STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
584 Delaware Avenue
Buffalo, New York 14202

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

August 7, 2014

[redacted]
Infusion Options, Inc.
5924 13th Avenue
Brooklyn, NY 11219

Final Audit Report

Audit #09-4216
Provider ID [redacted]

Dear [redacted]

This letter will serve as our final audit report of the recently completed review of payments made to Infusion Options, Inc. under the New York State Medicaid Program.

The New York State Department of Health is responsible for the administration of the Medicaid program. As part of this responsibility, the Office of the Medicaid Inspector General (OMIG) conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are directed at assessing provider compliance with applicable laws, regulations, rules and policies of the Medicaid program as set forth by the Departments of Health and Education [Titles 8, 10, and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (8 NYCRR, 10 NYCRR, 18 NYCRR)] and the Medicaid Management Information System (MMIS) Provider Manuals.

Pharmacy is a professional practice, which includes a number of activities that are necessary for the provision of drugs for patients as ordered by persons authorized under State law to prescribe drugs. Pharmacies, which are licensed and currently registered by the New York State Board of Pharmacy, Department of Education, may dispense drugs and other medical/surgical supplies. The pharmacy must comply with all applicable provisions of State Law including Article 137 of the Education Law, Articles 1 and 33 of the Public Health Law, and the Pharmacy Guide to Practice (Pharmacy Handbook) issued by the Department of Education. The specific standards and criteria for pharmacies are outlined in Title 10 NYCRR Parts 80 and 85.20-22 and Title 18 NYCRR Section 505.3. The MMIS Provider Manual for Pharmacy also provides program guidance for claiming Medicaid reimbursement for pharmacy services.

A review of payments to Infusion Options, Inc. for pharmacy services paid by Medicaid for New York City recipients from January 1, 2004, through December 31, 2008, was recently completed. During the audit period, $10,980,296.93 was paid for 35,155 services rendered. This review consisted of a random sample of 200 services with Medicaid payments of $61,761.60. The purpose of this audit was to verify that: prescriptions were properly ordered by a qualified practitioner; the pharmacy had sufficient documentation to substantiate billed services; appropriate formulary codes were billed; patient related records contained the documentation required by the regulations; and claims for payment were submitted in accordance with New York State laws, Department regulations and the Provider Manuals for Pharmacy.

Infusion Options, Inc.'s failure to comply with Titles 8, 10, and/or 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR), the MMIS Provider Manual for Pharmacy, and the Pharmacy Guide to Practice resulted in a total sample overpayment of $16,001.47.

The statistical sampling methodology employed allows for extrapolation of the sample findings to the universe of cases (18 NYCRR Section 519.18). The adjusted mean per unit point estimate of the amount overpaid is $1,837,825. The adjusted lower confidence limit of the amount overpaid is $411,840. We are 95% certain that the actual amount of the overpayment is greater than the adjusted lower confidence limit (Exhibit I). This audit may be settled through repayment of the adjusted lower confidence limit amount of $411,840.

The following detailed findings reflect the results of our audit. This audit report incorporates consideration of any additional documentation and information presented in response to the revised draft audit report dated June 4, 2014. The information provided resulted in no change to any of the disallowances. The findings in the final audit report are identical to those in the revised draft audit report.

DETAILED FINDINGS

In addition to any specific detailed findings, rules and/or regulations which may be listed below, the following regulations pertain to all audits:

Regulations state: "By enrolling the provider agrees: (a) to prepare and to maintain contemporaneous records demonstrating its right to receive payment . . . and to keep for a period of six years from the date the care, services or supplies were furnished, all records necessary to disclose the nature and extent of services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider . . . (e) to submit claims for payment only for services actually furnished and which were medically necessary or otherwise authorized under the Social Services Law when furnished and which were provided to eligible persons; (f) to submit claims on officially authorized claim forms in the manner specified by the department in conformance with the standards and procedures for claims submission; . . . (h) that the information provided in relation to any claim for payment shall be true, accurate and complete; and (i) to comply with the rules, regulations and official directives of the department." *18 NYCRR Section 504.3*

Regulations state: "Fee-for-service providers. (1) All providers ... must prepare and maintain contemporaneous records demonstrating their right to receive payment . . . All records necessary to disclose the nature and extent of services furnished and the medical necessity therefor ... must be kept by the provider for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later. (2) All information regarding claims for payment submitted by or on behalf of the provider is subject to audit for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later, and must be furnished, upon request, to the department ... for audit and review." *18 NYCRR Section 517.3(b)*

Regulations require that bills for medical care, services and supplies contain patient name, case number and date of service; itemization of the volume and specific types of care, services and supplies provided; the unit price and total cost of the care, services and supplies provided; and a dated certification by the provider that the care, services and supplies itemized have been in fact furnished; that the amounts listed are in fact due and owing; that such records as are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medicaid program will be kept for a period of not less than six years from the date of payment; and that the provider understands that payment and satisfaction of this claim will be from Federal, State and local public funds and that he or she may be prosecuted under applicable Federal and State laws for any false claims, statements or documents, or concealment of a material fact provided.

18 NYCRR Section 540.7(a)(1)-(3) and (8)

Regulations state: "An overpayment includes any amount not authorized to be paid under the medical assistance program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse or mistake." *18 NYCRR Section 518.1(c)*

Regulations state: "Vendor payments for medical care and other items of medical assistance shall not be made unless such care or other items of assistance have been furnished on the basis of the appropriate authorization prescribed by the rules of the board and regulations of the department."

18 NYCRR Section 540.1

Regulations state: "The department may require repayment from the person submitting an incorrect or improper claim, or the person causing such claim to be submitted, or the person receiving payment for the claim." *18 NYCRR Section 518.3(a)*

Regulations state: "The department may require repayment for inappropriate, improper, unnecessary or excessive care, services or supplies from the person furnishing them, or the person under whose supervision they were furnished, or the person causing them to be furnished...."

18 NYCRR Section 518.3(b)

Regulations state: "Medical care, services or supplies ordered or prescribed will be considered excessive or not medically necessary unless the medical basis and specific need for them are fully and properly documented in the client's medical record." *18 NYCRR Section 518.3(b)*

1. **Pharmacy Billed in Excess of Prescribed Quantity**

State law establishes: "Any person, who . . . puts up a greater or lesser quantity of any ingredient specified in any such prescription, order or demand than that prescribed, ordered or demanded, except where required pursuant to paragraph (g) of subdivision two of section three hundred sixty-five-a of the social services law . . . is guilty of a misdemeanor."

Education Law Article 137 Section 6816.1.a

Regulations state: "By enrolling the provider agrees...to submit claims on officially authorized claim forms in the manner specified by the department in conformance with the standards and procedures for claims submission" and "that the information provided in relation to any claim for payment shall be true, accurate and complete." *18 NYCRR Sections 504.3(f) and (h)*

Medicaid policy states that quantities for prescription drugs shall be dispensed in the amount prescribed, taking into consideration those drugs should be ordered in a quantity consistent with the health needs of the recipient and sound medical practice. For non-prescription drug and medical/surgical supply orders, if the ordering practitioner requests a quantity that does not correspond to the pre-packaged unit, the pharmacist may supply the drug in the pre-packaged quantity that most closely approximates the ordered amount.

NYS Medicaid Program Pharmacy Manual Policy Guidelines Version 2006-1, Section I

Medicaid policy states: "Prescribed quantities for legend drugs shall be dispensed in the amount prescribed." "For non-prescription drugs and medical supplies, if the ordering practitioner requests a quantity that does not correspond to the pre-packaged unit, the pharmacist should supply the drug or medical supply in the pre-packaged quantity that most closely approximates the ordered amount."

MMIS Provider Manual for Pharmacy Version 2004-1, Section 2.2.4

In 26 instances pertaining to 26 patients, the pharmacy billed for a quantity that exceeded the prescribed quantity. This resulted in a sample overpayment of $5,312.65 (Exhibit II).

2. **Ordering Prescriber Conflicts with Claim Prescriber**

Regulations state: "By enrolling the provider agrees...to submit claims on officially authorized claim forms in the manner specified by the department in conformance with the standards and procedures for claims submission" and "that the information provided in relation to any claim for payment shall be true, accurate and complete." *18 NYCRR Sections 504.3(f) and (h)*

Regulations state: "The identity of the practitioner who ordered the . . . medical/surgical supply, . . . must be recorded by the provider on the claim for payment by entering in the license or MMIS provider identification number of the practitioner where indicated."

18 NYCRR Section 505.5(c)(1)

Medicaid policy requires the billing provider to complete the ordering/prescribing provider section of the claim for prescriptions from private practitioners by entering the "MMIS ID Number of the prescriber. If the prescriber is not enrolled in MMIS, enter his/her State License number . . . For orders originating in a hospital, clinic or other health care facility, the facility's MMIS ID Number may be entered only when the prescriber's MMIS ID or State License number is unavailable. When a prescription is written by an unlicensed intern or resident, the supervising physician's MMIS ID Number should be entered. If the supervising physician is not enrolled in MMIS, his/her State License number may be entered. When these numbers are unavailable, enter the facility's MMIS ID Number . . . When prescriptions have been written by a physician's assistant, the supervising physician's MMIS ID Number should be entered. If the supervisor is not enrolled in MMIS, enter his/her State License number. If these numbers are unavailable and the prescription originated in a facility, enter the facility's MMIS ID Number . . . If the MMIS ID or State License number is not on the prescription . . . it is the pharmacist's responsibility to obtain it."

MMIS Provider Manual for Pharmacy Version 2004-1, Section 3

Medicaid policy requires the billing provider to enter the Medicaid ID Number of the ordering/prescribing provider or, if the ordering prescriber is not enrolled in the Medicaid Program, to enter his/her license number. The supervising MD's MMIS or license number should be entered for an unlicensed intern or resident for a prescription from a facility, and the facility's Medicaid ID number may be entered **only** when the prescriber's or supervising physician's Medicaid ID or License number is unavailable. When prescriptions have been written by a Physician's Assistant, the supervising physician's Medicaid ID number or license number should be entered. [There is no provision here for entering facility MMIS ID number in absence of the supervising MD number for a prescription written by a Physician's Assistant.] If the prescribing provider is a Nurse Practitioner certified to write prescriptions, enter his/her Medicaid ID number or license number in this field. **Note: If the Medicaid ID or State License number of an authorized prescriber is not on the prescription, it is the pharmacist's responsibility to obtain it.**

In addition, if a license number is indicated, the Profession Code that identifies the ordering/prescribing provider's profession must be entered. Directions are given to obtain profession codes.

NYS Medicaid Program Pharmacy Manual Billing Guidelines Version 2005-1, Section II
NYS Medicaid Program Pharmacy Manual Billing Guidelines Version 2007-1, Section II
NYS Medicaid Program Pharmacy Manual Billing Guidelines Version 2008-1, Section II

Medicaid policy requires the billing provider to enter the Medicaid ID Number **or** the NPI of the ordering/prescribing provider. If the NPI is not known and the orderer/prescriber is not enrolled in the Medicaid program, enter his/her License number. If a license number is indicated, the Profession Code that identifies the ordering/prescribing provider's profession must be entered. For orders originating in a hospital, clinic, or other health care facility, the following rules apply: When a prescription is written by an unlicensed intern or resident, the supervising physician's Medicaid ID number, NPI or license number should be entered in this field. When prescriptions have been written by a Physician's Assistant, the supervising physician's Medicaid ID number, NPI or license number should be entered in this field. Certified Nurse Practitioners with licenses that contain six digits not preceded by the letter F can only write fiscal orders. If the prescribing provider is a Nurse Practitioner certified to write prescriptions, enter his/her Medicaid ID number, NPI or license number in this field. **Note: If the Medicaid ID, NPI or State License number of an authorized prescriber is not on the prescription, it is the pharmacist's responsibility to obtain it.**

NYS Medicaid Program Pharmacy Manual Billing Guidelines Version 2008-2, Section II
NYS Medicaid program Pharmacy Manual Billing Guidelines Version 2008-3, Section II

The Medicaid Updates provide direction on identifying the ordering prescriber on the Medicaid claim.

DOH Medicaid Update March 2004
DOH Medicaid Update October 2004
DOH Medicaid Update September 2005

The Medicaid Update identifies the State Education Department's (SED) website to obtain or verify prescriber license numbers.

DOH Medicaid Update March 2000

The Medicaid Update states that it is inappropriate to use a facility's Medicaid identification number as the ordering/referring/prescribing provider.

DOH Medicaid Update January 2008

In 25 instances pertaining to 25 patients, the ordering prescriber conflicts with the claim prescriber. This resulted in a sample overpayment of $5,113.49 (Exhibit III). For this category of findings, OMIG will disallow only the actual amount of the sample overpayment and will not extrapolate the sample findings to the universe of services.

3. Prescription/Fiscal Order Refilled in Excess of Prescriber's Authorization and/or Refilled In Violation of Medicaid Regulations

State law establishes: "A prescription may not be refilled unless it bears a contrary instruction and indicates on its face the number of times it may be refilled. A prescription may not be refilled more times than allowed on the prescription."

Education Law Article 137 Section 6810.2

Regulations state: "(1) A written order may not be refilled unless the practitioner has indicated the number of allowable refillings on the order. (2) No written order for drugs may be refilled more than six months after the date of issuance, nor more than five times within a six month period. (3) Refills must bear the prescription number of the original written order."

18 NYCRR Section 505.3(d)(1),(2),(3)

Regulations state: "An order for medical/surgical supplies will not be refilled unless the ordering practitioner has indicated the number of refills on the order. All refills must reference the original order." *18 NYCRR Section 505.5(b)(4)(i)*

Regulations state: "Written order or fiscal order are terms which are used interchangeably in this section and refer to any original, signed written order of a practitioner including any faxed transmitted order which requests a pharmacy to provide a drug to a medical assistance recipient...." *18 NYCRR Section 505.3(a)(6)*

Medicaid policy states: "A prescription or fiscal order may not be refilled unless the prescriber has indicated on the prescription or fiscal order the number of refills." Also, no more than five refills are allowed for prescriptions or fiscal orders.
NYS Medicaid Program Pharmacy Manual Policy Guidelines Version 2006-1, Section I

Medicaid policy states: "Automatic refilling of prescriptions for prescription drugs, or fiscal orders for non-prescription drugs, medical surgical supplies or enteral products is not allowed under the Medicaid Program."
NYS Medicaid Program Pharmacy Manual Policy Guidelines Version 2006-1, Section I

Medicaid policy states: "A fiscal order or prescription for drugs and supplies may not be refilled unless the prescriber has indicated on the prescription/order form the number of refills."
MMIS Provider Manual for Pharmacy Version 2004-1, Section 2.2.4

In 4 instances pertaining to 4 patients, the claim exceeded the authorized and/or allowed number of refills. This resulted in a sample overpayment of $4,764.38 (Exhibit IV).

4. **Missing Follow-Up Hard Copy Order for Medical Supplies and/or Enteral Nutrition**

Regulations state: "Medical/surgical supplies means items for medical use other than drugs, prosthetic or orthotic appliances, durable medical equipment, or orthopedic footwear which have been ordered by a practitioner in the treatment of a specific medical condition and which are usually: (i) consumable; (ii) nonreusable; (iii) disposable; (iv) for a specific rather than incidental purpose; and (v) generally have no salvageable value." *18 NYCRR Section 505.5(a)(2)*

Regulations state: "The terms written order or fiscal order are used interchangeably in this section and mean any original, signed written order of a practitioner which requests durable medical equipment, prosthetic or orthotic appliances and devices, medical/surgical supplies, or orthopedic footwear." *18 NYCRR Section 505.5(a)(8)*

Regulations also state: "All durable medical equipment, medical/surgical supplies, orthotic and prosthetic appliances and devices, and orthopedic footwear may be furnished only upon a written order of a practitioner." *18 NYCRR Section 505.5(b)(1)*

Medicaid policy states: "Medical/surgical supplies can only be obtained by presenting a signed, written order (fiscal order) from a qualified prescriber."
NYS Medicaid Program Pharmacy Manual Policy Guidelines Version 2006-1, Section I

Medicaid policy states that "medical supplies can only be obtained by presenting a signed written order from a qualified prescriber. . . ."
MMIS Provider Manual for Pharmacy Version 2004-1, Section 2.2.4

In 12 instances pertaining to 12 patients, a signed written order, as a follow-up to a telephone or fax order for medical supplies or enteral nutrition, was missing. This resulted in a sample overpayment of $442.93 (Exhibit V). For this category of findings, OMIG will disallow only the actual amount of the sample overpayment and will not extrapolate the sample findings to the universe of services.

5. Pharmacy Billed for Different Drug Than Ordered

State law establishes: "Any person, who . . . substitutes or dispenses a different article for or in lieu of any article prescribed, ordered, or demanded, except where required pursuant to section sixty-eight hundred sixteen-a of this article . . . or otherwise deviates from the terms of the prescription, order or demand by substituting one drug for another, except where required pursuant to section sixty-eight hundred sixteen-a of this article, is guilty of a misdemeanor."
Education Law Article 137 Section 6816.1.a

The Rules of the Board of Regents state that unprofessional conduct in the practice of pharmacy shall include "dispensing a written prescription which does not bear . . . the name, strength, if applicable, and the quantity of the drug prescribed; . . . ."
8 NYCRR Section 29.7(a)(1)

The Rules of the Board of Regents state that unprofessional conduct in the practice of pharmacy shall also include "using or substituting without authorization one or more drugs in the place of the drug or drugs specified in a prescription." *8 NYCRR Section 29.7(a)(5)*

Regulations state: "By enrolling the provider agrees...to submit claims on officially authorized claim forms in the manner specified by the department in conformance with the standards and procedures for claims submission" and "that the information provided in relation to any claim for payment shall be true, accurate and complete." *18 NYCRR Sections 504.3(f) and (h)*

Regulations state: "A practitioner may orally authorize a pharmacist to change information on an official New York State prescription form. This procedure shall not apply to the practitioner's signature, date the prescription was signed by the practitioner, drug name or name of the ultimate user..." *10 NYCRR Section 80.67(h)*

Regulations state: "A practitioner may orally authorize a pharmacist to change information on a controlled substance prescription. This procedure shall not apply to the practitioner's signature, date the prescription was signed by the practitioner, drug name or name of the ultimate user..."
10 NYCRR Section 80.69(m)

Regulations state for Schedule II and certain other substances: "A practitioner may orally authorize a pharmacist to change information on an official New York State prescription form. This procedure shall not apply to the practitioner's signature, date the prescription was signed by the practitioner, drug name or name of the ultimate user. The pharmacist shall write the date he or she received the oral authorization on the back of the prescription, the reason for the change and his or her signature. The pharmacist shall also indicate the change on the face of the prescription and initial the change." *10 NYCRR Section 80.67(j)*

Regulations state for Schedule III, IV and V substances: "A practitioner may orally authorize a pharmacist to change information on a controlled substance prescription. This procedure shall not apply to the practitioner's signature date the prescription was signed by the practitioner, drug name or name of the ultimate user. The pharmacist shall write the date he or she received the oral authorization on the back of the prescription, reason for the change and his or her

signature. The pharmacist shall also indicate the change on the face of the prescription and initial the change." *10 NYCRR Section 80.69(k)*

In 5 instances pertaining to 5 patients, the pharmacy billed for a drug different than the drug ordered. This resulted in a sample overpayment of $177.67 (Exhibit VI).

6. Procedure Code Billed Conflicts with Item Ordered

Regulations state: "By enrolling the provider agrees...to submit claims on officially authorized claim forms in the manner specified by the department in conformance with the standards and procedures for claims submission" and "that the information provided in relation to any claim for payment shall be true, accurate and complete." *18 NYCRR Sections 504.3(f) and (h)*

Regulations state: "All durable medical equipment, medical/surgical supplies, orthotic and prosthetic appliances and devices, and orthopedic footwear may be furnished only upon a written order of a practitioner." *18 NYCRR Section 505.5(b)(1)*

Regulations state: "The fee schedule for medical/surgical supplies is available from the department and is also contained in the department's MMIS Provider Manual (Durable Medical Equipment, Medical/Surgical Supplies, Orthotic and Prosthetic Appliances)...The manuals are provided free of charge to every provider of durable medical equipment, medical/surgical supplies, orthotic and prosthetic appliances and orthopedic footwear at the time of enrollment in the MA program." *18 NYCRR 505.5(d)(3)(ii)*

Regulations state: "An overpayment includes any amount not authorized to be paid under the medical assistance program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse or mistake."
18 NYCRR Section 518.1(c)

Medicaid policy requires that for supplies a billing provider enter the 5-character code from Section 4.0 (NYS Fee Schedule OTC/Supply Codes) of this manual.
MMIS Provider Manual for Pharmacy Version 2004-1, Section 3.0

Medicaid policy requires that for supplies a billing provider enter the five-character code from the Procedure Code and Fee Schedule Section.
NYS Medicaid Program Pharmacy Manual Billing Guidelines Version 2005-1, Section II

In 3 instances pertaining to 3 patients, the procedure code billed conflicts with the item ordered. This resulted in a sample overpayment of $124.70 (Exhibit VII).

7. Pharmacy Billed for Different Strength than Ordered

State law establishes: "Any person, who . . . substitutes or dispenses a different article for or in lieu of any article prescribed, ordered, or demanded, except where required pursuant to section sixty-eight hundred sixteen-a of this article . . . or otherwise deviates from the terms of the prescription, order or demand by substituting one drug for another, except where required pursuant to section sixty-eight hundred sixteen-a of this article, is guilty of a misdemeanor."
Education Law Article 137 Section 6816.1.a

The Rules of the Board of Regents state that unprofessional conduct in the practice of pharmacy shall include: "Dispensing a written prescription which does not bear the name, address and age of the patient for whom it is intended; the date on which it was written; the name, strength, if applicable, and the quantity of the drug prescribed; directions for use, if applicable; and, the name, address, telephone number, profession and signature of the

prescriber; provided that the pharmacist may record on the prescription the address and age of the patient, the strength and quantity of the drug prescribed, the directions for use and the prescriber's address, telephone number and profession if these are missing or unclear..."
8 NYCRR Section 29.7(a)(1)

The Rules of the Board of Regents state that unprofessional conduct in the practice of pharmacy shall include "using or substituting without authorization one or more drugs in the place of the drug or drugs specified in a prescription." *8 NYCRR Section 29.7(a)(5)*

Regulations state: "By enrolling the provider agrees...to submit claims on officially authorized claim forms in the manner specified by the department in conformance with the standards and procedures for claims submission" and "that the information provided in relation to any claim for payment shall be true, accurate and complete." *18 NYCRR Sections 504.3(f) and (h)*

Regulations state, for Schedule II and certain other substances, that: "A practitioner may orally authorize a pharmacist to change information on an official New York State prescription form. This procedure shall not apply to the practitioner's signature, date the prescription was signed by the practitioner, drug name or name of the ultimate user. The pharmacist shall write the date he or she received the oral authorization on the back of the prescription, the reason for the change and his or her signature. The pharmacist shall also indicate the change on the face of the prescription and initial the change." *10 NYCRR Section 80.67(j)*

Regulations state, for Schedule III, IV and V substances, that: "A practitioner may orally authorize a pharmacist to change information on a controlled substance prescription. This procedure shall not apply to the practitioner's signature, date the prescription was signed by the practitioner, drug name or name of the ultimate user. The pharmacist shall write the date he or she received the oral authorization on the back of the prescription, reason for the change and his or her signature. The pharmacist shall also indicate the change on the face of the prescription and initial the change." *10 NYCRR Section 80.69(k)*

In 1 instance, the pharmacy billed for a different strength than ordered. This resulted in a sample overpayment of $33.76 (Exhibit VIII).

8. <u>Imprint/Stamp of Printed Name of Prescriber Missing on Prescription</u>

State law requires: "Every prescription . . . written in this state by a person authorized to issue such prescription and containing the prescriber's signature shall, in addition to such signature, be imprinted or stamped legibly and conspicuously with the printed name of the prescriber who has signed the prescription." *Education Law Article 137 Section 6810.8*

Regulations state: "When used in the context of an order for a prescription drug, the order must also meet the requirements for a prescription under section 6810 of the Education Law and 10 NYCRR Part 910..." *18 NYCRR Section 505.3(b)(3)*

Regulations state, for Schedule II and certain other substances, that: "...The printed name of the prescriber who has signed the prescription shall be imprinted or stamped legibly and conspicuously on the prescription, shall appear in an appropriate location on the prescription form and shall not be entered in or upon the space or line reserved for the prescriber's signature..." *10 NYCRR Section 80.67(b)(2)*

Regulations state, for Schedule III, IV, V substances, that the official New York State prescription shall contain the following: "...The printed name of the prescriber who has signed the prescription shall be imprinted or stamped legibly and conspicuously on the prescription,

shall appear in an appropriate location on the prescription form and shall not be entered in or upon the space or line reserved for the prescriber's signature..."

10 NYCRR Section 80.69(b)(2)

Regulations state, for Schedule III, IV and V substances, that the written prescription shall contain the following: "...The printed name of the prescriber who has signed the prescription shall be imprinted or stamped legibly and conspicuously on the prescription, shall appear in an appropriate location on the prescription form and shall not be entered in or upon the space or line reserved for the prescriber's signature..." *10 NYCRR Section 80.69(b)(2)*

In 3 instances pertaining to 3 patients, the imprint/stamp of the printed name of the prescriber was missing on the prescription. This resulted in a sample overpayment of $21.24 (Exhibit IX). For this category of findings, OMIG will disallow only the actual amount of the sample overpayment and will not extrapolate the sample findings to the universe of services.

9. **Missing Information From Prescription/Fiscal Order**

The Rules of the Board of Regents state: "Unprofessional conduct in the practice of pharmacy shall include all conduct prohibited by sections 29.1 and 29.2 of this Part . . . and shall also include . . . (1) Dispensing a written prescription which does not bear the name ...of the patient for whom it is intended; ... the name, strength, if applicable, and the quantity of the drug prescribed; ... the name ...of the prescriber. . . ." *8 NYCRR Section 29.7(a)(1)*

Regulations state: "All orders for drugs must show the ordering practitioner's name. . . All orders must also contain the name of the recipient for whom ordered."

18 NYCRR Section 505.3(b)(2)

Regulations state: "When used in the context of an order for a prescription drug, the order must also meet the requirements for a prescription under section 6810 of the Education Law and 10 NYCRR Part 910. When used in the context of a nonprescription drug, the order must also contain the following information: name of the drug; quantity ordered; strength or dosage; ingredient information..." *18 NYCRR Section 505.3(b)(3)*

Regulations also state: "When used in the context of an order for a prescription item, the order must also meet the requirements for a prescription under section 6810 of the Education Law. When used in the context of a nonprescription item, the order must also contain the following information: name of the item, quantity ordered, size, catalog number as necessary..."

18 NYCRR Section 505.5(b)(3)

Regulations state, regarding emergency oral prescriptions for hypodermic syringes and needles, the pharmacist shall: "(i) contemporaneously reduce such oral prescription to a written memorandum indicating the name, address and phone number of the prescriber, name and address of the ultimate user, date on which the hypodermic needles and/or syringe was ordered, quantity prescribed, directions for use, and the fact that it is a telephone order; and ...(4) Within 72 hours after authorizing such an oral prescription, the prescribing practitioner shall cause to be delivered to the pharmacist a prescription. If the pharmacist fails to receive such prescription, he shall record on the oral prescription memorandum: "Prescription not received", and sign and date the recording." *10 NYCRR Section 80.131(b)(1)(i) and (b)(4)*

Regulations state, regarding Schedule II and certain other substances, that the official prescription shall contain the following: "(1) name...of the ultimate user for whom the substance is intended...;...(5) the quantity of dosage units prescribed..."

10 NYCRR Section 80.67(b)(1) and (5)

Regulations state: "Emergency oral prescriptions for schedule II controlled substances or those schedule III or schedule IV controlled substances listed in section 80.67(a) of this Part may be dispensed by a pharmacist to an ultimate user in an emergency situation, provided the pharmacist shall: (1) contemporaneously reduce such prescriptions to written memoranda and shall indicate on such memoranda the name ... of the prescriber ...name ... of the ultimate user, ... name and quantity of drugs prescribed, ... and the fact that it is a telephone order..." and "Within 72 hours after authorizing an emergency oral prescription, the prescribing practitioner shall cause to be delivered to the pharmacist an official New York State prescription. Such prescription shall, in addition to the information otherwise required..."

10 NYCRR Section 80.73(g)(1) & (i)

Regulations state, regarding Schedule III, IV and V substances, that the official New York State prescription shall contain the following: "(1) name... of the ultimate user for whom the substance is intended...;...(5) the quantity of dosage units prescribed..."

10 NYCRR Section 80.69(b)(1) and (5)

Regulations state, regarding oral prescriptions for Schedule III, IV, and V substances, that the pharmacist shall: "(1)contemporaneously reduce such prescriptions to written memoranda indicating the name and address of the prescriber and the practitioner's Drug Enforcement Administration registration number, name and address of ultimate user, date on which the controlled substance was ordered, name and quantity of controlled substances prescribed, directions for use and the fact that it is a telephone order. The memoranda for such oral prescriptions shall be filed in the schedule III, IV and V prescription file. The pharmacist filling such oral orders shall indicate on the memoranda the date filled, the signature of the pharmacist filling the prescription and the pharmacy prescription number under which it is recorded in the pharmacy prescription file;...(c) Within 72 hours after authorizing such an oral prescription, the prescribing practitioner shall cause to be delivered to the pharmacist an official New York State prescription. If the pharmacist fails to receive such prescription, he shall record on the memorandum for said oral prescription this notation: "Official prescription not received", the name of the pharmacist and the date of the recording."

10 NYCRR Section 80.70(a)(1) and (c)

Regulations state that when an official New York State prescription prepared by a practitioner is incomplete, the practitioner may orally furnish the missing information to the pharmacist and authorize him or her to enter such information on the prescription. This procedure shall not apply to ... where the name and/or quantity of the controlled substance is not specified or where the name of the ultimate user is missing.

10 NYCRR Section 80.67(g)
10 NYCRR Section 80.69(l)
10 NYCRR Section 80.73(m)
10 NYCRR Section 80.74(g)

Additionally, regulations state that a practitioner may orally authorize a pharmacist to change information on a prescription. This procedure shall not apply to the ... drug name or name of the ultimate user.

10 NYCRR Section 80.67(h)
10 NYCRR Section 80.69(m)
10 NYCRR Section 80.73(n)
10 NYCRR Section 80.74(h)

Medicaid policy states: "All prescriptions and fiscal orders must bear . . . " the name of the patient for whom it is intended... the name, strength, if applicable, and the quantity of the drug prescribed... and the name... of the prescriber who has initiated or written the fiscal order or prescription..."

NYS Medicaid Program Pharmacy Manual Policy Guidelines Version 2006-1, Section I

Medicaid policy states: "Drugs 'carved out' and billed directly to Medicaid are subject to refill, quantity and prior authorization/approval requirements as described in this Manual."
NYS Medicaid Program Pharmacy Manual Policy Guidelines Version 2006-1, Section III

In 3 instances pertaining to 3 patients, the prescription or fiscal order did not contain all of the required information. In 2 instances, the name of the drug/item was missing (Sample #'s 117 and 141); and in 1 instance, both the name of the drug/item and quantity were missing (Sample #128). This resulted in a sample overpayment of $10.65 (Exhibit X).

Total sample overpayments for this audit amounted to $16,001.47.

Additional reasons for disallowance exist regarding certain findings. These findings are identified in Exhibit XI.

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, your repayment options are described below. If you decide to repay the adjusted lower confidence limit amount of $411,840, one of the following repayment options must be selected within 20 days from the date of this letter:

OPTION #1: Make full payment by check or money order within 20 days of the date of the final audit report. The check should be made payable to the New York State Department of Health and be sent with the attached Remittance Advice to:

New York State Department of Health
Medicaid Financial Management, B.A.M.
GNARESP Corning Tower, Room 2739
Albany, New York 12237-0048

OPTION #2: Enter into a repayment agreement with the Office of the Medicaid Inspector General. If your repayment terms exceed 90 days from the date of the final audit report, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, the OMIG will impose a 50% withhold after 20 days until the agreement is established. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against any amount owed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at the following:

Bureau of Collections Management
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204

If you choose not to settle this audit through repayment of the adjusted lower confidence limit, you have the right to challenge these findings by requesting an administrative hearing where the OMIG would seek and defend the adjusted meanpoint estimate of $1,837,825. As allowed by state regulations, you must make your request for a hearing, in writing, within sixty (60) days of the date of this report to:

General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204

Questions regarding the request for a hearing should be directed to Office of Counsel at [redacted]

Issues you may raise shall be limited to those issues relating to determinations contained in the final audit report. Your hearing request may not address issues regarding the methodology used to determine the rate, or any issue that was raised at a proceeding to appeal a rate determination.

At the hearing you have the right to:

a) be represented by an attorney or other representative, or to represent yourself;
b) present witnesses and written and/or oral evidence to explain why the action taken is wrong; and
c) cross examine witnesses of the Department of Health and/or the OMIG.

The OMIG reserves the right to conduct further reviews of your participation in the Medicaid Program, take action where appropriate, and recover monies owed through the initiation of a civil lawsuit or other legal mechanisms including but not limited to the recovery of state tax refunds pursuant to Section 206 of the Public Health Law and Section 171-f of the State Tax Law.

Should you have any questions, please contact [redacted]

Thank you for the cooperation and courtesy extended to our staff during this audit.

Sincerely,

[redacted]

Division of Medicaid Audit, Buffalo
Office of the Medicaid Inspector General

[redacted]
Enclosure

cc: [redacted]

CERTIFIED MAIL [redacted]
RETURN RECEIPT REQUESTED

NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL
REMITTANCE ADVICE

NAME AND ADDRESS OF AUDITEE	PROVIDER ID [redacted]
[redacted] Infusion Options, Inc. 5924 13th Avenue Brooklyn, NY 11219	AUDIT #09-4216
AMOUNT DUE: $411,840	AUDIT TYPE [X] PROVIDER [ ] RATE [ ] PART B [ ] OTHER:

CHECKLIST

1. To ensure proper credit, please enclose this form with your check.
2. Make checks payable to: *New York State Department of Health*
3. Record the Audit Number on your check.
4. Mail check to:

[redacted]
New York State Department of Health
Medicaid Financial Management, B.A.M.
GNARESP Corning Tower, Room 2739
File #09-4216
Albany, New York 12237-0048

Thank you for your cooperation.

EXHIBIT I

INFUSION OPTIONS, INC.
PHARMACY SERVICES AUDIT
AUDIT #09-4216
AUDIT PERIOD: 01/01/04 – 12/31/08

EXTRAPOLATION OF SAMPLE FINDINGS

Total Sample Overpayments	$ 16,001.47
Less Overpayments Not Projected*	(5,577.66)
Sample Overpayments for Extrapolation Purposes	$ 10,423.81
Services in Sample	200
Overpayments Per Sampled Service	$ 52.1191
Services in Universe	35,155
Meanpoint Estimate	$ 1,832,247
Add Overpayments Not Projected*	5,578
Adjusted Meanpoint Estimate	$ 1,837,825
Lower Confidence Limit	$ 406,262
Add Overpayments Not Projected*	5,578
Adjusted Lower Confidence Limit	$ 411,840

* The actual dollar disallowance for the **"Ordering Prescriber Conflicts with Claim Prescriber", "Missing Follow-Up Hard Copy Order for Medical Supplies and/or Enteral Nutrition", and "Imprint/Stamp of Printed Name of Prescriber Missing on Prescription"** findings was subtracted from the total sample overpayment and added to the Meanpoint Estimate and the Lower Confidence Limit. The dollars associated with these findings were not used in the extrapolation.

INFUSION OPTIONS INC

MMIS # / NPI #: [redacted]

Audit #: 09-4216

Pharmacy Billed in Excess of Prescribed Quantity

Sample #	Date of Service	Formulary Code	Amount Disallowed
38	12/22/05	A4221	$66.00
56	05/25/06	00409115212	$6.96
57	05/09/06	B4185	$579.04
58	07/21/06	64253011135	$87.30
59	07/31/06	55513004401	$2,892.68
66	10/11/06	00409115212	$2.15
67	10/12/06	00409115212	$4.32
70	11/21/06	00409115212	$4.32
76	01/10/07	00409115212	$5.25
84	04/04/07	00409115212	$11.60
88	07/06/07	00409115212	$7.80
89	07/03/07	64253011135	$12.79
98	09/18/07	00409191833	$8.08
107	01/11/08	A4221	$49.50
109	01/18/08	00409115212	$8.29
111	02/22/08	00409115212	$1.95
115	03/18/08	00409115212	$14.14
131	08/29/08	00409191835	$1.49
132	09/10/08	00409191835	$3.72
135	10/08/08	00409115212	$6.98
140	11/24/08	00409115212	$6.28
147	11/26/03	64253011135	$15.00

INFUSION OPTIONS INC

MMIS # / NPI #: [redacted]

Audit #: 09-4216

Pharmacy Billed in Excess of Prescribed Quantity

Sample #	Date of Service	Formulary Code	Amount Disallowed
155	12/19/03	64253011135	$210.05
157	11/10/03	63323028002	$15.75
184	09/09/04	60574411101	$1,271.24
196	10/11/04	63323050601	$19.97
Total Services:	26		$5,312.65

INFUSION OPTIONS INC

MMIS # / NPI #: [redacted]

Audit #: 09-4216

Ordering Prescriber Conflicts with Claim Prescriber

Sample #	Date of Service	Formulary Code	Amount Disallowed
5	03/10/05	63323028420	$34.39
73	12/14/06	64253011135	$79.88
77	01/12/07	63323016505	$2.25
85	05/07/07	00409653301	$105.14
87	06/21/07	00338004902	$20.02
97	08/28/07	00781321046	$114.90
100	11/02/07	00409191835	$16.64
101	11/02/07	60574411301	$1,570.72
102	11/09/07	60574411301	$1,570.72
106	11/30/07	00409781124	$16.50
108	01/17/08	00409191835	$136.80
110	11/22/07	B4185	$71.70
113	02/21/08	00409115212	$12.30
122	06/27/08	00409191835	$43.60
143	12/03/08	44206041603	$764.79
144	12/01/08	00409433201	$39.81
149	09/09/03	00074744716	$6.25
150	12/30/03	B4082	$10.06
152	06/13/03	A6402	$0.04
161	12/20/03	64253011135	$100.02
163	04/19/02	00338001718	$5.85
176	07/09/04	00002896725	$196.70

INFUSION OPTIONS INC

MMIS # / NPI #: [redacted]

Audit #: 09-4216

Ordering Prescriber Conflicts with Claim Prescriber

Sample #	Date of Service	Formulary Code	Amount Disallowed
179	07/27/04	64253011135	$19.60
185	11/15/02	49502069703	$48.00
198	01/14/05	00703940204	$126.81
Total Services:	25		$5,113.49

INFUSION OPTIONS INC

MMIS # / NPI #: [redacted]

Audit #: 09-4216

Prescription/Fiscal Order Refilled in Excess of Prescriber's Authorization and/or Refilled in Violation of Medicaid Regulations

Sample #	Date of Service	Formulary Code	Amount Disallowed
11	05/25/05	B4189	$1,178.92
55	05/12/06	64253011135	$12.64
104	11/21/07	00409191835	$16.64
142	11/29/08	44206041706	$3,556.18
Total Services:	4		$4,764.38

INFUSION OPTIONS INC

MMIS # / NPI #: [redacted]

Audit #: 09-4216

Missing Follow-Up Hard Copy Order for Medical Supplies and/or Enteral Nutrition

Sample #	Date of Service	Formulary Code	Amount Disallowed
20	01/22/04	A4221	$39.00
28	09/28/05	A4927	$3.55
29	10/24/05	A4927	$3.55
49	03/29/06	A4221	$99.00
71	12/06/06	A4927	$3.55
72	12/08/06	A4221	$99.00
78	01/26/07	A4221	$49.00
118	04/29/08	A4927	$4.55
137	11/06/08	A4221	$99.00
164	02/04/04	A6258	$1.30
168	03/09/04	A4245	$1.43
188	11/02/04	A4221	$40.00
Total Services:	12		$442.93

INFUSION OPTIONS INC

MMIS # / NPI #: [redacted]

Audit #: 09-4216

Pharmacy Billed for Different Drug Than Ordered

Sample #	Date of Service	Formulary Code	Amount Disallowed
64	09/08/06	00338004918	$22.50
116	04/02/08	00338004902	$12.32
133	09/11/08	00338004918	$20.70
154	12/01/03	00074798502	$23.63
167	03/09/04	64253033335	$98.52
Total Services:	5		$177.67

INFUSION OPTIONS INC

MMIS # / NPI #: [redacted]

Audit #: 09-4216

Procedure Code Billed Conflicts with Item Ordered

Sample #	Date of Service	Formulary Code	Amount Disallowed
81	03/09/07	B4197	$121.87
172	04/27/04	A4245	$1.43
181	08/17/04	A4450	$1.40
Total Services:	3		$124.70

INFUSION OPTIONS INC

MMIS # / NPI #: [redacted]

Audit #: 09-4216

Pharmacy Billed for Different Strength than Ordered

Sample #	Date of Service	Formulary Code	Amount Disallowed
190	11/19/04	00338050348	$33.76
Total Services:	1		$33.76

INFUSION OPTIONS INC

MMIS # / NPI #: [redacted]

Audit #: 09-4216

Imprint/ Stamp of Printed Name of Prescriber Missing on Prescription

Sample #	Date of Service	Formulary Code	Amount Disallowed
47	03/02/06	00338004902	$5.74
50	03/30/06	00338001711	$6.00
60	09/02/06	00338001702	$9.50
Total Services:	3		$21.24

INFUSION OPTIONS INC

MMIS # / NPI #: [redacted]

Audit #: 09-4216

Missing Information from Prescription/Fiscal Order

Sample #	Date of Service	Formulary Code	Amount Disallowed
117	04/18/08	A4927	$3.55
128	08/18/08	A4927	$3.55
141	11/26/08	A4927	$3.55
Total Services:	3		$10.65

INFUSION OPTIONS INC

MMIS #: [redacted]
Audit #: 09-4216

Additional Findings Pertaining to Sampled Items

Sample #	Date of Service	Primary Finding	Other Findings Pertaining to Sampled Items
11	05/25/2005	Prescription/Fiscal Order Refilled in Excess of Prescriber's Authorization and/or Refilled in Violation of Medicaid Regulations	Pharmacy Billed in Excess of Prescribed Quantity Missing Follow-Up Hard Copy Order for Medical Supplies and/or Enteral Nutrition
38	12/22/2005	Pharmacy Billed in Excess of Prescribed Quantity	Ordering Prescriber Conflicts with Claim Prescriber
57	5/9/2006	Pharmacy Billed in Excess of Prescribed Quantity	Missing Follow-Up Hard Copy Order for Medical Supplies and/or Enteral Nutrition Ordering Prescriber Conflicts with Claim Prescriber
59	7/31/2006	Pharmacy Billed in Excess of Prescribed Quantity	Imprint/ Stamp of Printed Name of Prescriber Missing on Prescription
81	3/9/2007	Procedure Code Billed Conflicts with Item Ordered	Imprint/ Stamp of Printed Name of Prescriber Missing on Prescription
107	1/11/2008	Pharmacy Billed in Excess of Prescribed Quantity	Missing Follow-Up Hard Copy Order for Medical Supplies and/or Enteral Nutrition Ordering Prescriber Conflicts with Claim Prescriber
115	3/18/2008	Pharmacy Billed in Excess of Prescribed Quantity	Ordering Prescriber Conflicts with Claim Prescriber
118	4/29/2008	Missing Follow-Up Hard Copy Order for Medical Supplies and/or Enteral Nutrition	Ordering Prescriber Conflicts with Claim Prescriber
132	9/10/2008	Pharmacy Billed in Excess of Prescribed Quantity	Ordering Prescriber Conflicts with Claim Prescriber
135	10/8/2008	Pharmacy Billed in Excess of Prescribed Quantity	Imprint/ Stamp of Printed Name of Prescriber Missing on Prescription

INFUSION OPTIONS INC
MMIS #: [redacted]
Audit #: 09-4216

Additional Findings Pertaining to Sampled Items

Sample #	Date of Service	Primary Finding	Other Findings Pertaining to Sampled Items
141	11/26/2008	Missing Information from Prescription/Fiscal Order	Ordering Prescriber Conflicts with Claim Prescriber
142	11/29/2008	Prescription/Fiscal Order Refilled in Excess of Prescriber's Authorization and/or Refilled in Violation of Medicaid Regulations	Ordering Prescriber Conflicts with Claim Prescriber
155	12/19/2003	Pharmacy Billed in Excess of Prescribed Quantity	Ordering Prescriber Conflicts with Claim Prescriber
157	11/10/2003	Pharmacy Billed in Excess of Prescribed Quantity	Ordering Prescriber Conflicts with Claim Prescriber
168	3/9/2004	Missing Follow-Up Hard Copy Order for Medical Supplies and/or Enteral Nutrition	Ordering Prescriber Conflicts with Claim Prescriber
172	4/27/2004	Procedure Code Billed Conflicts with Item Ordered	Missing Follow-Up Hard Copy Order for Medical Supplies and/or Enteral Nutrition
181	8/17/2004	Procedure Code Billed Conflicts with Item Ordered	Missing Follow-Up Hard Copy Order for Medical Supplies and/or Enteral Nutrition
196	10/11/2004	Pharmacy Billed in Excess of Prescribed Quantity	Ordering Prescriber Conflicts with Claim Prescriber