

C.A.R.E.S.

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HIGHLIGHTS

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By Oluchukwu Ezeala,

Health Outcomes Research and Policy PhD Student

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By Christopher Meininger,

Health Outcomes Research and Policy Research Assistant

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INTRODUCTION

BY DR. SALISA WESTRICK



Welcome to the *22nd installment of the C.A.R.E.S. Pharmacy Network quarterly newsletter*, the third of 2023. This newsletter's publishing coincides with the Medicare Open Enrollment period, which represents a critical time period for older adults. During this time, pharmacists have the opportunity to make a big impact on the lives of their older adult patients. Feel free to refer your patients to SHIP for enrollment assistance by calling 1-800-Age-Line. SHIP will also review patient eligibility for governmental assistance programs.

In addition to quarterly newsletters, *we continue to publish regular content on our blog*. Recent blog posts have covered topics like *Medicare Open Enrollment, Vaccine Shortages, Medicare's Star Rating System, and CMS's Behavioral Health Benefits Expansion*.

In this issue, I invite you to learn about *Open Enrollment and Plan Selection* and a brief overview of *Pharmacists' Role in Preventing Opioid Fraud*.

Understanding Medicare: Navigating Annual Open Enrollment Period, Medicare Advantage Enrollment Period, and Challenges in Plan Selection

By: Oluchukwu Ezeala,
Health Outcomes Research and Policy PhD Student



Medicare is a federal health insurance program designed for individuals 65 and older, individuals under 65 years with disabilities, and those diagnosed with End-Stage Renal Disease, regardless of their age.¹ The program is structured into four parts: Parts A, B, C, and D, each catering to different aspects of healthcare needs.² Part A, known as hospital insurance, covers services like hospitalization, skilled nursing facility care, hospice care, and certain home health care. Part B, or Medical insurance, covers outpatient care, some doctor's services, medical equipment, and preventive services. Original Medicare merges Parts A and B and operates as a fee-for-service plan managed by the federal government. In contrast, Medicare Part C, also termed Medicare Advantage (MA), offers alternative plan options from private insurance companies which must be Medicare-approved. These plans generally encompass Parts A, B, and often Part D benefits, and may extend coverage to include services such as hearing, dental, vision care, and prescription drug costs, which are not covered by Medicare Parts A and B. Medicare Advantage plans are increasingly popular. Currently, a little over half of Medicare beneficiaries (51%) enroll in Medicare Advantage Plans.³ Part D, otherwise known as Prescription Drug Coverage, assists in covering the costs of prescription drugs, recommended vaccines that are not covered by Part B, and is also offered by private insurance companies.

Every year, beneficiaries have the opportunity to evaluate any changes made to their existing Medicare plans and explore other available options within their location.⁴ They can then make informed decisions about their plan based on factors like cost, health and prescription drug coverage, quality of care and provider networks.⁵ Beneficiaries have the flexibility to modify their Medicare plans by switching from Original Medicare to a Medicare Advantage plan, moving from a Medicare Advantage plan back to Original Medicare, changing from one Medicare Advantage plan to another, and/or switching between prescription drug plans.⁴ This review and adjustment process occurs during the Annual Open Enrollment Period from October 15 to December 7

each year and is implemented on the first day of January of the subsequent year.⁴ Additionally, the Medicare Advantage Open Enrollment Period runs from January 1st to March 31st of each year and within three months after one gets Medicare Parts A and B.⁶ During this timeframe, beneficiaries who are already enrolled in Medicare Advantage plan can switch from one Medicare Advantage plan to another or revert to Original Medicare from a Medicare Advantage Plan, but individuals with Original Medicare cannot enroll in a Medicare Advantage Plan. The changes will go into effect on the first of the month after the request is received.

For many beneficiaries, navigating and choosing Medicare Advantage and Part D plans or making switches can be a daunting, complex, and overwhelming endeavor, primarily due to the multitude of available options.⁷ For example, in Lee County, Alabama, for 2024 plans, there are approximately 21 MA plans and 24 Part D plans, each with varying premiums, deductibles, and prescription drug coverage.⁸ Consequently, beneficiaries often opt to remain in their current plans, even if they do not fully meet their needs or cover the costs of their medications, rather than go through the hassles of finding better options. To illustrate this point, one beneficiary disclosed a recurring pattern of renewing their current plan without exploring other plans, despite acknowledging that superior alternatives might be available.⁷ Similarly, another participant mentioned staying with the same plan since first becoming eligible for Medicare at 65 years old.⁷

To alleviate these difficulties encountered by Medicare beneficiaries, Alabama State Health Insurance Assistance Program (SHIP) was established with the aim to provide support for Medicare beneficiaries.⁹ SHIP counselors are readily available to offer guidance and address queries regarding Medicare coverage and plan selection. They offer tailored, unbiased counseling and assistance to assist Medicare beneficiaries in making informed decisions. Pharmacists are known for their ease of access and availability to the community,¹⁰ making them key figures in promoting awareness about SHIP among patients. While pharmacists can offer substantial support to beneficiaries with Medicare-related inquiries and plan selection, the demanding nature of their schedules might limit the depth of assistance they can provide. In such cases, they should refer their patients to SHIP to receive the comprehensive support they need and ensure that individuals find the most appropriate and sustainable Medicare plans.

Click this link to visit Medicare.gov's "Get Started" page and learn more about how your patients can get enrolled!

Get Started With Medicare!

“A pharmacist’s first line of defense is *getting to know a patient, their medical history, and proposed treatment plan.*”



OPIOID FRAUD: WHAT PHARMACISTS CAN DO TO KEEP OPIOIDS OUT OF THE WRONG HANDS

BY: CHRISTOPHER MEININGER,
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According to the National Institute on Drug Abuse’s (NIDA) May 2019 Alabama Opioid Summary, Alabama continues to face public health challenges associated with rising opioid use, abuse, and misuse. In 2017, for example, Alabama healthcare providers wrote 107.2 opioid prescriptions for every 100 persons, which represents the highest prescribing rate in the country and almost double the national average of 58.7 prescriptions.¹ It should also be noted that rates of opioid use are increasing in the older adult population and the prevalence of opioid use disorder among older adults tripled from 2013 to 2018.² Given this data, it’s important that pharmacists are aware of what they can do to help combat the continuing opioid crisis for the general public as well as for older adults. By remaining vigilant and following the utmost precautions, pharmacists are doing their part to prevent opioids from falling into the wrong hands. Read on to learn about recommendations and reminders on what you as a pharmacist can do to prevent the misuse and abuse of prescription opioids.

A pharmacist’s first line of defense is getting to know a patient, their medical history, and proposed treatment plan.³ A pharmacist can prevent opioid misuse or fraud before it can occur by speaking with a patient to ensure both parties understand the following information: 1) from whom the patient has received an opioid prescription, 2) why they have been prescribed an opioid and how it can manage their condition, 3) when and how the medication should be taken, and 4) what resources are available to support the patient’s safe use of their new medication. If a patient appears confused or hesitant about any of these topics, pharmacists should take note and act.

REMINDER!

In partnership with Alabama Department of Senior Services (ADSS), the C.A.R.E.S. program is partnering with the Harrison College of Pharmacy to offer an online video-based training and three ACPE approved 1-credit hour articles at no cost to you and your pharmacy technician!

1. Online Video Training:

“The Role of Pharmacy Personnel in Assisting Medicare Beneficiaries with Limited Income and Resources”

In summer 2023, we just updated the three hours comprehensive CE program to provide an overview of Medicare, government assistance programs, and the roles of the Aging and Disability Resource Centers (ADRCs) with the primary goal of helping pharmacists and pharmacy staff effectively and efficiently assist Medicare beneficiaries.

2. Articles

Three one-hour home-study articles covering the following topics:

- Basic Introduction of Medicare: What Pharmacy Personnel Need to Know
- Government Assistance Programs to Assist Medicare Patients with Limited Income
- Assistance Programs Available for Older Adults

Access these CE programs by visiting:

<https://www.alpharmacycares.org/continuing-education-program>

Additionally, pharmacists should utilize Alabama’s Prescription Drug Monitoring Program (PDMP) to review the patient’s controlled substance patient report, which contains information about the patient and their controlled substance treatment history.⁴ The PDMP contains up-to-date information and is required to be updated daily by the health care professional prescribing the controlled substance. The information contained in the PDMP database can be cross-checked against the patient’s own account. This will allow the pharmacist to address any potential problems and decide what action is needed, such as contacting the prescriber for additional questions and context. Further, pharmacists should not be afraid to refuse to fill any prescription for which they are not entirely comfortable with. Fraudsters often steal prescription pads from prescriber offices or alter legitimate written prescriptions.³ Alabama law requires that pharmacists refuse to fill any prescription they believe to be fraudulent. The law also protects pharmacists from repercussions related to refusing to fill or refill prescriptions they may not be valid.⁵

Ultimately, a pharmacist’s best tools for stopping opioid fraud are information from the Alabama PDMP database, an investigative problem-solving approach, and carefully exercised clinical judgment.

Recent Blog Highlights



“Remind Your Patients: Medicare Open Enrollment Is Here!” shared that Open Enrollment will run through Dec. 7th of 2023.

(<https://www.alpharmacycares.org/post/remind-your-patients-medicare-open-enrollment-is-here>)



In “Medicare's Star Rating System: What It Is and How It Can Help Patients Select The Right Plan,” we discussed how this rating system can help patients decide between multiple similar plans:

(<https://www.alpharmacycares.org/post/medicare-s-star-rating-system-what-it-is-and-how-it-can-help-patients-select-the-right-plan>)



“CMS Expands Behavioral Health (Mental Health) Medicare Benefits Starting In 2024” discussed the expansion of certain mental health care benefits, including access to counseling for relationship or behavioral challenges: (<https://www.alpharmacycares.org/post/cms-expands-behavioral-health-mental-health-medicare-benefits-starting-in-2024>)

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Opioid Fraud: What Pharmacists Can Do To Keep Opioids Out of The Wrong Hands

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