



Claim Audit and Risk Evaluator

HELP MITIGATE THIRD-PARTY AUDITS AND RELATED COSTS AND IMPROVE PHARMACY EFFICIENCY

In today's competitive marketplace, retail pharmacies are continually seeking ways to minimize the costly impact of potential third-party audits. As third parties have a responsibility to help manage program costs for health plans and prevent exposure to fraud, waste and abuse, there are a number of common audit triggers that are constantly monitored by these organizations. These include triggers such as quantity dispensed vs. days supply or plan limitations, invalid or expired license numbers, and excessive claim reversals – just to name a few. In addition to the statistical types of triggers, your pharmacy may also be the target of an audit just based on random selection or due to a referral from a plan sponsor or plan member.

Audits are not only costly financially, with the average audit loss in the thousands of dollars per year, but they are also costly in terms of time and resources. The average pharmacy might be a target for an audit a handful of times a year and will spend several hours preparing for each one – a significant cost for something that does not help your business grow.

THE SOLUTION

Our RelayRx™ Claim Audit and Risk Evaluator program (RelayRx™ CARE) offers several services that can help protect your pharmacy from audit-triggering claims transactions at the point-of-dispense – helping to proactively mitigate audit risk and to save your pharmacy valuable time and money.

PROGRAM FEATURES

- In-workflow solutions for immediate action at the point-of-dispense
- Seamlessly works with all pharmacy systems
- Messaging to pharmacy staff to correct or validate potential audit triggers before claim is paid

PROGRAM BENEFITS

- Helps proactively mitigate exposure to costly third-party audits
- Helps improve pharmacy efficiency
- Helps protect pharmacy margins and control costs

REDUCE REIMBURSEMENT CHARGEBACKS AND IMPROVE PATIENT COPAY ACCURACY

Pharmacies typically have difficulty identifying prescriptions where the quantity/days supply exceeds plan limits. If an initial claim is rejected due to plan limitations and the pharmacy resubmits the claim on the same day with the same quantity but a lower days supply to attempt claim approval, this transaction and others like it may trigger an audit.

RelayRx CARE helps to address this problem by identifying potential triggers up-front. With the first claim submission, RelayHealth saves the initial daily dose. When a third party rejects a claim due to plan limitations or quantity exceeded, subsequent claims on the same day are rejected by RelayHealth if the saved dose does not equal the resubmitted dose. The pharmacist is messaged to verify the submission and can then resubmit with the correct daily dose/quantity, helping to reduce the risk for an audit trigger. Once corrected by the pharmacist the third party then returns the appropriate copay to the pharmacy.

SAFEGUARD AGAINST LARGE FINES AND PROTECT MEDICARE/MEDICAID CLAIMS PROCESSING PRIVILEGES

If a pharmacy adjudicates a claim from an excluded or sanctioned provider, it may lose its ability to process Medicare and Medicaid claims and may be subject to substantial fines.



Pharmacies may face fines of

\$10,000

plus 3X the claimed amount per instance if a claim from an excluded provider is paid by a federal program¹

RelayRx CARE provides real-time prescriber validation to help pharmacies avoid adjudicating federal prescription plan claims for prescriptions written by excluded providers. If a claim is submitted to a known federally-funded health care program and the provider is on the list of excluded/

sanctioned providers, RelayHealth will reject the claim prior to submission to any payer and will notify the pharmacist. Detailed reporting that includes the excluded providers encountered, exclusion reason and date, pharmacist action and the response by the payer is provided for additional support in the event of an audit.

IMPROVE COMPLIANCE TO FEDERAL DISPENSING REGULATIONS AND LIMIT EXPOSURE TO FINANCIAL PENALTIES

Prior to dispensing controlled medications, pharmacies are tasked with determining whether a prescriber of controlled substances can lawfully prescribe that substance per the U.S. Drug Enforcement Administration (DEA).

RelayRx CARE helps pharmacies fulfill prescription validation requirements with real-time prescriber validation during the adjudication process. When a claim is submitted, RelayHealth will interrogate the drug on the submitted claim to determine if the drug is a controlled substance and if so, will then interrogate the submitted prescriber identifier based on National Provider Identifier (NPI) or DEA number.

If RelayHealth determines the prescriber does not have the authority to prescribe the controlled substance or the DEA number is expired, the pharmacist will be messaged and can elect to either reject the transaction prior to submission to the payer or have RelayHealth capture the transaction for subsequent reporting.

HELP MITIGATE AUDITS BY:

- Flagging excessive quantities dispensed
- Identifying excluded (or sanctioned) providers
- Ensuring prescriber authority for controlled substances

1. 2013 OIG Special Advisory Bulletin: Effect of Exclusion from Participation in Federal Health Care Programs

To learn more, contact a [RelayHealth Solutions Advisor](mailto:pharmacy.connections@relayhealth.com) at 800.868.1309 or pharmacy.connections@relayhealth.com
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