

Conduent Payment Integrity Solutions
101 Woodcrest Road
Mail Stop 101
Cherry Hill, NJ 08003

Humana

4/15/2019

CHIEF PHARMACIST
JOHNSON FAMILY PHARMACY 4102979400
119 W BEL AIR AVE
ABERDEEN, MD 21001

RE: JOHNSON FAMILY PHARMACY 4102979400 NABP#: 2131910 NPI: 1891773222

Dear Pharmacy Provider,

A Conduent Payment Integrity Solutions representative visited your pharmacy on **2/15/2019** to conduct a onsite audit on behalf of **Humana**. Enclosed, you will find the preliminary audit results of our review.

This Preliminary Pharmacy Audit Report lists prescriptions where a discrepancy was found. Audit finding codes along with descriptions are located in the **Audit D1, D2**, etc, and corresponding **Note** fields. Please refer to information submitted by your pharmacy to Conduent Audit & Compliance Solution when reviewing findings.

If you wish to respond with supplemental data, that may mitigate the preliminary Pharmacy Audit Report and offset any discrepancies, you must submit the data to Conduent Payment Integrity Solutions **postmarked no later than 5/22/2019**. Any supplemental data received after this date will not be considered.

Please refer to the attached **Humana Discrepancy List** for information pertaining to acceptable forms of mitigating documentation. Only documents listed under "Mitigating documentation accepted" will be considered. Please be sure that the Control Number listed on the bottom of this letter appears on all data and correspondence submitted.

Please mail a copy of this notice and all supplemental information to the above address.

Upon Conduent Payment Integrity Solutions review of submitted documentation, you will receive a Final Pharmacy Audit Report which will include any subsequent amendments to the Preliminary Pharmacy Audit Report.

Thank you for your prompt attention to this matter,

Conduent Payment Integrity Solutions
Auditing Department
800-742-7638 or 856-651-3500

CONTROL NUMBER: a2131910HUM20190215

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23-25) #962700: The pharmacy service type is considered an optional field, although we do have to enter to have the claim recognized. Although, we are an independent retail pharmacy, we do compounds during the course of our daily business, so we can also be recognized as such. Please refund \$5.00, \$5.00 and \$5.00.

26) #970142: The pharmacy service type is considered an optional field, although we do have to enter to have the claim recognized. Although, we are an independent retail pharmacy, we do compounds during the course of our daily business, so we can also be recognized as such. Please refund \$5.00.

I would also like to express my opinion on audit date for inspection.

This further hampered my ability to recoup any payments from other sources within the time limit.

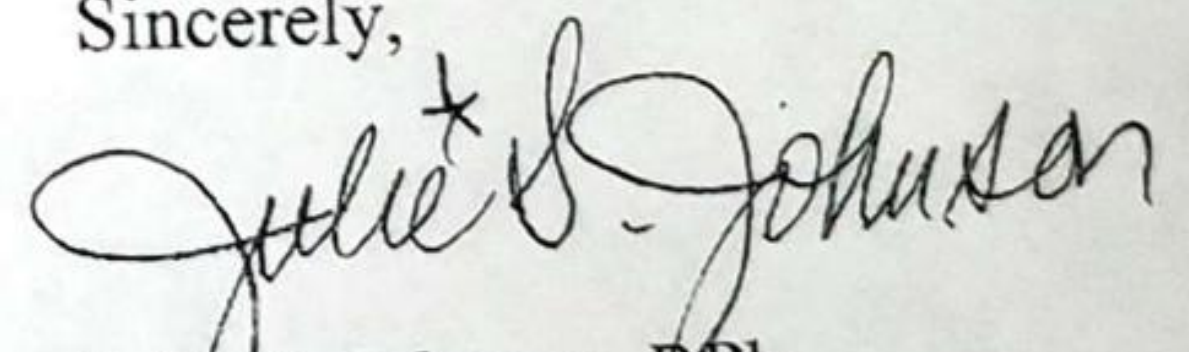
For instance, I was only able to request payment from Medicare for four (4) out of (10) prescription deficiencies, after I just learned that use of an insulin pump dictated a different payer.

Therefore, on the insulin prescriptions that were accepted initially by Humana, and those that exceed the 365-day limit, I would like to be reimbursed for their discrepancy fees entirely. That amount would be \$4922.72. The submissions were completely accepted and not blocked with notification that Humana was not the proper payer.

Another factor that I noted prior, and would like to have you consider also, is that, I should only be penalized for the initial submission of an origin code. You should not penalize on further refills as the original is already filed at that point and no longer able to be compared for origin code or correction. This penalty makes it look like Humana is only on a money-making mission and not educating pharmacy staff on important submission criteria of prescriptions. Education is what an audit should impart to pharmacies.

Thank you for your consideration on deleting the discrepancies I have noted. I hope you will look favorably upon my requests.

Sincerely,



Julie S. Johnson, RPh
Owner

Encl) multiple supporting documents

JOHNSON *Family* PHARMACY
119 W. Bel Air Avenue
Aberdeen, Maryland 21001
410-297-9400 (phone) / 410-297-9415 (fax)

May 22, 2019

Re: a2131910HUM20190215
Appeal to Audit Date: 2/15/2019

To Whom It May Concern:

In conjunction with the Humana Pharmacy Solutions corrected value form I am submitting my appeal to reconsider deficiencies noted.

- 1) #938784: The pharmacy service type is considered an optional field, although we do have to enter to have the claim recognized. Although, we are an independent retail pharmacy, we do compounds during the course of our daily business, so we can also be recognized as such. Please refund \$5.00.
- 2) #941748: The transfer from another pharmacy was faxed to us. We entered origin code as fax. Please refund \$5.00.
- 3) #946740: The pharmacy service type is considered an optional field, although we do have to enter to have the claim recognized. Although, we are an independent retail pharmacy, we do compounds during the course of our daily business, so we can also be recognized as such. Please refund \$5.00.
- 4&5) I don't feel that I should be penalized for refills that pertain to origin code. As a pharmacist, I only have one chance to see the prescription as sent from the Doctor and input the correct value. After that the origin code is not considered as part of the processing for submission. Please remove all refill penalties.
- 6&7) #953737: Splitting boxes of insulin is not recommended by the manufacturer at this time. The box is clearly labelled as FOR SINGLE PATIENT USE ONLY. The manufacturer does not provide individual patient guides to accompany single pens at this time. Please refund \$165.45 and \$173.80.
- 8-10) #955166: We received the prescription as electronic submission (e-rx), origin code was submitted correct. Please refund \$5.00 and \$5.00.
- 11-12) #956986: We cannot see that the incorrect NPI was used. Our records show the correct NPI is in place. You must show us that the NPI submitted is different to be able to penalize us \$5.00. Please refund \$5.00 and \$5.00.
- 13-15) #958265: I agree that the origin code was initially sent incorrectly. But I do not believe that we should be penalized on future refills. Please refund \$5.00 and \$5.00.
- 16,17) #959685: I am submitting the doctor's signature and date. The doctor's name was part of the original prescription at the top of the prescription. Please refund \$123.12 and \$123.12.
- 18) #959686: I am submitting the doctor's signature and date. The doctor's name was part of the original prescription at the top of the prescription. The notation on the prescription was for a 30-day supply, that is why we dispensed for 30 days. Patient had 2 individual eye surgeries at different dates, so she did need the refill. Please refund \$195.81, \$5.00, \$195.81 and \$5.00.
- 19, 20) #959687: I am submitting the doctor's signature and date. The doctor's name was part of the original prescription at the top of the prescription. Please refund \$133.03 and \$133.03.
- 21, 22) #961432: We cannot see that the incorrect NPI was used. Our records show the correct NPI is in place. You must show us that the NPI submitted is different to be able to penalize us \$5.00. Please refund \$5.00 and \$5.00.