Pharmacy audit program

Humana maintains a pharmacy audit program to:

- Help ensure the validity and accuracy of pharmacy claims for our clients (including CMS)
- Help ensure compliance with the provider agreement between Humana and our network pharmacies
- Educate network pharmacies regarding proper submission and documentation of pharmacy claims

According to the pharmacy provider agreement between Humana and its network pharmacies, Humana, any third-party auditor designated by Humana or any government agency allowed by law is permitted to conduct audits of any and all pharmacy books, records and prescription files related to services rendered to members.

Claim-specific audit objectives include, but are not limited to, correction of the following errors:

- Dispensing unauthorized, early or excessive refills
- Dispensing an incorrect drug
- Billing the wrong member
- Billing an incorrect physician
- Using an NCPDP/National Provider Identifier (NPI) number inappropriately
- Calculating the day supply incorrectly
- Using a dispense-as-written code incorrectly
- Overbilling quantities
- Failing to retain/provide the hard copy of prescriptions or a signature log/delivery manifest

Humana notifies pharmacies of its intent to audit and provides specific directions regarding the process. Humana's on-site audits are conducted in a professional, Health Insurance Portability and Accountability Act (HIPAA)-compliant manner, with respect for patients and pharmacy staff. To access the Humana Pharmacy Audit Guide, please visit **Humana.com/pharmacists**, then select "Manuals & forms."

LTC pharmacy audits

Humana has the right to audit an LTC pharmacy provider's books, records, prescription files and signature logs for the purpose of verifying claims information. LTC pharmacies are required to have signed prescribers' orders available for review for an audit. These orders may be in the form of traditional signed prescriptions, copies of signed prescribers' orders from the member's medical chart or other documentation that contains all required elements of a prescription. Time to retrieve these documents will be considered as part of Humana's audit requirements. LTC pharmacies should have a signature log or patient receipt, a delivery manifest, a copy of a medication administration record (MAR) that shows the prescription was administered and the name and signature of the person who administered the medication, along with the date and time the medication was given. To access the Long-Term-Care Pharmacy Documentation Guidelines, please visit **Humana.com/pharmacists**, then select "Manuals & forms."

Fraud, waste and abuse (FWA) and compliance program requirements

Policy statement

Humana does not tolerate fraudulent activity or actions in violation of its standards of conduct (available at **Humana.com/fraud**), as committed by Humana employees, contracted providers, those supporting their contractual obligations to Humana, members, customers, vendors, contractors and/or other business entities. The company will investigate any suspected noncompliance or fraudulent activity and will report it to the appropriate regulatory, federal or state agencies for further action and investigation, as appropriate.

Humana is a Medicare Advantage organization and a Medicare Part D Prescription Drug Plan sponsor. All such organizations are required to have a comprehensive plan to detect, correct and prevent fraud, waste and abuse, and Humana has such a plan.

FWA prevention training

Every Humana-contracted entity supporting Humana's Medicare and/or Medicaid products is responsible for providing FWA prevention and detection training to its employees and contractors who administer, deliver or support federal health care program benefits or services and for providing certification of training completion.

Humana-contracted entities must maintain FWA training records, including the time, attendance, topic, certificate of completion (if applicable) and test scores for any tests administered, for 11 years (or longer, if required by state law). Humana has adopted training content published by CMS as a resource for meeting this requirement. To access the CMS material, please visit **Humana.com/fraud** and look for "Fraud, Waste and Abuse Training and General Compliance Training."

Humana and CMS reserve the right to audit your pharmacy to assess its commitment to FWA requirements, including requests CMS makes of Humana that require your pharmacy to provide documentation.

Reporting methods for suspected or detected FWA and/or noncompliance

Pharmacy providers should report suspected fraudulent activities by calling the Humana Special Investigation Unit (SIU) at **1-800-614-4126**. This hotline is available 24 hours a day, and callers may remain anonymous. Humana takes great efforts to keep information confidential. Those reporting suspected activities are protected from retaliation according to the whistleblower provision in 31 U.S.C. 3730(h) of the False Claims Act.

Additional information about SIU and Humana's efforts to address FWA can be found at Humana.com/fraud.

Once SIU performs its initial investigation, it will refer the case to law enforcement and/or regulatory agencies, as appropriate.
Pharmacy providers, their employees and subcontractors may also report concerns and information related to FWA or noncompliance with this manual and/or Humana's compliance policy via these options:

By phone:

- Humana Special Investigations Hotline (voice messaging system): **1-800-614-4126** (available 24 hours a day; callers may remain anonymous)
- Humana Ethics Help Line: **1-877-5-THE-KEY** (**1-877-584-3539**) (available 24 hours a day)

Fax: **1-920-339-3613**
Email: siureferrals@humana.com
Mail: Humana, Special Investigations Unit, 1100 Employers Blvd., Green Bay, WI 54344
Ethics Help Line reporting website: **https://ethicshelpline.tnwreports.com**

Confidential follow-up to check on the status of an investigation is available. Humana requests that if a reporter desires to remain anonymous, he/she provide enough information to allow Humana to investigate the issue.

Humana has a zero-tolerance policy for retaliation or retribution against any person who is aware of and, in good faith, reports suspected misconduct or participates in an investigation of it.

Disciplinary standards
Humana may take any or all of the following actions related to FWA or violations of Humana's standards of conduct:

- Oral or written warnings or reprimands
- Termination(s) of employment or contract
- Other measures that may be outlined in the contract
- Mandatory retraining
- Corrective action plan(s)
- Reporting of the conduct to the appropriate external entity(ies), such as CMS, a CMS designee and law enforcement agencies

Every Humana-contracted entity must have disciplinary standards and take appropriate action upon discovery of FWA or actions likely to lead to FWA.

In addition, depending on the specifics of a case, CMS may elect to exclude anyone involved in an FWA violation from participating in federal procurement opportunities, including work in support of any CMS contract.

Standards of conduct/ethics

Every Humana-contracted entity must ensure its business performs the following actions and, upon Humana's request, provide certification of these actions:

- Employees, management, governing body members and those the entity contracts to support
- contractual obligations to Humana's Medicare and/or Medicaid products are required to review and
- attest to comply with the entity's standards of conduct document upon hire or contract and annually
- thereafter. If the contracted entity does not have its own written standards of conduct or if those standards are not materially similar to Humana's standards of conduct, then it may use Humana's standards of conduct. To obtain a copy, please visit **Humana.com/fraud**.

- Employees, management and governing body members must sign a conflict of interest document upon hire/contract and annually thereafter. If disclosures on the conflict of interest form become inaccurate or incomplete because of a change in circumstances, the organization should immediately complete and submit a new form, detailing the change.

- Review the Office of Inspector General (OIG) and General Services Administration (GSA) exclusion lists for all new employees, management, governing body members and contracted individuals or entities, upon hire/contract and monthly thereafter to verify those who assist in the administration or delivery of federal health care program benefits are not included on such lists.

- Remove any person identified on an exclusion list above from any work related directly or indirectly to any federal health care program. Take appropriate corrective actions and report findings to Humana's Special Investigation Unit at **1-800-614-4126**.