

Empire Plan Prescription Drug Program
Quarterly Audit Report
Audit Recovery Summary

Field Audit Recoveries/Daily Review Savings
For Period From ____ to ____

| | <u>Total # of Audits</u> | <u># of Open Audits</u> | <u># of Closed Audits</u> | <u>Audit Recoveries</u> |
|---------------------------------------|--------------------------|-------------------------|---------------------------|-------------------------|
| Field Audit Recoveries (\$) | | | | |
| Daily Review Savings (\$) | | | | |
| Total Audit Recoveries/Savings | | | | |

Empire Plan Prescription Drug Program
Quarterly Audit Report
Field Audits Performed during ___ Quarter ____

| NABP | Name | Status Open/Closed | Audit Date | Audit Profile Beg Date | Audit Profile End Date | # Claims Reviewed |
|------|------|--------------------|------------|------------------------|------------------------|-------------------|
|------|------|--------------------|------------|------------------------|------------------------|-------------------|

Empire Plan Prescription Drug Program
Quarterly Audit Report
Open Audits Performed in ____ Quarter ____

| NCPCP | Address | City | State | Audit Type | Audit Date | Status | Generic Dispensed/ Brand Billed | No Signature Logged | Insert column for other Errors |
|-------|---------|------|-------|------------|------------|--------|--|---------------------------|--------------------------------------|
|-------|---------|------|-------|------------|------------|--------|--|---------------------------|--------------------------------------|

Empire Plan Prescription Drug Program
Quarterly Audit Report
Audits Closed/Finalized during ___ Quarter ___

| NABP | Pharmacy Name | Closed | Audit Date | Closed Date | Audit Profile Beg Date | Audit Profile End Date | # of Claims Reviewed | Discrepancy Type | Total Recoveries |
|------|---------------|--------|------------|-------------|------------------------|------------------------|----------------------|------------------|------------------|
|------|---------------|--------|------------|-------------|------------------------|------------------------|----------------------|------------------|------------------|

**Empire Plan Prescription Drug Program
Quarterly Audit Report
Desk Audit Detail**

| NCPDP | Audit Date | Pharmacy Name | ID# | RX# | Fill Date | Drug Name | Amt Saved | Reason |
|-------|------------|---------------|-----|-----|-----------|-----------|-----------|--------|
|-------|------------|---------------|-----|-----|-----------|-----------|-----------|--------|

Empire Plan Prescription Drug Program
Quarterly Audit Report
Planned Audits for ___ Quarter ___

| NABP | Name | City | State | Zip |
|------|------|------|-------|-----|
|------|------|------|-------|-----|