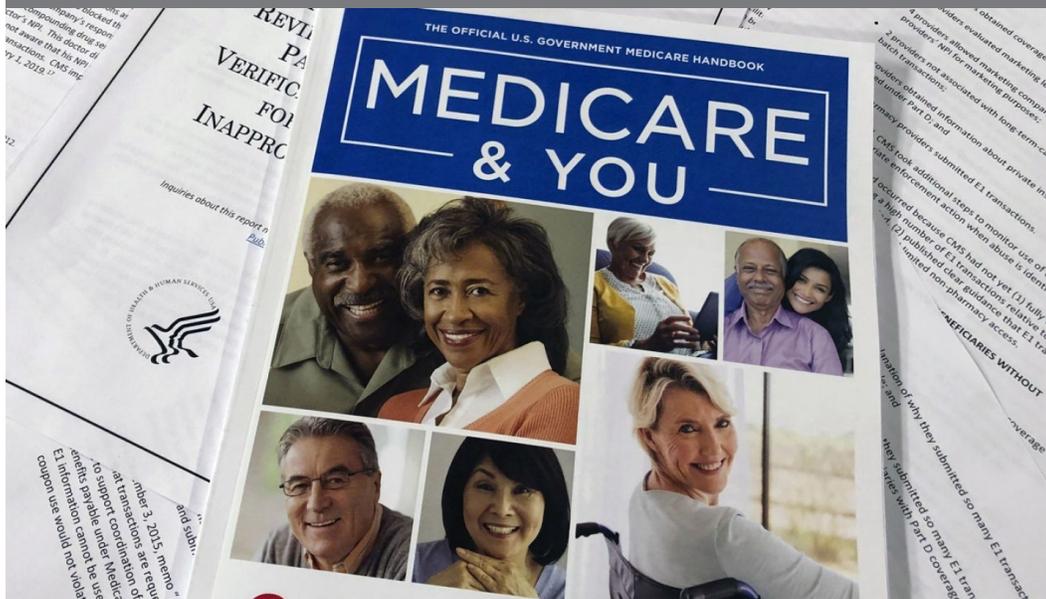


# C.A.R.E.S. Pharmacy Network Newsletter

Issue 12



Please visit the C.A.R.E.S. Pharmacy Network webpage at: <https://alpharmacycares.org/>

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Hello C. A. R. E. S. Pharmacy Network members! Hope you and your family are safe. We are in the midst of COVID pandemic and you all are at the frontline, helping your patients and your community - we thank all of you. On our website ([www.alpharmacycares.org](http://www.alpharmacycares.org)), we provided weekly updates of information about Medicare and its benefits to you and your patients. Feel free to check us out and/or subscribe.

We thank you for your continued participation in our growing net-

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- 6 - 7. Medicare Fraud and Changes
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work. As always, if you need more referral cards and/or pre-stamped envelopes, please let us know.

In this issue, we highlight our new C.A.R.E.S. Pharmacy Network Trainee, Pharmacist Vicky Stoudenmire at the Brown Drug Company Pharmacy in Selma, AL who has recently completed the 3 hours C.A.R.E.S. video training and Mrs. Sharon Redd who is the Area Agency on Aging (AAA) Director for the South Central Alabama Development Commission (SCADC). You can learn more about these individuals on pages 4 and 5.

In this issue, we bring your attention to the recent COVID-19 related telehealth changes for Medicare beneficiaries. We are highlighting the changes to telehealth in this issue because we believe pharmacies and pharmacists play an important role in conveying these important changes

to Medicare beneficiaries. Lastly, we also discuss Medicare fraud and its impact on patients in the ongoing pandemic.

Once again, we thank you for referring patients to us for thorough screening for benefits. As a friendly reminder, pharmacists, technicians as well as patients can complete the training at <https://www.alpharmacycares.org/continuing-education-program>

Salisa Westrick, PhD  
Sterling Professor

Health Outcomes Research  
and Policy



## **COVID-19 Related Telehealth Changes for Medicare Beneficiaries**

Courtney Edmunds, PharmD candidate and MS of Public Health Candidate

### **Introduction**

As noted in the Interim Final Rule (IRF), starting March 6, 2020, the Centers for Medicare and Medicaid Services (CMS) broadened its access to telehealth services with the 1135 Waiver.<sup>1</sup> Medicare can pay for telehealth services, including hospital, office and other visits that have been furnished by physicians and practitioners. Patients can be located anywhere in the country, including the patients' place of residence. Medicare beneficiaries can be charged cost-sharing for such services, but providers have the option of waiving or reducing cost-sharing during the current crisis.<sup>2</sup> Before the onset of COVID-19, CMS covered limited telehealth services, but the services offered have expanded to increase accessibility for patients who need to regularly go to the doctor while also containing the spread of the virus.<sup>3</sup> Previously, telehealth only included services by doctors, clinical psychologists, nurse practitioners, and licensed clinical social workers, however, with the current public health emergency CMS has waived the requirements and expanded the list of providers that can provide telehealth services such as physical therapists and occupational therapists who can provide telehealth services to Medicare beneficiaries.<sup>2</sup> However, this raises a question whether expansion of telehealth services enhance access to care for the Medicare population?

### **What services are covered?**

The type of virtual services, that can be offered to Medicare beneficiaries during the ongoing COVID-19 pandemic are:

#### **Medicare Telehealth Visits**

Medicare telehealth visits are for new or established patients to visit with a provider using a communication services,<sup>1</sup> such as via telephone or video chat.<sup>4</sup> For this type of visit, there is no time limit, and the interface system used is up to the provider's discretion.<sup>1</sup> However, the provide must use an interactive audio and video telecommunications system that allows real-time communication between the provider and the patient.

#### **Virtual Check-Ins**

Virtual check-ins (or Brief communication technology-based service) are for established patients to have a brief 5-10 minute visit with their providers using any telecommunication interface system per the provider's discretion, such as via telephone or video chat.<sup>4</sup> The purpose of this type of visit is to determine whether an on-site visit with the provider is needed and/or to share laboratory and imaging results with the patient.<sup>1</sup>

#### **E-Visits**

Finally, E-visits are for established patients to communicate with their providers via online patient portals.<sup>1</sup> These types of visits are for providers to send messages to patients regarding short-term management and assessments.<sup>4</sup> This type of visit must only be completed via an online patient portal.<sup>1</sup>



**Are telehealth services beneficial?**

Even though there are many advantages to telemedicine, patient access to these services may need to be considered. Telehealth services except telephone calls requires access to internet and/or some type of electronic device, whether that be a laptop, desktop, or smartphone. Based on data collected from the 2016 American Community Survey, 18.1% of Americans do not have access to internet with 32.2% of Americans ages 65 years and older without access to internet.<sup>5</sup> Additionally, there are 25.2% of Americans ages 65 years and older who report not having any type of electronic device at home, such as a desktop or laptop computer, smartphone, or a tablet.<sup>5</sup> On top of having access to internet and an electronic device, patients still may not be able to understand how to use telecommunication interfaces, such as FaceTime, Skype, Zoom, or Microsoft Teams, to be able to attend telehealth visits with their providers. Investing in telehealth infrastructure for sites of care that are less-resourced, and ensuring internet access to patients’ in rural areas are important factors to ensure successful telehealth communication.

**Conclusion**

Even though telemedicine can be very beneficial in increasing efficiency and productivity, we as healthcare professionals should ensure that we are assessing patients’ resources of health to provide quality care to improve patient health outcomes. When scheduling telehealth visits, healthcare providers should evaluate patients’ knowledge of and access to technology. We should be mindful that although providing telehealth services may be an option, it may not work for some of our patients.

**References:**

- Centers for Medicare & Medicaid Services. Medicare Telemedicine Health Care Provider Fact Sheet. 2020. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>. Published March 17, 2020.
- Center for Medicare Advocacy. COVID-19: An Advocates Guides to Beneficiary Related Medicare Changes. 2020. <https://medicareadvocacy.org/covid-19-an-advocates-guide-to-medicare-changes/>. Published May 10, 2020.
- Secretary Azar Announces Historic Expansion of Telehealth Access to Combat COVID-19 [press release]. hhs.gov U.S. Department of Health and Human Services,, March 17, 2020 2020.
- Office for Civil Rights (OCR). Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency. 2020. <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>. Published March 30, 2020.

**WHAT VIRTUAL SERVICES ARE COVERED BY MEDICARE?**



\* Physicians who bill for Medicare telehealth services should append Modifier 95 to all claims for telehealth visits that would normally be performed as face-to-face visits. This will allow CMS to make appropriate payment for services furnished via Medicare telehealth at the same rate they would have been paid if the services were furnished in person.  
\*\* CMS will not conduct audits to determine if the physician had a prior relationship with the patient.

## Welcome the new C.A.R.E.S. Pharmacy Network Trainee

**Dr. Vicky Stoudenmire, Pharmacist of  
The Brown Drug Company in Selma, AL**



**L—R : Lori Chandler, Vicky Stoudenmire**

Dr. Vicky Stoudenmire, a member of Auburn University Harrison School of Pharmacy (HSOP)'s graduating class of 2018, was a former mentee of Dr. Salisa Westrick while she was a student at the HSOP. As a student, she had training, overseen by Dr. Westrick, on Medicare Part D insurance plans and how to help patients find what works best for their individual needs. She was also exposed to other services offered to seniors by various agencies around Alabama to help them better afford their medications as well as programs that help with everything from legal services to house cleaning. She saw an arsenal of information that

could be passed along to patients in need. This past year, when looking for continuing education opportunities, she stumbled on the C.A.R.E.S. Video Training Program offered through Auburn University and immediately signed up knowing this would be a great refresher course for what she had learned earlier. As a pharmacist for the Brown Drug Company family of independent pharmacies in Selma, Alabama and the surrounding area, the need for helping patients navigate the complicated world of Medicare prescription drug plans is enormous. Since the Selma area is predominately rural and many of the residents live below the poverty level, this becomes especially important. The services available through this network are a tremendous help to the people of this area. The C.A.R.E.S. Pharmacy Network really does help pharmacies help their patients.

## ADRC Spotlight

### SHARON REDD

#### Area Agency on Aging (AAA)



Mrs. Sharon Redd has an inherent compassion for people. She is dedicated to advocating for older adults, persons with disabilities, caregivers and their families. She is an integral part of Alabama's Aging Network which consists of the 13 Area Agencies on Aging around the state that are responsible for coordinating and administering a collaborative, coordinative and comprehensive service delivery system for Alabama's elderly.

Mrs. Redd is the Area Agency on Aging (AAA) Director for the South Central Alabama Development Commission (SCADC), one of the 13 Area Agencies on Aging in the state of Alabama. The list of counties that come under SCADC are Bullock, Butler, Crenshaw, Lowndes, Macon, Pike. As Director, she is responsible for developing and implementing SCADC's Area Plan on Aging with its array of Older Americans Act and State funded programs implemented within SCADC's six-county planning and service area.

Some of those primary programs include: Aging and Disability Resource Center (ADRC), Elderly Nutrition Program, Long-Term Care Ombudsman, Legal Assistance, Alabama State Health Insurance Assistance (SHIP), Family Caregivers, Elderly and Disabled Medicaid Waiver Program, SenioRx Prescription Assistance, Senior Employment, Medicare Improvements for Patients and Providers (MIPPA). Personally and professionally she has an acute awareness to the needs of others.

Mrs. Redd received a Bachelor of Science degree from Troy University in Resource Management and a Master's Degree in Public Administration with a concentration in Nonprofit Management from Auburn University Montgomery. Her career took on a new meaning when she joined SCADC's staff in 2000 and was advanced to AAA Director in January 2012. Mrs. Redd plays a pivotal role in the success of various organizations and agencies where she serves on community boards, committees, and organizations dedicated to fulfilling their advocacy and coordination roles.

The partnership with C.A.R.E.S and the Auburn University Harrison School of Pharmacy has been one of our greatest inspiration. The collaboration in connecting and working with the pharmacy network through SHIP and ADRC has proved to be beneficial in assisting patients with long-term solutions to their health and wellness. She is most grateful for the pharmacy and medical student team for their contribution to the success of Medicare Open Enrollment events in the region.

Mrs. Redd will continuously and progressively work to maintain SCADC's vision and mission to improve the quality of life through a service delivery system that will address the optimum needs of older adults and their families and will allow older individuals to maintain independence with dignity in their own homes and in their own communities for as long as possible.

## COVID-19 Testing Fraud Among Medicare Beneficiaries

Amongst the pandemic in the past four months, there has been a rise in fraud COVID-19 testing. Alike the Genetic testing fraud that occurred last year around September, the U.S. Department of Health and Human Services Office of Inspector General is alerting the public about a fraud scheme impacting Medicare beneficiary.<sup>1,2</sup> Because COVID testing is covered by Medicare Part B, fraudsters have used this pandemic to their advantage. COVID-19 tests are being offered to Medicare beneficiaries by fraudsters in exchange for personal details such as Medicare information. However, because these activities are unapproved and illegitimate, they can get charged for committing medical identity theft. There are number of ways the fraudsters are targeting Medicare beneficiaries and some of these include text messages, social media, door-to-door visits, and telemarketing calls.<sup>2</sup> The fraudsters generally begin the process by gathering personal information and Medicare number. With this information, they will be able to illegally bill the beneficiary's health plan. The personal information that is collected from Medicare beneficiaries is fraudulently used to bill Federal health care programs. The U.S. Department of Health and Human Services Office of Inspector General warns the public of visitors coming to door offering the test and to not provide them with any of your information.<sup>2</sup> If the pharmacists, your patients, family/friend start noticing any symptoms and want to get tested, they should report to their physician or local healthcare provider.

How should a patient protect themselves from COVID-19 Testing Fraud:<sup>2</sup>

- Be cautious of unsolicited requests for Medicare or Medicaid numbers
- Be suspicious of any unexpected calls or visitors offering COVID-19 tests or supplies
- Do not reply to, or open hyperlinks, in text messages or on social media about COVID-19 from unknown individuals
- A physician or other trusted healthcare provider should assess your condition and must approve any requests for COVID-19 testing.
- Do not give your personal or financial information to anyone claiming to offer HHS grants related to COVID-19
- If you suspect COVID-19 health care fraud, [report it immediately online](#) or call 800-HHS-TIPS (800-447-8477).

### References:

1. Inspector General, O. (2019, August 14). Fraud Alert: Genetic Testing Scam. Retrieved July 07, 2020, from <https://oig.hhs.gov/fraud/consumer-alerts/alerts/geneticscam.asp>
2. Inspector General, O. (2020, May 22). Fraud Alert: COVID-19 SCAMS: Office of Inspector General: U.S. Department of Health and Human Services. Retrieved July07,2020, from <https://oig.hhs.gov/coronavirus/fraud-alert-covid19.asp>

## MEDICARE-RELATED COVID-19 CHANGES

- A [COVID-19 test](#) is covered with no cost-sharing in either Medicare Part B or an MA plan.
- Medicare will cover FDA authorized [COVID-19 serology tests](#) as they are reasonable and necessary for Medicare beneficiaries with known current or known prior COVID-19 infection or suspected current or suspected past COVID-19 infection.
- When a [COVID-19 vaccine](#) is developed, it will be covered under Part B with no cost-sharing.
- Starting March 6, 2020, as stated in the [Interim Final Rule](#), Medicare can pay for telehealth services, including office, hospital, and other visits furnished by physicians and other practitioners to patient's place of residence or located anywhere in the country.
- A new Interim Final Rule provides a list of resources posted on the Substance Abuse and Mental Health Services Administration (SAMHSA) website on [Opioid Treatment Programs \(OTP\)](#).
- According to the [U.S. Department of Health and Human Services](#), Office of the General Counsel, licensed pharmacists can order and administer COVID-19 tests even in states or localities limited or prohibited pharmacists from performing these tests.
- The Food and Drug Administration (FDA), Federal Trade Commission (FTC), and Federal Communications Commission (FCC) have taken action against fraudsters and scammers. If you are offering a medical product, you may check to see if it is approved by FDA or Emergency Use Authorization (EUA) via FDA webpages: [for drugs](#), [for devices](#), [Reporting Unlawful Sales of Medical Products on the Internet](#), [Report Suspected Criminal Activity](#) or email [FDA-COVID-19-Fraudulent Products@fda.hhs.gov](mailto:FDA-COVID-19-Fraudulent-Products@fda.hhs.gov).
- CMS has released data on health disparities during COVID-19. [The Medicare COVID-19 Data Snapshot fact sheet](#) reports COVID-19 cases and hospitalizations data for Medicare beneficiaries diagnosed with COVID-19.
- [CMS Directs Additional Resources](#) to Nursing Homes in COVID-19 Hotspot Areas.
- For more information: please visit [Center for Medicare Advocacy](#), [COVID-19 guidance for older adults](#).

## Changes to Opioid Treatment Services for Dually Eligible Individuals

As of January 1, 2020, Medicare Part B covers a **new Opioid Treatment Program (OTP) benefit**. This means Medicare beneficiaries now have access to methadone for medication-assisted treatment (MAT) in an out-patient setting, along with counseling and other opioid use disorder (OUD) treatment services delivered by a certified OTP provider.

For individuals dually eligible for Medicare and Medicaid, this new coverage means that Medicare is now the primary payer for these OUD treatment services. The Centers for Medicare & Medicaid Services (CMS) has issued guidance to OTP providers, MA plans, and to states to help ensure that dually eligible individuals who are currently receiving these OUD treatment services do not experience interruptions in care.

Justice in Aging's [new fact sheet](#) describes the new OTP benefit and how it affects dually eligible individuals' access to treatment for OUD. Advocates working with dually eligible individuals or other Medicare beneficiaries receiving or in need of OUD treatment services should become familiar with these changes to help clients navigate and identify any issues.

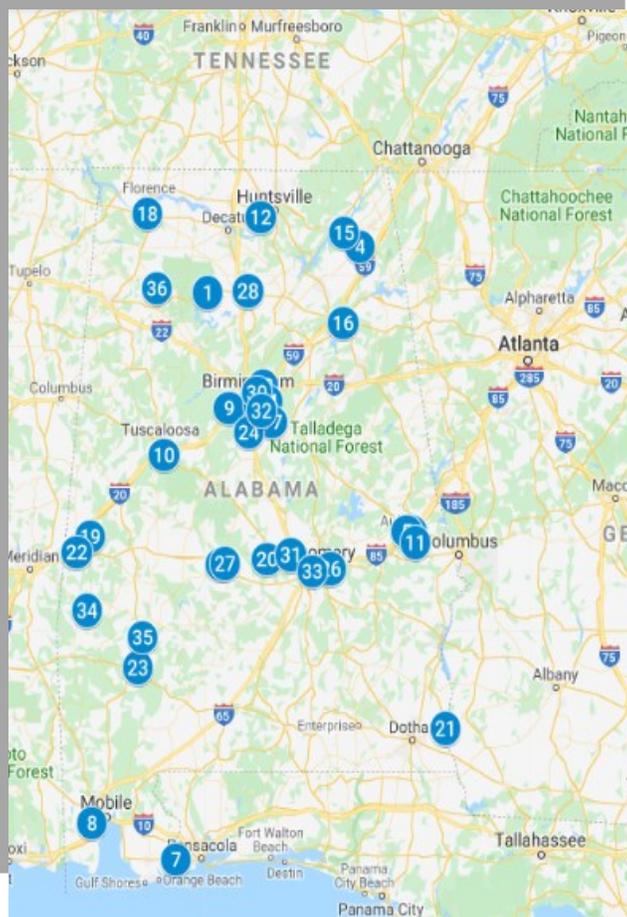
For example:

- OTP providers and MA plans are prohibited from billing Qualified Medicare Beneficiaries (QMBs) for Medicare cost-sharing for OTP services. In addition, all people enrolled in Original Medicare should not pay any cost-sharing for OTP services once they have met their Part B deductible.
- States, MA plans, and providers should be following guidance to ensure continuity of care for dually eligible beneficiaries who are currently receiving OTP services.
- State Medicaid programs cannot exclude or deny coverage of transportation (NEMT) for dually eligible individuals to Medicare-covered benefits, including OTP services.



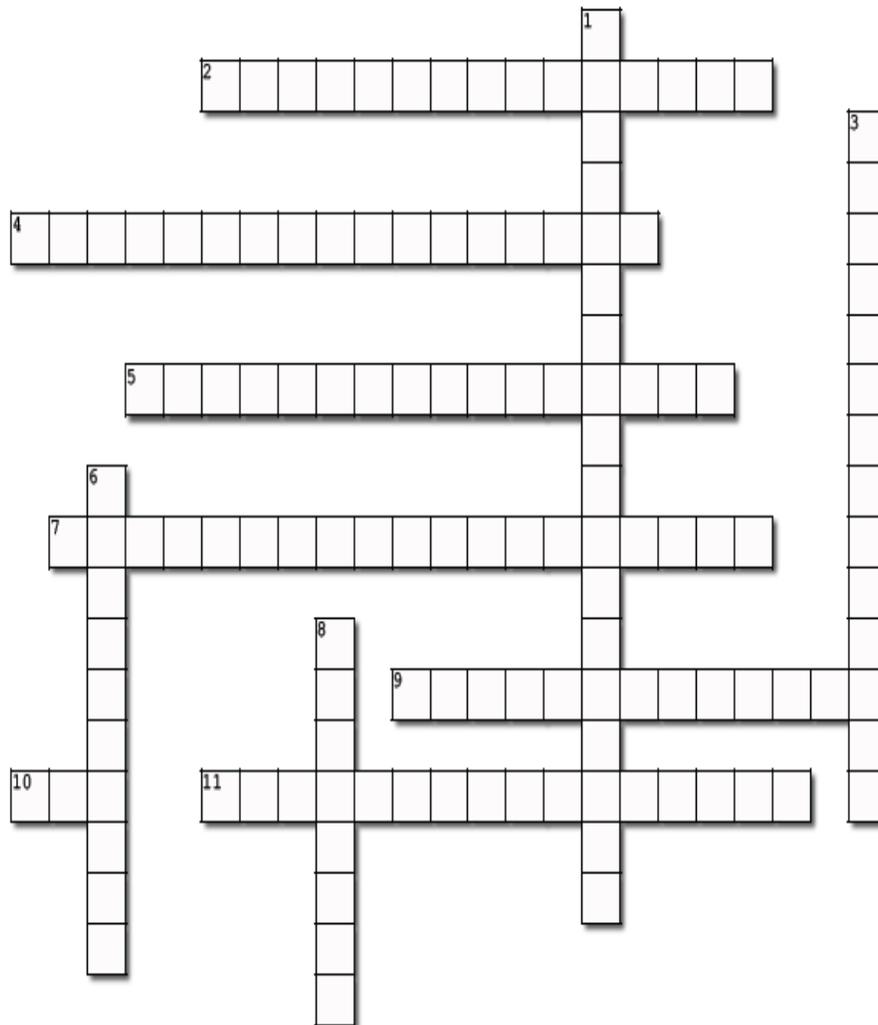
## C.A.R.E.S. Pharmacy Network Members

1. Addison Discount Pharmacy | Addison, AL
2. Kroger Pharmacy | Opelika, AL
3. Walgreens Pharmacy #6955 | Hueytown, AL
4. Rainsville Drugs | Rainsville, AL
5. Walmart Neighborhood Market | East University location, Auburn, AL
6. Walgreens Pharmacy #4589 | Pelham, AL
7. Lillian Pharmacy | Lillian, AL
8. Pharmacy Services of Mobile | Mobile, AL
9. Weldon Pharmacy | Hueytown, AL
10. Beauregard Drugs | Auburn, AL
11. Rite Aid Pharmacy #07054 | Madison, AL
12. Rite Aid Pharmacy #07013 | Birmingham, AL
13. Continuity of Care Internal Medicine Clinics- Brookwood Baptist Health | Birmingham, AL
14. Section Pharmacy | Section, AL
15. Gadsden City Pharmacy | Gadsden, AL
16. Fred's Pharmacy #3056 | Tuscumbia, AL
17. Walmart Pharmacy #4330 | Chelsea, AL
18. The Drug Store | Livingston, AL
19. Beasley Pharmacy | Columbia, AL
20. York Drug | York, AL
21. City Drugs | Grove Hill, AL
22. Walgreens Pharmacy #10525 | Tuscaloosa, AL
23. Walgreens Pharmacy #9427 | Pelham, AL
24. Winn-Dixie Pharmacy #0543 | Selma, AL
25. Autauga Pharmacy | Autaugaville, AL
26. Turenne PharMedCo | Montgomery, AL
27. Swift Drug Co. | Selma, AL
28. Borden Family Pharmacy | Cullman, AL
29. Walgreens #10333 | Birmingham, AL
30. Adams Drugs | Prattville, AL
31. Christ Health Center Pharmacy | Birmingham, AL
32. Walgreens Pharmacy #11651 | Birmingham, AL
33. Walgreens Pharmacy #9456 | Montgomery, AL
34. Willard's Medical Arts Pharmacy | Butler, AL
35. Family Medicine Pharmacy | Thomasville, AL
36. Haley's Pharmacy | Haleyville, AL



Name: \_\_\_\_\_

Complete the crossword puzzle below



Created using the Crossword Maker on TheTeachersCorner.net

**Across**

2. Mrs. Redd received a Bachelor of Science from \_\_\_\_ in Resource Management and a Masters Degree in Public Administration.
4. The purpose of the \_\_\_\_ is to determine whether an on-site visit with the provider is needed to share lab results.
5. \_\_\_\_ is the Area Agency on Aging(AAA) Director for the South Central Alabama Development Commission (SCADC).
7. The personal information that is collected from Medicare beneficiaries fraudulently used to bill \_\_\_\_ programs.
9. There are no. of ways the fraudsters are targeting Medicare beneficiaries and some of these include \_\_\_\_, social media.
10. \_\_\_\_ will hold its 139th Annual Meeting and Awards Luncheon on August 29, 2020 at the Renaissance Montgomery Hotel and Spa.
11. When a \_\_\_\_ is developed, it will be covered under Medicare Part B with no cost-sharing.

**Down**

1. Vicky Stoudenmire is a floater pharmacist for the \_\_\_\_ family of independent pharmacies in Selma, Alabama
3. \_\_\_\_ are being offered to Medicare beneficiaries by fraudsters in exchange for personal details such as Medicare information
6. As noted in the IRF, starting March 6, 2020, the CMS broadened its access to \_\_\_\_ services with the 1135 waiver.
8. The \_\_\_\_ are for established patients to communicate with their providers on online patient portals.



## 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 [EthosCE](#).

### 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:

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

**This publication has been created or produced by the local Aging and Disability Resource Center (ADRC) with financial assistance, in whole or in part, through a grant from the Administration for Community Living (ACL).**

Across:  
 2. Troy University  
 4. Virtual Check-Ins  
 5. Mrs. Sharon Redd  
 7. Federal health care  
 9. text messages  
 10. APA  
 11. COVID-19 vaccine

Down:  
 1. Brown Drug Company  
 3. COVID-19 tests  
 6. Telehealth  
 8. E-visits