

**July 2010 Edition**

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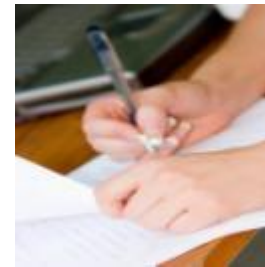
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**False Claims Act – Dealing with Medicare Fraud**

We are continually reminded of Health Care Reform and the many ways it impacts our daily practices of providing home care services. The government has become more vigilant in pursuing those who do not abide by the law. The False Claims Act addresses Medicare fraud and the consequences imposed upon those who perform fraudulent activities.



The False Claims Act prohibits any person from knowingly making a false statement to get a false or fraudulent claim paid or approved. Increased recovery efforts are being pursued through the expansion of Recovery Act Contractors (RACs). Providers, suppliers, Medicare Advantage Plans and Part D plans must self-report and return Medicare and Medicaid overpayments within 60 days of identification.

In addition to the *Federal* False Claims Act, many states now have their own False Claims Act to discourage fraud against state government. Please check with your local state government to determine if your state has their own version of the False Claim Act.

**False Claims Act ...continued**

Some inappropriate billing practices include:

- Billing for non-existent prescriptions
- Billing as brand when generic is dispensed
- Billing uncovered, non-Part D drugs as covered drugs (billing for diluents as main drugs . Hydration solutions can be used as both the main drug or a diluent to mix other drugs with.)
- Billing for prescriptions that were never picked up
- Incorrectly billing secondary payer to receive increased reimbursement
- Billing multiple payers for the same prescriptions, except as required for coordination of

benefits

- Being overpaid by the government for a sale of a good or service and then not reporting that overpayment.
- Billing for an NDC number that was not dispensed
- Billing for a higher quantity of drug than was dispensed
- TrOOP manipulation and refill errors
- Bait and switch pricing: when a beneficiary is led to believe that a drug will cost one price, but at the point of sale the beneficiary is charged a higher amount

and many more...

Additionally, CMS has issued a fraud, waste and abuse guidance for the Medicare Part D benefit. Please visit: <http://www.stopmedicarefraud.gov/> for additional information. Sponsors (employee's whose companies have contracts with Medicare to provide services to the Medicare Programs) First Tier Entities ( Pharmacy Benefits Manager, contracted hospitals, clinics and allied providers) and Downstream Entities (pharmacies, marketing firms, QA companies, claims processing firms and billing agencies) are required to train their employees on Medicare Fraud, Waste and Abuse. At ARL we include this ongoing training with our mandatory HIPAA training.

## *How well do you know your Reimbursement Partners?*

### *Behind the Curtain: Introducing Aeryn Mikols*

Aeryn will complete her first year with ARL in August. As an Assistant Reimbursement Coordinator, she performs various duties including electronic file submission, billing of Part D and Medicaid claims, working on denials, and in general working closely with the Reimbursement Coordinators in the day-to-day process. With no prior home infusion experience she has been able to learn quickly. She welcomes additional responsibilities and is excited about the opportunity to "problem solve". Aeryn enjoys working with experts in the industry and feels a great sense of accomplishment when claims are paid promptly and correctly. She is looking forward to career advancement within ARL where she will utilize her current knowledge and skills to achieve an increased level of responsibility.



On a personal note Aeryn is extremely bashful. Talking about herself was challenging, however she was at ease sharing her working experience. Aeryn has been interested in art from a very early age. She has visited the Museum of Fine Arts in Boston on numerous occasions. She enjoys drawing people, abstract painting, and making jewelry.

One of the most interesting experiences in her life was a 3 week tour of the Holy Land in 2007 in which she visited Egypt, Israel and Jordan. Aeryn attended Bible School for a year which enabled her to take advantage of this golden opportunity.

Aeryn has 3 brothers and 1 sister and describes her family as "close-nit". In addition to family activities, she also enjoys shopping, watching Vampire movies and reading books.

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### *Quote of the Month*

**"Integrity is doing the right thing, even if nobody is watching."**

### *Tip of the Month*

**Having difficulties keeping up with physician NPI information and PECOS status for your providers? Rock Pond is offering a FREE NPI / PECOS Lookup Service available at your fingertips!**

– W. Clement Stone

Avoid having to go to multiple CMS websites and going through the technical process of downloading files by visiting <http://rock-pond.com/solutions/pecossearch/>. You will receive a speedy, informative response in just seconds. Rock Pond is maintaining updated copies of the NPI and PECOS physician files, including the new files that indicate physicians that are in the enrollment process but have not received approval.

Rock Pond is also offering a convenient service for a one-time fee of \$600 for unlimited batch audits of your entire physician database. It's all about increasing efficiencies, minimizing risk and improving accuracy. To learn more about Rock Pond's audit service please see: <http://rock-pond.com/solutions/pecos-database-audit/>.

## Keeping you "In the Loop": An Update from Mediware's Monthly Newsletter



As part of our integration activities, we want to keep you *In the Loop* on the activities of our peers and colleagues at Mediware. Email Laura Booth ([laura.booth@mediware.com](mailto:laura.booth@mediware.com)) if you would like to be put on the distribution list.

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