



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

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Medicaid Inspector General

October 16, 2015

[REDACTED]  
Premier Kids Care, Inc.  
221 Plaza Drive  
Monroe, Georgia 30655

Re: Final Audit Report  
Audit #: 08-2903  
Provider ID #: [REDACTED]  
NPI #: [REDACTED]

Dear [REDACTED]

This letter will serve as our final audit report of the recently completed review of payments made to Premier Kids Care, 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 Premier Kids Care, Inc. for pharmacy services paid by Medicaid from January 1, 2004, through December 31, 2007, was recently completed. During the audit period, \$28,772,257.54 was paid for 8,353 services rendered. This review consisted of a random sample of 200 services with Medicaid payments of \$632,070.47. 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.

Premier Kids Care, 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 \$178,468.73.

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 \$5,458,297. The adjusted lower confidence limit of the amount overpaid is \$3,575,539. 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 \$3,575,539.

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 draft audit report dated December 30, 2014. The attached Bridge Schedule indicates any changes to the findings as a result of your response.

### **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 24 instances pertaining to 23 patients, the pharmacy billed for a quantity that exceeded the prescribed quantity. This resulted in a sample overpayment of \$48,420.09 (Exhibit II).

## **2. Imprint/Stamp of Printed Name of Prescriber Missing on Prescription**

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)*

In 6 instances pertaining to 6 patients, the imprint/stamp of the printed name of the prescriber was missing on the prescription. This resulted in a sample overpayment of \$33,307.82 (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. **Non-Controlled Prescription/Fiscal Order Filled More Than 60 Days After It Has Been Initiated by the Prescriber or Controlled Prescription Filled More Than 30 Days After the Date Such Prescription Was Signed by the Authorized Practitioner**

Regulations state that: "Except as provided in sections 80.67 and 80.73 of the Part, a licensed, registered pharmacist, or a pharmacy intern acting in conformity with the provisions of section 6808 of the Education Law and regulations thereunder, in a registered pharmacy may, in good faith and in the course of his professional practice, dispense to an ultimate user, controlled substances in schedule III, IV or V provided they are dispensed pursuant to an official New York State prescription presented within 30 days of the date such prescription was signed by an authorized practitioner." *10 NYCRR Section 80.74(a)*

Regulations state that: "A licensed, registered pharmacist, or a pharmacy intern acting in conformity with the provisions of section 6806 of the Education Law and regulations thereunder in a registered pharmacy, may, in good faith and in the course of his/her professional practice, sell and dispense to an ultimate user schedule II controlled substances or those schedule III or schedule IV controlled substances listed in section 80.67(a) of the Part, provided they are dispensed pursuant to an official New York State prescription, delivered within 30 days of the date such prescription was signed by the authorized practitioner or an oral prescription where permitted." *10 NYCRR Section 80.73(a)*

Medicaid policy states: "A pharmacist may not fill an original prescription more than sixty (60) days after it has been initiated by the prescriber." Also, "a pharmacist may not fill an original fiscal order for a non-prescription drug more than sixty (60) days after it has been initiated by the prescriber." Furthermore, a provider may not fill an original fiscal order for medical/surgical supplies more than sixty (60) days after it has been initiated by the prescriber.

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

Medicaid policy states: "A pharmacist may not fill an original prescription or fiscal order more than 14 days after it has been initiated by the prescriber." However, an October 21, 1998 Department of Health letter to pharmacy providers states that the MMIS Manual will be updated to read that a pharmacist may not fill an original prescription or fiscal order more than 60 days after it has been initiated by the provider.

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

In 6 instances pertaining to 6 patients, a non-controlled prescription or fiscal order was filled more than 60 days after it was initiated by the prescriber (Sample #'s 50, 67, 75, 126, 144, 172). This resulted in a sample overpayment of \$23,887.94 (Exhibit IV).

4. **Prescriber's Signature Missing on Prescription/Fiscal Order**

State law requires: "Every prescription written in this state by a person authorized to issue such prescription shall be on prescription forms containing one line for the prescriber's signature. The prescriber's signature shall validate the prescription."

*Education Law Article 137 Section 6810.6(a)*

State Law established: "...The imprinted or stamped name shall not be employed as a substitute for, or fulfill any legal requirement otherwise mandating that the prescription be signed by the prescriber."

*Education Law Article 137 Section 6810.8*

State Law establishes: " It shall be a class A misdemeanor for...Any person to forge, counterfeit, simulate, or falsely represent, or without proper authority using any mark, stamp,

tag, label, or other identification device authorized or required by rules and regulations promulgated under the provisions of this article..."

*Education Law Article 137 Section 6811.15*

The Rules of the Board of Regents state that unprofessional conduct in the practice of pharmacy includes "dispensing a written prescription which does not bear . . . the name, address, telephone number, profession and signature of the prescriber; . . ."

*8 NYCRR Section 29.7(a)(1)*

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 state: "Written order or fiscal order . . . refer[s] 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: "All prescriptions and fiscal orders must bear . . . [the] signature of the prescriber who has written or initiated the prescription or fiscal order."

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

Medicaid policy state that "pharmacies must keep on file the signed prescription or fiscal order of the prescribing physician, dentist, podiatrist, physician's assistant, or nurse practitioner for any drugs (including over-the-counter drugs) and supplies for which Medicaid payment is claimed."

*MMIS Provider Manual for Pharmacy Version 2004-1, Section 2.2.6*

In 4 instances pertaining to 4 patients, the prescriber's signature was missing on the prescription/fiscal order. This resulted in a sample overpayment of \$22,585.31 (Exhibit V).

## **5. 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 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 2 instances pertaining to 2 patients, the prescription or fiscal order did not contain all of the required information. In both instances, the quantity was missing (Sample #'s 42 and 116). This resulted in a sample overpayment of \$17,539.06 (Exhibit VI).

## 6. 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 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*

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*

In 7 instances pertaining to 7 patients, the ordering prescriber conflicts with the claim prescriber. This resulted in a sample overpayment of \$15,642.24 (Exhibit VII). 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.

## **7. Invalid Prescription/Fiscal Order**

Regulations state: "...In addition to the requirements of section sixty-eight hundred ten of the education law or article thirty-three of this chapter, all prescriptions written in this state by a person authorized by this state to issue such prescriptions shall be on serialized official New York state prescription forms provided by the department..."

*NYS Public Health Law Article 1 Title 2 Section 21*

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: "Drugs may be obtained only upon the written order of a practitioner, except for telephone and electronic orders for drugs filled in compliance with this section and 10 NYCRR Part 910..."

*18 NYCRR Section 505.3(b)(1)*

Regulations state: "A telephone order must be recorded by the pharmacy in the format required by subdivision (4) of section 6810 of the Education Law, recording the time of the call and the initials of the person taking the call and the dispenser, prior to dispensing the drug..."

*18 NYCRR Section 505.3(b)(5)*

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: "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. All written orders and fiscal orders shall comply with the provisions of Section 21 of the Public Health Law and regulations promulgated thereunder or contained in this section including but not limited to requirements for prescribing brand necessary drugs."

*18 NYCRR Section 505.3(a)(6)*

In 7 instances pertaining to 7 patients, the prescription/fiscal order was invalid. In 1 instance, the prescription/fiscal order was postdated (Sample # 108); in 5 instances, the

prescription/fiscal order was a verbal order taken by unqualified personnel (Sample #'s 5, 62, 85, 105 and 189), and, in 1 instance, the prescription was not on an Official NYS prescription blank (Sample # 134). This resulted in a sample overpayment of \$13,531.59 (Exhibit VIII).

**8. 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*

In 1 instance, the claim exceeded the authorized and/or allowed number of refills. This resulted in a sample overpayment of \$3,429.17 (Exhibit IX).

**9. 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 five-character code from the Procedure Code and Fee Schedule Section.  
*NYS Medicaid Program Pharmacy Manual Billing Guidelines Version 2005-1, Section II*

In 14 instances pertaining to 13 patients, the procedure code billed conflicts with the item ordered. This resulted in a sample overpayment of \$122.90 (Exhibit X).

#### 10. **Missing Fiscal Order**

Regulations state: "Drugs may be obtained only upon the written order of a practitioner, except for telephone and electronic orders for drugs filled in compliance with this section and 10 NYCRR Part 910."  
*18 NYCRR Section 505.3(b)(1)*

Regulations also state: "...A pharmacy must keep on file the signed written order of the practitioner for audit by the department, or other authorized agency, for six years from the date of payment for any drug dispensed...."  
*18 NYCRR Section 505.3(c)*

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 state: "All . . . medical/surgical supplies, . . . may be furnished only upon a written order of a practitioner."  
*18 NYCRR Section 505.5(b)(1)*

Regulations state: "All providers, who are not paid at rates or fees approved by the State Director of the Division of the Budget based upon their allowable costs of operation but who are paid in accordance with the rates, fees and schedules established by the department, must prepare and maintain contemporaneous records demonstrating their right to receive payment under the medical assistance program. All records necessary to disclose the nature and extent of services furnished and the medical necessity therefore, including any prescription or fiscal order for the service or supply, 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."  
*18 NYCRR Section 517.3(b)(1)*

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. All written orders and fiscal orders shall comply with the provisions of Section 21 of

the Public Health Law and regulations promulgated thereunder or contained in this section including but not limited to requirements for prescribing brand necessary drugs.”

*18 NYCRR Section 505.3(a)(6)*

Medicaid policy states: “Non-prescription drugs, also known as over-the-counter (OTC) drugs, can only be obtained by presenting a signed written order (fiscal order) from a qualified prescriber . . . 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*

In 1 instance, an original fiscal order was missing. This resulted in a sample overpayment of \$2.61 (Exhibit XI).

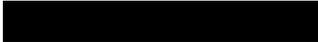
Total sample overpayments for this audit amounted to \$178,468.73.

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

## PROVIDER RIGHTS

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 \$3,575,539, 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  
 GNARESP Corning Tower, Room 2739  
 File #08-2903  
 Albany, New York 12237

**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 point estimate of \$5,458,297. 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, NY 12204

Questions regarding the request for a hearing should be directed to Office of Counsel, at 

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, Hauppauge  
Office of the Medicaid Inspector General

[REDACTED]

[REDACTED]

CERTIFIED MAIL # [REDACTED]  
RETURN RECEIPT REQUESTED

cc: [REDACTED]

**NEW YORK STATE  
OFFICE OF THE MEDICAID INSPECTOR GENERAL  
REMITTANCE ADVICE**

**Premier Kids Care, Inc.  
221 Plaza Drive  
Monroe, Georgia 30655**

**PROVIDER ID #** [REDACTED]

**AUDIT # 08-2903**

**AUDIT**

**TYPE**

**PROVIDER**

**RATE**

**PART B**

**OTHER:**

**AMOUNT DUE: \$3,575,539**

**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 # 08-2903  
Albany, New York 12237-0048

Thank you for your cooperation.

EXHIBIT I

PREMIER KIDS CARE, INC.  
 PHARMACY SERVICES AUDIT  
 AUDIT # 08-2903  
 AUDIT PERIOD: 01/01/04 – 12/31/07

EXTRAPOLATION OF SAMPLE FINDINGS

Sample Overpayments	\$ 178,468.73
<b>Less Overpayments Not Projected*</b>	<u>(48,950.06)</u>
Sample Overpayments for Extrapolation Purposes	\$ 129,518.67
Services in Sample	200
Overpayments Per Sampled Service	\$ 647.5934
Services in Universe	8,353
Meanpoint Estimate	\$ 5,409,347
<b>Add Overpayments Not Projected*</b>	<u>48,950</u>
Adjusted Meanpoint Estimate	<u>\$ 5,458,297</u>
Lower Confidence Limit	\$ 3,526,589
<b>Add Overpayments Not Projected*</b>	<u>48,950</u>
Adjusted Lower Confidence Limit	<u>\$ 3,575,539</u>

\* The actual dollar disallowance for the following findings was subtracted from the sample overpayment and added to the Point Estimate and Lower Confidence Limit:

- Finding 2 - Imprint/Stamp of Printed Name of Prescriber Missing on Prescription
- Finding 6 - Ordering Prescriber Conflicts with Claim Prescriber

The dollar disallowance associated with these findings was not used in the extrapolation. However, this does not apply if an extrapolated finding was also identified for a sampled claim.

PREMIER KIDS CARE INC

MMIS Number: [REDACTED]  
Audit Number: 08-2903

Pharmacy Billed in Excess of Prescribed Quantity

Sample #	Date of Service	Formulary Code	Amount Disallowed
9	09/13/07	[REDACTED]	\$7,244.64
23	06/28/06	[REDACTED]	\$1,625.05
25	10/31/06	[REDACTED]	\$1,077.16
28	05/30/07	[REDACTED]	\$3.40
49	05/01/06	[REDACTED]	\$7,877.71
55	10/29/07	[REDACTED]	\$20.40
57	09/14/06	[REDACTED]	\$1,077.23
61	07/18/07	[REDACTED]	\$3.40
68	06/21/06	[REDACTED]	\$3,250.10
84	10/31/07	[REDACTED]	\$1,698.09
87	12/10/07	[REDACTED]	\$1,697.87
88	06/28/06	[REDACTED]	\$1,625.05
94	02/08/06	[REDACTED]	\$1,625.26
96	04/17/07	[REDACTED]	\$18.36
111	11/29/06	[REDACTED]	\$2,423.92
112	08/20/07	[REDACTED]	\$8.50
118	10/17/07	[REDACTED]	\$3.40
131	12/17/07	[REDACTED]	\$5,093.62
141	11/15/07	[REDACTED]	\$566.01
147	08/27/07	[REDACTED]	\$3.40
150	09/04/07	[REDACTED]	\$565.96
154	11/21/06	[REDACTED]	\$3,877.73
181	04/02/07	[REDACTED]	\$570.89

PREMIER KIDS CARE INC

MMIS Number: [REDACTED]

Audit Number: 08-2903

**Pharmacy Billed in Excess of Prescribed Quantity**

Sample #	Date of Service	Formulary Code	Amount Disallowed
197	11/21/06	[REDACTED]	\$6,462.94
	<b>Total Services:</b>	<b>24</b>	<b>\$48,420.09</b>

PREMIER KIDS CARE INC

MMIS Number: [REDACTED]

Audit Number: 08-2903

**Imprint/Stamp of Printed Name of Prescriber Missing on Prescription**

Sample #	Date of Service	Formulary Code	Amount Disallowed
22	10/12/06	[REDACTED]	\$6,361.75
43	12/27/06	[REDACTED]	\$10,344.10
97	07/26/06	[REDACTED]	\$3,235.39
139	04/23/07	[REDACTED]	\$7,425.11
143	05/15/07	[REDACTED]	\$13.60
175	01/29/07	[REDACTED]	\$5,927.87
<b>Total Services:</b>		<b>6</b>	<b>\$33,307.82</b>

PREMIER KIDS CARE INC

MMIS Number: [REDACTED]  
 Audit Number: 08-2903

**Non-Controlled Prescription/Fiscal Order Filled More Than 60 Days After It Has Been Initiated by the Prescriber or Controlled Prescription Filled More Than 30 Days After the Date Such Prescription Was Signed by the Authorized Practitioner**

Sample #	Date of Service	Formulary Code	Amount Disallowed
50	03/05/07	[REDACTED]	\$7,005.02
67	05/01/06	[REDACTED]	\$5,203.60
75	03/21/07	[REDACTED]	\$36.00
126	10/03/07	[REDACTED]	\$1,418.59
144	03/19/07	[REDACTED]	\$34.00
172	07/09/07	[REDACTED]	\$10,190.73
<b>Total Services:</b>		<b>6</b>	<b>\$23,887.94</b>

## PREMIER KIDS CARE INC

MMIS Number: [REDACTED]

Audit Number: 08-2903

**Prescriber's Signature Missing on Prescription/Fiscal Order**

Sample #	Date of Service	Formulary Code	Amount Disallowed
8	03/26/07	[REDACTED]	\$7,425.11
129	02/08/07	[REDACTED]	\$2,694.55
188	05/23/06	[REDACTED]	\$5,420.27
193	06/27/06	[REDACTED]	\$7,045.38
	<b>Total Services:</b>	<b>4</b>	<b>\$22,585.31</b>

PREMIER KIDS CARE INC

MMIS Number: [REDACTED]

Audit Number: 08-2903

**Missing Information from Prescription/Fiscal Order**

Sample #	Date of Service	Formulary Code	Amount Disallowed
42	06/21/06	[REDACTED]	\$14,303.78
116	02/22/07	[REDACTED]	\$3,235.28
	<b>Total Services:</b>	<b>2</b>	<b>\$17,539.06</b>

PREMIER KIDS CARE INC

MMIS Number: [REDACTED]

Audit Number: 08-2903

Ordering Prescriber Conflicts with Claim Prescriber

Sample #	Date of Service	Formulary Code	Amount Disallowed
10	05/03/07	[REDACTED]	\$17.00
34	07/12/06	[REDACTED]	\$2,528.43
44	11/06/07	[REDACTED]	\$5,097.76
119	08/28/07	[REDACTED]	\$2,833.29
152	09/25/07	[REDACTED]	\$5,097.76
159	08/14/07	[REDACTED]	\$34.00
169	08/06/07	[REDACTED]	\$34.00
<b>Total Services:</b>		<b>7</b>	<b>\$15,642.24</b>

## PREMIER KIDS CARE INC

MMIS Number: [REDACTED]

Audit Number: 08-2903

## Invalid Prescription/Fiscal Order

Sample #	Date of Service	Formulary Code	Amount Disallowed
5	10/16/06	[REDACTED]	\$4,851.33
62	04/10/06	[REDACTED]	\$2,441.39
85	05/16/06	[REDACTED]	\$1,292.34
105	12/27/06	[REDACTED]	\$4,851.33
108	12/11/07	[REDACTED]	\$27.20
134	10/26/06	[REDACTED]	\$34.00
189	12/19/06	[REDACTED]	\$34.00
	<b>Total Services:</b>	<b>7</b>	<b>\$13,531.59</b>

PREMIER KIDS CARE INC

MMIS Number: [REDACTED]

Audit Number: 08-2903

**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
160	06/27/07	[REDACTED]	\$3,429.17
	<b>Total Services:</b>	<b>1</b>	<b>\$3,429.17</b>

## PREMIER KIDS CARE INC

MMIS Number: [REDACTED]

Audit Number: 08-2903

## Procedure Code Billed Conflicts with Item Ordered

Sample #	Date of Service	Formulary Code	Amount Disallowed
3	08/15/07	[REDACTED]	\$1.26
12	03/26/07	[REDACTED]	\$7.80
26	02/12/07	[REDACTED]	\$25.35
27	10/25/06	[REDACTED]	\$1.26
37	08/14/07	[REDACTED]	\$7.80
40	06/18/07	[REDACTED]	\$1.26
56	11/20/06	[REDACTED]	\$24.02
59	11/20/07	[REDACTED]	\$1.26
124	08/14/07	[REDACTED]	\$13.00
164	11/08/06	[REDACTED]	\$23.37
173	07/24/07	[REDACTED]	\$2.52
185	01/15/07	[REDACTED]	\$10.40
190	11/22/06	[REDACTED]	\$1.08
198	12/26/07	[REDACTED]	\$2.52
	<b>Total Services:</b>	<b>14</b>	<b>\$122.90</b>

PREMIER KIDS CARE INC

MMIS Number: [REDACTED]

Audit Number: 08-2903

**Missing Fiscal Order**

Sample #	Date of Service	Formulary Code	Amount Disallowed
2	10/26/06	[REDACTED]	\$2.61
	<b>Total Services:</b>	<b>1</b>	<b>\$2.61</b>

PREMIER KIDS CARE INC

MMIS Number: [REDACTED]

Audit Number: 08-2903

**Additional Findings Pertaining to Sampled Items**

Sample #	Date of Service	Primary Finding	Other Findings Pertaining to Sampled Items
26	2/12/2007	Procedure Code Billed Conflicts with Item Ordered	Ordering Prescriber Conflicts with Claim Prescriber
27	10/25/2006	Procedure Code Billed Conflicts with Item Ordered	Pharmacy Billed in Excess of Prescribed Quantity
50	3/5/2007	Non-Controlled Prescription/Fiscal Order Filled More Than 60 Days After It Has Been Initiated by the Prescriber or Controlled Prescription Filled More Than 30 Days After the Date Such Prescription Was Signed by the Authorized Practitioner	Ordering Prescriber Conflicts with Claim Prescriber  Imprint/Stamp of Printed Name of Prescriber Missing on Prescription
55	10/29/2007	Pharmacy Billed in Excess of Prescribed Quantity	Ordering Prescriber Conflicts with Claim Prescriber
56	11/20/2006	Procedure Code Billed Conflicts with Item Ordered	Pharmacy Billed in Excess of Prescribed Quantity
57	9/14/2006	Pharmacy Billed in Excess of Prescribed Quantity	Imprint/ Stamp of Printed Name of Prescriber Missing on Prescription
67	5/1/2006	Non-Controlled Prescription/Fiscal Order Filled More Than 60 Days After It Has Been Initiated by the Prescriber or Controlled Prescription Filled More Than 30 Days After the Date Such Prescription Was Signed by the Authorized Practitioner	Prescriber's Signature Missing on Prescription/Fiscal Order
75	3/21/2007	Non-Controlled Prescription/Fiscal Order Filled More Than 60 Days After It Has Been Initiated by the Prescriber or Controlled Prescription Filled More Than 30 Days After the Date Such Prescription Was Signed by the Authorized Practitioner	Ordering Prescriber Conflicts with Claim Prescriber
96	4/17/2007	Pharmacy Billed in Excess of Prescribed Quantity	Ordering Prescriber Conflicts with Claim Prescriber

PREMIER KIDS CARE INC

MMIS Number: [REDACTED]  
Audit Number: 08-2903

**Additional Findings Pertaining to Sampled Items**

Sample #	Date of Service	Primary Finding	Other Findings Pertaining to Sampled Items
164	11/8/2006	Procedure Code Billed Conflicts with Item Ordered	Ordering Prescriber Conflicts with Claim Prescriber
190	11/22/2006	Procedure Code Billed Conflicts with Item Ordered	Ordering Prescriber Conflicts with Claim Prescriber

## FINAL DISPOSITION FOR SAMPLED SELECTIONS CHANGED FROM DRAFT TO FINAL AUDIT REPORT

PREMIER KIDS CARE, INC.  
 PHARMACY SERVICES AUDIT  
 AUDIT # 08-2903  
 AUDIT PERIOD: 01/01/04 - 12/31/07

## BRIDGE SCHEDULE

SAMPLE #	FINDING	DRAFT REPORT AMOUNT DISALLOWED	FINAL REPORT AMOUNT DISALLOWED	CHANGE
88	Prescriber's Signature Missing on Prescription/Fiscal Order	\$ 2,275.54	\$ -	\$ (2,275.54)
88	Pharmacy Billed in Excess of Prescribed Quantity	\$ -	\$ 1,625.05	\$ 1,625.05
110	Prescription/Fiscal Order Refilled in Excess of Prescriber's Authorization and/or Refilled in Violation of Medicaid Regulations	\$ 1,901.32	\$ -	\$ (1,901.32)
169	Prescription/Fiscal Order Refilled in Excess of Prescriber's Authorization and/or Refilled in Violation of Medicaid Regulations	\$ 34.00	\$ -	\$ (34.00)
169	Ordering Prescriber Conflicts with Claim Prescriber	\$ -	\$ 34.00	\$ 34.00
170	Pharmacy Billed in Excess of Prescribed Quantity	\$ 3.40	\$ -	\$ (3.40)
183	Pharmacy Billed in Excess of Prescribed Quantity	\$ 3.40	\$ -	\$ (3.40)
<b>TOTALS</b>		<u>\$ 4,217.66</u>	<u>\$ 1,659.05</u>	<u>\$ (2,558.61)</u>

Note: The adjustments shown above only reflect those that were revised as a result of the provider's response. All other financial adjustments remain the same as shown in the Draft Audit Report.