

# An Overview of CMS' Medicaid Integrity Program

and

# An Update on the Implementation of the Tamper Resistant Prescription Paper Law

NABP Conference  
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# Brief History Lesson

- Limited Direct CMS Involvement in F&A
- Medicaid Alliance for Program Safeguards
  - Limited Resources
  - Relied on Regional Office Staff and Unpredictable Travel Funds
  - State Oversight Only – No Provider Interaction
- 2004 GAO Report on CMS' Commitment
  - <http://www.gao.gov/new.items/d04707.pdf>

# Deficit Reduction Act of 2005

- Created Medicaid Integrity Program (MIP)
- Dramatically Increased Resources of CMS & HHS-OIG to Fight Medicaid Fraud
- Funding - \$560M over 5 Years
  - \$255m for Medicaid Integrity Program
  - \$180m for National Medi-Medi Expansion
  - \$125m for OIG for Medicaid Fraud
- Staffing - 100 FTEs for CMS

# MIP: Statutory Requirements

- 5-Year Comprehensive Medicaid Integrity Plan
  - Consultation with Stakeholders
  - <http://www.cms.hhs.gov/DeficitReductionAct/>
- Annual Reports to Congress
- Contracts for Claims Review, Audits, Overpayment/Identification & Education
- Effective Support and Assistance to States to Combat Provider Fraud & Abuse

# MIP Contractor Overview

- Review of Providers
- Audit of Providers and Others & Identification of Overpayments
- Education of Providers and Others
  - Procurement in Fall 2008
- All Contracts on Cost Reimbursement Basis
  - No Contingency Fees

# MIP Contractor Issues

- Coordinating Audit Targets with Law Enforcement and State PI Units
- Handling of Potential Fraud Referrals
  - Finalizing MOU with HHS-OIG
  - HHS-OIG Will Coordinate Referrals with MFCUs
- States' Responsibility to Adjudicate Disputed Overpayments

# Review of Provider MICs

- Umbrella Contracts Awarded 12/07 to ACS Healthcare Analytics; AdvanceMed; IMS Gov't Solutions; Thomson Healthcare, and Safeguard Services
- Medicaid claims analysis under DFRD
- Identification of potential overpayments and potential targets for Audit MICs
- Thomson Healthcare awarded Task Order for RO IV on 4/14/08

# Audit MICs

- Umbrella Contracts Awarded 12/07 to Booz Allen Hamilton; Fox Systems; Health Integrity; Health Management Systems, and Island Peer Review Organization
- Field and Desk Audits of Providers
- Identification of Overpayments
- Support for States' Efforts to Collect OPs
- Task Order expected to be awarded April 2008

# MIG Audit Responsibilities

- Directing Data Analysis & Contractor Activities
- Reviewing Contractor Reports
- Liaison with State Medicaid Agency PI Units
- Coordination with CMS Regional Medicaid Financial Management Staff

# Technical Assistance to States

- Training
- Enrollment
- Special Projects
- Program Integrity Oversight
- Best Practices Guidance

# Specific Examples of TA

- Medicaid Integrity Institute
- One Stop Shopping (Enrollment)
- State Program Integrity Reviews
- State PI Assessments
- Fraud Referrals Performance Standards
- MFCU Data Mining Pilot Project
- Florida DME & HHA Projects

# SMDLs Already Issued

- False Claims FMAP Enhancement
- False Claims Education for Providers
- Tamper Resistant Prescription Pads

All can be found at:

<http://www.cms.hhs.gov/SMDL/SMD/list.asp#TopOfPage>

# Medicaid Tamper Resistant Prescription Paper (TRPP) Law

- Law became effective on April 1, 2008
- Requires that written prescriptions for Medicaid covered outpatient drugs be written on tamper-resistant paper (pads or computer generated to a printer)
- Applies whenever Medicaid pays any portion of the prescription cost
- Does not impact prescriptions communicated from the prescriber to the pharmacy *verbally*, by *fax*, or through *e-prescription*.

# The TRPP law does not require tamper resistant paper in the following situations:

- Refills of written prescriptions presented at a pharmacy before April 1, 2008
- Prescription drugs that are paid for by a managed care entity
- Prescription drugs that are provided in nursing facilities, intermediate care facilities for the mentally retarded, and certain other institutional and clinical settings when those drugs are paid for as part of the daily rate for that institution, or when the prescription is filled without the script being handled by the recipient
- Emergency fills of prescriptions for which a prescriber provides the pharmacy with a verbal, faxed, electronic, or compliant written prescription within 72 hours after the date on which the prescription was filled.

# What characteristics make a prescription pad tamper resistant?

Currently, CMS requires that a prescription **must contain at least one** of the following three characteristics to be considered tamper resistant :

- One or more industry-recognized features designed to prevent unauthorized *copying* of a completed or blank prescription form;
- One or more industry-recognized features designed to prevent the *erasure or modification* of information written on the prescription pad by the prescriber;
- One or more industry-recognized features designed to prevent the use of *counterfeit* prescription forms.

As of **October 1, 2008**, a prescription **must contain all three** of the above characteristics to be considered tamper-resistant.<sup>15</sup>

# NOTE: States Requirements May Vary

- States are free to exceed the CMS baseline requirements for TRPP
- States may also require that all prescriptions contain specific features meeting the three characteristics; for example, use of a mandatory format

# What can a pharmacist do when unsure if a prescription meets the requirements?

- Call the prescribing practitioner to obtain verbal confirmation of the prescription and document the confirmation appropriately.
- Fill the prescription and obtain documentation within 72 hours. Prescriptions may be filled on an emergency basis, as long as the pharmacy obtains a compliant prescription within 72 hours after the fill date. The compliant prescription may be a written prescription on TRPP, or may be obtained by verbal communication with the prescriber, by facsimile, or by e-prescription.

# Questions?

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