



Pharmaceutical Diversion in Medicare

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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
- Describe the various drug cocktails frequently found in drug diversion/healthcare fraud schemes





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
- Largest Inspector General's office in Federal Government
- Office of Investigations performs criminal, civil and administrative enforcement





HHS/OIG: Components

- **Office of Evaluations & Inspections:**
 - Conducts and publishes studies on various vulnerabilities in Medicare/Medicaid. Reports on OIG website with recommendations. Several drug related reports.
- **Office of Audit:**
 - Conducts independent audits of HHS programs/grantees. Also create reports and make recommendations.
- **Office of Council to IG:**
 - Provides legal counsel to IG and other components. Performs civil monetary penalties, provider self disclosures, collaborates with DOJ on national cases.
- **Office of Management and Policy:**
 - Provides mission and administrative support to the OIG
- **Office of Investigations:**
 - Law enforcement arm of OIG, which uses both traditional law enforcement techniques along with contemporary data analytic tools to identify trends and targets for investigations and prosecution





Exclusion Authorities

- **Social Security Act, Sections 1128 and 1156**
- **Approximately 3000 actions per year**
- **Duration from 3 years to Permanent**





Recent OIG Drug Reports

- **Inappropriate Medicare Part D Payments for Schedule II Drugs Billed as Refills**
- **Prescribers with Questionable Patterns in Medicare Part D**
- **Retail Pharmacies with Questionable Part D Billing**
- **Medicare Inappropriately Paid for Drugs Ordered by Individuals Without Prescribing Authority**





Collaborative Effort

- Work with DEA and TDS Task Force Units
- Work with FBI on HEAT initiative (Strike Force operations in select cities)
- Work with state, local law enforcement
- Use/encourage Prescription Drug Monitoring Programs (PDMP)
- Support education of industry, patients, providers, pharmacists -can't prosecute our way out of this problem



Where Does OIG Get Referrals?



INDUSTRY



HOTLINES



LAW ENFORCEMENT PARTNERS



SENIOR MEDICARE
PATROL



DATA ANALYTICS



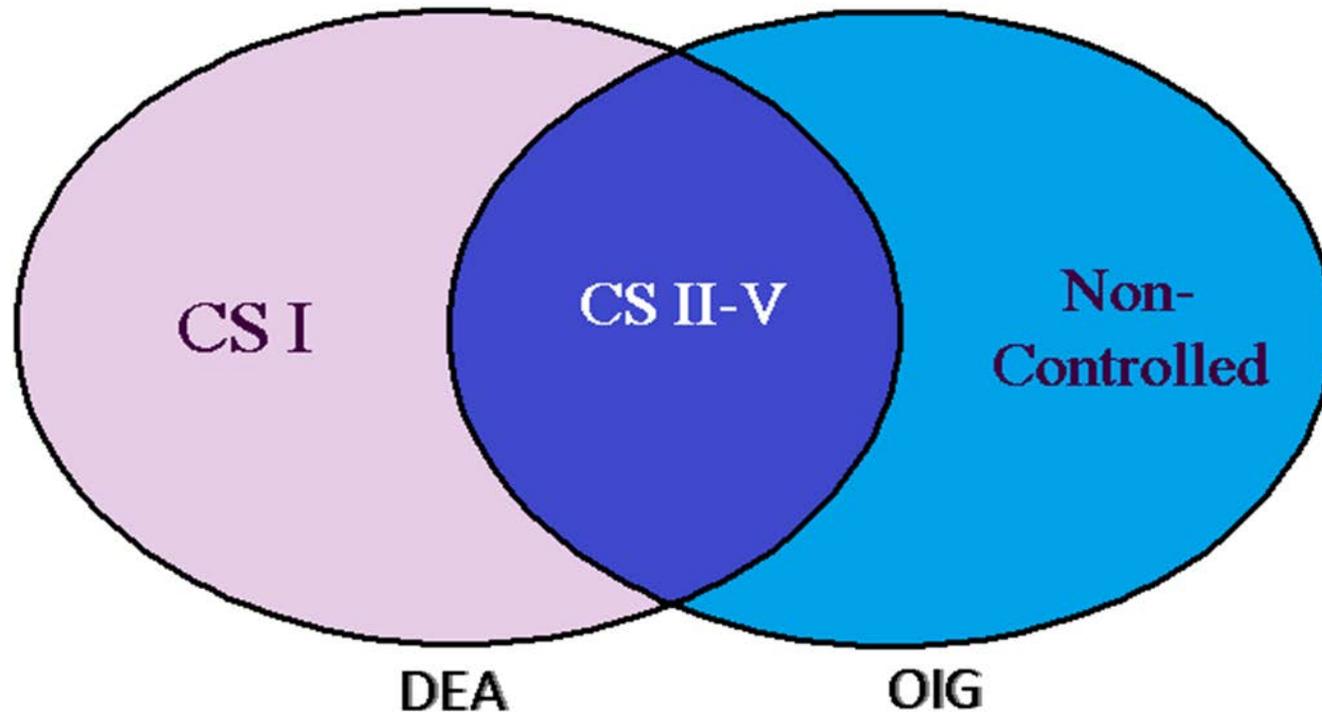


Different Drug Jurisdictions

- **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



Increasing Trend in Medicare Pharmaceutical Payments

Medicare Part D Expenditures

- **2012 - \$66.9 Billion**
- **2022 - \$165 Billion**
 - Projection by Centers for Medicare and Medicaid Services, Office of the Actuary





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.





Why Divert Non-Controlled?

- **Controlled Drugs:**
 - Diverted for recreational use
- **Non-Controlled:**
 1. High reimbursement. Not dispensed, just billed.
 2. Some diverted to other countries
 3. Others mixed into street cocktails with controlled substances





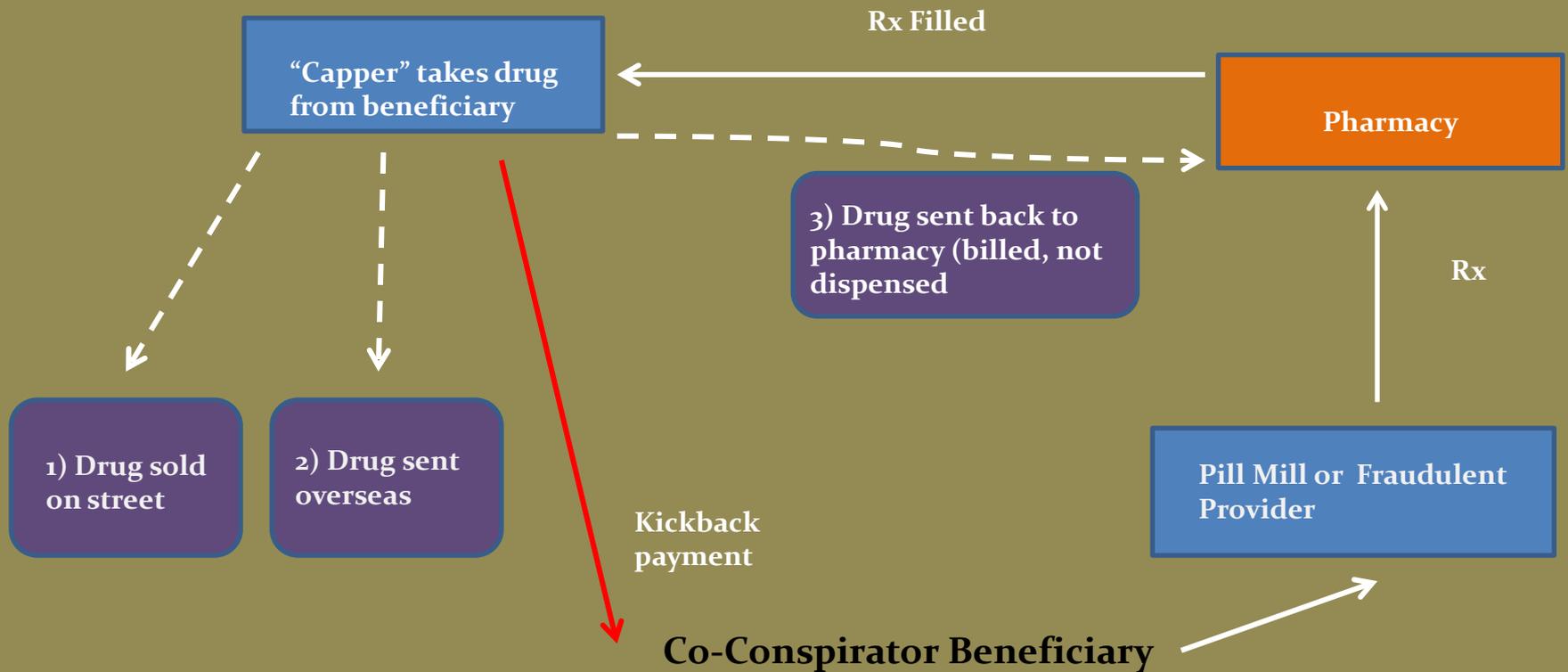
OIG Commonly Diverted Drugs

Examples

- **Controlled:** Oxycodone and hydrocodone products, Opana, Dilaudid, Suboxone, Soma
- **Non-Controlled:**
 - Antipsychotics: Abilify, Zyprexa, Seroquel
 - Diabetic: Zetia, Actos
 - Respiratory: Spiriva, Advair
 - Statins: Lipitor, Crestor
 - HIV: All anti-retrovirals, protease inhibitors
 - Topical: Solaraze, Lidoderm



Drug Recycling Scheme





Other Pharmaceutical Fraud to Watch For

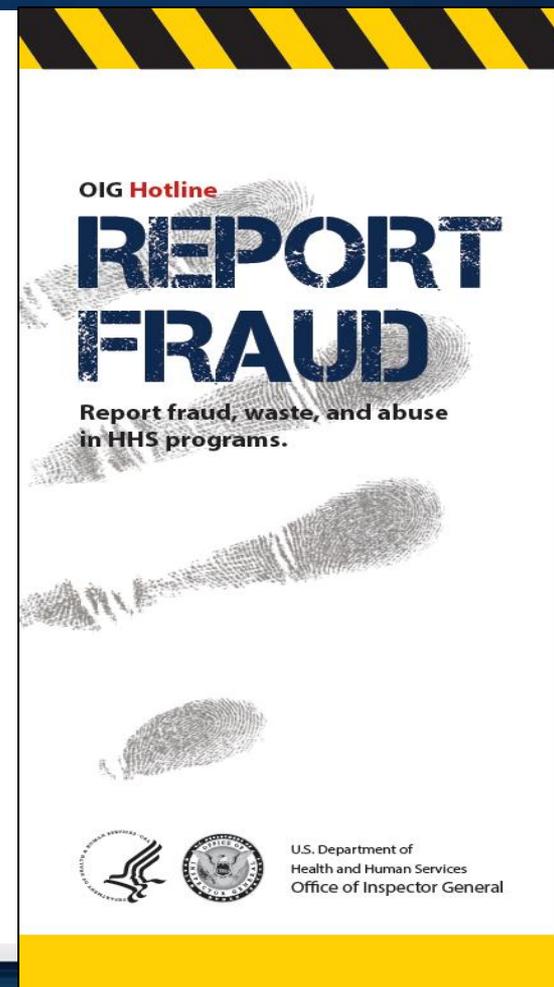
1. Be wary purchasing from secondary wholesalers with unreal prices (often counterfeit, expired-repackaged, knock-offs)
2. Never give patients, providers, etc. any kind of remuneration in exchange for sending patients to your pharmacy
3. If you bill Medicare for brand, don't dispense generic
4. Don't allow corporate to pressure you into filling illicit/questionable scripts to meet "quotas"
5. Watch use of compounding billing code when no compounding actually occurred.





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

