

Ask the audit specialist ...

Audit assistance

Have a question about an audit or is audit-related? Send your questions to audit specialist Amy Myers, at amy.myers@cardinal.com, or if you would like to speak with her directly call 800.200.6313, option no. 2.

Did you know?

Leader and its audit assistance team have noticed a huge increase in Medicare/Medicaid on-site audits and desk audits.

- Medicare is identifying claims that have been processed for Medicare D Part COB “wrap” claims that incorrectly resulted in underpayments, overpayments or inappropriate allocation of dollars between the PDP claim and the employer wrap claim. As a CMS requirement, these claims are being reversed and resubmitted in order to accurately reflect Medicare Part D TrOOP balances for the beneficiary.
- The Medicaid Program recently reviewed claims and payments reimbursed to providers. Their findings indicate that claims were identified and paid for beneficiaries that have a date of death on file. As result the plans will reverse these claims and recoup these funds. Please remember to ask for appropriate insurance identification when processing prescription claims.

Watch out!

- Medicare Part D pharmacy audits can be expected.
- We have noticed an increase in on-site and desk audits by Express Scripts (ESI) and Walgreen's Health Initiatives (WHI). Be sure to document and calculate.
- Signature logs — The prescription and patient signature log documents are subject to review for audits. Please ensure that your patients sign upon receipt of their medications.

CCRx pharmacy auditing process

Under CMS regulations, the CCRx plan sponsor – MemberHealth – is required to conduct audits of its pharmacy network. ACS Heritage (ACS), an outside auditing firm, is used by MemberHealth to comply with the CMS rule and complete the audit process. ACS has started working on various aspects of the audit requirement. The multi-faceted audits include traditional on-site audits, as well as sending random letters to patients to confirm receipt of medications. Your patient may receive a letter and ask you about it. If your patient receives an audit letter and brings it to you, explain to them that the form should be completed and mailed back in the pre-paid postage envelope that is provided. The CCRx audit process is similar to those done on the commercial side, but will not extrapolate findings for non-fraud cases. MemberHealth works closely with ACS to help define issues as they arise. Audits are part of MemberHealth's responsibility as a Medicare Part D plan sponsor.

One nostril or two?

Although many nasal sprays are intended for administration in each nostril for a single dose, there are notable exceptions - calcitonin salmon (Fortical®, Micalcin®) for one. Patients should administer a single spray (200 international units) into one nostril daily, alternating nostrils each day. Other examples of metered-dose or unit-dose nasal spray containers include butorphanol, desmopressin (DDAVP®), sumatriptan (Imitrex®) and zolmitriptan (Zomig®). Some e-prescribing systems are programmed to print directions that default to “spray in each nostril,” when nasal sprays are selected. With the aforementioned drugs, this would result in a double dose of medication.

One healthcare facility recently reported that about 50 patients who were prescribed medications intended for one nostril, had a label that instructed them to spray into both nostrils. Explicit verbal and written instructions that emphasize administration via one nostril only, is critical to avoid an overdose. Please be sure to calculate out the total number of sprays - in one or both nostrils - in order to submit the correct days supply.

