



SHORT CIRCUIT

Cedar Rapids / Iowa City Area Ostomy Support Group #171, Inc. — an affiliate of UOAA, Inc.

www.iowaostomy.org

Serving Ostomates of Eastern Iowa since 1972

April 2011

Welcome!

The Cedar Rapids / Iowa City Area Ostomy Support Group is dedicated to providing information, advocacy and service to our members, their caregivers, and to the intestinal and urinary diversion community at large.

Our local chapter

We meet regularly to share experiences, provide mutual support and learn about the latest products and information for ostomy, urostomy and intestinal diversions.

Meetings are held at area hospitals, and involve informal round-table discussions on topics of interest, new product demonstrations, occasional guest speakers, and a question and answer session with one of the local WOC nurses. Families and friends of ostomy and intestinal diversion patients are always welcome to attend.

For more information about the local chapter, contact us at 319-530-6749, at www.iowaostomy.org, or [find us](#) on Facebook.



The U.O.A.A.

The United Ostomy Associations of America is a 501(c)(3) non-profit organization incorporated in New Jersey. The UOAA serves to unify and strengthen ostomy support groups in America.

UOAA services include: Advocacy • Non-profit Status • Conferences • The Phoenix magazine • Toll-free Help and Referral Line • Special Interest Groups • Ostomy Community Liaison

For more information, contact the UOAA at 800-826-0826, or at www.uoaa.org.

“Seize the Opportunity”



*April Showers
Bring May Flowers
Happy Spring to YOU!*

Message from our Coordinator

Hello everyone! We have started our year off with a great first meeting in February with Laura Phearman, WOCN from University of Iowa Hospitals and Clinics telling us all about Youth Rally. Our group was so impressed with what they do at this annual summer camp for ostomate kids that we started discussing the possibility of sponsoring someone for this year's rally, which will be held in July.

As I have been thinking about what we could do this year I have been doing a bunch of reading to find some inspiration. I didn't realize how much legislation was pending that could affect my daily life as an ostomate. One I was particularly interested in I will share with you: On March 8th congressional House Resolution 152 was introduced by New Jersey Representative L. Lance, and it's sister Senate Resolution 95 was introduced by North Carolina Senator R. Burr. These both seek to make access to surgery, products and nursing care less restricted by health insurance companies. I've had to make the decision to have surgery at a hospital with a surgeon that accepted my health insurance instead of the hospital and surgeon that I wanted, which didn't accept my insurance. There are so few colorectal surgeons in the US that this legislation would make it easier for those facing ostomy surgery to choose the best option for themselves. I urge you to get involved in the process as politics and policies affect us all.

Closer to home I have been privileged to go on three home visits for new ostomates. I will continue to encourage them to come and join our group. It is a great experience for me to show

Message from our Coordinator, cont.

Continued from previous page

them that they will be able to find clothes that fit well, they'll be able to travel, play, work and enjoy life again once they are feeling better. I would love for more members of our group to have this wonderful experience. It doesn't take much time; I only spend about 30 - 45 minutes with them; and just try to answer general questions and mostly offer the group as a resource for them. Our group is still looking for someone to head up our visiting ostomate position. Please let me know if you would like to go along on a visit just to see what it is like.

I was also contacted by a kind soul who donated a large box of urostomy supplies to the group. If there is anyone who can use these please contact me. If I cannot find a good home for them in the next month or so I will mail them off to FOW or Osto Group. Before samples and donations get outdated, if there is no one from the group that can make use of them they get sent to one of these non-profit groups. These groups redistribute donated supplies to ostomates who don't have insurance coverage. For many Americans who have lost their job and don't qualify for Medicaid this is a great help. The postage is tax deductible as well as any co-payment that the donor made for the supplies.

I am looking into getting speakers for the following topics: exercise after ostomy, herbal

supplements for the gut, Probiotics for ostomates, and traveling. For now I look forward to seeing you all at our next meeting on April 21st at St. Luke's Hospital, where we will have Ronnie, a registered pharmacist from CarePro's A Avenue pharmacy talk with us about medications.

Kimberly 

CONGRATULATIONS to Mary McCarthy, RN, Mercy Hospital Iowa City

Mary was selected as one of the 100 Great Iowa Nurses for 2011. Mary is very supportive of our Ostomy Support Group, and makes all the arrangements for our Iowa City meetings.

We have all met at least one outstanding nurse whose courage, competence, and commitment to patients and the nursing profession stands out above all others. Each year 100 Great Iowa Nurses are honored at a ceremony, created for the state of Iowa, by nurse and community leaders.

This year's 100 Great Iowa Nurses will be honored on May 1, 2011 at a celebration in Des Moines. The awardees will invite family, friends and colleagues to share in the recognition of their outstanding achievements.

Nurses selected for this honor represent many sectors of health care, including hospitals, long-term care facilities, and school and office nurses. This is a statewide event that belongs to the people of Iowa, made possible by many generous sponsors. Find out more online at www.greatnurses.org. THANK YOU, MARY!

Fun Ostomy Fact

In 1954 Elise Sorensen was a nurse. Her sister had ostomy surgery and was afraid to go out, fearing that her stoma would leak in public. Elise created the first adhesive ostomy bag for her sister Thora.

The SHORT CIRCUIT is the official newsletter of the Cedar Rapids / Iowa City Area Ostomy Support Group #171, and is published 6 times per year. It is edited by Carol Haack. Copies are emailed to members, and are also available on our website at www.iowaostomy.org. We will gladly mail copies to anyone without internet access.

If you have a newsletter suggestion or article, please email it to info@iowaostomy.org, or send it to:

CR / IC Ostomy Support Group
c/o Vicki Kee
P.O. Box 5227
Coralville, IA 52241

Our WEBSITE is www.iowaostomy.org. It contains helpful information, meeting schedules, archived editions of the SHORT CIRCUIT, ostomy-related books that we recommend, and a link to **Amazon.com**, which pays our group commission each time a purchase is made through our website.

Officers of the Cedar Rapids / Iowa City Area Ostomy Support Group #171 are:

Kimberly Cay, Group Coordinator
319-210-7731 (evenings)
info@iowaostomy.org (email)

Vicki Kee, Treasurer
P.O. Box 5227
Coralville, IA 52241
319-335-4822 (daytime)
vicki-kee@iowaostomy.org (email)

Carol Haack, Newsletter Editor
319-530-6749 (anytime)
info@iowaostomy.org (email)



Home Healthcare

JCAHO Accredited

"Committed to Customer Service Since 1979"

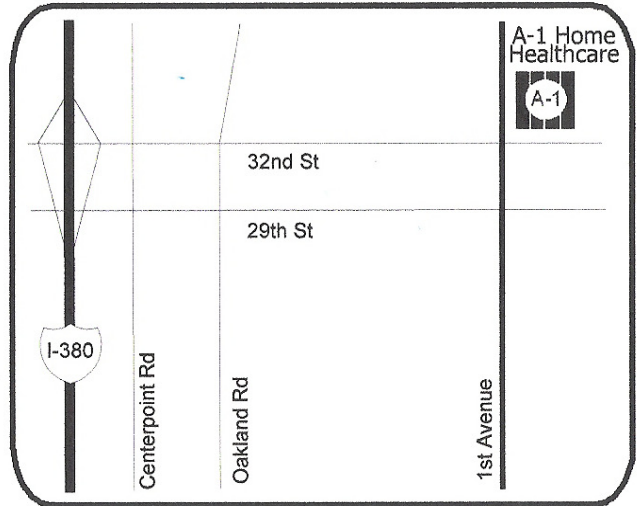


A-1 stocks or orders from many manufacturers:

Convatec **Nu-Hope**
Hollister **Bard**
Coloplast **Smith & Nephew**

A-1 strives to accept assignment on most of our products. We bill direct to Medicare, Medicaid, Blue Cross/Blue Shield, Humana and most insurance companies.

Prescription required for any items billed to Medicare or insurance.



A-1 Home Healthcare

3223 1st Ave. S.E.
 Cedar Rapids, IA 52402
 319-362-1084
 800-259-0652
 Fax: 319-366-8972

Get Ostomy Answers!

The Leading Ostomy Publication. *The Phoenix* is the leading national magazine for ostomates, their families and caregivers. Each issue contains 72 pages of inspiration, education and information including new products, medical advice, management techniques, personal stories – it's all here and more. Published each March, June, Sept. and December.

Funding the UOAA. Subscriptions directly fund the only national organization providing vital information, resources, support and advocacy for ostomates in America.



The Phoenix One-year subscription \$25* Two-years for \$45

Money Back Guarantee!

Payable to: The Phoenix magazine, P.O. Box 3605, Mission Viejo, CA 92690



Name _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____



2011 IMPORTANT DATES

April 9, 2011 (Saturday) **3rd Annual Ostomy Education Day 8:30am to 3:00 pm**, Mercy Medical Center, Des Moines. East Tower Conference Center, 1111 6th Avenue, Des Moines. **FREE**. Register by calling 515-243-2584.

April 17—23 **WOC Nurses week**. THANK YOU to all of the WOCNs who support our support group! We couldn't do it without you and your service is very much appreciated.

April 21, 2011 (Thursday) **Support Group meeting**, 6:30 pm, St. Luke's Hospital, Cedar Rapids, Room 163. **Ronnie, a pharmacist from CarePro's A Avenue pharmacy, will talk with us about medications.**

April 23, 2011 (Saturday) **Inflammatory Bowel Disease Patient Education Conference: Advances in IBD**, 8:30—1:00 pm. Mercy Medical Center, Des Moines. East Tower Conference Center, 1111 6th Avenue, Des Moines, **FREE**. Register by calling 515-643-2785 or online at www.ibdiowa.com.

June 23, 2011 (Thursday) **Support Group meeting**, 6:30 pm, Mercy Hospital, Iowa City - Scanlon room, lower level, Mercy Medical Plaza in Iowa City.

July 7-11, 2011 **Youth Rally** camp for young ostomates, San Diego www.rally4youth.org.

July 31, 2011 (Sunday) **Ostomy Awareness Day**

August 25, 2011 (Thursday) **Support Group meeting**, 6:30 pm, Mercy Hospital, Cedar Rapids, Training Room B in lower level.

October 20, 2011 (Thursday) **Support Group meeting**, 6:30 pm, St. Luke's Hospital, Cedar Rapids, Room 163

December 2011 (date to be announced) **Holiday Party** in Cedar Rapids

Find us on Facebook!

The [Cedar Rapids/Iowa City Area Ostomy Support Group](#) is now on Facebook. "Like" us on Facebook to receive announcements, see our photos and participate in discussions.



Contact information... looking for information on ostomy products or ostomy – related organizations?

Manufacturers - most have an ostomy nurse on staff to answer your questions about products. They'll even send you free samples to try!

Coloplast	888-726-7872	www.us.coloplast.com
ConvaTec	800-422-8811	www.convatec.com
CyMed	800-582-0707	www.cymed-ostomy.com
Hollister	800-323-4060	www.hollister.com
Marlen	800-321-0591	www.marlenmfg.com
Nu Hope	800-899-5017	www.nu-hope.com

Suppliers - will send a free catalog featuring many brands of ostomy supplies. A great way to compare products!

AOS Medical Supply	800-858-5858	www.mmsmedical.com/aos
Byram Healthcare	877-902-9726	www.byramhealthcare.com
Duke Medical Supply	888-678-6692	www.dukemedicalsupply.com
Edgepark Medical	800-321-0591	www.edgepark.com
Liberty Medical	888-844-2651	www.libertymedical.com
SGV Medical	800-395-6099	www.sgvmedical.com

American Cancer Society
800-227-2345 www.cancer.org

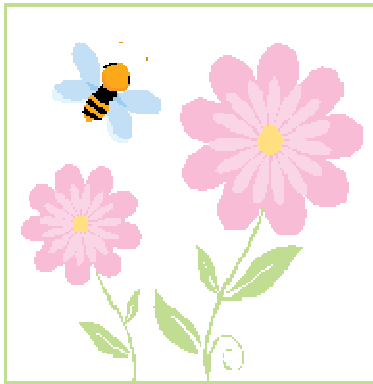
Crohn's & Colitis Foundation
800-343-3637 www.cdfa.org

Friends of Ostomates Worldwide
www.fowusa.org

Osto Group free product for the uninsured
877-678-6690 www.ostogroup.org

United Ostomy Associations of America
800-826-0826 www.ostomy.org

Wound, Ostomy and Continence Nurses Society 800-224-9626 www.wocn.org



3rd Annual Ostomy Patient Education Day Saturday, April 9, 2011 8:30 AM – 3:00PM

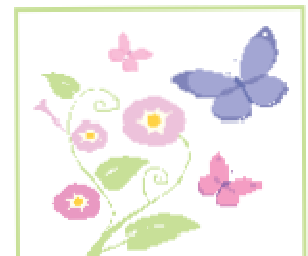
This is a **Free** conference sponsored by the Iowa Affiliate of Wound Ostomy Continence Nurses. It is intended for adult ostomates as well as individuals who care for and/or support someone with an ostomy.

**Mercy Medical Center – Des Moines
1111 6th Avenue
East Tower Conference Center**

There will be free valet parking available at the 3rd Street (East) Entrance from 0800-1530. The parking ramp at 3rd and Laurel will also be open.

Agenda

- 8:30-9:00 Registration
- 9:00-9:10 Welcome
- 9:10-10:00 Dr. Michael Page, Colo-Rectal Surgeon /Hernias
- 10:00-10:10 Break
- 10:15-11:00 Speakers/ Ostomy Nurse Panel
- 11:00-11:30 Free Lunch provided
- 11:30-12:10 Break Out Sessions
- 12:15 -1:00 Bob Molsberry, Personal Story/Author of the book *Blindsided by Grace*
- 1:00-1:10 Door Prizes
- 1:10-3:00 Vendors



**To register RSVP to Mercy Nurse
at 515-243-2584 by April 4th**

Inflammatory Bowel Disease Patient Education Conference Advances in IBD 2011 Saturday, April 23, 2011



Since being diagnosed and surgically treated for Ulcerative Colitis, Charlie Grotevant has competed in more than 1,000 road races. He also farms and continues to advocate nationally on behalf of Crohn's and Ulcerative Colitis patients. Charlie will share his philosophy: "It's not what happens to you in life— it's how you react— to what happens in life."

LOCATION

**Mercy Medical Center
Education Center
East Tower, A Level
1111 6th Avenue, Des Moines, Iowa**

TIME

8:30 – 9:00 a.m.	Registration
9:10 – 11:00 a.m.	Physician Lectures
11:00 – 11:45 a.m.	Keynote Speaker Charlie Grotevant (<i>IBD Advocate & Accomplished Runner</i>)
11:45 – 1:00 p.m.	Lunch and Breakout Sessions with patient and physician Q & A

WHO MAY ATTEND

**Patients and families with a loved one diagnosed with
Inflammatory Bowel Disease – Ulcerative Colitis or Crohn's
Disease.**

Register online or by phone by April 20, 2011

- On line at www.ibdiowa.com
- Call the IBD Center at (515) 643-2785

**There is no fee associated with this program,
but you must register in advance!**

This program is held in conjunction with the Iowa Inflammatory Bowel Disease Fund for Patient Education and Research and is hosted by: The Iowa Inflammatory Bowel Disease Center and the Crohn's and Colitis Foundation of America – Iowa Chapter.



WHERE DO YOUR AFFILIATION FEES GO?

Every December each Affiliated Support Group (ASG) receives an invoice for UOAA affiliation fees. Many of you don't know what we do with the \$2.00 per member that we collect.

The first line of contact for some new ostomates is the mention of the 800 number. It is usually located in some publication that has been passed on to them by their doctor, nurse, supplier or manufacturer. Until they make that first phone call to this office, the new ostomate believes that he/she is the only person in the world that has an ostomy. The feeling of isolation is profound.

The UOAA office takes about 20 – 30 calls a day. At least 10 times a day the calls are from new ostomates looking for some comfort and guidance. I know the sound of the caller's voice: timid and afraid to say the word "ostomy." As soon as I tell them that I, too, have an ostomy there is an audible change in their voices. They have found someone like them that has been down the road they are on today.

Your \$2 per member affiliation fee helps to keep this 800 number operating. Phone service, Internet service, utilities, etc., are all necessary to keep this service available to those that need a friendly, caring person ready and able to help them.

I'd also like to tell you about our **New Patient Guides**. Since 2005, we have produced and distributed over 10,000 copies of the surgery-specific Colostomy, Ileostomy, Urostomy and Continent Diversion New Patient Guides.

These guides have been distributed by you, nurses, doctors and the UOAA office and have greatly impacted the lives of new ostomates. Every day the office receives calls from new ostomates and we're very glad to have these guides available to send out to patients.

I spoke to a woman who recently received her copy of the **New Patient Guide Ileostomy** and she couldn't believe that upon opening it two of her questions were answered. She subscribed to *The Phoenix* and said that she was on her way to her first support group meeting that evening. A win, win for everyone. A patient has received needed information, *The Phoenix* has a new subscriber and a support group will have a new member!

In addition to these guides we have updated the patient Care Guides. These Care Guides were originally published by the UOAA and now are updated and available on our website. These can be downloaded by anyone... free of charge.

Joan McGorry, UOAA Office Administrator

ASG CORNER

Beginning with the summer issue, the UOAA is instituting a column in *The Phoenix* Magazine dedicated to the affiliated Support Groups.

This was suggested by one of you, a leader of an Affiliated Support Group. He suggested that many groups are doing great things and others are wondering what to do.

This column will allow you to share your great ideas for meetings, programs and fundraisers with those groups that are starting out or trying to stay active. **Send your ideas to Joan at the office at oa@uoaa.org.**

BLUE STAR PINS ARE STILL AVAILABLE!

March is Colon Cancer Awareness month and to help spread the word the UOAA has partnered with the National Colorectal Cancer Roundtable by again offering the Blue Star Pins. We have a limited quantity and while the supply lasts we will send a small supply to any ASG requesting them. Email the office at oa@uoaa.org for your Blue Star Pins.

YOUR ASG ADVISORY BOARD

We welcome new members to our ASG Advisory board: Martin Gelband from CA, Esten Gose from WA, Doug Milgram from WV and Jim Moore from AR. They join Stanley Cooper from PA, Wendy Lueder from FL and Steve Vandevender from IL.

The first task of this board for 2011 will be to call ASGs that we haven't heard from in a while to make sure that our contact information is correct.

Understanding Your Insurance: Definitions

By Diane Leigh Miterko, 2/2011 UOAA UPDATE

It is well known that patients who have a basic understanding of their insurance have less insurance related stress, anxiety and out of pocket costs than patients who do not.

As I am often tasked to explain health insurance, I frequently find that I am asked to define commonly used health insurance terms. As such, I have put together a glossary of definitions of commonly used terms that I hope you will find useful in the understanding of your health insurance.

ABN (Advanced Beneficiary Notice) An **ABN** is a pre-notification waiver that explains to the patient that their provider is recommending a procedure which is not normally covered by their insurance. By signing the waiver, the patient acknowledges that they may be held personally responsible for the full payment of the procedure. The most frequent utilization of an ABN is the administration of a vaccination, certain blood tests, or a flu shot. In some cases, an insurance company will require an ABN waiver to be on file or the patient cannot be billed for the service.

ASO (Administrative Services Only) or TPA (Third Party Administrator)

In some cases an employer or insurance company will retain the services of a third party to deliver administrative services, such as pre-certifications, diagnostic testing, laboratory studies, specialty referrals and/or hospitalizations. The ASO is normally just the administrator of the services; the employer or insurance carrier bears the full financial responsibility for the services provided. This is most common in self-insured and union administered health insurance plans.

COBRA: Consolidated Omnibus Budget Reconciliation Act

In certain cases, COBRA allows for a recently dismissed employee the right to self-pay for a temporary continuation of an employer funded health insurance policy. COBRA permits the employee to continue the previously employer funded health insurance coverage without a loss of benefits, at the same premium costs as before.

Codes – There are 2 basic types of codes that are used by providers and these are associated with insurance billing. Simply put, **ICD (International Classification of Disease)** are codes which best describe a patient diagnosis. If need be, more than one ICD code may be used. **CPT (Current Procedural Terminology)** are codes which best describes the service(s) a provider renders. These services can include examinations, tests, procedures, medications, supplies or equipment.

Coinsurance – A form of medical cost sharing wherein a health insurance plan requires an insured person to pay a set percentage of medical expenses. Coinsurance is usually applied after the deductible is met (if any), and is normally based on an insurer / provider contractual fee. If there is no provider / insurer contract in effect, the patient could also be responsible for charges that are rendered in excess of what the insurer determines to be “usual customary and reasonable” (see UCR).

Rates may differ for different types of services provided, and while some services may be subject to a coinsurance, other services may be subject to a flat fee co-payment; very rarely will services be subject to both.

Copayment – A form of medical cost sharing wherein a health insurance plan requires a patient to pay a fixed dollar amount for a rendered service. In a case where there is a contractual agreement between the insurer and the provider, the carrier is normally responsible for the remaining reimbursement. It is common that separate copayment amounts for different services apply, ie. PCP visits, specialist visits, diagnostic services, emergency room visits, or hospital admissions. Providers normally expect the copayment to be paid at the time that the service is rendered.

Contractual or Participating Provider: An individual or group provider signs an agreement with a specified insurance carrier to provide services to their covered insured, and in doing so, agrees to accept certain rules and stipulations. Stipulations may include, but are not limited to, pre-certification or referral requirements, payment under fee schedules, and capitated fees.

Deductible - A fixed dollar amount that an insured person is required to pay before the insurer starts to make payments for covered medical services during a specified benefit period. More times than not, a benefit period is based on a calendar year, but benefits can also be based on a contract year. Most plans have individual and family deductibles, and may have separate deductibles for specific services. Deductibles may differ if services are received from a provider that is insurance contracted vs. a non-contracted.

DME - Durable Medical Equipment Classified by most insurance companies as being “re-usable, non-disposable” supplies such as support braces, wheelchairs, crutches, support walkers, electronic devices or the like.

Flexible benefits plan (Cafeteria plan IRS 125 Plan) – A benefit program that is administered by an employer which offers an employee a choice between taxable and non taxable benefits. Nontaxable benefits can include life insurance, health insurance, vacations, retirement plans and child care. See FSA.

Flexible spending accounts (FSA) HealthCare Spending Accounts (HSA) HealthCare Reimbursement Accounts (HRA) Medical Spending Accounts (MSA) –

A fund constructed of employee, employer or combined contributed funds, which is directly or indirectly administered by an insured employer. This plan provides employees with a way to pay for the employee's share of medical expenses which can include deductibles, co-payments, coinsurance, or non-covered services. Stipulations and requirements vary from plan to plan.

Gatekeeper - Under some health insurance arrangements, a "gatekeeper" is tasked with the responsibility for the administration of a patient's treatment. A gatekeeper often coordinates all medical services, pre-certifications, laboratory studies, specialty referrals and/or hospitalizations. A **TPA** often acts as a type of gatekeeper.

Fee Schedule – A schedule of fixed fees that are based on the procedure(s) performed. Fee schedules are calculated by an insurer by assigning reimbursement to specific CPT codes. (see "codes")

FMLA – **Family Medical Leave Act** was created and designed to enable employees to take medical leaves of absence from work to care for themselves, children, or spouses. **FMLA** does not require employers to pay employees for their designated leaves, but it does prohibit employers from removing the employee from their overall employment or lessening an employee's salary upon their return from a qualified absence. There are extensive stipulations and regulations to **FMLA**, and these can be found on-line or through your employer's human resources department.

HIPAA – The Health Insurance Portability and Accountability Act - This law, enacted in 1996, created a national standard for protecting and securing the confidentiality of an individual's protected health information. HIPAA permits the disclosure of personal health information when needed for patient care and other important purposes, while also specifying a series of administrative, physical, and technical safeguards to assure the confidentiality, integrity, and availability of the protected information. **HIPAA** laws are also extensive and additional information can be found on-line or through your employer's human resources department.

Maximum Plan Visit, Dollar or Capitated Contract Limit – An insurer can, and often does, set a dollar or visit maximums that are paid or considered for certain covered services. Plans can have a yearly maximum for certain providers or specialties, or can have an overall combined lifetime maximum dollar limit on all services by all providers.

Maximum out-of-pocket expense - The maximum dollar amount an insured is required to pay "out of their pocket" during a calendar or contract year; until this maximum is met, the insured shares in the cost of covered expenses. Cost sharing can come in the forms of deductibles, copayments or coinsurance amounts, but will not include non-covered services. After the maximum is reached, the insurance carrier pays all contracted covered expenses. i.e. patient copayments and coinsurance may no longer apply during the specified benefit period.

Medicare Advantage or Replacement Policies – A Medicare beneficiary now has the option to "replace" their traditional Medicare policy with a policy that is administered by another health insurer. A replacement policy can include varied stipulations that a traditional Medicare plan does not, such as referrals, pre-certifications, provider networks, and provider copayments. Basic Medicare premium costs do apply, and some of these plans offer "upgraded services" for an increased premium payment.

Medigap, Medicare Supplemental Policies – Include various private insurance plans that provide additional supplemental insurance coverage for medical expenses which are either not covered or only partially covered by traditional Medicare. These policies are either sold directly to Medicare beneficiaries or to employer groups.

Preadmission – An authorization given by an insurer prior to a performed procedure or hospitalization. Failure to obtain preadmission authorization in non-emergent cases can reduce, or even totally eliminate the insurer's obligation to pay for the services that are rendered.

Preadmission testing – A requirement that a patient obtain certain diagnostic services on an outpatient basis prior to non-emergent hospital admission. The testing said to be designed to reduce the length of a hospital stay, and in turn, reduce direct and administrative costs.

Precertification – A process of obtaining eligibility, certification or authorization from an insurance company prior to a selected service or procedure. Failure to obtain precertification will almost always impose financial penalty against the beneficiary or the health care provider.

Premium – The fee paid to the insurer who in turn provides coverage of medical benefits for a defined benefit period. Premiums can be paid by employers, unions, employees, or can be shared.

Primary care physician (PCP) - A physician who provides primary basic medical services, and coordinates patient care. If required by the insurer, the PCP determines the medical necessity for the referral to specialists, diagnostic testing and hospitals.

Referral - A referral is defined as an authorization of medical necessity which is issued by a PCP to the insurer. In most cases that require a referral, the referral must be obtained prior to the patient treating with a specialist or prior to having a diagnostic test performed. Failure to obtain a referral will almost always impose financial penalty upon the patient, and in turn the patient can be held financially responsible for the service rendered.

Second opinion – Some insurance companies will require that an insured to obtain the opinion of another source after a treating physician has recommended that a service be performed. Some companies can decrease or deny provider reimbursement if the insured does not obtain the second opinion. A second opinion is normally obtained from a board-certified specialist with no personal or direct financial interest in the outcome of the opinion given.

Self-insured plan – A plan offered by employers who in turn directly assume the cost of the health insurance for their employees.

Subrogation – In a case where a patient seeks treatment for an injury or a condition which is caused by a third party, an insurance company may choose to take action to recover the entire amount, or a percentage of the amount that they pay on the claim. If an insurance company requests additional information from the insured, and the insured does not respond to this inquiry, any claims payment, whether related or not, can be denied. If this is the case, the patient will be held responsible by providers for the payment of any and all provided services.

Usual, customary, and reasonable (UCR) charges - Conventional indemnity plans operate on what is known as “usual, customary, and reasonable” (UCR) charges. UCR is determined by calculating the usual value of a certain procedure or service when rendered by a provider within a certain geographic area. In most cases, a provider cannot bill you for charges over and above UCR, but in certain cases there are allowances that allow them to.

Utilization review (UR) is a process of reviewing the “appropriateness” of care provided to patients. A UR may take place before, during, or after the services are rendered and is normally performed by an outside review organization.

Electrolytes and Why We Need Them

Edited by B. Brewer, 2/2011 UOAA UPDATE

Everyone needs to be aware of the fact that they need electrolytes in their life. If you have ever noticed football

players slugging down Gatorade or some other concoction when they return to the bench, it's because they need to replace the electrolytes they lost with their perspiration.

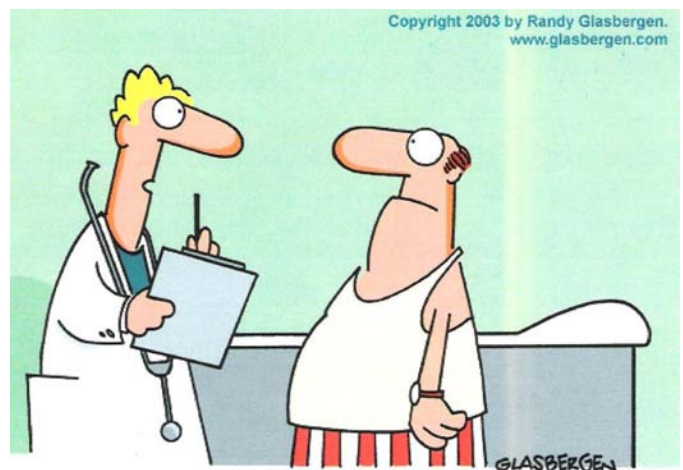
For the ostomate, particularly those with an **ileostomy**, replacing electrolytes is very important. The purpose of your colon is to store food waste and to return the liquid portion of the stool to the body. When you no longer have a colon, that liquid is lost directly into your pouch and is gone forever from your body. With that liquid, you lose a good portion of your electrolytes. But, what are electrolytes, and what specifically do they do for us?

According to Tabor's Encyclopedia Medical Dictionary; electrolytes are: 1) A solution which is a conductor of electricity or; 2) A substance which, in a solution, conducts an electric current and is decomposed by a passage of any electric current.

Every muscle we move is activated by our nervous system. And throughout our nervous system, each of our nerve cells (neurons) is connected to each other by means of electrical impulse, or synapse.

Electrolytes, largely made up of sodium and potassium, are what gives the synapse the spark to function. Each time we move a muscle, we use up a small portion of our sodium and potassium – ergo, our electrolytes. When we lose those electrolytes, we also lose our zip and vigor.

For everyone, after excessive perspiration in the summer or prolonged exercise, we can become dehydrated and lose our electrolytes in the process. For the **ileostomate** though, just doing what comes naturally will cost them their capacity to spark. You can tell when you are becoming dehydrated by a decrease in urine volume, dark orange urine, overly dry skin, marked thirst, abdominal cramps, exhaustion, weakness and/or shortness of breath. The answer? Drink a lot of fruit juice, Gatorade, Gastrolyte, soda pop, water, bouillon or tomato juice.



“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

**Cedar Rapids / Iowa City
Area Ostomy Support Group #171, Inc.
P.O. Box 5227
Coralville, IA 52241**



**Next Meeting
Thursday, April 21, 2011
St. Luke's Hospital,
Cedar Rapids
6:30 pm - Room 163
*Family and Friends welcome!!***