

SERENITY CARE PACE

Fraud, Waste, and Abuse Prevention Policy and Procedure

PURPOSE

To ensure that Serenity Care PACE has a policy and procedure in place to prevent fraud, waste, and abuse.

DEFINITIONS

Fraud: The intentional deception or misrepresentation that an individual knows, or should know, to be false, or does not believe to be true, and makes, knowing that deception could result in some unauthorized benefit to themselves or some other persons.

Waste: Acting with gross negligence or reckless disregard for the truth in a manner that results in overutilization of services or unnecessary costs.

Abuse: Those incidents that are inconsistent with sound fiscal, business, or medical practices.

POLICY

Serenity Care PACE embraces a culture and enforces policies and procedures that prevent fraud, waste, and abuse.

False Claim Act

It is in violation of the False Claims Act to knowingly present, or cause to be presented to the federal government a false or fraudulent claim. In addition, the False Claims Act prohibits knowingly making or using a false record or statement to get a false or fraudulent claim paid or approved.

OIG Exclusion List is reviewed monthly for all Providers that prescribe medications.

Fraud, Waste, and Abuse training is provided to all staff, including providers that prescribe medications.

How to Report Fraud, Waste, and Abuse – Confidential Hotline (413) 301-9314

PART D Fraud Waste and Abuse Program

Medicare Part D

Medicare offers prescription drug coverage to everyone with Medicare. To get Medicare prescription drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare. Each plan can vary in cost and drugs covered.

Serenity Care PACE uses only approved on-site primary care providers (PCP) to write prescriptions for Serenity Care PACE participants; no community-based PCPs are used. The only exception is “out of network claims or prescriptions” which are reviewed by the Serenity Care PACE’s PCPs and only filled when PCP approval is obtained.

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PROCEDURE

- I. All prescriptions are reordered in the Electronic Medical Record (EMR).
- II. Participant medication profile is updated in the EMR.
- III. If the medication is prescribed by an outside specialist, it is reviewed by Serenity Care PACE. If approved, a Serenity Care PACE prescriber will then prescribe the medication through the EMR.
- IV. If a participant attempts to fill a prescription from an outside prescriber, Serenity Care PACE will be notified for prior authorization by the Pharmacy Benefit Manager (PBM).
- V. Serenity Care PACE prescriptions are electronically submitted to the contracted pharmacy, Reliant Care Solutions.
- VI. Prescriptions for scheduled drugs are verified with MassPAT and are printed and faxed to Reliant Care Solutions.
- VII. Serenity Care PACE prescriber may send prescriptions to local pharmacies as needed.
- VIII. Prescriptions are reviewed for accuracy by the Serenity Care PACE Medication Nurse and Reliant Care Solutions before being filled.
- IX. All prescriptions are filled and delivered by common carrier to Serenity Care PACE or to the participants' homes.
- X. All medications delivered to Serenity Care PACE are verified by Serenity Care PACE upon receipt.
- XI. Participants sign an acknowledgment of receipt when accepting medication delivery from Serenity Care PACE.
- XII. Reliant Care Solutions tracks delivery of medications to participants' homes and is able to produce reports upon request.
- XIII. Medications set to be delivered to participants' homes are sent by common carrier by Reliant Care Solutions two days prior to submitting claims to the PBM to allow for verification of delivery unless extenuating circumstances require an extension for claim submission.
- XIV. Each prescription is part of the participant's EMR.
- XV. The interdisciplinary team reviews participant medications on an on-going basis with input from Reliant Care Solutions (e.g. new therapy, re-fill request response).
- XVI. Serenity Care PACE monitors participant medications during routine nursing visits and/or PCP visits.
- XVII. Medications are reconciled after every institutional discharge and as needed.
- XVIII. A sample of prescription to PDE submissions are reviewed for accuracy, on a regular basis.