



Throw out noncompliant prescription drug pads!

Beginning April 1, 2008, all written prescriptions for Medicaid recipients must be on paper with at least one tamper-resistant feature as outlined by the Center for Medicare and Medicaid Services (CMS) and defined by the State of Connecticut. Beginning October 1, 2008, these same prescriptions must be on paper that meets all three baseline characteristics of tamper-resistant pads. CMS has outlined the three baseline characteristics as those that:

- (1) prevent unauthorized copying of a completed or blank prescription form;
- (2) prevent the erasure or modification of information written on the prescription by the prescriber; or
- (3) prevent the use of counterfeit prescription forms. A detailed explanation of each of these characteristics follows.

Industry-standard features that meet the requirements for characteristic #1:

- a. A latent, repetitive “void” pattern or the word “void” appearing across the entire front of the prescription blank when photocopied or scanned.
- b. A blue or green background ink on the prescription blank that resists reproduction.
- c. The word “illegal” appearing across the entire front of the prescription blank when photocopied or scanned.

Industry-standard features that meet the requirements for characteristic #2:

- a. A chemical void protection on the prescription blank that prevents alteration by chemical washing.
- b. The prescription blank may be made of quality safety paper that resists erasures and reproductions.
- c. An area of opaque writing that disappears if the prescription blank is lightened.
- d. Erasure protection on green or blue background on the front side of the prescription blank that resists alterations and erasures.
- e. A feature printed in thermochromic ink that disappears or shows obvious tampering if the prescription blank is rubbed, scratched briskly, or if heat is applied.

f. Quantity check off boxes should be printed on the prescription blank with the appropriate quantities listed. The pad may include a space to designate the units referenced in the quantity boxes when the drug is not in tablet or capsule form.



Industry-standard features that meet the requirements for characteristic #3:

- a. A description of security features included on each prescription blank.
- b. A custom or repetitive watermark on the backside of the prescription blank that can be only seen at a forty-five (45) degree angle. The watermark should bear the name of the company manufacturing the prescription blank or should bear the word “security”.
- c. Logos, defined as a symbol utilized by an individual, professional practice, professional association or hospital, appearing on the prescription blank. The upper left one (1) inch square of the prescription blank should be reserved for the logo.

Electronic prescriptions, faxed prescriptions and prescriptions sent over the telephone are exempt from this requirement. Failure to comply with the new tamper resistant prescription pad requirements could result in a withholding of Medicaid reimbursement. So, throw out those old prescription pads!

“Name stamp” v.s “signature stamp”

A name stamp just contains an image of your name. Signature stamps contain a replica of a person’s actual signature. The use of a signature stamp does not satisfy clinician signature requirements. Medicaid does not recognize signature stamps and notes signed with such will be subject to refund requests. In addition to reimbursement concerns, signature stamps pose a risk in other ways such as being used fraudulently. Anyone possessing a signature stamp needs to be the sole holder of the stamp and should understand the liability implications if the stamp gets into the wrong

Is Your Signature Legible?

On March 13, 2008, a memo was issued by Yale New Haven Hospital (YNHH) to report the results of their triennial survey by The Joint Commission, the national accrediting body for the institution. Although YNHH received full accreditation, the surveyors identified eleven “Requirements for Improvement” (RFIs). One of these requirements focused on the clarity of clinician signatures in the medical record. Simply, entries in the inpatient or outpatient hospital medical record should be legible, dated, timed and signed by the author of the entry. The author should also indicate their discipline.

YNHH will be providing name stamps for physicians who ask for them to be used in addition to the physician’s actual signature. These name stamps are not a substitute for the physician’s actual signature nor are they considered signature stamps.

Connecticut State Regulations, Section 17b-262-526 (7) require that all medical record entries be signed by the provider of the service. Clinicians should use the current date that he/she is documenting and/or signing the note. Medical record entries should never be pre or post dated. Addendums to medical record documentation should be dated with the current date that the note is being added. Questions regarding documentation or signature requirements can be addressed to Judy Harris, Director of Medical Billing Compliance, at 785-3868 or judy.harris@yale.edu

hands. The holder is responsible for the security of the stamp and for maintaining a log of when and how the stamp was used. Regular audits of the security and appropriate use of the stamp should be conducted. The bottom line with signature stamps is that the risks far out weigh the benefits.

Non-Physician Practitioner reminder

If your practice utilizes the services of non-physician practitioners (NPPs) such as Advanced Practice Registered Nurses (APRNs) or Physician Assistants (PAs), please remember that you cannot use their documentation of clinical care services unless the University employs or leases these individuals. The CMS teaching physician documentation guidelines, which apply to ACGME residents or fellows involved in

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IN THE NEWS

\$371.5 Million improper-Medicare payments

\$371.5 million in improper Medicare payments has been collected from or repaid to health care providers and suppliers as part of a demonstration program using recovery audit contractors (RACs) in California, Florida and New York in 2007 according to CMS. The RAC program, which has received several controversial reviews and has been hotly contested by several medical associations including the American Hospital Association, is scheduled to go nationwide in 2008.

On November 7, 2007, California House Representative Lois Capps introduced the Medicare Recovery Audit Contractor Program Moratorium Act of 2007 (H.R. 4105).

If enacted, H.R. 4105 would suspend all further activities under the RAC program for a period of 1 year following enactment. H.R. 4105 has been referred to the House Ways and Means and the House Energy and Commerce committees, and currently has 33 co-sponsors.

\$36.7M CVS settlement

CVS Caremark Corp., of Woonsocket, Rhode Island, will pay \$36.7 million dollars to settle Medicaid prescription-drug-fraud claims initiated by a whistleblower. CVS Caremark, which operates over 6,000 retail pharmacies throughout the United States, allegedly substituted capsules of Ranitidine (generic Zantac) for tablets solely to significantly increase the cost and profit rather than for any legitimate medical reason. The settlement covers CVS Caremark's submission of reimbursement claims to Medicaid programs from April 2000 through December 2006.

Under the agreement, within 10 business days CVS

Caremark will pay the United States more than \$21 million as the federal share of settlement and it will pay a total of approximately \$15.6 million to be apportioned among the participating state Medicaid programs. Separate settlement agreements establish the amounts owed to each state. Connecticut is one of the states that will be participating in the settlement.

YNHH pays \$3.78M

Yale-New Haven Hospital agreed to pay just under \$3.8 million to settle allegations of Medicare fraud. Between 2000 and 2005, the hospital allegedly billed Medicare for multiple units of infusion therapy, chemotherapy administration, and blood transfusion services, even though Medicare only allowed payment for one unit of infusion therapy and chemotherapy administration per patient visit, and one unit of blood transfusion services per day. The allegations also include claims for services provided in the hospital's Oncology Infusion Service that were not adequately documented in the patients' medical record. Yale-New Haven Hospital self-reported the conduct to the OIG.

New Medicare contractor for Connecticut

The Centers for Medicare & Medicaid Services (CMS) has announced that National Government Services (NGS) has been awarded a contract of up to five years for the combined administration of Part A and Part B Medicare claims payment in Connecticut and New York. Currently, First Coast Service Options (FCSO) is the contractor processing Medicare physician services claims in Connecticut.

NGS will serve as the first point of contact for the processing and payment of Medicare fee-for-service claims from hospitals, skilled nursing facilities, physicians and other health care practitioners in

the two states. NGS will immediately begin implementation activities and will assume full responsibility for the claims processing work in its two-state jurisdiction no later than November 2008.

Top 10 Health Care Fraud Concerns for 2008

According to a survey conducted by the Bureau of National Affairs, Inc., the top 10 health care concerns for 2008 are:

1. Medicaid fraud enforcement
2. Durable medical equipment supplies and kickback schemes
3. Pharmaceutical pricing fraud
4. Hospital to physician kickbacks and Stark self-referral issues
5. Off-label marketing of medical devices
6. Medicare Part D prescription drug fraud enforcement
7. Deferred prosecution agreements
8. Justice Department enforcement tactics
9. Medicare contractor fraud
10. Electronic health record integrity

Source: BNA Health Care Fraud Report Jan. 2, 2008

NPP Reminder

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the patient's care, do not apply to NPPs. If the APRN or PA is our employee, there are specific billing and documentation requirements that must be adhered to. The guidelines have been summarized at: <http://www.yalemedicalgroup.org/comply/alert/IncidentTo.htm> The Compliance Department offers training sessions which discuss these documentation and billing concepts. Contact Judy Harris, Director of Medical Billing Compliance at 785-3868.



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