



Prescription Opioid Fraud and Abuse: Medicaid Perspective

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Objectives:

- Present background information related to how opiate abuse in the Commonwealth of Massachusetts manifests itself in the delivery of healthcare.
- Show the relationship of drug seeking behavior and associated direct medical costs.
- Explain drug seeking behavior of “Doctor Shoppers” and how MassHealth defines and deals with that type of individual.
- Discuss interventions that have been implemented, the successes and failures of those programs, and steps that are being taken to improve these programs.



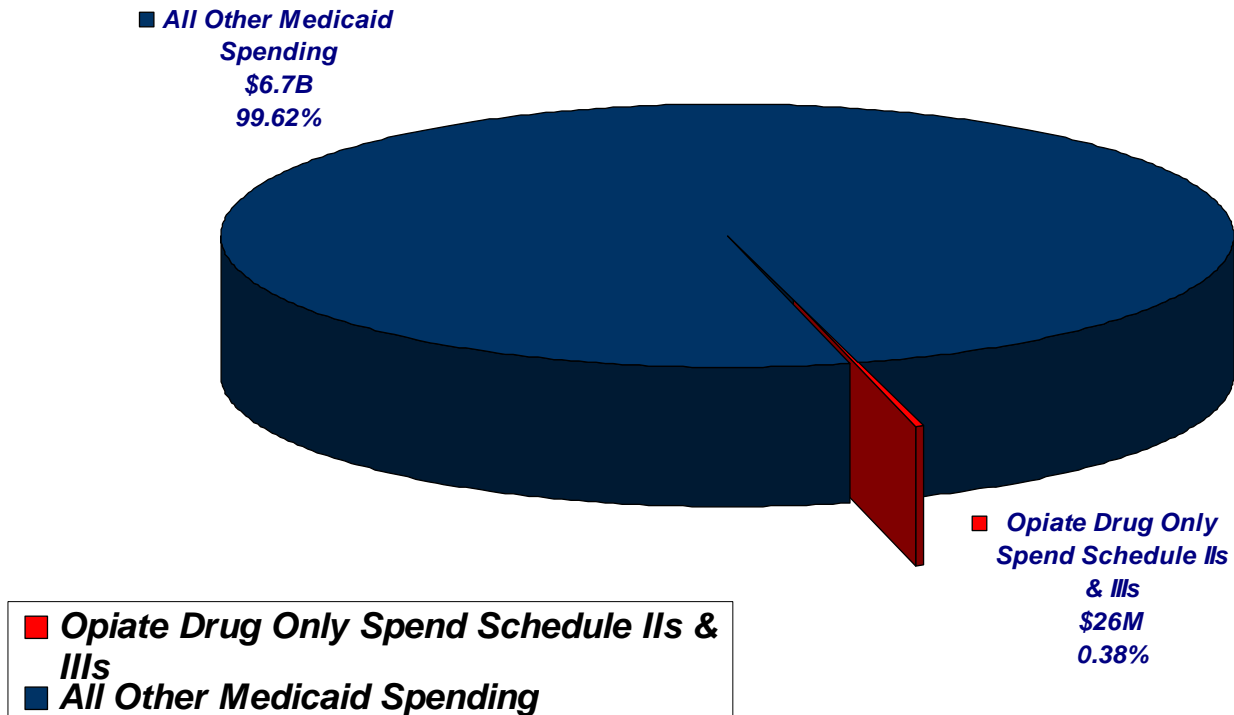
Background:

- ❑ **MA ranked 16th in 2006 in the misuse of prescription pain relievers by those 12 years and older. (5.65% compared to 5.09% nationwide; NSDUH 2006-2007)**
- ❑ **MA ranked 8th in 2006 in the misuse of prescription pain relievers by those aged 18 to 25. (15.32% compared to 12.28% nationally; NSDUH 2006-2007)**
- ❑ **Deaths from opioids in MA (not including methadone and heroin) rose 24% from 522 in 2006 to 648 in 2007. (DAWN, 2007)**
- ❑ **Nationally, death from opioids (including methadone or heroin) rose 23% from 20,234 in 2005 to 24,728 in 2006. (NCHS Data Brief. NO. 22 2009)**

2008 National Survey on Drug Use and Health (NSDUH)

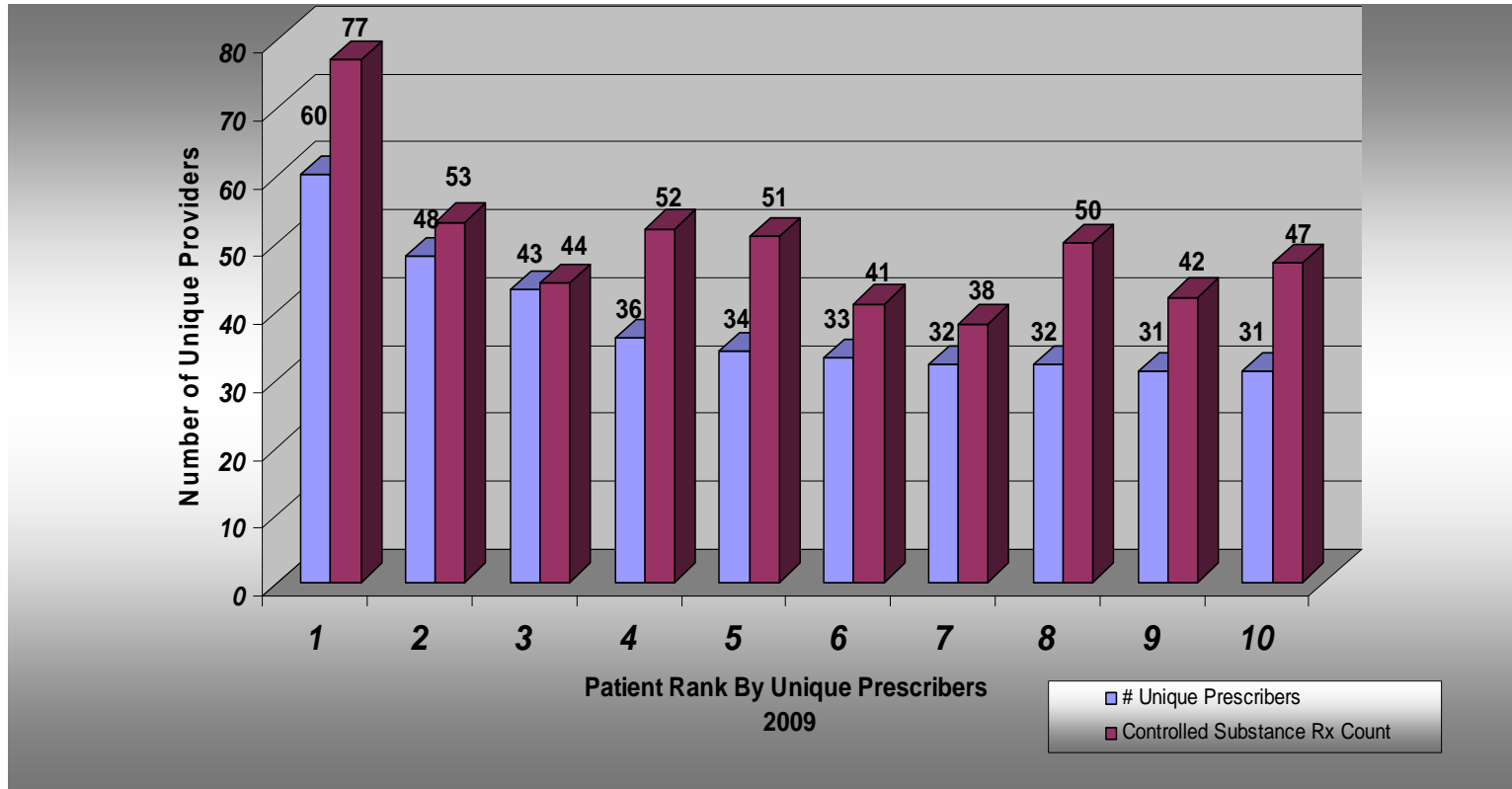


Total Medicaid Cost vs. Opioid Costs CY2009



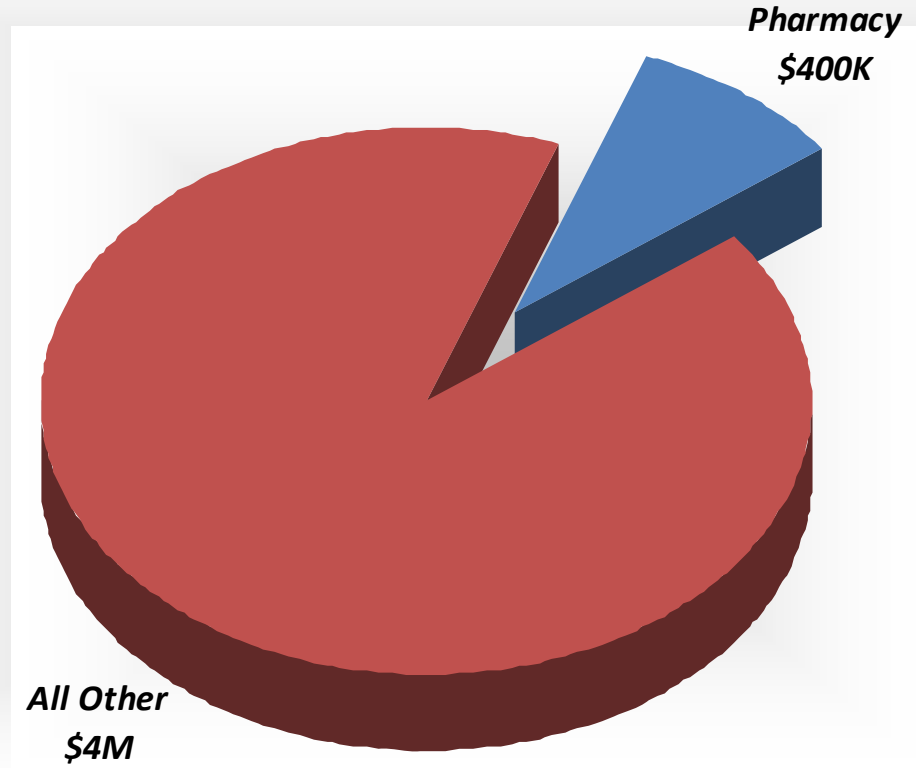


Top 10 MassHealth Member “Doctor Shoppers”





Medical Costs: Top 50 Doctor Shopper Members with the Highest # Unique Prescribers CY2009





Top Drugs by Medicaid Expenditure

Rank	Drug	Therapy Class	Amount Paid	Count of Claims	Avg Cost/Claim
1	<i>Seroquel</i>	Antipsychotics, Atypical, Dopamine, & Serotonin Antag	\$3,202,851	16,622	\$193
2	<i>Abilify</i>	Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed	\$2,440,940	8,052	\$303
3	<i>Zyprexa</i>	Antipsychotics, Atypical, Dopamine, & Serotonin Antag	\$1,560,530	5,218	\$299
4	<i>Suboxone</i>	Analgesics, Narcotics	\$1,405,930	7,990	\$176
5	<i>Atripla</i>	Artv Cmb Nucleoside, Nucleotide, & Non-Nucleoside Rti	\$1,158,391	986	\$1,175
6	<i>Truvada</i>	Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog	\$843,571	1,172	\$720
7	<i>Dextroamp-Amphet</i>	Adrenergics, Aromatic, Non-Catecholamine	\$818,340	5,245	\$156
8	<i>Advair</i>	Beta-Adrenergic And Glucocorticoid Combinations	\$687,261	5,555	\$124
9	<i>Concerta</i>	Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy	\$639,972	4,798	\$133
10	<i>Reyataz</i>	Antivirals, Hiv-Specific, Protease Inhibitors	\$560,509	754	\$743
11	<i>Proair</i>	Beta-Adrenergic Agents	\$550,426	17,160	\$32
12	<i>Flovent</i>	Glucocorticoids	\$543,826	5,460	\$100
13	<i>Singulair</i>	Leukotriene Receptor Antagonists	\$532,745	6,573	\$81
14	<i>Pegasys</i>	Hepatitis C Treatment Agents	\$527,109	265	\$1,989
15	<i>Geodon</i>	Antipsychotics, Atypical, Dopamine, & Serotonin Antag	\$508,776	2,333	\$218
28	<i>OxyContin</i>	Analgesics, Narcotics	\$305,567	1,615	\$189
47	<i>Oxycodone</i>	Analgesics, Narcotics	\$188,470	7,477	\$25
Total			\$26,022,864	210,905	\$123

The Top 50 Drugs account for 57% of total monthly expenditure.



Top 15 Drugs by Claim Count

Rank	Drug	Therapeutic Class	Claim Count	Amount Paid	Avg Cost/Claim
1	Clonazepam	Anticonvulsants	28,739	\$101,735	\$4
2	Omeprazole	Proton-Pump Inhibitors	28,596	\$375,176	\$13
3	Simvastatin	Antihyperlipidemic - Hmg Coa Reductase Inhibitors	27,724	\$115,499	\$4
4	Lisinopril	Antihypertensives, Ace Inhibitors	27,358	\$93,238	\$3
5	Lorazepam	Sedative-Hypnotics,Non-Barbiturate	22,444	\$104,496	\$5
6	Vitamin	Vitamin K Preparations	20,616	\$97,129	\$5
7	<i>Oxycodone-APAP</i>	<i>Analgesics, Narcotics</i>	19,562	\$170,133	\$9
8	Proair	Beta-Adrenergic Agents	17,160	\$550,426	\$32
9	Seroquel	Antipsychotics,Atypical,Dopamine,& Serotonin Antag	16,622	\$3,202,851	\$193
10	Metformin	Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)	16,509	\$91,901	\$6
11	Ibuprofen	Nsaids, Cyclooxygenase Inhibitor - Type	15,924	\$53,831	\$3
12	Citalopram	Selective Serotonin Reuptake Inhibitor (Ssrís)	15,356	\$70,853	\$5
13	Hydrochlorothiazide	Thiazide And Related Diuretics	14,988	\$44,350	\$3
14	Levothyroxine	Thyroid Hormones	14,934	\$70,408	\$5
15	<i>Hydrocodone-APAP</i>	<i>Analgesics, Narcotics</i>	14,710	\$64,711	\$4



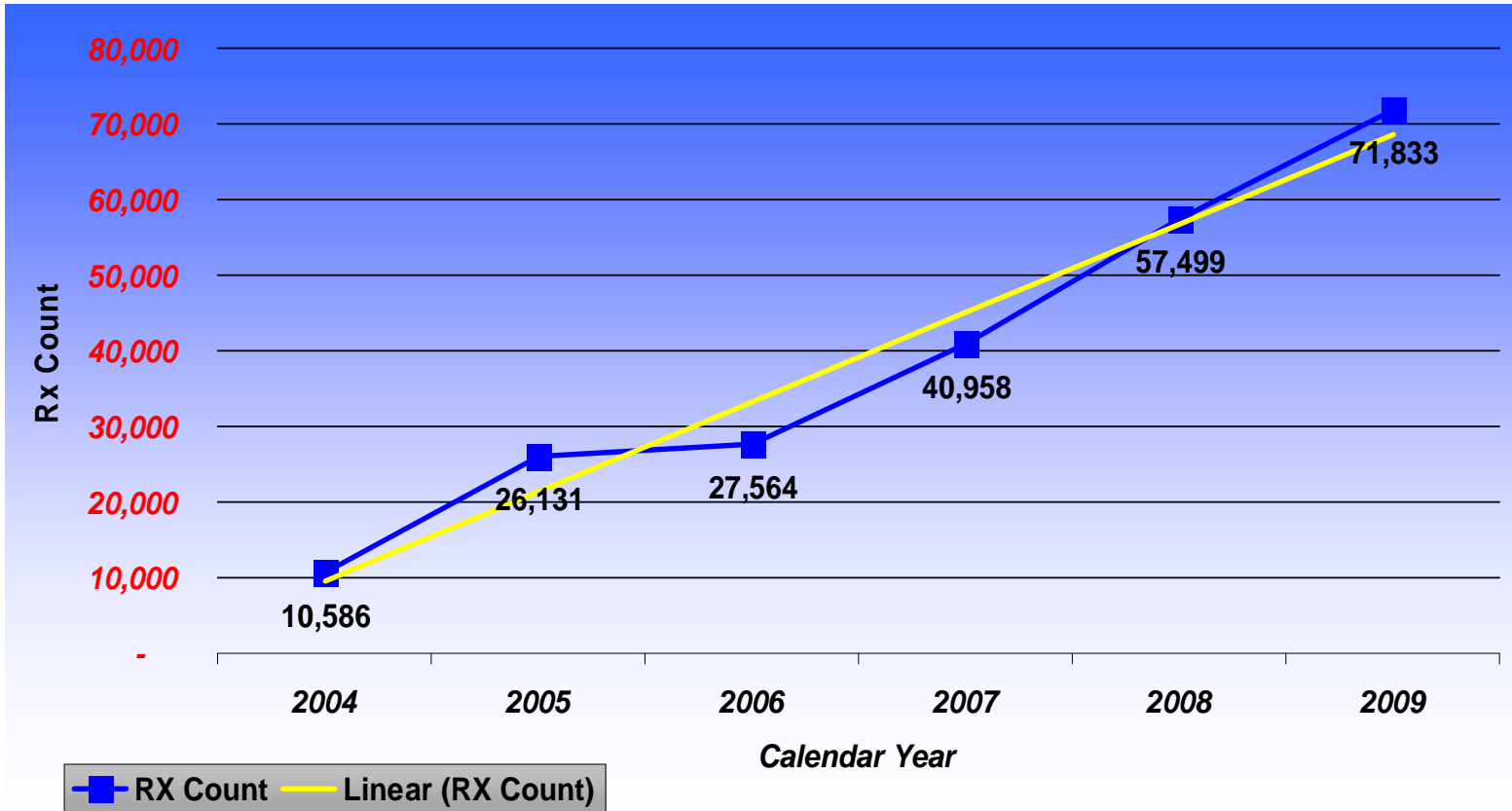
Buprenorphine Cost Utilization (Suboxone/Subutex)



In addition to the members utilizing the therapy above, 13,951 members participate in a Methadone Program and should be mutually exclusive to Buprenorphine therapy.

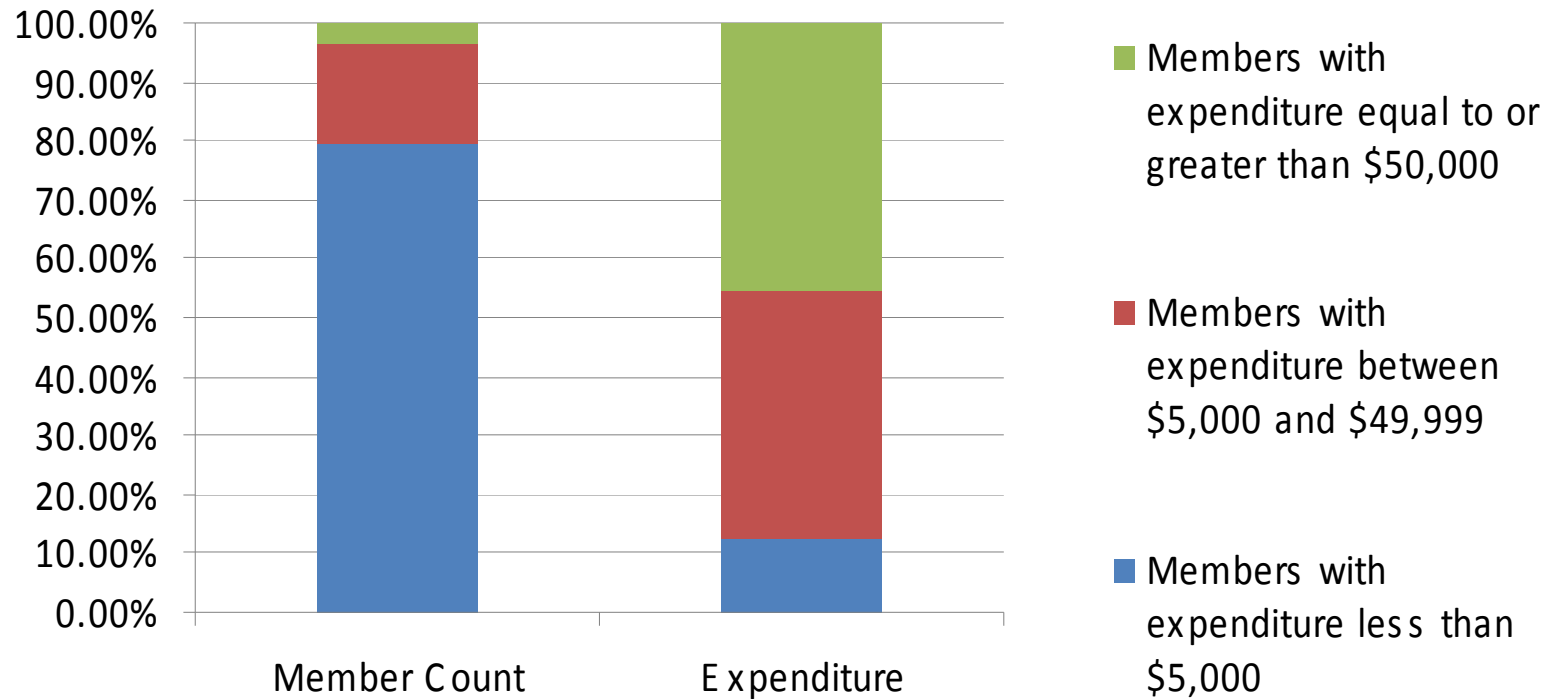


Buprenorphine Prescription Utilization (Suboxone/Subutex)



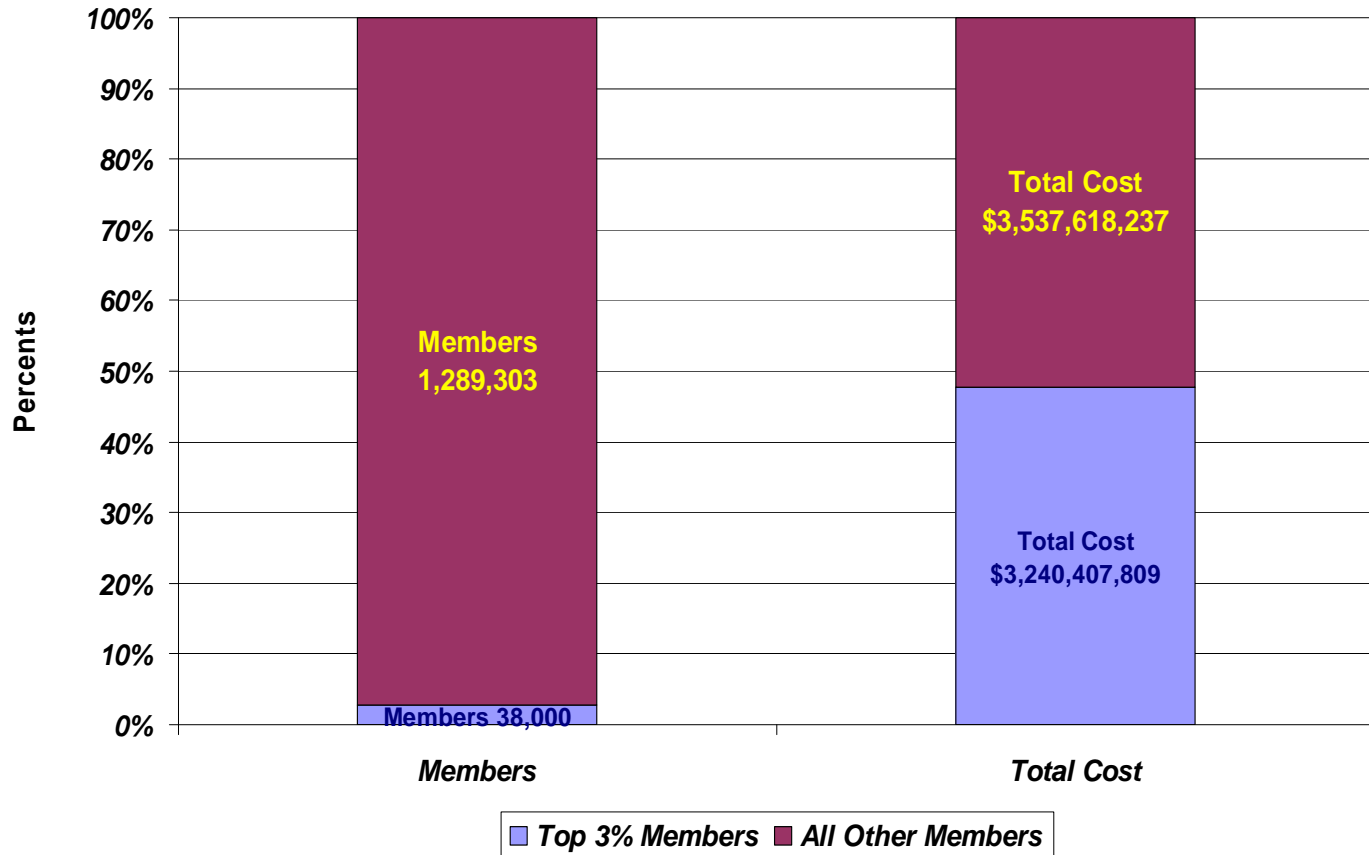


MassHealth Expenditure vs. Member Count Band Comparison Fiscal Year 2009





Top 3% of High Utilizing Members (CY 2008)





Emergency Department Visits

CY 2008

	<i>Total Member Count</i>	<i>Total Cost</i>	<i>Avg Cost per Member</i>	<i>ED Member Count</i>	<i>ED Visits</i>	<i>ED Costs</i>	<i>ED% of Total Member Count</i>	<i>ED% of Total Cost</i>
Total	988,112	\$5,324,015,857	\$5,388	159,763	323,964	\$89,198,474	16%	2%
Top 5%	49,406	\$2,812,689,344	\$56,930	7,672	31,702	\$8,690,094	16%	0.3%



All Radiology Procedures on ED date of service for the Top 250 ED Members

	Member Count	Claim Count	Amount Paid*	Percent of total members	Percent of total claims	Percent of total amount Paid	Cost per Member	Cost per Claim
CT	216	4,035	\$317,033	88%	33%	35%	\$1,468	\$79
Diagnostic Imaging	241	7,553	\$519,044	98%	62%	57%	\$2,154	\$69
MRI	21	85	\$6,643	9%	1%	1%	\$316	\$78
Nuclear Medicine	10	48	\$11,554	4%	0.4%	1%	\$1,155	\$241
Radiologic Guidance	6	11	\$161	2%	0.1%	0.02%	\$27	\$15
SPECT	5	8	\$286	2%	0.1%	0.03%	\$57	\$36
Ultrasound	69	463	\$52,602	28%	4%	6.00%	\$762	\$114
Total	245	12,203	\$907,323				\$3,703	\$74

* In the case of hospital claims, the amount paid only reflects the total SPAD or PAPE amounts that were associated with radiology revenue or procedure codes.



Current Interventions:

- ❑ **Drug Utilization Review Program (DUR)**
 - ❑ Review narcotic utilization data.
 - ❑ Identify inappropriate prescribing of controlled substance.
 - ❑ Determine clinical outcomes and whether medications are clinically appropriate yet cost effective.
- ❑ **Prior Authorization Program (PA)**
 - ❑ Drugs identified by DUR for PA requirement.
 - ❑ Determine dosing and quantity limits.
 - ❑ Notify providers of required PA for drug, and implement approval process.
- ❑ **Controlled Substance Management Program**
 - ❑ MassHealth has established a Controlled Substances Management Program (CSMP) for MassHealth members who use an excessive quantity of prescribers.
 - ❑ MassHealth has define “excessive” as 11 or more controlled substances, including original fill and refills, obtained from four or more prescribers or filled by four or more pharmacies within a 90-day period.

Current Interventions (cont'd):

- ❑ **Controlled Substance Management Program** (continued)
 - ❑ Members have the opportunity to appeal MassHealth's decision before the member is actually enrolled.
 - ❑ MEMBER IS LOCKED INTO A SINGLE PHARMACY PROVIDER to better manage the polypharmacy and what appears to be "Doctor Shopping".
 - ❑ Currently, 155 MassHealth members are enrolled in this program.

- ❑ **Prescription Monitoring Program (PMP)**
 - ❑ The Prescription Monitoring Program (PMP) was established 1992 by the Department of Health pursuant to joint regulations of the Drug Control Program and the Board of Registration in Pharmacy.
 - ❑ The PMP collects prescribing and dispensing information on Massachusetts Schedule II controlled substances dispensed pursuant to a prescription.
 - ❑ The PMP utilizes the data collected to determine prescribing and dispensing trends; provides educational information to health care providers and the public; and provides case information to regulatory and law enforcement agencies concerning drug distribution and diversion.



Program Results and Next Steps

Drug Utilization Review Program (DUR)

- MassHealth DUR Program starts review of narcotic utilization data in Oct '02.
- Drug dose limits were implemented for high profile Opiates (Duragesic and OxyContin).
- Incorporation of DUR into the Controlled Substance Management Strategies identifying drugs for the Prior Authorization Program (PA).

Controlled Substance Management Program

- Proposed changes to the program include developing additional criteria to “Lock In” members not only to pharmacy providers but to prescribers to modify Doctor Shopping behavior.



Program Results and Next Steps (continued)

Prescription Monitoring Program (PMP)

- Since 1996, the PMP has been monitoring Schedule II Controlled Substances filled in the Commonwealth of Massachusetts. Enhancements have been proposed to make the program more effective in reducing fraud and abuse of controlled substances. Regulatory Changes:
 - Expanding the Schedules of Drugs collected from Schedule II to Schedules II-V.
 - Customer ID of the individual that dropped off or picked up the prescription (not necessarily the patient).
 - Provide reports to prescribers of PMP information of their patients.
 - Planned on-line PMP system.
 - Streamlining reports to law enforcement and regulatory agencies concerning ongoing investigations into prescription drug diversion and fraud.
 - Increasing the frequency of pharmacy data reporting from monthly to weekly.
 - Interstate PMP data sharing.
- The enhancements will further communications between pharmacies, prescribers, drug enforcement agencies, state regulatory agencies, and MassHealth.



Conclusions:

- ❑ **Analytics clearly demonstrate the impact the opioid substance abuse/misuse epidemic has on the overall utilization of Medicaid services.**

- ❑ **“Drug Seeking Behavior” will continue to consume an ever-increasing portion of the MassHealth dollar in ER visits, medical imaging, inpatient admissions, et al.**