

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

Issue 11

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

Editor: Ritu Shah, MS

Hello C. A. R. E. S. Pharmacy Network members! We enjoyed connecting with many of you at the Alabama Pharmacy Association 2020 Mid-Winter Conference in Auburn, AL. It was great to connect with the current members as well as to introduce the C.A.R.E.S. Program to the conference attendees.

We thank you for your continued participation in our growing network. As always, if you need more referral cards and/ or pre-stamped envelopes, please let us

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know!

In this issue, we highlight our new C.A.R.E.S. Pharmacy Network Member, Pharmacist Wallace Haley Dobbs at the Haley's Pharmacy at Haleyville who has recently completed the 3 hours C.A.R.E.S. video training and Ms. Robyn James who serves as the Development & Marketing Director for the Middle of Alabama Area Agency on Aging (M4A). You can learn more about these individuals on pages 4 and 5.

In this issue, we bring your attention to the importance of a flu shot and to CDC's recommendations that can be followed in an event of flu. We are highlighting this issue because the cases of flu are increasing with every passing season and we believe pharmacies and pharmacists play an important role in offering accessing venues for people to get influenza vaccination. With the coronavirus out

break, please note that Medicare Part B and MA/MA-PD plans will cover the test at no cost to the patients if their healthcare provider orders it. Lastly, we also discuss Medicare fraud and its impact on patient outcomes

Once again, we thank you for referring patients to us for thorough screening for benefits. So far, our pharmacies referred over 160 patients!

Salisa Westrick, PhD Sterling Professor

Health Outcomes Research and Policy



WE NEED THE FLU SHOT. WE NEED THE VACCINE.

Ritu Shah, Doctoral Student and Graduate Research Assistant

Prevalence of contagious viruses: According to CDC estimates, there have been at least 29 million flu illnesses, 280,000 hospitalizations and 16,000 deaths from flu, so far this season.¹ It has been estimated that between about 70 percent and 85 percent of seasonal-flu related deaths have occurred in people 65 years and older, and between 50 percent and 70 percent of seasonal-flu related hospitalizations have occurred among people in this age group. Needless to say, the seasonal flu is quite serious for people 65 and older.² While much attention has been given to the new coronavirus (COVID -19) outbreak in the United States, the risk of catching the flu in the United States still is a concern.³ The influenza virus causes a contagious respiratory illness called the flu that infects the nose, the throat and in severe conditions the lungs. On average, about 8% of the US population gets sick with the flu each season. Young children, older adults, and people with certain chronic conditions (diabetes, heart disease, asthma) are at increased risk for serious complications from the flu. Coronavirus is associated with mild-to-severe respiratory illness and with fever and cough. According to WHO, the coronavirus death rate is 3.4%.⁴ For flu, there have been at least 29 million flu illnesses reported in the United States since the beginning of the flu season in October 2019.¹ Both influenza A and influenza B viruses, and 2019-nCoV are contagious viruses that cause respiratory illness.³

To treat and prevent the spread of the virus. CDC recommends four FDA-approved influenza antiviral drugs that can be used to treat the flu. These drugs are: oseltamivir phosphate (available as a generic version or under the trade name Tamiflu®), zanamivir (trade name Relenza®), peramivir (trade name Rapivab®), and baloxavir marboxil (trade name Xofluza®). Treatment against flu should begin as soon as possible, possibly within 48 hours after symptoms start.⁵ For the prevention and spread of respiratory viruses, which include both coronaviruses and flu viruses, the CDC recommends the following: *“Wash your hands often with soap and water for at least 20 seconds; avoid touching your eyes, nose and mouth with unwashed hands; avoid close contact with people who are sick; stay home when you are sick; and clean and disinfect frequently touched objects and surfaces.”*⁶



Vaccinations against influenza. The best way to protect against seasonal flu or is with a flu vaccine also known as a flu shot. According to CDC's recommendation, everyone 6 months and older should get a flu vaccine each year by the end of October. Research strongly indicates that flu vaccine has been effective in reducing the chance of medical visits and hospitalizations.⁷ Medicare covers vaccinations against influenza. There are two vaccines designed specifically for people 65 years and older. More information about these vaccines can be found here: <https://www.cdc.gov/flu/highrisk/65over.htm>.²

Pharmacies offer accessible venues for people to get influenza vaccination. Studies suggest that seasonal influenza immunization rates have increased after state policy changes that allowed that allowed pharmacists to administer influenza immunizations across the United States.⁸ More pharmacies are encouraged to administer immunization vaccinations, thus increasing the number of providers and access points for patients. According to reports, influenza vaccination prevented an estimated 7 million influenza illnesses, 109,000 hospitalizations, and 8,000 deaths associated with influenza, during the 2017-2018 flu season.⁹ Pharmacists and technicians, like you, help promote preventive measures, encourage and administer flu vaccination, facilitate speedy initiation of an antiviral medication, provide guidance on when to seek additional medical care and on the use of safe non-prescription drug use, and to direct people to reliable resources.¹⁰ Seasonal flu can be fought collectively through these measures. Please help play an active role in protecting your patients, especially those who are 65 and older, from Influenza today.

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**Welcome the new C.A.R.E.S. Pharmacy Network Member
Mr. Wallace Haley Dobbs, Pharmacist of
Haley's Pharmacy in Haleyville, AL**



Pharmacist Wallace Haley Dobbs at the Haley's Pharmacy in Haleyville, AL

Pharmacist Wallace Haley Dobbs graduated from the Auburn University with a Bachelors in Pharmaceutical Sciences in 1973. Mr. Dobbs has spent 35 years in hospital pharmacy and then decided to follow his dream and open his own pharmacy —Haley's Pharmacy in Haleyville, AL. Mr. Dobbs always had a dream of having his own store. He has completed the three hour online C.A.R.E.S. video training program in November, 2019 and is our newest C.A.R.E.S. Pharmacy Network Member. He is now able to share information with his patients and customers. This training has allowed his pharmacy to be an information source for patients with low income. His patients are now aware of the community programs available in his area and with the help of these services it can help people pay for their medication. Pharmacist Dobbs will be referring his patients for thorough screenings. His patients will be screened by staff at the Northwest Alabama Council of Governments for benefits such as MSP, LIS, SenioRx, Elderly nutrition program, and caregivers training and support. As a reminder, not all community programs offered by the aging and disability centers are income-based. We welcome Pharmacist Dobbs and his pharmacy to the network and we are looking forward to receiving many of your referrals.

ADRC Spotlight

ROBYN L. JAMES

Middle Alabama Area Agency on Aging (M4A)



Robyn James serves as the Development & Marketing Director for the Middle of Alabama Area Agency on Aging (M4A), one of Alabama's 13 local Area Agencies on Aging. Ms. James is responsible for all marketing and outreach initiatives, developing innovative partnerships, and writing and securing federal and private grants. She serves as the agency's lead educator on a variety of issues that affect older adults, individuals with disabilities, and caregivers. Ms. James spearheaded M4A's Dementia Friendly Law Enforcement and First Responder Training Program which has been expanded statewide in 2020.

Prior to M4A, Ms. James served over ten years with the Alabama Department of Senior Services, Alabama's State Unit on Aging, in a variety of leadership roles. As the State Director for Alabama's State Health Insurance Assistance (SHIP) program, she provided oversight to the 13 local SHIP programs who help Medicare beneficiaries navigate their health coverage and resolve their Medicare issues. Ms. James served the lead to develop the statewide partnership with the Harrison School of Pharmacy to utilize its pharmacy students to assist SHIP counselors and the partnership has been sustained for the last several years at the state and local level. Ms. James also served as the State Liaison for Alabama's Interagency Council for the Prevention of Elder Abuse where she coordinated 35 agencies and organizations to develop new initiatives, laws, and public policy to protect older Alabamians from abuse, neglect, and financial exploitation.

Ms. James has dedicated her career as a public servant advocating for older adults and has served on multiple local, state, and national coalitions. Her passion to advocate and protect older adults, individuals with disabilities, and caregivers has gained her a reputation as one of the leaders in her field. Ms. James was nominated as Shelby County Public Servant of the Year in 2018 and also received the designation as one of Alabama's Top 50 over 50 in 2018. Ms. James holds a Bachelor of Science in Business Management.

Preventing Medicare Fraud Improves Patient Health Outcomes

According to the Centers for Medicare and Medicaid Services (CMS), Medicare fraud and abuse is broadly defined as, “any practice, either directly or indirectly, that results in unnecessary costs to the Medicare program.” Medicare fraud and abuse includes illicit activities such as billing for unnecessary health care services or for services never provided, providing medically inappropriate services, practicing without a license, and unlawfully distributing controlled substances.¹ About 47,000 health care professionals, including physicians and nurses were barred from participating in federal health care insurance programs because of fraudulent or abusive activities, in 2018.² The annual cost of fraudulent and abusive activities have been estimated to cost Medicare between \$30 billion and \$140 billion.³

There are fraud and abuse perpetrators (FAPs) who are involved in a number of activities that could harm patient health in addition to financial problems. According to a recent study, 46% of the physicians were excluded from federal healthcare insurance programs primarily for compromising patient health or safety.⁴ There are many activities that have been considered as fraud because they involve billing Medicare for services that have compromised patients’ well-being. A few such cases have resulted in the patient’s death after untrained workers read radiographs and failed to detect deadly findings, unsafe distribution of opioids, and providing lucrative but unnecessary medical procedures.^{5,6}

Protect Yourself & Help Protect Medicare

THREE EASY STEPS ARE YOUR BEST DEFENSE.

PROTECT

Protect yourself against Medicare fraud.

Treat your Medicare, and Social Security numbers like your credit card numbers.

DETECT

Detect possible fraud, errors, and abuse.

Review Medicare summaries and explanations for mistakes by comparing them to personal records.

REPORT

Report possible fraud, errors, and abuse.

If you think you have been a target of fraud, report it.

CONTACT SENIOR MEDICARE PATROL (SMP)
FOR FREE, CONFIDENTIAL SUPPORT.

FIND YOUR LOCAL SMP:
smpresource.org 1-877-808-2468



A recent study, “Association Between Treatment by Fraud and Abuse Perpetrators and Health Outcomes Among Medicare Beneficiaries” has been published in JAMA internal Medicine.⁷ The findings of study are that patients treated by a healthcare provider who was excluded from the Medicare program for indulging in Medicare fraud were between 14 and 17% more likely to die compared to similar patients treated by non-excluded providers. It was also found that Medicare FAPs were responsible for about 6,700 premature deaths in 2013 alone.⁷ According to the lead author of the study Lauren Hersch Nicholas, PhD, assistant professor in the Bloomberg School’s Department of Health Policy and Management – even a single visit with a provider who was later excluded for Medicare fraud increase the patients’ risk of dying compared to patients’ who had the same health status but did not see an excluded provider.⁸ The study shows that Medicare fraud and abuse poses a major public health threat to patients. Patients treated by Medicare FAPs were 11-30% more likely to have an emergency hospitalization in the following year after the FAPs were excluded from the program. Patients who are affected are more likely to be non-white, low-income, and disabled.⁷

According to Nicholas, Medicare fraud and abuse affects some of the most vulnerable patients. If the FAPs can be found and removed more quickly, we can save patient lives, prevent unnecessary spending, and most importantly improve health outcomes.⁸ At the same time, CMS is bolstering its prevention efforts to protect Medicare program integrity. CMS is utilizing artificial intelligence and new technologies to reduce its dependence on human resources and to prevent fraud from occurring.⁹

Patients can significantly help prevent Medicare fraud and abuse. If your patient feels a plan or agent has violated Medicare's marketing rules, they should save all documented proof, when available, such as an agent's business card, the plan's marketing materials, and their phone call records. Report the activity to 1-800-MEDICARE or to the local Senior Medicare Patrol (SMP). Also, if your patient thinks they were enrolled in a plan without their permission, contact 1-800-MEDICARE or the local SMP to report it and request assistance. They can also contact their State Health Insurance Program (SHIP) for help changing their plan. Medicare allows victims of enrollment fraud to make changes outside of Medicare's Open Enrollment Period.¹⁰

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Changes to Opioid Treatment Services for Dually Eligible Individuals

As of January 1, 2020, Medicare Part B covers a **new Opioid Treatment Program (OTP) benefit**. This means Medicare beneficiaries now have access to methadone for medication-assisted treatment (MAT) in an out-patient setting, along with counseling and other opioid use disorder (OUD) treatment services delivered by a certified OTP provider.

For individuals dually eligible for Medicare and Medicaid, this new coverage means that Medicare is now the primary payer for these OUD treatment services. The Centers for Medicare & Medicaid Services (CMS) has issued guidance to OTP providers, MA plans, and to states to help ensure that dually eligible individuals who are currently receiving these OUD treatment services do not experience interruptions in care.

Justice in Aging's [new fact sheet](#) describes the new OTP benefit and how it affects dually eligible individuals' access to treatment for OUD. Advocates working with dually eligible individuals or other Medicare beneficiaries receiving or in need of OUD treatment services should become familiar with these changes to help clients navigate and identify any issues.

For example:

- OTP providers and MA plans are prohibited from billing Qualified Medicare Beneficiaries (QMBs) for Medicare cost-sharing for OTP services. In addition, all people enrolled in Original Medicare should not pay any cost-sharing for OTP services once they have met their Part B deductible.
- States, MA plans, and providers should be following guidance to ensure continuity of care for dually eligible beneficiaries who are currently receiving OTP services.
- State Medicaid programs cannot exclude or deny coverage of transportation (NEMT) for dually eligible individuals to Medicare-covered benefits, including OTP services.



News Flash

The deadline for Medicare beneficiaries to sign up for Medicare Advantage and Medicare Part D plans has ended as of December 7th. Members of Congress, healthcare advocates and insurance agents worry that decisions based on inaccurate information from the newly designed Medicare website will bring negative surprises. While the official statement has not been released, according to Kaiser Health News, the Centers for Medicare & Medicaid Services stated that Medicare beneficiaries would be able to change plans next year because of Plan Finder misinformation. After January 1st, if some of your patients were unpleasantly surprised by the coverage of their Part D plans, please direct them to the local SHIP by calling **1-800-Age-Line (1-800-243-5463)**. SHIP counselors have a priority line to contact CMS to help address the problem. It is also important to keep in mind that those who have a Medicare Advantage Plan can switch to another advantage plan or switch back to the original Medicare until **March 31st**.

Website: <https://www.shiptacenter.org/about-medicare/regional-ship-location/alabama>



CONTACT YOUR SHIP

State Health Insurance Assistance Program (SHIP)

Call	1-800-243-5463
Website	http://www.alabamaageline.gov/

Find another SHIP using the button below:

SHIP Locator

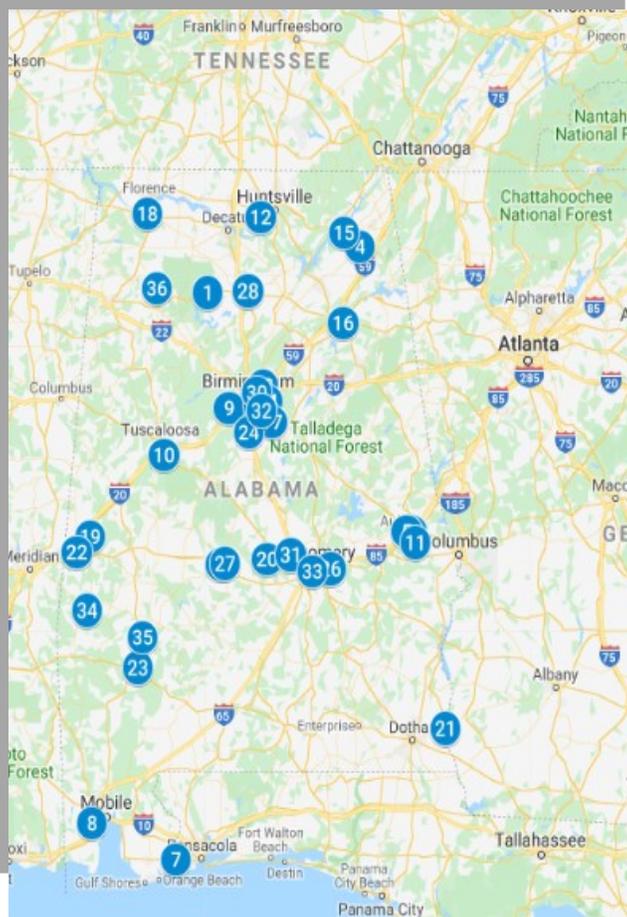
Activate Windows

Coronavirus test Covered by Medicare Part B

Medicare Part B covers a test to see if Medicare beneficiaries have coronavirus (officially called 2019-novel coronavirus or COVID-19). This test is covered when the patient's doctor or other health care provider orders it, if they got the test on or after **February 4, 2020**.

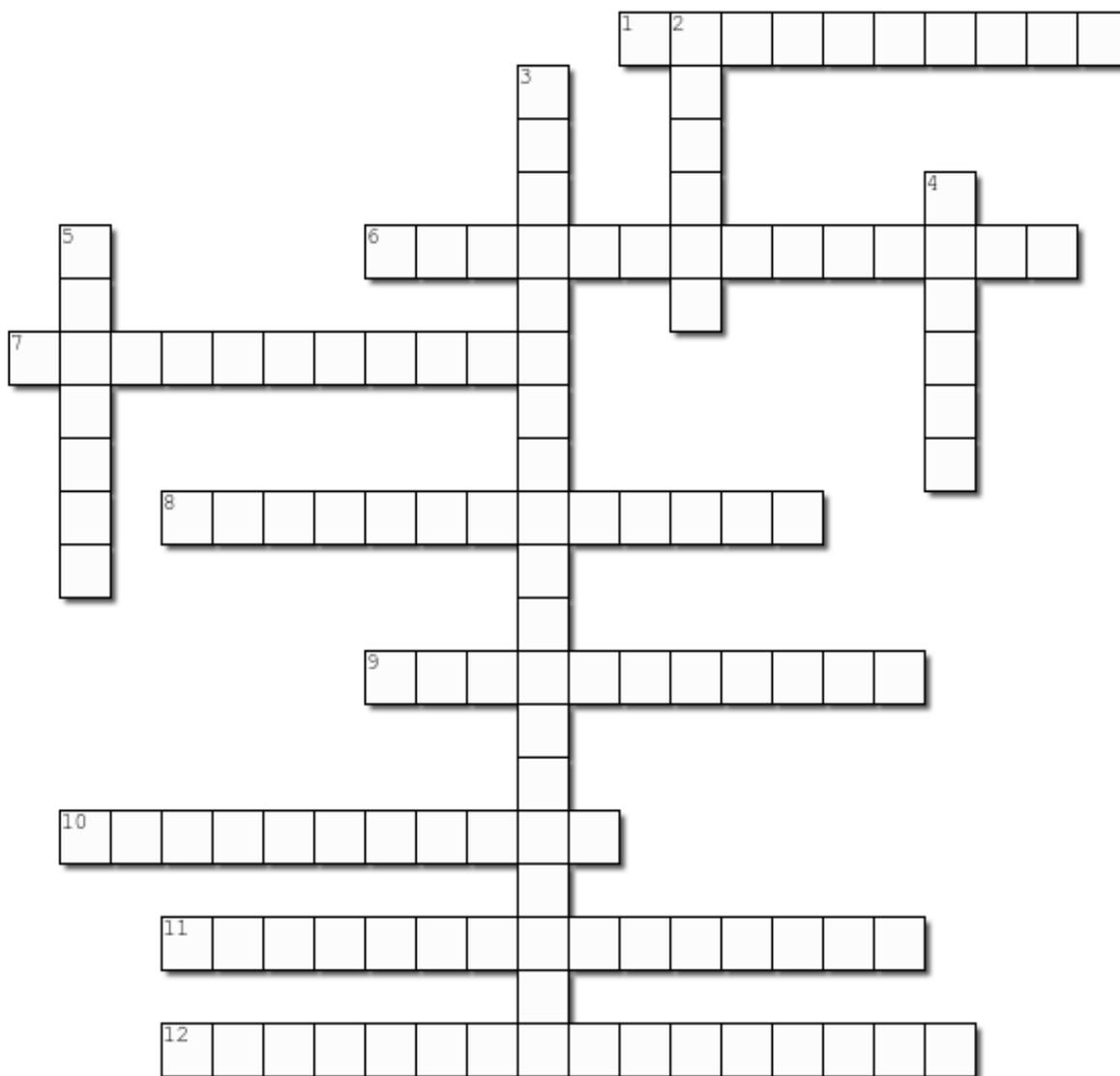
C.A.R.E.S. Pharmacy Network Members

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



Name: _____

Complete the crossword puzzle below



Created using the Crossword Maker on TheTeachersCorner.net

Across

- 1. Those who have a Medicare Advantage Plan can switch to another plan or back to the original Medicare until _____
- 6. _____ is defined as any practice, either directly or indirectly, that results in unnecessary costs to the Medicare program.
- 7. The best way to protect against seasonal flu is with a _____
- 8. CDC recommends _____ with soap and water for at least 20 seconds
- 9. We will see you at the 139th APA Annual Convention and Trade Show in _____ Alabama
- 10. _____ serves as the Development and Marketing Director for Middle of Alabama Area Agency of Aging (M4A).
- 11. contact _____ to protect, detect and report Medicare Fraud
- 12. As of January 1, 2020 Medicare Part B covers a new _____ Program (OTP) benefit.

Down

- 2. Mr. Dobbs graduated from _____ University with a Bachelors in Pharmaceutical sciences in 1973.
- 3. Ms. Robyn James holds a Bachelor of Science in _____
- 4. Our newest C.A.R.E.S. Pharmacy Network member is _____ Pharmacy
- 5. Mr. Dobbs has his own pharmacy in Haleyville, AL named _____



This past February, we had the opportunity to represent the C.A.R.E.S. Program at Alabama Pharmacy Association 2020 Mid-Winter Conference in Auburn, AL. It was great to meet with the current members in-person as well as to introduce the C.A.R.E.S. Program to the conference attendees.

If you are planning to attend the Alabama Pharmacy Association (APA) Annual Convention and Trade Show this June in Point Clear, AL we will be there to represent the C.A.R.E.S. Program, June 7 –10th. For more information about APA, please visit: <https://www.aparx.org/page/43>

We hope to see you there!

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 7 online modules hosted on Canvas Catalog .

2. Articles

Three one-hour home-study articles covering the following topics:

1. The Basics of Medicare for Pharmacy Personnel
2. Pharmacists’ Role in Assisting Medicare Patients with Limited Income
3. Assistance Programs Available for Older Adults

Access the CE article and complete the post-test and evaluation at:

<https://alpharmacycares.org/>

This publication has been created or produced by the local Aging and Disability Resource Center (ADRC) with financial assistance, in whole or in part, through a grant from the Administration for Community Living (ACL).

Across:	1. March 31st
	6. Medicare Fraud
	7. Flu Vaccine
	8. Washing hands
	9. Point Clear
	10. Robyn James
	11. Medicare Patrol
	12. Opioid Treatment
Down:	
	2. Auburn
	3. Business Management
	4. Haley's
	5. Haley's