



Pharmacy Diversion Awareness Conference

Pharmaceutical Diversion in Medicare

Eric Rubenstein
Special Agent
HHS-OIG
Edison Field Office
Edison, New Jersey





Learning Objectives

- Understand the mission of HHS/OIG
- Recognize that drug diversion and health care fraud includes both controlled and non-controlled medications
- Learn the common healthcare fraud/ drug diversion schemes and common methods how this is accomplished





HHS Office of Inspector General: Background

- **Mission:** Protect the integrity HHS programs as well as the health and welfare of program beneficiaries
- Fight fraud, waste, abuse in Medicare & Medicaid, plus 300 other HHS programs
- Second largest Inspector General's office in Federal Government
- Office of Investigations performs criminal, civil and administrative enforcement





Recent OIG Drug Reports

- **Inappropriate Medicare Part D Payments for Schedule II Drugs Billed as Refills**
 - \$25M
- **Prescribers with Questionable Patterns in Medicare Part D**
 - 736 general care physicians
- **Retail Pharmacies with Questionable Part D Billing**
 - Over 2600 pharmacies identified
- **Medicare Inappropriately Paid for Drugs Ordered by Individuals Without Prescribing Authority**
 - Massage Therapists, Athletic Trainers, Home Repair Contractors, etc.





OIG Collaborative Effort

- Tactical Diversion Squads (with DEA)
- Strike Force Units (FBI on HEAT initiative)
- With state, local LE
- Use/encourage Prescription Drug Monitoring Programs (PDMP)



OIG Statistics

Office of Inspector General Statistics

OIG Action	FY10	FY11	FY12	FY13	FY14	Total
Criminal Actions	647	723	778	960	971	4,079
Civil Actions	378	382	367	472	533	2,132
Exclusions	3,340	2,662	3,131	3,214	4,017	16,364
HHS Investigative Receivables	\$3.2 Billion	\$3.6 Billion	\$4.3 Billion	\$4.0 Billion	2.9 Billion	\$ 18.2 Billion
Non-HHS Investigative Receivables	\$576.9 Million	\$952.8 Million	\$1.7 Billion	\$1.02 Billion	1.1 Billion	\$5.3 Billion
Total Investigative Receivables	\$3.8 Billion	\$4.6 Billion	\$6.0 Billion	\$5.0 Billion	4.1 Billion	\$ 23.6 Billion



Increasing Trend in Medicare Pharmaceutical Payments

Medicare Part D Total Expenditures

- **2013 - \$69.7 Billion (10% of Medicare Spending)**
- **2023 - \$171.7 Billion (Projection)**
 - 2014 Boards of Trustees Annual Report





Exclusion Authorities

- **Social Security Act (Sections 1128 and 1156)**
- **Approximately 3000 actions per year**
- **Duration from 3 years to Permanent**
- **47% Based on License
Revocation/Suspension/Surrender**
- **48% Based on Convictions**
 - **Health Care Fraud or other Program Related Offense,**
 - **Patient Abuse/Neglect,**
 - **Controlled Substance**





Basis for Many Pharmaceutical Frauds Involve **KICKBACKS**

Antikickback Statute - 42 U.S.C. Section 1320a-7b(b) provides:

- (1) Whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe or rebate) directly or indirectly, overtly or covertly, in cash or in kind –
 - (A) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, or
 - (B) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program,shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.



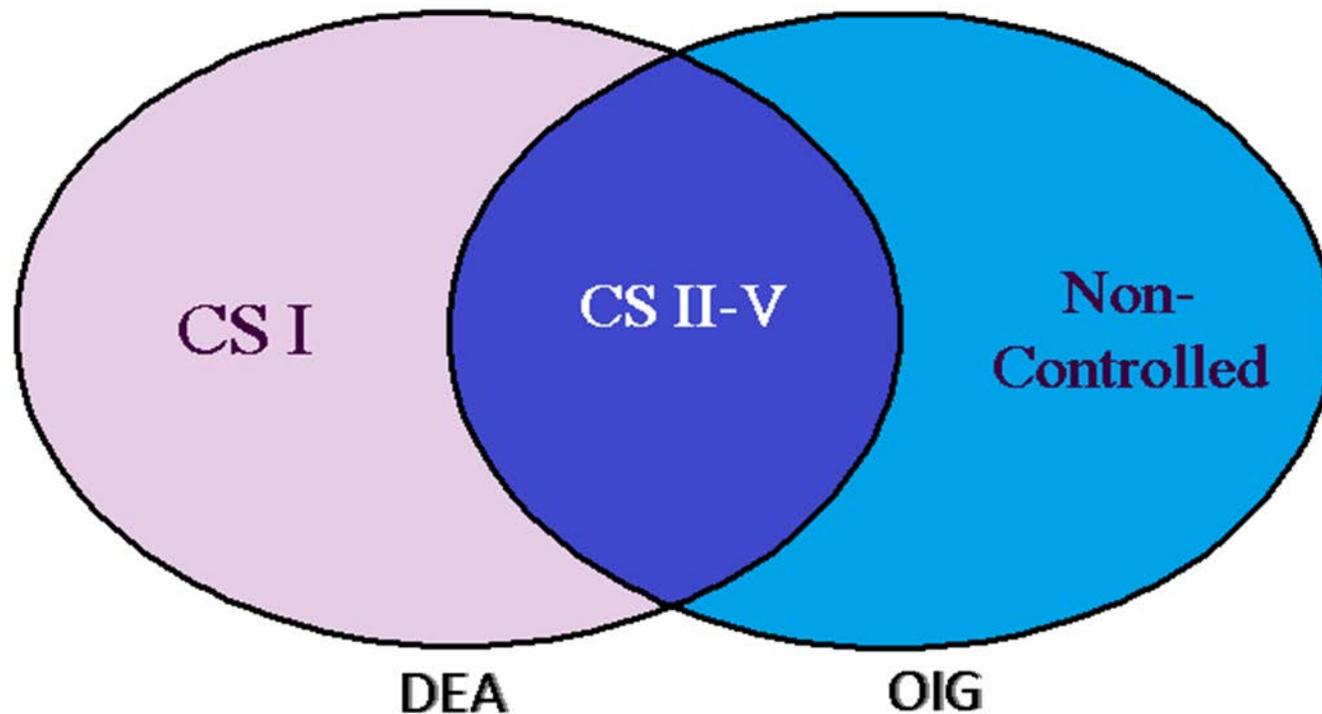


Different Drug Jurisdictions

- **DEA:** Controlled substance laws and regulations of the United States
- **HHS/OIG:** Pharmaceuticals billed to federal healthcare programs
 - Those paid by Medicare, Medicaid
 - Includes Controlled Substances paid by federal programs
 - But also includes Non-Controlled Substances



DEA & HHS/OIG Authority



Where Does OIG Get Referrals?



INDUSTRY



HOTLINES



LAW ENFORCEMENT PARTNERS



SENIOR MEDICARE
PATROL



DATA ANALYTICS



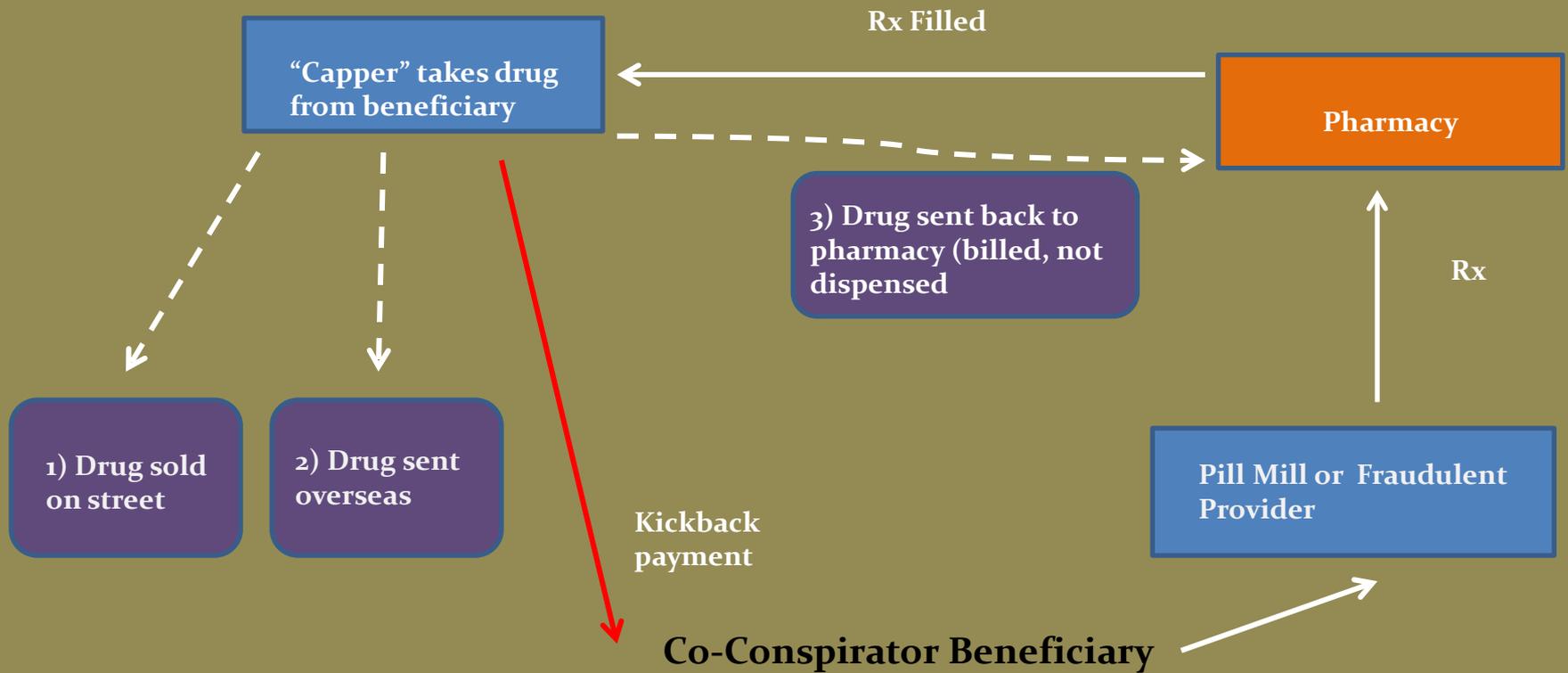


Why Divert Non-Controlled?

- **Controlled Drugs:**
 - Diverted for recreational use
 - \$57B in societal costs
- **Non-Controlled:**
 1. High reimbursement—financial crime. Not dispensed, just billed. It's not “the government's money” – it's YOUR money.
 2. Some diverted to other countries
 3. Others mixed into street cocktails with controlled substances; are “POTENTIATORS”



Drug Recycling Scheme





Re-shelving of “dispensed” Drug

- **Over 200 pills jammed into a 90 count bottle**
- (mixes lot numbers and expiration dates!)





Common Pharmacy Schemes

- Billed but not dispensed
- Fictitious scripts/name
- Auto refills
- Dispense generic/bill for brand
- Paying patients for scripts
- Payment for referrals

Other Issues:

- Stolen identities
- Prescription shorting
- Narcotics without prescriptions (backdoor sales)





Polypharmacy Cocktails Potentiators

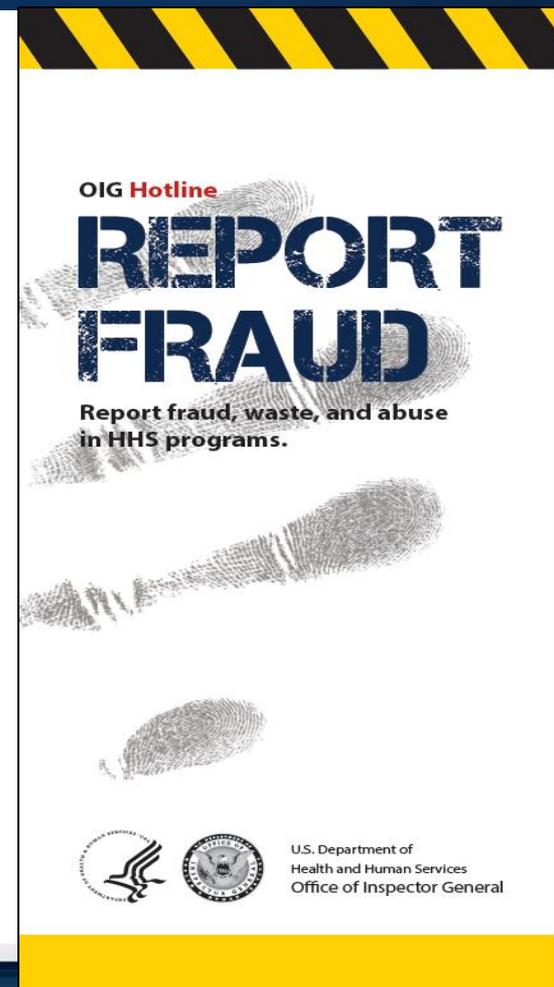
- Abilify + Seroquel Snort (“jailhouse heroin”)
- Soma + Codeine (“Soma Coma”)
- Seroquel + Zyprexa + Ativan + ETOH + Cocaine
- HIV Protease Inhibitors + Percocet
- Caffeine + ETOH + Eyeball
- Promethazine/Codeine + Tampon
- ETOH + Albuterol Inhaler
- Adderall + Albuterol + Sleep deprivation
- Adderall + Lexapro + Cannabis
- Meth/Ecstasy/Viagra (Rectally)=“Royal Flush”





What To Do if you Suspect Fraud or Diversion Activity?

- Use available databases to scrutinize scripts; including your state PDMP database
- If receive a clearly fraudulent script, forged script, ID theft; engage law enforcement immediately
- If you suspect a Medicare provider or beneficiary is diverting, contact
 - 800-HHS-TIPS or at
 - oig.hhs.gov/report-fraud





Thank You

