

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

Issue 25

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

Editor: Oluchukwu Ezeala, PhD Student

on [Blog | alpharmacycares.](https://alpharmacycares.org/blog)

Lastly, our free CE programs for pharmacists and pharmacy technicians are still available. Please take advantage of them to update your knowledge on Medicare and other programs available to help your older patients meet their drug, food, and other needs.

I hope you all have a good rest of the year. Happy Holidays! See you next year.

Salisa Westrick, PhD
Sterling Professor
Health Outcomes Research and Policy



Hello C.A.R.E.S Pharmacy Network members! It's been a great year with you all. While we are still in the spirit of thanksgiving, I want to thank each and every one of you for staying with the C.A.R.E.S network and committedly serving your patients and communities.

I would like to thank you for reminding your patients about the Medicare Annual Enrollment Period. I also want to remind you that the Medicare Advantage Open Enrollment Period will start on January 1 and end on

March 31, 2025. Please inform your patients about these opportunities to make changes to their plans and refer them to the Alabama State Health Insurance Assistance Program (SHIP) for counseling and guidance on plans selection.

In this final issue of the year, we bring you information on the Anti-Kickback Statute against Medicare and Medicaid fraud and updates on pneumococcal vaccine recommendations. I hope the articles help you understand this law, the consequences of breaking it, and ways to protect yourself and your pharmacy staff, as well as provide insights into pneumococcal vaccines, their schedules for recommended age groups, and tools to help identify the types of pneumococcal vaccines your patients may need. We also have blog post highlights covering topics such as updates on vaccine recommendations, Medicare prescription drug coverage, FDA product approvals, and how to protect your patients against Medicare fraud during the enrollment periods. The blog posts can be found

Issue 25 Highlights:

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Understanding Medicare and Medicaid Fraud-- The Anti-Kickback Statute

Amatallah Saulawa, International Studies and Public & One Health Undergraduate Student at Auburn University

This article is the second of a series designed to educate pharmacists on relevant laws regarding fraud. Issue 23 of our C.A.R.E.S Pharmacy Network newsletter described the False Claims Act. This article is about the Anti-Kickback Statute, which delineates federal policy on kickbacks and bribes regarding healthcare providers.

What is the Anti-Kickback Statute?

The Anti-Kickback Statute (AKS) prohibits intentionally soliciting, providing, or receiving remuneration in exchange for referrals or healthcare services covered by Medicaid or Medicare.¹ Remuneration is defined broadly and includes anything from cash payments and free expensive hotel stays to waiving copayments.^{2,3} For example, under the AKS, it is illegal to prescribe a drug in exchange for money from a pharmaceutical company. According to the Office of the Inspector General, under the AKS, accepted kickbacks are punishable by a fine of \$50,000 per kickback plus three times the amount of the remuneration.¹ Guilty parties could also face additional jail time.

Real-Life Example:

In 2022, a group of healthcare workers, including a clinic owner, pharmacists, and a doctor, went on trial for being involved in a healthcare fraud scheme involving kickbacks and medically unnecessary prescriptions. The clinic owner would pay kickbacks to a doctor to prescribe medically unnecessary medications and pharmacists to fill the prescriptions. All face up to 15 years in prison for the charges.⁴

How Can I Protect Myself?

Committing Medicare/Medicaid fraud has consequences beyond fines and/or incarceration. Under the exclusion statute, providers who have been found guilty of committing Medicare/Medicaid fraud can be forbidden from billing any Federal healthcare program, whether directly or indirectly. To protect yourself and your practice, keep track of and report any remuneration received.⁵ Additionally, take time to familiarize yourself with federal regulations regarding healthcare providers' remuneration. For more information about Medicare and Medicaid fraud, visit the office of Inspector General's website at <https://oig.hhs.gov>.

Fraud is costly and negatively impacts everyone involved, including taxpayers who contribute to Medicaid and Medicare services. That is why it is important to know what

actions constitute violations under these guidelines. Our next article will be on the Exclusion Statute. Continue reading the articles in this series to stay informed on how to protect yourself from Medicare and Medicaid fraud.

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Pneumococcal Vaccine Recommendation Updates

Kassi Scott, PharmD Candidate at Auburn University Harrison College of Pharmacy

The pneumococcal vaccines are used to build immunity against *Streptococcus pneumoniae* (*S. pneumoniae*).¹ This bacteria is one of the main causes of pneumonia, as well as bacterial meningitis and other various respiratory tract infections like bronchitis and sinusitis.^{1,2} Given that *S. pneumoniae* is a leading cause of fatal infections, it is crucial for patients to take preventive measures against the bacteria. Infections can be particularly severe in certain groups, with children, the elderly, and immunocompromised individuals being the most at risk.³

There are currently two different types of pneumococcal vaccines available. The two types include a conjugate vaccine and a polysaccharide vaccine. Conjugated vaccines are made from polysaccharide capsules that are combined with carrier proteins. The polysaccharide vaccine is just the polysaccharide capsule. There are four pneumococcal vaccines that are currently available. Pneumococcal conjugate vaccines include: PCV15, PCV20, and PCV21, while PPSV23 is a pneumococcal polysaccharide vaccine.^{1,4}

PCV21 is the newest of all pneumococcal vaccines. It was recently approved by the U.S. Food and Drug Administration on June 17, 2024.¹ Then, on June 27, 2024, the Advisory Committee on Immunization Practices (ACIP) recommended PCV21 as an option for adults aged ≥ 19 years who are currently recommended to receive PCV15 or PCV20.¹ PCV21 contains an additional 11 serotypes not found in PCV20. Because of these differences, CDC estimates that PCV21 targets serotypes that cause between 77% and 85% of invasive pneumococcal disease (IPD) in adults, compared to 54% and 65% for PCV20.⁵ It should be mentioned that, because PCV21 does not cover serotype 4, PCV20 should be utilized in patients at greater risk of an IPD caused by serotype 4. These include patients living in Alaska, Colorado, New Mexico, Oregon, and Navajo Nation.⁶ Patients experiencing homelessness may also be at risk of developing IPD caused by serotype 4.¹ In terms of recipient groups, PCV20 can be used in all patient age groups, including patients under the age of 5. Comparatively, PCV21 can only be used in patients aged 19 or older.⁴ As of now PCV21 is not recommended for patients under the age of 19, due to the lack of research done in younger patients.

Pneumococcal vaccination recommendations are complex. There are 3 types of recommendations that are applicable to pneumococcal vaccines – age-based, risk-based and shared clinical decision-making recommendations. The recommendations for pneumococcal vaccination of children and adults vary depending upon the recipient's age, pneumococcal vaccination history, and medical or behavioral risk factors. Applicable patients whom

pneumococcal vaccine should be discussed with include those younger than 5 years old, 19+ years old with a risk factor for pneumococcal disease, and 50+ years old regardless of risk factors. CDC has summarized the recommendations at this site: www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/index.html.

We want to draw your attention to the newest update for the recommendation for older patients, as of October 2024. CDC now recommends PCV15, PCV20, or PCV21 for all adults 50 years or older who have never received any pneumococcal conjugate vaccine or whose previous vaccination history is unknown. If PCV15 is used, it should be followed by PPSV23 one year later.⁴ We recognize that the pneumococcal recommendations are complex. As such, CDC has offered a free app called PneumoRecs VaxAdvisor that can be used to assist healthcare providers when selecting a pneumococcal vaccine for patients.⁷ It is important to discuss previous vaccination history, whether self-reported or through immunization information systems (IISs) to determine if the patient needs a pneumococcal vaccine. It is also important to discuss if there are risk factors present for your specific patient. These vaccination needs can be discussed during MTM services.

Pharmacists and pharmacy technicians are instrumental in enhancing immunization rates and preventing avoidable infectious diseases, such as invasive pneumococcal disease caused by *S. pneumoniae*. Their expertise and accessibility make them vital in promoting public health and ensuring community well-being.

References:

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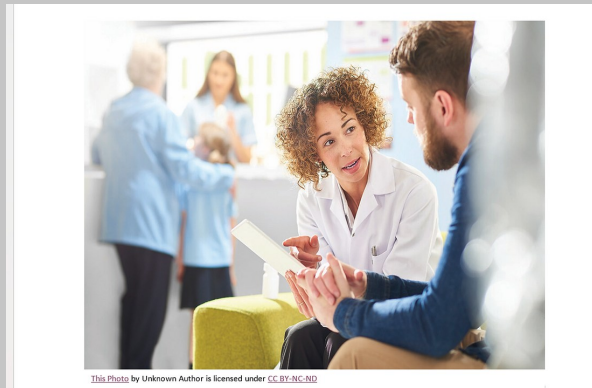
Recent C.A.R.E.S Blog Highlights

“How Pharmacists Can Increase Adult Vaccines Uptake”



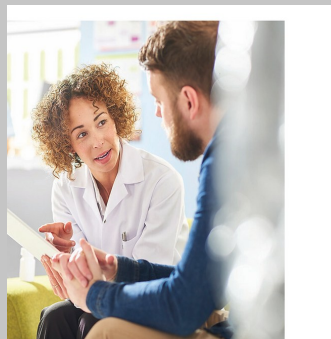
<https://www.alpharmacycares.org/post/how-pharmacists-can-increase-adult-vaccine-uptake>

“Avoid scams during Medicare’s Open Enrollment Period”



<https://www.alpharmacycares.org/post/avoid-scams-during-medicare-s-open-enrollment-period>

“New Vaccine Added to Shared Clinical Decision-Making”



<https://www.alpharmacycares.org/post/new-vaccine-added-to-shared-clinical-decision-making>

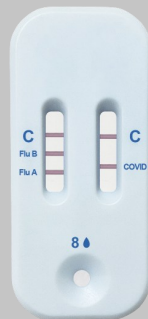
Recent C.A.R.E.S Blog Highlights

“Pneumococcal Vaccination Now Recommended for Adults Starting at Age 50”



<https://www.alpharmacycares.org/post/pneumococcal-vaccination-now-recommended-for-adults-starting-at-age-50>

“FDA Grants Marketing Authorization for Single COVID-19 and Flu Test Kit.”



<https://www.alpharmacycares.org/post/fda-grants-marketing-authorization-for-single-covid-19-and-flu-test-kit>

“Medicare's Open Enrollment is HERE!!!”



<https://www.alpharmacycares.org/post/medicare-s-open-enrollment-is-here>

Recent C.A.R.E.S Blog Highlights

“Pneumococcal 21-Valent Conjugate (PCV 21) Vaccine Recommendations for U.S. Adults”

Vaccine	Serotype																															
	1	3	4	5	6A	6B	7F	9V	14	18C	19A	19F	23F	22F	33F	8	10A	11A	12F	15B	2	9N	17F	20	15A	15C	16F	23A	23B	24F	31	35B
PCV21																																
PPSV23																																
PCV20																																
PCV15																																

<https://www.alpharmacycares.org/post/pneumococcal-21-valent-conjugate-pcv-21-vaccine-recommendations-for-u-s-adults>

“Exciting feature for Medicare prescription drug coverage in 2025”



<https://www.alpharmacycares.org/post/exciting-feature-for-medicare-prescription-drug-coverage-in-2025>

“Effective September 30, 2024 -- PrEP under Medicare Part B has no out-of-pocket costs”



<https://www.alpharmacycares.org/post/effective-september-30-2024-prep-under-medicare-part-b-has-no-out-of-pocket-costs>

Fall Highlights



C.A.R.E.S. team and Harrison College of Pharmacy students at the Medicare Open Enrollment Period outreach in Opelika, Alabama, where participants were educated and assisted in comparing and selecting Medicare plans.

(Updated) CDC-Recommended Adult Immunization Schedule

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of 2024–2025 vaccine (See Notes)			2 or more doses of 2024–2025 vaccine (See Notes)
Influenza inactivated (IIV3, cclIIV3) Influenza recombinant (RIV3)	1 dose annually			1 dose annually (HD–IIV3, RIV3, or allIIV3 preferred)
Influenza inactivated (allIIV3; HD–IIV3) Influenza recombinant (RIV3)	Solid organ transplant (See Notes)			
Influenza live, attenuated (LAIV3)	1 dose annually			
Respiratory syncytial virus (RSV)	Seasonal administration during pregnancy (See Notes)			60 through 74 years (See Notes) ≥75 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (See Notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For health care personnel (See Notes)
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (See Notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PCV21, PPSV23)			See Notes	See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication (See Notes for booster recommendations)			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication (See Notes for booster recommendations)		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Mpox	2 doses			
Inactivated poliovirus (IPV)	Complete 3-dose series if incompletely vaccinated. Self-report of previous doses acceptable (See Notes)			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity
 Recommended vaccination for adults with an additional risk factor or another indication
 Recommended vaccination based on shared clinical decision-making
 No Guidance/Not Applicable

See the full schedule at: <https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf>

Did You Know?

Coca-Cola, Pepsi, Dr. Pepper, and Vernors Ginger Ale were all created by pharmacists.

- ◆ Coca-Cola: Created in 1886 by John Pemberton, a pharmacist in Atlanta, Georgia.
- ◆ Pepsi: Invented in 1893 by Caleb Bradham, a pharmacist in New Bern, North Carolina.
- ◆ Dr. Pepper: Developed in 1885 by Charles Alderton, a pharmacist in Waco, Texas.
- ◆ Vernors Ginger Ale: Created in the 1860s by James Vernor Sr., a pharmacist in Detroit.

REMINDER!

In partnership with the 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 **ACPE approved** 3-credit hour 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 updated the three hours comprehensive CE program to provide an overview of Medicare, government assistance programs, impact of the Inflation Reduction Act 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 the CE programs by visiting: <https://aub.ethosce.com/>

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