

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

Spring 2017, Issue 1



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

Welcome C.A.R.E.S. network members! We are excited to present you with the first issue of the C.A.R.E.S. Pharmacy Network newsletter. In this issue we hope you will find information useful as you continue to help your patients access needed medical care and medications.

This will be an exciting year as you continue to refer patients to ADRC. We will also continue to build the network and add new components to better connect you with resources to help your patients.

This network is the first model in the country and we want to demonstrate the benefit of the

collaboration between ADRC and local pharmacies. **We ask that you help us by providing your feedback so we can continue to improve.** For example, in responding to your feedback, we now are working with the Alabama Department of Senior Services to create a mechanism to report back to you when your patient has been contacted by ADRC.

Using this newsletter as a mechanism, we would like to use this opportunity to introduce you to all of our pharmacy members on page 3. I appreciate the fact that we have attracted many types of community pharmacies and in different regions. We also want to

highlight one member, Dr. Mark Rosenberg, who was one of the first to join the network and who is very active in the network activity.

Lastly, there are still many patients who struggle financially. With this newsletter we have provided you with updated MSP/LIS income information. Please continue to refer patients who may be qualified and also recommend our network to your pharmacist colleagues.

We appreciate all of you and value what you do for your patients. THANK YOU; we know that you CARE. Thank you for your continued support and we are excited for everything this year will bring!

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Medicare Pearl Points

“Pearl Points” column will be used to communicate changes in Medicare and/or areas worth highlighting. If you need more information, please contact us!

Prevention, prevention, prevention.

As a healthcare provider, we know the value of preventive services. As a reminder, preventive services are provided to Medicare patients at no charge to them.

- Immunizations including Influenza, pneumococcal and Hepatitis B are covered under Medicare Part B. Pharmacists are in a great position to assess patients' immunization status and make vaccine recommendations.
- “Annual wellness visits” are underutilized by Medicare patients. This annual visit is provided under Medicare Part B without a deductible or copayment. Through this program, the provider will conduct various assessments including: medical and family history, risk factors, routine measurements, vital signs and cognitive impairment screenings. This visit will allow the patient, in collaboration with his/her healthcare provider, to develop a personalized prevention plan. This plan will identify a screening schedule for prevention services including bone mass measurement, cervical cancer screening, cardiovascular screenings, diabetes screening, mammograms, etc. This visit is covered once every 12 months. We highly encourage you to recommend this to your patients.



Featured Member Mark Rosenberg, PharmD Walgreens Pharmacist at Hueytown, AL

The C.A.R.E.S. pharmacy network is designed to assist caring pharmacists who truly want to do everything they can to help their patients. Mark Rosenberg (picture above), a pharmacist at Walgreens embodies this ideal as he goes above and beyond for his patients every day. Mark joined the C.A.R.E.S. pharmacy network because he frequently encounters patients who cannot afford their medications and became interested in learning about ways to help them. Mark describes many barriers to adherence including finances, *“The Medicare Coverage Gap can be a major barrier in patients' adherence to maintenance medications. Many patients are not aware of all the services that may be available to them.”* Mark and Walgreens have recognized the importance of pharmacists as the most accessible health care

provider in overcoming this barrier. In addition to assisting patients afford their medications, Mark also believes that the network brings an added level of visibility to his pharmacy. Mark notes, *“I think enrollment in the network is a good indicator to our patients that we have completed additional training and see value in helping patients overcome financial obstacles towards obtaining their medications.”* As a network leader, referring the greatest number of patients, Mark believes his pharmacy is successful partly because of their technicians. The technicians notify the pharmacist when they believe cost may be a barrier to the patient obtaining their medications. The pharmacist will then speak with the patient and offer this referral as a possible solution. Rather than providing the patient with the referral form and envelope, Mark takes it upon

himself to write down the information while speaking with the patient and then mail the referral himself with their consent. He has found that this is a more reliable approach rather than asking the patient to mail the referral form. He then is confident that the information is received and someone will contact the patient. Through this process, Mark has been able to provide a solution for some of his patients in need, allowing them to continue filling

their prescriptions and remain loyal to his pharmacy, *"I've been thanked by patients who I referred. One patient brought in a letter showing that she qualified for Medicare ExtraHelp. In many situations, referred patients did not realize they qualified for additional help, and they expressed gratitude towards the pharmacy."*



Network Progress

Since beginning the C.A.R.E.S. training and pharmacy network in September 2015, a total of 35 individuals, including pharmacists and technicians, have been trained with 13 pharmacies enrolled in the network. Through your partnership in this

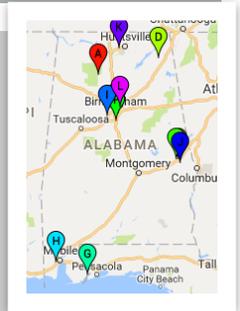
network, a total of 32 referrals have been made to the ADRC to screen patients in need of assistance for possible benefits. Help us by continuing to refer patients to ADRC and to spread the words about the network to your colleagues.

C.A.R.E.S. Training

If additional staff at your pharmacy are interested, the online continuing education (CE) program is still available at no cost. The program will provide 3 ACPE approved credit hours and can be completed at your convenience. This program will provide updated information regarding programs for Medicare patients with limited income and how to efficiently and effectively assist these patients.

Both pharmacists and technicians are welcome to complete this CE program. A community pharmacy with at least one full-time pharmacist who completed the program will be qualified to enroll in the C.A.R.E.S. Pharmacy Network. This C.A.R.E.S. Pharmacy Network is endorsed by ADSS, and network pharmacies will receive a referral kit to identify and refer Medicare patients who may benefit from community programs to a local agency.

Meet your fellow network members:



- A. [Addison Discount Pharmacy](#) | Addison, AL
- B. [Kroger Pharmacy](#) | Opelika, AL
- C. [Walgreens Pharmacy #6955](#) | Hueytown, AL
- D. [Rainsville Drugs](#) | Rainsville, AL
- E. [Walmart Neighborhood Market](#) | East University location, Auburn, AL
- F. [Walgreens Pharmacy #4589](#) | Pelham, AL
- G. [Lillian Pharmacy](#) | Lillian, AL
- H. [Pharmacy Services of Mobile](#) | Mobile, AL
- I. [Weldon Pharmacy](#) | Hueytown, AL
- J. [Beauregard Drugs](#) | Auburn, AL
- K. [Rite Aid Pharmacy #07054](#) | Madison, AL
- L. [Rite Aid Pharmacy #07013](#) | Birmingham, AL
- M. [Continuity of Care Internal Medicine Clinics-Brookwood Baptist Health](#) | Birmingham, AL

If you are interested or want more information about the CE program, please visit

<https://alpharmacycares.org/>

Updated MSP and LIS Eligibility Information

As you refer patients to ADRC, SHIP counselors will be screening them for various programs, some of which determine eligibility based on income and resource limits.

The Medicare Savings Program (MSP) is determined solely by income level. Alabama in particular does not consider resources for this program. However, the Low Income Subsidy takes into consideration both income and resources. The limits for these programs are updated annually with the federal poverty level. As part of the C.A.R.E.S. pharmacy network, we thought it may be helpful for you to have this updated information for 2017. However, if you are unsure if a patient may be eligible you can still refer them using the provided forms and envelopes.

2017 MEDICARE SAVINGS PROGRAM (MSP)

ALLOWABLE INCOME		
BENEFIT	SINGLE MONTHLY INCOME (OR MARRIED LIVING APART)	MARRIED MONTHLY INCOME
QMB	1025.00	1374.00
SLMB	1226.00	1644.00
QI-1	1377.00	1847.00
QDWI	4105.00	5499.00

ALLOWABLE RESOURCES: THERE IS NO RESOURCE LIMIT IN ALABAMA

2017 LOW INCOME SUBSIDY (LIS/EXTRA HELP)

FAMILY SIZE	ALLOWABLE INCOME				
	PERCENT OF POVERTY GUIDELINE				
	100%	135%	140%	145%	150%
1	1025.00	1376.75	1427.00	1477.25	1527.50
2	1373.33	1847.00	1914.66	1982.33	2050.00
3	1721.66	2317.25	2402.32	2487.41	2572.50
4	2069.99	2787.50	2889.98	2992.49	3095.00
5	2418.32	3257.75	3377.64	3497.57	3617.50
6	2766.65	3728.00	3865.30	4002.65	4140.00
7	3114.98	4198.25	4352.96	4507.73	4662.50
8	3463.31	4668.50	4840.62	5012.81	5185.00
Each Additional Person	+348.33	+470.25	+487.66	+505.08	+522.50

ALLOWABLE RESOURCES			
FULL SUBSIDY (100 - 135%)		PARTIAL SUBSIDY (140 - 150%)	
Single	\$ 8,890	Single	\$13,820
Married	\$14,090	Married	\$27,600

2017 Maximum LIS Beneficiary Cost-Sharing Table

Low-income Subsidy Category	Deductible	Copayment up to Out-of-Pocket Threshold*	Copayment above Out-of-pocket Threshold*
Institutionalized Full-Benefit Dual Eligible; or Beneficiaries Receiving Home and Community- Based Services	\$0	\$0	\$0
Full-Benefit Dual Eligible 100% FPL	\$0	\$1.20 generic, \$3.70 brand	\$0
Full-Benefit Dual Eligible > 100% FPL; or Medicare Saving Program Participant (QMB-only, SLMB-only, or QI); or Supplemental Security Income (but not Medicaid) Recipient; or Applicant < 135% FPL with resources at or <\$8,890 (\$14,090 if married)**	\$0	\$3.30 generic, \$8.25 brand	\$0
Applicant < 150%FPL with resources between \$8,890 - \$13,820 (\$14,090 - \$27,600 if married)**	\$82	15%	\$3.30 generic, \$8.25 brand

*Out-of-Pocket Threshold is \$4,950 for 2017. **Resource limits displayed include \$1,500 per person for burial expenses.