



CMS 2010 BI-REGIONAL MEDICARE HEALTH PLAN COMPLIANCE CONFERENCE

Boston & New York – Serving Our Beneficiaries Together

Verbatim Transcript

**MEDIC – What is National Benefit Integrity's Role in monitoring fraud, waste, or abuse in the Medicare
Prescription Drug Program?**

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>> SO, WE IDENTIFY, YOU KNOW,
SUSPECT ACTIVITY, WE SEND IT TO
THE MEDIC. SO MY QUESTION TO
THE MEDIC WOULD BE, "IF THAT,
INDEED, WAS SOMEONE ON THE
SUSPECT NUMBER LIST, WOULD WE BE
INFORMED OF THAT?" WE WOULD BE,
OKAY.

>> YES. YOU UNDERSTAND WHY WE
CAN'T JUST GIVE THIS? IF
EVERYBODY...

>> WE REALLY UNDERSTAND THAT,
YEAH. DEFINITELY A HIPPIE
ISSUE. OKAY.

>> THE PURPOSE OF THOSE--I MEAN,
THE MAIN THING WAS, WELL, WE DID
MAKE [INDISTINCT] GETTING THE
ENTIRE [INDISTINCT].

>> OKAY.

>> YOU DON'T--WITHOUT HAVING TO
WONDER WHY THAT.

>> AS THEN, AS LONG AS I HAVE
THE MIC, I HAVE ONE LAST
QUESTION. AND IT--WE'VE SPOKEN
TO MARTINA GILLY A BIT ABOUT

THIS AND SHE'S BEEN VERY
HELPFUL.

>> MARTINA GILLY?

>> YEAH. YEAH. AND WE'VE
REALLY ENJOYED WORKING WITH HER
A LOT. AND IT IS IN REGARDS TO
MEMBER OF ABUSE CASES. AND, YOU
KNOW, WE HAVE SOME FRUSTRATION.
I'M SURE YOUR OWN ANALYST HAVE
THE SAME FRUSTRATION. YOU LOOK
AT A CASE, YOU THINK, YOU KNOW,
THE PRESCRIPTION PATTERNS ARE
REALLY ODD. HOW COULD ANY ONE
PERSON TAKE ALL THESE
MEDICATIONS? WE SEND IT TO THE
MEDIC AND WE'RE TOLD, YOU KNOW,
THEY CAN'T FIND ANYTHING. AND I
KNOW YOU FOLKS HAVE ACCESS TO
THE PART B AS IN VOID DATA,
WHICH WE DON'T HAVE. SO WE'VE
DISCUSSED WITH HER A LITTLE BIT,
"CAN THE MEDIC HELP US WITH SOME
SORT OF THRESHOLD WHERE, YOU
KNOW, BELOW THIS POINT IN TERMS
OF SCRIPTS, ET CETERA, IT'S NOT
WORTH US REPORTING IT TO YOU?"
YOU KNOW, I KNOW SOME OF THIS IS
MORE OF AN ART THAN A SCIENCE,
BUT IT IS A SOURCE OF
FRUSTRATIONS. WE HAVE SEEN A
LOT OF CASES WHERE, YOU KNOW,
WE--BUT WE GET A SORRY-THERE'S-
NOTHING-HERE RESPONSE. AND IT'S
ALSO, YOU KNOW, A LIMITED
RESOURCE TYPE OF ISSUE WHERE IF
WE DIDN'T SPEND A LOT OF TIME ON
THIS PATIENT ABUSE CASES, WE
COULD SPEND THAT TIME ON OTHER
TYPES OF--LOOKING POTENTIALLY
FOR OTHER TYPES OF CASES. SO
WE'D REALLY LOOK FORWARD TO ANY
KIND OF GUIDANCE ON THAT.

>> OKAY.

>> WE'RE NOT OFFICIALLY
REQUIRED. IT'S A STRONG SHOULD.
BUT THE OTHER PIECE HERE IS, YOU
KNOW, WE SPEND RESOURCES LOOKING
FOR THOSE PATIENT CASES TOO. SO
IT'S WHERE WE SET THAT
THRESHOLD.

>> THE PROBLEM WITH THAT IS THAT THRESHOLD VARIES ACROSS EVERY JUDICIAL DISTRICT. A \$40,000 CASE IN WEST VIRGINIA IS PROBABLY GOING TO GET PROSECUTED. A \$40,000 CASE IN MIAMI, NEW YORK, LOS ANGELES, PHILADELPHIA, IS PROBABLY NOT GOING TO GET PROSECUTED BARRING OTHER CIRCUMSTANCES. AND LAW ENFORCEMENT DOES LOOK AT THOSE OTHER CIRCUMSTANCES. DID SOMEONE GET HARMED HERE? IS THIS A DRUG RING OR ARE THEY OVERDOSE DEATHS? THEY LOOK AT ALL THOSE THINGS. ONE OF THE FELLOWS I MENTIONED IN THE EARLIER SESSION IS HIS GIRLFRIEND DIED BECAUSE SHE TOOK THE PILLS THAT HE WAS DIVERTING FOR ILLEGAL USE. THAT CHANGES THINGS. BUT THERE ARE, I THINK, 96 DIFFERENT JUDICIAL DISTRICTS IN THE UNITED STATES FEDERAL SYSTEM. AND, WELL, THERE AREN'T 96 DIFFERENT THRESHOLDS OR GUIDELINES. THERE'S PROBABLY A SET OF THRESHOLDS THAT YOU CAN POINT OUT IN ALL THE MAJOR CITIES THAT ARE VERY SIMILAR BARRING UNUSUAL CIRCUMSTANCES. THE REST OF THEM VARY DRAMATICALLY, YOU KNOW, WEST VIRGINIA, TENNESSEE, NORTH DAKOTA, YOU KNOW, THAT THE WORKLOAD FOR THE DEPARTMENT OF JUSTICE PROSECUTORS AND THE HHS-OIG AGENTS AND THE FBI AGENTS IS NOT AS HEAVY AS IT IS AND THEY CAN GET DONE THERE.

>> YEAH. SO EVEN IN MINIMUM THRESHOLD, IF YOU LOOK ACROSS, YOU KNOW, ALL STATES, UNDERSTAND THOSE VARIABILITY, A MINIMUM WOULD BE REALLY HELPFUL.

>> AS I SAID, WE'VE HAD THOSE CONVERSATIONS, MARTINA AND I AND A LOT OF THE OTHERS ON THE TEAM, SO WE CAN CONTINUE TO TRY TO DO THAT.

>> OKAY.

>> THEY GO TO THE...

>> AND FOR CLARITY, WHAT--A THRESHOLD FOR YOUR PLAN OR A THRESHOLD FOR A CASE FOR THE US ATTORNEY?

>> THRESHOLD FOR PATIENT ABUSE CASE. I'M NOT TALKING ANY SUSPECT PRESCRIBERS. I'M JUST TALKING PATIENT ABUSE.

>> OKAY. THE INDIVIDUAL PATIENT, OKAY. OKAY. BECAUSE IN MOST SITUATIONS, IT'S ADDITIVE. YOUR PLAN, YOU KNOW, YOU'RE AWARE OF LIKE THREE PROBLEM BENEFICIARIES THAT MIGHT BE LINKED TO A SCHEME OR SOMETHING. THERE MIGHT BE A BIGGER SCHEME WHERE THERE ARE OTHER BENEFICIARIES IN THE OTHER PLANS THAT WE NEED TO LINK TO OR IT LINKS TO FEE-FOR-SERVICE PLAN, AND WE'VE ALREADY MET THE THRESHOLD ON FEE-FOR-SERVICE, AND YOUR SIDE OF THE HOUSE HAS JUST ADDED CHARGES, YOU KNOW, THAT WE'RE PURSUING.

>> RIGHT.

>> BUT YOU'RE TALKING AN INDIVIDUAL PATIENT TO PURSUE THAT INDIVIDUAL PATIENT?

>> YEAH, EXACTLY.

>> OKAY. OKAY. THAT'S WAS SLIGHTLY DIFFERENT, SO THAT'S WHY I'M ASKING FOR THE CLARIFICATION. THANK YOU.

>> THE OTHER POTENTIAL ISSUE THERE IS YOU HAVE ONE BENEFICIARY THAT'S ABUSING THE DRUGS. ANOTHER PLAN MIGHT HAVE TWO THAT ARE USING THE SAME PHYSICIAN. A THIRD PLAN MIGHT HAVE THREE THAT ARE USING THE SAME PHYSICIANS. SO, I GUESS THE BENEFICIARIES IS PROBABLY NOT GOING TO HAPPEN, BUT WE DO TRACK THIS TO SEE IF THERE'S A COMMON PHYSICIAN AND THAT CHANGES OR TWO.

>> OKAY.

>> I DO HEAR THE--BECAUSE WE EXPERIENCE THE SAME THING. YOU KNOW, WE GET A LOT OF THE COMPLAINTS IN AND WE HAVE TO LOOK AT EACH OF THEM AND TRY TO DETERMINE, YOU KNOW, HOW WE'RE GOING TO DO THIS. IT'S A VERY VALID POINT.

>> THANK YOU.

>> HE'S GOT THE MIC.

>> I'VE GOT THE MIC.

>> ALL RIGHT, HE'S GOT THE MIC.

>> YOUR LAST PRESENTATION TALKED A LITTLE BIT ABOUT DATA MINING.

>> YES.

>> AND KIND OF SEGUES INTO WHAT MY COLLEAGUE I HERE WAS SAYING. CAN YOU TALK A LITTLE BIT ABOUT HOW OR WHAT'S BEING DONE TO MATCH FEE-FOR-SERVICE UTILIZATION TO STAND ALONG PDP UTILIZATION TO IDENTIFY FRAUD, WASTE, AND ABUSE?

>> PERSONALLY, NO. WHEN THE DATA PEOPLE TALKED TO ME ABOUT WHAT THEY'RE DOING TO TRY TO DO THESE THINGS, YOU KNOW, I TOOK STATISTICS IN COLLEGE. IT'S NOT MY STRONG POINT. THE THINGS THAT THEY'RE DOING, I HARDLY UNDERSTAND. I CAN SEE THAT THE VALUE IN THAT IS A CONCEPT.

>> BUT--I MEAN I'M, YOU KNOW, SPEAKING FROM--WOULD YOU LIKE TO...?

>> NO, GO AHEAD.

>> WE'RE DOING A WHOLE LOT BECAUSE OF THE STRIKE FORCE. I CAN TELL YOU THAT THE OFFICE OF INSPECTOR GENERAL HAS A LOT OF PART D DATA THAT THEY'VE BEEN LOOKING AT SPECIFIC BY ZIP CODE, BY MOM AND POP PHARMACY VERSUS AN ESTABLISHED PHARMACY. WE CAN SEE THAT THERE'S A PHARMACY IN CERTAIN PART OF BROOKLYN WHERE THEY'RE--AND IT'S A TINY PLACE--AND THEY'RE BILLING MORE THAN THE GIANT WAL-MART CHAIN FOR THE WHOLE STATE. THEY CAN IDENTIFY

INDIVIDUAL PATIENTS IN THE WAY WE SAVE THEM ON THE DATA. WHERE THESE ARE THE PATIENTS THAT ALL ARE, YOU KNOW, OVER \$50,000 FOR X TIMEFRAME, THESE ARE THE ORDERING PHYSICIANS ASSOCIATED WITH THEM. BECAUSE THEY'RE IG, THEY CAN GET THE PART B SIDE OF THE HOUSE DATA TO SEE THEIR RELATIONSHIPS BETWEEN THE ORDERING PHYSICIANS AND THOSE PATIENTS AND THE TYPES OF DRUGS BECAUSE WE THOUGHT WE'D BE SEEING THE OXYCODONE PILL MILL FLORIDA SITUATION. AND, IN FACT, WE'RE SEEING REAL STRAIGHT PRESCRIPTION DRUGS THAT ARE NOT CONTROLLED SUBSTANCES BUT ARE EXPENSIVE. AND YOU CAN SEE, WE'VE GOT PATIENTS--AND WHY WOULD THEY ACTUALLY BE TAKING A, YOU KNOW, 50 DIFFERENT DRUGS. AND WHEN YOU LOOK AT THEM, MOST OF THEM ARE THE EXACT SAME TYPE OF ACTION ON THE BODY. THESE ARE DIABETES DRUGS, THESE ARE THE PREVACID TYPES OF DRUGS, THESE ARE THE BLOOD PRESSURE CONTROLLING DRUGS, THESE ARE THE LIPITOR TYPES, AND YOU WOULDN'T BE ON ALL OF THEM AT THE SAME TIME. AND THESE PATIENTS ARE, IN FACT, THERE WERE BILLINGS MADE FOR THEM. AND SO, THE QUESTION IS, YOU KNOW, "WHAT'S GOING ON?" AND IT'S OBVIOUSLY BEYOND SCREWY BECAUSE THEY'RE ON THEM, YOU KNOW, IT'S NOT SEQUENTIALLY, IT'S CONCURRENTLY. AND SO, THERE ARE WAYS OF LOOKING AT THE DATA THAT REALLY POINT TO PARTICULAR BENEFICIARIES, PARTICULAR PHARMACIES, YOU CAN LAY IT OUT GEOGRAPHICALLY, AND WE'RE TALKING ABOUT THE ZIP CODES, WHY WOULD THIS CADRE OF PATIENTS WAY DOWN HERE CROSS THE BOROUGHES TO GO TO A MOM-AND-POP UP HERE? AND IT REALLY--WHEN YOU START

LOOKING AT IT, IT REALLY POPS OUT AT YOU WHERE THE PROBLEMS ARE. AND THE WAY IN WHICH WE'RE LOOKING AT THE DATA BECAUSE THEY'VE PULLED IT, IT'S A CROSS PLANS. SO, THEY HAVE A BIGGER PICTURE MAYBE THAN YOU GUYS DO. BUT THERE IS A WAY TO LOOK AT THE DATA BY PARTICULAR, YOU KNOW, THE CONTROLLED VERSUS NON-CONTROLLED, MOM-AND-POPS VERSUS CHAINS, DISTANCE GEOGRAPHICALLY, THE ORDERING PHYSICIANS AND WHAT LOOKS LOONY BECAUSE THEY'RE SHOPPING OR THE PATIENTS--THINGS ARE MAYBE BILLED ON THEIR BEHALF THEY DON'T KNOW ABOUT BECAUSE NOBODY IS BUYING LOTS OF LIPITOR UNLESS THERE IS, IN FACT--BUT THERE ARE ALSO DRUG DIVERSION ON NON-CONTROLLED SUBSTANCES. BUT THERE ARE WAYS TO LOOK AT THE DATA AND WE'RE TRYING TO GET IG TO HELP US DO A TRAINING PRESENTATION ON IT, ON THE KINDS OF STUFF AND HOW THEY DID THE DATA BECAUSE IT'S EXTREMELY REVEALING.

>> THAT'S GREAT. AND, I MEAN, I GUESS MAYBE I WAS THINKING--AND I UNDERSTAND THE, YOU KNOW, THE PHARMACIES AND LOOKING AT THE VOLUMES AND THINGS LIKE THAT, BUT--SO IT SOUNDS LIKE THEY'RE SAYING IS LOOKING AT, FOR EXAMPLE, THE, YOU KNOW, THE ICD9 DIAG CODE ON THE MEDICAL SIDE, MASHING THAT UP TO WHAT'S THE PDP IS BILLING ON, YOU KNOW, FROM THE PART D PERSPECTIVE, LOOKING AT SPECIALISTS' BILLING FOR MEDS, YOU KNOW. I DON'T KNOW, MAYBE A PATHOLOGIST WRITING, I DON'T KNOW, CONTROL SUBSTANCES, THINGS LIKE THAT.

>> YEAH. THOSE ARE GREAT THINGS TO DO.

>> OKAY. I WAS JUST CURIOUS. AND THEN--SO ONCE THESE, YOU KNOW, ONCE THESE QUESTIONS OR

POTENTIALS FOR FRAUD ARE IDENTIFIED, HOW IS THAT THEN COMMUNICATED BACK TO EACH PLAN, BOTH, YOU KNOW, WHETHER IT'S A PDP PLAN, OR IT GETS A SEPARATE MA PLAN WITHOUT A PDP, OR THE-- CAN YOU SPEAK UP A LITTLE BIT TO HOW THAT COMMUNICATION WORKS?

>> I THINK, AND PLEASE CORRECT ME IF I'M WRONG, BUT I THINK PRIMARILY WE DO THAT THROUGH THE HPMS ALERTS WHEN WE IDENTIFY A PATTERN THAT WE THINK MIGHT BE WIDESPREAD. WE PREPARE AN HPMS ALERT FOR CMS TO PUT OUT THERE TO THE PLANS.

>> OKAY. SO WE GO TO ALL PLANS NOT--SO, WHAT IF YOU HAD MAYBE ONE PHYSICIAN THAT YOU THOUGHT WAS SUSPICIOUS THAT, YOU KNOW, THIS PDP PLAN IS SHOWING THIS DRUG UTILIZATION, YOU'RE SEEING THIS FEE-FOR-SERVICE UTILIZATION? THE COMMUNICATION WILL GO TO ALL PLANS OR JUST THAT ONE PDP PLAN?

>> NO, I'M SORRY. I WAS TALKING MORE IN A GLOBAL SCHEME TYPE OF THING.

>> OKAY.

>> THIS IS SOMETHING WE'VE UNCOVERED. THERE'S A GROUP OF PEOPLE WHO ARE COMMITTING OR WE'RE SEEING THIS SORT OF PATTERN ON A WIDER SCALE BASIS, THAT'S WHEN THE HPMS WORKS GO OUT.

>> I SEE.

>> ON AN INDIVIDUAL BASIS, IF IT'S SOMETHING THAT'S GOING TO BE PROSECUTED, WE WOULD, OR GOING TO ACCEPT THE BY LAW ENFORCEMENT, WE WOULD SEND IT ON THE LAW ENFORCEMENT AND THEN OUR HANDS ARE SORT OF TIED AS TO WHAT WE CAN SAY TO ANYBODY, IF THAT MAKES SENSE.

>> THANK YOU.

>> I THINK ONE OF THE PROBLEMS WE HAVE--WELL, NOT PROBLEM, BUT

MAYBE IT'S A FORTUNATE ONE THAT IN MANAGED CARE, YOU CAN ONLY BE IN ONE PLAN AT A TIME, YOU KNOW. SO THESE SCAMS GO FROM ONE PLAN TO ANOTHER PLAN. THEY'LL TAKE THAT SAME LIST AND MOVE THEM FROM HERE TO THERE ONCE THEY FOUND OUT AND THEN HOPE THAT PLAN B OR PLAN Z, WHATEVER, WILL NOT HAVE THE SAME, YOU KNOW, ALERTNESS AS PLAN T, WHATEVER. SO, THAT'S THE PROBLEM. I THINK THAT THAT'S MAYBE SOMETHING THAT CMS CAN INTERNALLY TRACK. ONCE WE KNOW FROM A GENE OR A GROUP OR SOMEONE THAT THERE IS SUCH A SCAM AND THAT THE BENEFICIARIES HAVE BEEN IDENTIFIED TO MAYBE RUN UP AGAINST THEIR OWN DATABASES TO SEE WHERE IN MANAGED CARE THEY ENDED UP, SO THAT THEN, WE COULD WORK WITH THE PLANS ON THOSE PARTICULAR SCAMS. BUT I THINK IT'S GOING TO BE DIFFICULT WHEN, YOU KNOW, YOU CAN ONLY BE AT ONE PLACE AT ONE TIME TO GIVE A GENERAL ALERT TO EVERYBODY THAT THEY ARE SCAMS, BUT WE CAN'T TELL YOU WHO THEY ARE BECAUSE THEY'RE NOT IN YOUR PLAN. SO, IT'S KIND OF A CATCH 22 A LITTLE BIT.

>> SO, YOU THINK YOU HAVE THE PHYSICIAN?

>> PHYSICIANS IS THE OTHER STORY. SO IF WE KNOW WHO THE PHYSICIANS ARE AND WE CAN ALERT EVERYBODY, "THESE ARE THE BAD APPLES THAT YOU NEED TO LOOK AT. LOOK AT THEIR UTILIZATION, LOOK AT, YOU KNOW, EVERYTHING THEY'RE WRITING AND EVERYTHING, THEIR SERVICES THEY'RE SUPPOSEDLY PROVIDING." AND WE CAN, YOU KNOW, LOOK AT THAT. AND THAT'S WHERE WE CAN DEFINITELY DO IT. I THINK WE GET A LITTLE PARTICULAR WITH THE PHARMACIES, YOU KNOW, AND MAYBE--I DON'T KNOW IF MAUREEN CAN TALK A

LITTLE BIT ABOUT HOW WE'D BE TRACKING THAT, YOU KNOW, WHERE A PHARMACY POPS UP AND STARTS BILLING MILLIONS OF DOLLARS. IS THAT SOMETHING THAT YOU WOULD BE WATCHING?

>> OH, YEAH.

>> YEAH.

>> YEAH, [INDISTINCT]. JUST TO GO BACK TO THE WORKING GROUP MEETINGS. THAT IS ONE OF THE, YOU KNOW, OUTCOMES FROM THOSE MEETINGS, PATRICK, THAT YOU WERE TALKING ABOUT IS DIFFERENT PBMS WILL IDENTIFY A HOT PHARMACY AND WE'LL ALL GET ON IT.

>> YEAH.

>> AND THERE HAVE BEEN INSTANCES--AND IT GETS A LITTLE COMPETITIVE--WHERE, YOU KNOW, ONE PBM WILL FIND OUT FIRST, ALERT THE OTHERS, AND ACTUALLY SAVE A LOT OF MONEY. EACH PBM WILL, YOU KNOW, BE SAVING SOMETIMES HUNDREDS OF THOUSANDS OF DOLLARS BECAUSE, YOU KNOW, IT WAS CAUGHT BEFORE THE CHECK WENT OUT THE DOOR. I MEAN, WE HAVE BEEN IN SITUATIONS WHERE, YOU KNOW, THE CHECK WAS ABOUT TO BE PUT IN THE MAIL AND WE WERE ABLE TO STOP THEM.

>> YEAH, ABSOLUTELY. AND I DON'T WANT TO BELABOR THE POINT, BUT IF YOU HAVEN'T BEEN TO THE PART C OR PART D WORKING GROUP MEETINGS, I REALLY ENCOURAGE YOU TO DO THAT BECAUSE AS MAUREEN JUST SAID, I MEAN, THEY WORK. WE HAD A CASE NOT LONG AGO WHERE IN LARGE PART BECAUSE AS RELATIONSHIPS ARE DEVELOPED, A PLAN CALLED ONE OF OUR INVESTIGATORS TO SAY, "WE JUST SAW THIS HUGE SPIKE IN THIS PHARMACY," AND I THINK I MENTIONED THAT IN THERE. AND OUR INVESTIGATOR CALLED THE OIG AGENTS THAT HE WORKS WITH AND SAYS, "HEY, WE JUST HAD THIS

ALERT ABOUT THIS ONE PHARMACY TO A LITTLE MOM-AND-POP PLACE AND ALL OF A SUDDEN THEIR BILLINGS ARE GOING CRAZY." AND THE OIG AGENT SAID, "WELL, YOU KNOW, WE'RE RIGHT AROUND THE CORNER FROM THERE NOW. WE'LL DROP BY AND TAKE A LOOK-SEE." AND THEN, IT WAS CLOSED."

>> YEAH.

>> START TO GET ALL THE PLANS TOGETHER, SEE WHO IS BEING BILLED, AND IT WAS UP TO A MILLION DOLLARS IN A SPACE OF--I FORGOT--I WOULD SAY LIKE A WEEK. A MILLION DOLLARS WORTH OF BILLINGS IN THE SPACE OF A WEEK FROM A PHARMACY THAT USED TO BE LIKE REAL LOW AND NONE OF THOSE PAYMENTS WENT OUT. AND THE OIG AGENTS WERE ABLE TO, WITHIN THREE DAYS, ARREST THE MAIN BAD GUY THERE WHO CONFESSED AND IMPLICATED THESE OTHER TWO BAD GUYS. AND I DON'T THINK THEY'VE BEEN ARRESTED YET. THERE'S WARRANTS OUT FOR THEM, BUT I DON'T THINK WE FOUND THEM YET. BUT THAT COMES OUT OF THE PART D WORKING GROUP. THE RELATIONSHIPS THAT ARE BUILT THERE AND THE SAME THING HAPPENS WITH THE PART C GROUPS. STRONGLY ENCOURAGE ALL OF YOU.

>> PATRICK, LET ME JUST ASK EVERYBODY HERE, DO YOU ALL--ARE YOU ALL AWARE OF THE WORKING GROUPS AND DO YOU HAVE ALL OF THE INFORMATION OR WOULD YOU LIKE THAT RESENT?

>> NO, WE DON'T HAVE [INDISTINCT].

>> ALL RIGHT, LET'S SEE IF WE CAN MAYBE GET THAT POSTED SOMEWHERE OR IT SENDS OUT TO ALL THE PLANS. WE'LL GET THAT FROM YOU.

>> ANYBODY ELSE HAVE A QUESTION?

>> I HAVE A QUESTION FROM PART C AND PART D PLAN. WE, OF COURSE,

HAVE A FRAUD, WASTE AND ABUSE PROGRAM AND INVESTIGATE UNTIL WE HAVE SOME ASSUREDNESS THAT THERE IS PROBABLE FRAUD. BUT I'M WONDERING IF YOU CAN GIVE US ANY INDICATION OF HOW MUCH INTERNAL INVESTIGATION YOU WANT DONE BEFORE WE REPORT IT TO THE MEDIC BECAUSE AS YOU WERE SAYING, THE RESOURCES THAT ARE EXPENDED CAN BECOME SIZEABLE.

>> YEAH. I DON'T REALLY THINK I'M IN A POSITION TO ADVISE YOU HOW FAR YOU SHOULD TAKE SOMETHING. I THINK I'LL BE EXCEEDING OUR AUTHORITIES. I CAN TELL YOU IF YOU HAVE QUESTIONS AND YOU WANT TO CALL ON A PARTICULAR CASE, YOU CAN DO THAT AND WE CAN TALK ABOUT IT. I DON'T KNOW WHO IS LOOKING AT THE CASES FROM YOUR SIU OR ANY OF YOUR INVESTIGATORS.

>> WELL, WE'RE LOOKING AT THEM, BUT IT JUST--FROM A BUSINESS PERSPECTIVE, THE FASTER WE GIVE THEM TO THE MEDIC, THE BETTER IT IS FOR US BECAUSE THEN YOU TAKE OVER THE INVESTIGATION.

>> SURE.

>> BUT THEN, YOU'RE GOING TO HAVE FALSE POSITIVES, SO THEY'RE COMING THROUGH TOO.

>> RIGHT.

>> AND THERE HAS TO BE SOME KIND OF BALANCE, I WOULD THINK, WHERE YOU NEED A CERTAIN AMOUNT OF INFORMATION BECAUSE SOME OF IT IS BASED ON DATA AND SOME OF IT IS BASED ON--AND WE HAVE TO BE SMART. AND I'M THINKING ABOUT WHETHER IT'S TRUE.

>> AND THAT'S WHY I WAS ASKING WHO'S LOOKING AT IT FROM YOUR END BECAUSE I HOPE...

>> WELL, WE HAVE SIU COMPLIANCE AND FRAUD, WASTE AND ABUSE ALL LOOKING AT IT.

>> WHAT I MEAN, THE INDIVIDUALS. DO THEY HAVE INVESTIGATIVE

BACKGROUNDS OR THE DATA
BACKGROUNDS OR DO YOU HAVE A
NICE MIX? A NICE MIX IS GOOD.
>> NOTHING LIKE YOU HAVE, OF
COURSE, NONE AT THAT LEVEL, BUT
THEY HAVE GOOD DATA BACKGROUNDS
AND FINANCED BACKGROUNDS MOSTLY.
>> FINANCE AND DATA?
>> YES.
>> GET YOURSELF AN INVESTIGATOR.
AND THE REASON I SAY THAT IS
BECAUSE THEY THINK DIFFERENTLY.
THAT'S WHY OUR INNOVATION TEAMS
ARE COMPOSED OF EVERY--THE WHOLE
SLEW OF THE DIFFERENT
SPECIALTIES THAT WE HAVE BECAUSE
DATA PEOPLE THINK ONE WAY, AND
INVESTIGATORS THINK ANOTHER WAY,
AND A PHARMACIST THINKS ANOTHER
WAY.
>> THAT'S MY POINT, EXACTLY.
BECAUSE WE DON'T NEED AN
INVESTIGATOR IF WE HAVE THE DATA
AND WE HAVE A GUT FEELING THAT
THERE'S SOMETHING FRAUDULENT
GOING ON. AND OUR DUTY IS TO
REPORT IT TO THE MEDIC. THEN,
WHY WOULD WE NEED AN
INVESTIGATOR TO PROVE IT BECAUSE
THAT'S NOT THE HEALTH PLAN'S JOB
TO DO THAT. IT'S TO REPORT
SUSPECTED OR ACTUAL FRAUD.
>> I'M SORRY. NOT TO PROVE IT
BECAUSE THAT'S OUR JOB. AND
IT'S ACTUALLY NOT OUR JOB TO
PROVE IT, IT'S LAW ENFORCEMENT'S
JOB TO PROVE IT. IT'S OUR JOB
TO GET IT IN ADVANCED TO THE
POINT WHERE THEY WILL TAKE IT
AND LOOK AT IT AND TRY TO PROVE
IT. I JUST MEANT IN TERMS OF
MINDSET BECAUSE I THINK IT'S
VERY IMPORTANT. AND I'M A
LITTLE BIASED BECAUSE I COME
FROM THE INVESTIGATIVE
BACKGROUND. BUT DATA PEOPLE
THINK ONE WAY, AND AN
INVESTIGATOR CAN THINK ANOTHER
WAY, AND YOU GET THE TWO PEOPLE
TALKING TOGETHER AND I THINK

IT'S A HUGE BENEFIT. NOT THAT YOU SHOULD HAVE AN INVESTIGATOR, SOMEONE WITH INVESTIGATIVE BACKGROUND, I GUESS, IS WHAT I WAS REALLY TRYING TO SAY BECAUSE YOU GET THE DIFFERENT MINDSETS THINKING AND THEY TALK BACK AND FORTH AND SOMETIMES ONE WILL COME UP WITH SOLUTION THAT THE OTHER ONE COULDN'T POSSIBLY HAVE DONE ON THEIR OWN. IT'S A TEAMWORK THING. I LOVE TO TALK ABOUT THE TEAMWORK.

>> ANYBODY ELSE HAVE ANY QUESTIONS? WOW. I THINK YOU'RE LIKE ON A ROLL HERE BECAUSE I SEE IT'S JUST ABOUT 5 O'CLOCK, WE'RE SCHEDULE TO GO TO 5 O'CLOCK. AND ONCE AGAIN, YOU KNOW, YOU COME IN AND RIGHT ON THE BUDGET AND ON TIME, WHICH IS GREAT. IF YOU DO HAVE MORE QUESTIONS, THERE ARE QUESTION CARDS YOU CAN CONTINUE TO SUBMIT THEM LATER ON. I WILL MAKE SURE THAT PEOPLE GET BACK TO YOU. I DON'T KNOW, PATRICK, IF YOU HAVE ANY CLOSING WORDS?

>> JUST ONE LAST THING. I WAS ASKED TO REMIND YOU ALL TO FILL OUT THE EVALUATION FORMS; THEY'RE IN YOUR PACKET. AND THERE'LL BE SOMEBODY AT THE BACK COLLECTING THEM WHEN WE'RE DONE HERE. AND I THANK YOU ALL FOR THE ATTENTION, THE QUESTIONS. I HEAR THEM. I UNDERSTAND THEM. AND, YOU KNOW, IT'S NOT AN EASY JOB. IF THEY WERE EASY, ANYBODY COULD DO IT. SO, YOU KNOW, YOU JUST HAVE TO WORK WITH WHAT WE HAVE AND TRY TO CHANGE WHAT YOU CAN AND JUST DO THE BEST YOU CAN.

>> THANK YOU ALL VERY MUCH. AND HAVE A GREAT REST OF THE EVENING. SEE YOU TOMORROW.
END