Medicaid and Managed Care Presentation

Pharmacy Overview

Helpful Hints for a Compliant Medicaid Practice

June 1, 2016
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Goals For Today

To help you better understand:

- The State Agency and MCO Structure
- The Medicaid Regulatory Framework
- Medicaid documentation requirements
- Third Party Liability (TPL) requirements
- Fraud, Waste & Abuse obligations
- Consequences for non-compliance
- Your obligations as a pharmacy/pharmacist
What is Medicaid?

- Medicaid is a joint Federal and State program that helps pay medical costs if individuals have limited income and resources or meet other requirements.

- Medicaid is a voluntary program. If you want to participate, you must know, accept and abide by the rules and regulations.
Pharmacy Risk Category: \textbf{HIGH}

- The MFD and DMAHS assigned pharmacy to the high risk category

- High risk provider requirements:
  - Beginning in 2017 new provider credentialing requirements for high risk providers will include criminal background checks and fingerprinting of anyone who directly or indirectly owns 5\% or more of the pharmacy

- High Dollars Spent

- High Risk for Fraud, Waste and Abuse:
  - Drug Diversion
  - Forged or Altered Prescriptions
  - Doctor Shopping/Pharmacy
  - Billing for prescriptions never dispensed
Medicaid Payments for Pharmacy Services

- Medicaid Payments for Pharmacy Services in 2013: $0
- Medicaid Payments for Pharmacy Services in 2014: $200,000,000
- Medicaid Payments for Pharmacy Services in 2015: $400,000,000

The graph shows an increase in Medicaid payments from 2013 to 2015.
Medicaid Managed Care Contract

- The New Jersey Department of Human Services, DMAHS, has a contract with the following MCOs:
  - Aetna Better Health of New Jersey
  - Amerigroup New Jersey, Inc.
  - Horizon NJ Health
  - UnitedHealthcare Community Plan
  - WellCare Health Plans of NJ, Inc.
Fraud, Waste and Abuse

Meghan Ellerman
MCO Program Specific Requirements

• Each MCO may have its own unique requirements:
  • Medical policies (i.e., prior authorization)
  • Reimbursement policies
  • Claims submission process

• When in doubt, consult your MCO-specific resources:
  • Provider contract
  • Provider manual
  • Provider portal
  • Provider representative
  • MCO website
  • Newsletters and provider alerts

It is your responsibility to know these requirements
Fraud, Waste and Abuse

"Fraud" – an intentional deception or misrepresentation made by any person with the knowledge that the deception could result in some unauthorized benefit to that person or another person, including any act that constitutes fraud under applicable federal or State law.

- *N.J. Stat. § 30:4D-55*
Fraud, Waste and Abuse

- Waste is not defined in the rules, but is “generally understood to encompass overutilization, underutilization or misuse of resources.”

- Waste is not usually a criminal or intentional act.

- CMS’s Fraud, Waste and Abuse Toolkit
  https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/fwa-overview-booklet.pdf
Fraud, Waste and Abuse

- "Abuse" – provider practices that are inconsistent with sound fiscal, business or medical practices and result in unnecessary costs to Medicaid or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.
- The term also includes recipient practices that result in unnecessary costs to Medicaid.
- *N.J. Stat. § 30:4D-55*
Patient Red Flags

- Cash prescriptions
- No insurance ID card
- Prescriptions for multiple patients from same prescriber
- Requesting early refills
- Drug prescribed vs. diagnosis, age, gender
- PMP report findings
Patient Red Flags

Geographical Locations

Patient vs. Prescriber vs. Pharmacy
Prescription Red Flags

- Verification checkpoints for NJ Prescription blanks:
  - Thermochromic ink
  - Prescriber signature and phone number
  - Bar code
  - Spelling of drug name
  - Abbreviations
Prescriber Red Flags

- Prescriber’s scope of practice
- Excessive quantities
- Drug prescribed vs. diagnosis, age, gender
- Same “cocktail” of prescriptions written for numerous patients
- Prescribers writing prescriptions for themselves or family members
Pharmacy/Pharmacist Red Flags

- Patients reporting issues with pharmacy operations or staff
- Disorganized or missing Rx files, signature logs
- Use of inappropriate override codes
- Submitting NDC for a product that was not purchased
- Pharmacy audit results
Compliance

Elvira Petrillo
Claim Submission

- It is the provider’s responsibility to ensure that claims submitted for payment reflect the actual service/product that was provided.

- It is incumbent upon providers to bill prescriptions and products correctly.
Claim Submission

- Ensure the package size and drug form have been applied according to proper billing procedure

- Examples:
Claim Submission

OneTouch Ultra Test Strips
50 Test Strips
Proven Accuracy
For blood glucose testing with the OneTouch Ultra Family of Meters and the OneTouch Ping Meter Remote.

OneTouch Ultra Test Strips
50 Test Strips
For DME Beneficiaries only
Inventory Reconciliation

- Paid claims for certain medications are selected to conduct an inventory review.

- Wholesale invoices are obtained directly from the wholesalers for all purchases and returns made during an investigation period.

- Paid claims are reconciled with the wholesale invoices to determine if an inventory shortage occurred.
Inventory Reconciliation

- Methodology compares pharmaceutical invoice purchase records to the actual paid claims that were billed to Medicaid

- Based on a day-by-day reconciliation of all drug inventory purchases versus “only” Medicaid claims paid

[Table]

<table>
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<th>CHECK NUMBER</th>
<th>DATE</th>
<th>DESCRIPTION OF TRANSACTION</th>
<th>PAYMENT, FEE OR WITHDRAWAL</th>
<th>T</th>
<th>DEPOSIT OR INTEREST</th>
<th>$</th>
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## Sample Electronic Wholesaler Invoice

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<th>Order No.</th>
<th>Shipment Date</th>
<th>Item Code</th>
<th>Description</th>
<th>Drug Strength</th>
<th>Drug Pack</th>
<th>Drug Form</th>
<th>NDC Code</th>
<th>Manufacturer</th>
<th>Quantity</th>
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<td>9/14/2011</td>
<td>328215</td>
<td>BUDENOSIDE 0.5MG INH SUSP</td>
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<td>INH SUSP</td>
<td>93681673 TEVA</td>
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<td>$164.00</td>
<td>$1,968.00</td>
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<td>448130</td>
<td>DORZOLAMIDE HCl TIMOLOL MAL SOL</td>
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<td>TOP SOL</td>
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<td>CEPFROZIL POS 125MG/5ML SUSP</td>
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<td>100ML</td>
<td>SUSP</td>
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<td>751122</td>
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<td>CREAM</td>
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<td>672352</td>
<td>METOPROLOL SLCC ER 100MG TABS</td>
<td>100MG</td>
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<td>6203708321 WATSON</td>
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<td>$6.48</td>
<td>$40.88</td>
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Our Visit

We may:

- Come unannounced
- Interview the RPIC/Owner and any other pertinent personnel
- Request prescription records and signature logs if warranted
- Review timely reversal of claims for prescriptions not picked up
- Make general observations of pharmacy daily business activity
Prescription Documentation

- Valid prescriptions that meet Board of Pharmacy regulations
- Date of issuance
- Patient’s name, address and date of birth
- Prescriber’s signature
- Prescriber’s authority to prescribe
- Drug name and strength, dosage form
- Quantity and Directions for use
- Number of refills authorized
- DAW indicator
- Prescriber’s DEA on controlled prescriptions
- Signature Logs confirming receipt of all medications
Because...

Inventory
Several expired drugs were discovered during the onsite facility inspection

“EXP SEP 13”

“04/15”
Because...
Provider Responsibilities

- Are employees properly licensed?

- Are any employees excluded by any state or the federal government?

- Is there a registered pharmacist on duty during all working hours?
Because...

- Excluded pharmacist
- The Pharmacist (above) was banned from participating in federally funded health care programs as of 2/20/2008 per 1128(a)(1) of Social Security Act
- All claims submitted by that Pharmacist are subject to chargeback [and] possibly at 3 times the amount paid
Compliance

- Ensure that a claim is submitted for the actual NDC of the product dispensed
- Quantity and days supply must reflect the prescriber’s order
- Bill Medicaid as payer of last resort
  - Due diligence
- Keep all prescription files/signature logs organized and complete
- Reverse payment for prescriptions not picked up
- DOCUMENT!
Application and Credentialing Process

- Survey of pharmacy’s current status and background includes review of licenses, business affiliations and sanction scan
- If all check out, a Pharmacy Provider Contract is sent
- Upon receipt of completed and signed Pharmacy Provider Contract, another review is done to verify:
  - Pharmacist in charge and pharmacy staff licenses
  - Pharmacy licenses
  - DEA license
  - Certificate of Liability Insurance
  - Corporate ownership paperwork
  - Business affiliates
  - Financial documents
  - Sanction scan (Federal and State)
- If all checkpoints are valid, the contract is executed
Medicaid Documentation Requirements
(*N.J.A.C. 10:49-9.8*)

- Providers shall agree to the following:
  - To keep such records as are necessary to disclose fully the extent of services provided, and, as required by *N.J.S.A. 30:4D-12(d)*, to retain individual patient records for a minimum period of five years from the date the service was rendered.
  - To furnish information for such services as the program may request.
  - That where such records do not document the extent of services billed, payment adjustments shall be necessary.
~ Break ~

(10 Minutes)
Consequences

Ralph Anilo
Medicaid Insurance Fraud is a Serious Crime

- The MFCU in the Office of the Insurance Fraud Prosecutor (OIFP) investigates and prosecutes Medicaid Fraud.
- The MFCU utilizes Pharmacists, Attorneys, Investigators, Auditors and other support staff to police the Medicaid system.
Medicaid Fraud (N.J.S.A. 30:4D-17)

- It is illegal to knowingly and willfully make or cause to be made any false statement in a claim.

- It is illegal to over bill Medicaid for services provided or services that were not received.

- It is illegal to participate in a scheme to offer or receive kickbacks or bribes in connection with the furnishing of items or services that are billable to Medicaid.
Medicaid Fraud Consequences

- Punishable by up to 5 years in state prison
- Mandatory penalty up to $25,000 for each violation
- Civil judgments and liens
- Exclusion from the Medicaid/Medicare programs
- Suspension or loss of professional licenses
- Restitution/Recovery of overpayments
Health Care Claims Fraud (N.J.S.A. 2C:21-4.3)

- It is illegal to submit a false claim to the Medicaid program or an insurance company in order to be paid for health care services which were not received or provided.

- Punishable by up to 10 years in state prison

- In addition to all other criminal penalties allowed by law, a violator may be subject to a fine up to five times the amount of any false claims.

- Suspension or debarment from government funded healthcare programs

- Forfeiture of professional license
  - A pharmacy only needs to submit one false claim to be convicted.

- Willful ignorance of the truth or falsity of a claim is not a defense.
Whistleblower/Qui Tam

- Empowers people to file civil suit against individuals and companies that defraud the federal, state or local government.

- A person filing suit might be eligible for up to a 30 percent share of the recovery.

- A person filing suit might be protected from being fired or retaliated against by their employer for reporting fraud and abuse to authorities.
The Cost in Lives

- An estimated $53.4 billion a year in lost productivity, and medical and criminal justice costs.

- In 2010, the number of overdose deaths from pain killers was greater that those from heroin and cocaine combined.

- In New Jersey, the number of admissions to drug addiction treatment centers for opioid addiction more than tripled in recent years.
The Cost in Lives

- According to the NJ Board of Medical Examiners, 565 people died from overdoses related to the use of prescription opioids in 2014.

- That is more than died from traffic accidents or homicides that same year.
More than Pain Pills

• In 2012, the FBI seized more than $16 million worth of second-hand prescription drugs, comprised of more than 33,000 bottles and more than 250,000 loose pills.

• The fraud started on the streets of New York City, where AIDS patients sold pricey drugs they received for free through Medicaid.

• "People with real ailments were induced to sell their medications on the cheap rather than take them as prescribed," said Janice Fedarcyk, Assistant Special Agent in Charge of the FBI field office in New York.
Florida AG Pam Bondi announced the arrest of three men for their alleged involvement in a multi-state drug diversion ring.

- According to the investigation, the defendants orchestrated the purchase of millions of dollars of medications on the black market, primarily from Medicaid recipients in Miami and Newark and resold to pharmacies in the Northeast, including ones in Philadelphia and Chicago.

- The drugs included anti-depressants, anti-psychotics and HIV medications, such as Abilify, Atripla, Viread, Zyprexa and Plavix.

- The defendants allegedly operated out of locations in Houston, Texas, Orlando and San Juan.
Case Example

- Vincent Cozzarelli, 77, of Belleville, was a pharmacist and owner of Rossmore Pharmacy in Belleville.

- Mr. Cozzarelli was arrested in August 2014 after it was discovered that he supplied customers and a drug trafficking organization (DTO) with oxycodone and other controlled substances even though he knew the prescriptions were fraudulently obtained and that the DTO would illegally distribute the controlled substances.

- The conspiracy charge carries a maximum potential penalty of 20 years in prison and a $1 million fine.

- Mr. Cozzarelli passed away eight months after his arrest.
Case Example

- Vladimir Kleyman, 44, of Lakewood, a pharmacist-in-charge at Prescriptions R US was sentenced to 20 months in prison for paying tens of thousands of dollars in cash bribes to physicians for referring pain cream prescriptions, defrauding health care benefit programs out of hundreds of thousands of dollars.

- Mr. Kleyman admitted that despite knowing certain health insurance carriers, including federal health care benefit programs, did not cover compounded pain cream, he dispensed the pain cream to these patients and obtained payment from their insurance carriers by falsely representing the pain cream to be other covered items.

- In addition to the prison term, Mr. Kleyman was sentenced to serve three years of supervised release and ordered to pay more than $1 million in criminal restitution, forfeiture and civil penalties. As part of his plea agreement, Mr. Kleyman also must pay $2 million in federal income taxes, interes, and penalties for the 2013 tax year.
Case Example

- A former drug store owner who bilked insurance companies and Medicaid of more than $1.3 million has been sentenced to prison, with a prosecutor saying he “let greed control his life.”
- Michael Stavitski, the former owner of four Monmouth County pharmacies, was sentenced in Superior Court to seven years in prison.
- Mr. Stavitski, of Marlboro, submitted 7,000 bogus insurance claims over six years ending in February 2002, according to prosecutors. He pleaded guilty to health care claims fraud in November.
- Deputy Attorney General Mark Ondris said Mr. Stavitski was too greedy and lived beyond his means. The State Attorney General Office has seized about $1.1 million from Mr. Stavitski, including money from the sales of three of his pharmacies.
Pharmacists Arrested Since 2009

- RA  NA  BB
- RB  RB  WC
- JC  HC  VC
- AE  VF  NG
- DG  JG  MG
- KG  CH  LH
- JK  VK  LL
- LL  IM  DM
- JM  RM  RM
- MO  KP  MP
- SR  PR  DS
- NS  KT  FM

Avg. 1 Arrest per 2-3 Months
“Ignorance of the law excuses no one.”
New Jersey Prescription Monitoring Program (NJPMP)

James Mielo, Administrator, NJPMP
New Jersey Division of Consumer Affairs
25. Agents then heard RICHARD RUBLOWITZ discuss how the NJPMP has affected his pill distribution business. RICHARD RUBLOWITZ stated the following in substance and in part:

"... I’m living in Jersey fifteen years. And I see the kind of state it is. Everything they do they [redacted] up. You see most of the stuff? Everything they do here, they [redacted] up. The one thing I needed them to [redacted] up is the thing that [redacted] worked. That’s the one thing they didn’t [redacted] up, these [redacted]. This they made work perfect. And if I wasn’t doing doubles, I’d still be going. I was using my name sometimes three times a day. Mindy’s name two, three times a day. Sean (SEAN RUBLOWITZ), Justin (JUSTIN RUBLOWITZ), Matt (MATTHEW RUBLOWITZ), everybody. It didn’t matter. And when I heard the thing (unintelligible) and then even Doc (P.D.) said to me, I said ‘Doc they got this thing, it’s gonna be bad.’ He even said to me, ‘don’t worry about it, it ain’t gonna work. It can’t work. It’s just - they’ll never get it to work. You know what I mean? They won’t get the cooperation, blah blah blah.’ And I said yeah, that’s how I feel, they’ll never get it to work. They’re a [redacted]-up state, they’ll never, they’ll never make this thing happen, it’s just too much. Too many doctors, too many patients, it can’t work. It worked good."
New Jersey Prescription Monitoring Program (NJPMP)

- Overseen by the New Jersey Division of Consumer Affairs.
- Established pursuant to N.J.S.A. 45:1-45 et. seq. (Data collected as of September 2011)
- A statewide electronic database for collecting data from pharmacies on controlled dangerous substances and human growth hormones dispensed in or into the State.
- Provides access to the database to individuals who are authorized under State law to access the information for purposes of providing health care services to patients.
Prescription Monitoring Programs

- Databases created by individual states.
- Designed to help prescribers provide better care.
- Tool for Law Enforcement.
- 49 states and one territory have legislation authorizing the creation and operation of a PMP.
- Currently, 49 states have operational PMPs.
NJ PMP Overview

In-State Pharmacies

Out of State Mail Order Pharmacies

Outpatient Hospital Pharmacies

Website
www.njconsumeraffairs.gov/pmp/

Data Sharing NEW for 2015/6:
Connecticut, Delaware, Rhode Island, Virginia, New York, South Carolina, Minnesota

Starting March 2015 pharmacies upload within one business day.

PMP Database

PMP Administrator
N.J.S.A 45:1-46 (c)

Enforcement
Advantages of Prescription Monitoring Programs

1) Information is combined regardless of payment type.

2) Information is combined across different businesses.

3) Easy to access: www.NJRxReport.com

4) Independent of other entities.
### Patient RX History Report

This report may contain another person’s controlled substance information. Please review the “Patients that Match Search Criteria” section located below to ensure all prescriptions belong to the requested individual.

**Search Criteria:** ((Last Name Begins 'ABCD' AND First Name Contains ZYX) AND (D.O.B = '03/00/0000' AND State = 'NJ')) AND Request Period = '01/10/2011' To '01/10/2012'

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Patient RX History Report

Date: 04-12-2012
Page: 8 of 9

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Pharmacies that dispensed prescriptions listed

1265541627  RITE AID #2518; 159 EAST KENNEDY BOULEVARD LAKewood NJ 08701, PHONE732363080
1316018336  SHAYONA PHARMACY; 147 SMITH ST PERTH AMBOY NJ 08861, PHONE7323245666
1316014241  Avenel Pharmacy; 994 Rahway Avenue Avenel NJ 00000, PHONE732644692
1316095573  Nu Tree Pharmacy; 2080 W County Line Rd Jackson NJ 08527, PHONE73236786
1316068381  SHEEFA PHARMACY; NJ
1366437407  KMART PHARMACY #0755; 00000
1366549123  PATHMARK PHARMACY DEPT #576; 4578 ROUTE 9 SOUTH HOWELL NJ 07731
1417190471  WALGREENS; 4011 ROUTE 9 N HOWELL NJ 07731
1528105949  Zajas Pharmacy; 225 George St New Brunswick NJ 08901, PHONE732545082
164305780  QUICK CHEK PHCY DEPT; 260-280 BROADWAY BAYONNE NJ 00000
1655391787  WALGREENS; 1905 CORLIES AVE NEPTUNE NJ 07753
165507810  QUICK CHEK PHCY DEPT; 6 EGAN AVENUE FORDS NJ 00000
171007439  CVS PHARMACY DEPT #1946; 138 VILLAGE CTR DR RT 537 FREEHOLD NJ 00000
1740372341  CVS PHARMACY DEPT 2837; 1795 HOOPER AVE TOMS RIVER NJ 0875-3813
1841426442  UNION HILL SUPREMO PHARMACY; MAHAMOOD HASHAM 324 RT.9 NORTH ENGLISHTOWN NJ 07726, PHONE732972233
1851460653  RARITAN BAY PHARMACY; NJ

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## Prescription Drugs

<table>
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<th>Year</th>
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| 2012       | • 4.1 million prescriptions  
             • 259.9 million pills |
| 2013       | • 3.8 million prescriptions  
             • 245.7 million pills |
| 2014       | • 3.37 million prescriptions  
             • 223.8 million pills |
Who Has Access

N.J.S.A 45:1-46:

The division shall provide to a practitioner who has a current CDS registration online access to prescription monitoring information for the purpose of providing health care to a current patient or verifying information with respect to a patient or a prescriber. The division shall also grant online access to prescription monitoring information to as many licensed health care professionals as are authorized by a practitioner to access that information and for whom the practitioner is responsible for the use or misuse of that information...
Who Has Access

• (4) a State, federal or municipal law enforcement officer who is acting pursuant to a court order and 
certifies that the officer is engaged in a bona fide 
specific investigation of a designated practitioner or 
patient;

• (5) a designated representative of a state Medicaid or 
other program who certifies that he is engaged in a 
bona fide investigation of a designated practitioner or 
patient;

• (6) a properly convened grand jury pursuant to a 
subpoena properly issued for the record;
Suggestions for Information on an Individual

• Requests should provide enough information to identify the individual in the NJPMP system. (NJPMP does not database social security numbers or DMV records).

• NJPMP suggests agencies request by name and D.O.B. plus last known address.

• Suggested format: Any and all entries retrievable from the New Jersey Prescription Monitoring Program (PMP) database for the following individual(s) to include any and all variations of the name, address, last known address, and date of birth which appear to be the same individual.
Suggestions for Information on a Prescriber

• NJPMP does database DEA numbers.
• Be aware of all DEA numbers for a prescriber i.e. include inactive DEA numbers, Suboxone DEA numbers, etc.
• Suggested format: Any and all entries retrievable from the New Jersey Prescription Monitoring Program (PMP) database for the following prescriber(s), to include any and all variations of the name, address, last known address, date of birth, or DEA Registration Number which appear to be the same individual.
Possible Errors Searching Data

1) What you put in determines what you get out.

2) Information entered must match what is in database.
   a) Maiden name
   b) Alternative address
   c) Common name
   d) Data changes depending on date range
Diversion Concerns

a. Altered Prescriptions

b. Washed Prescriptions

c. Stolen/Lost Blanks

  a. 2012: 175 reports over 7,100 blanks

d. Counterfeit Blanks
SECURITY FEATURES
incorporated into
New Jersey Prescription Blanks

FRONT

- .5 Pt. Microprint
- Barcode and 15-Digit Identifier
- Hollow Void Hidden-Word Feature

Thermochromic Ink Feature

BACK

Security Warning Box

800-242-5846 – NJConsumerAffairs.gov
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Est. Total: 225, 21,405
Contact Information

New Jersey Prescription Monitoring Program
James Mielo R. Ph., Administrator
(973) 273-8019
WWW.NJCONSUMERAFFAIRS.GOV/PMP
Andrew Conroy
(973) 273-8010

Enforcement Bureau
Edward Tumminello, Chief
Division of Consumer Affairs
P.O. Box 45022
Newark, NJ 07101
(973) 504-6267
Conclusion

Josh Lichtblau
MFD Brings us Together Regularly to Discuss FW&A Issues
Affordable Care Act

- 42 CFR §455.450 contains the screening requirements for providers who wish to enroll in the Medicaid program
Debarred Providers

- A debarred provider is a person or an organization that has been excluded from participation in Federal or State funded health care programs.

- Any products or services that a debarred provider directly or indirectly furnishes, orders or prescribes are not eligible for payment under those programs.

- It is incumbent upon providers to perform Exclusion Checks, upon hire and monthly thereafter.
Self-Disclosure

• Providers who find problems within their own organizations, must reveal those issues to MFD and return inappropriate payments.

• Affordable Care Act §6402 and N.J.A.C. §10:49-1.5 (b)(1), (7) require overpayments to Medicaid and/or Medicare be returned within 60 days of identifying that they have been received

• Failure to return an overpayment makes you liable to the imposition of penalties of $5,500 to $11,000 per claim
Self Disclosure

- MFD’s self-disclosure policy is more liberal than OIG’s policy
- If MFD agrees with your analysis, we do not impose interest or penalties
- MFD’s Self-Disclosure policy can be found on our website, www.nj.gov/comptroller/divisions/medicaid/disclosure
MCO/MFD Recovery Actions

- Once an overpayment has been identified as a result of an investigation, actions to initiate recoupment of the funds will take place
  - MCO will send a letter to the provider with the overpayment amount
  - MFD will send a Notice of Estimated Overpayment or Notice of Intent and, if necessary, a Notice of Claim
  - MFD may add false claim penalties between $5,500 and $11,000
What You Learned Today

- All of the state agencies and MCOs that have oversight of your contracts and billing
- What the Medicaid Regulatory Framework looks like
- How the Medicaid requirements apply to you
- Your obligation to comply with rules and regulations for documentation and billing in order to avoid allegations of fraud, waste and abuse
- What can happen to you if you are not compliant
Who To Contact

Do You Suspect NJ Medicaid Fraud, Waste or Abuse?

Contact the corresponding fraud hotline:

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<td>Amerigroup</td>
<td>1-877-725-2702</td>
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<td>Horizon NJ Health</td>
<td>1-855-FRAUD20</td>
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<td>UnitedHealthcare</td>
<td>1-800-941-4647</td>
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<td>WellCare Health Plans of NJ, Inc.</td>
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<td>Medicaid Fraud Division</td>
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Speak up - you can make a difference!
Questions

- Thank you for attending.

- Your opinion matters. Please complete your evaluation form before you leave.