

Re: Sharing RX medication to save \$

Source: <http://sci.tech-archive.net/Archive/sci.med.cardiology/2005-04/msg00932.html>

- *From:* "elgoog" <bjdefend-newsgroups@xxxxxxxxx>
 - *Date:* 26 Apr 2005 11:24:26 -0700
-

<Hawk...@xxxxxxxxxxxxxx> wrote:
> "elgoog" <bjdefend-newsgroups@xxxxxxxxx> wrote in message
> news:1114533970.043885.84290@xx
>>
>> <Hawk...@xxxxxxxxxxxxxx> wrote:
>>> ">>
>>> .
>>> >
>>>> > When the
>>>>> pharmacy receives a script, they verify the prescription with
>> the
>>>>> prescribing doc,
>>>
>>>
>>> no...properly written scripts are NEVER verified in any
manner...to
>> do so
>>> would entail a LOT of unnecessary work...
>>
>> Depends on the state and the drug.
>
> hmmm...would be interested in data here...I know our pharmacy has a
sign
> saying all controlled scripts will be verified...however I have
watched them
> fill my scripts on a WEEKEND....so know they never called to
verify..must
> have an honest face!! not to mention the type of meds I get
>
> but verifying ALL scripts?? yikes that would be cumbersome!!

Unfortunately, I don't have all the answers, but in some cases, depending on the payer, the prescribing doctor may have already submitted the prescription authorization to the payer and the verification is done automatically when the pharmacist enters the script online into their system. And, yeah despite some automation, the process is cumbersome.

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> >> scheduled meds...sometimes...but routine meds,,never
> >>
> >> but as to the "crooked doctor" example...this is a valid
statement...
> >>
> >> a prescriber will write on the script AND document in the chart
> > EXACTLY what
> >> the patient is taking..ie...1 tab twice a day or
60/month.....scripts
> > and
> >> charts have to match..in case of audits..another provider filling
> >> in...etc...not many prescribers are willing to risk being "caught"
in
> >
> >> insurance fraud...
> >>
> >> which is what it is...EVEN if the stated number and dosage on the
> > script is
> >> within the range...
> >>
> >> I once asked hubby's doc to write for TWICE the dose of an
expensive
> >> med,,,then I would split the pills..he would get two months for
one
> > co
> >> pay....
> >>
> >> doc's answer " I always promised my wife I would not go to
jail...for
> >
> >> insurance fraud" ...
> >>
> >> this is NOT to say that some providers will not do this...but it
is
> >> insurance fraud in a "small" context
> >
> > I believe any fraud is significant and should be prosecuted; but, I
> > understand your sentiment.
> >
> > I cannot imagine a provider cooperating in this type of mini-fraud
to
> > save copay any more easily than I can imagine chickens eating
coconuts.
>
>
> you are correct....obviously my doc agreesANY fraud is fraud....
>
> oh well...now the old guy is on Medicare..so no drug coverage
anyway!!!

You have been notified, of course, about the new Medicare Part D drug

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program?

<http://www.cms.hhs.gov/media/press/release.asp?Counter=1117>

<http://www.cms.hhs.gov/medicarerereform/drugcard/>

It may not be perfect, but some help is on the way.

> >> >> I'm sure mine doesn't. It just gets keyed into their computer.

> > They

> >> >> get it wrong often enough.

> >> >

> >> > It gets keyed into their computer and processed by the payer.

The

> >> > pharmacist is supposed to validate the original prescription

with

> > the

> >> > doctor's office (it may be done electronically). Refills don't

need

> > to

> >> > be checked unless there is a change in dosage.

> >> >

> >> >>

> >> >> > they enter the patient's insurance information, the

> >> >> > Rx, dose and prescribing provider's ID: the payer's claim

> > payment

> >> >> > system would immediately detect the error, and the pharmacist

> > would

> >> >> not

> >> >> > fill the Rx.

> >> >>

> >> >> > Either you have a crooked doctor, or a crooked pharmacist.

> >> >>

> >> >> You jump to an erroneous and dangerous conclusion. I did not say

> > I

> >> > do

> >> >> this. I don't share my meds.

> >> >

> >> > Neither. The familiar "you" was not intended to refer to you

> >> > personally. I apologize for my lack of clarity.

> >> >

> >> >> > Why would

> >> >> > they risk their licenses, their practices, their livelihoods

and

> >> >> > families for someone to save a \$2 to \$20 copay?

> >> >>

> >> >> For some people, a second \$20 co-pay is the difference between

> >> >> getting

> >> >> the prescription filled or going without.

> >> >

> >> > Possibly correct. The copay system is designed to introduce an

> > element

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> > > > of patient responsibility without introducing undue financial
> > burden. A
> > > > person who is not in need of cash assistance might have a \$20
> > copay,
> > > > another person who is on cash assistance might have only a \$2
> > copay.
> > > >
> > > >
> > > > I admit, you could be right. I just don't get it.
> > > >
> > > > You're probably right. It probably does happen. Especially when
one
> > of
> > > > the patients is conning the doctor for purposes of drug abuse –
in
> > > > which case, I don't have much sympathy.
> > > >
> > > > I appreciate your response in this matter. You have helped me to
> > see
> > > > that it may in fact be happening. People do stupid things
> > sometimes.
> > > >
> >

• **Follow-Ups:**

- ◆ **Re: Sharing RX medication to save \$**
◇ From: Hawki63

• **References:**

- ◆ **Sharing RX medication to save \$**
◇ From: danieljcostello
- ◆ **Re: Sharing RX medication to save \$**
◇ From: elgoog
- ◆ **Re: Sharing RX medication to save \$**
◇ From: tonywesley
- ◆ **Re: Sharing RX medication to save \$**
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