You have a Blue Medicare Case Manager ready to help

Wondering if a regular call from a Blue Medicare RN Case Manager would benefit you?

Well, it might if you:
+ Are taking a lot of medications
+ Need to know more about your health conditions
+ Have a new diagnosis
+ Are having difficulty making healthier choices
+ Have heard about community resources but don’t know where to start
+ Feel you’re going to the doctor or the emergency room too often

If any of these circumstances apply to you, a Blue Medicare Registered Nurse (RN) Case Manager is ready to listen and help.

To speak with a Blue Medicare Case Manager about your health concerns, please call 1-877-672-7647, Monday – Friday, 8 a.m. – 5 p.m. EST.

New Medicare Advantage explanation of Benefits Coming Your Way

Blue Cross and Blue Shield of North Carolina has begun mailing Medicare Advantage members a monthly Explanation of Benefits listing all claims processed during the preceding month. We are including educational materials to help you understand your report and are pleased to provide you with this information!

May is National Osteoporosis Month

Osteoporosis is a disease in which the bones become weak and more likely to break. According to the National Osteoporosis Foundation, an estimated 9 million Americans have osteoporosis and about eight million are women. Osteoporosis is often called the “silent disease” because bone loss can occur without symptoms. Unfortunately, many women learn they have osteoporosis only after fracturing a wrist, hip or spine – although any bone can be affected by the condition.

But keep in mind that osteoporosis can be prevented, diagnosed and treated before any fracture occurs. In fact, even after a first fracture has occurred, there are effective treatments to reduce the risk of further breaks.

Keeping your bones healthy is a lifelong process. Here are some things you can do to promote bone health:
+ Get plenty of calcium and vitamin D every day – both are key to healthy bones
+ Eat plenty of fruits and vegetables to help strengthen your bones and improve your health
+ Quit smoking. Tobacco products are bad for your bones and your overall health
+ Get yearly vision and hearing checks to help improve mobility and reduce the risk of falls
+ Exercise. Regular weight bearing exercises, like walking, stair climbing and dancing, and muscle-strengthening exercises are good for your bones, improve strength and balance, and help reduce the risk of falls and fractures

Make an appointment to talk with your doctor about your bone health and the risk of osteoporosis. Your doctor may want you to take a simple bone mineral density test to look for loss of bone and may also prescribe medication to treat or prevent osteoporosis.

For additional information on all you can do to keep your bones strong and healthy, visit the National Osteoporosis Foundation website: nof.org.
Protect yourself against colorectal cancer

According to the Center for Disease Control and Prevention (CDC), among cancers that affect both men and women, colorectal cancer is the second leading cancer cause of death in the United States. Colorectal cancer is cancer that starts in the colon or the rectum. Depending on where the cancer begins, it can also be referred to as colon cancer or rectum cancer.

Take steps toward prevention

- Know your family history of cancer and personal risk factors (such as smoking, obesity, and poor diet)
- Eat a diet high in vegetables, fruits and whole grains
- Get more exercise
- Maintain a healthy weight
- Monitor your other health conditions
- For members 50 and over, colonoscopies should be done by a health care professional every 10 years. (Your doctor may recommend more frequent colonoscopies if you are at a higher risk for developing colorectal cancer.)

Always speak with your doctor before starting a diet or exercise plan

Colorectal cancer risk factor

The exact causes of colorectal cancer are not yet known, therefore everyone 50 and older should get screened. However, there are some people who are at an increased risk and should be screened more often than others. This includes people who:

- Eat a diet high in red meats and processed meats
- Are overweight or obese
- Smoke
- Have Type 2 diabetes

recommended screenings

For members 50 and over, the following are covered by your insurance plan:

- Colonoscopy every 10 years (but not within 48 months of a screening sigmoidoscopy)
- Flexible sigmoidoscopy (or a screening barium enema as an alternative) every 48 months
- Fecal occult blood test, every 12 months

For members at high risk of colorectal cancer (talk to your doctor to find out if you are at high risk), your insurance plan covers a screening colonoscopy (or screening barium enema as an alternative) every 24 months.

Are you taking your medications as prescribed?

Did you know that one in four seniors do not take their medications as prescribed? We all know that taking medication as prescribed can sometimes be challenging especially when we’re busy. There are a number of reasons why people don’t take their medications as prescribed, including forgetfulness, side effects, costs and the feeling that a medicine is simply not making a difference.

Most people think they only need to take medications when they are sick. However, when you have a chronic condition such as high blood pressure or cholesterol – for which you usually take medications for the rest of your life – it is sometimes hard to remember to take your medicine every day since you don’t have any outward or visible symptoms of illness. Taking medications as your doctor prescribes will improve your health and may prevent future problems.

Below are some barriers that may prevent you from taking your medications as prescribed, along with tips that can help you overcome them.

1. Forgetting to take your medicines

- Set daily routines to take medication. Take medication right after eating breakfast, or right before going to bed.
- Use a clock or cell phone alarm, calendar or notes to remind you to take your medicines at the right time each day.
- Use daily dosing containers, such as a seven-day pillbox.
- Use technology to help you remember. For example, download reminder applications (apps) on your computer or smartphone.
- Ask family and friends to remind you to take your medication regularly.

2. Having trouble paying for medicines

Getting a 90-day supply of your prescriptions at a retail or mail order pharmacy can save you time and money. If you take long-term medications, ask your doctor to prescribe a 90-day supply of each of your medications, so you don’t have to get refills as often.

You can also ask your doctor if your medications are available as generics (non-brand name), which may mean a lower cost for you.

3. Taking medications on a schedule is difficult

Ask your doctor if:

- You can replace a medicine that you’re taking three times a day with one you take once or twice a day
- You still need to continue taking the medication(s)
- Any of your medications are available in a single-pill combination

Your doctor and pharmacist can give you specific information about all your medications. Make sure you understand how to take your medications safely, and always talk with your doctor before changing when and how you take your medication.
High Blood Pressure 101

Blood pressure is the force of blood pushing against blood vessel walls. It’s written as two numbers — 112/78, for example. The first number is the systolic number and represents the pressure when your heart beats. The second is the diastolic number, the pressure when the heart rests between beats.

Normal blood pressure is below 120/80. High blood pressure, also called hypertension, is defined as 140/90 or greater over time. While high blood pressure can’t be cured, it can be managed.

Nearly 1 in 3 people over the age of 20 have high blood pressure, but because there are no symptoms, it often goes untreated. Left untreated, high blood pressure can greatly increase the risk of heart attack, stroke, heart failure and kidney failure.

Who is at higher risk?
+ People with a family history of high blood pressure
+ African Americans
+ Overweight people
+ People who are not physically active
+ People who consume too much salt
+ People who drink too much alcohol
+ People with diabetes, gout or kidney disease

What can you do about it?
+ Lose weight if you’re overweight
+ Eat a healthy diet, one low in saturated fat, cholesterol, salt and added sugars
+ Limit alcohol consumption (no more than one drink per day for women, two drinks per day for men)
+ Be more physically active – aim for 150 minutes of moderate-intensity aerobic exercise each week
+ Know what your blood pressure should be and check it regularly
+ If you have been prescribed a medicine, take it exactly as directed by your health care provider

Medications

Blood pressure medications are among the most commonly prescribed drugs. By helping to keep your blood pressure within normal levels, they can help you stay healthy. Remember: People with above normal blood pressure are more likely to be sent to the hospital, have strokes or heart attacks, and have other health problems.

Do you qualify for the Medication Therapy Management Program?

The Medication Therapy Management Program (MTMP) helps members with multiple health conditions identify any problems with their medications. To make sure members are using the right medications to improve their health, this program offers eligible members a private one-on-one medication appointment also known as a Comprehensive Medication Review (CMR) with a pharmacist or nurse at no additional cost. Participation in this program is always voluntary, and does not affect your drug coverage.

Who is eligible?
As a Blue Medicare HMO or Blue Medicare PPO member with prescription drug benefits or Blue Medicare Rx member, you are automatically enrolled in the MTM Program if you meet the following three requirements:

1. You have three or more of the conditions listed below:
   + Asthma
   + Chronic Obstructive Pulmonary Disease (COPD)
   + Depression
   + Diabetes
   + Heart failure
   + High blood pressure
   + High cholesterol
   + Osteoarthritis
   + Osteoporosis
2. Take six or more prescriptions, AND
3. Will spend more than $3017 on medications in 2014

What is a Comprehensive Medication Review?

This annual appointment or Comprehensive Medication Review (CMR) is part of your Medicare benefit. It’s your opportunity to speak privately with a pharmacist or nurse trained in MTM to discuss your medicines and answer any questions you may have about them. It’s like having a wellness check-up for your medications, one that can help you better understand your medications, their use and their benefit.

These appointments are conducted over the telephone and in most cases last from 25 to 45 minutes. Prior to your phone appointment, just gather all your medicines including prescription, non-prescription and sample medications, so you can discuss them with the pharmacist or nurse. During the call, the pharmacist or nurse will talk to you about how to recognize possible side effects and how to get the most from your medications, at the lowest cost.

Following a CMR, you’ll receive a summary of your discussion, a Medication Action Plan, and a Personal Medication List, which is an updated list of your current medications (prescription and non-prescription or over-the-counter medicines). When you visit your doctor, you can bring this information with you so that you can discuss any potential issues together.

For More Information
You may be eligible for a CMR in 2014, so check your mailbox for your invitation to participate in the Medication Therapy Management Program. If you have questions about our MTM Program or want to know if you qualify, please call the Customer Services number on the back of your member ID card or the number on your MTM invitation letter.

Here’s how the MTM Program helped one member identify drug therapy problems

A member spoke with one of the MTMP pharmacists during a CMR in early 2013. The member, who had a pulmonary lung condition, was taking an antibiotic to prevent bladder infections. This medication is considered high-risk for patients over the age of 65 and has been associated with serious side effects involving the lungs.

During this year’s CMR, the member mentioned that, because of last year’s recommendation, he now takes a different antibiotic. As a result, the member reports that his lung function tests have improved and he no longer needs to take any medication for his lung condition.
Rheumatoid arthritis (RA) is an autoimmune disease which attacks and causes the joints in the body to become inflamed. This inflammation can not only cause serious damage to joints, but also to organs, like the heart.

Approximately 1.5 million people in the United States have RA. It affects women almost three times more often than men, and most often between ages 30 and 60.

What are the symptoms of RA? The symptoms vary from person to person but most commonly are:
+ Joint pain and fatigue
+ Swollen and reddish-colored joints
+ Long periods of joint stiffness, especially in the morning
+ Inflammation in the hands, feet and wrists and later, elbows, shoulders, hips and knees
+ Loss of appetite
+ Weight loss
+ Low-grade fever
+ Anemia

Is there a cure for RA? No, there is no cure but there are medications that can help treat and ease symptoms of RA. These medications help reduce inflammation and slow the progression of RA.

A rheumatologist – a doctor who specializes in arthritis – should monitor the condition on a regular basis through exams and blood tests. The goal of treatment with medications is remission – to eliminate inflammation or reduce it to a very low level.

What else can be done to manage RA?
+ Stay physically active to help keep joints flexible and healthy
+ Keep your weight at a healthy level
+ Eat a nutritious diet
+ Maintain a good balance of rest and activity each day


Rheumatoid Arthritis: What to look for, what to do

Special Investigations unit - you can help!

A doctor attending a conference overhears a colleague saying that he bills for higher-level services than those he actually performs in order to increase revenues - what should he do?

A member witnesses another member lend a sick friend (who has no insurance) her insurance card so she can go to the ER - what should she do?

A person applying for coverage with BCBSNC is told by her insurance agent to “not worry” about disclosing that she has diabetes on her application for coverage - what should she do?

The answers to these and similar questions just got easier: Contact the Blue Cross and Blue Shield of North Carolina Special Investigations Unit (SIU) online, by phone or, soon, via our Facebook page. The BCBSNC SIU is tasked with the prevention and appropriate investigation of all fraud, waste and abuse (FWA) that impact the company and members like you.

The SIU recovers millions of dollars each year on fraudulent claims submitted by a very small percentage of unscrupulous providers. The SIU has several tools available in this effort including various internal database systems designed to identify out-of-the-ordinary billing patterns associated with these providers.

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