



Combatting Fraud, Waste and Abuse in Medicare Parts C and D Parts C and D FWA Schemes



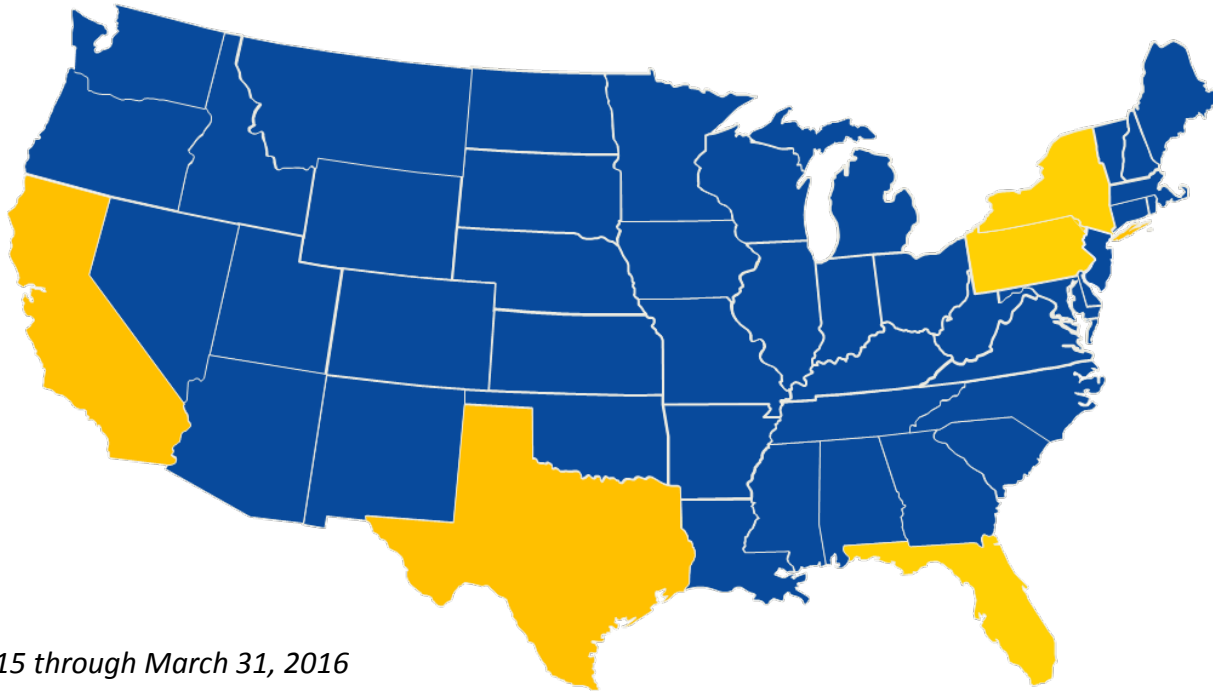
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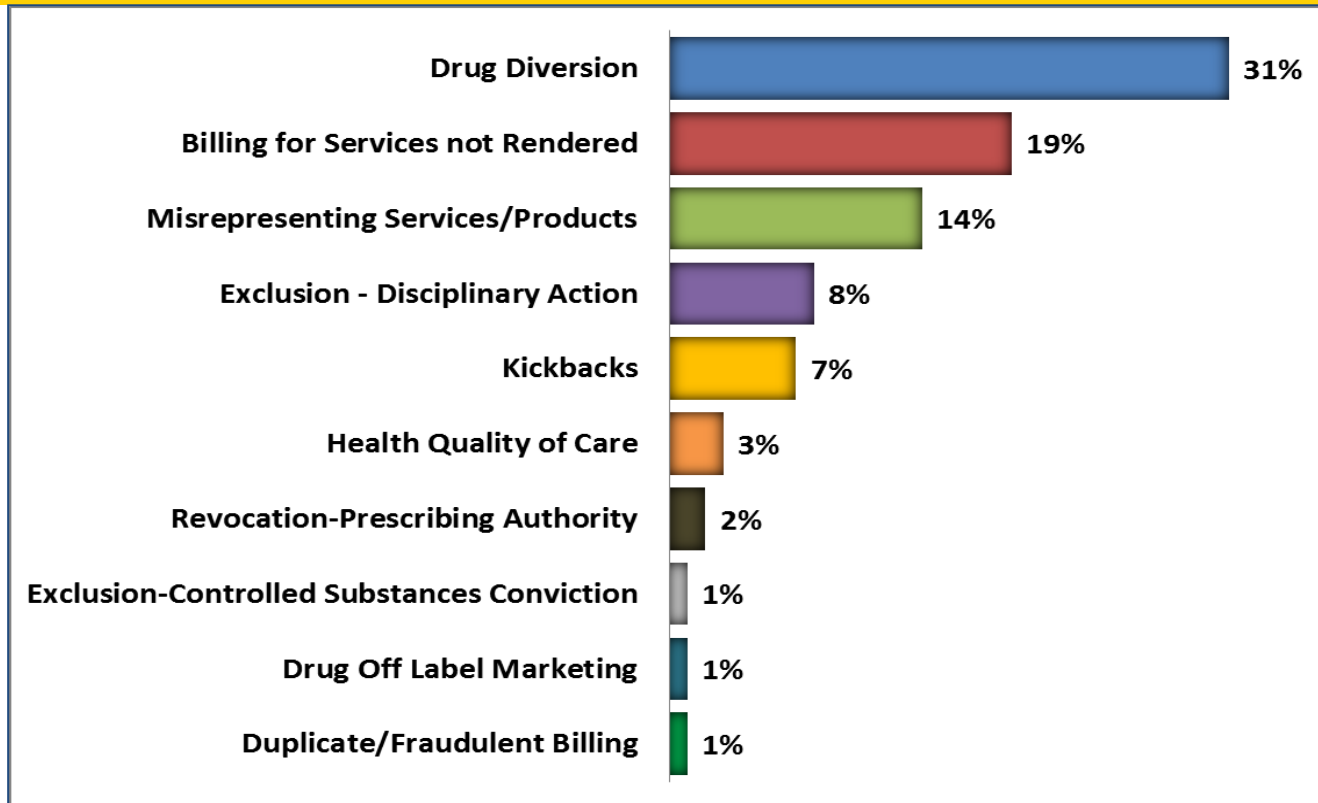
Top States for Parts C and D Fraud

Top 5 states account for 52% of investigations in FY 2016*



**October 1, 2015 through March 31, 2016*

FY2015 NBI MEDIC Investigations



Recent Part C Fraud Issues Reported by Plans

- DME supplies not received
 - Diabetic test strips
- Lab schemes
 - Urine drug screening
 - Genetic testing
 - Allergy testing
 - Unbundling blood panels
- ❖ These types of schemes have been referred to the NBI MEDIC



Recent Part C Fraud Issues Discussed by Plans

- **Unverifiable home health services**
 - Lack of documentation or verifiable time stamps
- **Identity theft**
 - Provider and beneficiary identity theft
- **Billing after date of death**
- **False front DME suppliers**
- **Billing for customized equipment** without face-to-face encounter with patient



Recent Part D Fraud Issues Reported by Plans

- **Subsys** prescriptions without clinical indication of cancer
- **Colluding pharmacies and doctors**
- **Doctor shopping among beneficiaries**
- ❖ **These types of schemes have been referred to the NBI MEDIC**



Genetic Testing Fraud Schemes



**NBI MEDIC
received 8
complaints
against a single
laboratory**

Billing for high dollar, medically unnecessary genetic tests without specified medical condition or physician orders

Hold ice cream socials at senior housing, assisted living facilities and Section 8 apartments to conduct “education of prescription medications”

Beneficiaries give Medicare numbers and personal information for lab to bill Medicare and share results with their doctor

Focus on Beneficiary Fraud

- Law enforcement is more actively **pursuing, investigating and charging** beneficiaries with health care fraud
- Fraudsters' **schemes** are becoming more **brazen and bold**
- Increased **collusion and coordination** is occurring among beneficiaries, providers and pharmacies
- Targeted **recruiting efforts** encourage beneficiaries to “get involved” in fraud



Beneficiary Fraud Schemes



Drug Seeking Behaviors

Doctor or pharmacy shopping, overutilization

Identity Theft

Potential issue of beneficiary harm

Complicit Relationships and Kickbacks

Financial relationships with providers or pharmacies

Recruiting and Buy-Back Schemes

High dollar drugs with high street value for big profit

Enrollment and Eligibility Fraud

Attempting to enroll or qualify for low income subsidy

Questions and Contact

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Combating Fraud, Waste and Abuse in Medicare Parts C and D: PLATO



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Using PLATO to Fight FWA

PLATO

What is PLATO?

- Fraud Detection
- Tracks Outcomes
- Contains National Data Summary Information

Why PLATO?

- Proactively address Medicare Advantage and Part D Fraud, Waste and Abuse (FWA)
- Information sharing of data and actions taken
- Improve investigative resources

Benefits of PLATO

- Provides possible leads for FWA
- Shares national data and actions taken
- Contains data for all Medicare Advantage and Part D pharmacies and providers

Users of PLATO

- CMS
- Law Enforcement
- Medicare Advantage and Part D Plan Sponsors
- NBI MEDIC

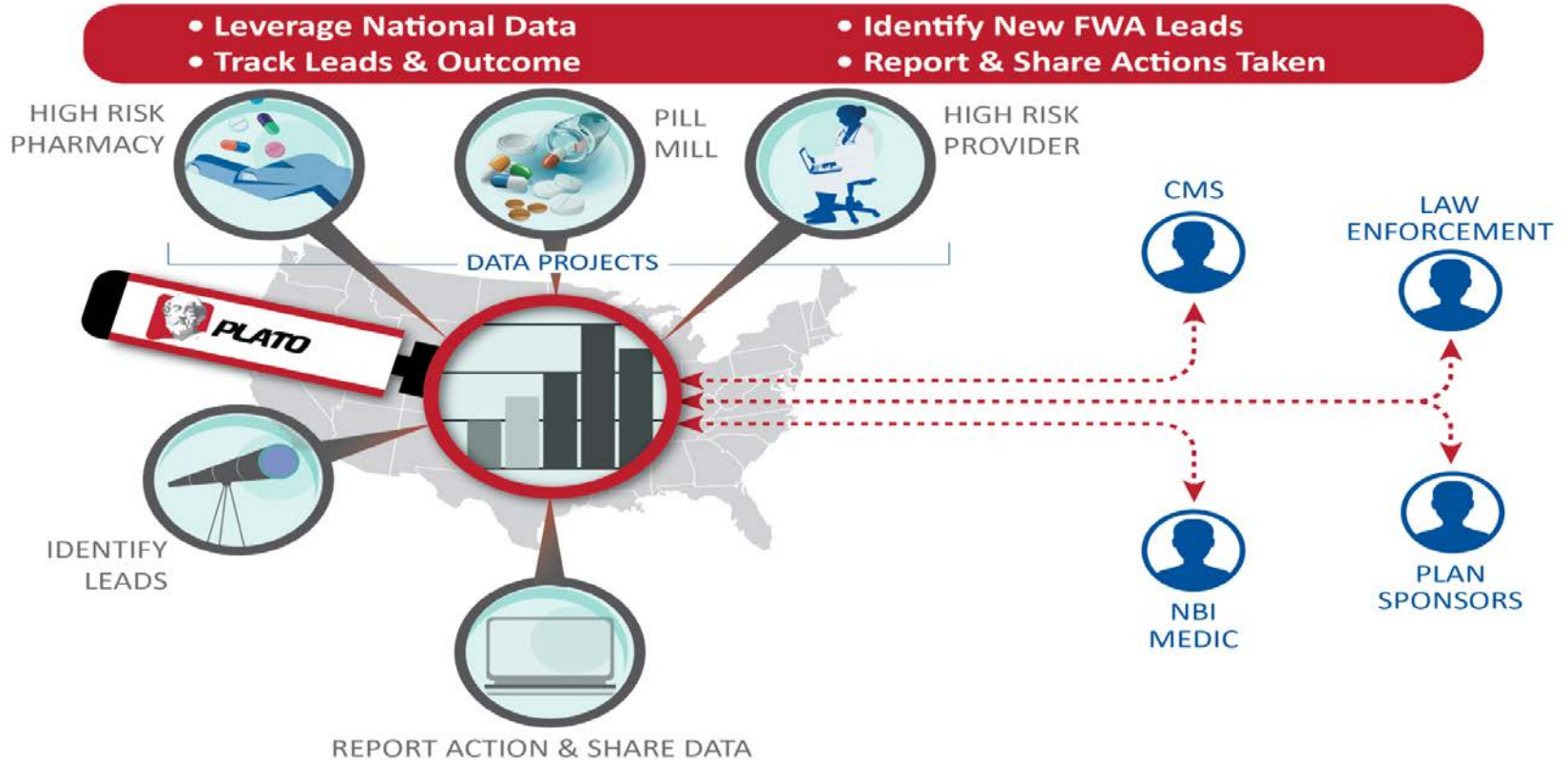
PLATO (cont.)



[Link to PLATO:](https://plato.healthintegrity.org)
<https://plato.healthintegrity.org>

- Web-based tool with **search, filter and advanced analysis capabilities** to assist in the fight against Parts C and D FWA
- Contains **national summary data** to give overall picture of provider activity
- **Track and share outcomes** of FWA investigative activities
- Visualize **risk categories** to identify high, medium and low risk pharmacies and prescribers
- **Review business profiles** and **assess relationships** between providers and pharmacies

Benefits of PLATO



Example PLATO Views

Provider and Pharmacy Tab Leads

Health Integrity, LLC
PLATO

Home Providers Pharmacies

Provider Scores

Projects

Check all Uncheck all

Project C (09/2013 - 08/2014)

Project C (08/2013 - 07/2014)

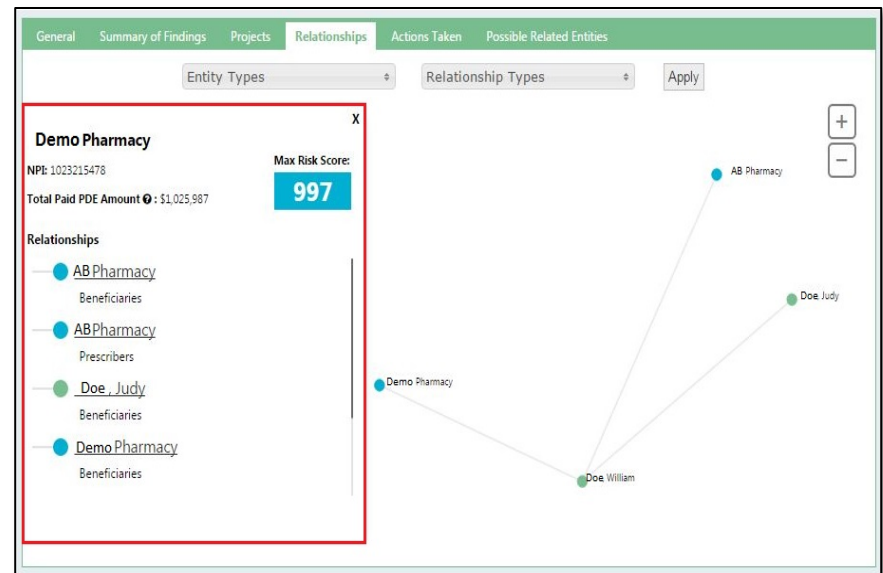
Project D (09/2013 - 08/2014)

Project D (08/2013 - 07/2014)

NPI	Projects	Max Score	Actions Taken	Latest Total Paid	Contract Indicator
1104512309	4	999	23	\$95,874	No
1016325987	4	996	9	\$774,125	No
1002547892	4	990	21	\$654,471	No
1049635874	4	987	22	\$36,256	No
1236594251	2	985	5	\$852,215	No
1002347859	2	985	1	\$523,396	No
1331625409	2	981	14	\$632,257	No
1331625487	2	981	2	\$632,145	No
1203654781	3	981	10	\$416,358	No
1632587457	4	967	10	\$541,257	No

1 - 10 of 16 items

Relationships Graph



Example PLATO Views (cont.)

Reports and Resources

The screenshot displays the PLATO web application interface. The top navigation bar includes 'Home', 'Providers', and 'Pharmacies'. A search bar labeled 'NPI Search' is present. On the left, a 'RESOURCES' sidebar lists 'FAQs', 'Video Tutorials', 'User Manual', and 'Project Guide'. The main content area shows 'Frequently Asked Questions: PLATO® Basics'. Below this, a 'Reporting' section is highlighted with a red circle, containing a 'Report' dropdown menu and an 'Export' button. A red circle also highlights the 'Resources' link in the top navigation bar.

Home Page Map Feature

The screenshot displays the PLATO web application interface with a map feature. The top navigation bar includes 'Home', 'Providers', and 'Pharmacies'. A search bar labeled 'NPI or Name Search' is present. The main content area shows a map of the United States with a red dot indicating a location. A pop-up window displays details for 'Doe, John', including 'Max Risk Score: 992', 'NPI: 1352507209', 'Total Paid PDE Amount: \$712,612.23', and 'Current Practice Address: 8903 Cherokee Hwy., Marathon, FL, 33050'. The map also shows state boundaries and names.

Current PLATO Statistics



>700 PLATO Users

380+ plan sponsor, CMS and law enforcement users

320+ contract administrators, NBI MEDIC users and NBI MEDIC administrators

Current PLATO Statistics (cont.)



>3,100 Activities

**More than 3,100
activities documented in
PLATO and shared
among all users**

Questions and Contact



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**Users can apply for access at:
<https://plato.healthintegrity.org>**



Combating Fraud, Waste and Abuse in Medicare Parts C and D: Part D Self-Audits



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May 5, 2016

Overview of Plan Sponsors Self-Audits

Purpose of Self-Audits

- The purpose of self-audits is to determine the following:
 - Compliance with laws
 - Compliance with regulations
 - Appropriateness of coverage of select drugs under the Medicare Part D program
 - Accuracy of billing for select drugs under the Medicare Part D program once coverage has been determined

Subject of Self-Audits

- Selection for audit is based on proactive data analysis and review of the prescription drug event (PDE) records.
- Data Analysis and the review of PDE records help to identify potential inappropriate payments under the Medicare Part D benefit – either coverage or payment/billing issues.

Overview of Self-Audit Process

- Plan sponsors receive notice of the self-audits via an engagement letter.
- The engagement letter details the following:
 - Contracts under audit
 - Period under audit
 - Drugs under audit
 - Audit process, expectations and anticipated webinar dates
- Following receipt of the engagement letter, a kickoff meeting is held between the plan sponsor and CMS.

Overview of Self-Audit Process (cont.)

- The self-audit process includes two phases:
 1. A webinar-facilitated review for a selection of sampled PDE records
 2. A self-audit performed by the plan sponsor
- The webinar-facilitated review is performed prior to the start of the self-audit.
- The purpose of the webinar-facilitated review is to ensure the plan sponsors have an understanding of the audit process and the documentation necessary to support the appropriateness of the drugs under review.

Overview of Self-Audit Process (cont.)

- Plan sponsors are expected to have key personnel available to CMS during the webinar. This may include individuals from any of the plan sponsor's operational areas or delegated activities that relate to the areas of audit.
- Documentation is requested from the plan sponsor to support the coverage and payment decisions of all sample items reviewed as part of the webinar.
- After the plan sponsor submits the self-audit results, CMS validates a sample of the results.
- Depending on the results of the validation, the plan sponsor may be required to re-examine the universe(s). If re-examination is necessary, a webinar will be held with the plan sponsor to discuss issues identified.

Overview of Self-Audit Process (cont.)

- A close-out letter is sent to plan sponsors with notification of the self-audit results.
- For inappropriate payments identified, plan sponsors are required to delete the affected PDE records. The due date for the deletions is specified in the close-out letter.
- Subsequent to the specified deletion date, a review is conducted to ensure all identified payments have been deleted.

Benefits of Self-Audits

- Effective way to review less complex audit issues.
- Plan sponsors have a better understanding of errors, and, therefore, payment errors are potentially prevented in the future.
- Reduces the time and effort between CMS and the plan sponsors.

Contact Information

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