



How to Identify and Handle a Contracted Over-Prescriber

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Health Care Compliance Association's Managed Care Compliance Conference
January 28, 2020

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Agenda

- Opioid epidemic
- Regulators perspective
- Investigative red flags related to opioids
- Investigative tools
- Contracted provider investigation
- Investigative partnerships
- Referrals



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Kaiser Permanente AT A GLANCE

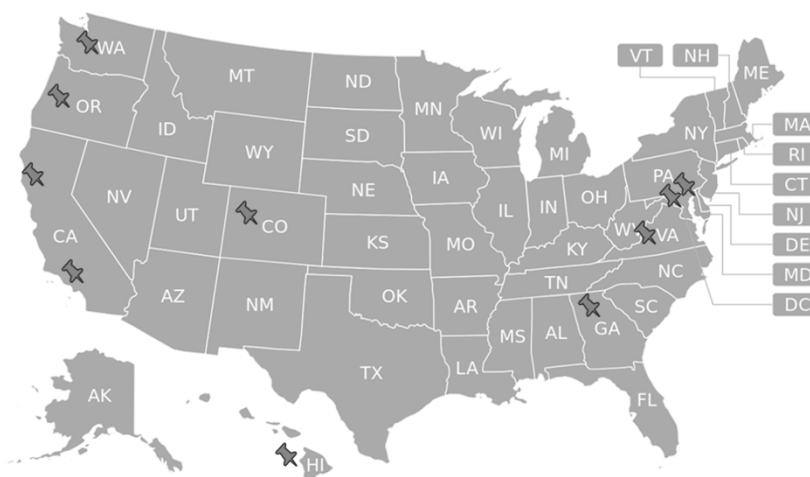


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Kaiser Permanente Across the Nation



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Kaiser Permanente Internal Structure



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Opioid Epidemic

- CDC guidelines
- CMS Medicare Learning Network “MLN”
- HHS/OIG
- DEA guidelines
- State guidelines
- NIH National Institute on Drug Abuse

This block contains a collage of resources related to the opioid epidemic:

- MLN Matters:** A Provider's Guide to the New Medicare Part D Opioid Coverage Policies for 2019.
- Office of Inspector General:** Opioid Use in Medicare Part D Remains Concerning.
- CDC Guideline for Prescribing Opioids for Chronic Pain:** A guideline for prescribing opioids for chronic pain.
- Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain:** Quality Improvement and Care Coordination.
- The Opioid Epidemic by the Numbers:** 2016 and 2017 Data. Key statistics include:
 - 130+ states with opioid-related deaths
 - 11.4 million people with chronic pain
 - 42,249 deaths from opioid overdoses in 2016
 - 2.1 million people with opioid use disorder
 - 17,087 deaths from opioid overdoses in 2017
 - 19,413 deaths from opioid overdoses in 2018
 - 15,469 deaths from opioid overdoses in 2019

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Investigative Red Flags Related to Opioids

- Morphine Milligram Equivalence (MME)
 - > 90 MME/day
 - > 120 MME/day (High)
 - > 240 MME/day (Extremely high)
- Specific opioids
- Multiple opioid combination
- Benzodiazepine
- Significant quantities
- Medication cocktails
 - Opioid/Benzo
 - Opioid/Benzo/Muscle relaxer
 - Opioid/Benzo/Muscle relaxer and Zzz (i.e. zolpidem)
- Prescription for naloxone?



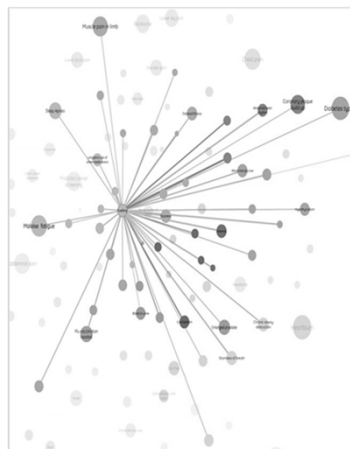
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Investigative Tools

- Data visualization
- Provider medication review
- Patient medication review
- Prescription hard copy review
- Medical claims & chart review (i.e. diagnosis)
- Medication profile review
- Health Plan Management System HPMS (formerly PLATO)
 - Risk score, actions, and projects
- Open Payments
- ProPublica
- Social media searches
- Medical board licensure
- Pharmacy board licensure

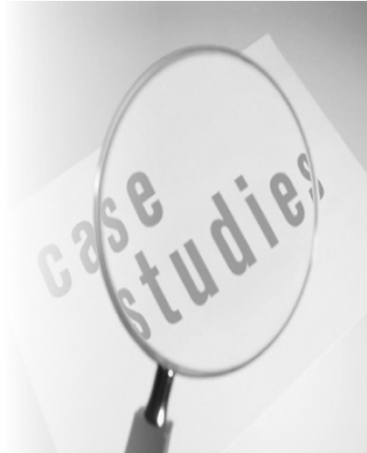


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Potential Over-Prescriber – Case Study

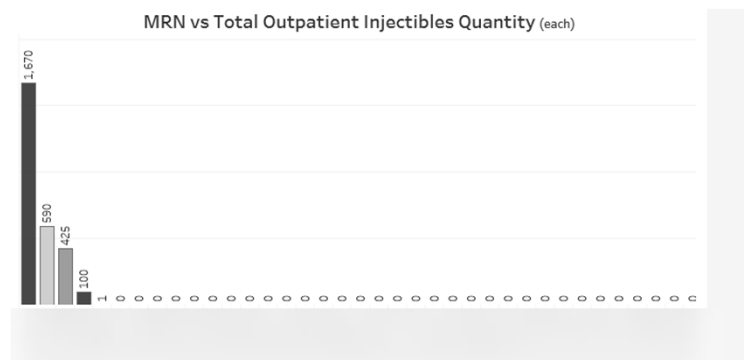


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Data Visualization



Drug seeking behavior study identified patients receiving injectable opioids in outpatient setting

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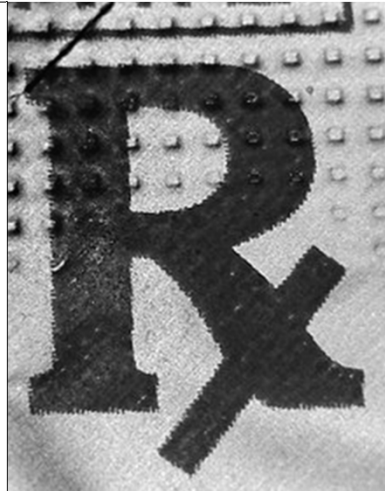


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Research Discovery

- Contracted provider on pre-pay medical review since 2017
- Prescriptions filled with no corresponding medical visit claims paid
- 300 vials of hydromorphone 2mg received on 1/1/2019 and 1/18/2019
- Since 1/1/2018 member received 2,870 hydromorphone 2mg vials and 3 vials of hydromorphone 500mg/50ml
- Cocktail of medications
 - Oxycodone 20mg (tablet three times a day)
 - Hydromorphone 2mg injectable (15 vials a day)
 - Alprazolam 1mg (1.5mg four times a day)
 - Zolpidem 5mg (1 tablet daily)
- Member prescribed naloxone on three occasions in 2018

Number one concern is patient safety



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Kaiser Permanente Investigative Partners

- National and Regional Compliance
 - Quarterback of issue management
- Pharmacy Operations
 - Corresponding responsibility
 - Confirmation of concern
 - Update prior authorization with pharmacy benefit manager
- Risk Management
 - Confirmation of concern
- Permanente Medical Group (PMG)
 - Outreach to provider for records
- Care Delivery Operations
 - Medical necessity review



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Kaiser Permanente Investigative Partners Con't

- National Special Investigations Unit
 - Interview member and handle future requests for information from regulators and law enforcement
- Legal
 - Assisted with external reporting
 - Provider rights related to contracting
- Care Management
 - Resource for members affected
- Credentialing
 - Received quality of care concerns

PARTNERSHIP



Initial Meeting Action Items

- Review pharmacy prescribing data on provider
- Review medical claim data on provider
- Permanente Medical Group drafts letter to prescriber inquiring about treatment plan and request for documentation
- Possible referral for fraud, waste and abuse and care issues:
 - Medical Quality Assurance Board (MQAC)
 - National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC)
 - Special Investigation Resource and Intelligence System (SIRIS)
 - Healthcare Fraud Prevention Partnership (HFPP)
 - Pharmacy Benefit Manager



Letter Sent to Contracted Provider

- Signed receipt notification February 26, 2019
- Informing provider of concern and requesting the following information for patients who are on high dose of opioid treatment plans:
 - Pain and functional assessment completed (e.g., PEG tool or similar)
 - Urine drug screening results
 - Opioid risk assessment (e.g., opioid risk tool or similar)
 - Depression screening completed (e.g., PHQ-9 or similar)
 - Documentation that the Washington Prescription Drug Monitoring Program was queried
 - Documentation that a prescription for naloxone was offered or prescribed

No response received from first letter. Second letter was delivered mid-March 2019 (again no response).

Opioid Use – AG Perspective March 12, 2019

Ferguson: Distributors ignored red flags while pouring staggering amounts of opioids into Washington
Attorney General sues three Fortune 15 companies for negligently fueling opioid epidemic

SEATTLE — Attorney General Bob Ferguson filed a lawsuit today against the three largest distributors of prescription opioids in Washington state, arguing that they failed to alert law enforcement of suspicious opioid orders, and illegally shipped those orders into Washington for years, and contributed to the illegal supply of opioids, fueling the state's opioid epidemic



Opioid Use –AG Perspective

REQUIREMENTS FOR DISTRIBUTORS

Distributors are required to monitor orders to ensure that prescription opioids are not diverted into the illegal drug trade



When suspicious orders are identified, they are required to:



Washington's opioid epidemic

Prescriptions and sales of opioids in Washington skyrocketed more than 500 percent between 1997 and 2011. In 2011, at the peak of overall sales in Washington, more than 112 million daily doses of all prescription opioids were dispensed in the state — enough for a 16-day supply for every woman, man and child in Washington.

In 2015, there were eight counties with more prescriptions than population, led by Asotin, with nearly 1 ½ prescriptions per person. The other counties were Clallam, Grays Harbor, Columbia, Garfield, Pend Oreille, Lewis and Benton.

In 2008, there were 16 counties with more prescriptions than people.

Between 2006 and 2017, opioid overdoses killed more than 8,000 Washingtonians, more than were killed by car accidents or firearms. The majority of drug overdose deaths in Washington state involve opioids.

Compliance Activity

- Informed compliance committee of the risks
- Identified stakeholders and subject matter experts
- Created a connection with quality committee
- Oriented stakeholders to the risks and dashboard
- Facilitated meetings to remove barriers and drive work
- Identified performance gaps that needed to be addressed
- Documented and made progress (or lack) visible over time
- Validated access to care and safe transitions of care
- Identified leaders accountable for this ongoing work



High Level Patient Analysis

- Data visualization
- Morphine Milligram Equivalent (MME) dose
 - 2017
 - 2018
 - Average daily MME
- Current medication cocktails
 - Opioid(s)
 - Benzodiazepines
 - Muscle relaxers
 - Zzz drugs (i.e. zolpidem)
 - Miscellaneous (i.e. gabapentin)
- Naloxone
- Diagnosis
- Last Urine Drug Screen
- Last Office Visit



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High Level Analysis Results

- Patients prescribed dangerous cocktails
 - Multiple opioids
 - Benzodiazepine(s)
 - Muscle relaxer(s)
 - Zzzz drug
- Naloxone prescribed not consistent
- Majority of the patients had a similar diagnosis
 - Lumbosacral degeneration w/o myelopathy
 - Chronic pain syndrome



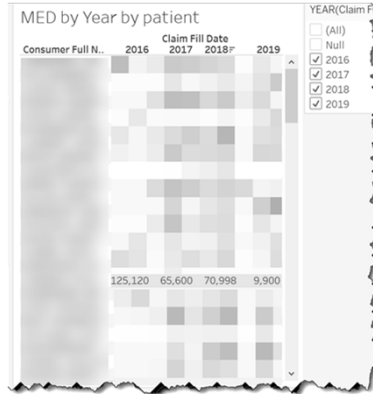
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MME/MED by Year by Patient

Total MME upper level of CDC warning:
365 days x 90 MME/day= 32,850mg/year



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Quantity by Patient by Medication by Year

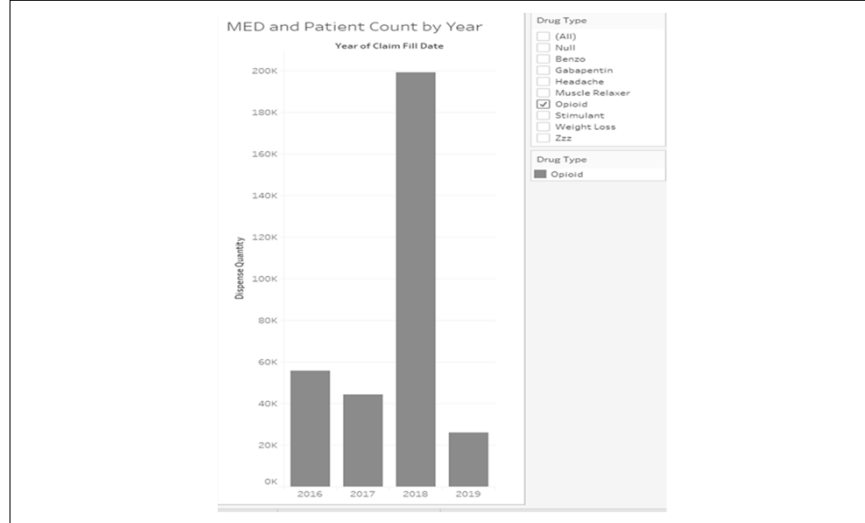
Multiple opioids and muscle relaxers

Quantity by Patient by Rx by Drug Type by Year

Consumer Full Na...	Drug Generic Name - Short...	Drug Strength...	2016	2017	2018	2019
	OXYCODONE HCL	10 MG	60			
	SUMATRIPTAN SUCCONATE	6 MG/D 5ML		32	4	
	TIZANIDINE HCL	4 MG		1,440	360	
	HYDROCODONE/ACETAMIN...	10MG-325MG	90	660	120	
	MORPHINE SULFATE	30 MG	90	990	180	
	BUPRENORPHINE HCL	8 MG	420	1,200	90	
	BUPRENORPHINE HCL/NAL...	8 MG-2 MG	30			
	HYDROMORPHONE HCL	4 MG	300			
	MORPHINE SULFATE	30 MG	60			
	NALOXONE HCL	4 MG	2			
	FENTANYL	500UG/ML	90			
	OXYCODONE HCL	10 MG	2,160			
	BACLOFEN	10 MG	270	1,080	90	
	HYDROCODONE/ACETAMIN...	7.5-325 MG	1,410	450	1,800	150
	NORTRIPTYLIN HCL	10 MG	60			
	PREGABALIN	150 MG	990	270	1,080	90
	TIZANIDINE HCL	4 MG	150			
	ALCOHOL ANTI-SEPTIC FL...	160			200	
	CYCLOBENZAPRINE HCL	10 MG			180	
	FENTANYL	100 MCG/HR	50			
	HYDROMORPHONE HCL	2 MG/ML	2,360	1,970	900	
		3 MG		60		
		4 MG		720	448	
		4 MG/ML	90			
	HYDROMORPHONE HCL/PR	4 MG/ML	760			
		10 MG/ML	160	160	150	
	METHADONE HCL	8 MG		62		
	METHOCARBAMOL	500 MG		525		
		750 MG	1,080	1,890	1,665	350
	MORPHINE SULFATE	15 MG		240		
		30 MG	600			
	NALOXONE HCL	4 MG		8		
	ONDANSETRON	8 MG	1,040	1,080	700	
	OXYCODONE HCL	15 MG	480			
		30 MG		360	90	

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MME/MED by Year by Patient Count



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Action Items from Follow Up Meeting

- Send a follow up letter to prescriber
- National Special Investigations Unit interview member
- Identify another pain management practice
- Outreach calls to members and notice to their primary care providers
- Transition members to new practice
- Draft response for NBI MEDIC referral and MQAC

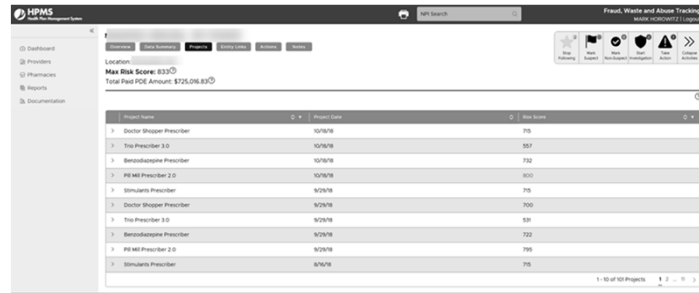


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Health Plan Management System “Projects”



HPMS Health Plan Management System

Max Risk Score: 833
Total Paid PDE Amount: \$725,046.83

Project Name	Project Date	Risk Score
Doctor Shopper Prescriber	10/16/19	715
Trip Prescriber 3.0	10/16/19	557
Benzodiazepine Prescriber	10/16/19	732
PE MI Prescriber 2.0	10/16/19	810
Stimulants Prescriber	10/16/19	716
Doctor Shopper Prescriber	10/16/19	700
Trip Prescriber 3.0	10/16/19	535
Benzodiazepine Prescriber	10/16/19	722
PE MI Prescriber 2.0	10/16/19	795
Stimulants Prescriber	10/16/19	715

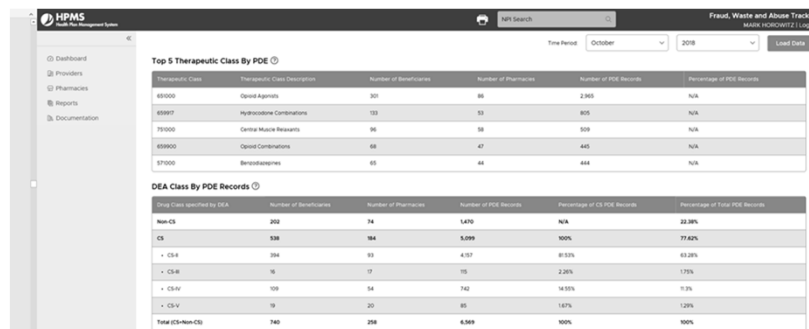
1 - 10 of 103 Projects

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Health Plan Management System “Data Summary”



HPMS Health Plan Management System

Time Period: October 2018 Load Data

Top 5 Therapeutic Class By PDE

Therapeutic Class	Therapeutic Class Description	Number of Beneficiaries	Number of Pharmacies	Number of PDE Records	Percentage of PDE Records
091000	Opoid Agonists	301	98	2,965	N/A
030907	Hydrocodone Combinations	133	53	805	N/A
751000	Central Muscle Relaxants	96	58	509	N/A
030900	Opoid Combinations	68	47	445	N/A
071000	Benzodiazepines	65	84	444	N/A

DEA Class By PDE Records

Drug Class Specified by DEA	Number of Beneficiaries	Number of Pharmacies	Number of PDE Records	Percentage of CS PDE Records	Percentage of Total PDE Records
Non-CS	302	74	1,470	N/A	22.38%
CS	338	164	5,099	100%	77.62%
- CS-I	394	93	4,137	81.33%	62.28%
- CS-II	16	17	115	2.25%	1.75%
- CS-IV	109	54	742	14.55%	11.2%
- CS-V	19	20	95	1.87%	1.45%
Total CS-Non-CS	740	258	6,389	100%	100%

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ProPublica

ProPublica is an independent, nonprofit newsroom that produces investigative journalism.



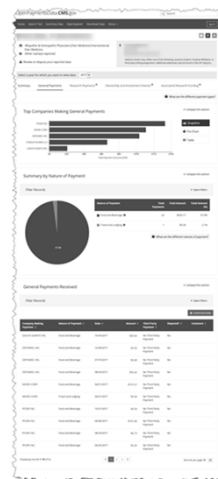
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CMS Open Payments

Open Payments is a national disclosure program that promotes a more transparent and accountable health care system by making the financial relationships between applicable manufacturers and group purchasing organizations (GPOs) and health care providers (physicians and teaching hospitals) available to the public.



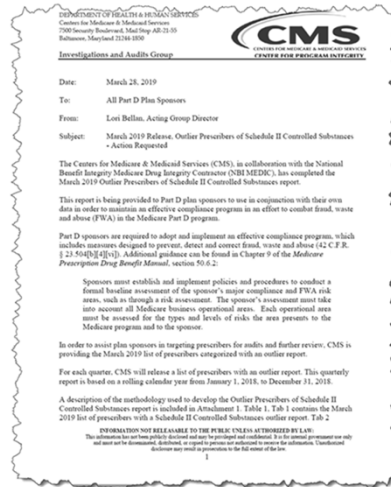
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Identified by CMS - March & June Memo

Quarterly memo is sent to Medicare Part D Plan Sponsors to use in conjunction with their own data in order to maintain an effective compliance program in an effort to combat fraud, waste and abuse (FWA) in the Medicare Part D program



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Vitals Review

One Star

Self-verified patient of [redacted] - Posted on July 3rd, 2017

Essentially just legally getting rich off of giving patients with minor injuries (rotator cuff sprain) huge refills of 180 high dosage pain killers and adding on benzodiazepines, has caused a family member to be hospitalized over 8 times in the last year, 2 code blues, bedside cpr at home, quack.

Show Rating Breakdown

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National Special Investigations Unit

- Distance between patient's residence and provider's office
- Patient engaged in pattern of early refills for alprazolam
- Patient contacted Health Plan after letter was sent to prescriber
- Scheduled member interview



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Member Interview

- Member was contacted to schedule interview
- Hour long interview at residence covered history with provider and medical issues, including frequency of prescriptions
- Inspected medication patient had on hand
- Patient was found to be in fragile state of health
- Patient was using prescribed medications



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Contact with Contracted Provider

- KP outreach to contracted provider
 - February 2019
 - March 2019 2nd letter sent
 - No response
- Outreach by provider to KP
 - April 2019
 - Suggesting onsite review rather than providing medical charts requested
- Compliance made photocopies of records on site for clinical review



Onsite Team

- KP Physician team
 - Pain Management
 - Primary Care
- Compliance Manager
 - Significant coaching and preparation
 - Copy service could not be secured



Findings

- Forms used to document history and physical
- Handwritten notes of opioid care plans were brief and rarely discussed treatment rationale or taper plans
- Brief note "PMP Reviewed" and no notes of findings
- Pain and functional assessments rudimentary and check box fashion
- Hand written notes "Drug Screen Reviewed"



Findings Con't

- Similar diagnosis for patients
- Visit notes rarely documented opioid medications or dosages
- Physical exam did not support diagnosis
- Interesting note in most charts "Patient exhibited no pain behaviors as part of the physical exam observations"
- Comingled patient chart information



Investigative Outcome

- Provider contract terminated May 22, 2019
- Move members care to a new contracted pain management provider
 - Data pull of potential contracted provider (comparison)
- Issue reported to NBI MEDIC, SIRIS, HFPP, PLATO/HPMS, MQAC and PBM's
- Remove injectable opioids from being adjudicated by PBM
- Provide information to law enforcement (Requests for Information)

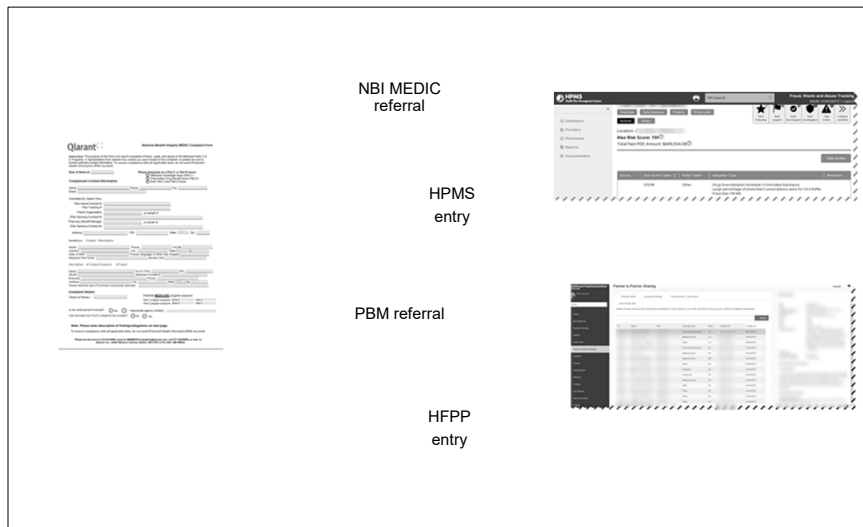


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Close the Loop Through Referrals



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Close the Loop Through Referrals Con't

SIRIS entry

Contracted PBM's alerted

MQAC referral

**RFI's & Criminal Investigation



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Closing Action Plan

- Credential termination letter sent to contracted provider
- Compile updated member population
- Member notification
 - Care management nurse contact with phone number
 - Telephone outreach (before letters sent)
 - Draft letter with medical records request
 - Send letter to referring provider
 - Alert Member Services and provide talking points
- Safely transition members to new pain management clinic
- Develop repeatable process to handle similar situations



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Law Enforcement Engagement

- HHS/OIG July 24, 2019
 - Introduction to NHCAA SIRIS investigation tool
- Provider discussed at July 2019 CMS FWA conference
- August 14, 2019 RFI from CMS



Questions



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