How to Identify and Handle a Contracted Over-Prescriber

Carolyn Barton, Regional Compliance Officer, Washington
Mark Horowitz, National Fraud Control Unit
Joaquin Basauri, National Special Investigations Unit
Health Care Compliance Association’s Managed Care Compliance Conference
January 28, 2020

Agenda

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

- Regional Compliance Teams
- Provider Contracting
- National Compliance Investigations: NSIU, NFCU, Hotline Operations
- Pharmacy Operations
- National Compliance Data Analytics
- Permanente Medical Group
- Legal

Opioid Epidemic

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

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
Potential Over-Prescriber – Case Study

Data Visualization

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

### 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 (MOAC)
  - 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

**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

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 12 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 2011, there were eight counties with more prescriptions than population, led by Asotin, with nearly 1 ½ prescriptions per person. The other counties were Clatskanie, 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.
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

High Level Analysis Results

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

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

**Quantity by Patient by Medication by Year**

Multiple opioids and muscle relaxers
### MME/MED by Year by Patient Count

![Graph showing MME/MED by Year by Patient Count](image)

### 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
ProPublica

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

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.
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.

Vitals Review

One Star

Essentially just legally getting rich off of giving patients with minor injuries (rotator cuff strain) 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 blue, bedside cpr at home, quack.
Show Rating Breakdown
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

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
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)

Close the Loop Through Referrals

NBI MEDIC referral

HPMS entry

PBM referral

HFPP entry
Close the Loop Through Referrals Con’t

- SIRIS entry
- Contracted PBM’s alerted
- MQAC referral
- **RFI’s & Criminal Investigation

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
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
Presenters

Carolyn Barton
Regional Compliance Officer,
KP Washington
Carolyn.M.Barton@kp.org (206) 448-5002

Mark Horowitz
National Compliance Office Investigations,
National Fraud Control Unit
Mark.J.Horowitz@kp.org (562) 833-2391

Joaquin Basauri
National Compliance Office Investigations,
National Special Investigations Unit
Joaquin.E.Basauri@kp.org (360) 409-6708