

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

Issue 19



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 bundle up for the fall and winter seasons!

With the flu season in full swing, we would like to thank you all for your continued efforts in keeping your local communities healthy and being active in providing both influenza and COVID-19 boosters!

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In this issue, we discuss Telehealth and how its increasing prevalence has affected Medicare fraud. With the COVID-19 pandemic period pushing many healthcare interactions into virtual formats, telehealth has since increased in its use dramatically; unfortunately, with this increase of use, there has also been an increase of related fraud. We highlight the history of telehealth and how to protect yourself, and patients, from fraud when utilizing such services. The recent passage of the Inflation Reduction Act is also discussed and how it is, and will continue to, impact Medicare beneficiaries. Additionally we provide useful updates to COVID-19 primacy and booster guidance.

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 subscribe and join!

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>

Salisa Westrick, PhD
Sterling Professor
Health Outcomes Research and Policy



Telemedicine and Medicare Fraud

Oluchukwu Ezeala, PhD Student

In recent times, there has been a growing concern over Medicare fraud. With damages such as loss of taxpayers' money, additional copayment to Medicare beneficiaries, emotional trauma to fraud victims, harms from the use of substandard medical devices and unnecessary medicines, there is a need to create awareness on the latest schemes used by perpetrators and ways one can identify, prevent, and report them.

Telemedicine is the practice of delivering clinical health services by a physician in one location via information and communication technology to a patient at a different location¹. It was initially adopted to increase access to healthcare services by remote communities but became very vital and widespread during the COVID-19 pandemic². According to the Centers for Medicare & Medicaid Services (CMS), Medicare covers telemedicine services³. This is of great benefit to Medicare enrollees because it minimizes the need for frequent clinic visits for their medical checkups and allows patients to receive care in the comfort of their homes rather than having to travel miles for their appointments. Telemedicine saves costs and time for patients as well as improves access to care.

Unfortunately, scammers have advanced to exploiting their victims through this means. Some of the ways they do this include phoning, texting, or emailing Medicare beneficiaries to let them know they are eligible for a free medical item or service, colluding with physicians and telemedicine companies to generate false prescriptions, order unnecessary laboratory tests, and medical equipment. These orders are sold to pharmacies and medical equipment companies for kickbacks and then billed to Medicare^{4,5}. Additionally, they are able to bring up a person's most recent hospitalization, name, personal identifying information, diagnosis, or appointment to appear more credible⁶.

Telemedicine fraud is gradually becoming rampant these days such that the New York Statewide Senior Action Council announced August as its "Medicare fraud of the month" in 2022⁴. Last year, the United States Department of Justice charged about 43 defendants

(Cont.) implicated in telemedicine fraud for allegedly submitting illicit and false claims over totaling \$1 billion to Medicare and other government owned insurance companies⁵.

One recent case is that of Mr. Oluwatobi Yerokun, a physician and telemedicine provider, who was charged with conspiracy. The prosecutors reported that he attested to the medical necessity of durable medical equipment (DME) and genetic tests for patients he never attended to. Medicare received these orders and reimbursed the claims made by the manufacturers of durable medical equipment and testing facilities. He received payment of \$44,860 for ordering durable medical equipment and genetic tests for 2,184 Medicare enrollees in Missouri between 2019 and 2021⁷.

To avoid falling a victim to telemedicine fraud, we recommend that Medicare beneficiaries only give out their Medicare information to trusted health care providers, always check their MyMedicare account or check with their insurance providers (e.g., Part C and D providers) for any unfamiliar copayments or claims made on their behalf, and to report any medical supplies delivered that was not ordered by their providers. Medicare beneficiaries or providers can report any suspected activity of telemedicine fraud to 1-800-MEDICARE or to the local Senior Medicare Patrol (SMP) at 1-800-243-5463 (1-800-Ageline).

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The Inflation Reduction Act: Impact on Medicare Beneficiaries

Salisa C. Westrick, PhD

A little less than half of Medicare beneficiaries (45%) have income below 200% of the federal poverty level (~\$27,000 for a single person in 2022)¹. Those with multiple chronic conditions, or those who utilize multiple medications, are at significant financial risk due to the high cost of healthcare and medications. As such, it's critically important for Medicare beneficiaries to select an appropriate Medicare Advantage plan or standalone prescription drug plan (PDP) to address their needs. Medicare beneficiaries should go to MyMedicare.gov to compare Medicare plans during the open enrollment period (October 15 – December 7).

The Medicare Part D program provides an outpatient prescription drug benefit to 48.9 million people. In 2022, more than half (53%) of Part D beneficiaries are enrolled in Medicare Advantage plans with drug benefit (MA-PD) and the remaining 47% are enrolled in stand-alone PDPs². MA-PDs and PDPs are designed based on a 'standard benefit' package mandated by law. The standard benefit defines the financial structure of the cost-sharing, such as the deductible amount and the required amount of out-of-pocket cost to reach the catastrophic phase. For 2022, the out-of-pocket threshold for beneficiaries to reach the catastrophic phase is \$7,050. After reaching the threshold, beneficiaries would still pay 5% of the cost of their covered drugs or a small copayment, whichever is greater. Essentially, there is no yearly out-of-pocket limit on how much they will have to pay in a year.

Due to the rising cost of medical care and medications, many Medicare beneficiaries cannot afford to pay for high-cost medications. The Inflation Reduction Act of 2022 has been signed by President Biden in August 2022. Below, we summarize several components of the Inflation Reduction Act, as related to health care, and their effective start date (see Figure 1, from Kaiser Family Foundation)³. The Inflation Reduction Act will:

1. Require drug manufacturers to pay Medicare a rebate when they raise prices faster than inflation (2023).

2. Cap the out-of-pocket monthly insulin cost at \$35 (2023)
3. Eliminate copayments for vaccines that the Centers for Disease Control and Prevention's ACIP recommends to adults including shingles vaccine (2023)
4. Raise the income threshold for the Low Income Subsidy (LIS or ExtraHelp) program. That is, the income limit to be eligible for Medicare's LIS rises to 150% of the federal poverty level, from today's limit of 135% (2024)
5. Eliminate the out-of-pocket costs after reaching the catastrophic coverage (in 2024)
6. Cap the amount Medicare beneficiaries will have to pay for prescription drugs at \$2,000 a year (2025)
7. Allow the Federal Government to negotiate the price of high-cost drugs (2026). The number of negotiated drugs starts from 10 Part D drugs in 2026 and will increase in subsequent years.

The Inflation Reduction Act should help alleviate high medication cost concerns among Medicare beneficiaries, especially those who use high-cost medications. There will also be additional Medicare beneficiaries who qualify for the LIS program. As such, pharmacists can help make Medicare beneficiaries aware of the LIS program and refer them to the State Health Insurance and Assistance Program for thorough screenings for LIS benefits. Successful enrollment in the LIS program would reduce their out-of-pocket cost significantly.

Figure 1

Implementation Timeline of the Prescription Drug Provisions in the Inflation Reduction Act

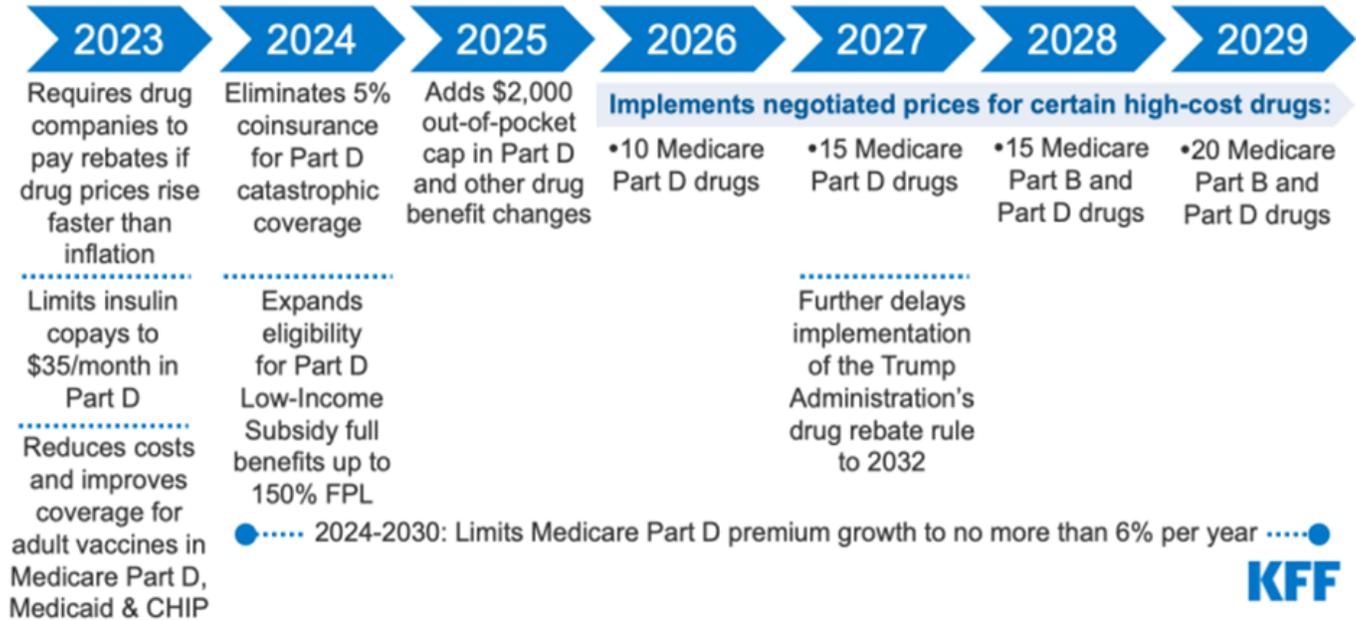


Figure Source: Cubanski J, Neuman T, Freed M. How Will the Prescription Drug Provisions in the Inflation Reduction Act Affect Medicare Beneficiaries? kff.org. Published August 18, 2022. Accessed August 28, 2022. <https://www.kff.org/medicare/issue-brief/how-will-the-prescription-drug-provisions-in-the-inflation-reduction-act-affect-medicare-beneficiaries/>.

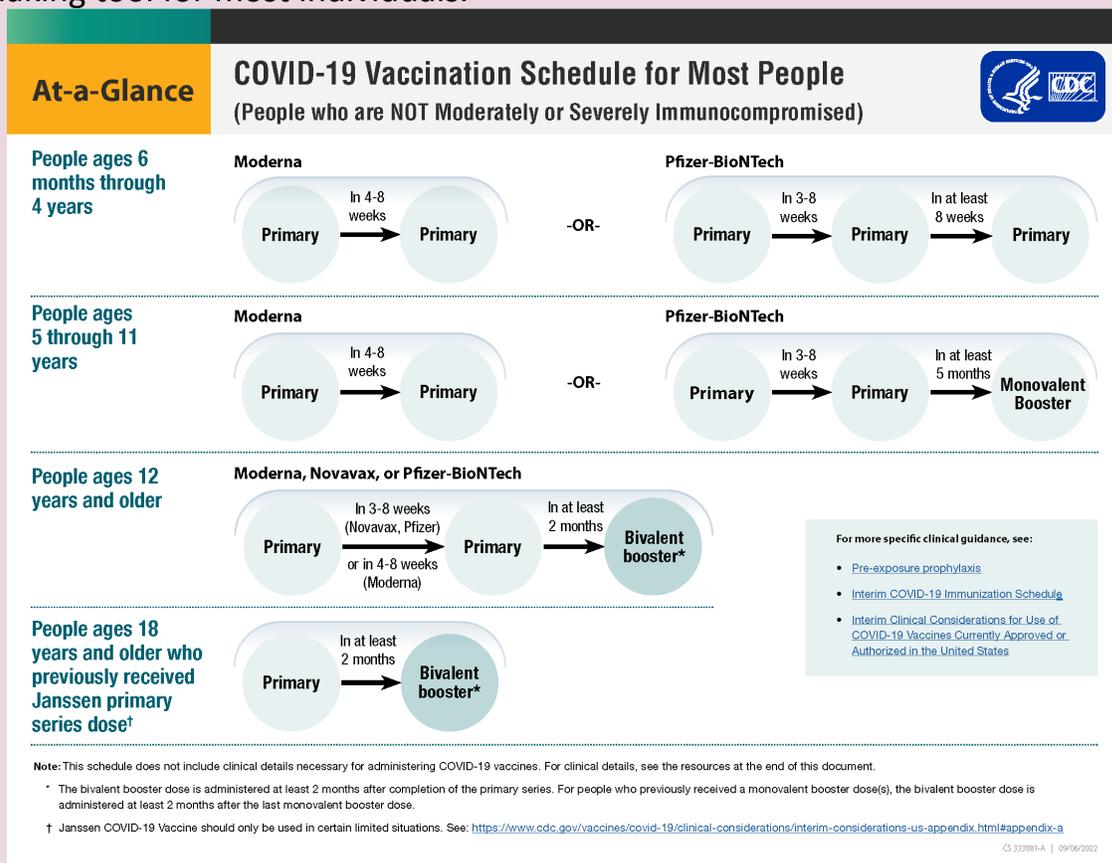
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Updated 2022 COVID-19 Primary Series and Booster Recommendations

The Centers for Disease Control and Prevention (CDC) has updated its COVID-19 primary series and booster dose recommendations. Bivalent COVID-19 vaccines (Moderna, Pfizer-BioNTech) and the new Novavax vaccine are considered to be, in most cases, the only authorized vaccines moving forward as of August 31, 2022. Moderna and Pfizer-BioNTech's bivalent vaccines are considered updated, as they add Omicron BA.4 and BA.5 spike protein components to the current vaccine composition to target the more transmissible and immune-evading COVID-19 variants.

In order to be considered up to date, in terms of COVID-19 vaccination, the CDC states that you must "have completed a primary series and received the most recent booster dose recommended for you." To ease in determining one's COVID-19 vaccination status and which vaccine dose(s) is recommended, the CDC has created a useful "schedule at a glance" and decision-making tool for most individuals.



Additional CDC resources for COVID-19 vaccine decision making:

“Stay Up to Date with COVID-19 Vaccines including Boosters”: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

COVID-19 Vaccination Schedules for Immunocompromised individuals: <https://>

2023 Open Enrollment: Important Dates and Resources

Marketplace Health Insurance

Important Dates and Deadlines:

November 1, 2022: Open Enrollment starts for 2023 coverage.

December 15, 2022: Last day to enroll in or change plans for 2023 coverage.

January 1, 2023: 2023 coverage starts, if you've enrolled by December 15, 2022 and paid your first premium.

January 15, 2023: Last day to enroll or change plans for 2023 coverage.

February 1, 2023: 2023 coverage starts if you enrolled by January 15, 2023 and paid your first premium.

Resources:

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

Medicare Health and Drug Plans

Important Dates and Deadlines:

October 15, 2022: Open Enrollment starts for 2023 coverage.

December 7, 2022: Last day to join, switch, or leave a Medicare Advantage Plan or a Medicare drug plan.

January 1, 2023: 2023 coverage begins if you made a change from your 2022 coverage.

January 1 - March 31, 2023: 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>

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

C.A.R.E.S. Newsletter Issue 19 - Wordle

#1: <https://mywordle.strivemath.com/?word=ycmlo>



C.A.R.E.S. Newsletter Issue 19 -

Wordle #3: <https://mywordle.strivemath.com/?word=dsroel>



C.A.R.E.S. Newsletter Issue 19 - Wordle

#2: <https://mywordle.strivemath.com/?word=bfrxo>



C.A.R.E.S. Newsletter Issue 19 -

Wordle #4: <https://mywordle.strivemath.com/?word=abirwp>



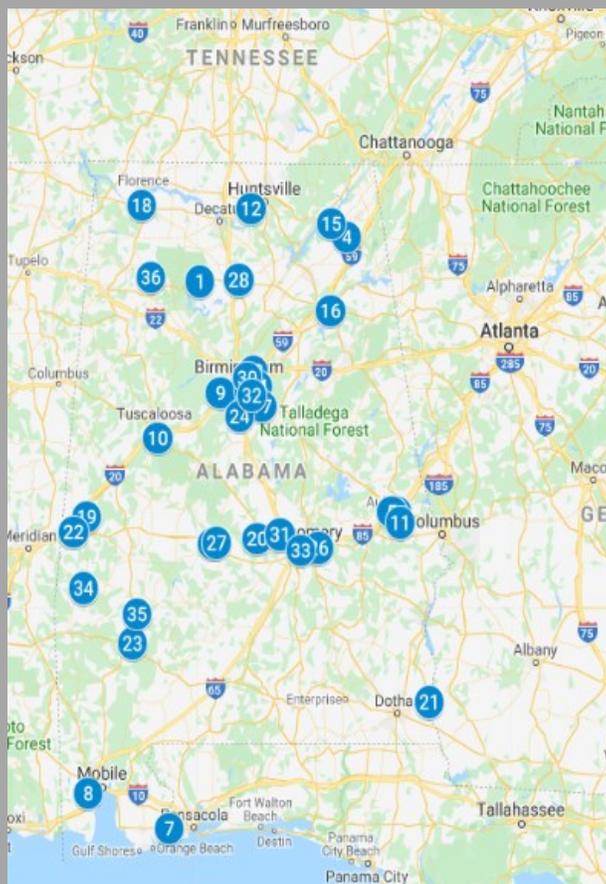
C.A.R.E.S. Wordsearch #1

M	C	H	A	O	E	L	W	L	M	E	R	S	M
Y	C	A	M	R	A	H	P	I	A	E	E	F	I
I	E	O	O	H	L	T	L	H	N	E	L	R	N
N	R	E	T	S	O	O	B	E	A	T	M	H	F
M	E	A	M	F	U	B	S	N	L	A	E	R	L
H	D	A	A	O	A	N	N	R	A	R	A	R	A
A	D	L	U	R	M	W	E	O	B	R	A	A	T
L	L	R	F	E	E	E	E	L	A	E	G	I	I
L	L	M	L	H	A	C	Z	L	M	H	A	N	O
O	H	W	U	B	N	L	E	E	A	A	M	E	N
W	L	E	T	E	L	E	H	E	A	L	T	H	R
E	L	A	H	E	A	L	T	H	C	A	R	E	T
E	H	E	N	I	L	E	G	A	E	E	H	A	F
N	M	E	D	I	C	A	R	E	U	E	L	E	I

HALLOWEEN
SNEEZE
HEALTHCARE
WINTER
FALL
ENROLL
INFLATION
ALABAMA
MEDICARE
FLU
AGELINE
TELEHEALTH
BOOSTER
PHARMACY

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



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/>

This project was supported, in part by grant number 90SAP0058, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

Wordle #1: COVID
Wordle #2: FRAUD
Wordle #3: HEALTH
Wordle #4: ENROLL