

# C.A.R.E.S

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## HIGHLIGHTS

**“Self-auditing for Safety, Efficiency, and Compliance”**

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# INTRODUCTION

BY DR. SALISA WESTRICK



 Welcome to the *20th installment of the C.A.R.E.S. Pharmacy Network quarterly newsletter*, the first of 2023. The beginning of 2023 marks eight years of the C.A.R.E.S. pharmacy network working toward its mission of increasing access to low-income subsidies for Medicare beneficiaries. With your support, the C.A.R.E.S. network continues to grow. Thank you for your commitment to providing all Alabamians with the healthcare services they need.

 In addition to quarterly newsletters, *we continue to publish regular content on our blog*. Recent blog posts have covered topics like *noteworthy changes in Medicare* (e.g., a \$35 price cap on Part D covered insulin and plans for further price adjustments), as well *Medicare fraud* (e.g., the sentencing of individuals involved in a conspiracy to illegally distribute opioids and carry out healthcare fraud in North Alabama) and *general wellness*.

 In this issue, I invite you to learn about *pharmacy self-audits* and how they can help your pharmacy, the *combined threat of three seasonal respiratory viruses*, and the *social support needs of seniors*.

# Self-auditing for Safety, Efficiency, and Compliance

By: Christopher Meininger



## PREVENTION IS KEY

The U.S. Government Accountability Office (GAO) audits the highest levels of government. Data from a 2020 GAO report on improper payment indicates this issue generates substantial financial burden on the Medicare program – and by extension, its beneficiaries. The GAO estimates that in fiscal year 2020 alone, approximately \$43 billion dollars in Medicare payments met criteria for improper payment. Improper payments include any payment that does not adhere to “statutory, regulatory, administrative, or other legally applicable requirements and may be overpayments or underpayments.”<sup>1, 2</sup> While improper payments do not necessarily constitute fraud, actions noncompliant with government regulations – even those made inadvertently during normal course of business – are potential triggers for a formal audit.<sup>1</sup>

Although the goal of a state or federal audit is to identify and correct genuine financial or operational errors, flagrant legal violations may result in state or federal sanctions. Possible sanctions include but are not limited to: costly civil monetary penalties, being barred from submitting reimbursement claims for most or all federally sponsored health care programs, or suspension of pharmacy operations.<sup>3</sup> Thus, the Centers for Medicare & Medicaid Services (CMS) recommends pharmacies perform preemptive self-audits that review legal compliance with pharmacy operation standards. A self-audit is a risk assessment and management process that can reveal procedural discrepancies that could result in noncompliant behavior.<sup>4</sup> Once detected, these discrepancies can be addressed before they trigger a formal audit. CMS recommends pharmacies examine four key areas during a self-audit.<sup>1</sup>

1. Prescribing practices
  - Ensure legitimate prescriber information, legitimate medical use, and appropriate prescribing procedures.
2. Controlled substances management
  - Review hiring and background check policies, inventory counts and diversion safeguards, physical vulnerability mitigation strategies, and pharmacy compliance with controlled substances regulations.
3. Invoice management
  - Verify wholesale distributor invoices, review medication return/sample/shorting/partial fill policies, compare billed expenses to dispensed drug records, and evaluate protocols for correcting billing discrepancies.
4. Billing practices
  - Double check claims submitted for drugs that are often billed incorrectly, prescription requirements, days' supply calculations, and carefully reexamine instances of atypical or unusual dosages or prescription quantity.

The Alabama Board of Pharmacy does not provide online resources for self-audits, but CMS (<https://www.CMS.gov>; search “Pharmacy Self-Auditing Toolkit”) offers a free downloadable pharmacy self-audit checklist titled, “Pharmacy Self-Auditing Checklist, Modules 1-4.” To carry out a self-audit using the CMS toolkit, examine the policies and procedures associated with each step. For example, step #17 of CMS’s “Pharmacy Self-Audit Checklist asks the pharmacy manager to evaluate their staff’s knowledge of what to do when controlled substances are stolen or lost.<sup>5</sup> Is your staff aware that federal regulations demand stolen or lost controlled substances be reported to the DEA within one business day via DEA Form 106?<sup>6</sup> CMS and the DEA certainly expect them to. Small gaps in knowledge or implementation of legal requirements can have big consequences.

To summarize, self-auditing is a powerful risk management tool that can protect your pharmacy from a formal audit. From revealing a defective security alarm to catching double billing errors, a proactive self-audit can keep your pharmacy at its best. Don’t miss the opportunity to prevent time-consuming, money-wasting, and safety-compromising mistakes before they happen!

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Click this link to download your self-audit checklist now!

[CMS Self-Audit Checklist](#)

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“Together, influenza, COVID-19, and RSV present a threat to older adults in the winter months.”



## “TRIPLEDEMIC” SAFETY TIPS FOR OLDER ADULTS

BY: NICK MCCORMICK

Unlike previous winter seasons where influenza was the norm, this winter season brings COVID-19’s undesired presence coupled with a third respiratory illness, ushering in a ‘Tripledemic’ that adversely affects the very young and the old<sup>1</sup>. Respiratory syncytial virus (RSV), the third culprit, is a common acute illness that most adults will catch at some point in their lives, with severe cases being few and far between<sup>1,2</sup>; however, for adults aged 65+, the virus increases in its likelihood to cause severe infection, especially in those with preexisting respiratory conditions<sup>2,3</sup>. The threat of increased severity in older adults is not limited to just RSV. Both influenza and COVID-19 continue to be potentially life-threatening illnesses.

With waning incidence rates of COVID-19 in the U.S. over the past year, many cautions that previously protected against both infection and severe symptoms, e.g., immunization, practiced hygiene, and social distancing, have been thrown to the wind. Despite the loss of popularity that COVID-19 has seen across media and decrease in infection rates, the disease remains a present threat to those at increased risk of infection. Together, influenza, COVID-19, and RSV present a threat to older adults in the winter months. Thus, practices to reduce the severity and spread of these illnesses should be meaningfully utilized.



## Quick Tips to Protect Against the Tripleemic

1. **Vaccination:** Both seasonal influenza and COVID-19 currently have vaccinations to protect against infection and, most convincingly for older adults, against moderate to severe symptoms<sup>5</sup>. If previously vaccinated for COVID-19, it is important to stay up to date with CDC booster dose recommendations<sup>6</sup>. Unfortunately, RSV does not currently have an approved vaccine. However, research and development for potential 2023 authorization is underway<sup>4</sup>.
2. **Reducing Spread:** In the winter months, many of us are driven indoors by the changing weather. Although it's cozy inside, there is increased likelihood of spreading respiratory illnesses in tight spaces<sup>5</sup>. The transmission of the three illnesses occurs in similar fashion: via contact with contaminated surfaces, airborne droplets, and aerosols. The general wearing of face masks, especially when not infected, has decreased greatly. However, when one tests positive for influenza, COVID-19, and/or RSV, wearing a mask around others will incontrovertibly decrease the likelihood of spreading contaminants and illness.
3. **Increased Hygiene:** Easily forgotten, good hygiene is a substantial protector against both spreading and ingesting infectious agents. If you are an older adult or plan to be around one, it is important to remember to limit the sharing of handled objects, frequently clean common household surfaces and items, wash your hands regularly, and avoid contact with your eyes, nose, and mouth<sup>5</sup>.



## IMPORTANCE OF *SOCIAL SUPPORT* FOR *HEALTHY AGING*

By: Oluchukwu Ezeala

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### How can we *support our seniors*?

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Maintaining our social networks and staying in touch with others can get harder as we get older. Feelings of loneliness and isolation can be exacerbated by retirement, losing loved ones, and changes in mobility. But for seniors to maintain their physical and mental health, social support is essential.

Social support can take many forms, including emotional support, practical support, and informational support. Listening, empathizing, and providing encouragement are all forms of emotional support. Practical support can include assistance with daily tasks such as grocery shopping, transportation, and household chores. Informational support can include offering advice, resources, and guidance.

Research has shown that seniors with a strong social support network have better mental and physical health outcomes. They are less prone to depression, anxiety, and loneliness.

One of the most important benefits of social support for seniors is the sense of community it fosters. Participating in social activities, whether a book club, a fitness class, or a volunteer opportunity, can provide a sense of purpose and fulfillment. Seniors who have lost loved ones or experienced a major life change may find it especially beneficial in forming new friendships and connections.

Another important aspect of social support for seniors is the opportunity for learning and personal growth. Many seniors are interested in continuing to learn and explore new topics, and social support can provide opportunities for intellectual stimulation and personal development. This can include attending lectures, participating in discussion groups, or taking up a new hobby.

In addition to the benefits for seniors themselves, social support can also have a positive impact on their caregivers and family members. Caregivers who have access to social support may experience less stress and burnout, as they can rely on others for help and support. Family members can also benefit from the peace of mind that comes with knowing their loved one is connected and supported.

Lastly, for seniors, having access to social support can make all the difference in their quality of life, and for their loved ones, it can provide peace of mind and support. Whether it's through community programs, social clubs, or simply spending time with loved ones, social support is an important factor in promoting health and happiness in our senior years.





# REMINDER!

In partnership with Alabama Department of Senior Services (ADSS), the C.A.R.E.S. program is partnering with the Harrison School 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

Three-hour comprehensive program providing an overview of Medicare, the roles of ADRCs, and how to identify and refer patients to ADRCs using 8 online modules hosted on Auburn Ethos CE (see website address below).

## 2. Articles

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

- The Basics of Medicare for Pharmacy Personnel
- Pharmacists' Role in Assisting Medicare Patients with Limited Income
- Assistance Programs Available for Older Adults

Access the CE article and complete the post-test and evaluation at: <http://aub.ethosce.com/>

# Blog Highlights



Since January 1<sup>st</sup>, the Inflation Reduction Act provides access to Part D-covered vaccines with no deductibles and \$0 cost-sharing.

(<https://www.alpharmacycares.org/post/what-s-new-in-medicare-2023>)



The Inflation Reduction Act caps monthly cost-sharing for Part D-covered insulin products at \$35. All plans must implement this by the end of March. For more information, explore the link below.

<https://www.cms.gov/files/document/frequently-asked-questions-medicare-part-d-insulin-benefit.pdf>

(<https://www.alpharmacycares.org/post/35-copay-for-part-d-covered-insulin-for-medicare-beneficiaries>)



Patients can switch from their current Medicare Advantage plan to another Medicare Advantage plan or return to Original Medicare and join a stand-alone prescription drug plan (Part D). This one-time change can be made by visiting Medicare.gov or calling 1-800-MEDICARE (633-4227).

(<https://www.alpharmacycares.org/post/medicare-advantage-open-enrollment-period-january-1st-to-march-31st-2023>)

If the Inflation Reduction Act had been in place from July 2021 to July 2022:



more than **1,200** prescription drugs may have been subject to inflation rebates

On Feb. 9<sup>th</sup>, HHS & CMS Guidance released their plan for implementing the new Medicare Prescription Drug Inflation Rebate Program. The program's timeline can be found here: (<https://www.alpharmacycares.org/post/hhs-cms-guidance-released-for-medicare-prescription-drug-inflation-rebate-program>)



Two North Alabama were sentenced for illegal opioid distribution and conspiracy to commit healthcare fraud. Medicare, TRICARE, and Blue Cross Blue Shield of Alabama were billed for more than \$280 million and paid out more than \$50 million. Learn more about this story from the U.S.

Department of Justice website: (<https://www.justice.gov/usao-ndal/pr/pain-clinic-owners-sentenced-unlawfully-distributing-oxycodone-and-multimillion-dollar>)

(<https://www.alpharmacycares.org/post/pain-clinic-owners-sentenced-for-unlawfully-distributing-oxycodone-and-multimillion-dollar-fraud>)

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