

**Medicare Unveils \$30 Million Phantom Ambulance Rides:** A federal audit released earlier this month revealed the pervasive problem with payments for patient transport. Primarily, the audit found numerous Medicare ambulance rides for which no records existed that the patients received any medical care at the hospital or facility where the patient was transported to. The Department of Health and Human Services' ("HHS") Office of Inspector General ("OIG") noted that some urban ambulance companies also received reimbursements for inflating mileage counts, finding that ambulance trips averaged more than 100 miles despite the fact that the national average for inner-city ambulance runs is about 10 miles. The audit suggests that 1 in 5 ambulance companies nationwide are committing some sort of fraud. HHS further estimates that about half of these ambulance rides occurred in 4 major metropolitan areas: Houston, Los Angeles, New York and Philadelphia. The problem is so pervasive in Houston and Philadelphia that Medicare even blocked any new ambulance services from joining its programs until it gets to the bottom of these phantom trips. The report notes that Medicare payments for ambulance transports have increased in recent years, and investigators have uncovered a variety of fraud schemes involving ambulance suppliers. Although the audit was conducted during the first six (6) months of 2012, the OIG's office believes the problem has become worse, not better. Medicare insists that it has taken proactive steps in response to the report; investigators believe there are still considerable amounts of fraud being committed in the industry.

**Latest Studies Reveal Decrease in Opioid Abuse, Increase in Deaths:** A recent study conducted by the National Survey of Drug Use and Health administered by HHS' Substance Abuse and Mental Health Services Administration compared data from 2003 through 2013. Researchers found that the percentage of prescription opioids used non-medically declined slightly, while frequent use increased from 14.2% of users to 19.3%. The researchers reported that opioid-overdose deaths climbed from 4.5 deaths per 100,000 to 7.8 during the period studied. They also noted that the opioid crisis has occurred during a simultaneous increase in heroin use and heroin-overdose deaths. The study also noted that, in 2013, more than 75% of the individuals with opioid addiction did not receive treatment. This was confirmed in the other study conducted by researchers at Johns Hopkins University in Baltimore. They found that about 16.6% of individuals with opioid-use disorders sought treatment from 2004 to 2008, compared to 21.5% for the next four years. While this may suggest an increase, after the results are adjusted for demographic factors, the difference between the two numbers shrinks to an insignificant level. The American Academy of Orthopaedic Surgeons ("AAOS") released a statement making several recommendations, including using standardized opioid protocols, learning patient risk factors for addiction (such as depression), and adopting a culture change that shifts the focus of pain management away from opioid prescriptions.

**New Prescription Monitoring Program Law to take effect November 1, 2015:** In July, Governor Chris Christie signed Senate Bill 1998 into law (P.L.2015, c.74), which revises the scope and expands the capabilities of the New Jersey Prescription Monitoring Program (NJMPMP) as of November 1, 2015. All prescribers holding CDS Registrations will need to register to access the NJMPMP prior to the upcoming renewal of their CDS Registrations. If you renewed your NJ CDS registration last year, a NJMPMP account was automatically created for you, but you must take some steps to activate your NJMPMP account, if you have not already done so. First, you must complete a short online tutorial and then you must establish a unique e-mail address that you (the provider) check on a regular basis, which must be separate from a general office e-mail or service e-mail. Activating this account will be essential in complying with another significant provision of the new law. Unless an exemption applies, prescribers (or their delegates) will be required to review prescription monitoring information when they prescribe a Schedule II medication to a new or current patient for acute or chronic pain, the first time they prescribe and quarterly thereafter. Regulations, now being developed, will provide additional guidance with respect to this requirement. In addition, the new law expands the types of licensed professionals who are authorized to access the NJMPMP for patient data (*i.e.*, Medical Examiners, medical and dental residents and mental health practitioners). Criminal penalties for inappropriate access and misuse of NJMPMP data also have been increased.

For more information on the above items, contact Kern Augustine Conroy & Schoppmann, P.C. at 1-800-445-0954 or via email at [info@DrLaw.com](mailto:info@DrLaw.com).



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