

# PHARMACY PROVIDER TRAINING

## "AN OVERVIEW OF MEDICAID FRAUD DETECTION AND PREVENTION"

June 1, 2016 10 a.m. - 12:30 p.m.

N.J. Forensic Science Technology Center  
1200 Negron Drive, Hamilton, N.J. 08691

### **Program Description:**

New Jersey is one of many states investigating abuse and misuse of federal and state funds by pharmacy providers. Several state agencies -- the N.J. Division of Consumer Affairs, the Medicaid Fraud Division (MFD), the Division of Medical Assistance and Health Services (DMAHS) and the Medicaid Fraud Control Unit (MFCU) -- are working together with New Jersey's Managed Care Organizations (MCOs) to identify fraud, waste and abuse within the pharmacy industry.

### **Who Should Attend:**

This event is designed for pharmacy personnel (pharmacists, technicians, owners, loss prevention and others).

### **Attend This Program to Learn:**

- \* Why inspections and investigations are taking place
- \* How the MCOs and N.J. Medicaid agencies work together in detection
- \* Which preventative measures pharmacies should proactively implement
- \* How billing errors, improper billing practices and incomplete documentation can potentially impact your bottom line

### **Goals of This Presentation--to Help Pharmacists Better Understand:**

- \* The Medicaid regulatory framework
- \* Medicaid documentation requirements
- \* The N.J. Prescription Monitoring Program
- \* Third Party Liability (TPL) requirements
- \* Fraud, waste and abuse obligations (reporting and prevention)
- \* The consequences of non-compliance

### **Speakers:**

Representatives from Aetna, AmeriGroup, Horizon NJ Health, United Healthcare, Wellcare and the state agencies listed above

Registration is limited to 180 attendees.

- *All attendees shall be prepared to produce government issued identification to building security.*
- *No food or beverages allowed in the Auditorium.*
- *Attendees are to utilize Auditorium Parking in rear of building. Carpooling is encouraged.*

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## An Overview of Medicaid Fraud Detection and Prevention

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**Registration must be received in writing, using this form.**

**Registration confirmation will be sent only to those providing a valid email address.**

For more information or if you require special accommodations, please call Marc A. Wallace at 609-292-2443 or email him at [provider-education@osc.nj.gov](mailto:provider-education@osc.nj.gov). The sponsors reserve the right to cancel or modify any workshop for any reason without advanced notice.

Name & Credentials: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

E-mail Address (please print legibly): \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax or e-mail this completed registration form to:  
[Provider Education Committee Attn: Marc A. Wallace](mailto:Provider Education Committee Attn: Marc A. Wallace)  
[Provider-education@osc.nj.gov](mailto:Provider-education@osc.nj.gov) Fax: 609-826-4801

