consensus about your medical treatment. So instead of fighting against each other to determine what's best for you, your family can concentrate more on accepting the inevitability of death.

### **Living Trusts**

A living trust is a legally binding arrangement that places all your assets in a trust. More often than not, the grantor or creator also serves as the trustee. Although, you may also appoint another person or institution to act as one in case you lose interest in the duty or become incapacitated to fulfill your obligations.

Speaking of its advantages, a living trust allows you to manage your properties for the purpose of generating profits for your beneficiaries. In addition, it makes it possible for you to conserve or look after your assets' growth.

Another obvious advantages of living trusts are the probability of reducing estate taxes and controlling the administration or use of the assets long after the grantor has departed from the world of the living. These legal documents also offer protection for the beneficiaries against creditors.

The advantages of living wills and living trusts are indeed numerous. So before its too late, safeguard yourself and your family from the harsh reality of the inevitable and from the fact that things could turn out real bad without proper planning.

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## **Hospitals/Healthcare Costs**

### **Study Determines Hospitals To Be Contributing Factor In Rising Healthcare Costs.**

Bloomberg News (2/26, Arnst, Wechsler) reports that a study recently published in the journal "Health Affairs" has determined that insurers may not be to solely to blame for rising healthcare costs. With hospital fees surging in California, "the systems led by the five University of California medical centers may be as responsible for cost inflation as insurers doing business in the state, the study said." Meanwhile, Massachusetts Attorney General Martha Coakley recently determined that rising healthcare costs in her state "were driven by hospital and physician group market dominance."

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## **Health Care Bill - Poll**

February 24, 2010

## CNN Poll: Health care provisions popular but overall bills unpopular

**Washington (CNN)** – Although the overall health care reform bills passed by the House of Representatives and the Senate are unpopular, many of the provisions in the existing bills are extremely popular, even among Republicans, according to a new national poll.

A CNN/Opinion Research Corporation survey released Wednesday also indicates that only a quarter of the public want Congress to stop all work on health care, with nearly three quarters saying lawmakers should pass some kind of reform.

**Full results [PDF]** : <http://i2.cdn.turner.com/cnn/2010/images/02/24/re14ha.pdf>

Twenty-five percent of people questioned in the poll say Congress should pass legislation similar to the bills passed by both chambers, with 48 percent saying lawmakers should work on an entirely new bill and a quarter saying Congress should stop all work on health care reform.

"Many provisions of those bills are popular, particularly restrictions on health insurance companies," says CNN Polling Director Keating Holland. "Roughly 6 in 10 would like a bill that prevents insurers from dropping people who become seriously ill or denying coverage to people with pre-existing conditions. Seven in 10 favor requiring large and mid-sized companies to provide health insurance to their employees. Those proposals are popular among Republicans as well as Independents and Democrats. A cap on medical malpractice awards – something on the GOP's wish list that is not in the current legislation – is also popular."

According to the survey, Americans are split on a public option, and they don't like the idea of requiring everyone in the U.S. to have health insurance. The poll's release comes one day before a critical televised health care summit hosted by President Obama that will include top Congressional Democrats and Republicans.

The survey indicates nearly half of all Democrats say Congress should pass legislation similar to the bills passed by both chambers, with nearly 4 in 10 Democrats saying Congress should start from scratch and just 1 in 10 saying lawmakers should stop all work on health care.

A majority of Republicans questioned, 54 percent, want Congress to start from scratch, with just under 4 in 10 saying lawmakers should halt work on health care reform and just 6 percent saying Congress should pass into law the current legislation.

Fifty-two percent of Independents want Congress to start work on a new bill, with 27 percent saying lawmakers should stop all work, and 18 percent saying that the current legislation should be passed into law.

The CNN/Opinion Research Corporation poll was conducted February 12-15, with 1,023 adult Americans questioned by telephone. The survey's sampling error is plus or minus 3 percentage points for the overall survey.

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## Regular Painkiller Use Increases Hearing Loss In Men

### **Poll: Most Americans think Congress should start over on healthcare**

Posted on: Monday, 1 March 2010

### **According to new study published in the American Journal of Medicine**

In a study published in the March 2010 issue of The American Journal of Medicine, researchers determined that regular use of aspirin, acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs) increases the risk of hearing loss in men, particularly in younger men, below age 60.

Hearing loss is the most common sensory disorder in the US, afflicting over 36 million people. Not only is hearing loss highly prevalent among the elderly, but approximately one third of those aged 40-49 years already suffer from hearing loss. Even mild hearing loss can compromise the ability to understand speech in the presence of background noise or multiple speakers, leading to social isolation, depression, and poorer quality of life.

Investigators from Harvard University, Brigham and Women's Hospital, Vanderbilt University and the

Massachusetts Eye and Ear Infirmary, Boston looked at factors other than age and noise that might influence the risk of hearing loss. Aspirin, acetaminophen, and ibuprofen are the 3 most commonly used drugs in the US. The ototoxic effects of aspirin are well known and the ototoxicity of NSAIDs has been suggested, but the relation between acetaminophen and hearing loss has not been examined previously. The relationship between these drugs and hearing loss is an important public health issue.

Study participants were drawn from the Health Professionals Follow-up Study, which tracked over 26,000 men every 2 years for 18 years. A questionnaire determined analgesic use, hearing loss and a variety of physiological, medical and demographic factors.

For aspirin, regular users under 50 and those aged 50-59 years were 33% more likely to have hearing loss than were nonregular users, but there was no association among men aged 60 years and older. For NSAIDs, regular users aged under 50 were 61% more likely, those aged 50-59 were 32% more likely, and those aged 60 and older were 16% more likely to develop hearing loss than nonregular users of NSAIDs. For acetaminophen, regular users aged under 50 were 99% more likely, regular users aged 50-59 were 38% more likely, and those aged 60 and older were 16% more likely to have hearing loss than nonregular users of acetaminophen.

Writing in the article, Sharon G. Curhan, MD, ScM, Channing Laboratory, Department of Medicine, Brigham and Women's Hospital, Boston, and colleagues state, "Regular use of analgesics, specifically aspirin, NSAIDs, and acetaminophen, might increase the risk of adult hearing loss, particularly in younger individuals. Given the high prevalence of regular analgesic use and health and social implications of hearing impairment, this represents an important public health issue."

The article is "Analgesic Use and the Risk of Hearing Loss in Men" by Sharon G. Curhan, MD, ScM, Roland Eavey, MD, Josef Shargorodsky, MD, Gary C. Curhan, MD, ScD. It appears in The American Journal of Medicine, Volume 123, Issue 3 (March 2010) published by Elsevier

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## Getting Old Is Expensive

By **CATHERINE RAMPELL**: March 2, 2010, 12:55 pm

The skyrocketing costs of health care aren't just bad for Medicare's solvency. They also spell trouble for the elderly themselves.

While much of the debate over controlling health care costs has focused on elderly "entitlements," in truth Medicare covers only a fraction of the cost of elderly Americans' health care.

A new study, from the Center for Retirement Research at Boston College, estimates that at age 65, the typical married couple should expect to spend \$197,000 on uninsured health care costs over the rest of their lives. This total includes insurance premiums, out-of-pocket costs and home health care costs, but it does not include nursing home care. Including the cost of nursing home care, typical lifetime health care costs shoot up to \$260,000.

Not everyone spends "just" \$197,000 though. According to this new study, about 5 percent of these households will spend more than \$311,000 on their uninsured health care costs, not including nursing home care. Including nursing home care, there is a 5 percent risk that cumulative health care costs increase to \$570,000.

"Even at the peak of the stock market in 2007, less than 15 percent of households approaching retirement had accumulated that much in total financial assets," the authors of the study write, "much less financial assets available for health care costs."

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## Boomer Out-of-Pocket Health Care Costs to Double by 2040.

The CBS (3/5, Fried) MoneyWatch blog reports, "The Retirement Policy program at the UI [Urban Institute] ran some computer models to see how healthcare costs not covered by Medicare might shake out circa 2040, assuming income growth, healthcare spending, and insurance coverage stay on the same pace as today." The researchers found that "in constant (inflation-adjusted) dollars...out-of-pocket costs will double from about \$3,300 a year today to \$7,800

per person in 2040, putting a greater burden on retiree incomes." Notably, "in the two lowest income quintiles, 70 percent of retirees will have out-of-pocket costs that exceed 20 percent of their income," and "among the two highest-income quintiles, the percentage spending more than one-fifth of their income on healthcare costs is estimated to rise from a combined seven percent today, to 31 percent in 2040." ([back to index](#))



## Seniors face higher Medicare costs

By PAMELA YIP / The Dallas Morning News: Saturday, March 6, 2010

Many senior citizens have been vocal about health care reform, and you can't blame them.

They're likely to become even more outspoken as monthly premiums rise on popular Medicare Advantage plans with drug benefits.

Seniors in those plans will pay an average of \$39.61 a month this year in premiums, up 14.2 percent from 2009, according to Avalere Health, a Washington health advisory firm.

In contrast, the average monthly premium for those plans rose by only 5.2 percent from 2008 to 2009.

Medicare Advantage plans, offered by private insurance companies, often cover services such as dental or vision care that go beyond those included in Medicare's traditional fee-for-service program, and the extra benefits have lured many people away from original Medicare.

"Premiums are going up, not just in the individual [insurance] markets, but also for Medicare Advantage products," said Lindsey Spindle, a vice president at Avalere. "They fit into a broader trend of increased financial pressure on the insured through rising co-pays and increased premiums."

She and other experts attribute the premium hikes to rising health care and drug costs and the need for insurance companies to maintain a profit.

The health insurance industry blames the increases on cuts in government payments to insurers that offer Medicare Advantage plans.

"This is an example of what happens when Medicare Advantage payments are cut," said Robert Zirkelbach, spokesman for America's Health Insurance Plans, which represents the health insurance industry. "Last year, Medicare Advantage payments were reduced, and that resulted in higher premiums for seniors."

Medicare pays a fixed amount every month to the companies offering Medicare Advantage plans. The government reduced its payment rates this year by about 4 percent per enrollee because of changes in federal laws passed in 2006 and 2008, according to the Centers for Medicare and Medicaid Services.

Now Congress is considering more than \$100 billion in additional cuts to Medicare Advantage that Zirkelbach said will result in even higher premiums and reduced benefits for more than 10 million seniors in the program.

That will be tough on seniors, Spindle said.

"It is such a difficult proposition to manage these kinds of year-over-year increases when they're on a fixed income," she said. "What it creates for a lot of seniors is less predictable out-of-pocket costs."

Those facing large premium increases in their Medicare Advantage bills have until March 31 to switch to a less expensive plan. However, there is a key restriction. If you have had prescription drug coverage on your plan, you cannot drop it. On the other hand, if you didn't have prescription drug coverage, you can't add it to your new plan.

Here are other things seniors should keep in mind as they shop for a Medicare Advantage plan:

### Consider all costs

Don't shop just for the lowest premium. "Premiums are just part of the story that goes into determining value to the beneficiary," said Art Pagan, Dallas branch chief for Medicare Advantage and Health Plans at





the Centers for Medicare and Medicaid Services.

Look at out-of-pocket costs, such as co-payments and deductibles.

"You may have higher premiums with one plan, but if they have a zero deductible and their co-payments are low for the drugs that you take, then that's a good value for you," Pagan said.

Fred Bruss has the opposite situation: His premium actually fell this year, but he now has to pay a \$500 out-of-network deductible for his primary care physician because he's no longer in Bruss' plan's network.

What's more, his co-payments for his primary care doctor and four specialists have also risen.

"A year ago, I didn't have some of this stress," said Bruss, a retired Dallas banker. "Everything is going up, and my income is static."

### **Know what's covered**

Check to see if the drugs you're taking are on the plan's formulary, the list of drugs covered by the plan.

Also, be sure that your doctor and hospitals accept the plan you're considering.

Conversely, make sure you know what's not covered by the plan.

"If you're in the hospital and you need skilled nursing care for rehabilitation, some of the Medicare Advantage plans will pay for the first five days and then you have to pay a lot of money out of pocket for each day after that," said Lue Taff, director of the Elder Support program at the Senior Source in Dallas. "Traditional Medicare pays for 20 days, so you have to look at what Medicare pays and what Medicare Advantage pays."

What's more, if you need physical therapy, "the Medicare Advantage plans are often limiting," she said.

### **Aid may be available**

If you qualify, the government's Extra Help program will help pay the premium and co-payments connected with your drug coverage in your Medicare Advantage plan.

Your resources must be limited to \$12,510 for an individual or \$25,010 for a married couple. Resources include such things as bank accounts, stocks and bonds. They don't include a house or car.

Also, your annual income must be limited to \$16,245 for individuals or \$21,855 for a married couple.

As the March 31 deadline for switching plans draws closer, seniors can cushion the blow of a premium increase by shopping aggressively for a Medicare Advantage plan that meets both their health and financial needs.

"There's no one-size-fits-all," said Pagan of the Centers for Medicare and Medicaid Services. "It really should be a customized fit for the individual, depending on their particular needs, the drugs that they're taking."

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## **Census Bureau Warns of Census Scams**

### **NEW ORLEANS**

The U.S. Census Bureau is warning about online scams in their name.

If you are contacted via e-mail about participating in the U.S. Census, you're asked to forward the e-mail to [ITSO.Fraud.Reporting@census.gov](mailto:ITSO.Fraud.Reporting@census.gov).

After you forward the email to us, delete the message. You will not receive a confirmation e-mail, however, the Census Bureau says they will investigate the information and notify you of its findings.

Here are some tips to help you recognize fraudulent activity or unofficial data collections:

If you are contacted for any of the following reasons Do Not Participate. It is NOT the U.S. Census Bureau:

Phishing: 'Phishing' is the criminally fraudulent process of attempting to acquire sensitive information such as usernames, passwords, social security numbers, bank account or credit card details by masquerading as a trustworthy entity in an electronic communication. Phishing is typically carried out by email and it often directs users to enter sensitive

electronic communication. Phishing is typically carried out by email and it often directs users to enter sensitive information at a fake web site whose look and feel are almost identical to the legitimate one.

The Census Bureau does NOT conduct the 2010 Census via the Internet

The Census Bureau does not send emails about participating in the 2010 Census

The Census Bureau never:

Asks for your full social security number

Asks for money or a donation

Sends requests on behalf of a political party

Requests PIN codes, passwords or similar access information for credit cards, banks or other financial accounts.

How to report scams and bogus Census web sites:

If you believe you have been contacted as part of bogus or fraudulent activity falsely representing the Census Bureau:

In Person Scam:

Check for a valid Census ID badge

Ask for a SECOND form of ID

Call your regional office to verify you are in a survey

E-mail Scams:

If you think it is a bogus email, do not reply or click on any links within the email.

Do not open any attachments. Attachments may contain code that could infect your computer

Forward the email or web site URL to the Census Bureau at [ITSO.Fraud.Reporting@census.gov](mailto:ITSO.Fraud.Reporting@census.gov).

After you forward the email to us, delete the message. You will not receive a confirmation email after forwarding the information to us. However, the Census Bureau will investigate the information and notify you of its findings.

Mail Scams: Contact the United States Postal Inspection Service

Is your survey legitimate? You may further verify if a collection activity is legitimate by calling your regional census office regarding mail surveys, and our National Processing Center for phone surveys. Other questions may be answered through our Are You In a Survey? page.

From the U. S. Census Bureau- Fraudulent Activity and Scams

The Census Bureau uses a workforce of trained federal employees to conduct a variety of household and business surveys by telephone, in-person interviews, through the mail, and in limited cases through the Internet. We understand your personal information is sensitive, and go to great lengths to protect the data we collect. Although we cannot stop or warn against all bogus or false collections of data.

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[www.healthcareil.com](http://www.healthcareil.com)

## With Medicaid Cuts, Doctors and Patients Drop Out

By KEVIN SACK: Published: March 15, 2010

**FLINT, Mich. — Carol Y. Vliet's cancer returned with a fury last summer, the tumors metastasizing to her brain, liver, kidneys and throat.**



Stephen McGee for The New York Times

Rebecca and Jeffrey Curtis searched for care for their son. In the process, they felt like "second-class citizens," Ms. Curtis said.





Stephen McGee for The New York Times

Carol Y. Vliet began chemotherapy to treat her cancer, but lost her doctor because he stopped seeing Medicaid patients.  
Readers' Comments

As she began a punishing regimen of chemotherapy and radiation, Mrs. Vliet found a measure of comfort in her monthly appointments with her primary care physician, Dr. Saed J. Sahouri, who had been monitoring her health for nearly two years.

She was devastated, therefore, when Dr. Sahouri informed her a few months later that he could no longer see her because, like a growing number of doctors, he had stopped taking patients with Medicaid.

Dr. Sahouri said that his reimbursements from Medicaid were so low — often no more than \$25 per office visit — that he was losing money every time a patient walked in his exam room.

The final insult, he said, came when Michigan cut those payments by 8 percent last year to help close a gaping budget shortfall.

“My office manager was telling me to do this for a long time, and I resisted,” Dr. Sahouri said. “But after a while you realize that we’re really losing money on seeing those patients, not even breaking even. We were starting to lose more and more money, month after month.”

It has not taken long for communities like Flint to feel the downstream effects of a nationwide torrent of state cuts to Medicaid, the government insurance program for the poor and disabled. With states squeezing payments to providers even as the economy fuels explosive growth in enrollment, patients are finding it increasingly difficult to locate doctors and dentists who will accept their coverage. Inevitably, many defer care or wind up in hospital emergency rooms, which are required to take anyone in an urgent condition.

Mrs. Vliet, 53, who lives just outside Flint, has yet to find a replacement for Dr. Sahouri. “When you build a relationship, you want to stay with that doctor,” she said recently, her face gaunt from disease, and her head wrapped in a floral bandanna. “You don’t want to go from doctor to doctor to doctor and have strangers looking at you that don’t have a clue who you are.”

The inadequacy of Medicaid payments is severe enough that it has become a rare point of agreement in the health care debate between President Obama and Congressional Republicans. In a letter to Congress after their February health care meeting, Mr. Obama wrote that rates might need to rise if Democrats achieved their goal of extending Medicaid eligibility to 15 million uninsured Americans.

In 2008, Medicaid reimbursements averaged only 72 percent of the rates paid by Medicare, which are themselves typically well below those of commercial insurers, according to the Urban Institute, a research group. At 63 percent, Michigan had the sixth-lowest rate in the country, even before the recent cuts.

In Flint, Dr. Nita M. Kulkarni, an obstetrician, receives \$29.42 from Medicaid for a visit that would bill \$69.63 from Blue Cross Blue Shield of Michigan. She receives \$842.16 from Medicaid for a Caesarean delivery, compared with \$1,393.31 from Blue Cross.

If she takes too many Medicaid patients, she said, she cannot afford overhead expenses like staff salaries, the office mortgage and malpractice insurance that will run \$42,800 this year. She also said she feared being sued by Medicaid patients because they might be at higher risk for problem pregnancies, because of underlying health problems.

As a result, she takes new Medicaid patients only if they are relatives or friends of existing patients. But her guilt is assuaged somewhat, she said, because her husband, who is also her office mate, Dr. Bobby B. Mukkamala, an ear, nose and throat specialist, is able to take Medicaid. She said he is able to do so because only a modest share of his patients have it.

The states and the federal government share the cost of Medicaid, which saw a record enrollment increase of 3.3 million people last year. The program now benefits 47 million people, primarily children, pregnant women, disabled adults and nursing home residents. It falls to the states to control spending by setting limits on eligibility, benefits and provider payments within broad federal guidelines.

Michigan, like many other states, did just that last year, packaging the 8 percent reimbursement cut with the elimination of dental, vision, podiatry, hearing and chiropractic services for adults.

When Randy C. Smith showed up recently at a Hamilton Community Health Network clinic near Flint, complaining of a throbbing molar, Dr. Miriam L. Parker had to inform him that Medicaid no longer covered the root canal and crown he needed.

A landscaper who has been without work for 15 months, Mr. Smith, 46, said he could not afford the \$2,000 cost. “I guess I’ll just take Tylenol or Motrin,” he said before leaving.

This year, Gov. Jennifer M. Granholm, a Democrat, has revived a proposal to impose a 2 percent tax on physicians

This year, Gov. Jennifer M. Granholm, a Democrat, has revived a proposal to impose a 3 percent tax on physician revenues. Without the tax, she has warned, the state may have to reduce payments to health care providers by 11 percent.

In Flint, the birthplace of General Motors, the collapse of automobile manufacturing has melded with the recession to drive unemployment to a staggering 27 percent. About one in four non-elderly residents of Genesee County are uninsured, and one in five depends on Medicaid. The county's Medicaid rolls have grown by 37 percent since 2001, and the program now pays for half of all childbirths.

But surveys show the share of doctors accepting new Medicaid patients is declining. Waits for an appointment at the city's federally subsidized health clinic, where most patients have Medicaid, have lengthened to four months from six weeks in 2008. Parents like Rebecca and Jeffrey Curtis, who had brought their 2-year-old son, Brian, to the clinic, say they have struggled to find a pediatrician.

"I called four or five doctors and asked if they accepted our Medicaid plan," said Ms. Curtis, a 21-year-old waitress. "It would always be, 'No, I'm sorry.' It kind of makes us feel like second-class citizens."

As physicians limit their Medicaid practices, emergency rooms are seeing more patients who do not need acute care.

At Genesys Regional Medical Center, one of three area hospitals, Medicaid volume is up 14 percent over last year. At Hurley Medical Center, the city's safety net hospital, Dr. Michael Jaggi detects the difference when advising emergency room patients to seek follow-up treatment.

"We get met with the blank stare of 'Where do I go from here?'" said Dr. Jaggi, the chief of emergency medicine.

New doctors, with their mountains of medical school debt, are fleeing the state because of payment cuts and proposed taxes. Dr. Kiet A. Doan, a surgeon in Flint, said that of 72 residents he had trained at local hospitals only two had stayed in the area, and both are natives.

Access to care can be even more challenging in remote parts of the state. The MidMichigan Medical Center in Clare, about 90 miles northwest of Flint, closed its obstetrics unit last year because Medicaid reimbursements covered only 65 percent of actual costs. Two other hospitals in the region might follow suit, potentially leaving 16 contiguous counties without obstetrics.

Medicaid enrollees in Michigan's midsection have grown accustomed to long journeys for care. This month, Shannon M. Brown of Winn skipped work to drive her 8-year-old son more than two hours for a five-minute consultation with Dr. Mukkamala. Her pediatrician could not find a specialist any closer who would take Medicaid, she said.

Later this month, she will take the predawn drive again so Dr. Mukkamala can remove her son's tonsils and adenoids. "He's going to have to sit in the car for three hours after his surgery," Mrs. Brown said. "I'm not looking forward to that one."

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[www.healthcareil.com](http://www.healthcareil.com)

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## Medicare Patients Having An Easier Time Finding Doctors Than Privately Insured Seniors.

The Seattle Times /Marketwatch (3/17, Gerencher) reports, "Every year or so, Medicare patients and the doctors who treat them go through a ritual of guessing whether physicians' Medicare payments will be cut, possibly reducing access to seniors' care. This year is no different, but at 21.2 percent, this potential doctor-payment cut is the largest ever, raising the stakes." Nora Super, director of federal government relations for AARP, said, "It's certainly an unstable position for Medicare beneficiaries, and we have been urging Congress to find a solution to this." So far, "Medicare patients have an easier time finding doctors than their privately insured counterparts who are age 50 to 64, according to the new annual report from the Medicare Payment Advisory Commission. ... But many doctors are considering or already closing their practices to new Medicare patients."

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## President Obama Puts Health Care Back On The

## Table

### **Health Care Reform Is A Real Possibility.**

President Obama has delayed his scheduled trip to Asia next week to rally his new health care proposal. He has made some compromises to make one last push for the health care bill. Listed below is what to expect from his new proposal. Although he has put all his political capital into health care reform, there is no guarantee it will pass. Please scroll down to get information on how this new proposal may effect you.

### **The New Health Care Proposal From President Obama.**

- It makes insurance more affordable by providing the largest middle class tax cut for health care in history, reducing premium costs for tens of millions of families and small business owners who are priced out of coverage today. This helps over 31 million Americans afford health care who do not get it today – and makes coverage more affordable for many more.
- It sets up a new competitive health insurance market giving tens of millions of Americans the exact same insurance choices that members of Congress will have.
- It brings greater accountability to health care by laying out commonsense rules of the road to keep premiums down and prevent insurance industry abuses and denial of care.
- It will end discrimination against Americans with pre-existing conditions.

It puts our budget and economy on a more stable path by reducing the deficit by \$100 billion over the next ten years – and about \$1 trillion over the second decade – by cutting government overspending and reining in waste, fraud and abuse.

### **Q: Will my benefits be cut?**

**A:** No.

- Your guaranteed Medicare benefits will not be cut.

In addition, you will have benefits you don't have today: Preventive services like cancer screenings at no cost, and a substantial reduction in prescription drug prices if you fall into that gap in coverage known as the "donut hole". Over time the bill closes this coverage gap completely. And the Medicare Trust Fund will be extended for more than 9 years, making sure that the Medicare program will be there for seniors now and in years to come.

### **Q: I Have Insurance Through My Work; Will My Plan Change?**

According to the independent and non-partisan Congressional Budget Office, people who get coverage through their employer today will likely see lower premiums.

Reform will lower premiums by reducing administrative costs, increasing competition between insurance companies and creating a larger pool of insured Americans.

And remember, the cost of doing nothing is high. In ten years, health care spending for each employee at an average big company will be \$28,530.

### **Q: Will I pay more than I am paying today?**

A: No.

- You will likely pay less---perhaps much less. If you buy coverage like you have today on your own, premiums are expected to drop by 14 to 20 percent. If you get coverage through your job, premiums could decline by up to 3 percent.

In addition, many Americans buying coverage in the individual market will qualify for tax credits that reduce their premiums by an average of nearly 60 percent – and they will get better coverage than what they have today

### **Q: I Own A Small Business: Will I Be Required To Offer Insurance To My Employees?**

- The President’s proposal does not require that small businesses provide coverage to their employees. Instead, the President’s proposal provides tens of billions of dollars in new tax-credits to small businesses to make it easier for them to provide coverage if they choose to do so.
- Today, small businesses pay up to 18 percent more than large firms for the same health insurance policy. The independent and non-partisan Congressional Budget Office found that with health insurance reform, premiums for small businesses will go down.

In addition, you will be protected from sudden, arbitrary rate hikes because a worker get sick; because insurance companies will no longer be permitted to base the cost of coverage on health status.

Read more about **Health Care Reform** in here:

[http://www.healthcareil.com/pdf/ANALYSIS\\_OF\\_HRB\\_RECONCIL.pdf](http://www.healthcareil.com/pdf/ANALYSIS_OF_HRB_RECONCIL.pdf)

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