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

Issue 17

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

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Welcome C.A.R.E.S. Pharmacy Network members, we hope you are all well as we enter into the fall and winter seasons!

As the COVID-19 pandemic continues, and we enter into flu-season, we would like to thank you all for your hard work in keeping your communities, and the nation, healthy! We would also like to thank all of those who have had the opportunity to assist those in your local communities in signing up for healthcare during this year's open-enrollment period!

In this issue, we highlight the effect misinformation has had on the COVID-19 pandemic and the tendencies toward vaccine hesitancy it can cause. The concept of misinformation is discussed through the lens of both modern technology and concerns in the federal government's oversight of the vaccine's efficacy testing. Additionally, we discuss the history and proliferation of kickback fraud in the healthcare industry and how to be on a lookout for it in the future.

To keep you informed on the most up-to-date information. we provide regular updates on our blog about Medicare, COVID-19, and other healthcare trends on our website: www.alpharmacycares.org.

Feel free to check us out and/or subscribe!

We thank you for referring patients to us for thorough benefit screening. If you need more referral cards and/or pre-stamped envelopes, please let us know!

For our continuing education (CE) programs, pharmacists and technicians can complete this at https://www.alpharmacycares.org/continuing-education-program

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Misinformation in the Age of COVID-19

Kavon Diggs, PharmD Candidate

Citizens all over the world are concerned about COVID-19 and its respective misinformation. Access to this misinformation is at our fingertips with the ease of widespread communication in today's technological world. People do not know who to trust when caring for themselves and their loved ones. This can be an overwhelming feeling. In these moments, it is important for people to turn to experts for the most up to date, informed medical advice. It is also important for pharmacists to know what the concerns are and what they may have come from in order to properly and effectively respond to them. Read more to learn about two leading misinformation concerns regarding the vaccines: microchip placement and emergency approval.

One leading concern amongst both vaccinated and unvaccinated peoples is the idea of a microchip being inserted into the arm at the time of vaccination. This rumor began from edited footage of Bill and Melinda Gates.[1] Specifically, he stated that "we will have some digital certificates" that could ultimately show who has been tested and who's been vaccinated.[1] Additionally and separately, a sensor technology has been developed by scientists to detect early illnesses.[2] Specifically, the sensors are designed to track of body chemistry in the body when inserted under the skin. If those biomolecules change, it could indicate the person is getting sick and might show symptoms soon.[2] This sensor is similar to the "check engine light" as it is not specific to a single illness.[2] This sensor does not have any electrical components and is very similar to contact lens material.[2] Social media plays a critical role in distributing false information about microchips in the vaccine. As such, misinformation like this is an urgent threat to public health and puts lives at risk.[3]

Beyond the scare of a microchip, patients are concerned about the hurried testing schedule of the various COVID-19 vaccines. There has been misinformation spread regarding skipped steps in the testing process. In reality, researchers did not skip any steps; rather, they overlapped some steps to gather data more quickly.[1] The CDC states that clinical

(Cont.) development of vaccines go through three different phases in order to get approved and licensed.[4] As for the COVID-19 vaccine, in order for the people to receive it sooner, the vaccine had to be given emergency approval, followed by approval by the FDA on an expedited schedule rather the typical span of 10-15 years for other vaccines.[5]

These two cases of vaccine misinformation may have contributed to vaccine hesitancy. As misinformation continues to be spread, a pharmacist can play a role in addressing the information by correcting the patient's perception about the COVID-19 vaccines. Actively listening to patients' concerns is key in addressing their hesitancy.

<u>**References**</u>

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Kickback Fraud in Healthcare and How to Prevent It

Virginia Reese, PharmD Candidate and MPH Candidate

Kickback fraud can be provider-related or beneficiary-related fraud. To be considered a provider-related fraud, it would mean that a provider offers, solicits, or receives earnings for being refereed or providing services that are reimbursable by Medicare, Medicaid, or another third-party payer. To be considered a beneficiary-related fraud, it would mean that beneficiaries are "receiving payment from providers for referring other beneficiaries for medical services."[1] A kickback results in a false claim for which there are further consequences. In order to prevent kickback fraud, the Anti-Kickback Statute was implemented in 1942. This statute prohibits "the exchange of anything of value, in an effort to induce the referral of business reimbursable by federal healthcare programs."[2] Some examples of kickbacks are financial incentives for referrals, free or discounted rent for office space, compensation for medical directorships, and waiving copayments.[3]

One area in pharmacy that creates an opportunity for kickback fraud is compound pharmaceuticals. This is due to the fact that compound prescriptions may be subject to higher reimbursement under publicly funded healthcare programs.[4] Here are Two occurrences documented by the United States Department of Justice in 2020 involving the use of compound pharmaceuticals to generate kickback. One of these occurrences happened in May 2020 where six Dallas, Texas pharmacy owners and marketers carried out fraudulent activity adding up to over $14 million in illegal kickbacks and bribes. Amongst those involved in the scheme there were charges for conspiracy to defraud the U.S. government, pay and receive kickbacks, conspiracy to commit money laundering by concealing proceeds of the unlawful kickbacks, and more. The pharmacists created a scheme to pay kickbacks and bribes for the referral of TRICARE and department of labor beneficiaries in order to get expensive compound drugs. The illegal kickback payments were covered up by using marketing companies and paying them based upon the prescription being a private or federal prescription; federal prescriptions are what was used to obtain

(Cont.) the kickback. The pharmacist used the kickback earnings to purchase property, luxury vehicles, and chartered vessels.[5]

The second occurrence was in June 2020 where three men were involved in billing Medicare, TRICARE, and private insurance companies for medically unnecessary compounded medications. Several pharmacies were involved in the process of formulating, dispensing, shipping, and billing insurance for the medications. The defendants provided kickbacks and bribes to marketers, healthcare providers, and beneficiaries in order to receive these unnecessary prescriptions. This scheme resulted in more than $180 million in fraudulent billing. The kickback payments were concealed by laundering the money through monetary transactions to purchase real estate, automobiles, and jewelry.[6]

These are just two examples of kickback fraud that demonstrate why it must be prevented. This kind of fraud leads patients to lose trust in their providers, pay increased cost for medical services and medications, or receive unneeded medications.[3] Under the Anti-Kickback Statute that was mentioned earlier, whistleblowers that report kickback schemes are protected. Whistleblowers are important and may have incentives for reporting kickback schemes; they can receive a portion of money under the False Claims Act.

Considering the instances of fraud mentioned in this article, certain steps to prevent fraud involving compound pharmaceuticals. These steps would be to make sure that the prescriber has correctly identified the necessity of the pharmaceutical product, making certain that everyone involved in the process of prescription to dispensing of the product is properly educated on what a kickback is, and ensuring that those who sell compound pharmaceuticals utilize training for marketers on how to avoid kickback fraud. If a pharmacist suspects a pattern of prescription fraud they can contact their State Board of Pharmacy or local DEA office. Medicare, TRICARE, and the U.S. Department of Labor all have their own individual ways of reporting fraud through their websites. Kickback fraud can lead to fines of up to $25,000 per violation, felony conviction punishable by imprisonment up to
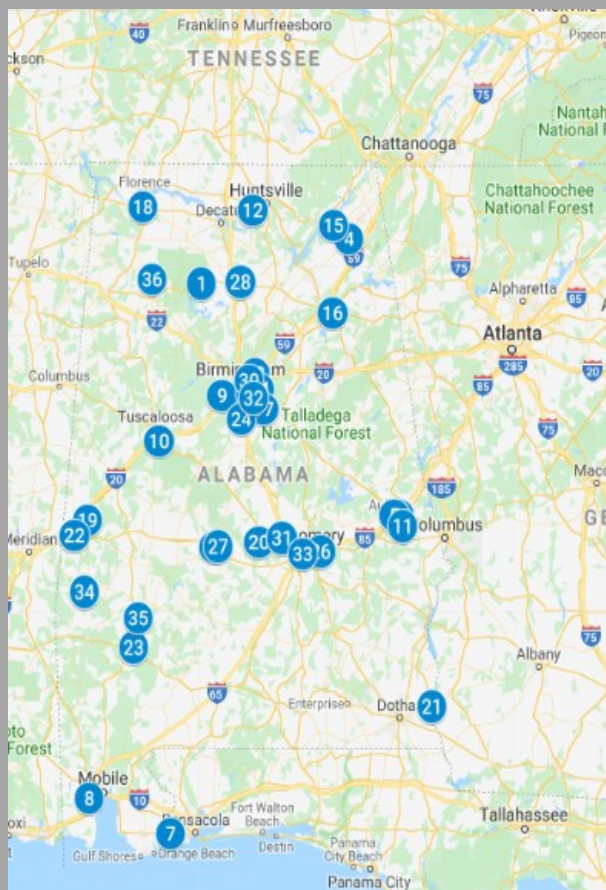
(Cont.) five years, or both, as well as possible exclusion from participation in federal healthcare programs. Kickback fraud must be prevented to ensure that patients are receiving safe, valuable, and essential care.
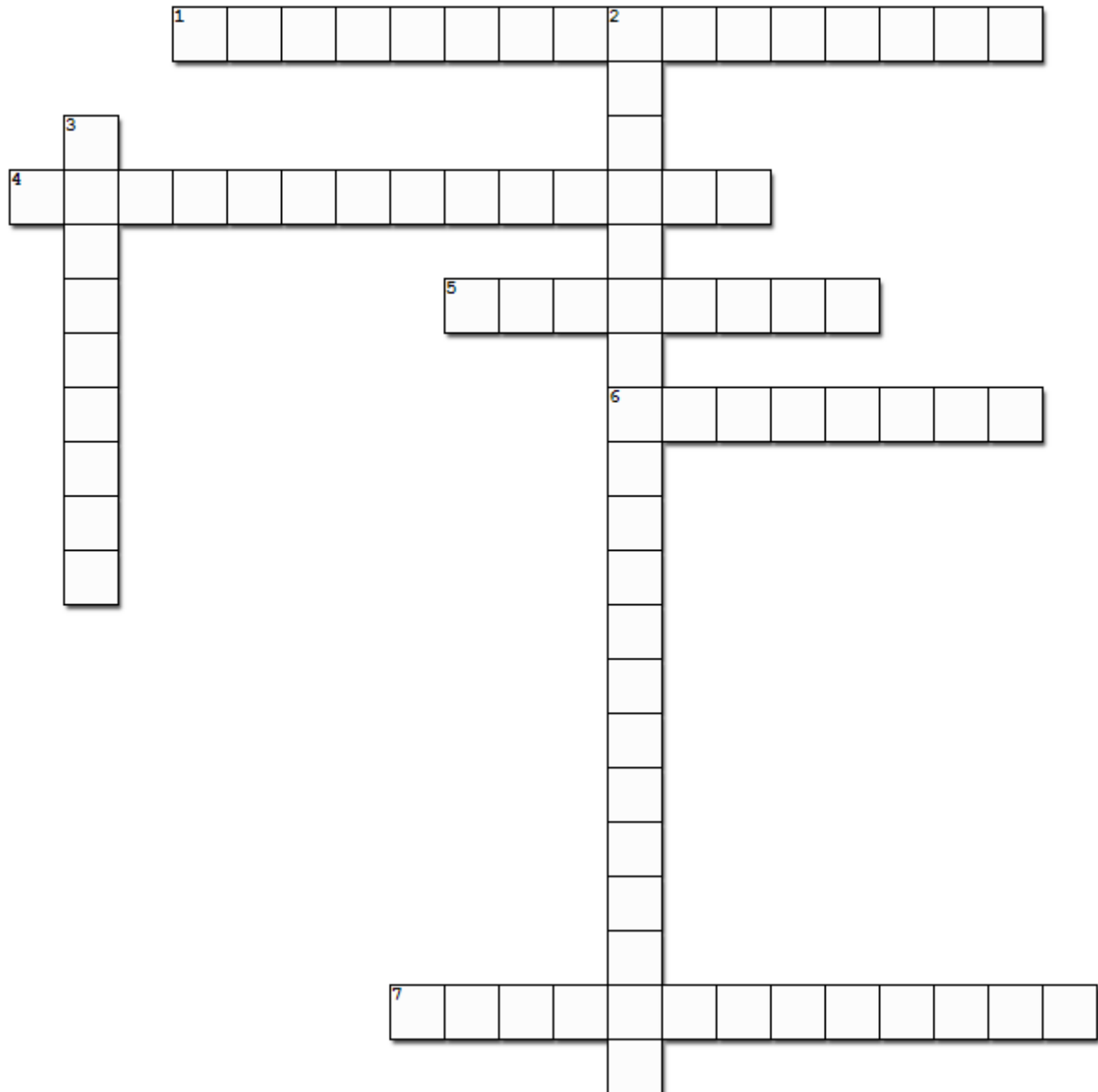
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C.A.R.E.S. Pharmacy Network Members

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. City Drugs | Grove Hill, AL
21. Walgreens Pharmacy #10525 | Tuscaloosa, AL
22. Walgreens Pharmacy #9427 | Pelham, AL
23. Winn-Dixie Pharmacy #0543 | Selma, AL
24. Autauga Pharmacy | Autaugaville, AL
25. Turenne PharMedCo | Montgomery, AL
26. Swift Drug Co. | Selma, AL
27. Borden Family Pharmacy | Cullman, AL
28. Walgreens #10333 | Birmingham, AL
29. Adams Drugs | Prattville, AL
30. Christ Health Center Pharmacy | Birmingham, AL
31. Walgreens Pharmacy #11651 | Birmingham, AL
32. Walgreens Pharmacy #9456 | Montgomery, AL
33. Willard's Medical Arts Pharmacy | Butler, AL
34. Family Medicine Pharmacy | Thomasville, AL
35. Haley's Pharmacy | Haleyville, AL

Across

1. (3 words) Act/law that imposes liability on persons and companies who defraud government programs.

4. False or inaccurate information

5. Tentative, unsure, or slow in acting or speaking

6. A payment made to someone who has facilitated a transaction or appointment

7. A person who informs on a person or organization engaged in an illicit activity

Down

2. (2 words) 1942 statute that prohibits a certain type of fraud in healthcare

3. A tiny wafer of semiconducting material used to make an integrated circuit

Marketplace Health Insurance

Important Dates and Deadlines:

November 1, 2021: Open Enrollment starts for 2022 coverage.

December 15, 2021: Last day to enroll in or change plans for 2022 coverage.

January 1, 2022: 2022 coverage starts, if you've enrolled by December 15, 2021 and paid your first premium.

January 15, 2022: Last day to enroll or change plans for 2022 coverage.

February 1, 2022: 2022 coverage starts if you enrolled by January 15, 2022 and paid your first premium.

Resources:

Alabama Department of Senior Services: https://alabamaageline.gov/; 1-800-AGELINE

Healthcare.gov Marketplace: https://www.healthcare.gov/see-plans/#/

Medicare Health and Drug Plans

Important Dates and Deadlines:

October 15, 2021: Open Enrollment starts for 2022 coverage.

December 7, 2021: Last day to join, switch, or leave a Medicare Advantage Plan or a Medicare drug plan.

January 1, 2022: 2022 coverage begins if you made a change from your 2021 coverage.

January 1 - March 31, 2022: If you're in a Medicare Advantage Plan, you can change to a different Medicare Advantage Plan or switch to Original Medicare.

Resources:

Medicare & You: https://www.medicare.gov/medicare-and-you

Forms, Help, and Resources: https://www.medicare.gov/forms-help-resources

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/

Down:
2. Antikickback Statute
3. Microchip

Across:
1. False Claims Act
4. Misinformation
5. Hesitancy
6. Kickback
7. Whistleblower