

Pharmacy audit program

Humana maintains a pharmacy audit program to:

- Help ensure 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 and any government agency allowed by law are permitted to conduct audits of any and all 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/NPI number inappropriately
- Calculating the days' 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](https://www.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 delivery logs, manifests and other proof of delivery of medications to facilities readily available during an audit.

Humana's policy on informed consent for psychotherapeutic medication (for Florida MMA Medicaid only)

Florida State Medicaid instituted the following legislation, effective **Sept. 1, 2011**:

Statute 409.912(51) *The Agency may not pay for a psychotropic medication prescribed for a child in the Medicaid program without the express and informed consent of the child's parent or legal guardian. The*

physician shall document the consent in the child's medical record and provide the pharmacy with a signed attestation of this documentation with the prescription. Per Florida Statute 394.492(3) "Child" means a person from birth until the person's 13th birthday.

Humana Pharmacy Solutions, which administers the Humana Family Medicaid plan, intends to cooperate with Florida State Medicaid by assisting pharmacies in complying with this regulation. The statute requires that, for children under the age of 13, the informed consent be completed by the prescribing physician, signed by the parent or legal guardian and be given to the pharmacy with every **new** prescription for a psychotherapeutic medication, prior to being dispensed. Prescriptions may be transmitted via phone or electronically prescribed for psychotherapeutic medications for children under the age of 13, but the pharmacist must obtain a completed consent form directly from the prescriber or the child's parent or legal guardian before dispensing the medication. If a prescription containing refills is transferred to another pharmacy, the consent form must also be transferred. In order to meet the requirement, and for audit purposes, this form must be stored with the prescription record in the pharmacy for a **minimum** of five years.

If you do not comply with this requirement or to produce the required documentation as part of an audit, it may result in further action by Humana, including possible recoupment of payment and corrective action up to and including termination from Humana's pharmacy network.

Additional information is available

at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/med_resource.shtml

Hernandez settlement agreement (for Florida MMA Medicaid only)

Florida Medicaid health care providers (including pharmacies serving Humana Family Medicaid members) must meet all requirements set forth in the Hernandez settlement agreement. If you are not familiar with the agreement and its requirements, additional information is available

at: http://www.fdhc.state.fl.us/medicaid/prescribed_drug/multi_source.shtml

Multi-source brand drug policy (for Florida MMA Medicaid only)

Florida Medicaid health care providers are required to complete a "Request for Multi-Source Brand Drug" form in the event that a request is being made to dispense a brand product in which a generic substitute is available. If the prescribing physician determines that the brand drug is medically necessary or is aware that the patient has had an adverse reaction to the generic, then he or she must submit the completed "Request for Multi-Source Brand Drug" form directly to AHCA in addition to a copy of the prescription. Additional information including a link to the form is available

at: http://www.fdhc.state.fl.us/medicaid/prescribed_drug/multi_source.shtml

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

Policy statement

Humana does not tolerate fraudulent activity by any of its contracted providers, employees, members, customers, vendors, contractors and/or other business entities. The company will investigate any suspected 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.

FWA prevention training

Every Humana-contracted entity is responsible for providing fraud, waste and abuse prevention training to its employees and contractors who administer or deliver federal health care program benefits or services, and, upon Humana's request, for providing certification of training. Humana-contracted entities must maintain fraud, waste and abuse 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 provided an FWA training guide as a resource for meeting this requirement. To obtain a copy, please visit [Humana.com/fraud](https://www.humana.com/fraud) and look for "Fraud, Waste and Abuse Detection, Correction, and Prevention Training for Health Care Providers and Business Partners"

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 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) for False Claims Act.

Information about SIU and Humana's efforts to address FWA can found at www.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 also may report concerns and information related to FWA or noncompliance with this manual, Humana's "Ethics Every Day for Contracted Health Care Providers and Business Partners" 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)
- Humana Special Investigations email: siureferrals@humana.com
- Humana Special Investigations fax: 1-920-339-3613
- Humana Special Investigations mail: Humana, Special Investigations Unit, 1100 Employers Blvd., Green Bay, WI 54344
- Humana Ethics Help Line: 1-877-5-THE-KEY (1-877-584-3539) (available 24 hours a day)

- Ethics Help Line reporting website: www.ethicshelpline.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 violations:

- Oral or written warnings or reprimands
- Termination(s) of employment or contract
- Other measures which may be outlined in the contract
- Mandatory retraining
- Corrective action plan(s)
- Reporting of the conduct to the appropriate external entity(s), 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.

Code 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 and governing body members review the entity's code of conduct document upon hire and annually thereafter. If the contracted entity does not have its own written code of conduct, then parties should review Humana's "Ethics Every Day for Contracted Health Care Providers and Business Partners." To obtain a copy, please visit Humana.com/fraud.
- Employees, management and governing body members 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.