

Indian Health Service

Briefing Topic

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PHARMACY CALCULATIONS AND
INSURANCE AUDITS

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Pharmacy Point of Sale (POS) Package

Version: 1.0

Patch: 53



Introduction

This training will explain how to calculate the days supply on prescriptions, the importance of having the correct days supply entered, and how to correct common point of sale rejections related to days supply. It will also explain how to handle insurance audits when received in the pharmacy setting.



This Course Is Suitable for the Following Roles

Pharmacy employees who are entering prescriptions

Any employee working with Pharmacy Point of Sale (POS)

- Pharmacist
- Pharmacy Technician
- Business Office Employee
- Etc.



Prerequisites

Must have Pharmacist keys in RPMS, or

Must have access to the Pharmacy POS Package within RPMS

Pharmacy POS Keys include:

- ABSPZ Biller
- ABSPZ Reports
- ABSPZ User
- ABSPZMenu (no space)



Learning Objectives

Section 1:

1. Understand what the days supply is on a prescription and the importance of entering it correctly
2. Be able to determine the correct days supply on a prescription
3. Recognize POS rejections that could be linked to days supply
4. Understand what a pharmacy insurance audit includes
5. Explain how to gather the needed documents to satisfy the audit request
6. Show how to appeal/combat any negative findings to avoid loss of collections.



Objective #1

1. Understand what the days supply is on a prescription and the importance of entering it correctly



Prescription Days Supply

This is the estimate of how many days a prescription is intended to last and is computed by dividing the number of doses in the prescription by the number of doses per day.

<https://mp.medimpact.com/physicianportal/public/Glossary.jsp>



Example Prescription in EHR and RPMS

Visit Summary | Postings WA | Allergies | Immun | Problem List | Advs React | Medications | ELR Antibigram | Adult Regular HS

Review | Triage | Wellness | Patient Goals | Problem Mngt | Superbill | Well Child | Medications

New Action

Chronically Chronic Only 9000 days | Print... | Print New Items | Process... | New... | Check | Ed | i

Chronic	Outpatient Medications
✓	METOPROLOL SUCCINATE 50 MG ER TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY DAY FOR HIGH BLOOD PRESSURE

Quantity and Days Supply

```

(1) *Orderable Item: METOPROLOL SUCCINATE TAB,SA <DIN>
(2) CMOF Drug: METOPROLOL SUCCINATE 50 MG ER TAB
(3) *Dosage: 50 (MG)
    Verb: TAKE
    Dispense Units: 1
    Moun: TABLET
    *Route: ORAL
    *Schedule: QDAY
(4) Pat Instructions: FOR HIGH BLOOD PRESSURE
    Directions: SIG: TAKE ONE (1) TABLET BY MOUTH EVERY DAY FOR HIGH BLOOD PRESSURE
Clinical Indication:
(5) Patient Status: OUTPATIENT
(6) Issue Date: 01/12/21 (7) Fill Date: 01/12/21
    Last Fill Date: 01/12/21 (Window)
    Last Release Date: 01/12/21 (8) Lot #:
    Expires: 01/13/22 MFG:
(9) Days Supply: 30 Days Supply (10) QTY (TAB): 30 Quantity
(11) # of Refills: 5 Remaining: 5
  
```

Days Supply

Quantity



Importance of Days Supply

Pharmacy Benefits Managers (PBM) will review the days supply, quantity, and directions by performing audits on prescription claims. Incorrect entries can result in lost revenue, penalties, or legal action.

Accurate days supply entry limits/prevents pharmacies from inappropriately refilling medications before they have been used up.

Provider can limit use by stating how long a prescription should last by the day supply ordered, such as pain relievers



How is Days Supply Determined?

Calculated by dividing the number of doses in the prescription by the number of doses per day

Specific directions or limitations written on Rx by prescriber

- Example: Prescription for #10 Ambien tablets prescribed once daily, but prescriber writes *MUST LAST 30 DAYS* on prescription

Expiration of certain meds, once opened, that prevents them from lasting until the calculated days supply is reached

- Example: Novolog vial lasts 28 days once punctured



Objective #1 Knowledge Check #1

You can calculate a day supply by:

- A. Dividing number of doses dispensed by the number of doses per day
- B. Multiplying number of doses dispensed by the number of doses per day
- C. Adding number of doses dispensed and the number of doses per day
- D. Rolling the dice, and hoping for the best



Objective #1 Knowledge Check #1

You can calculate a day supply by:

- A. Dividing number of doses dispensed by the number of doses per day**
- B. Multiplying number of doses dispensed by the number of doses per day
- C. Adding number of doses dispensed and the number of doses per day
- D. Rolling the dice, and hoping for the best

Correct answer: A



Objective #1 Knowledge Check #2

Days supply is important with regard to:

- A. Insurance audits
- B. Accurate billing
- C. Avoiding fraud, waste, and abuse
- D. All of the above



Objective #1 Knowledge Check #2

Days supply is important with regard to:

- A. Insurance audits
- B. Accurate billing
- C. Avoiding fraud, waste, and abuse
- D. All of the above**

Correct answer: D



Objective #2

Be able to determine the correct days supply on a prescription



Calculating Days Supply

$$\frac{\text{Number of Doses Dispensed}}{\text{Number of Doses Taken Per Day}} = \text{Days Supply}$$

$$\frac{30 \text{ tablets}}{1 \text{ tablet daily}} = 30 \text{ day supply}$$



Inhaler Days Supply Calculation

Doses/puffs per inhaler = 200 metered inhalations

Directions on prescription = 2 puffs every 4 hours

Doses per day = 200 doses per inhaler

2 at a time(24 hours in a day/4 hour interval)

or

Doses per day = 200 doses/inhaler = 200 = 17 days

2 (6)

12



Doses
per
inhaler

Insulin Days Supply Calculation

Two 10 ml vials (20 ml) dispensed on Rx

Number of units per milliliter of insulin = 100 units/ml

Number of units in a vial = 100 units/ml X 10 ml = 1000 units per vial

Number of units dispensed = 2 vials X 1000 units per vial = 2000 units

Directions for use = 30 units before each meal three times daily

Units used per day = 30 x 3 times daily = 90 units per day

Days Supply for Rx = 2000 units / 90 units per day = **22 day supply**

*also consider priming dose (2 units per dose)



Syringe/Pen Needle Days Supply Calculation

Patient uses Levemir twice daily and Novolog three times daily, so total number of injections = 5 daily

$$\text{Days Supply} = \frac{\text{Number of needles dispensed}}{\text{Number of injections per day}} = \frac{100 \text{ needles}}{5 \text{ inj. daily}} = \mathbf{20 \text{ day supply}}$$

Best if Rx directions state total number of doses per day.

Directions and days supply must match to satisfy insurance audit.



Eye Drop Days Supply Calculation

Take total number of drops divided by number of drops used daily.

See example



Example

First, calculate the number of drops in the product being dispensed, in this case a 5-mL bottle.

$$5 \text{ mL} \times \frac{20 \text{ drops}}{1 \text{ mL}} = 100 \text{ drops}$$

Then find the number of drops used per day.

$$1 \text{ drop} \times 2 \text{ eyes} \times 2 \text{ times daily} = 4 \text{ drops per day}$$

Finally, divide the total number of drops dispensed by the number of drops used per day.

$$100 \text{ drops} \times \frac{1 \text{ day}}{4 \text{ drops}} = 25 \text{ days}$$

**Number of drops per milliliter may vary with different eye drops



Days Supply must be Entered Accurately

When a prescription is entered by a provider and completed by the pharmacist, the Days Supply MUST be accurate to ensure appropriate billing.

Communicate with your pharmacy and medical staff if you repeatedly see incorrect days supply.



Objective #2 Knowledge Check #1

Accurate pharmacy billing is not possible with an incorrect days supply entered on the prescription.

True or False



Objective #2 Knowledge Check #1

Accurate pharmacy billing is not possible with an incorrect days supply entered on the prescription.

True or False

Correct answer: True



Objective #2 Knowledge Check #2

Ultimately, calculating a days supply requires the total _____ and the _____ per day .

- A. medication cost, units used
- B. units dispensed, units used
- C. medication cost, containers used
- D. tablet strength, containers used



Objective #2 Knowledge Check #2

Ultimately, calculating a days supply requires the total _____ and the _____ per day .

- A. medication cost, units used
- B. units dispensed, units used**
- C. medication cost, containers used
- D. tablet strength, containers used

Correct answer: B



Objective #3

3. Recognize POS rejections that could be linked to days supply



Rejections Linked to Days Supply

19:M/I Days Supply

76:Plan Limitations Exceeded

79:Refill Too Soon

7X:Days Supply Exceeds Plan Limitation

88:DUR Reject Error

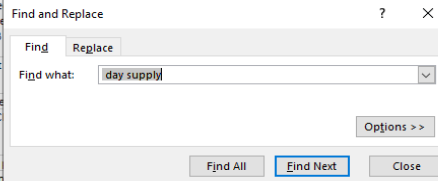
9G:Quantity Dispensed Exceeds Maximum Allowed

AG:Days Supply Limitation For Product/Service



POS Tutorial Reject List

First, locate your reject code.	Second, read possible reasons for rejection and follow guidance on how to resolve.
POS Rejection	Possible Reasons for Rejection
01.M/I SOFTWARE VENDOR/CERT	Insurer may be lacking SPECIAL CODES. See the SETUP OF INSURER tab at the bottom for the default codes that should be entered. The code for field 110 is usually the one that, if missing, will cause this.
01.M/I Bin	Verify on the claim receipt that the BIN number is transmitting and that it matches the one on the insurance card.
05.M/I Pharmacy Number	1. May be missing a "special code" in the insurer file. See the SETUP OF INSURER tab at the bottom for the default codes that should be entered. 2. May not have a contract with the plan. Can call help desk for that insurer to verify.
06.M/I Group Number	Verify on the claim receipt that the GROUP number is transmitting and that it matches the one on the insurance card. Group number can be entered in field 11 (private insurance) or field 7 (Medicare part D plans) in the insurance plan entered on page 4 of the patient's chart. (*EPT)
07.M/I Cardholder ID Number	Make sure that the ID number transmitting is the same as the ID number on the patient's card. Probably the wrong ID number entered on page 4. **Watch Med-D plans having SSN as ID; defaults to SSN at entry. Must be changed to number on card.
09.M/I Birth Date	1. Insurance may have different date of birth (DOB) that your pharmacy has listed in yymmdd format. 2. Possible wrong person code. 3. RPMS Patch 52 in later releases can cause this rejection. Solutions: A: You can either delete the cardholder DOB
10.M/I Patient Gender Code	Verify that patient gender is correct in patient's chart. If insurance has incorrect gender enter in field 305 a 1 for MALE or a 2 for FEMALE.
14.M/I Eligibility Clarification Code	Patient may not have active coverage. Verify coverage through Emdeon Cardfinder
15.M/I Date of Service	Noncontrolled prescriptions are good for 1 year. C III-V are good for 6 months. Check prescription expiration date. Also on CMOP prescriptions, fill dates will update when Prescriber will need to enter a new order.
18.M/I METRIC QUANTITY	Must match pack size to product (inhalers, creams, patches, injections, etc.) Let
19.M/I Days Supply	1. Usually means quantity per day supply is exceeded.(i.e. 90 per 30 days and cannot be broken (insulin vial, box of lancets, etc.) our site will call the insurer and ask for an override. If instructed to do so, we reprocess with a 30 day supply and make a chart note for reference during future audits explaining what action was taken.
1V:Multiple Transactions not Supported	Go into Advanced Setup of Insurer (ADV) and change the Maximum RX's Per Claim. It is sometimes set at 4, which means that, when a claim is submitted, there will be a temporary delay to try to group up to 4 claims and transmit at once the insurer. This could result in cost savings from your switch with regard to per claim transmission fees. Some insurers only allow 1 claim to be submitted at a time. To change, just enter a 1 at the end of the line. Example: Maximum RX's Per Claim: 4//1 Then resubmit claim as NEW.
21.M/I Product/Service ID	1. Repacks not covered. 2. May be old NDC that needs updated.
22.M/I Dispense As Written(DAW)/Product Selection	Reject received when a Brand Name drug that has a commercially available generic equivalent is processed without a DAW code. Since our sites get special pricing on these items, we reprocess as NEW with a DAW code of 5 (Brand dispensed as generic). See CODES tab below for DAW codes, and Fixing a Rejected Claim for detailed instructions on how to resubmit with DAW code.
25.M/I PRESCRIBER ID	1. Doctor may not be listed as a provider for that plan. (we had a dr whose medicalid contract expired and had to be renewed). 2. Prescriber NPI may not be entered in the RPMS Provider file. 3. Field 411 may be suppressed. Directions for Unsuppressing field on SETUP OF INSURER TAB . 4. In Advanced Setup of Insurer (ADV) make sure INSURER NPI FLAG is set to both. EXAMPLE: INSURER NPI FLAG: BOTH//
27:Product Id not FDA/NSDE Listed	Verify that the correct NDC is in RPMS. Usually a rejection because of a REPACKaged medication. (cannot fix; must order other brand to get paid claim)
2N M/I Prescriber State/Province Address	1. Address not transmitting. Go into Advanced Setup of Insurer (ADV) and make sure that field 367 is unsuppressed, then resubmit using NEW. (Directions for Unsuppressing field on SETUP OF INSURER TAB) If it still rejects, the provider's state will need to be entered into the Provider file. 2. Might be that the Provider's NPI number has not been entered. Verify that NPI is present and transmitting by looking at the claim receipt. If not there, it will need entered at *NPI (Add/Edit NPI values for Providers).
40:Pharmacy Not Contracted With Plan on Date of	Rejection received when your pharmacy is not listed as being IN NETWORK or CONTRACTED with a particular Plan, Insurer, or Pharmacy Benefits Manager. 1. Call that insurer's help desk to find out if you are contracted. If not, ask for a copy of your contract forward to whoever establishes new pharmacy contracts (Area Office for our site). 2. If you are contracted, but out of network, the patient may be able to call to request that your site be placed 'in network'.
41:Submit Bill To Other Processor Or Primary Pay	Third party plan has on file that a person has other insurance. Search for primary coverage on Emdeon cardfinder/Availity(see ELIGIBILITY SEARCH TAB), and enter on page 4 of patient chart. If they do not have other insurance, patient will have to call their current plan to have it removed (With Oklahoma Medicaid, third party liability department, they will remove other expired other coverage if you call them with the termination dates obtained from Availity)
43:Plan's Presc database indicates DEA of Presc	Validation of active DEA status required. If validated, submit applicable Submission Clarification Code (SCC) in field 420. See CODES tab below.
44:Plan's Presc database indicates DEA of Presc	Validation of active DEA for prescription required. If validated, submit applicable Submission Clarification Code (SCC) in field 420. See CODES tab below.
469 Submission Clar Code Count does not Precede Submission Clar Code	If a submission clarification code is needed on a claim transmission and is entered in field 420(SUBMISSION CLARIFICATION CODE), field 354(SUBMISSION CLARIFICATION CODE COUNT) needs to be UNSUPPRESSED in order for the third party plan to see the value in field 420. To do this, you would go to ADVANCE SETUP OF INSURER, paste in the name of the insurer, then enter down to SUPPRESS NCPD FIELD. Type 354, hit enter, then type 354 and hit enter again, and enter the @, and hit enter. It will say SURE YOU WANT TO DELETE THE ENTIRE SUPPRESS NCPD FIELD? Enter Y for yes. It should then resubmit claim.
50:Non-Matched Pharmacy Number	May need contract with third party. Verify first that you are a provider for that plan. If so, then make sure that your special codes are entered in advanced setup of insurer. See SETUP OF INSURER tab.
52:Non-Matched Cardholder ID	Similar to 07:M/I Cardholder ID Number. Wrong ID number on page 4. Watch Med-D plans having SSN as ID; defaults to SSN at entry.
54:Non-Matched Product/Service ID Number	1. could be a repackaged med that is not covered. 2. Could be an old NDC that needs updated. 3. Could be a med that needs a Prior Authorization completed.



DOB in field 304 as a General Override (see [Fixing a Rejected Claim](#) tab for directions). Date must be 4 of the patient chart, field 6. If the cardholder date of birth is for a different family member, it -enter the card with the patient as the cardholder so that their DOB is present in Field 6 on page 4.

then, you will have to match what they have to receive a paid claim. Resubmit claim as NEW and

om of this document.

n if prescriptions are suspended for CMOP when it is suspended for a future fill date that is past the he date it was actually processed at your site. Either way, there is no way to fix it after the fact.

ASK QTY/PRICE at the top to change the quantity.

of insulin, for example may last 40 days according to the directions on the bottle. If it is a pack that



Refill Too Soon Rejections

Can occur for multiple reasons with regard to days supply.

1. Incorrect days supply entered on last fill.
 1. If inhaler days supply was entered as 30 but was actually 17, would need to correct last month's claim, then correct days supply on this month's claim.

2. Dose increase. Was taking one daily; now taking 2 daily.
 1. Enter Submission Clarification Code 05 for therapy change in field 420.



88:DUR Reject Error

AG:Days Supply Limitation For Product/Service

If days supply is entered incorrectly, max daily usage may trigger one of these errors.

Example:

Message tells you what insurer allows:

(45 ml / 1.5 ml daily = must last 30 days)

If 25 days supply is correct, must

call insurer for a quantity limit override

or complete a PA for a higher dose.

```
Days Supply: 25 ← Days Supply
Dispense as Wrtn/Prd Sel Cd: 0
Dispensing Fee Submitted: $ 10.00
Fill Number: 0
Gross Amount Due: $2089.95
Ingredient Cost Submitted: $2089.95
Medication Name: INSULIN DETEMIR 100 UNITS/ML INJ SOLN PEN
Medication Number: 1
Medication Order: 1
Other Coverage Code: 1
Pres/Srv Ref Number Qual: 1
Prescriber ID: ██████████
Prescriber ID Qualifier: 1
Prescriber Last Name: ██████████
Prescription Origin Code: 3
Prescription/Service Ref Num: ██████████
Product/Service ID: 00169643810
Product/Service ID Qualifier: 3
Quantity Dispensed: 45000 ← Quantity=45ml
- - Prescription - -
Additional Information 1: MAX DOSE PER DAY=1.500
Authorization Number: ██████████
Medication Order: 1
```

Insurer only allows 45ml per 30 days

AG:Days Supply Limitation For Product/Service

Days supply on a topical solution:

Rejections says:

MAX DOSE PER DAY=0.833

Quantity is 25 ml

(25000; three trailing zeros on rejection)

Days supply must be:

25ml / 0.833ml per day = 30 days

```
PRODUCT/SERVICE ID: 51672125502
Product/Service ID Qualifier: 3
Quantity Dispensed: 25000
Usual & Customary Charge: $ 85.00
===== RESPONSE =====
Date of Service: MAR 3,2022
Date/Time Response Received: MAR 03, 2022@15:23:5
ID: ████████████████████
Message: 10520
RAW DATA RECEIVED:
Response Status (Header): A
Service Provider ID: ████████████████████
Service Provider ID Qualifier: 1
Transaction Code: B1 prescription claim
Transaction Count: 1
Version/Release Number: D0
- - Prescription - -
Additional Information 1: MAX DOSE PER DAY=0.833
Authorization Number: ████████████████████
Medication Order: 1
Prescription/Service Ref Num: ████████████████████
Prescription/Srvc Ref Num Qual: 1
```


7X:Days Supply Exceeds Plan Limitation 19:M/I Days Supply 76:Plan Limitations Exceeded

Could occur if max allowable days supply is exceeded.

Example of BC/BS Claim:

- Box of lancets contains 100 lancets (unbreakable box)
- Directions: Test three times daily; days supply=33
- Rx rejected because day supply exceeded 30 days.
- Override field 405 and enter 30 as the days supply per provider manual
 - See Prime Therapeutics manual excerpt on next slide

Document your override to satisfy future audit

```
Days Supply: 33
Dispense as Wrtn/Plr Sel Cd: 0
Dispensing Fee Submitted: $ 10.00
Fill Number: 2
Gross Amount Due: $ 19.75
Ingredient Cost Submitted: $ 9.75
Medication Name: LANCET, TRUE PLUS (E)
Medication Number: 1
Medication Order: 1
Other Coverage Code: 1
Pres/Srv Ref Number Qual: 1
Prescriber ID:
Prescriber ID Qualifier: 1
Prescription Origin Code: 3
Prescription/Service Ref Num:
Product/Service ID: 56151014701
Product/Service ID Qualifier:
Quantity Dispensed: 100000
```

```
-- Prescription --
Additional Information 1: MAXIMUM DAYS SUPPLY OF 30
Additional Information 2: 30
Authorization Number: 220566039459034999
Medication Order: 1
Prescription/Service Ref Num:
Prescription/Srvc Ref Num Qual: 1
Prior Auth Processed Date: FEB 25,2022
Reject code: 76 Plan Limitations Exceeded
Reject code: 7X Days Supply Exceeds Plan Limitation
Reject Count: 2
Response Status (Prescription): R
Transaction Response Status: REJECTED CLAIM
```

Prime Therapeutics Provider Manual: Unit of use products

Page from provider manual.

Explains process to change days supply on “unit of use” products.

*Document all changes.

SECTION 3: CLAIMS PROCESSING (CONTINUED)

Documentation

Approved or confirmed verbal changes and clarifications to the Prescribing Provider's prescription order must be documented on the original hard copy or electronically noted in the Pharmacy's online system prior to dispensing. The Pharmacy should not request changes to a prescription for the sole purpose of avoiding POS messaging. For example, if a Pharmacy receives a POS message indicating a PA is required or that it must call Prime's Contact Center, the Pharmacy is expected to follow the POS messaging and Prime's Contact Center instructions. Electronic documentation must be noted prior to dispensing and must have a system assigned user, date and time stamp in order to take the place of hard copy documentation. When additional refills are ordered, a new prescription number must also be assigned and appropriately documented on a hard copy.

Days' Supply for Non-Medicare Part D Claims

The Pharmacy must submit the number of consecutive days' supply for which the prescription product is dispensed within the Covered Person's benefit. Future refills may be rejected if the days' supply is inaccurately submitted.

For prescription products that cannot be broken (such as inhalers), where the smallest unit exceeds the benefit days' supply, the Pharmacy must submit the maximum days' supply allowed under the Covered Person's Benefit Plan.

Example: Covered Person's benefit allows up to a 30-day supply. One inhaler will last 40 days. The Pharmacy must bill the inhaler as a 30-day supply.

Days' Supply for Medicare Part D Claims

The Pharmacy must submit the number of consecutive days' supply for which the prescription product is dispensed within the Covered Person's benefit. Future refills may be rejected if the days' supply is inaccurately submitted. There are some prescription products that cannot be broken in which the calculated days' supply may exceed common values (for example, greater than 30 days or greater than 90 days). In these instances, the Pharmacy should submit the accurately calculated days' supply.

Example: Prolia for a 180-day administration should be submitted with a 180-day supply.

A small subset of prescription products cannot be broken. For this subset, the smallest unit exceeds the maximum benefit days' supply and there is subjectivity in calculating the days' supply (such as topical products). For these, the Pharmacy must submit the maximum days' supply allowed under the Covered Person's Benefit Plan.

Example: Covered Person's benefit allows up to a 30-day supply. One unbreakable unit may last 40 days, depending upon the amount used, but a course of therapy should be limited to 28 days (for example, clobetasol shampoo). The Pharmacy must bill the bottle as a 30-day supply.

In situations where one unit does not exceed the maximum benefit days' supply (such as inhalers) the Pharmacy must submit only the quantity dispensed within the benefit.

Example: The benefit allows up to a 30-day supply. One inhaler lasts 28 days. The Covered Person receives one inhaler as a 28-day supply. This will vary by Benefit Plan.

Objective #3 Knowledge Check #1

The following rejection(s) are could be affected by days supply.

- A. Dispense As Written Code Invalid
- B. M/I Days Supply
- C. Days Supply Exceeds Plan Limitations
- D. M/I Prescriber ID
- E. B and C



Objective #3 Knowledge Check #1

The following rejection(s) are could be affected by days supply.

- A. Dispense As Written Code Invalid
- B. M/I Days Supply**
- C. Days Supply Exceeds Plan Limitations**
- D. M/I Prescriber ID
- E. B and C**

Correct answer = E



Objective #3 Knowledge Check #2

True or False

Unit of use items that cannot be broken, such as inhalers, may need the day supply adjusted if greater than is allowed by the insurer.



Objective #3 Knowledge Check #2

True or False

Unit of use items that cannot be broken, such as inhalers, may need the day supply adjusted if greater than is allowed by the insurer.

Correct answer = True



Things to remember...

When working POS rejections, verify the days supplies are correct.

Different insurers allow different amounts per day and different total days supplies.

Prior Authorization or a quantity limit override can possibly correct rejections for max exceeded/days supply.

An incorrect Days Supply can impact many things, including:

- Insurance imbursement
- fraud/waste/abuse
- perceived patient compliance



Objective #4

4. Understand what a pharmacy insurance audit includes



Audit

Definition:

an official inspection of an individual's or organization's accounts, typically by an independent body.

In the pharmacy world, it is basically a prescription insurance company taking a very detailed look at claims paid to the pharmacy to determine if all information is correct and all steps were completed properly. Any discrepancies can result in penalties, which means dollars taken back by the insurer.



Audit Goals-Insurer

To find errors/reasons for taking back money that was paid to the pharmacy when a prescription was initially billed.

- Insufficient directions that cannot determine a day supply for the rx
- Day supply calculated/entered incorrectly
- Discrepancies with origin code
- Mailing prescription if pharmacy is not labeled as “mail order”
- Insufficient proof of delivery



Audit Goals-Pharmacy

To provide all requested documents to prevent any recoupment, or 'claw back', of money by the insurer for any reason.

- Process starts when Rx is entered
 - Valid date, origin code, quantity, sig, day supply, provider
- Continues when dispensed
 - Proof of delivery (signature, USPS tracking if mailed)



Audit = Having your test graded

Good grade:

Prepared well

Learned information

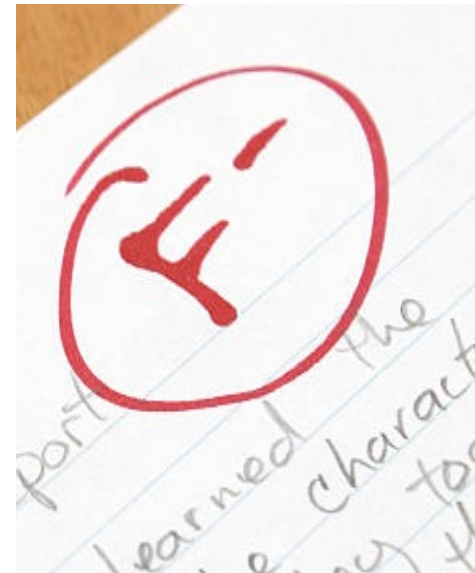
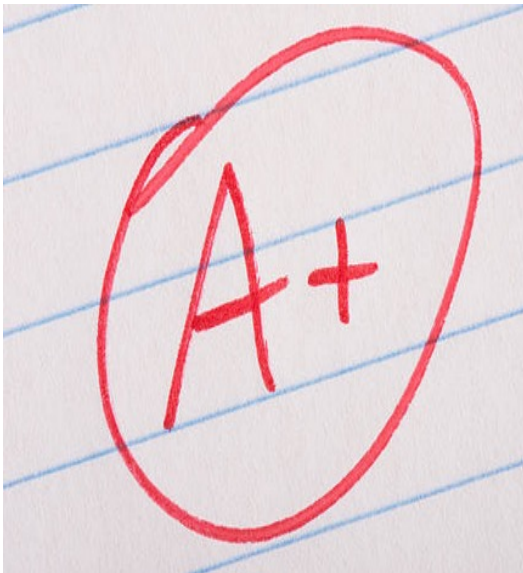
Answered questions correctly

Bad Grade:

Poor preparation

Did not know the needed info

Answered incorrectly



Which RXs can be audited

Any Rx can be audited, but insurers will usually audit:

Expensive medications

- Specialty medications
- Brand name only medications

Medications with varying day supplies that must be calculated according to directions on prescription

- Insulin
- Certain creams (Premarin/Estrace Vaginal Cream)
- Eye drops



Different types of Audits

Single Rx Request: Insurer will request a copy of the prescription for a single, recently filled prescription to verify proper quantity, day supply, and directions were entered.

- Optum Rx: Records Transmittal Request
- Prime Therapeutics: Documentation Request

Desktop Audit: Insurer will request detailed information on a list of prescriptions from the last 1-2 years.

- Hard copies/Screen shots, computer generated label, documentation of refills, specific calculable directions, signature log/delivery to patient



Single Rx Request

- Requires that you send copy of Rx to ensure correct entry (quantity/sig/day supply)
- Will receive request by fax
- Due date for response will be just a few days
- Must be checking faxes daily to avoid missing a request
- Can call and request extension, if needed

Prime VW012p 9/16/2022 9:57:32 AM PAGE 2/003 Fax Serv

Requested
9-16-22

PRIME
THERAPEUTICS

Prime Therapeutics, LLC
2900 Ames Crossing
Eagan, MN 55121-2498
Fax 877.825.7404
Phone 505.515.2075
www.PrimeTherapeutics.com

Initial Documentation Request

Date September 16, 2022
To Pharmacy Representative NPI #: [REDACTED]
Company CLINTON IHS PHARMACY
From Pharmacy Audit Department

Dear Pharmacy Representative,

Prime Therapeutics ("Prime") monitors claims on a regular basis in order to identify potential billing and/or compliance errors. One or more of your claim submissions has been selected for audit.

Information Request:

Due
9-20-22

Please provide a copy of the original prescription order(s) listed below to [REDACTED] at 877.825.7404. Documentation is requested on September 20, 2022 no later than 4PM CST. If the claim is a compound product, please also include an ingredient list of NDC numbers used in the compound, and the quantities of each NDC included within the compound. Note that Prime is not requesting paper copies.

Prescription(s) Requested				
	RX #	Drug Name	Fill Date	Reference #
1	0000 [REDACTED]	LEVEMIR INJ FLEXTUOC	09/15/2022	[REDACTED]

This claim(s) audit is not all inclusive and may be subject to further review at a later date if deemed necessary, as determined by Prime in its sole discretion.

Please note: It is not necessary to call Prime to verify receipt of this fax.

Failure to respond to this request may result in recoupment and/or claim adjustment(s) to claims related to the prescription order(s) above without further notice.

For additional information in regards to Prime Therapeutics pharmacy oversight including the appeal process, please visit <https://www.primetherapeutics.com/resources/provider-manual/> for access to the Prime Therapeutics Provider Manual.

If you have questions, please contact me at 505.515.2075 or toll free at 800.858.0723, ext. 2075.

Sincerely,
[REDACTED]
Pharmacy Audit Department
Pharmacyaudit@primetherapeutics.com

CONFIDENTIALITY NOTICE: This communication is intended only for the use of the individual entity to which it is addressed, and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender and return the original message to us at the above address via U.S. Mail. Thank you for your cooperation. 5302 A Copy with Prime Therapeutics, LLC 11/12

Desktop Audit

Requires that you send:

- Copy of Rx hardcopy, copy of label (if available*), and proof of delivery for a list of prescriptions
- Will receive request by fax
- Due date will allow more time (approx. 1 month)
- Time consuming process. Do not wait until last minute to complete
- Can call and request extension, if needed.

(*Scriptpro label cannot be generated if too old)



Example of Humana Audit: Pages 1 and 2

Humana.
515 West Market St.
Suite 700
Louisville KY 40202

June 2, 2023

CLINTON IHS PHARMACY
10321 N. 2274 RD
CLINTON OK 73601

Desktop audit notification — documents due July 9, 2023 (redacted)

Dear pharmacy manager:

Humana Pharmacy Solutions® is conducting a desktop audit of the claims listed on the enclosed claim detail report. Please send the following documentation to Humana on unstapled 8.5-by-11-inch sheets of paper:

- A copy of the original hard copy (front and back) of each prescription on the claim detail report, including its computer-generated label. For telephone prescriptions, please include appropriate documentation with the notation "phoned in"
- Documentation supporting the dispensing and/or approval of refill(s)
- Specific, calculable directions or maximum daily dosage for insulin prescriptions
- A copy of the patient signature log or a delivery manifest for the **service date** of the prescription
- Documentation showing a clear link between the prescription number or medication name, patient name, date of service and tracking number detailing medication delivered to a patient or facility
- For vaccines, a copy of the administration record(s)
- For compounds, a compound worksheet (Note: Please list each ingredient's National Drug Code [NDC] and the quantity used for each NDC.)

Humana may include associated refills for audited prescriptions found to be discrepant.

The enclosed Audit Discrepancy Code List describes the types of discrepancies that may be found during an audit and acceptable documentation to resolve them.

Documentation can be sent by secure email to pharmacyaudit@humana.com or faxed to **502-301-5641**. These methods will ensure a more timely and efficient means of delivery. Documentation also can be sent to the address listed below. The U.S. Postal Service, UPS and FedEx will deliver to this address. Please be sure to include a copy of this letter along with the accompanying documentation to:

ATTN: Humana Pharmacy Audit Department
P.O. Box 14164
Louisville, KY 40213-4164

The documentation must be **postmarked no later than July 9, 2023**. Materials postmarked after July 9, 2023 may be reviewed for audit purposes, but the pharmacy will be assessed a penalty of 25% of the audited total claim value.

If you have questions about this audit, please email pharmacyaudit@humana.com or call **502-580-3232**.


Sincerely,

(redacted signature)

Director
Pharmacy Claim Audit and Review

Enclosures:

- Claim detail report
- Humana Pharmacy Solutions Audit Discrepancy Code List



List of required documentation:
Hard copy/Screenshot
Calculable Day supply
Proof of Delivery
Clear link between Rx#/Pt name/date/tracking

1794014410323-A 80135700519-A PH1000

Example of Humana Audit: Pages 3 and 4

Rx list is by POS Rx number, not Rx number in EHR.

Claim Detail Sheet Report

AuditID	NCPDP	Pharmacy Name
325299	3721354	CLINTON IHS PHARMACY

Rx #	Date of Service	Date Written	Drug Name
000	01/03/2023	07/20/2022	LEVEMIR 100 UNIT/ML VIAL
000	10/25/2022	08/18/2022	NOVOLOG 100 UNIT/ML FLEXPEN
000	12/14/2022	06/16/2022	LEVEMIR FLEXTOUCH 100 UNIT/ML
000	04/04/2023	06/16/2022	LEVEMIR FLEXPEN 100 UNIT/ML
000	02/01/2023	11/17/2022	MULTAQ 400 MG TABLET
000	02/17/2023	11/15/2022	NOVOLOG 100 UNIT/ML FLEXPEN
000	03/23/2023	03/17/2023	NOVOLOG 100 UNIT/ML FLEXPEN
000	04/17/2023	08/09/2022	NOVOLOG 100 UNIT/ML FLEXPEN
000	03/23/2023	02/22/2023	ELIQUIS 2.5 MG TABLET
000	02/01/2023	11/17/2022	ELIQUIS 2.5 MG TABLET
000	03/31/2023	03/31/2023	NOVOLOG 100 UNIT/ML FLEXPEN
000	02/22/2023	02/22/2023	NOVOLOG 100 UNIT/ML FLEXPEN
000	01/03/2023	04/22/2022	NOVOLOG 100 UNIT/ML FLEXPEN
000	03/23/2023	11/02/2022	NOVOLOG 100 UNIT/ML FLEXPEN
000	03/01/2023	09/01/2022	NOVOLOG 100 UNIT/ML FLEXPEN
000	08/12/2022	05/20/2022	ELIQUIS 2.5 MG TABLET
000	01/12/2023	05/10/2022	JARDIANCE 10 MG TABLET
000	03/31/2023	02/15/2023	JARDIANCE 10 MG TABLET
000	11/30/2022	04/22/2022	LEVEMIR FLEXTOUCH 100 UNIT/ML
000	02/15/2023	12/12/2022	LEVEMIR FLEXTOUCH 100 UNIT/ML
000	12/07/2022	08/02/2022	JARDIANCE 25 MG TABLET
000	11/08/2022	08/16/2022	LEVEMIR FLEXTOUCH 100 UNIT/ML

Claim Detail Sheet Report

Rx #	Date of Service	Date Written	Drug Name
0000	07/18/2022	05/04/2022	SYMBICORT 80-4.5 MCG INHALER
0000	03/21/2023	02/16/2023	ALOGLIPTIN 25 MG TABLET
0000	08/04/2022	08/04/2022	INSULIN GLARGINE-YFGN U100 VL
0000	02/01/2023	12/29/2022	INSULIN GLARGINE-YFGN U100 VL
0000	01/26/2023	08/18/2022	SEVELAMER CARBONATE 800 MG TAB
0000	08/11/2022	03/04/2022	ARMOUR THYROID 15 MG TABLET
0000	08/02/2022	09/29/2021	DOTTI 0.1 MG PATCH
0000	01/30/2023	11/29/2022	ESTRADIOL 0.1 MG PATCH (2/WK)
0000	01/18/2023	11/02/2022	ULTICARE PEN NEEDLES 6MM 32G
0000	10/01/2022	05/27/2022	ULTICARE PEN NEEDLES 6MM 32G
0000	05/10/2022	05/10/2022	ULTICARE PEN NEEDLES 6MM 32G
0000	03/23/2023	08/02/2022	BD UF MICRO PEN NEEDLE 6MMX32G
0000	03/23/2023	02/24/2023	BD UF MICRO PEN NEEDLE 6MMX32G

Objective #4 Knowledge Check #1

Which prescriptions are MOST likely to be audited?

- A. Inexpensive tablet forms
- B. Expensive tablet forms
- C. Expensive insulins with varied dosing



Objective #4 Knowledge Check #1

Which prescriptions are MOST likely to be audited?

- A. Inexpensive tablet forms
- B. Expensive tablet forms
- C. Expensive insulins with varied dosing**

Correct Answer: C



Objective #5

5. How to gather the needed documents to satisfy the audit request



Gathering the Documents

- Hard copy/Screenshot that includes Rx#, POS Rx#, Day supply
- Proof of Delivery
- **Clear link** between Rx#/POS Rx#/Patient name/date/tracking

As you gather the information, verify that information is correct (quantity/day supply). If incorrect and claim is not too old, you can reverse/correct the day supply prior to making your screenshots. Try to fix any issues you can prior to making screenshots.



Hard copy/Screenshots

For Outside Rx's filled with paper hardcopies:

- Simply include photocopy of actual hardcopy.
- If scanned into chart, can copy image for hardcopy.

For electronic orders in EHR:

- Print Rx from Meds tab, or make screenshots in RPMS (next slide)



Prescription copy print from Meds Tab/EHR

does not work if Rx is too old

1. Click Medications tab
2. Click medication
3. Click print
4. Prescription (New Format)

The screenshot shows the EHR interface for a patient named Amanda. The 'Medications' tab is selected, and a list of medications is displayed. A 'Print Outpatient Medications' dialog box is open, showing the 'Prescription (New Format)' option selected under 'Report Format'.

1 Click Medications tab

2 Click medication

3 Click print

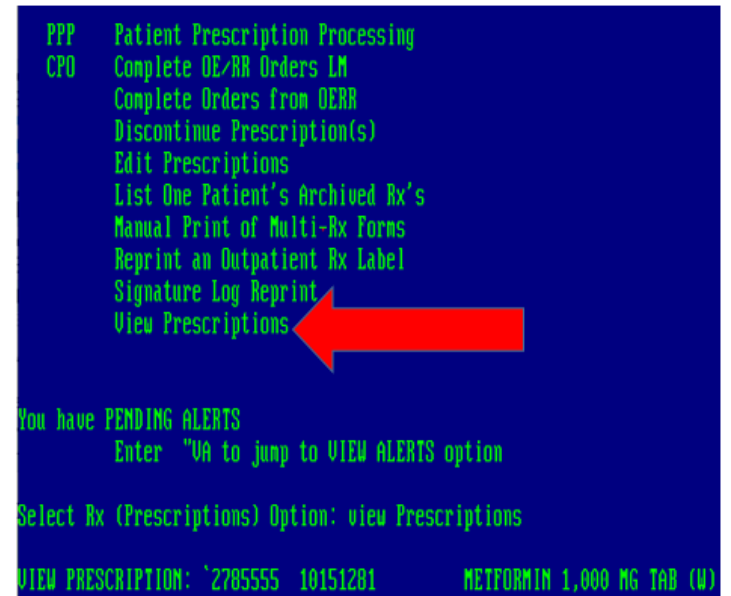
4 Prescription (New Format)

Action	Chronic	Medication
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ALBUTEROL 0.083% ORAL INHL SOLN 90 ML Qty: 90 for 5 days Sig: INHALE 3 ML (CONTENTS OF 1 VIAL) BY MOUTH EVERY 4 HOURS IF NEEDED IN NEBULIZER FOR BREATHING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CHLORHEXIDINE GLUCONATE 0.12% ORAL RINSE Qty: 473 for 30 days Sig: SWISH 15 ML (1 CAPFUL) SWISHED AROUND MOUTH FOR 30 SECONDS AND SPIT OUT TWICE DAILY *DO NOT SWALLOW* DO NOT EAT OR DRINK FOR 2 TO 3 HRS**
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ROSUVASTATIN 20 MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL OR HEART PROTECTION
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SIMVASTATIN 20MG TAB Qty: 30 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH EVERY EVENING TO LOWER LIPIDS AND CHOLESTEROL
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ALBUTEROL-IPRATROPIUM 3MG-0.5MG/3ML NEB (CLINIC) Qty: 3 for 1 days Sig: INHALE 3 ML (CONTENTS OF 1 VIAL) VIA NEBULIZER NOW IN CLINIC
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ASPIRIN 81 MG CHEW TAB (W) Qty: 30 for 30 days Sig: CHEW ONE (1) TABLET BY MOUTH NOW
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CHLORHEXIDINE GLUCONATE 0.12% ORAL RINSE Qty: 473 for 30 days Sig: SWISH 15 ML (1 CAPFUL) SWISHED AROUND MOUTH FOR 30 SECONDS AND SPIT OUT TWICE DAILY *DO NOT SWALLOW* DO NOT EAT OR DRINK FOR 2 TO 3 HRS**
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CHLORHEXIDINE GLUCONATE 0.12% ORAL RINSE (E) Qty: 1 for 15 days Sig: SWISH 15 ML (1 CAPFUL) SWISHED AROUND MOUTH FOR 30 SECONDS AND SPIT OUT GOOBER FOR 30 SECONDS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GLUCOSE 4 GRAM CHEWABLE TAB (E) Qty: 30 for 10 days Sig: CHEW FOUR (4) TABLETS BY MOUTH ONCE FOR LOW BLOOD SUGAR, REPEAT IF NEEDED
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HYOSCYAMINE 0.125 MG ORAL DIS TAB Qty: 1 for 1 days Sig: DISSOLVE ONE (1) TABLET ON THE TONGUE EVERY 4 HOURS IF NEEDED FOR GASTROINTESTINAL SPASM
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	INSULIN DETEMIR 100 UNITS/ML INJ PEN (E) Qty: 15 for 30 days Sig: INJECT 10 UNITS DAILY UNDER THE SKIN DAILY FOR DIABETES

How to find each Rx to make screenshots

RPMS Pathway: PSRP - RX – VIEW

- To display Rx with use of POS Rx number (from audit request), enter the ` before the number.
 - (` is on the key left of the 1 on the keyboard)
- Example: for POS Rx number 2785555, you would enter `2785555 and hit enter.
- The EHR Rx number will display along with the Rx data, which can be Copy/pasted onto a Word document.
- Try to make one page per Rx to make it clear and easier to read for the auditors.



```
PPP Patient Prescription Processing
CPO Complete OE/RR Orders LM
Complete Orders from OERR
Discontinue Prescription(s)
Edit Prescriptions
List One Patient's Archived Rx's
Manual Print of Multi-Rx Forms
Reprint an Outpatient Rx Label
Signature Log Reprint
View Prescriptions
You have PENDING ALERTS
Enter "UA to jump to VIEW ALERTS option
Select Rx (Prescriptions) Option: view Prescriptions
VIEW PRESCRIPTION: `2785555 10151281 METFORMIN 1,000 MG TAB (W)
```

Screenshot Example:

Copy and paste VIEW onto Word document.

Enter through each page and copy/paste all info.

Include name, DOB, Rx number, POS Rx number from audit *Must be added/not in VIEW**

Patient name
Date of birth

Ht(cm): 170.18 (04/21/2023)
Wt(kg): 122.198 (04/21/2023)

Rx #: [REDACTED] POS RX # [REDACTED] POS Rx must be added to screenshot

Orderable Item: INSULIN ASPART 100 UNITS/ML PEN INJ
CMOP Drug: INSULIN ASPART 100 UNITS/ML INJ SOLN - FLEXPEN
NDC: 00169-6339-10
BENCHMARK PRICE: 37.255330 UP: 1.878000
TRIPLICATE #:
SUBSTITUTION: ALLOWED
DISCHARGE MEDICATION: NO
CASH DUE:
Verb: INJECT
*Dosage: 20 UNITS
*Route: SUBCUTANEOUS
*Schedule: QID
Patient Instructions: with meals for diabetes
SIG: INJECT 20 UNITS UNDER THE SKIN 4 TIMES A DAY WITH MEALS FOR DIABETES
Clinical Indication: Insulin treated type 2 diabetes mellitus | E11.9

Patient Status: OUTPATIENT
Issue Date: 08/09/22 Fill Date: 08/09/22
Last Fill Date: 04/17/23 (Mail, Released)
Last Release Date: 04/17/23 Lot #:
Expires: 08/09/23 MFG:
Days Supply: 19 QTY (ML): 15
QTY DSP MSG: 1 BOX=15ML
of Refills: 5 Remaining: 0
Provider: PINA,JULIETA APRN-CNP
Routing: Window
Copies: 1
Method of Pickup:
Clinic: SWEETGRASS ML3-PINA
Division: CLINTON INDIAN CTR (8203)
Pharmacist: BOESE,JULIE DPH
Remarks:
Finished By: BOESE,JULIE DPH
Entry By: CLARK,CASSANDRA PHARM D Entry Date: 08/09/22 15:16:22

Original Fill Released: 08/09/22 Routing: Window

5 04/13/23 04/17/23 15 Mail
Division: 8203 Dispensed: 04/17/23 Released: 4/17/23
8 04/13/23 SUSPENSE REFILL 5 CROUCH,KENNETH DPH
Comments: RX Placed on Suspense for CMOP until 04-13-23
9 04/13/23 PROCESSED REFILL 5 CROUCH,KENNETH DPH
Comments: Transmitted to CMOP NATIONAL VA CMOP
04/17/23@1422 Ref 5 26308-3 DISP NDC: 00169633910
Carrier: 0 Pkg ID: [REDACTED] Pkg ID for mailed Rx: Track at Mail Manifest
PROOF OF DELIVERY



Benefits to using VIEW Screenshot as Rx Image

No limit on date range to display Rx

Includes all data from actual Rx image

- EHR Rx# is present, but must add POS Rx#. Must have both to show a clear link between POS Rx# requested to EHR Rx# on VIEW image.

Shows day supply that was entered

- If incorrect...and Rx is not too old...can reverse/correct/resubmit claim

Includes activity log for CMOP mailed Rxs

- Provides link between POS Rx and CMOP tracking to aid in proof of delivery



Proof of Delivery

Insurer requires we show that the patient actually received the Rx.

Delivery proof must include:

- Prescription number
- Fill date
- Signature of patient if Rx was picked up
- USPS tracking number/date delivered



Proof of delivery of Rx picked up at pharmacy

Rx picked up at pharmacy: Provide patient signature

- GSL or Scriptpro stored electronic signature
- Paper signature log copy
- Rx # must be present on screenshot.
- Must show date of pickup



Example:

Rx Picked up at pharmacy showing:

- Rx Number
- Patient signature
- Date/Time delivered

man - 6XNT Recert Drawers Vacancy Active Highlighters Alerts

Search [F2] Return to Stock [F4] Inspect [F6] History [F7] Reports [F10] Admin [Alt+A] Inspect Dro
Mgmt [Alt+F7] Patients [Alt+F2]

History [F7]

EndDate: 02/15/2023 MostRecent: CS: Operators: States: Filter:

History for Rx/Item: [Redacted] **Rx Number**

Initial Creation: <not available>

State	Date/Time	Input Source	SmartBasket/Lo...	User	Duration
DeliveredToCust...	2/6/2023 4:02:15 ...		OKCCNT_50725...	ahuts...	
ConsultationRef...	2/6/2023 4:02:15 ...		OKCCNT_50725...	ahuts...	
RxSignatureCap...	2/6/2023 4:02:15 ...		OKCCNT_50725...	ahuts...	
DeliveryConfirma...	2/6/2023 4:01:30 ...		OKCCNT_50725...	ahuts...	
PatientConfirmed	2/6/2023 4:01:17 ...		GMS5-M: D3-034	ahuts...	00:00:45
Shelved	2/1/2023 3:00:54 ...		GMS5-M: D3-034	The ...	
Coupled	2/1/2023 2:59:46 ...		GMS5-M: OKCC...	The ...	5.01:00:23
Rx Entered	2/1/2023 2:59:46 ...		OKCCNT_50725...	The ...	

Rx Pickup Signature: [Redacted] **Patient Signature**

2/6/2023 4:04 PM **Date and time delivered**

Pickup by ID: n/a
Relationship: n/a
Driver License: n/a
Contact Phone: n/a
Rx Consult: Refused per physician

The Batman - 6XNT

Proof of delivery for Rx mailed to patient

Provide tracking number and delivery confirmation

- CMOP: Track packages by entering the package ID from activity log at:
<https://web.mailmanifestsystem.com/Account/SignIn?ReturnUrl=%2F>

```
CMOP Event Log:
Date/Time      Rx Ref  TRN-Order      Stat      Comments
-----
12/14/22 0703  Ref 2    25503-2        DISP      NDC: 00169633910
Carrier: 0      Pkg ID: 08203000000025503000020101579007
```

- If delivery is too old it may be archived and will not show delivery. For these, contact CMOP at VHACMOPMailProgramOffice@va.gov with a list of Pkg ID numbers. They will send you back delivery confirmations for those packages.



Example:

Rx mailed to patient showing:

Rx Number

Tracking number

Date and time delivered

Rx# / POS Rx number added to screenshot

Tracking number

Date/time of delivery

DELIVERY CONFIRMATION

Package Search

9R2C2D0C00C241350C0260-01079636

SEARCH

CHOOSE FILE

PRINT

Package Details	Shipping Details	Package Diagnostics	Delivery Details
Package ID: [REDACTED]	Shipping Method: [REDACTED]	TSC Job: 7652020324172203000943C10	Local Processed Date: 03/24/2023
SKU: [REDACTED]	Shipping Carrier: USPS	Container ID: [REDACTED]	Stop the Clock Date: 03/27/2023 08:28 AM
Package Status: PROCESSED	Client Name: CMCP	Bin Code: F60240	Last Known Event Date: 03/27/2023 08:28 AM
SN: LEVENA397H	Shipping Method: FIRST_CLASS	Bin Code Description: KANSAS CITY NEG - KANSAS CITY KS 66106100	Last Known Event Desc: DELIVERED
Recipient Name: MICHAEL DAINE ROPE JW	Service Level: DELIVERY_CONFIRMATION	Zone: 4	Last Known Event Location: SUNRAY TX
Address 1: PO Box 471	Med Center Site ID: 6250	Weight: 0.79	Last Known Event Zip: 75065
Address 2:	Medical Center Name: Clinton-India's Center	Is PO Box: <input checked="" type="checkbox"/>	Is Stop the Clock: <input checked="" type="checkbox"/>
City: Sunny	Medical Center Address 1: Route 1, Box 3300	Is UPS DAS: <input checked="" type="checkbox"/>	Is Insurable: <input type="checkbox"/>
State: TX	Medical Center Address 2:	Is Outside-48: <input type="checkbox"/>	Markup Type: FSC
Zip Code: 75065	Medical Center CSE: Clinton, OK 75003	Is Rural: <input checked="" type="checkbox"/>	
		Created Date: 03/23/2023	

Shipping Center	Tracking Number	Event Date	Event Description	Event Location	User Name	Display Name	Event Code	Event Zip
USPS	9R2C2D0C00C241350C0260-01079636	03/27/2023 08:28 AM	DELIVERED PARCEL LOCKER	SUNRAY TX			01	75065

USPS.COM Quick Tools Send Receive Shop Business International Mail

USPS Tracking®

Tracking FAQs

Track Packages Anytime, Anywhere

Get the free Informed Delivery® app to receive automatic notifications on your packages. Learn More

Tracking Number: [REDACTED] Remove X

Copy Add to Informed Delivery

Delivered Delivered Parcel Locker 03/27/2023 08:28 AM

Your item was delivered to a parcel locker on 03/27/2023 in SUNRAY, TX 75065.

Get More Out of USPS Tracking: USPS Tracking Plus®

List of discrepancy codes are included in audit request.

- Discrepancy codes are defined and reveal reasons that the insurer can recoup collections from your site.
- When you receive your response from your submitted documents, any findings/penalties that have \$\$ attached to them will state the reason for the penalty by giving these discrepancy codes.

*Next 7 slides include a discrepancy code list.



Example of Humana Audit: Page 5

Humana Pharmacy Solutions® audit discrepancy code list

Discrepancy code	Description	Financial outcome	Mitigating documentation*** accepted See last page of code list for additional details
BMN (Dispense as written—DAW)	Brand medication billed with DAW1 code, but prescriber's attestation of "Dispense as Written" not documented or stated on prescription.	Claim readjudicated with updated information	No mitigating documentation accepted, unless required by applicable law
CPDP (Compound billed incorrectly)	A compounded prescription was billed incorrectly	Claim readjudicated with updated information	No mitigating documentation accepted
CPDW (Compound worksheet required)	Compound worksheet required for validation.	Claim reversal	Compound worksheet with ingredients list (NDC, quantity)
DOB (Different drug billed)	Pharmacy billed for a medication different from the one ordered by the prescriber with no documentation on prescription or member profile.	Claim readjudicated with updated information	Documentation supporting value submitted
DOB-P (Different drug billed penalty)	Pharmacy billed for a medication different from the one ordered by the prescriber. Humana will update the claim with the correct information and assess an administrative penalty.	Administrative penalty	Documentation supporting value submitted
DEA (No Drug Enforcement Agency number)	The hard-copy or electronic prescription does not contain a DEA number (Class II to Class V drugs only).	Claim reversal	No mitigating documentation accepted
DID (Wrong prescriber)	Incorrect prescriber billed or inappropriate use of prescriber ID and pharmacy unable to provide the correct prescriber ID.	Claim reversal	Documentation supporting value submitted
DID-P (Wrong prescriber penalty)	Incorrect prescriber billed or inappropriate use of prescriber ID. Pharmacy provided the correct prescriber ID in post-audit window. As a result, Humana will correct the prescriber ID and assess an administrative penalty.	Administrative penalty	Documentation supporting value submitted

Example of Humana Audit: Page 6

Discrepancy code	Description	Financial outcome	Mitigating documentation*** accepted See last page of code list for additional details
DN-1 (Wrong member billed)	The member identified on a hard-copy prescription is not the member identified on the paid claim.	Claim reversal	No mitigating documentation accepted
DUP (Duplicate claim)	Multiple claims were paid for the same prescription date of service.	Claim reversal	No mitigating documentation accepted
EQB (Exceeds quantity)	The quantity billed exceeds the quantity authorized by the prescriber or plan.	Claim readjudicated with updated information	If applicable, documentation from wholesaler showing supply issues with appropriate package size occurred at time of fill
EXP (Exceeds time limit)	The prescription was filled or refilled after it expired according to the law.	Claim reversal	An updated copy of the state code or federal regulation defining the valid length of time the prescription in question may be filled
FBW (Filled before written)	The prescription was filled before the date written on the prescription hard copy.	Claim reversal	No mitigating documentation accepted
FRD (Fabricated document)	The prescription copy presented to Humana appears to have been fabricated by the pharmacy.	Claim reversal	No mitigating documentation accepted
FTR (Failure to respond)	The pharmacy failed to respond to the audit by the specified deadline(s).	Fee equal to claim value	Tracking evidence indicating the pharmacy mailed the audit documentation prior to deadline
FTR-P (Failure to respond)	Pharmacy failed to respond to initial notification of the audit.	Administrative penalty	Not applicable
ICDP (Invalid compound)	Compound worksheet does not contain all prescription elements.	Claim reversal	Compound worksheet with ingredients list (NDC, quantity)

Example of Humana Audit: Page 7

Discrepancy code	Description	Financial outcome	Mitigating documentation*** accepted See last page of code list for additional details
ICS-P (Package size discrepancy penalty)	The package size submitted on the claim differs from the package size dispensed by the pharmacy. Humana will correct the value and assess an administrative penalty.	Administrative penalty	Documentation supporting value submitted
IDS-P (Incorrect days' supply penalty)	The days' supply value submitted by the pharmacy is not consistent with the quantity and directions. Humana will correct the value and assess an administrative penalty.	Administrative penalty	Documentation supporting value submitted
IHC (Invalid hard copy)	An invalid hard-copy prescription was submitted. *Reference claim notes for specific concern.	Claim reversal	Prescriber statement* accepted including all required elements listed on the last page of this discrepancy code list
INV (No date written)	The hard-copy prescription contains no written date, as required by law.	Claim reversal	Prescriber statement* accepted including all required elements listed on the last page of this discrepancy code list
INVD (No drug name)	The hard-copy prescription does not contain the name of the drug to be dispensed, as required by law.	Claim reversal	Copy of pharmacy stored notes*** validating missing information and date of communication
INVN (No member name)	The hard-copy prescription contains no member name, as required by law.	Claim reversal	Copy of pharmacy stored notes*** validating missing information and date of communication
INVP (No doctor name or signature)	The hard-copy prescription does not identify the prescriber by name or provide a signature, as required by law.	Claim reversal	Copy of pharmacy stored notes*** validating missing information and date of communication
INVS (No strength)	The hard-copy prescription for a drug available in more than one strength fails to identify the strength to be dispensed, as required by law.	Claim reversal	Copy of pharmacy stored notes*** validating missing information and date of communication

Example of Humana Audit: Page 8

Discrepancy code	Description	Financial outcome	Mitigating documentation*** accepted See last page of code list for additional details
IOC-P (Incorrect origin code penalty)	The origin code submitted for the claim differs from the hard-copy prescription. Humana will correct the origin code and assess an administrative penalty.	Administrative penalty	Documentation supporting value submitted
ISLS (Invalid signature log—not signed)	An invalid signature log was submitted; signature log submitted does not contain a member signature.	Claim reversal	Member/facility statement** accepted including all required elements listed on the last page of this discrepancy code list
ISLD (Invalid signature— wrong date)	An invalid signature log was submitted; signature log submitted is for the incorrect date of service.	Claim reversal	Original signature log for the correct date of service
ISLM (Invalid signature log—missing clear link)	Delivery of medication does not show a clear link between the prescription number or medication name, member name, date of service and tracking number.	Claim reversal	Original delivery documentation, stored electronically, showing a clear link between the prescription fill and tracking number; or a member/facility statement** accepted including all required elements listed on the last page of this discrepancy code list
ISL (Invalid signature log)	Invalid signature log was submitted. *Reference claim notes for additional information.	Claim reversal	Member/facility statement** accepted including all required elements listed on the last page of this discrepancy code list
LPU (Late pickup)	Pharmacy did not return medication to stock per pharmacy contract. *Reference claim notes for additional information.	Claim reversal	No mitigating documentation accepted, unless required by applicable law
LAWF (Low not followed)	The prescription was not filled in accordance with state or federal law. *Reference claim notes for additional information.	Claim reversal	An updated copy of the applicable state or federal regulation with reference code number and effective date



Example of Humana Audit: Page 9

Discrepancy code	Description	Financial outcome	Mitigating documentation*** accepted See last page of code list for additional details
MP-1 (Missing prescription)	The original hard-copy prescription was not provided at the time of audit.	Claim reversal	Original prescription hard copies will be accepted for written prescriptions, faxed prescriptions, electronic prescriptions and transferred prescriptions. Telephone prescriptions will be accepted on the prescription was originally submitted with an origin code of 2.
MSLD (Not dispensed)	Prescription was billed but not dispensed to the member. The claim is still appearing as paid in the Humana system.	Claim reversal	No mitigating documentation accepted
MSL (Missing signature log)	The original member signature log was not provided at time of the audit.	Claim reversal	Member/facility statement** accepted including all required elements listed on the last page of this discrepancy code list. If the pharmacy is located in a state that allows original documentation to be submitted, proof of delivery that ties the fill with the tracking number would also be accepted.
NQY (No quantity)	The hard-copy prescription has no ordered quantity.	Claim reversal	Prescriber statement* accepted including all required elements listed on the last page of this discrepancy code list or copy of pharmacy stored notes validating missing information and date of communication
NSI (No directions for use or use as directed)	The prescription lacks specific, calculable directions (use as directed), missing directions or no maximum daily dosing.	Claim reversal	Prescriber statement* accepted (must include exact directions or a maximum daily dose) including all required elements listed on the last page of this discrepancy code list or copy of pharmacy stored notes validating missing information and date of communication
OK (Claim acceptable)	No discrepancy	No chargeback	No additional documentation needed
ORX (Outdated drug)	The prescription was dispensed using an adulterated or outdated prescription drug.	Claim reversal	No mitigating documentation accepted



Example of Humana Audit: Page 10

Discrepancy code	Description	Financial outcome	Mitigating documentation*** accepted See last page of code list for additional details
OTHF (Miscellaneous discrepancy)	"Other" is assessed when an issue has been cited that is not listed elsewhere on the discrepancy list. See the "comments" column of the audit results report for an explanation. *Reference claim notes for additional information.	Claim reversal	Depends Upon discrepancy
OVR (Inappropriate override code)	Pharmacy submitted an incorrect override code that resulted in payment of a claim that otherwise would have been rejected.	Claim reversal	No mitigating documentation accepted
PRC-P (Patient residence code penalty)	Pharmacy submitted an incorrect patient code. Humana will correct the patient residence code and assess an administrative penalty.	Administrative penalty	Documentation supporting submitted value
PST-P (Pharmacy service type penalty)	Pharmacy submitted an incorrect pharmacy service type. Humana will correct the pharmacy service type and assess an administrative penalty.	Administrative penalty	Documentation supporting submitted value
REF-P (Fill number penalty)	Pharmacy submitted the incorrect fill number. Humana will correct the fill number and assess an administrative penalty.	Administrative penalty	Documentation supporting submitted value
RFA (Removed from audit)	This claim is removed from the audit process at this time.	No chargeback	No additional documentation needed
RXC (Altered prescription)	The prescription was altered without appropriate documentation.	Claim reversal	Prescriber statement* validating changes w authorized and appropriate including all required elements listed on the last page of this discrepancy code list or copy of the applicable state code or federal regulation reference code number and effective date
SCC-P (Submission clarification code penalty)	Pharmacy provided the incorrect clarification code. Humana will correct the submission clarification code and assess an administrative penalty.	Administrative penalty	Documentation supporting submitted value



Example of Humana Audit: Page 11

Discrepancy code	Description	Financial outcome	Mitigating documentation*** accepted See last page of code list for additional details
UAR (Unauthorized refill)	Prescription filled more than authorized by prescriber.	Claim reversal	Copy of pharmacy stored notes*** validating missing information and date of communication
UHC (Unclear documentation)	Pharmacy provided documentation that contained an unclear or illegible prescription or signature log image.	Claim reversal	A clear hard-copy prescription or signature image or, if applicable, prescriber statement validating changes were authorized and appropriate including all required elements listed on the last page of this discrepancy code list
VR (Outside scope of practice)	The prescriber ID billed belongs to a practitioner not authorized to prescribe medication.	Claim reversal	Pharmacy may provide copy of medical license from prescriber confirming license to prescribe drug, and pharmacy also must provide information verifying that the prescribed drug falls within the prescriber's scope of practice
WHC (Incorrect hard copy)	Pharmacy provided a hard-copy prescription for the incorrect date.	Claim reversal	Hard-copy prescription for the correct date or prescriber statement** validating changes were authorized and appropriate including all required elements listed on the last page of this discrepancy code list



Draft a letter:

Include letter explaining:

- Rx labels not available on older rx's due to Scriptpro limitations
- IHS system is mainly electronic health record (EHR) orders with no actual hard copies.
- Proof of delivery by GSL, USPS tracking
- US Code 1647a, Sec 2, explaining we can mail out of state without being licensed in that state (federal sites)

7-11-2023

Humana,

Regarding recent Desktop Audit Notification.

I have attached documentation showing directions, amount dispensed, fill date, and proof of delivery of every prescription.

Hard copies/Rx Labels:

- Our Scriptpro prescription automation system does not allow us to reprint a label for a medication with such an old fill date. |
- We are a Federal Indian Health Service outpatient clinic, closed door pharmacy. We do not have hard copy written prescriptions. All of our orders are entered through Electronic Health Record (EHR) by providers that work in our clinic. I have attached a screen shot of each EHR order.

Proof of delivery:

- Prescriptions picked up at our pharmacy have a signature with timestamp for proof of delivery
- Prescriptions mailed via CMOP through the VA have a tracking number and a delivery date at the bottom of the EHR screenshot page.
- Prescriptions mailed from our site via Pitney Bowes/Send Suite postage service have USPS tracking confirmation provided.
 - For prescriptions mailed out of state I have included US Code 1647a, section 2, explaining the Federal Indian Health Services right to mail out of state without holding a pharmacy license in that state

If any other information is necessary, please notify us.

Thank you,

Michael Hunt, DPH
Clinton Indian Health Center
NPI 1538219431
Phone: 580-331-3351
Fax: 580-331-3555
Michael.hunt@ihs.gov



US Code 1647a, section 2

Gives authorization for IHS to mail out of state

Addressing any concerns for our Federal Indian Health Service pharmacy mailing prescriptions out of state.

US Code 1647a, section 2, states:

(2) Satisfaction of State or local licensure or recognition requirements

Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an entity operated by the Service, an Indian tribe, tribal organization, or urban Indian organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether the entity obtains a license or other documentation under such State or local law. In accordance with section 1621t of this title, the absence of the licensure of a health professional employed by such an entity under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State.



Verify all info is included that was requested

- Use the initial request as a checklist before sending in your documents.
- Once you have it all, send it in as instructed.
 - (Fax, Secure email, USPS mail)

Desktop audit notification — documents due July 9, 2023 (██████████)

Dear pharmacy manager:

Humana Pharmacy Solutions® is conducting a desktop audit of the claims listed on the enclosed claim detail report. Please send the following documentation to Humana on unstapled 8.5-by-11-inch sheets of paper:

- A copy of the original hard copy (front and back) of each prescription on the claim detail report, including its computer-generated label. For telephone prescriptions, please include appropriate documentation with the notation "phoned in"
- Documentation supporting the dispensing and/or approval of refill(s)
- Specific, calculable directions or maximum daily dosage for insulin prescriptions
- A copy of the patient signature log or a delivery manifest for the **service date** of the prescription
- Documentation showing a clear link between the prescription number or medication name, patient name, date of service and tracking number detailing medication delivered to a patient or facility
- For vaccines, a copy of the administration record(s)
- For compounds, a compound worksheet (Note: Please list each ingredient's National Drug Code [NDC] and the quantity used for each NDC.)

Initial response from documentation sent 7/21/23

Insurer will respond in 2-3 weeks

Will include a line item for each Rx audited and show OK or Penalty

From this point, you have the opportunity to send extra information to satisfy their requests



Page 1

Letter from Insurer

Explains how to send in additional information, if needed

Humana.
515 West Market St.
Suite 700
Louisville KY 40202

July 18, 2023

CLINTON IHS PHARMACY
10321 N. 2274 RD
CLINTON OK 73601

Initial desktop audit results (3721354)

Dear pharmacy manager:

Humana Pharmacy Solutions® conducted a desktop audit of your pharmacy on June 2, 2023. A review of the documentation provided by your pharmacy in response to this audit resulted in the discrepancies listed on the enclosed note sheet.

If you wish to submit additional documentation to contest these findings, you may do so by the date listed below. Please refer to the enclosed Humana Pharmacy Solutions Audit Discrepancy Code List for a list of acceptable mitigating documentation. Only documents listed under "Mitigating documentation needed" will be considered.

Humana may include associated refills for audited prescriptions found to be discrepant. After the post-audit window has passed, Humana Pharmacy Solutions will review all documentation and notify the pharmacy of the final results in writing. The audit's final results letter will include an outline of our appeal process.

Mitigating documentation can be sent by secure email to pharmacyaudit@humana.com or faxed to **502-301-5641**. These methods will ensure a more timely and efficient means of delivery. Documentation also can be sent to the address listed below. The U.S. Postal Service, UPS and FedEx **will** deliver to this address. Please be sure to include a copy of this letter along with the accompanying documentation to:

ATTN: Humana Pharmacy Audit Department
P.O. Box 14164
Lexington, KY 40512-4164

Post-audit documentation must be postmarked no later than October 16, 2023 to be considered. If you have questions, please email pharmacyaudit@humana.com or call **502-580-3232**.

Sincerely,



Sara Jensen
Director
Pharmacy Claim Audit and Review

Enclosures:

- Desktop audit note sheet
- Humana Pharmacy Solutions Audit Discrepancy Code List



Pages 2-7 Show discrepancies

Penalty Discrepancy code shows reason for chargeback and includes explanation

Estimated Chargeback column shows amount that could be taken back by insurer if discrepancy is not corrected or satisfied.

Penalty shows amount charged for negative finding

Note Sheet Report

AuditID	NCPDP	Pharmacy Name
325299	3721354	CLINTON IHS PHARMACY

Original Claims								
Audit Id	NCPDP	RX #	Date of Service	Date Written	Discrepancy Code	Penalty Discrepancy Code	Estimated Chargeback	Penalty Amount
325299	3721354	000003131107	01/03/2023	07/20/2022	RFA		\$0.00	
Claim notes: Claim removed from audit process due to being reversed AFTER audit was initiated.								
325299	3721354	000003090009	10/25/2022	08/19/2022	OK			
Claim notes: Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								
325299	3721354	000003071483	12/14/2022	05/15/2022	O_K	IDSP	\$0.00	\$5.00
Claim notes: Prescription was written for LEVEMIR FLEXTOUCH 100 UNIT/ML with directions, "Inject under the skin twice daily." The documentation supports that the claim should be submitted for 30ml(qty) for a 33 day supply. If you determine this is incorrect, please provide a different corrected day supply.								
325299	3721354	000003160198	04/04/2023	06/15/2022			\$0.00	
Claim notes: Claim removed from audit process due to being reversed AFTER audit								
325299	3721354	000003118198	02/01/2023	11/17/2022				
Claim notes: Claim OK.								
325299	3721354	000003117333	02/17/2023	11/15/2022				
Claim notes: Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								

Incorrect day supply on Rx. Possible \$5 penalty



Chargeback of Rx

The screenshots submitted for this Rx did not provide a clear link between Rx number, member name, date of service and tracking number. Need to review documents sent to see if something was omitted.

Note Sheet Report

Original Claims								
Audit Id	NCPDP	RX #	Date of Service	Date Written	Discrepancy Code	Penalty Discrepancy Code	Estimated Chargeback	Penalty Amount
325299	3721354	000003157941	03/23/2023	03/17/2023	ISLM		\$568.34	
Claim notes: The delivery documentation of the medication does not show a clear link between the prescription number or medication name, member name, date of service and tracking number. Original delivery documentation, stored electronically, showing a clear link between the prescription fill and tracking number; or a member/facility statement is the only acceptable mitigating documentation. Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								
325299	3721354	000003086734	04/17/2023	08/09/2022	OK			
Claim notes: Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								
325299	3721354	000003147540	03/23/2023	02/22/2023	OK			
Claim notes: Claim OK.								
325299	3721354	000003118196	02/01/2023	11/17/2022	OK			
Claim notes: Claim OK.								
325299	3721354	000003161001	03/31/2023	03/31/2023	OK			
Claim notes: Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								
325299	3721354	000003147015	02/22/2023	02/22/2023	OK			
Claim notes: Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								
325299	3721354	000003054714	01/03/2023	04/22/2022	OK			
Claim notes: Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								

All Rxs ok on this page

Note Sheet Report

Original Claims								
Audit Id	NCPDP	RX #	Date of Service	Date Written	Discrepancy Code	Penalty Discrepancy Code	Estimated Chargeback	Penalty Amount
325299	3721354	000003157856	03/23/2023	11/02/2022	RFA		\$0.00	
Claim notes: Claim removed from audit process due to being reversed AFTER audit was initiated.								
325299	3721354	000003094942	03/01/2023	09/01/2022	OK			
Claim notes: Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								
325299	3721354	000003063508	08/12/2022	05/20/2022	OK			
Claim notes: Claim OK.								
325299	3721354	000003059949	01/12/2023	05/10/2022	OK			
Claim notes: Claim OK.								
325299	3721354	000003145424	03/31/2023	02/15/2023	OK			
Claim notes: Claim OK.								
325299	3721354	000003054715	11/30/2022	04/22/2022	OK			
Claim notes: Claim OK.								
325299	3721354	000003136107	02/15/2023	12/12/2022	OK			
Claim notes: Claim OK.								
325299	3721354	000003084321	12/07/2022	08/02/2022	OK			
Claim notes: Claim OK.								
325299	3721354	000003088788	11/08/2022	08/16/2022	OK			
Claim notes: Claim OK.								



One penalty on this page

Rx shows wrong origin code

1= written

3= Electronic

Explanation ahead on next 2 slides

Note Sheet Report

Original Claims								
Audit Id	NCPDP	RX #	Date of Service	Date Written	Discrepancy Code	Penalty Discrepancy Code	Estimated Chargeback	Penalty Amount
325299	3721354	000003059075	07/18/2022	05/04/2022	O_K	IOCP	\$0.00	\$5.00
Claim notes:Submitted origin code 1, we believe the origin code should be 3. Incorrect Origin Code will be corrected and the fee listed above in the penalty column will apply. If you do not agree with Humana's review, please see enclosed form to provide a different corrected origin code. Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								
325299	3721354	000003145813	03/21/2023	02/16/2023	OK			
Claim notes:Claim OK.								
325299	3721354	000003085563	08/04/2022	08/04/2022	OK			
Claim notes:Claim OK.								
325299	3721354	000003130620	02/01/2023	12/29/2022	OK			
Claim notes:Claim OK.								
325299	3721354	000003090012	01/26/2023	08/18/2022	OK			
Claim notes:Claim OK.								
325299	3721354	000003040143	08/11/2022	03/04/2022	OK			
Claim notes:Claim OK.								
325299	3721354	000002990984	08/02/2022	09/29/2021	OK			
Claim notes:Claim OK.								
325299	3721354	000003121209	01/30/2023	11/29/2022	OK			
Claim notes:Claim OK.								
325299	3721354	000003113619	01/18/2023	11/02/2022	OK			
Claim notes:Claim OK.								



Origin Code: Tells how pharmacy received Rx

- Origin codes available during order entry does not match

Codes accepted by insurer

- Request has been made to update RPMS Origin codes on future on future RPMS POS patch.

```
Nature of Order: ??
```

Nature of Order Activity	Require E.Signature	Print Chart Copy	Print on Summary
WRITTEN			x
VERBAL	x	x	x
TELEPHONED	x	x	x
SERVICE CORRECTION POLICY		x	x
DUPLICATE			

- Origin code viewable in POS Claim Receipt:

```
Medication Name: ULTICARE 32 GAUGE 6 MM PEN NEEDLE  
Medication Number: 1  
Medication Order: 1  
Pres/Srv Ref Number Qual: 1  
Prescriber ID: 1922404888  
Prescriber ID Qualifier: 1  
Prescription Origin Code: 3
```

List of acceptable Origin Codes

Prescription Origination Code

Code	Code value
1	Written
2	Telephone
3	Electronic
4	Facsimile

Verify Rx origin when doing screenshots.

Origin code should match what you provide

- For example: A written hard copy rx entered should have origin code of 1

Some medications audited were received as written Rxs from outside providers, therefore the origin code should have been 1 for written instead of 3 for electronic.



Penalties apply to all refills of Rx

All refill dates paid on Rx with penalty for wrong day supply will receive a penalty as well.

Three refill dates = \$5 X 3 = \$15

Note Sheet Report

Original Claims								
Audit Id	NCPDP	RX #	Date of Service	Date Written	Discrepancy Code	Penalty Discrepancy Code	Estimated Chargeback	Penalty Amount
325299	3721354	000003065413	10/01/2022	05/27/2022	O_K	IOCP	\$0.00	\$5.00
Claim notes:Submitted origin code 1, we believe the origin code should be 3. Incorrect Origin Code will be corrected and the fee listed above in the penalty column will apply. If you do not agree with Humana's review, please see enclosed form to provide a different corrected origin code.								
325299	3721354	000003060313	05/10/2022	05/10/2022	OK			
Claim notes:Claim OK.								
325299	3721354	000003084328	03/23/2023	08/02/2022	OK			
Claim notes:Claim OK.								
325299	3721354	000003148353	03/23/2023	02/24/2023	OK			
Claim notes:Claim OK.								

Associated Refills								
Audit Id	NCPDP	RX #	Date of Service	Date Written	Discrepancy Code	Penalty Discrepancy Code	Estimated Chargeback	Penalty Amount
325299	3721354	000003071483	09/30/2022	06/16/2022	O_K	IDSP	\$0.00	\$5.00
Claim notes:Prescription was written for LEVEMIR FLEXTOUCH 100 UNIT/ML with directions, "Inject 45 units under the skin twice daily." The documentation supports that the claim should be submitted for 30ml(qty) for a 33 day supply. If you do not agree with Humana's review, please provide a different corrected day supply.								
325299	3721354	000003071483	08/15/2022	06/16/2022	O_K	IDSP	\$0.00	\$5.00
Claim notes:Prescription was written for LEVEMIR FLEXTOUCH 100 UNIT/ML with directions, "Inject 45 units under the skin twice daily." The documentation supports that the claim should be submitted for 30ml(qty) for a 33 day supply. If you do not agree with Humana's review, please provide a different corrected day supply.								
325299	3721354	000003071483	07/11/2022	06/16/2022	O_K	IDSP	\$0.00	\$5.00
Claim notes:Prescription was written for LEVEMIR FLEXTOUCH 100 UNIT/ML with directions, "Inject 45 units under the skin twice daily." The documentation supports that the claim should be submitted for 30ml(qty) for a 33 day supply. If you do not agree with Humana's review, please provide a different corrected day supply.								



DAW 9 requested by insurer

Note Sheet Report

Claim note states Dispense as Written (DAW) code of 9 should be entered because is brand preferred.

*Did not result in penalty, but is educational for future fills

DAW 9 = OTHER and not recommended as it is not descriptive

Associated Refills								
Audit Id	NCPDP	RX #	Date of Service	Date Written	Discrepancy Code	Penalty Discrepancy Code	Estimated Chargeback	Penalty Amount
325299	3721354	000003065413	08/30/2022	05/27/2022	O_K	IOCP	\$0.00	\$5.00
Claim notes:Submitted origin code 1, we believe the origin code should be 3. Incorrect Origin Code will be corrected and the fee listed above in the penalty column will apply. If you do not agree with Humana's review, please see enclosed form to provide a different corrected origin code.								
325299	3721354	000003065413	07/22/2022	05/27/2022	O_K	IOCP	\$0.00	\$5.00
Claim notes:Submitted origin code 1, we believe the origin code should be 3. Incorrect Origin Code will be corrected and the fee listed above in the penalty column will apply. If you do not agree with Humana's review, please see enclosed form to provide a different corrected origin code.								
325299	3721354	000003065413	05/27/2022	05/27/2022	O_K	IOCP	\$0.00	\$5.00
Claim notes:Submitted origin code 1, we believe the origin code should be 3. Incorrect Origin Code will be corrected and the fee listed above in the penalty column will apply. If you do not agree with Humana's review, please see enclosed form to provide a different corrected origin code.								
325299	3721354	000003059075	08/22/2022	05/04/2022	O_K	IOCP	\$0.00	\$5.00
Claim notes:Submitted origin code 1, we believe the origin code should be 3. Incorrect Origin Code will be corrected and the fee listed above in the penalty column will apply. If you do not agree with Humana's review, please see enclosed form to provide a different corrected origin code. Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								
325299	3721354	000003059075	06/01/2022	05/04/2022	O_K	IOCP	\$0.00	\$5.00
Claim notes:Submitted origin code 1, we believe the origin code should be 3. Incorrect Origin Code will be corrected and the fee listed above in the penalty column will apply. If you do not agree with Humana's review, please see enclosed form to provide a different corrected origin code. Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								
325299	3721354	000003059075	05/06/2022	05/04/2022	O_K	IOCP	\$0.00	\$5.00
Claim notes:Submitted origin code 1, we believe the origin code should be 3. Incorrect Origin Code will be corrected and the fee listed above in the penalty column will apply. If you do not agree with Humana's review, please see enclosed form to provide a different corrected origin code. Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								



The two discrepancy codes with penalties on this audit.

Discrepancy code	Description	Financial outcome	Mitigating documentation*** accepted See last page of code list for additional details
IOC-P (Incorrect origin code penalty)	The origin code submitted for the claim differs from the hard-copy prescription. Humana will correct the origin code and assess an administrative penalty.	Administrative penalty	Documentation supporting value submitted
IDS-P (Incorrect days' supply penalty)	The days' supply value submitted by the pharmacy is not consistent with the quantity and directions. Humana will correct the value and assess an administrative penalty.	Administrative penalty	Documentation supporting value submitted



Objective #5 Knowledge Check #1

Origin code for a prescription:

- A. Tells how the pharmacy received the Rx
- B. If the Rx was mailed out or picked up
- C. Must match the screenshot provided (electronic or written)
- D. Both A and C



Objective #5 Knowledge Check #1

Origin code for a prescription:

- A. Tells how the pharmacy received the Rx
- B. If the Rx was mailed out or picked up
- C. Must match the screenshot provided (electronic or written)
- D. Both A and C**

Correct answer: C



Objective #5 Knowledge Check #2

Penalties for error found during an audit could result in:

- A. Insurer charging a monetary penalty to the pharmacy
- B. A penalty for every refill date that the prescription was filled
- C. An increased frequency of future audits
- D. All of the above



Objective #5 Knowledge Check #2

Penalties for error found during an audit could result in:

- A. Insurer charging a monetary penalty to the pharmacy
- B. A penalty for every refill date that the prescription was filled
- C. An increased frequency of future audits
- D. All of the above**

Correct answer: D



Objective #6

6. Show how to appeal/combat any negative findings to avoid loss of collections



Second Submission to insurer to combat penalties 7/31/23.

Must show clear link between Rx# and tracking #.

Note Sheet Report

Original Claims								
Audit Id	NCPDP	RX #	Date of Service	Date Written	Discrepancy Code	Penalty Discrepancy Code	Estimated Chargeback	Penalty Amount
325299	3721354	000003157941	03/23/2023	03/17/2023	ISLM		\$568.34	

Claim notes: The delivery documentation of the medication does not show a clear link between the prescription number or medication name, member name, date of service and tracking number. Original delivery documentation, stored electronically, showing a clear link between the prescription fill and tracking number; or a member/facility statement is the only acceptable mitigating documentation. Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.

Submitted form supplied in audit response and explained initial omission of tracking number. Sent this in with corrected documents.

(see next slide)

Humana
Pharmacy Solutions.

Place prescriber's office stamp or prescriber's letterhead (not to be handwritten or typed by the pharmacy). Must include the prescriber's name, full address, DEA # (if applicable), and phone number.

Patient's First Name Patient's Last Name Patient's DOB

Patient's Address City, State, ZIP

Clinton IHS 3721354 3157941 3-23-2023
Pharmacy's Name Pharmacy's NCPDP RX# of Script Date of Service

18321 N 2274th Clinton, MS 39061 580-331-3351 580-331-3555
Pharmacy's Address City, State, ZIP Phone Fax

Complete the prescription information below

Date Written Patient's Name Prescriber's Initials

Drug Name and Strength Quantity Prescribed

Written Directions Refills Authorized

The section below is to be completed only by the prescriber, or for LTC facilities, by the attending physician

I, _____ (prescriber's printed name) do hereby state that I have reviewed the above information and the information I provided is true and correct, to the best of my knowledge.

See attached info. Proof of delivery included. Initial screenshot did not include tracking numbers. Tracking now shows delivery of Rx 3157941 on 3/25/23. This should eliminate chargeback of \$ 568.34.

[Signature]

T 21 2623 98:59:37 Via Fax H101 / Humana Page 019 of 021



Initial submission

Second submission

Name/DOB

Ht(cm): 180.34 (03/17/2023)
Wt(kg): 120.066 (03/17/2023)

Rx# - POS Rx #

Order # [REDACTED] UNITS/ML PEN INJ
CMOP Drug: INSULIN ASPART 100 UNITS/ML INJ SOLN - FLEXPEN
NDC: 00169-6339-10
BENCHMARK PRICE: 37.255330 UP: 1.8780
TRIPPLICATE #:
SUBSTITUTION:
DISCHARGE MEDICATION:
CASH DUE:
Verb: INJECT
*Dosage: UP TO 15 UNITS
*Route: SUBCUTANEOUS
*Schedule: SKD
Patient Instructions: PER SLIDING SCALE WITH MEALS AND SNACKS
SIG: INJECT UP TO 15 UNITS UNDER THE SKIN 5 TIMES A DAY PER
SLIDING SCALE WITH MEALS AND SNACKS
Clinical Indication: PRESCRIPTION 52is
Patient Status: OUTPATIENT
Issue Date: 03/17/23 Fill Date: 03/23/23
Last Fill Date: 06/13/23 (Mail, Released)
Last Release Date: 06/13/23 Lot #:
Expires: 03/17/24 MFG:
Days Supply: 20 QTY (ML): 15
QTY DSP M5G: 1 BOX=15ML
of Refills: 6 Remaining: 3
Provider: PINA,JULIETA APRN-CNP
Routing: Window
Copies: 1
Method of Pickup:
Clinic: SWEETGRASS ML3-PINA
Division: CLINTON INDIAN CTR (8203)
Pharmacist: CROUCH,KENNETH DPH
Remarks: New Order Created by copying Rx # 2472579.
Finished By: CLARK,CASSANDRA PHARM D
Entry By: CLARK,CASSANDRA PHARM D Entry Date: 03/23/23 10:24:01
Original Fill Released: 03/23/23 Routing: Window
Refill Log:
Log Date Refill Date Qty Routing Lot # Pharmacist
Activity Log:
Date Reason Rx Ref Initiator Of Activity
1 03/23/23 SUSPENSE ORIGINAL CLARK,CASSANDRA PHARM D
Comments: RX Placed on Suspend for CMOP until 03-23-23
2 03/23/23 PROCESSED ORIGINAL CLARK,CASSANDRA PHARM D
Comments: Transmitted to CMOP NATIONAL VA CMOP
3 03/23/23 HOLD ORIGINAL CROUCH,KENNETH DPH
Comments: RX placed in a HOLD status (03-23-23)
4 03/23/23 UNHOLD ORIGINAL CROUCH,KENNETH DPH
Comments: RX removed from HOLD status (03-23-23)
Label Log:
Date Rx Ref Printed By
1 03/23/23 ORIGINAL CROUCH,KENNETH DPH
Comments: From RX number 2473647
CMOP Event Log:
Date/Time Rx Ref TRN-Order Stat Comments
03/23/23@0852 Orig 26162-7 NDISP NDF CHANGE 10758

Name/DOB

Ht(cm): 180.34 (03/17/2023)
Wt(kg): 120.066 (03/17/2023)

Rx# - POS Rx #

Order # [REDACTED] UNITS/ML PEN INJ
CMOP Drug: INSULIN ASPART 100 UNITS/ML INJ SOLN - FLEXPEN
NDC: 00169-6339-10
BENCHMARK PRICE: 37.255330 UP: 1.8780
TRIPPLICATE #:
SUBSTITUTION:
DISCHARGE MEDICATION:
CASH DUE:
Verb: INJECT
*Dosage: UP TO 15 UNITS
*Route: SUBCUTANEOUS
*Schedule: SKD
Patient Instructions: PER SLIDING SCALE WITH MEALS AND SNACKS
SIG: INJECT UP TO 15 UNITS UNDER THE SKIN 5 TIMES A DAY PER
SLIDING SCALE WITH MEALS AND SNACKS
Clinical Indication: PRESCRIPTION 52is
Patient Status: OUTPATIENT
Issue Date: 03/17/23 Fill Date: 03/23/23
Last Fill Date: 06/13/23 (Mail, Released)
Last Release Date: 06/13/23 Lot #:
Expires: 03/17/24 MFG:
Days Supply: 20 QTY (ML): 15
QTY DSP M5G: 1 BOX=15ML
of Refills: 6 Remaining: 3
Provider: PINA,JULIETA APRN-CNP
Routing: Window
Copies: 1
Method of Pickup:
Clinic: SWEETGRASS ML3-PINA
Division: CLINTON INDIAN CTR (8203)
Pharmacist: CROUCH,KENNETH DPH
Remarks: New Order Created by copying Rx # 2472579.
Finished By: CLARK,CASSANDRA PHARM D
Entry By: CLARK,CASSANDRA PHARM D Entry Date: 03/23/23 10:24:01
Original Fill Released: 03/23/23 Routing: Window
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Date Reason Rx Ref Initiator Of Activity
1 03/23/23 SUSPENSE ORIGINAL CLARK,CASSANDRA PHARM D
Comments: RX Placed on Suspend for CMOP until 03-23-23
2 03/23/23 PROCESSED ORIGINAL CLARK,CASSANDRA PHARM D
Comments: Transmitted to CMOP NATIONAL VA CMOP
3 03/23/23 HOLD ORIGINAL CROUCH,KENNETH DPH
Comments: RX placed in a HOLD status (03-23-23)
4 03/23/23 UNHOLD ORIGINAL CROUCH,KENNETH DPH
Comments: RX removed from HOLD status (03-23-23)
Label Log:
Date Rx Ref Printed By
1 03/23/23 ORIGINAL CROUCH,KENNETH DPH
Comments: From RX number 2473647
CMOP Event Log:
Date/Time Rx Ref TRN-Order Stat Comments
03/23/23@0852 Orig 26162-7 NDISP NDF CHANGE 10758
03/23 Package Tracking ID: 9400114902637939683510

Incidentally omitted on initial submission

Clear link established

Tracking number matches screenshot from previous slide and shows delivery confirmation.

Should satisfy insurer and avoid loss in collections.

USPS.com® - USPS Tracking® Results Page 1 of 1

USPS Tracking®

[Track Packages Anytime, Anywhere](#) [Get the free Informed Delivery® feature to receive automated notifications on your packages](#) [Learn More](#)

(<https://reg.usps.com/xsell?app=UspsTools&ref=homepageBanner&appURL=https%3A%2F%2Finformeddelivery.usps.com/box/pages/intro/start.action>)

[FAQs](#)

Tracking Number: [Remove](#)

9400114902637939683510

[Copy](#) [Add to Informed Delivery \(https://informeddelivery.usps.com/\)](https://informeddelivery.usps.com/)

Latest Update

Your item was delivered in or at the mailbox at 2:31 pm on March 25, 2023 in WAXAHACHIE, TX 75165.

Delivered

Delivered, In/At Mailbox
WAXAHACHIE, TX 75165
March 25, 2023, 2:31 pm

[See All Tracking History](#)



Final Results from

Nothing we could do about the incorrect day supply entry (claim was too old to correct prior to submission of documents)

Additional information satisfied insurer and prevented loss of \$568.34.

Note Sheet Report

AuditID	NCPDP	Pharmacy Name
325299	3721354	CLINTON DHS PHARMACY

Original Claims								
Audit Id	NCPDP	RX #	Date of Service	Date Written	Discrepancy Code	Penalty Discrepancy Code	Estimated Chargeback	Penalty Amount
325299	3721354	000003131107	01/03/2023	07/20/2022	RFA		\$0.00	
Claim notes: Claim removed from audit process due to being reversed AFTER audit was initiated.								
325299	3721354	000003090009	10/25/2022	08/18/2022	OK			
Claim notes: Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								
325299	3721354	000003071483	12/14/2022	06/16/2022	O_K	IDSP	\$0.00	\$5.00
Claim notes: Prescription was written for LEVEMIR FLEXTOUCH 100 UNIT/ML with directions, "Inject 45 units under the skin twice daily." The documentation supports that the claim should be submitted for 30ml(qty) for a 33 day supply. If you do not agree with Humana's review, please provide a different corrected day supply.								
325299	3721354	000003160198	04/04/2023	06/16/2022	RFA		\$0.00	
Claim notes: Claim removed from audit process due to being reversed AFTER audit was initiated.								
325299	3721354	000003118198	02/01/2023	11/17/2022	OK			
Claim notes: Claim OK.								
325299	3721354	000003117333	02/17/2023	11/15/2022	OK			
Claim notes: Claim was submitted with a DAW code of 0 or 2, but product billed is brand preferred at time of submission. Claim should be submitted with DAW 9 to ensure appropriate adjudication for this and future fills. humana.com/provider/news/pharmacy-news can offer additional formulary information. Please note, this is an educational note only and there is no chargeback assessed related to the DAW entry.								
325299	3721354	000003157941	03/23/2023	03/17/2023	OK			
Claim notes: PAR RESULTS: ISLM is overturned, Signature Log accepted. Claim OK.								

Objective #6 Knowledge Check #1

When you get an initial response from the insurer and they have assessed penalties, you should:

- A. Throw your hands up and cry
- B. Quit your job
- C. Attempt an appeal to prevent the chargeback
- D. Pay for it out of your paycheck



Objective #6 Knowledge Check #1

When you get an initial response from the insurer and they have assessed penalties, you should:

- A. Throw your hands up and cry
- B. Quit your job
- C. Attempt an appeal to prevent the chargeback**
- D. Pay for it out of your paycheck

Correct Answer: C



Takeaways from Audit process

- Prescription order entry must be correct regarding day supply, origin code, DAW code.
- Must have all patients sign when picking up Rxs to prove delivery. (waived during COVID)
- Include letter explaining unique order entry at Indian Health Service.
- Lengthy process to gather documents. Do not procrastinate.
 - Can call and ask for extension if needed.
- Include CLEAR LINK between POS Rx# on audit request all the way through to delivery of patient.
 - POS Rx# - EHR Rx# - Signature log or Tracking information proving delivery
- Send in additional documentation to combat any chargebacks listed on initial response.



Questions

LCDR Michael Hunt, DPh

Pharmacy Billing

Clinton Indian Health Service

Michael.hunt@ihs.gov

580-331-3351



Key Contact and Resource Information

Contact	Purpose	Links
RPMS EHR On-Line Help Files	End-user training/support	Inside RPMS EHR under "Help"
RPMS Feedback	Enhancements requests	https://www.ihs.gov/RPMS/index.cfm?module=feedback&option=add&newquery=1
Listserv (EHR)	Share experiences and questions with other sites	https://www.ihs.gov/listserv/
Tiered Support	Set up/IIS support/Issues/ General Support	Elevate through appropriate tiered support structure. 1. Local IT or Informaticist 2. Area IT or Informaticist 3. IT Service Desk- User Support (IHS) ITSupport@ihs.gov or directly via ServiceNow Self Service Portal. At https://www.ihs.gov/itsupport/
Resource and Patient Management (RPMS) Clinical Applications	User manual Technical Manual Install Manual	https://www.ihs.gov/rpms/index.cfm?module=Applications&option=View&A_C_ID=0
RPMS EHR Training Website	End-user training/support	https://www.ihs.gov/rpms/training/
RPMS EHR Training Recording Repository	End-user training/support	https://ihs.cosocloud.com/rpms-tr/event/login.html

