



Your Ally in Community Health
Spring 2008

Ithaca Health Alliance Newsletter

Understanding Medical Bills

By Rob Brown

As the office manager for the Ithaca Health Alliance, I am charged with the daily requirements of IHA member services and supervision of the Ithaca Health Fund program. Managing the Health Fund includes answering members' questions about health care and IHA grants programs, speaking to providers and healthcare agencies in behalf of IHA members, and preparation of member grants for review by our Finance Committee. This involves studying a great many medical bills which are sent to our office.

Medical billing is its own specialized system, developed to create fee standards and to manage payment for the different providers who may be involved in a patient's care. For a private healthcare office, it is often fairly simple: a single bill issued for a single visit. In a more complex setting like a hospital, separate bills are issued for the hospital's facilities and equipment, for the emergency room physician's time, or for radiology services and scan interpretations or other specialist services. Conventional medical offices and insurance companies hire and train coders who can define services through standardized codes and negotiate payments based on the standard fees for these services.

For those of us on the outside of the insurance system, these bills can be mystifying. Some easy ways exist to make the billing process more understandable, however. First, it is prudent to expect multiple bills after a visit to a larger medical center, and it is important to keep track of bills as they come in: it's easy enough to confuse a new bill from a specialist with another bill which has already been paid. At the same time, plan for any follow-up care that is required. When items on bills are listed with bill-

ing codes instead of plain language, the internet can be a great tool for deciphering the numeric shorthand. Identify which codes are listed (usually "ICD9" diagnostic codes or "CPT" billing codes), and use a web search engine to look for these items. In most cases, the first results will be sites that can explain what each of these items are. I and the other Finance Committee members often use similar methods when trying to match billed services with Health Fund grant categories and when we determine final grant amounts.

Understanding the bills can help plan for payment. Many medical offices will offer a "self-pay discount" to uninsured patients, since the patient does not have an insurance company to negotiate and pay bills for them, and this is usually clearly marked when given. IHA doesn't have the resources or leverage of the insurance industry, but I and our other staff do our best to help members through the process of finding resources (from our member grants program or others) to make the costs of care more understandable — and affordable.

Rob Brown is the Ithaca Health Alliance office manager, one of three paid IHA staff members. He can be reached at office@ithacahealth.org.

IN THIS ISSUE:

New Staff • Board Members Sought	2
Trans Fat 101 • Volunteer of Quarter	3
Drugs in Water • Traveling Effects	4
Health Fund Changes • IHA at IF	5

Ithaca Free Clinic Hours and Operations



Mondays: 2 p.m. to 6 p.m.
Thursdays: 4 p.m. to 8 p.m.

Located at 225 South Fulton Street Suite B,
Ithaca, NY • (607) 330-1254

The Ithaca Free Clinic is a project of the **Ithaca Health Alliance**. About 90 percent of the work we do in the community is through volunteer efforts. If you're looking for volunteer opportunities, call 330-1254 and ask to speak to the clinic coordinator.

The Ithaca Health Alliance

(IHA) was founded in 1997. Our mission is to facilitate access to health care for all, with a focus on the needs of the un- and underinsured.

Become a member!

IHA members receive discounts from participating health providers, and are eligible for financial assistance with preventive and emergency care through the Ithaca Health Fund. To join, call 330-1253 and ask for IHA's office manager, or visit our web site for more information. The IHA office is located at 225 S. Fulton Street, Suite B, Ithaca, NY.

Ithaca Health Alliance

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This newsletter is a production of the Ithaca Health Alliance, and is published quarterly.

Hiring New Staff at the IHA

As some members already know, Jenn Marks, IHA's first outreach coordinator, left Ithaca for school in Pennsylvania at the end of March. What many of you may not have heard is that Jim Goodreau, the clinic coordinator, will soon leave as well. Board and committee members have been conducting interviews to fill both positions. By the middle of May, we anticipate having new staff in place. We'll miss Jenn and Jim, the work they've done to support all of us, and the good will they each brought to their positions. Look for IHA listserv announcements and mention of new staff members in the summer issue of this newsletter.

Seeking Board Recruits

Several board seats will be open at the end of the summer. As part of a member organization, your opinions and expertise are valued and necessary to the ongoing health of the IHA. Please consider offering your time as a candidate. Any of the current board members would be happy to talk to you about the commitment, and running is as simple as answering a few questions to be posted on the listserv and web site. Consider it, and let us know at office@ithacahealth.org.

Thanks to Vendors!

At our recent annual volunteer picnic at Stewart Park, many area vendors made significant donations or reductions in fees in order to be sure that our guests were happy and well fed. Thanks go to Aladdin's, B&W Supply, Ithaca Bakery, New Delhi Diamond's, Olivia's, Taste of Thai (on the Commons), and Taste of Thai Express. The Coyote Cowgirls favored us with rousing renditions of songs from their playbook through the last couple of hours of the picnic, playing for the pleasure of sharing the time with us. Thanks again to everyone who gave of themselves and their businesses in behalf of our volunteers.

Trans Fat 101

By Mike Consoli and Brittany Craig

By now most of you have heard the term “trans fats” and know to avoid them. You should also realize that not all fats are the same and that not all fats are bad for you. In fact, fats are essential to a healthy diet so long as they are consumed in moderation. Since January 1, 2006, the FDA has required that trans fats be listed on the nutrition facts panel. Many people do not know, however, that they could still be consuming trans fats from foods that claim to be “trans fat free.” How can this be? Because any food that has 0.5g of trans fat or less per serving is labeled as “0g Trans Fat” on the nutrition facts panel. Yet consider how often the average consumer eats exactly 1 serving of their snack of choice. By eating more than the suggested serving, you are ingesting a higher content of trans fats than you may realize. Another note of importance is that when reading the nutrition facts panel most people need to understand that the Percent Daily Value (%DV) is based on a specific caloric intake. Each person is different and may require more or less of each nutrient. Another nutritional rule is that 5% or lower is low and 20% or higher is high when reading the nutrition facts panel.

Trans fats have been a major focus in the health media recently, but what exactly are trans fats? Other names include “partially hydrogenated oils” or “hydrogenated oils.” These terms can be found in the ingredient lists of food packages whether or not they are considered to be “trans fat free.” Trans fats are created through a process called hydrogenation, which adds hydrogen to liquid vegetable oils so that they become more solid at room temperature. This process is used by many food companies because it is inexpensive, gives foods a pleasant flavor and “mouth feel,” and lengthens the shelf life of the product. Trans fats negatively affect your health by raising the bad (LDL) cholesterol levels and lowering the good (HDL) cholesterol levels, thereby increasing the risk of heart disease and stroke. Research suggests that trans fats can also increase the risk of other chronic health conditions, such as type 2 diabetes, some

cancers, and obesity—although there is less scientific evidence to confirm this.

So how do people avoid ingesting trans fats? The more natural a food is the less chance you’ll run into trans fats. Simplicity is crucial to healthy eating. The rule of thumb is that the product with the smallest number of ingredients is usually the better choice. Purchasing food can be an overwhelming task with so many mixed messages about the right products to buy. Comparing foods can help. Many different companies make similar products with subtle differences. Know your choices when it comes to what you eat. The best advice is to read and think about what you are putting into your body. Look beyond the labels and nutrition facts panel, and check the ingredients lists for anything “hydrogenated.” You may be surprised by some of the foods that sneak these fats in! In the end, it takes learning the facts and using determination to eat well.

Mike Consoli and Brittany Craig are graduating nutrition students at Ithaca College.

Volunteer of the Quarter

Mark Peterson, a student at TC3, is the IHA volunteer of the quarter. In his role, he has helped with research related to Fund requests, learning a lot about billing and health-reimbursement norms in the process. He has participated in the editing of grants, reorganizing the files and the office space, and has served on the Finance Committee. Rob Brown, who works most closely with Mark, calls Mark reliable and good natured—not to mention smart and energetic. Many thanks to Mark for his hard work related to IHA members and Free Clinic visitors.

Drugs in Our Waters

By Brooke Hansen

A recent release of an Associated Press investigation has prompted widespread media coverage about a growing threat to both human and environmental health — a complex cocktail of pharmaceuticals and other chemicals in our drinking water, surface waters, and underground aquifers. In their 5-month investigation, the AP found a variety of drugs in the water supplies of 24 major metropolitan areas, including caffeine, sulfamethoxazole, diltiazem, acetaminophen, and trimethoprim. When the New York State Health Department tested its upstate water sources, officials found heart medicine, estrogen, anti-convulsants, and tranquilizers.

By themselves, minute doses of these drugs would have limited effects on the health of people and wildlife, but the interactive effects and accumulation potential over the decades has scientists extremely concerned. Currently, there are no federal testing mandates or safety limits set for drugs found in drinking water supplies. None of these drugs are removed with current municipal water treatment techniques. The widespread use of chlorine for water treatment can destabilize the drugs, making them more toxic to the human body. Home filtration systems cannot remove traces of pharmaceuticals, and bottled water may be no better if tap water is used to produce it. Reverse osmosis, a complex filtering process, is one of the few effective techniques for treating water, but its large scale application is prohibitive due to the high cost and the environmental issues involved (for each pure gallon produced, 2 gallons of undrinkable brine are produced).

What can we do? In the short term, we need to critically assess our well-documented overuse of chemicals and pharmaceuticals in both humans and animals (e.g., cattle and poultry industries). In the long term we need to find the political will to fund clean water, one of the foundations of all life.

“AP Probe Finds Drugs in Drinking Water,” by Jeff Donn, Martha Mendoza, and Justin Pritchard, Associated Press, 3/9/2008. Brooke Hansen is an associate professor of Anthropology at Ithaca College.

Travel Side Effects

By Bethany Schroeder

If you’ve thought about foreign travel, you’ve no doubt considered the effects of unsanitary food and water. Statistics indicate that between 30 and 60 percent of travelers experience diarrhea, especially in developing countries. Research also shows that meal hygiene — food preparation and hand washing — don’t always prevent the problem. In the past several years, some people have begun to rely on antibiotic therapy with a drug called Xifaxan, either to treat the problem or to prevent against it.

Eating in restaurants rather than roadside stands and drinking bottled water have been touted as the best ways to avoid the problem. Yet these efforts are no panacea, and experts now suspect that travel itself may be the culprit. Even controlled studies have demonstrated that meal hygiene in particular is no universal preventive for diarrhea. In fact, some researchers believe that the extent of sanitary management of food in the U.S. makes us ill-equipped to digest food and water elsewhere, when it hasn’t been handled in as clean a manner. In response to the problem, The Food and Drug administration approved Xifaxan for treatment of diarrhea in 2004. According to the drug manufacturer, the advantage of using this drug as opposed to other antibiotics is that Xifaxan was developed to work differently, theoretically making it safer with fewer side effects and less possibility of creating a subsequent antibiotic-resistant response. The military has explored using Xifaxan among foreign-deployed troops, and diplomats and other frequent travelers are learning more about it.

Nonetheless, some specialists have pointed out that all antibiotics hold the potential of producing antibiotic resistance and thus, such drugs should never be prescribed without compelling evidence of the need, along with reasons to forecast a good outcome. Xifaxan may be self-limiting, since a course of the medication must be taken three times a day at a cost of \$4.50 per pill!

“When an Upset Stomach Roils Your Trip,” by Eric Sabo, New York Times, 4/20/2008. Bethany Schroeder is a writer and health care consultant in the Ithaca community.

HEALTH FUND CHANGES

In April, 2008, the IHA announced two changes in Ithaca Health Fund benefits, affecting preventive exams and interest free loans.

For several years, IHA offered grants as rebates to members who had received a Medical Exam, Hearing Exam, Periodontal Exam, Dental Exam, Eye Exam, or Genitourinary Exam. To qualify, members were required to send a copy of a bill for one of the listed exams, showing that the provider had given a discount on the service. The amount of these grants was \$20, increasing to \$30 in the second and subsequent years of membership, for dental exams only.

To simplify matters, now all exam grants are available to IHA members at a rate of \$20 in the first year and \$30 in second and subsequent years of membership. A discount from the provider is still required, and the IHA office manager will be available to help members negotiate discounts with providers, if requested. We still offer one exam grant per member per year.

In addition, IHA now offers a new category of interest-free loan to members for Eye Care services. The terms of Eye Care and other loan programs are available on our website.

Revolving Eye Care Loan Program (LE)

A current maximum of five (5) interest-free eye care loans of a maximum \$400.00 are now available to members for the purpose of paying for eye care services of the member's choice. Eye care loans are available to IHA members in good standing for 3 years or more. Members must submit a request for an eye care loan and a copy of the bill or estimated cost of service from the service provider, reflecting that the procedure is necessary and will cost an amount equal to or in excess of the amount of the loan requested. Members of the IHA Finance Committee will review applications and determine whether to award the loan; if a loan is approved, it is the member's

responsibility to meet with an IHA executive board member to sign a loan contract and receive a check for the loan. The IHA office manager will assist with scheduling this meeting.

If a loan payment arrives more than ten days late, a late fee of \$20 will be levied. If a loan payment is up to three months overdue, any grants that may be awarded to the member through the Health Fund program are first applied towards repayment of the loan. If a loan payment is more than three months overdue, the member loses eligibility for grant awards from the IHA. In the event that an IHA member defaults on repayment of an eye care loan, the total number of revolving loans available to other members for eye care will reduce by one, until one of the following circumstances is met: a) the loan in default is repaid, b) the IHA board of directors approves assignment of discretionary funds to the eye care revolving loan fund, or c) donations for interest-free loan programs are received in an amount sufficient to finance an additional loan.

Priority in revolving loan awards will be given to IHA members who have successfully repaid previous IHA loans. Loans will not be given for purely cosmetic purposes.

See www.ithacahealth.org/healthfund.html for more details.

IHA AT THE ITHACA FESTIVAL

This year the Ithaca Festival will be held from June 20 – June 22. Festival organizers have included a Healing Arts Village, open from noon to 8 p.m. on Friday and Saturday and 10 to 3 p.m. on Sunday. The Ithaca Health Alliance has committed to participating in the event with representatives tabling throughout most of the Festival. If you'd like to volunteer to help with the effort, call Rob at 330-1253. We're also encouraging provider members to table or offer treatments, which Rob is happy to coordinate as well.



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Trans Fats 101 • Travel Side Effects
Drugs in Our Waters
Staff Changes • IHA at the Ithaca Fest
Board Members Sought