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# The Independent News

*An official publication of GPhA's Academy of Independent Pharmacy*  
The mission of AIP is to ensure the economic viability and security of independent pharmacy, and to advance the concept of pharmacy care designed to enhance patient quality of life and positive outcomes.

VOLUME 24, ISSUE 11/12 NOVEMBER/DECEMBER 2020

## Chairman's Message

First let me wish everyone a Merry Christmas and a Happy New Year. As this year comes to a close, we can reflect upon what a miserable year it has been for so many millions of people, OR we can try and do something about it. Instead of having the year define how we feel, we can define the year by actively having it end on a positive note.

We can reflect on all the positive and meaningful differences we have made on our patients and our profession this year, that in some fashion will have a lasting effect.

One such act is to continue to support our Georgia Pharmacy Association. I want to encourage each of you to think about having your staff pharmacists & technicians join what many consider to be the envy of any state pharmacy groups in the country. It is my belief, as many of you, that pharmacists, a member of the healthcare team, should belong to at LEAST one professional organization. Of course, the first of these should be their state pharmacy association. There are so many wonderful benefits that GPhA brings to our profession. From live and on-demand CE programs/webinars, APhA certificate training programs, insurance plans and needs, and of course advocacy just to name a few.

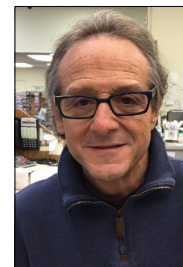
It has been a long 10 months that all of us has had to deal with this horrific virus, and many of us have seen a dip in revenue. So I know that times are difficult, but I ask you to help support the best run and operated state pharmacy association in this country. I know your staff pharmacists and technicians will appreciate belonging to this wonderful organization. Currently we have around 50 members of the 100% club. Let's try to double and possibly triple that number in the coming weeks and months.

The VACCINE IS HERE. THANK GOODNESS. As of this newsletter, I am still waiting on my shipment but I know many of you have already received yours. Phase 1a+ is here to immunize our elderly patients, {of which I am one}, first responders and healthcare workers. It will be the job of pharmacists around the country to have the responsibility to administer the many millions of doses to our patients.

Maybe now our government will finally recognize the pharmacists SHOULD BE RECOGNIZED AS A HEALTHCARE PROVIDER UNDER THE SOCIAL SECURITY ACT.

Thank you all for your hard work and efforts keeping our patients well. I hope everyone had a wonderful holiday. Stay well and safe.

As always, it is my honor to serve as your chairman.



*Ira*



Amanda Gaddy, R.Ph.,  
AIP Director of Clinical  
Services

# AUDIT ALERT!!!! IMPORTANT!!!

## CHECK YOUR PRESCRIPTIONS AND ENSURE YOU HAVE ALL OF THE REQUIRED INFORMATION DOCUMENTED ON THE PRESCRIPTION PRIOR TO SUBMITTING PRESCRIPTIONS FOR AN AUDIT.

### Rule 480-27-.02 Prescription Drug Order Requirements

- 1) Prescription drug orders shall include, but not be limited to, the following information:
  - A) Date of issue;
  - B) Name and address of patient (or patient location if in an institution);
  - C) **Name and address of prescriber, telephone number, and NPI as assigned under federal law;**
  - D) DEA registration number of the prescriber in the case of controlled substances;
  - E) Name, strength, dosage form and quantity of drug prescribed;
  - F) Number of authorized refills;
  - G) Directions for use by patient;
  - H) If a written prescription drug order, the signature of the prescribing practitioner; and
  - I) Any cautionary statements as may be required or necessary.

**PBMs are taking money back if any of this information is missing, including the prescriber address.**

### When transferring prescriptions in, verify you have the ORIGINAL NUMBER OR REFILLS AUTHORIZED and the word TRANSFER documented.

### Rule 480-27-.07 Dangerous Prescription Drug Order Transfer

1. The word "TRANSFER" shall be written on the face of the transferred prescription **and/or indicate** in the pharmacy's electronic data system this prescription was a transfer;
2. All information required to be included on the prescription drug order pursuant to all State and Federal laws and regulations shall be provided which shall include at a minimum the following:
  - (i) Date of issuance of the original prescription drug order;
  - (ii) **Original number of refills authorized on the original prescription drug order;**
  - (iii) Date of original dispensing;
  - (iv) Number of valid refills remaining and date of last refill;
  - (v) The pharmacy's name, address, and original prescription serial number from which the prescription drug order information was transferred; and
  - (vi) Name of transferring pharmacist.

\*\*\*\*\*

**Members  
Please Be  
Aware**

**When emailing  
AIP regarding  
pharmacy  
issues please  
include your  
name,  
pharmacy  
name, address,  
phone number  
and NPI#.**

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# AIP Member in the NEWS

## WSB-TV Vaccine & Small Pharmacies

Please watch AIP Chairman Ira Katz below on an interview with WSB TV.

<https://www.wsbtv.com/video/?id=403cd4d7-5f37-4a70-8564-865b0f92ae72>

## Independent pharmacies are trying to keep up with demand for COVID-19 vaccine

Woodstock Pharmacy in Woodstock, Georgia is making headlines on the front line of COVID-19 vaccinations. Here's a story by WSBTV.

<https://www.wsbtv.com/video/?id=3974f871-cb74-4444-83e5-d8422a631c2d>



### – IMPORTANT INFORMATION – COVID-19 Vaccine Pharmacy Claim Submission – GA Medicaid FFS

Effective: December 17, 2020

In response to the current novel Coronavirus (COVID-19) emergency situation, the Georgia Department of Community Health (DCH) is preparing for the distribution of the COVID-19 vaccine.

Effective December 17, 2020, DCH will begin reimbursing pharmacy providers through the Pharmacy Point of Sale System for the administration of COVID-19 vaccines for GA Medicaid Fee-for-Service (FFS) members.

There are several COVID-19 vaccines in late-stage trials and two (Pfizer and Moderna) that have applied for emergency use authorization (EUA) approval from the Federal Drug Administration (FDA).

The following is a list of covered COVID-19 vaccines that are eligible for pharmacy administration reimbursement:

EAU Approved Product ID	Product Name	Product Limits
59267-1000-01 59267-1000-02 59267-1000-03	COVID-19 (SARS-COV-2) MRNA VACC-PFIZER IM SUSP 30 MCG/0.3ML	Covered 16 years of age and older; 0.3ML per 21 days
80777-0273-10 80777-0273-99	COVID-19 (SARS-COV-2) MRNA VACC-MODERNA IM SUSP 100 MCG/0.5ML	Covered 18 years of age and older; 0.5ML per 28 days

At this time, the cost for the vaccine itself will be covered by the federal government via funding authorized by the Coronavirus Aid, Relief and Economic Security (CARES) Act.

An administration fee of \$10.00 will be paid to pharmacy providers that submit claims for covered COVID-19 vaccines for GA Medicaid Fee-for-Service (FFS) members within the specified product limits. This \$10.00 fee will be paid for each dose administered.

#### Claim Submission

When submitting a claim for the COVID-19 vaccine, submission should include the NCPDP fields as depicted below and follow recommended guidance.

NCPDP Field Name	NCPDP Field Number	First Dose	Second Dose (If Applicable)
Professional Service Code (DUR-PPS)	440-E5	MA = Medication Administration	MA = Medication Administration
Day Supply	405-D5	1-Day	1-Day
Submission Clarification Code (SCC)	420-DK	2	6
Ingredient Cost Submitted	409-D9	\$0.01	\$0.01
Dispensing Fee Submitted	412-DC	\$0.00	\$0.00
Basis of Cost Determination	423-DN	15 = Free Product	15 = Free Product
Incentive Amount Submitted	438-E3	\$10.00	\$10.00
Product / Service ID / NDC	407-D7	EUA approved NDC	EUA Approved NDC
Fill Number	403-D3	00	01

Please email [GAMProvider.PortalTeam@Optum.com](mailto:GAMProvider.PortalTeam@Optum.com) for any questions regarding this communication.

We thank you for your continued service and participation in the Georgia Medicaid & PeachCare for Kids Programs.

## Understanding the PREP Act

Over the past several months, the U.S. Department of Health and Human Services (HHS) has issued several Public Readiness and Emergency Preparedness Act (PREP Act) declarations and guidance documents related to pharmacy-based COVID-19 care and services.

*These declarations have granted significant regulatory flexibilities and new authorities to pharmacists, student pharmacists (referred to as pharmacy interns), and pharmacy technicians. With everything going on these days, it can be challenging to keep track of it all, so here's a summary of these HHS announcements and the requirements that pharmacists must satisfy before ordering and administering COVID-19 tests and vaccines, and requirements that pharmacy interns and pharmacy technicians must satisfy before administering vaccines, pursuant to these PREP ACT declarations.*

What is the Public Readiness and Emergency Preparedness Act (PREP Act) and what does a PREP Act declaration provide to pharmacists and pharmacy professionals?

*Per the HHS website: The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Secretary of the Department of Health and Human Services (Secretary) to issue a declaration (PREP Act declaration) that provides immunity from liability (except for willful misconduct) for claims of loss caused by, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures. A PREP Act declaration is specifically for the purpose of providing immunity from liability, and is different from, and not dependent on, other emergency declarations.*

*Importantly, the PREP Act also preempts state law in conflict with any authorization made pursuant to the PREP ACT during the period of emergency.*

Read more about it on the GPhA website: <http://www.gpha.org/understanding-the-prep-act/>



## Independent pharmacy, get ready to meet the moment

By B. Douglas Hoey, RPh, MBA, National Community Pharmacists Association CEO

We all know that crucial scene in the movie. There's a crisis. Chaos ensues. All of a sudden, a masked hero in a cape swoops in, and calm is restored.

You've already got the mask, but you might want to find a cape.

Maybe I'm exaggerating (a little) but independent pharmacists are shaping up to be true heroes in the COVID-19 era. For all of 2020, we continued to serve our patients in the midst of a pandemic. Independent pharmacies were masters of ingenuity and innovation, all in the name of helping our patients.

Now come the COVID-19 vaccines, and community pharmacy is stepping up once again.

In early January CBS News [covered Steve Hoffart](#), a Texas pharmacist and member of the NCPA National Legislative Steering Committee, who was administering 50 COVID-19 vaccinations a day. He says he'd keep up the pace until he runs out of vaccine. He brought in pharmacy students certified in vaccine administration (including his son, Ryan, a pharmacy student at the University of Texas). Hoffart's Magnolia Pharmacy is about 45 miles north of Houston, where there are big-box pharmacies on every corner, yet it's his pharmacy that is saving the day for hundreds of Texans. In his town of 2,000 residents, within eight hours of opening up for appointments, he'd booked all 500 available slots. He's been giving advice and answering questions about the coronavirus for almost a year. In communities across America, you better believe independent pharmacists are heroes.

I spoke to Steve and he had advice for others who are starting to give the vaccine. "Pharmacists are poised to look like rock stars," he told me. "The day of vaccine access is coming, but we gotta be ready. If a pharmacy owner treats it like a walk-in flu clinic, it is doomed to fail." Steve says a plan is essential "to control the chaos." He recommends setting up a system to make appointments, setting up a billing system, and having a designated space for patients to wait for 15 minutes after they get the shot to make sure there's not a bad reaction.

There are a lot of stories out there like Steve's. Every time I hear one, I'm more convinced than ever that community pharmacy's time has come. This is the opportunity for which the pharmacy profession has been positioning itself for a couple of generations.

(We'd love to hear your story, too. Please send us an email at [media@ncpa.org](mailto:media@ncpa.org) and share what you're doing in your own community.)

NCPA has been working for months to make sure that independent pharmacies are part of vaccine plans. NCPA's message to a *big* government with a *big* bureaucracy is that *big-boxes* alone are not in the best interest of patients. NCPA also reached out to the governors and state Medicaid directors groups to let them know independent pharmacies are ready, willing and able (and need to be paid fairly) to administer the vaccines.

What do you need to do to get ready? Start by making sure your pharmacy is listed on HealthMap Vaccine Finder at <https://vaccinefinder.org/>. It's a free, searchable database. This is not just a "nice to do." This is a must. Vaccine Finder puts your pharmacy on the map of those trying to figure out who can help get more shots in arms. Think of it as the Google of pharmacy vaccinators or, if you want to go old school, the Yellow Pages of vaccinators. The NCPA "Testing and Vaccine Squad" has compiled lots of tips and information that help pharmacy owners and their staff effectively schedule appointments, report, and bill for the vaccines. You'll find it at [ncpa.org/coronavirus-information](https://ncpa.org/coronavirus-information).

Also, take advantage of our webinar archive. We've done a couple of helpful webinars in the past month, including *Need-to-Knows for Administering COVID-19 Vaccines* and *Creating Confidence in COVID-19 Vaccines*.

After you've done all this, adjust your mask, dust off your cape, and get ready to swoop. It's your time to shine.



### Save The Date:

- ◆ **AIP Spring Meeting**  
April 25, 2021  
Macon Marriott & Centreplex,  
Macon, GA
- ◆ **GPhA Convention**  
Thursday June 17 -  
Sunday June 20,  
2021 Omni Amelia  
Island Plantation  
Resort, Amelia  
Island, FL



# AIP Spring Meeting

Sunday, April 25, 2021

Macon Marriott & Centreplex

Macon, GA

## SAVE THE DATE

*Network with Colleagues*

*Meet with Partners*

*Exciting Continuing  
Education Programs*



SHOW YOUR SUPPORT

ATTEND THIS YEAR'S AIP SPRING MEETING

Registration: *(For Planning Purposes Please Fill Out and Return)*

Member's Name: \_\_\_\_\_ Nickname \_\_\_\_\_

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

Address: \_\_\_\_\_

E-mail Address (Please Print): \_\_\_\_\_

Will you be joining us for lunch (12-1pm)? Yes \_\_\_\_\_ No \_\_\_\_\_; # of additional Staff/Guests: \_\_\_\_\_

Names of Staff/Guests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE  
FAX  
BACK TO  
(404) 237-8435**

## Five Ways for Pharmacies to Offer Excellent Customer Service During COVID-19

2020-11-02 - Aaron Smith – Pharmacy Times

The coronavirus disease 2019 (COVID-19) pandemic has changed the way that people do business, which is especially true for pharmacies. People turn to pharmacies in times of need.

It's always vital to offer top-notch customer service, but under the current circumstances, customers must be especially confident that they're being cared for and protected. That involves taking customer service to a new level to put your customers' minds at ease.

### Make the Best First Impression

Making an excellent first impression is among the cornerstones of customer service but during this pandemic, it's even more important. The way to create a memorable, trustworthy first impression is different right now.

Customers and patients who come to the pharmacy for medication need to feel safe. During COVID-19, that looks a bit different than it does at any other time.

For your pharmacy, cementing a solid first impression translates to making sure that every employee and visitor wears a mask in the store. It's especially critical for employees, including pharmacists and pharmacy technicians, to wear a mask while interacting with customers.

Set up hand sanitizing stations around the pharmacy, particularly in high-traffic areas and within the pharmacy area itself. Wipe down counters and carts frequently.

Ideally, you should wipe down your station between every customer. Many people feel more comfortable if there are [plexiglass barriers](#) between themselves and the retailers with whom they do business. Installing safety shields at the pharmacy counter will keep both you and your customers healthy and safe.

### Communicate Your Response

It's not enough to simply install safety measures. That may be sufficient to reassure the customers who are visiting your pharmacy, but what about the people who are still afraid to venture out to do their business?

Think about starting an email campaign or otherwise communicating your pharmacy's plan of action and safety precautions. Simply knowing that their pharmacy is being diligent in fighting the spread of the coronavirus will mean the world to your customers.

List out all of the steps your pharmacy follows, including wearing masks, providing hand sanitizer, and sanitizing the store.

### Consider Home Delivery

At-risk people take stay-at-home orders seriously. Many of your customers may not feel safe venturing out of their homes. They don't want to risk standing in line at the grocery store or the pharmacy, which is understandable.

So, what can you do to make sure that people who are sick or injured receive the medications that they need?

One Connecticut pharmacist has gone above and beyond for customers during the pandemic by [delivering their medications directly to their homes](#). If possible, consider offering home delivery services through your pharmacy. At-risk customers who don't want to jeopardize their health via exposure will appreciate the amenity.

Another way to offer convenient services to people who need to stay at home is to provide at-home testing services for COVID-19. That can be extremely helpful to anyone who fears they've been exposed to the virus, particularly if they don't want to risk exposing anyone else.

### Help Where You Can

In addition to thinking about delivering medications to customers who can't visit your pharmacy or who aren't comfortable doing so, there are other ways you can help, as well.

Assistance from your pharmacy may involve giving away hand sanitizer, educating your customers about the best practices for their health and safety, or organizing a mask drive in which customers and other members of the community can make or donate masks. You could also offer drive-through COVID-19 testing at your pharmacy.

If it's possible for the pharmacists and technicians in your workplace to volunteer their time elsewhere and, if they choose to, that can serve your community, too. A pharmacy intern from Kansas City chose to [volunteer at a testing site](#), for example. That's an excellent way to extend your reach to take care of your neighbors and customers.

The best thing that you can do is to pay attention to the needs of your community. Think about what might serve them best and how your pharmacy can go about implementing it. It may even be helpful to ask your customers for ideas. That will further foster a sense of community, as well, which goes a long way toward creating a [positive, helpful environment](#) in your pharmacy.

*Continued on Page 7*

## Fauci Warns Pharmacists of Challenging Months Ahead During Session at ASHP

Pharmacy Times 2020-12-09 18:41:00 Aislinn Antrim, Assistant Editor

Pharmacists should be prepared for a challenging few months ahead until the majority of the public can be vaccinated against coronavirus disease 2019 (COVID-19), warned Anthony Fauci, MD, director of the National Institute of Allergy and Infectious Diseases (NIAID), during a session Wednesday at the American Society of Health-System Pharmacists 2020 Meeting.

Fauci said he was first introduced to health care at his father's pharmacy in Brooklyn, where Fauci would frequently deliver prescriptions. Although his initial aspirations were to be on the teaching faculty at Weill Cornell Medicine, Fauci became director of NIAID in 1986 and got involved in emerging diseases, including Zika, Ebola, and HIV/AIDS.

"Now, I'm totally consumed with the work we're doing with COVID-19," Fauci said.

Although he noted some similarities between the HIV/AIDS outbreak and the COVID-19 pandemic, Fauci said COVID-19 is unique because the entire population is susceptible, with no exceptions. Of all the diseases he has researched, he said COVID-19 is unique in that between 40% and 45% of individuals are asymptomatic, and approximately 80% of those with symptoms have mild disease. However, anywhere from 15% to 20% of those with severe disease are in danger of death, he said.

"Interestingly, most of them—not all—are elderly and those with underlying conditions," Fauci said. "But we're starting to see now that there's increasing awareness that people in their 40s and 50s also can get into serious trouble with COVID-19."

He said one of the major challenges is in public health messaging, because young people do not believe they are at high risk of severe disease. With no uniform message, Fauci said public health professionals should urge unity and remind young people of their "societal responsibility."

"You don't want to be the vehicle that the virus uses you to spread to someone else," Fauci said.

Pharmacists have a major role to play both during and after the pandemic, Fauci said. Although the current vaccine roll-out plan involves transport by the military, Fauci said there are contracts with pharmaceutical corporations to go into nursing homes and provide vaccinations once the vaccines are available locally. For the general public, he said individuals will eventually be able to take a prescription or other documentation to get the vaccine at a neighborhood pharmacy, depending on whether they are in a prioritized group.

Until the vaccines are widely available, however, Fauci said the importance of public health measures cannot be understated. He predicted a "long, cold winter" through at least January, driven largely by holiday travel and gatherings. Although he acknowledged that many people want to see family and friends over the holidays, he said experts anticipate a surge of cases 2 to 3 weeks after Thanksgiving, which will merge with Christmas gatherings.

"We have some precarious situations ahead of us if people continue to do what, unfortunately, they naturally do," he said.

Finally, Fauci was asked about his own experience of the outbreak. Although he said his highest points were that therapeutics were discovered relatively quickly and vaccines have been developed at record rates, Fauci said the lowest point has been the sheer scope of the disease in the United States.

"Our country has been hit terribly," he said. "Just think of that—267,000 deaths and it isn't even 1 full year. That's unprecedented, the worst we've had in over 102 years in this country."

Still, Fauci said, health care providers should be proud of their work. He believes pharmacists will continue to assume important roles in testing and vaccine delivery and hopes to soon have COVID-19 home tests available in pharmacies. Fauci said he personally has been buoyed by the support from stakeholders, especially health care providers.

"[Pharmacists] should also be proud of the fact that they belong to a group of heroes, because if you want to pick out any heroes in this ordeal that we're going through, it's the health care providers, the people who are on the front line," he said.

When asked about his future plans, Fauci laughed and said he barely has time to consider it.

"This is what I do," he said. "I chose this life and that's what I do. There's no chance that I'm even going to consider slowing down, much less walking away."

### REFERENCE

Fauci A. Wednesday Wisdom with Anthony Fauci. Presented at American Society of Health-System Pharmacists virtual 2020 ASHP Midyear Clinical Meeting and Exhibition;

*Five Ways for Pharmacies to Offer Excellent Customer Service During COVID-19 — Continued from Page 6*

### Streamline Your Services

As much as possible, try to streamline the services you offer. Right now, no one wants to wait in long lines.

Not everyone respects the 6-foot rule and customers may become agitated, nervous, or worried if they spend too much time in a line or in a store in which there are too many people.

One remedy is to place a limit on how many people are allowed in the pharmacy area at once. That's especially important because people are still dealing with other illnesses at this time.

You can also work to ensure that prescriptions are filled promptly and on time, which also cuts down on wait times for your customers.

Your pharmacy undoubtedly prides itself on customer service. Now is your chance to take it to a higher level to assure your customers that you have their best interests at heart.

### About the Author

Aaron Smith is an LA-based content strategist and consultant in support of STEM firms and medical practices. He covers new industry developments and helps companies connect with clients. In his free time, Aaron enjoys swimming, swing dancing, and sci-fi novels.

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## Link to DPH's find a COVID vaccination site

Do you need a vaccine?

Link to COVID vaccine site locator on DPH website. Website has information for public and private providers.

<https://dph.georgia.gov/locations/covid-vaccination-site>

## Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination

CDC is partnering with CVS and Walgreens to offer on-site COVID-19 vaccination services for residents of nursing homes and assisted living facilities once vaccination is recommended for them.

The **Pharmacy Partnership for Long-term Care (LTC) Program** provides end-to-end management of the COVID-19 vaccination process, including cold chain management, on-site vaccinations, and fulfillment of reporting requirements, to facilitate safe vaccination of this patient population, while reducing burden on LTC facilities and jurisdictional health departments. The services will be available in rural areas that may not have easily accessible pharmacies. LTCF staff who have not received COVID-19 vaccine can also be vaccinated as part of the program.

As part of this program, which is free of charge to facilities, the pharmacy will:

- Schedule and coordinate on-site clinic date(s) directly with each facility. Three visits over approximately two months will likely be needed to administer both doses of vaccine and vaccinate any new residents and staff.
- Order vaccines and associated supplies (e.g., syringes, needles, personal protective equipment).
- Ensure cold chain management for vaccine.
- Provide on-site administration of vaccine.
- Report required vaccination data (approximately 20 data fields) to the local, state/territorial, and federal jurisdictions within 72 hours of administering each dose.
- Adhere to all applicable Centers for Medicare & Medicaid (CMS) COVID-19 testing requirements for LTCF staff.

If interested in participating, LTCFs should sign up (or opt out) starting October 19. Sign up will remain open for two weeks.

- Skilled nursing facilities (SNFs) will make their selection through the [National Healthcare Safety Network](#) (NHSN). An "alert" will be incorporated into the NHSN LTCF COVID-19 module to guide users to the form.
- Assisted living facilities (ALFs) will make their selection via an online [REDCap](#) (<https://redcap.link/lctf>) sign-up form.
- Facilities will indicate which pharmacy partner (one of two large retail pharmacies or existing LTC pharmacy) they prefer to have on site.
- Online sign-up information will be distributed through ALF and SNF partner communication channels (email, social media, web).
- Indicating interest in participating is non-binding and facilities may change their selection or opt in or out via email after the online survey closes.

Once the sign-up period has closed, no changes can be made via the online form, and the facility must coordinate directly with the selected pharmacy provider to change any requested vaccination supplies and services.

CDC will communicate preferences to CVS and Walgreens and will try to honor facility preferences but may reassign facilities depending on vaccine availability and distribution considerations and to minimize vaccine wastage.

CDC expects the program services to continue on site at participating facilities for approximately two months. After the initial phase of vaccinations, each facility can choose to continue working with CVS or Walgreens or can work with a pharmacy provider of its choice.

For questions about the Pharmacy Partnership for Long-term Care Program, please contact [eoevent494@cdc.gov](mailto:eoevent494@cdc.gov).

**6. Can a combination of options be selected? For example, can we have some vaccination services be provided by our own pharmacy provider and some by the pharmacy partnership program.**  
Initially, a combination of options will not be possible. We are asking facilities to select a single option to facilitate efficient distribution of vaccine. We expect the pharmacy partnership services to continue on-site at the facility for approximately 2 months.

**7. How would new LTCF residents be vaccinated?**

After the initial phase of vaccinations, the facility can choose to continue to work with the pharmacy that provided their initial on-site clinics for additional doses or can choose to work with a pharmacy provider of their choice. Depending on vaccine supply, facilities may want to work with local hospitals to ensure residents have received their first dose before being discharged. Similarly, facilities may ask new admissions from the community to get vaccinated before admission.

**8. What costs are we responsible for if we choose to participate in the pharmacy partnership program?**

There will be no costs to the LTCF for participation in the pharmacy partnership program. It is anticipated that participating pharmacies will bill public and private insurance for the vaccine administration fees.

**9. If the facility chooses its own pharmacy provider, will that pharmacy provider receive a payment for administering the vaccine?**

Yes, it is anticipated that pharmacy providers will bill public and private insurance for the vaccine administration fees.

**10. If the facility chooses its own pharmacy provider, what data will the facility or pharmacy have to report?**

To administer COVID-19 vaccine, providers will need to sign a provider agreement, which requires reporting of specific data elements once vaccine has been administered. Required elements are: Administered at location: facility name/ID; administered at location: type; administration address (including county); administration date; CVX (Product); dose number; recipient ID\*; vaccination event ID; lot Number: Unit of Use and/or Unit of Sale; MVX (Manufacturer); recipient address\*; recipient date of birth\*; recipient name\*; recipient sex; sending organization; vaccine administering provider suffix; vaccine administering site (on the body); vaccine expiration date; vaccine route of administration; vaccination series complete.

## Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination

### Frequently Asked Questions (FAQs)

**1. Can our facility obtain COVID-19 vaccine through our usual pharmacy and administer it ourselves like we do for influenza vaccine?**

Yes, however, most of the COVID-19 vaccines currently in late-stage testing have stricter cold chain requirements than seasonal influenza vaccine, including requirements for some vaccines to be frozen. Additionally, each vaccine has different mixing requirements for administration and minimal interval requirements for a second dose, if indicated. Reporting requirements for COVID-19 vaccines will also be stricter than those for seasonal influenza vaccine. Anyone who administers COVID-19 vaccine is required to enroll as a vaccination provider and report individual-level administration data to the appropriate state, territorial, local, or federal jurisdiction once the vaccine has been administered. For facilities opting into the pharmacy partnership program, the pharmacy partner would be responsible for procuring vaccine, cold chain management, administration to residents (and staff who have not yet been vaccinated), and fulfillment of all reporting requirements to public health authorities on behalf of the facility.

**2. How do I sign up for the Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination?**

Nursing homes can sign up via the National Healthcare Safety Network (NHSN; <https://www.cdc.gov/nhsn/index.html>) and assisted living facilities can sign up via an online survey (<https://redcap.link/LTCF>) starting October 19 and remaining open for two weeks.

**3. Why are facilities being asked to consider the LTC pharmacy partnership program for vaccination of LTCF residents?**

CDC is partnering with pharmacies to offer on-site COVID-19 vaccination services for nursing homes and assisted living facilities. The Pharmacy Partnership for Long-term Care (LTC) Program provides end-to-end management of the COVID-19 vaccination process, including cold chain management, on-site vaccinations, and fulfillment of reporting requirements, to facilitate safe vaccination of this patient population, while reducing burden on facilities and jurisdictional health departments.

**4. Can staff at my facility get vaccinated via this program?**

It is possible that staff will be eligible to receive COVID-19 vaccine earlier than LTCF residents as part of a recommendation for vaccination for healthcare personnel, including those in LTCFs. Any staff member who was not already vaccinated could be vaccinated through these on-site clinics; however, we strongly encourage staff to be vaccinated as soon as they are eligible, which may occur through mobile clinics and clinics run by health departments for healthcare personnel.

**5. Our facility has their own pharmacy, are we required to participate in the LTC pharmacy partnership program for vaccine distribution?**

No, you are not required to participate in this program. A facility can opt to have vaccine supply and management services coordinated by a pharmacy provider of their choice or opt in at a later time by [emailing eoevent494@cdc.gov](mailto:eoevent494@cdc.gov) to sign up if after the online form has closed. If an LTCF opts out of the pharmacy partnership program, the LTCF and the pharmacy provider of their choice are responsible for coordination of and adherence to all vaccine supply chain, storage, handling, administration, and reporting requirements, including strict cold chain and public health reporting requirements.

**11. When is the deadline for choosing to participate in the LTC pharmacy partnership program?**

It is anticipated that the survey will open on October 19, 2020 and remain open for two weeks. During that time, the facility can make a change to their choice of pharmacy provider (e.g., select to participate in the pharmacy partnership program, but later opt out). However, after the form closes, no changes can be made via the National Healthcare Safety Network (NHSN) or the online form and the facility will have to coordinate directly with the pharmacy provider selected to make any changes regarding vaccination supply and services.

**12. Our facility is not enrolled in NHSN. Do we have to enroll in NHSN to indicate our options for vaccine supply?**

A nursing home or skilled nursing facility must be enrolled in the NHSN LTCF COVID-19 module to be able to make a selection of COVID-19 vaccine pharmacy providers. Please follow the enrollment steps here: <https://www.cdc.gov/nhsn/lctf/covid19/enroll.html>. Assisted living facilities wishing to participate should visit <https://redcap.link/LTCF>.

**13. Who do we contact if we have problems with our vaccine supply?**

For facilities that opt to participate in the pharmacy partnership program, please contact CVS or Walgreens directly if you encounter any issues. For facilities that opt out of the pharmacy partnership program, please contact the pharmacy provider of your choice or your jurisdiction's health department.

**14. Is Centers for Medicare and Medicaid Services (CMS) mandating residents to be vaccinated with COVID-19 vaccine?**

Not at this time. Please refer to CMS directly for requirements around COVID-19 vaccine in LTCFs.

**15. Who should I reach out to if I have additional questions?**

For questions specific to the pharmacy partnership program for LTCFs, please contact [eoevent494@cdc.gov](mailto:eoevent494@cdc.gov).



## legal injection

# Q&A: Mac pricing and reimbursements

In which Greg Reibold, GPhA's vice president of public policy and association counsel, answers questions about Georgia pharmacy law.

(Greg can't actually give legal advice to members, but he's happy to offer his interpretation of the law here. You know the drill: If you have a legal issue, consult your own attorney.)



GREG REIBOLD

**Does the new MAC pricing law taking effect January 1 guarantee I will not receive a negative reimbursement?**

No, the new law does not mandate that PBMs reimburse pharmacies at or above their acquisition cost

for a particular drug. What the new law will do is help to ensure that there is a correlation between MAC reimbursements and current market prices.

The law will require that new and renewal contracts between PBMs and pharmacies identify the sources used to determine multi-source generic drug pricing, update such pricing at least every five business days, and reimburse based upon said updated pricing.

**Under the new law, can single-source drugs be subject to MAC pricing?**

No. The law restricts what can be placed on multi-source generic lists to drugs that have at least two therapeutic equivalent multi-source drugs or at least one generic drug available from only one manufacturer. These drugs must be generally available for purchase from national or regional wholesalers.

The law also requires that PBMs maintain a procedure for eliminating products from multi-source generic drug pricing lists within five business days when drugs no longer meet the standards of what can be MAC'd.

**When should I appeal a MAC reimbursement?**

If you believe that you were not reimbursed based upon pricing updated within the past five business days or that the drug should not have been subject to MAC pricing, then there are likely grounds to

dispute the reimbursement. While a negative reimbursement is not in and of itself grounds to appeal, if the reimbursement rate appears to be significantly lower than your acquisition cost, this should prompt you to at least take a closer look at the issue the day the claim is processed.

It is important to note however, that because PBM reimbursement obligations are tied to updating every five business days rather than to pharmacy acquisition costs, you would do well to look up the acquisition cost for the drug at issue (from multiple manufacturers) the day the claim is processed with both your primary and secondary wholesalers and record those prices for future reference should you choose to appeal.

**How do I appeal a reimbursement?**

The new law requires new and renewal PBM contracts to have an appeal process for disputes arising out of multi-source generic drug pricing. Before you appeal, you will need to review the appeal process under the applicable PBM provider agreement or provider manual. Some of you may already have updated provider manuals explaining the appeal process. Note that under the law, pharmacies have 14 calendar days following reimbursement of the initial claim to appeal, so there will be time-sensitive deadlines.

**Do PBMs have 14 days to resolve appeals?**

No, PBMs have 14 calendar days from the date the appeal was received to respond, but that does not mean the appeal must be resolved within that timeframe.

**What happens if my appeal is denied?**

The law requires that PBMs provide the reason for appeal denials and to identify the national drug code of a drug product that may be purchased at or below the maximum allowable cost. If this information is not provided, or you do not believe that the grounds for denial are legitimate, you will have the option to file a complaint with the commissioner of insurance.

**When should my appeal be granted?**

The law mandates that appeals be upheld or

granted when the drug at issue was not reimbursed based upon pricing information updated within five business days, or when the drug does not meet the requirements necessary to be placed on a multi-source generic list.

When appeals are successful, PBMs are required to adjust the cost, effective on the day after the appeal is decided, apply the adjusted price to all similarly situated pharmacies (as determined by the health-plan issuer or PBM), and allow the pharmacy that succeeded in appeal to reverse and rebill the claim. Again, just because you receive a negative reimbursement does not mean your appeal must be upheld.

**How do I file a complaint with the commissioner of insurance?**

You may file a complaint with the Commissioner of Insurance using the Consumer Complaint Portal located at [www.oci.ga.gov](http://www.oci.ga.gov). Click on "Consumer Services" and then "Consumer Complaint Portal." The first time you visit you'll need to create an account on the system.

When you submit your complaint you'll have an opportunity to upload relevant documentation.

I would be sure to redact any protected health information prior to submission. GPhA also has a template MAC complaint form that you can complete and upload to help streamline the complaint process. You'll find it at [GPhA.org](http://GPhA.org); click on the MAC Transparency resource page link.

**Can I bypass the internal PBM appeal process and go directly to the commissioner of insurance?**

No. Bypassing the internal PBM appeal process will likely prove unsuccessful and may exclude your ability to obtain relief. Commissioner of insurance staff has indicated that pharmacists will need to exhaust any internal appeal process prior to the office taking any action. This position is consistent with the law, which contemplates an internal appeal process and will also likely be consistent with your PBM agreements. ☒

*Use of this article, or the information it contains, does not constitute any legal advice, does NOT establish any attorney-client relationship, and does NOT create any legal duty on the part of the author or the Georgia Pharmacy Association. When making a decision that may have legal consequences, readers should consult with qualified legal counsel.*

The GPhA Template MAC complaint form can be found on GPhA's website along with additional resources (<http://www.gpha.org/mactransparency/>). Below is a link to the Commissioner's complaint portal for consumers and providers. We have been told that either method can be used for MAC complaints.

Consumer complaint portal

<https://www.oci.ga.gov/ConsumerService/complaintprocess.aspx>

Provider complaint portal

[https://www.oci.ga.gov/ConsumerService/Forms\\_ManagedCare.aspx](https://www.oci.ga.gov/ConsumerService/Forms_ManagedCare.aspx)



## Georgia DPH: Pharmacists & COVID-19 Vaccinations

Starting Monday, January 11, 2021, adults aged 65+ and their caregivers will be eligible for COVID-19 vaccination as a part of phase 1A+. Continue to visit the DPH website to review the [Georgia COVID-19 Vaccine Status Dashboard](#) and obtain important vaccine-related information.

### Helpful Reminders:

- Providers are **not required** to hold supply in reserve for 2<sup>nd</sup> doses. For example, if you received 100 doses and administered 50 doses, continue to administer the remaining 50 doses to new patients who meet the above Phase 1A+ criteria. **Providers must place orders for 2<sup>nd</sup> doses.** Refer to the attached Vaccine Ordering Guidance for more information.
- Go to Survey Monkey (<https://www.surveymonkey.com/r/WNRLZZ6>) to complete the survey to let us know if you are willing to be a mass vaccination site. Responses must be received by **January 13, 2021 at 5:00pm.**
- Providers **must** establish and enforce accountability measures related to vaccine distribution. Your orders are dependent on available supply allocation for Georgia and your timely and accurate reporting of inventory and doses administered to GRITS. As required by Georgia law and your vaccine provider agreement **these immunizations must be reported within 24 hours of administration.** Late or forgone reporting puts provider supply at risk and Georgia residents at risk of transmission and exposure to COVID-19, and additional loss of life. If you are not using GRITS or are having difficulty navigating the system, staff are available to assist Monday - Friday, 8 a.m. to 5 p.m. by calling (866) 483 -2958 or emailing [dph-gaimmreg@dph.ga.gov](mailto:dph-gaimmreg@dph.ga.gov).
- Vaccine storage unit temperatures **must** be monitored regularly and recorded at the start of each workday. **Always record** minimum/maximum temperature, date, time, name of person checking/recording temperature, actions taken if a temperature excursion occurred. \*Temperature records must be kept for a minimum of three years, or longer if required by your jurisdiction.

### General Information:

- [Interim Considerations: Preparing for the Potential Management of Anaphylaxis at COVID-19 Vaccination Sites](#) – Locations administering COVID-19 vaccines should adhere to CDC guidance for use of COVID-19 vaccines, including screening recipients for contraindications and precautions, having the necessary supplies available to manage anaphylaxis, implementing the recommended post vaccination observation periods, and immediately treating suspected cases of anaphylaxis with intramuscular injection of epinephrine.
- Providers **should not contact Pfizer or Moderna to cancel a vaccine request.** If a provider is not able to store a vaccine delivery, they should immediately **notify the Georgia Immunization Program by calling 404 657-3158 and also notify their local health department.** Public health staff will work to locate a facility where the vaccine can be transferred. The facility that initially requested the vaccine should **accept the shipment. Do not open the shipping container.** The vaccine should be kept in a secure location until it can be picked up and moved to another location.
- Vaccine providers with available vaccine should vaccinate members of the community meeting any of the above Phase 1A+ criteria, not just those within their own staff or facility. Due to limited vaccine supply availability, unless they are in one of the above populations, spouses and family members are **not eligible** for vaccine administration at this time. The Georgia Department of Public Health will notify COVID vaccine providers when to move to the next phase. **Moving to additional phases without approval from DPH is a violation of the vaccine provider agreement.**
- Visit the [Moderna website](#) and scroll to the **How To Look Up Vial Expiration Date** section to locate vaccine vial expiration date.

HOTLINE: Georgia Poison Center (for COVID-19 questions): 888-357-0169

Website: <https://dph.georgia.gov/covid-vaccine>

Questions: [DPH-COVID19Vaccine@dph.ga.gov](mailto:DPH-COVID19Vaccine@dph.ga.gov)

### How To Look Up Vial Expiration Date

To find the expiration date for any vial of Moderna COVID-19 Vaccine, locate the lot number, printed on the carton and vial. Enter the lot number in the field below and press "Submit."

Enter Lot #

XXXXXXXXXXXX

Submit

## KEEP INDEPENDENTS INDEPENDENT

Please don't forget, if you have a desire to sell your pharmacy or if you have an interest in buying a pharmacy, please contact Jeff Lurey at 404-419-8103. We have been quite successful during the past several years at keeping independents independent. We maintain a list of pharmacists who want to buy additional pharmacies and we also keep a list of young pharmacists who want to own a pharmacy. All information is kept strictly confidential.

### AIP MISSION STATEMENT

To advance the concept of pharmacy care. To ensure the economic viability and security of Independent Pharmacy; To provide a forum for Independent Pharmacy to exchange information and develop strategies, goals and objectives; To address the unique business and professional issues of independent pharmacies; To develop and implement marketing opportunities for members of the Academy with emphasis on the third party prescription drug program/benefit market; To provide educational programs designed to enhance the managerial skills of Independent Pharmacy Owners and Managers; and, To establish and implement programs and services designed to assist Independent Pharmacy Owners and Managers.



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**If you change wholesalers, please be sure to let us know. Please contact Verouschka Betancourt-Whigham "V" at [vbwhigham@gpha.org](mailto:vbwhigham@gpha.org) or 404-419-8102. Thank You**



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