



A Managed Care Perspective

Controlled Substance Schemes in Response to the
Growing Opioid Epidemic

Speaker Introduction



- Terry Torbeck, MD –V.P/ Sr. Medical Dir.



- Katherine Leff, RN, CLU, CPC, AHFI – Director – Special Investigations Unit



- Jonas Thom, MA, PCC – Director, Behavior Health

Agenda

Terry Torbeck, MD	Katherine Leff, RN, AHFI	Jonas Thom, MA, PCC
Medical Director View	Special Investigations (SIU) View	Behavior Health (BH) Case Management View
Opioid Use	Controlled Substance Schemes	Behavior Health Department
Clinical Situations	Scheme Identification	Behavior Health Team
Change the Model	SIU Actions	Care4U Program
		Success Stories

All Speakers
Future Needs
Questions
Speaker Contact Information
Fraud Reporting Information

Medical Director View

Medical Director View - Opioid Use

- Where does it all start?
- What are the sources of Opioid drugs?
 - ED Visits
 - Dental Care
 - Surgical Procedures
 - Routine Office Visits
 - Pill Mills



DRUG-FREE AMERICA



AGE 0-4
AMOXICILIN

4-12
RITALIN

12-18
APPETITE
SUPPRESSANTS

18-24
NO-DOZ

24-38
PROZAC

38-65
ZANTAC

65 —
EVERYTHING
ELSE

Medical Director View - Clinical Situations

- ED visits, productivity and patient satisfaction
- Outpatient surgery
- Actual clinical situation
- Narcotics consumed worldwide
 - 80% of all narcotics consumed in the U.S.
 - 99% of all Vicodin consumed in the US
- Studies do not support effectiveness of chronic Opioid
- Other country examples

Medical Director View — Change the Model



Heightened awareness among physicians

- Increased risk, complex serious implications
- Lack of access not the issue
- Overutilization of drugs, under appreciation of risks
- Alternative modalities
- Physician management tools
 - Algorithms, patient contracts, enforced compliance
 - Addiction and withdrawal management
 - Case Management by Health Plans
- Health Plan pharmacy management

Special Investigations Unit (SIU)

View

Controlled Substance Schemes



SIU Schemes - Provider

- Cash for Scripts
- Provider Kickback
- Patient Churning for Scripts
- Pill Mills
- Two Scripts instead of one
- Off-Label Methadone
- Signed Blank Scripts
- Staff Writing Scripts
- Member Download/Script Generation



SIU Schemes – Provider

Drug Claims Only



High volume controlled
substance claims

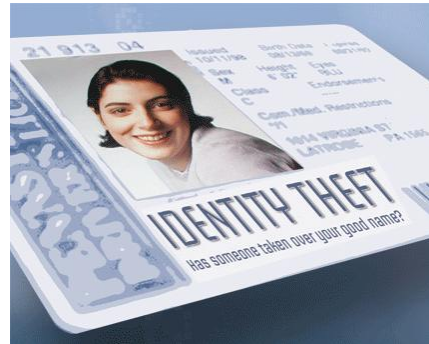
No office visit

No diagnostic testing



SIU Schemes – Member / Non-Member

- Identity Theft
- Urgent Care case
- Script alteration
- Script forging
- ID card sharing
- Faking injuries/pain
- Changing quantity prescribed
- Script stealing



SIU Schemes - Member

Out-of-State Scripts - Pill Pipeline

Ohio



Florida

Indiana
Pennsylvania
Kentucky
Michigan
West Virginia

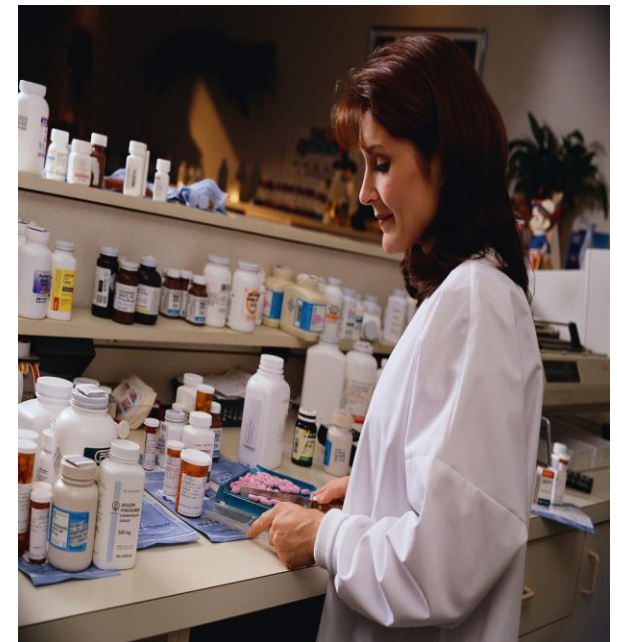


SIU Schemes – Member / Non-Member

- Prescription Alteration
 - Changing quantity prescribed
 - *30 is easily changed to 80*
 - *10 is easily changed to 40 or 100*
- Changing number of refills
- Adding a second drug
- Increasing the strength
 - Adding “ES” to Vicodin Script



Never use the number on a questionable script to call the physician's office for verification



SIU Schemes - Pharmacy

- Prescription Shorting
- Post-dating refills
- Generic vs. Brand
- Filling fake prescriptions
- Falsifying documentation
- Lack of oversight on call-in scripts
- Generic DEA number use
- Lack of Pharmacy interest



“Fraudulent tactics and “conning” techniques may seem obvious when described, but they can be quite convincing in the midst of a hectic day in a busy pharmacy.”, Karen Blumenshein, American Journal of Pharmaceutical Education, Vol. 61, Summer 1997

Special Investigations Unit (SIU) View


Scheme Identification



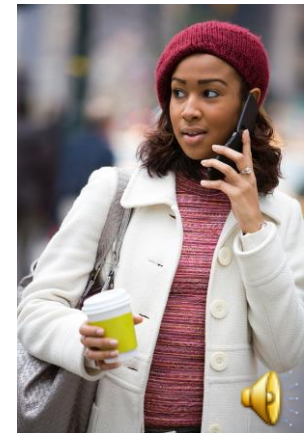
SIU - Scheme Identification

Fraud Hotline 

Email 

Fax 

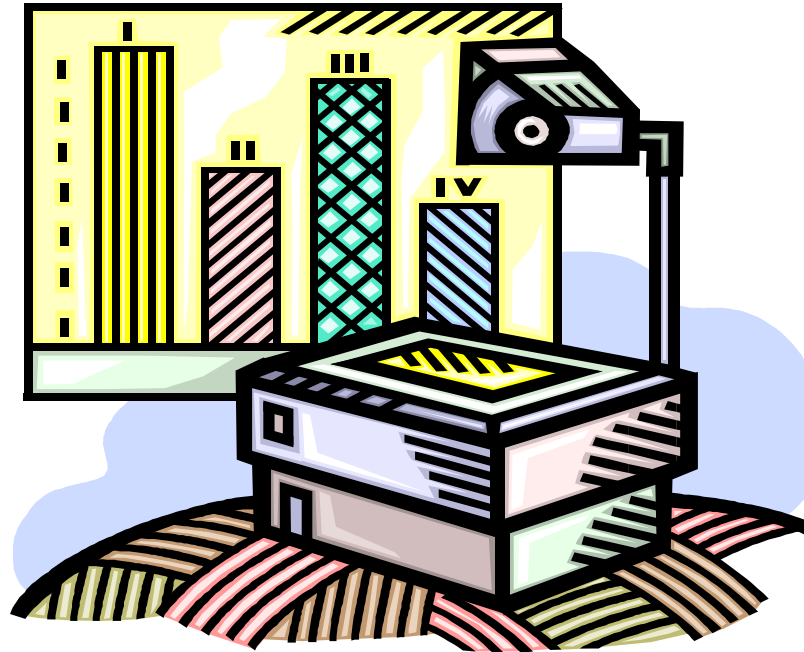
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Fraud Reporting Mechanisms

SIU -Scheme Identification

- Data Mining - Data Analysis
- Trending and Tracking



Providers That Spike

Provider Name	Charged Q1	Charged Q2	Charged Q3	Charged Q4	Total Charged	% Var Q2-Q1	% Var Q3-Q2	% Var Q4-Q3
Dentist 1	\$404,945.00	\$325,200.00	\$4,551,505.00	\$462,430.00	\$5,744,080.00	-20%	1,300%	-90%
Dentist 2	\$84,545.00	\$5,920.00	\$232,670.00	\$335,756.00	\$658,891.00	-93%	3,830%	44%
Pediatric	\$89,020.00	\$76,850.00	\$67,865.00	\$2,356,720.00	\$2,590,455.00	-14%	-12%	3,373%
Behavior Health	\$3,430.00	\$89,107.00	\$359,832.00	\$327,167.00	\$779,536.00	2,498%	304%	-9%
Family Practice	\$6,802.00	\$117,713.00	\$202,368.00	\$195,804.00	\$522,687.00	1,631%	72%	-3%
Dental	\$31,442.00	\$262,885.00	\$142,850.00	\$23,892.00	\$461,069.00	736%	-46%	-83%
Pain Management	\$0.00	\$47,930.00	\$162,408.00	\$235,644.00	\$445,982.00	Zero Charged in Q1	239%	45%
Oral Maxillofacial	\$0.00	\$7,148.00	\$238,278.00	\$196,321.00	\$441,747.00	Zero Charged in Q1	3,233%	-18%
Anesthesia	\$1,900.00	\$67,380.00	\$119,250.00	\$101,870.00	\$290,400.00	3,446%	77%	-15%

Peer Comparison Report

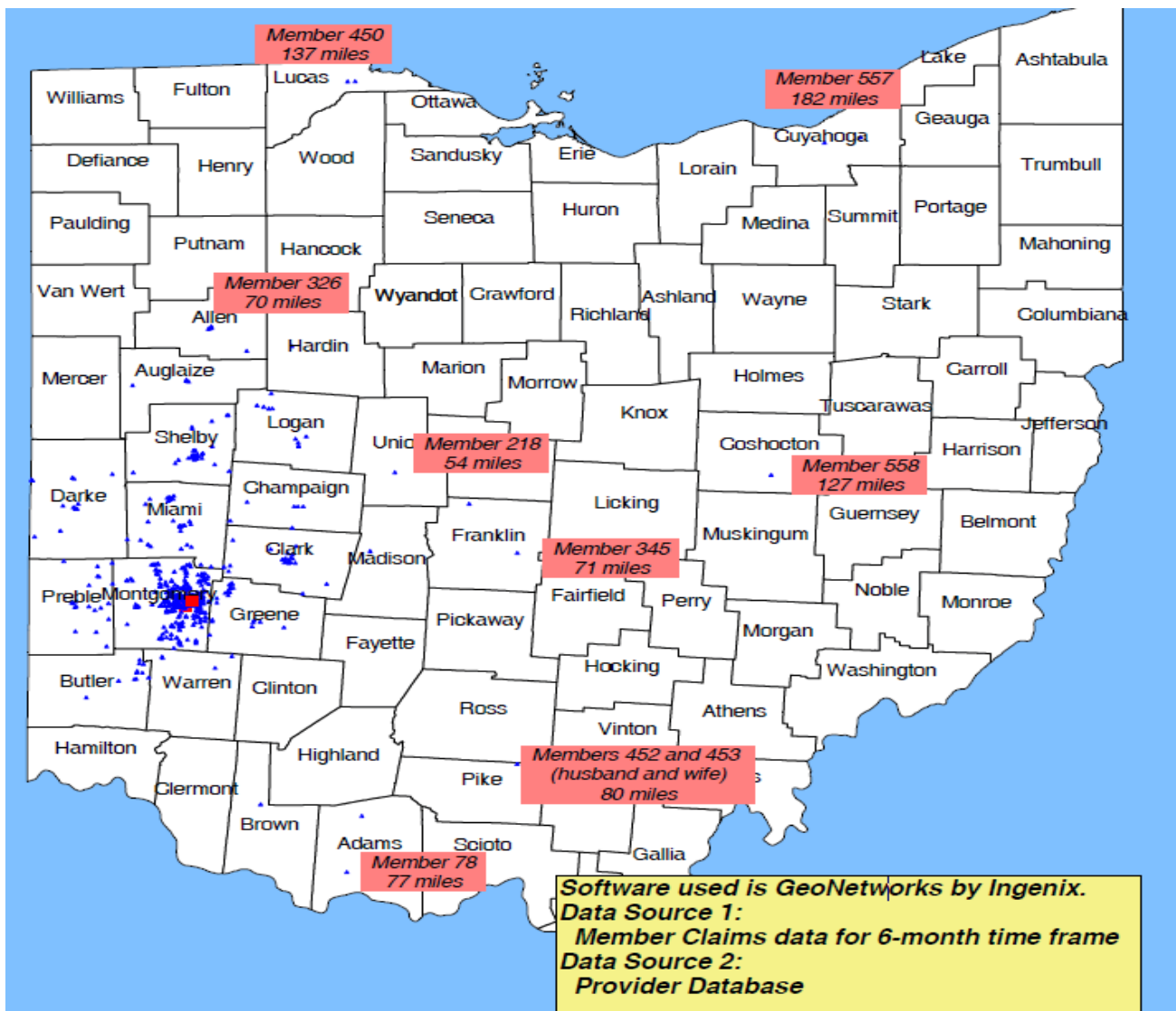
Specialty: Pain Management

Provider Number:

Procedure Code	Procedure Description	Charge Amt	Paid Amt	Procedure Count	Self %	All %	Patient %	Peer %	Peer Ranking
72148	MRI LUMBAR SPINE W/O DYE	\$ 649,514.00	\$ 235,935.41	553	5.14%	1.31%	46%	84.3%	1
99213	OFFICE/OUTPATIENT VISIT, EST	\$ 605,365.00	\$ 200,917.41	4,844	45.06%	.1%	87%	7.25%	3
72141	MRI NECK SPINE W/O DYE	\$ 338,273.00	\$ 114,994.88	289	2.69%	1.49%	25%	90.6%	1
62311	INJECT SPINE L/S (CD)	\$ 292,315.00	\$ 64,411.70	727	6.76%	2.7%	38%	6.7%	1
A4641	RADIOPHARM DX AGENT NOC	\$ 219,750.00	\$ 57,698.50	379	3.53%	22.12	24%	99.21%	1
80101	DRUG SCREEN, SINGLE	\$ 151,410.00	\$ 65,889.58	778	7.24%	.35%	53%	3.2%	6
99243	OFFICE CONSULTATION	\$ 130,500.00	\$ 28,875.71	522	4.86%	.49%	56%	30.37%	1
62310	INJECT SPINE C/T	\$ 111,000.00	\$ 23,087.98	222	2.06%	2.82%	14%	5.83%	2
77003	FLUOROGUIDE FOR SPINE INJECT	\$ 93,400.00	\$ 40,185.10	934	8.69%	1.54%	44%	3.13%	3
72146	MRI CHEST SPINE W/O DYE	\$ 49,257.00	\$ 15,802.20	39	.36%	.56%	4%	81.25%	1
73721	MRI JNT OF LWR EXTRE W/O DYE	\$ 34,089.00	\$ 11,332.62	29	.27%	.09%	3%	72.5%	1
73221	MRI JOINT UPR EXTREM W/O DYE	\$ 30,001.00	\$ 10,160.28	26	.24%	.19%	3%	81.25%	1
95904	SENSE NERVE CONDUCTION TEST	\$ 28,900.00	\$ 6,685.31	35	.33%	.11%	4%	2.77%	9



GeoNetworks



GeoNetworks

Subject Members			
County	Total number of members	Member access to 1 provider	
		Average distance	Pct of members with 1 provider within x miles
			30
ADAMS	2	79.2	0
ALLEN	5	71.5	0
AUGLAIZE	4	57.8	0
BROWN	2	58.1	0
BUTLER	12	25.4	92
CHAMPAIGN	7	37.2	14
CLARK	24	28.1	71
COSHOCTON	1	133.0	0
CUYAHOGA	2	191.5	0
DARKE	13	44.4	0
FRANKLIN	2	73.5	0
GREENE	33	11.1	100
HARDIN	1	75.7	0
LOGAN	11	57.2	0
LUCAS	2	142.9	0
MADISON	1	46.6	0
MIAMI	33	23.3	94
MONTGOMERY	349	6.0	100
PREBLE	19	22.9	95
ROSS	2	90.1	0
SHELBY	33	40.6	0
UNION	1	64.3	0
WARREN	4	18.5	100
TOTALS	563	17.2	82

Scheme Identification –PBM Activities

- Pharmacy desk audits
- On-site pharmacy audits
- Reports, reports, reports
- Hotline referrals



Pharmacy Reports – By Provider

5	Label Name	Member ID	First Name	Last Name	Date Filled	Quantity	Pharmacy NAE
2	ENDOCET TAB 5-325MG		CARMELA L		20080802	120	3651230
4	HYDROCO/APAP TAB 7.5-750		DAWN M		20080802	120	3651165
7	METHADONE TAB 10MG		BRANDY		20080802	60	3637379
5	ROXICET TAB 5-325MG		WILLIE		20080804	120	3634688
9	ALPRAZOLAM TAB 0.5MG		VICTORIA		20080804	90	3637379
7	ROXICET TAB 5-325MG		KATHY		20080804	120	3608392
8	PROMETH VC/ SYP CODEINE		NANETTE		20080804	240	3608897
9	PROMETH VC/ SYP CODEINE		CARMELA L		20080804	240	3634688
0	ROXICET TAB 5-325MG		VICTORIA		20080804	120	3637379
5	ONXCOD/APAP TAB 5-325MG		TANYA K		20080804	120	3671597
6	ONXCOD/APAP TAB 5-325MG		SHARON		20080804	120	3667916
6	ROXICET TAB 5-325MG		DELESLA C		20080805	120	3637379
7	ONXCOD/APAP TAB 5-325MG		CRAWFORD M		20080805	120	3651533
2	DLAZEPAM TAB 10MG		DELESLA C		20080805	60	3637379
3	ONXCOD/APAP TAB 5-325MG		JERRY D		20080805	120	3659589
7	ONXCOD/APAP TAB 5-325MG		NEOMA		20080805	120	3641518
0	ONXCOD/APAP TAB 5-325MG		CARLENE		20080805	120	3651230
3	ONXCOD/APAP TAB 5-325MG		MICHAEL L		20080805	120	3651242
6	ALPRAZOLAM TAB 1MG		APRIL K		20080805	60	3637379
2	ALPRAZOLAM TAB 2MG		NEOMA		20080805	90	3641518
9	ROXICET TAB 5-325MG		BRANDY		20080806	120	3637379
4	DLAZEPAM TAB 10MG		COLONEL		20080806	60	3608897
5	ALPRAZOLAM TAB 1MG		KATHERINE		20080806	90	3649033
6	DLAZEPAM TAB 10MG		BRANDY		20080806	60	3637379
8	HYDROCO/APAP TAB 10-500MG		KATHERINE		20080806	120	3649033
1	ONXCOD/APAP TAB 5-325MG		VALISSHA		20080807	120	3676888

Scheme Identification

- Investigative Process
 - Medical Record Reviews
 - Member interviews
 - Provider/staff interviews
 - Medical/Pharmacy claim data comparison
 - Expert evaluation
 - License check
 - Background check
 - Pharmacy/Medical Board contact
 - MCP/PBM coordination

Scheme Identification

- Information Sharing
 - O.H.I.O. Meeting/Medicaid Program Integrity Group
 - National Healthcare Anti-Fraud Assoc.
 - Fraud Task Forces – Drug Task Forces



Special Investigations Unit (SIU)

Corrective Actions



SIU Actions

- Corrective Action Plans
- Provider Termination
- Agency/Law Enforcement Reporting/Notification
- **Care4U** Referrals

Behavioral Health Case Management

CARE4U PROGRAM



Behavioral Health (BH) Department

- Integration of BH and Physical Healthcare
- Care, Medical, and Disease Management
- Utilization
- BH Community Outreach:
 - Consumer and Families
 - ADAMHS Boards
 - CMHC's & BH providers in private practice
 - Hospitals
 - Primary Care Providers (PCPs)
 - Advocacy Groups
 - State Agencies
 - Others

Behavioral Health Team

- Comprised of:
 - Care Management and Utilization teams
 - Director, Manager and Team Leaders
 - Psychiatric Consultants
 - Medical Directors
 - RN Behavioral Health Case Managers
 - Behavioral Health Social Workers
 - Patient Care Coordinators (RN's & SW)
 - Prior Authorization Specialists



Behavioral Health - Care Management Activities

- **Care Coordination** with key stakeholders
- **Education** on the signs, symptoms and benefits of treatment
- **Resource identification** for bolstering supports, decreasing isolation and ameliorating psychosocial problems
- **Skill building** to address the reason for referral and to improve access to resources
- **Active participation** of member in the interdisciplinary team

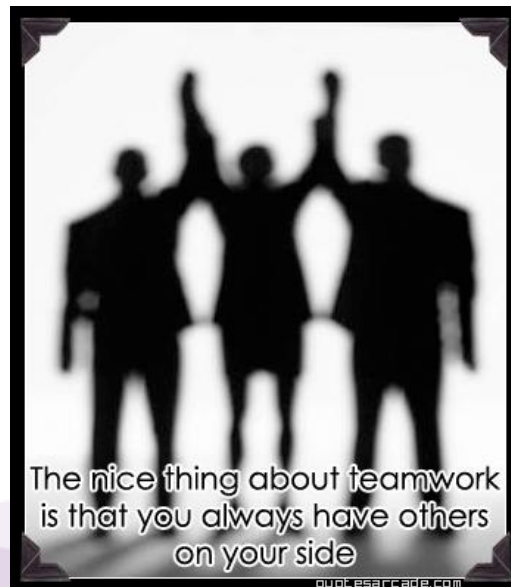
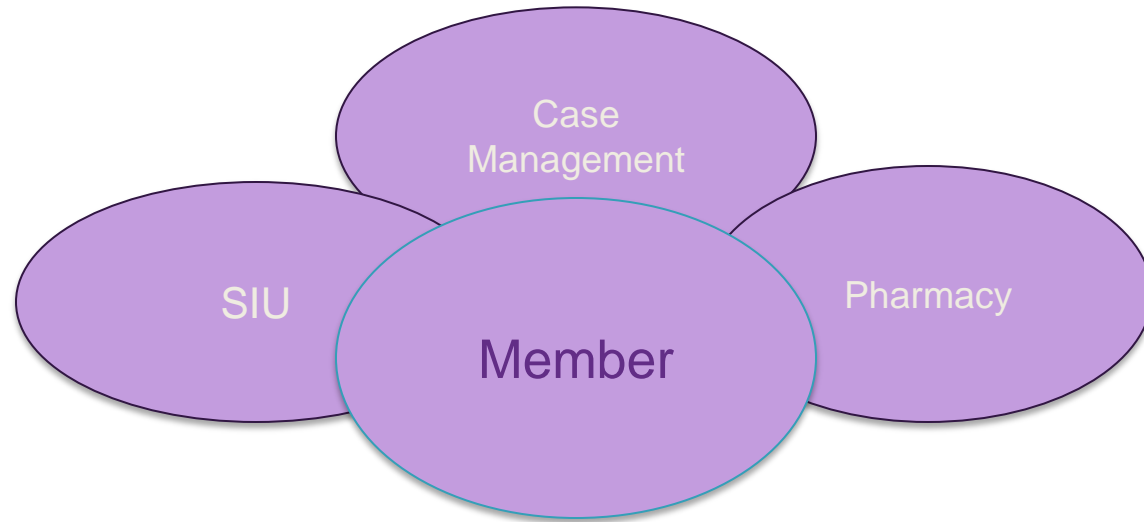
Behavioral Health – Substance Use Disorders Approach

- **Internal**
 - Integrated Care (with mental and physical)
 - Developing internal training
- **External**
 - Continually improve capacity

Opiate Specific: **Care4U Program**

Behavior Health

Care4U – Collaborative Effort



Behavioral Health - Care4U Identifying Potential Members

- Quarterly Controlled Substance Pharmacy Report
- Review top 300 members
- Report focuses on:
 - Members seeking 12 or more controlled substances in a 90-day period
 - From 4 or more providers and
 - Filled at 4 or more pharmacies



Behavioral Health - Care4U

Identifying Potential Members

- Referrals received by internal and external resources
 - Pharmacy Benefits Manager (PBM)
 - Special Investigations Unit
 - Fraud hotline
 - Law enforcement
 - Case Management
 - Customer Service
 - Pharmacy
 - Providers
 - Pharmacies



Behavioral Health - Care4U

Identifying Potential Members

Referral Evaluation

- Each case reviewed by an internal work group
- Work group – three perspectives
 - Special Investigations Unit
 - Case Management
 - Pharmacy
- Evaluated using the **Care4U**- 12, 4, 4 criteria
 - Analyze claim data to determine member inappropriate for **Care4U** (e.g.; cancer diagnoses)
 - Analyze
 - Medical and pharmacy claims data
 - ED usage
 - Case management notes
 - Diagnoses
 - Prescribed meds

Criteria Met=Care4U
Placement

Behavioral Health - Care4U

Care4U Placement



- Case Managers expertise - subject matter experts
 - substance abuse
 - behavioral health
 - pain management

Care4U Activities



- Member outreach
 - regular contact established
 - involve member in their care plan
 - connect member to community resources
 - match member with care based on diagnoses
 - provide care coordination with member's PCP & other specialists
 - notify prescribers that their patients are getting multiple controlled substances from multiple prescribers

Behavioral Health - Care4U

Care4U Activities



- Address concerns
 - medical
 - psychological
 - social
- Work to increase member treatment retention/participation
- Educate members
- Offer supportive care
- Provide ongoing monitoring even if member doesn't respond to out reach efforts
- Work as a team to develop strategies to improve member overall health and well-being

Behavioral Health - Care4U

Care4U Activities



- Send prescribing provider letters
 - notify prescribers of multiple scripts
 - educate on OARRS
 - ask for prescriber feedback in a fax form attached

Positive
feedback

Future Need
Ability to contact ED and UC prescribers

Care4U - Success Stories

- Member referred by Law Enforcement
- Member always had an excuse, mostly related to physicians not giving her what she wanted
- Member had serious money issues
- Case Manager worked with member to find:
 - a pain management physician she could work with
 - community resources
- Physician worked to find the right medication to relieve her pain
- Case Manager provided a lot of needed encouragement to stay with the program
- Outcome –
 - Member still receiving pain medication, but right combination of meds
 - Receiving meds from one physician and one pharmacy


Care4U - Success Stories

- Member was an internal referral from our Pharmacy Department – receiving 22 controlled substances in a 90 day period from 9 physicians and 9 different pharmacies.
- Multiple ER visits for chronic pain many involving ambulance services
- Working with a CareSource Case Manager, the member found a pain management physician
- Case Manager identified transportation problems and arranged transportation to the physician's office ensuring treatment received
- Outcome
 - Receiving pain medication from one physician, one pharmacy
 - Transportation is provided so care is consistent
 - ED/ambulance usage reduced significantly

Care4U - Success Story

- Referred to Care4U following a review of EDD Reports
- Prior laminectomy - could never get pain relief--current diagnosis of post laminectomy syndrome and neuritis.
- Initial assessment - pain level was between 7-10; was receiving 14 controlled substances in a 90 day period written by 5 prescribers, filled at 6 pharmacies
- For over 1 ½ years Case Manager worked through the different stages of change to include prep, action and finally maintenance
- Educated on pain mgmt and the correlation with depression and anxiety; assisted in locating a behavioral health provider
- Member needed much assistance and encouragement from case manager over the months for understanding of pain management, pain control and outcomes which could be expected
- Ongoing Case Manager collaboration with physicians, physical therapists, DME companies, etc.
- Outcome:
 - member pain became manageable at 4-6 level
 - receiving epidurals and pain meds only by one pain mgt specialist
 - receiving anti-psychotics by his PCP

- Member education and prevention programs
- Provider training, education, tools:
 - Family Practice
 - Internal Medicine
 - Dentist
 - Emergency Dept.
 - Pharmacist



PAIN MANAGEMENT GUIDELINES AND CONTRACT

Name _____ DOB _____

Goals for Taking Opioid Medications: _____

I, _____, understand that compliance with the following guidelines is important to the continuation of pain treatment by _____

1. I will take medications at the dose and frequency prescribed. No other pain medications are to be taken unless discussed first with _____
2. I will comply with my scheduled appointments.
Next appointment: _____
3. No pain medication will be refilled by phone. I understand that pain medication prescriptions will only be refilled at the scheduled clinic appointments.

Future Needs

- Coordinated mental health effort
- Suboxone education and access
- Picture ID for script pick-up
- Tighter controls on call-in scripts
- Pharmacist education
- Pain management oversight
- MCP access to OARRS
- State Medicaid data sharing
- State controlled substance data base sharing

OARRS

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