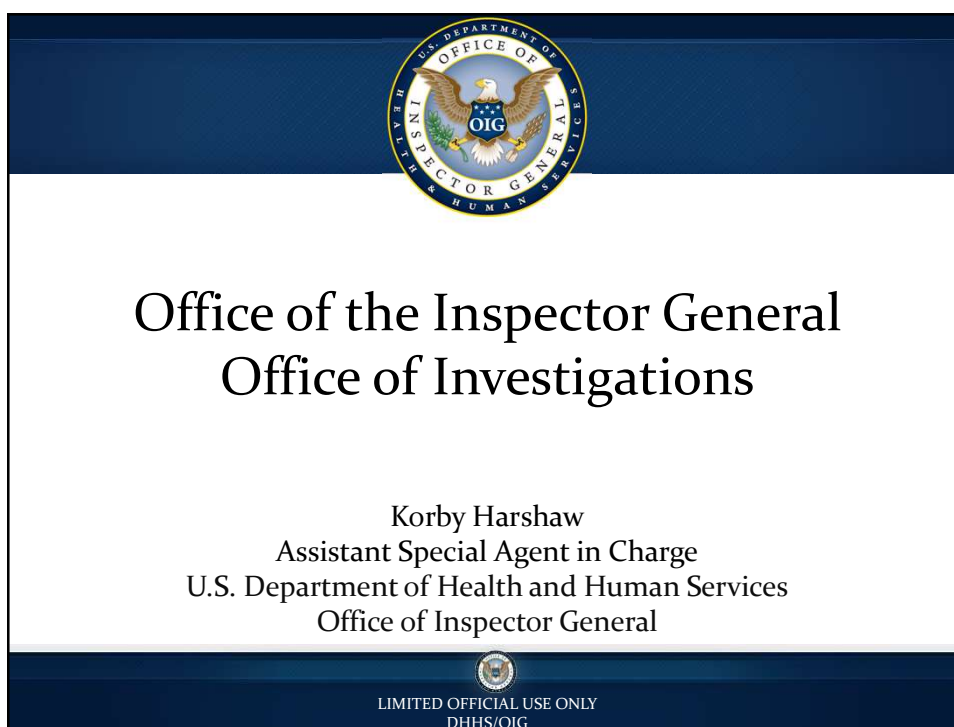







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# HHS-OIG



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## Office of Investigations

# Objectives of this presentation

- HHS-OIG background
- Current health care fraud trends
- Examples of OI investigations



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## Office of Investigations

- Who we are and what we do



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## Office of Inspector General

### The Inspector General Act of 1978

- Oversight authority established by the Inspector General Act of 1978
  - All Federal departments with OIGs
  - Responsibilities include:
    - Conduct audits and investigations
    - Recommend policies to the HHS to encourage economy and efficiency
    - Prevent and detect fraud, waste, and abuse
  - Keep the Department and Congress informed

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## IG Act of 1978

- **An independent and objective IG**
- **Direct /unrestricted access to agency records & information**
- **Subpoena authority for information and documents outside the agency**
- **Semiannual reporting to Congress**

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## HHS-OIG

- **Largest IG office in the Federal Government**
- **1,600 individuals**
- **Auditors, evaluators, investigators, lawyers**
- **Oversee programs that are a significant part of the Federal budget**

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## HHS-OIG

- **Immediate Office of Inspector General**
- **Office of Counsel to the Inspector General**
- **Office of Management and Policy**
- **Office of Audit Services**
- **Office of Evaluation and Inspections**
- **Office of Investigations**

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## Office of Investigations


- OI has about 600 employees nationwide, consisting of approximately 500 criminal investigators and other mission support staff, such as general investigators, forensic computer examiners, investigations analysts, investigations assistants, and administrative staff.

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## Division of Data Analytics

### Central Analytic Hub: Composed of 3 Teams

- Data Provisioning & Ad-Hoc Analysis Team
- **Self-Service Tools and Modeling Team**
- Training & Standards Team



HHS OIG OCDO  
Division of Data Analytics (DDA)

- \*Provider Claims Export
- \*Provider Profile
- \*Peer Comparison Generator
- \*Beneficiary Claims Export
- \*Payments by Geographical Area
- \*Trends Tool
- \*\*Predictive Models for OI Targeting

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## Digital Investigations Unit

- 31 FCE, 20 DEAS
- Support 150+ SW/year
- Forensically acquire & analyze digital evidence
- Testify as forensic experts on behalf of Government

**Assist with:**

- Identification, Preservation, & Collection of evidence
- Developing PC for Mobile Devices
- Drafting SW Affidavit, Attachment, Application
- Advising Prosecutors/Judges on Technical Issues
- Conducting Interviews Related to Digital Components of Investigations




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 **National HCF Takedowns**

- Joint effort from MFCUs, HHS-OIG, DOJ, FBI, and others

**2017  
TAKEDOWN  
By The Numbers**

- 412** Defendants Charged, Including
- 115** Medical Professionals
- \$1.3** Billion in Losses
- 41** Federal Districts
- 30** Medicaid Fraud Control Units
- 295** Exclusion Notices
- 350** OIG Agents

Source: DOJ and HHS OIG

**2018 Takedown  
BY THE NUMBERS**

- 601** Defendants Charged, Including
- 165** Medical Professionals
- \$2** Billion in Losses
- 587** Exclusions Issued
- 58** Federal Districts
- 30** Medicaid Fraud Control Units
- 350** OIG Agents


U.S. Department of Health and Human Services Office of Inspector General

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## Open Investigations by Provider Type

**FY 2017**

Provider Type	Open Investigations (Total)
Pharmaceutical Manufacturer	3,374
Home Health & Personal Care Services	3,158
Nursing Facilities	1,297
Pharmacies	1,013
Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	690

**FY 2018**

Provider Type	Open Investigations (Total)
Pharmaceutical Manufacturer	3,196
Home Health & Personal Care Services	3,146
Nursing Facilities	1,189
Pharmacies	988
Drug Diversion	971

**Joint MFCU/OI Cases**

	Criminal	Civil	CMPL
FY 15	888	315	7
FY 16	877	313	9
FY 17	915	316	11
FY 18	915	311	12


**Oct 2018 to present:  
Over **1,100** Joint  
MFCU/OI Cases**

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## Durable Medical Equipment

- Durable (approx. life expectancy of 3 yrs.)
- Serves a medical purpose
- Medical necessity/ordered
- Used at home
- Can be purchased or rented



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## Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

Fiscal Year	Open Investigations (Total)	Indicted/Charged (Criminal)	Convictions (Criminal)	Settlements and Judgments (Civil)	Amount of Recoveries (Criminal)	Amount of Recoveries (Civil)
2016	689	29	29	56	\$5,014,066	\$30,978,589
2017	690	17	21	37	\$28,333,624	\$2,284,941
2018	718	11	22	57	\$14,828,694	\$5,235,133
	<b>2,097</b>	<b>57</b>	<b>72</b>	<b>150</b>	<b>\$48,176,384</b>	<b>\$38,498,663</b>



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## Examples of Durable Medical Equipment (DME)

- Orthotic devices
- Oxygen equipment and accessories
- Manual and powered wheelchairs and mobility devices
- Blood sugar monitors and test strips
- Hospital beds
- Canes and Crutches
- Infusion pumps and supplies
- Walkers
- Sleep apnea and CPAP devices and accessories
- Commode chairs
- Continuous passive motion machines
- Nebulizers and nebulizer medications
- Patient lifts
- Suction pumps
- Traction equipment



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## Why DME?

- Low barriers to entry
- Minimal start up cost
- No advanced education / specialized experience needed
- Tangible items offered 'free' to beneficiaries
- Reimbursements can be significantly higher than market prices

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## Common Schemes

- Rental Schemes
- **Telemarketing/Telemedicine**
- Medical Identity Theft
- Kickbacks
- Orthotics/"Ortho kits"
- Power Wheelchairs
- Enteral Nutrition

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## Telemedicine

### **Rising call center schemes**

- Call center solicits patients
- Telemed company calls and provides “consultation”
- Telemed company provides order and/or prescription
- DME supplier, pharmacy, and telemed provider bill insurance
- Broker paid for patient leads & info



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## Common Schemes

### Diabetic Supplies

- Outsourcing to telemarketing companies
- “cold calling” beneficiaries w/ “auto dialers”
- Typical script asks “Are you a diabetic?”
- Once signed up, beneficiaries asked about other DME
- DME Company identified only after billing

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## Common Schemes

### Duplication of Services

- Beneficiaries receiving supplies from multiple providers
- Each time beneficiary gives info, they get signed up with additional DME company
- Many beneficiaries getting overlapping services from “big” diabetic companies

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## Common Schemes

- Power Wheelchairs
  - Forging Physician Signatures on CMNs/Prescriptions
  - Substitution of lesser model power wheelchairs
  - Billing used equipment as new
  - Changing POS on CMNS
    - From SNF to Residence
- Enteral Nutrition
  - Billing Enteral Nutrition – delivering Ensure
  - Billing Enteral Nutrition- beneficiary has no feeding tube



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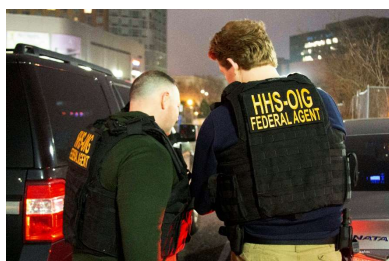
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## Operation Brace Yourself April 2019



<https://www.nbcnews.com/politics/justice-department/feds-take-down-1-billion-fraud-scheme-operation-brace-yourself-n992481>

- Charges against 24 defendants
- Over 80 search warrants in 17 federal districts
- CMS took admin action against 130 DME companies that had submitted over \$1.7B & paid over \$900M

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## Medical Identity Theft



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## Medical Identity Theft/ Patient Information Brokering

- Significant targeting of elderly
- Telemarketing companies falsely represent government or managed care plan
- Increase in identity theft due to internet pharmacies
- Often associated with sophisticated cybercrime




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## Patient Information Brokering


- Patient Information is big money
- Today's Marketers/Recruiters are sophisticated
  - Act more as “Patient Information Brokers”
  - Realize that there's a large market for patient info
- Once patient info gets out, unlimited exposure
- Various statutes available to address their conduct
  - Identity Theft, HIPAA, Kickbacks



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## Impact of Patient Information Brokering

- Conduct leads to an unknown amount of loss to the taxpayers
- Once the patient's information is out, there is no way to know how long it will be used
  - This can lead to significant frustration, anxiety, and concern for elderly beneficiaries and their families
  - It can also result in their benefits being exhausted

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# Genetic Testing

- Testing a person's chance of having a certain medical condition
- Now at health fairs, church socials, farmer's markets, convenience stores, food banks
- Cheek swabs at the mall
- Drug sensitivity testing
- Multiple unnecessary tests
- Kickbacks to providers to authorize testing for patients they may never examine



No Part B Encounter  
Impossible location  
Excessive testing  
Rare disease testing for common ones

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**myDNA**  
cancer testing

**FREE Genetic DNA Cancer Screen Test**

A personal or family history of cancer:

• Breast	• Leukemia	• Bladder
• Ovarian	• Prostate	• Endometrial
• Kidney	• Pancreatic	
• Colon	• Lung	

✓ Very simple easy non-invasive cheek swab

✓ Tests for 39 common genetic mutations for cancer prevention and early detection.

✓ 2-3 week turnaround time with a comprehensive report backed by modern research.

✓ Comprehensive Cancer Panel for ALL solid tumor cancers available for those who qualify.

**MEDICARE HEALTH INSURANCE**

Member: **JOHN L. SMITH**

Plan: **1EG4-TES-MK72**

Effective Date: **03-01-2016**

Plan Type: **HOSPITAL (PART A) MEDICAL (PART B)**

**Do I Qualify?**

- ✓ Traditional Medicare (Part B)
- ✓ Aetna Medicare Advantage PPO
- ✓ United Healthcare Medicare Advantage PPO
- ✓ Personal or family history of cancer
- ✓ A desire to stay healthy and be preventative with your personal and family's health.

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**myDNA**  
cancer testing

**If you have any of the following, call immediately...**

- ✓ Personal History of Breast Cancer diagnosed at/before age 45
- ✓ Personal History of Triple negative breast cancer diagnosed at/before age 60
- ✓ Personal History of Ovarian cancer
- ✓ Personal History of Prostate cancer with at least one 1st, 2nd or 3rd degree relative diagnosed with either ovarian, pancreatic, breast or prostate cancer
- ✓ Personal History of Pancreatic cancer with at least one 1st, 2nd or 3rd degree relative diagnosed with either ovarian, prostate, breast or pancreatic cancer
- ✓ Family History of any of the following cancers. Must be at least two relatives on the same side (maternal or paternal)
 

• Breast	• Leukemia
• Ovarian	• Prostate
• Kidney	• Pancreatic
• Colon	• Lung
• Bladder	• Endometrial

**100% covered by:**

Traditional Medicare (Part B)

United Healthcare Medicare Advantage PPO

Aetna Medicare Advantage PPO

**MEDICARE HEALTH INSURANCE**

Member: **JOHN L. SMITH**

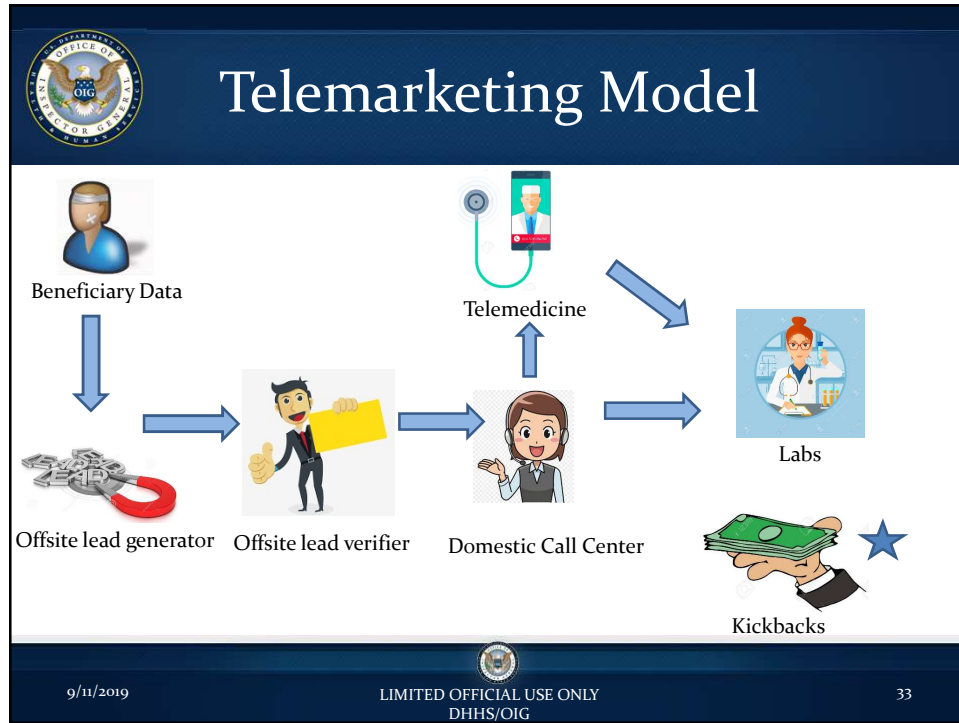
Plan: **1EG4-TES-MK72**

Effective Date: **03-01-2016**

Plan Type: **HOSPITAL (PART A) MEDICAL (PART B)**

**www.mydnacancertesting.com**

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## Genetic Testing Fraud

**\*Senior Medicare Patrol sharing with beneficiaries.**

**WARNING!**  
Genetic tests must be ordered by your doctor to be covered by Medicare.

Some labs may offer a cheek swab for genetic testing as part of a "free" health screening in order to obtain your Medicare information for identity theft or fraudulent billing purposes.

Before you agree to genetic testing, be sure:

- The test is ordered by your doctor
- The genetic test is medically necessary and covered by your plan

To discuss benefit, coverage, claims payment or other concerns, contact Customer Service at:  
PPO/PDP 1-800-541-8981 HMO 1-855-522-8896  
To report suspected fraud, call:  
1-877-7SafeRx (1-877-772-3379)

**PROTECT YOURSELF FROM THIS SCAM**

A booth at a local health fair, senior housing, community center or home health agency is offering free health screenings, including genetic testing. The representative falsely promises that Medicare will pay for the test, and you simply need to provide a cheek swab, your ID and Medicare information to receive your test results. They may even ask for your doctor's name, implying that they will send your results to your doctor. Unfortunately, now they have your health plan or Medicare number, and they can bill Medicare thousands of dollars for medically unnecessary tests or even services that you never receive. They also have personal genetic information regarding your health.

**Beware: This is a scam. Don't be a victim of Medicare fraud. Protect yourself and your benefits.**

- Never give out your Social Security, Medicare or health plan numbers or banking information to someone you don't know.
- Do not consent to any lab tests without your doctor's order.
- Keep in mind, it is illegal to accept anything of value in exchange for medical services.

For questions about Medicare or for more information, call:  
1-800-MEDICARE (1-800-633-4227)  
[www.medicare.gov](http://www.medicare.gov)

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## Prescription Drugs



**FRAUD!**


**Rx** PRESCRIPTION

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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## Drug Diversion

Fiscal Year	Open Investigations (Total)	Indicted/Charged (Criminal)	Convictions (Criminal)	Settlements and Judgments (Civil)	Amount of Recoveries (Criminal)	Amount of Recoveries (Civil)
2016	574	187	186	1	\$10,219,818	\$5,456,277
2017	673	202	191	1	\$28,382,681	\$8,427
2018	971	266	199	5	\$1,709,595	\$5,976,575
	<b>2,218</b>	<b>655</b>	<b>576</b>	<b>7</b>	<b>\$40,312,094</b>	<b>\$11,441,279</b>

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## Common Schemes

- Billed but not dispensed
- Fictitious scripts/name
- Auto refills
- Add-on scripts
- Dispense generic/bill for brand
- Paying patients for scripts (beneficiary co-conspirators)
- Payment for referrals
- Prescription shorting
- Narcotics without prescriptions (backdoor sales)



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## Emerging Trends

- Fraud migration
  - Primarily geographical due to LE presence and inspections
- Increased mix of controlled/non-controlled schemes
  - Cash from controlled fraud pays kickbacks for non-controlled frauds
- Illegal imports/exports (FDA drug pedigree)
  - “Charitable Organization” schemes
- Medical Identity Theft

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## Pharmacy Investigation

### COVERT

- Review billing data
- Surveillance
- State corporation records
- Labor records (paid employees)
- Wholesaler vendor invoices

### OVERT

- Review original scripts on-site  
*Consistent penmanship?*
- Interview employees  
*Pharmacists, Delivery drivers*
- Document review  
*Kickback ledger, envel w/cash  
Unused bottle label printouts*
- Examine Med Bottles and  
Check Lot Numbers, Bingo  
Cards

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## Why Divert Non-Controlled?

- Less scrutiny by government and law enforcement (“safe haven”)
- No mandatory minimum prison sentence.
- More lucrative with non-controlled due to costs (\$21K vs. \$150K)
- Increases in fusion crimes of controlled/non-controlled in the same pharmacy

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## Popular Financial Fraud Drugs

- Antipsychotics (Zyprexa, Abilify, Risperdal, Seroquel)
- Topical (Lidoderm, Solaraze)
- Lovaza (OTC substitution)
- Diabetic (Invokana, Victoza, Farxiga)
- Cholesterol Drugs (Statins, PCSK-9)
- Respiratory Inhalers (Pulmicort, Combivent, Advair)
- Alzheimer Drugs
- HIV Drugs
- Hepatitis C Drugs



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## Goal Differences

- **Controlled Drugs:**
  - Diverted for recreational use (billed and “dispensed”)
  - \$72-100B in societal costs
- **Non-Controlled:**
  1. Financial gain. Billed/not dispensed
  2. Some diverted to other countries
  3. Others mixed into street cocktails with controlled substances; are “POTENTIATORS”

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## Non-Controlled Data

- Sort to see what drugs are billed most often
- Look for trends (switching, irregular billing, excessive amounts, duplicate categories, multiple refills, dead benes, wrong gender meds, skipped months, switching meds every month, etc.)
- Match legitimate wholesale invoices with billed amounts.

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## Kansas Case Example

- Blatant pill-mill clinic operated by physician
- All local pharmacies refuse to fill Rx
- One pharmacy agrees to fill for doctor
- 3-1 ratio requirement
- Text conversations/phone calls

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## Kansas Case Example

- Doctor convicted of drug distribution – life sentence imposed
- Pharmacist convicted at trial in July 2019 of drug distribution and health care fraud
- Awaiting sentencing

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## California Pharmacy Case Example

### Los Angeles Doctor

- Sentenced in 2016 to 9 years; found guilty after a 2014 trial.
- Using prescriptions that were pre-signed by the doctor, employees of a medical clinic generated thousands of prescriptions for identify theft victims, such as elderly benes and military veterans recruited from drug rehab programs.
- Members of the conspiracy created or doctored patient files to make it falsely appear the drugs were necessary and patients were legitimately being treated.
- After prescriptions were filled at pharmacies and paid for by Medicare/Medicaid, they were sold on the black market and redistributed to pharmacies where drugs were again billed.
- Drugs involved were high-cost, anti-psychotic medications – Abilify, Seroquel, Zyprexa.

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## California Pharmacy Case Example

- At a hearing, the Judge noted that the conspiracy was “**particularly devious**” because the participants believed they targeted “under-the-radar” drugs in an effort to evade attention by law enforcement.
- The entire investigation resulted in 19 criminal convictions and over \$10M in restitution/fines.

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## Common Controlled Drugs in Schemes

- Oxycodone (Percocet, Oxycontin)
- Hydrocodone (Vicodin, Zohydro)
- Hydromorphone (Dilaudid)
- Oxymorphone (Opana)
- Morphine (MS Contin)
- Fentanyl (Subsys, Duragesic)
- Buprenorphine (Suboxone, Butrans)
- Lyrica
- Testosterone
- Tramadol
- Ketamine



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## Controlled Fraud Pharmacies

- Heavy use of nominee owners
- Use of “runners” controlling prescriptions/money
- Heavy use of harvesting Rx, kickbacks, ID theft
- Pharmacies complicit or willful blindness
- Backdoor pharmacy sales, Pill Mill distribution, or formal drug distribution by drug dealers



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## Potentiators

- Drug combinations that enhance euphoria
- Often non-controlled drugs
- Can push patients over edge to respiratory arrest/death
- Hundreds of potentiators in thousands of combinations
- Large financial exposure to health care benefit programs

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## Potentiators with Opiates

- HIV medications (Ritonavir, Sustiva)
- Antipsychotics (Seroquel, Zyprexa)
- Muscle Relaxants (Soma, Flexeril)
- Benzodiazepines (Xanax, Ativan)
- Antihistamines, Dextromethorphan

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## Polypharmacy Cocktails Potentiators

- |  |   |
|--|---|
| • Abilify + Seroquel Snort<br>("jailhouse heroin") | • HIV Protease Inhibitors +<br>Percocet           |
| • Oxycodone + Flexeril + Xanax<br>(Holy Trinity)   | • Caffeine + ETOH + Eyeball                       |
| • Soma + Codeine ("Soma Coma")                     | • Promethazine/Codeine +<br>Tampon                |
| • Gabapentin + oxycodone<br>(Ohio PDMP now)        | • ETOH + Albuterol Inhaler                        |
| • Gabapentin + Seroquel Snort<br>(Quell, Susi-Q)   | • Adderall + Albuterol + Sleep<br>deprivation     |
| • Gabapentin + Tegretol (Morontin)                 | • Adderall + Lexapro + Cannabis                   |
| • Seroquel + Zyprexa + Ativan +<br>ETOH + Cocaine  | • Meth/Ecstasy/Viagra<br>(Rectally)="Royal Flush" |

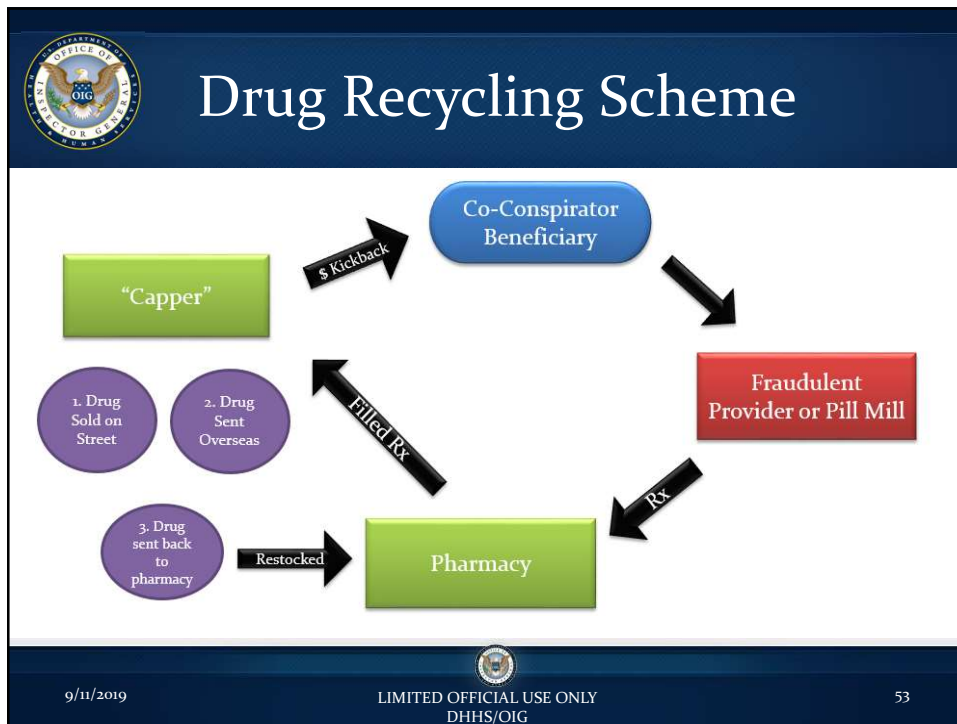
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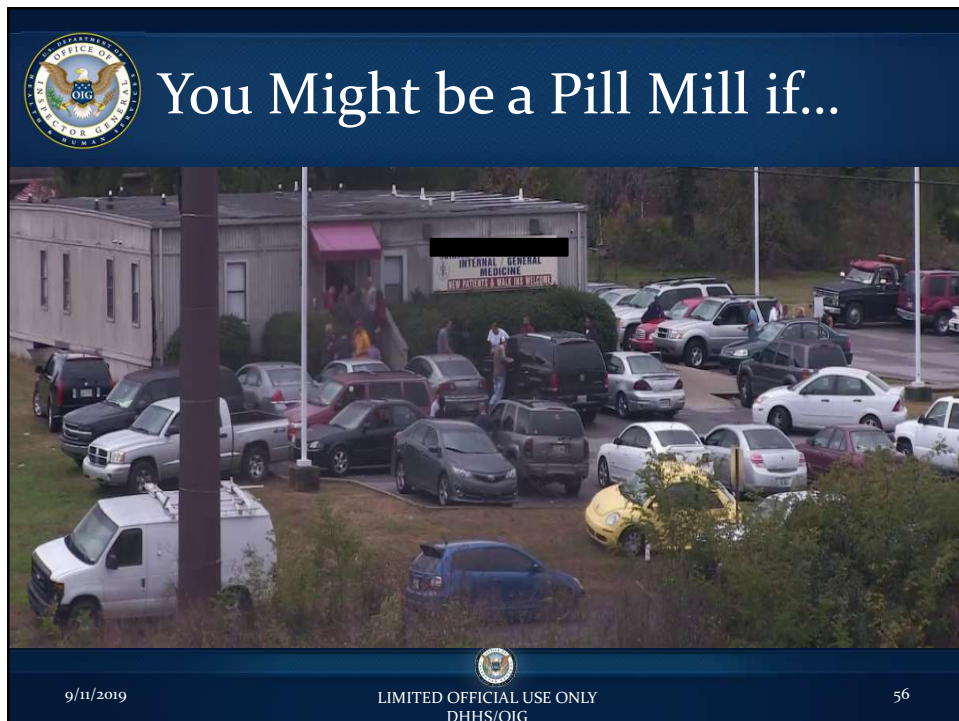
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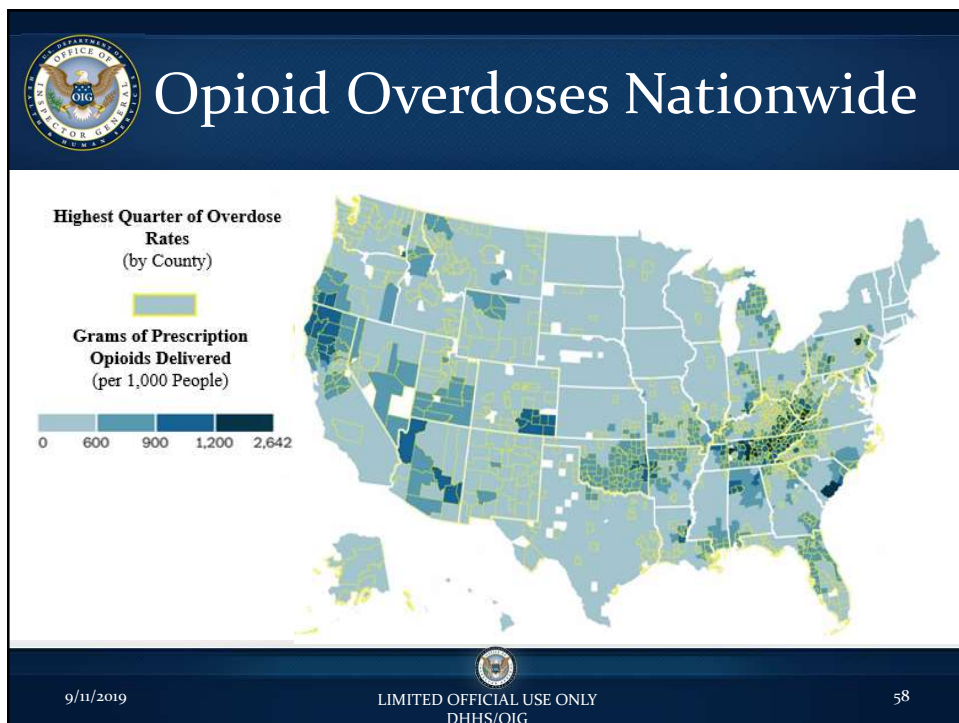
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 You Might be a Pill Mill if...




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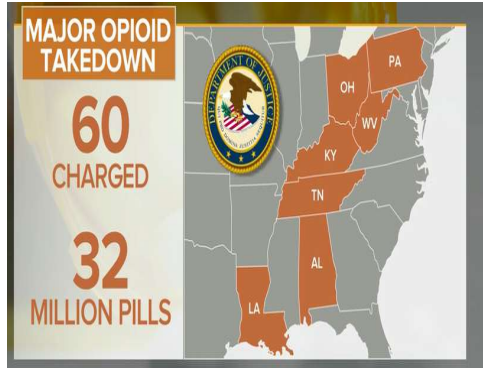
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## ARPO Takedown April 2019



<https://www.cbsnews.com/news/opioid-takedown-appalachian-regional-prescription-department-of-justice-today-2019-04-17/>


- Charges involve over 350,000 prescriptions for controlled substances.
- Over 32 million pills in West Virginia, Ohio, Kentucky, Alabama, and Tennessee.
- More than 24,000 patients in the region who received prescriptions from these medical professionals over the past 2 years were affected.

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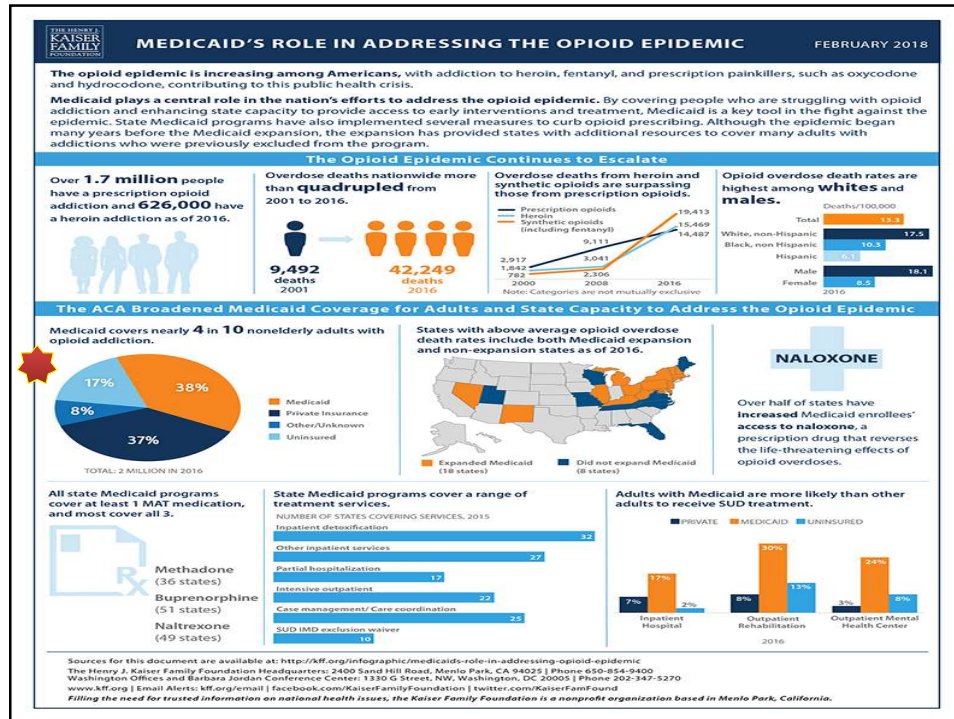
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**Resources**

2018: Opioid Use in Medicare Part D Remains Concerning  
<https://oig.hhs.gov/oei/reports/oei-02-18-00220.asp>

2018: Opioids in Ohio Medicaid, Review of Extreme Use & Prescribing  
<https://oig.hhs.gov/oei/reports/oei-05-18-00010.asp>

2018 Toolkit: Using Data Analysis To Calculate Opioid Levels & Identify Patients At Risk of Misuse or Overdose  
<https://oig.hhs.gov/oei/reports/oei-02-17-00560.asp>

2019: Concerns About Opioid Use in Medicare Part D in Appalachian Region  
<https://oig.hhs.gov/oei/reports/oei-02-18-00224.asp>

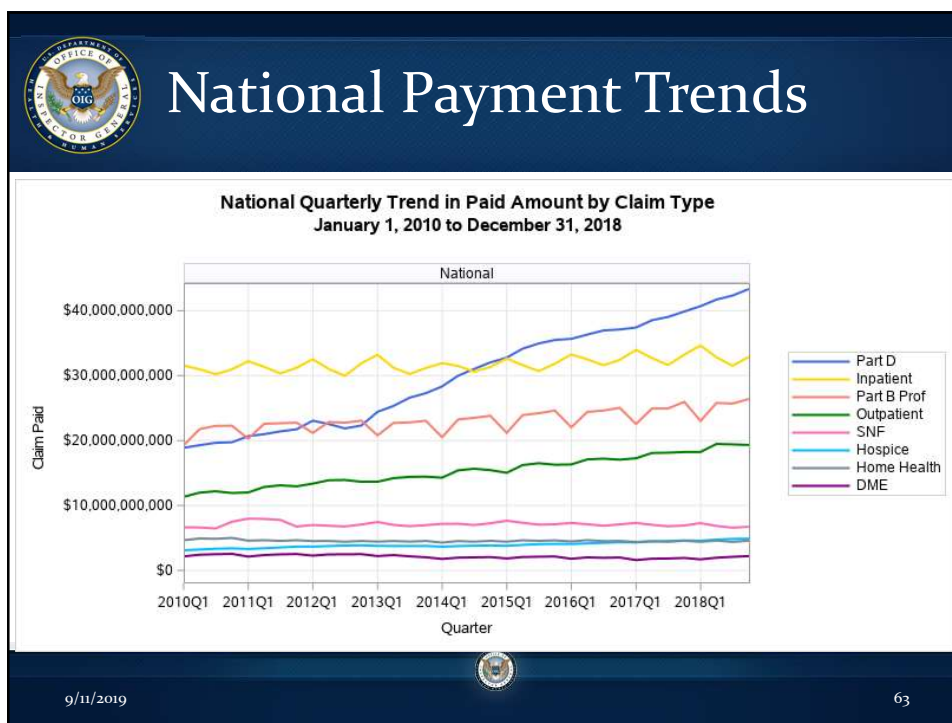
2019: Opioid Use Decreased in Medicare Part D, While Medication-Assisted Treatment Increased  
<https://oig.hhs.gov/oei/reports/OEI-02-19-00390.pdf>

**HHS-OIG DATA BRIEFS**


MED = 
$$\frac{(\text{strength per unit}) \times (\text{quantity dispensed}) \times (\text{MME conversion factor})}{(\text{Days supply})}$$

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 **Division of Data Analytics Updates**

**Part D payments increasing - \$168B in 2018**

- Diabetic therapy main source of increase
- DC and New York have highest per capita payments
- Some drug category payments decreasing
  - Antivirals, opioids and dermatological-topical local anesthetics
- Scrutiny on opioids has caused a shift toward **abuse of stimulants, such as ADHD meds**
  - ADHD meds are dangerous as potentiators when mixed with opioids
- Suppliers inflating generic drug prices to drive up prices on older generic drugs
- Counterfeit oxycodone becoming national problem
  - Pills look very real, but color is slightly off



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# Questions?

## Contact Information:

Korby.Harshaw@oig.hhs.gov  
816-605-3845



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