

Cornerstone News

National Corner

Services

March 2005



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Peace of mind for your healthcare needs.

Note from the President



Back to the beginning...

Introducing Lauran Niemi

By David S. Espinosa
President, NCHS

At National Cornerstone Healthcare Services, only one employee has been with us since the beginning: Lauran Niemi. Lauran was our first employee, and over the past four years has built the Reimbursement Department from the ground up. In this issue we're pleased to introduce Lauran to our readers.

Born in Banning, CA, Lauran was reared in Orange County, CA, before moving back to Banning to attend high school. She later attended Skadron College in San Bernardino, CA, before setting out on a career involving hemophilia.

Lauran joined a home care company in 1986, handling various aspects of billing and collections. She worked there for 10 years, then went on to work for another home care company in a similar capacity for about a year.

"I had decided I wanted to spend more time being a mom, perhaps working at home," Lauran said. "That's when David approached me about starting up a Reimbursement Department."

Lauran actually worked with me at both home care companies. I was familiar with her work ethic and capabilities and was excited to bring her on board what at that time was a fledgling company.

"We were the only two people here," Lauran said. "We didn't have any patients, then we got one and were on our way. It was really a fun challenge, and it's been an honor to be able to implement some of my own thoughts and ideas."

As reimbursement supervisor, Lauran works closely with various payers and customers. She focuses on getting claims paid and also assists with securing contracts with insurance companies.

"I enjoy working with the hemophilia community," she said. "It's very rewarding, although the job can be challenging. I don't have a lot of patient contact, but it's a nice feeling knowing I've helped patients indirectly and that they can come to me with any problems relating to their insurance—anything."

In her spare time Lauran enjoys interior decorating, music, reading and spending time with her 10-year-old son, Jordan.

Certainly, Lauran knows NCHS almost as well as I do. She joined us at the beginning, is largely responsible for the success of her department, and is a trusted and valued employee. We're happy to introduce Lauran on the pages of this newsletter.

Sincerely,

David S. Espinosa

Current News

The Arms of a mother

By Bonnie Culver
Western Cornerstone Hemophilia Services

So many signs and so few answers—there comes a point when enough is enough.

My son, Stone, was born on Nov. 13, 1999. He was happy and healthy—I believed that then and I still believe that now. As he was my first and only child there was so much I did not know. Looking back, would I change things? Sure I would have, but wouldn't any good parent?

Stone had bleeding problems before he was released from the hospital. First, both his hands and feet were bruised and swollen from blood draws. This was sign number one. The second sign involved his circumcision. Not only had his discharge from the hospital been delayed, but he continued to bleed for two weeks.

I had taken Stone to two different doctors, since I felt his symptoms were unusual. However, both physicians seemed to feel he simply had a blood clot at the tip that kept breaking off, reopening the wound.

From that point on Stone continued to have severe bruises. He presented at every well-baby check with a bruise of some sort. Under his arm, his elbows and his knees there was always something. I feared the pediatrician would question me and report me for child abuse. However, the pediatrician recognized Stone as being a very happy and healthy baby and had no concerns of neglect or abuse—a huge relief for me.

Eventually, I was asked whether there were any bleedings disorders in my family. I was confused but gave assurances there were not. This continued at every well-baby check until Stone was 6 ½ months old.

Finally, enough was enough. I pushed the doctor into finding out why Stone continued to have such severe bruises on a regular basis. He agreed and sent us out for a lab test. Afterward, Stone and I did a little shopping, as I knew we wouldn't get any results for seven to 10 days. I was wrong—upon returning home there was a panicked message on my answering machine. The doctor himself was calling. He suggested I be very careful with Stone and not let him get hurt or injured. He believed at that point that Stone had hemophilia and promised to call me as soon as I had a confirmed appointment with the hematologist.

Once Stone had been officially diagnosed with hemophilia Type A severe, things made more sense but continued to get harder. He was getting older, learning to walk and becoming much more active as a toddler. From diagnosis to 16 months we visited the hemophilia treatment center and emergency room approximately 20 times. Then, at 16 months, Stone developed an inhibitor. Since then he has undergone placement of a Broviac tube, a PICC line and a Port-A-Cath. He has spent many nights in the hospital suffering with serious blood infections resulting from his tube. Each and every surgery comes with its own hemophilia complications. So far, Stone has had five surgeries.

I still believe that Stone is a happy and healthy child. Now, at age 4 ½, he is more active than ever. He is very intelligent and could tell or show anyone how to do his meds. It has become a way of life for us.

I have been blessed to have a child with hemophilia. It truly has changed our lives—all for the better, I believe.

A couple of final comments: I was genetically tested and found not to be a hemophilia carrier. There is no history of bleeding disorders in my family. Our medical staff is trained to believe that hemophilia is a hereditary disorder, overlooking the fact that 1/3 of all cases have no family history. Had Stone's pediatrician gone with his gut feeling in the beginning, Stone would have been diagnosed at one month of age. Today, I tell people that hemophilia is hereditary...and it first started with Stone.

Cornerstone Kids

Cookies –and –Milk Bars

By Lauran Niemi

8 chocolate graham crackers (or 10 reduced fat chocolate sandwich cookies), broken into chunks
 1 cup low-fat granola
 1/3 cup white chocolate chips
 1/2 cup walnut or pecan pieces, coarsely chopped
 1/2 cup fat-free or low-fat sweetened condensed milk

Heat oven to 350°.

Coat an 8-by 8-inch baking pan with cooking spray.

In a medium-sized bowl, combine the graham crackers, granola, white chocolate chips, and walnuts or pecans and mix well. Drizzle the condensed milk over the top and stir until well blended.

Using a piece of waxed paper, press the mixture firmly into the prepared pan. Bake for 20-25 min. or until just golden and set. Cool and cut into 10 snack bars.

Mexican Pizza

Prep time: approx. 17 min. Cook time: approx. 30 min.
 Makes 4 pizzas

1 (16 oz.) can refried beans
 8 Tbsp. Sour cream
 1lb. ground beef or ground turkey
 2 Roma tomatoes, chopped
 1 package taco seasoning mix
 2 green onions, chopped
 1 Tbsp. Vegetable oil
 1-4 oz. can diced green chilies, drained
 4-6 in. corn tortillas
 1/2 avocado, diced
 8 oz. shredded Cheddar cheese
 1 Tbsp. Black olives, sliced

Heat refried beans in a large skillet, brown the ground beef or turkey.

Stir in the seasoning mix.

Pre-heat oven to 350°.

Place a small amount of vegetable oil in a large skillet. Let the oil heat, then place one corn tortilla in the skillet.

After 15 seconds, flip the tortilla over and let it fry another 15 seconds. Repeat this process with the remaining tortillas, letting them drain on a paper towel once they have been heated.

When the tortillas have drained, arrange them on a cookie sheet.

Spread a thin layer of beans on the tortilla, followed by a layer of meat, and then cheese.

Bake the tortillas in the oven for 20 to 30 minutes.

Slice the tortillas into wedges and arrange them on a serving platter and garnish them with the sour cream, tomatoes, green onions, chiles, avocado, and olives.

White Chili

By Lauran Niemi

Prep time: 20 min. Cook time: 30 min.
 Makes 4 servings

1-2lbs. boneless skinless chicken breasts cut into chunks
 1 medium onion, chopped
 1 clove garlic, minced
 3 cups of water
 2 15-oz cans of Great Northern or Cannellini beans
 2 15-oz. white corn
 1 4 oz- can diced green chili peppers
 1 tsp. ground cumin
 1/4 tsp. pepper
 1/4 tsp. salt
 1 Tbsp. olive oil
 Grated Mozzarella Cheese

In a large skillet, cook chicken in oil until browned. Stir in all the ingredients. Bring to boiling: reduce heat. Cover and simmer for 30 minutes. Top with shredded Mozzarella Cheese and serve.

“ SPRING TIME ”

Z S X N L H W B F N V H M O O L G A E K S I
 O P Q P A O L R E V E F G N I R P S I H A V
 I R U C N R O L I U K S A R G L K U C I O R
 G I Q S I O U M W P U I T T Q P I O U Q U R
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 F G O N Y W L I H N O I Y W N D I U Y C O E
 W B U S J B H V O R G V O U I G G F E W F N
 K R J H E L G C N Z E M N F X C V M N B H I
 T E V I X C E V B Z X C L Z K J S A K J I T
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 X I Z T P T F S S D N G F K J L A T R L A V
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 Q P N I K B V C M J I S T I D O S A L D P I N
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SNOW
 COLD
 RAIN
 GLOOM
 SUNSHINE
 BLUE SKY
 THAW
 SPRING CLEANING

SPRING FEVER
 SPRING BREAK
 SPRING SAVINGS
 SPRING TRAINING
 VALENTINES
 OUT OF HIBERNATION
 NESTING
 ROBINS

LEAVES
 GARDEN
 FLOWERS
 COLORS
 KITES

Note from the Pharmacist

Life after Vioxx®: An Update

By Richard Aguilar, Jr., Pharm.D.
Director of Pharmacy Operations

Much has been written lately concerning the Sept. 30 withdrawal of Vioxx® (rofecoxib) from the marketplace and the choices that now remain available. Vioxx® was in a drug classification known as Nonsteroidal Anti-Inflammatory Agents (NSAIDs)-more specifically, COX-2 inhibitors. NSAIDs typically exhibit antipyretic, analgesic, and anti-inflammatory activities.



These therapeutic effects are believed to result from inhibition of cyclooxygenase (COX) and, subsequently, prostaglandin synthesis. Vioxx® proved to be a viable and safe option for individuals with hemophilia because its mechanism of action primarily involved selective inhibition of the COX-2 isoenzyme and thus it provided gastric protection from ulcers, perforations and stomach bleeding.

Vioxx® was voluntarily withdrawn from the prescription drug market by Merck & Co. because of an apparent increase in cardiovascular events associated with its administration. These risks were brought to light during the clinical trial VIGOR (Vioxx Gastrointestinal Outcome Research), which showed an increased incidence of hypertension, heart attacks and strokes. These hypercoagulable effects tended to increase in relation to both dose and duration. However, it is not known whether this effect is specific to Vioxx® or other COX-2 inhibitors (Celebrex®, Bextra®), or whether it is an NSAID class effect.

On Dec. 9 the Food and Drug Administration (FDA)

added a bolded warning to the Package Insert for Bextra®, describing an increase in adverse cardiovascular events in patients who received this medication following coronary artery bypass graft (CABG) surgery. Then, on Dec. 17, the National Cancer Institute (NCI) prematurely halted a three-year international Celebrex® trial due to an increase in adverse cardiovascular events in patients compared with a placebo. Longterm use of high doses more than tripled the risk to heart problems.

To muddy the waters even more, on Dec. 20 another trial was halted. This one, involving the National Institute of Health (NIH) and the FDA, was stopped due to an increase in adverse cardiovascular events involving the nonselective NSAID naproxen (Naprosyn®, Aleve®). In this Alzheimer's disease prevention trial, researchers found a 50% increase in the incidence of heart attacks and strokes among patients taking naproxen.

Amid the confusion over COX-2 inhibitors and naproxen, it is important to point out that joint bleeding from hemophilia can lead to irregular joint surfaces, loss of cartilage, and pain requiring an NSAID. Individuals at high cardiovascular risk should be instructed to avoid these drugs while remembering that they remain useful in the treatment of pain and inflammation for people at a low cardiovascular/gastrointestinal risk and at the lowest effective dose.

Recent studies can be confusing and require continued evaluation. Specifically, it's important to evaluate the risk of an adverse cardiovascular event with each COX-2 inhibitor. Is the risk outweighed by the benefit of COX-2 therapy (e.g., Alzheimer's disease, cancer prevention)? For now, check with your physician for the most appropriate medication and follow the recommended dosage. Treatment options could include using the lowest effective COX-2 dose for the shortest period of time.

Additional treatment options for patients with gastrointestinal risk factors could also include the use of a combination of medications, such as traditional NSAIDs with a proton pump inhibitor (Prevacid®) or with misoprostol (Cytotec®). It is important to remember that all medicines have risks and benefits, so please consult your health professionals.

Note from Reimbursement

Reimbursement Corner...

By Lauran Niemi,
Reimbursement Supervisor

Well, we're off to another fine year, and plenty of things are happening in the Reimbursement Department.

First off, the imminent change in the way Medicare reimburses for Part B-covered drugs is finally here. Effective Jan. 1, 2005, the Medicare Modernization Act (MMA) revised the payment for covered drugs. Payment will be based on the new Average Sale Price (ASP) drug payment methodology. This payment methodology is based upon data submitted to the Centers for Medicare & Medicaid Services (CMS) by the manufacturers at the 11-digit National Drug Code (NDC) level.

CMS also uses other published drug-pricing sources to identify the number of billable units per NDC. The Medicare ASP pricing file is updated quarterly and requires that all manufacturers report timely and accurate ASP data to CMS.

We also are into our third quarter using the newly revised California Medicaid (Medi-Cal) payment methodology of ASP plus 20%. This new reimbursement methodology became effective in

July 2004 and is structured in the same way that Medicare is. This pricing is based upon the 11-digit NDC code and also is updated quarterly based upon data provided to Medi-Cal by the manufacturers.

Here at National Cornerstone Healthcare Services, the new year brings plenty of changes. The reimbursement department has grown by a third, and we are now the largest department here at NCHS! We currently are in the process of working to implement a new reimbursement database to help support our growing needs. This will significantly help us in our quest to continue providing quality service to our customers, as well as staying on top of all the HIPAA requirements.

As we look forward to spring and all that it brings, we also look forward to all of our exciting growth!

