

COUNTY MANAGED CARE ADVOCATE MEETING MAY 6, 2014

Minnesota Restricted Recipient Program

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What is Restriction?

Minnesota Restricted Recipient Program

(MRRP)/Surveillance Integrity Review Section (SIRS) conducts post-payment reviews of Minnesota Health Care Program (MHCP) recipients' health service claims. Those found to have abused medical services are identified and placed in the MRRP.



What is Restriction?, Cont.

Eight years ago, DHS and the Managed Care Organizations (MCO) created universal restriction, which means the restriction stays in place regardless of whether the recipients are fee-for-service, with an MCO, or move from one to another.



Abuse Definitions

Minnesota Rules

There are 19 definitions of **Abuse of Services**

Most commonly used:

- Duplicate services
- ER/ED use for non-emergencies
- Forgeries
- Health services used in a manner dangerous to one's health
- False information furnished to provider regarding prior medical care
- Incorrect eligibility status or information furnished to a vendor



What does Restriction Mean?

Once recipients are identified, they are placed in the Restricted Recipient Program and are required to receive care from designated providers for a period of 24 or 36 months of eligibility.

Restricted recipients are always locked into:

- 1 primary care provider
- 1 clinic
- 1 hospital
- 1 pharmacy

Other providers can be designated as needed.



Notice of Agency Action

Notice for initial restriction:

- Lists # of services and types of providers;
- Provides reasons for placement in MRRP;
- Types of providers recipient will be restricted to;
- Initial restriction 24 months of eligibility;
- Appeal rights;
- Choice of providers; and
- Warning - Claims will be reviewed at end of restriction period for compliance.



Notice of Agency Action

Notice of Agency Action re-enroll:

- Lists # of services and type of providers/ no referral;
- Provides reasons for placement in MRRP;
- Types of providers recipient will be restricted to;
- Restriction 36 months of eligibility;
- Appeal rights;
- Providers will remain in place; and
- Claims will be reviewed at end of restriction period



MMIS

1. Restriction date span, reason codes and providers entered in the RPCR screen.
2. Eligibility and end date shows on RSUM screen.
3. Provider changes and date of change entered in the RPCR screen.
4. Referrals to specialists entered in the RPPR screen with NPI # service code and begin and end dates of referral.



Who are the restricted recipients?

Some have:

- Multiple medical issues
- Chronic serious mental illnesses
- Chemical dependency issues
- Engaged in criminal activity
- All of the above

CASE STUDIES

Before and After Restriction



Case # 1

One year of claims prior to Restriction

- 5 hospitals/16 ER visits/2 ERs in the same day
- 4 clinics/2 clinics same day
- 18 prescribers
- 10 pharmacies
- Meds stolen twice
- Paid cash for RXs 4 times - at 3 pharmacies



Case # 1, Cont'd.

Prescriptions (filled):

- 8 RXs alprazolam – 1 prescriber and 1 pharmacy
- 9 RXs clonazepam – 5 prescribers and 4 pharmacies
- 2 RXs diazepam – 2 different prescribers and 2 different pharmacies
- 15 RXs gabapentin – 2 prescribers and 2 pharmacies
- 8 RXs oxycodone – 7 prescribers and 5 pharmacies

Opiates in ER:

- Hospital I Hydromorphone & diazepam
- Hospital II Morphine & diazepam
- Hospital III Morphine
- Hospital I Hydromorphone



Case #1

One year after restriction

- 2 hospitals/7 ER visits
- Medication management
- 1 primary care clinic
- 1 specialty care clinic
- 2 pharmacies (provider change)
- 7 prescribers



CASE #1

1 YEAR AFTER RESTRICTION

Prescriptions filled:

- 6 RXs clonazepam – 2 prescribers (primary and substitute) and 1 pharmacy
- 5 RXs lorazepam - 1 prescriber (primary) at above clinic and 1 pharmacy
- 11 RXs – 2 prescribers (primary and specialist) and 1 pharmacy
- 7 RXs oxycodone – 1 prescriber (specialist) and 1 pharmacy
- 8 RXs zolpidem tartrate – 1 prescriber (primary) and 1 pharmacy

Opiates in ER

- Hospital 1 fentanyl
- Hospital 1 morphine



Case #1

Two years after restriction

- All prescriptions written by **1** provider and filled at **1** pharmacy
- Targeted case management
- **8** ER visits at **3** different hospitals received morphine **2** times at designated hospital

Case # 2

1 year of claims before restriction

- 2 hospitals/3 ER visits
- 7 clinics
- 12 prescribers
- 7 pharmacies
- Pain clinic
- Methadone clinic

Case #2, cont'd.

Prescriptions Filled

Drug	Quantity	Prescriber(s)	Pharmacy(ies)
Clonazepam	13	A	1
Fentanyl	3	B	2
Gabapentin	14	B,C,D,E	2,3
Methadone	16	B,C,E	1
Methylphenidate	12	A	1
Morphine	14	B,C,E	2
Oxycodone	4	F,G,H	2,3,4



Also, methadone daily from methadone clinic

Case # 2

10 months after restriction

- 1 hospital/1 ER visit
- 1 primary care clinic/2 specialty clinics
- 5 prescribers/2 specialists/2 from primary care clinic
- 2 pharmacies (1 for discharge medications - 1 time)
- Methadone clinic

Case #2, cont'd.

10 months after restriction

Methadone daily from methadone clinic

Prescriptions:

- 9 RXs clonazepam – 1 prescriber (primary) and 1 pharmacy
- 9 RXs methylphenidate – 1 prescriber (primary) and 1 pharmacy
- 3 RXs oxycodone – 2 prescribers and 2 pharmacies (designated and hospital) (surgery)

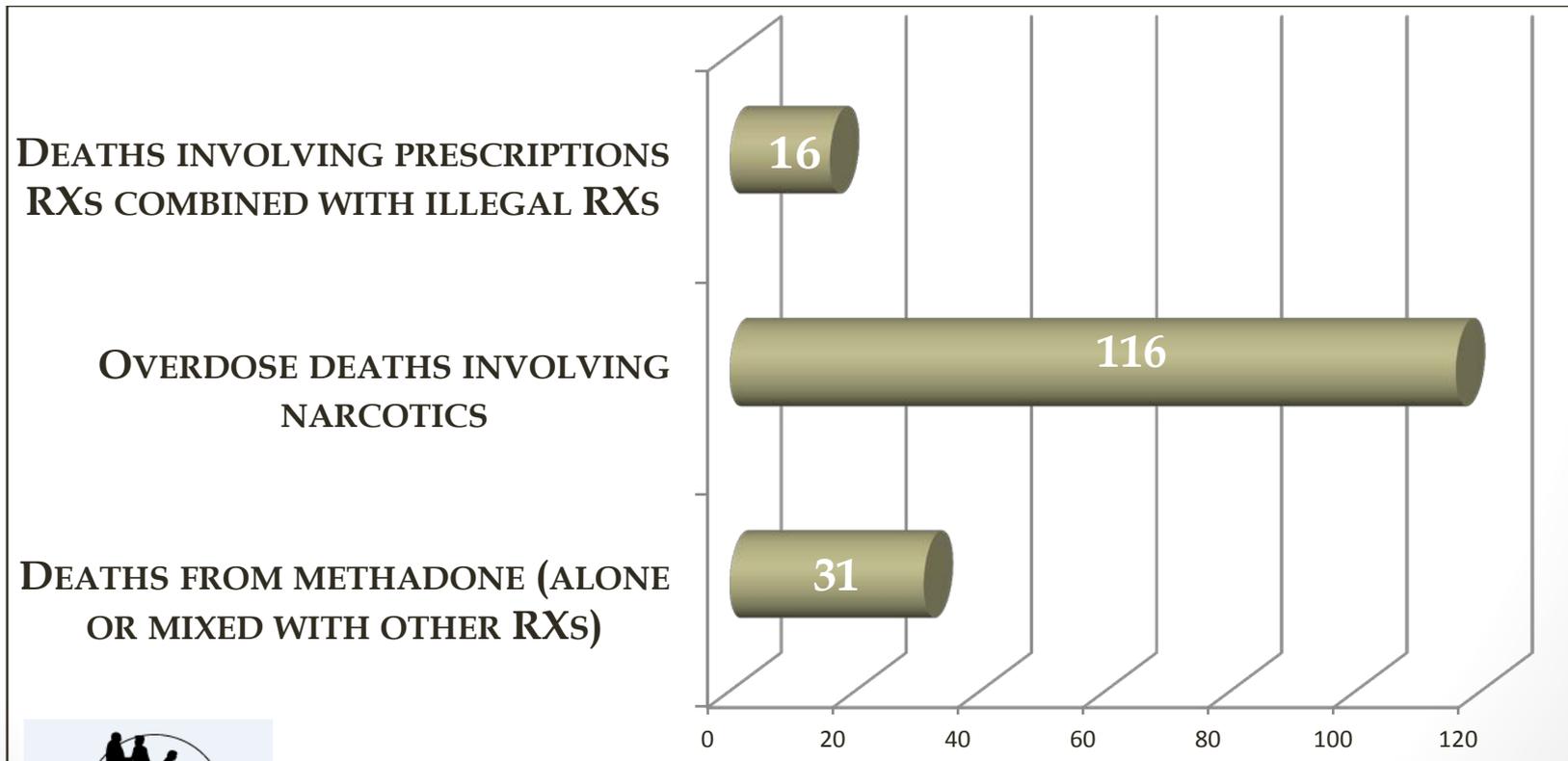
Prescription Drug Overdose Deaths

- Prescription drug overdose deaths are an epidemic in the U.S. and even in Minnesota. More people die from prescription drug overdoses than from car accidents.
- MRRP is only one tool to help prevent these overdoses.



MHCP 2012 Prescription Drug Overdose Deaths

130 MHCP recipients died from overdoses involving prescription drugs.



Disturbing Trends: Overdose deaths in the Minnesota Health Care Population

- **2009** – 12,422 total deaths -144 known prescription drug overdoses/**19** overdose deaths from street drugs
- **2012** – 13,017 total deaths – 130 known prescription drug overdoses/**31** overdose deaths from street drugs

DISTURBING TRENDS IN OVERDOSE DEATHS MN HEALTH CARE PROGRAMS

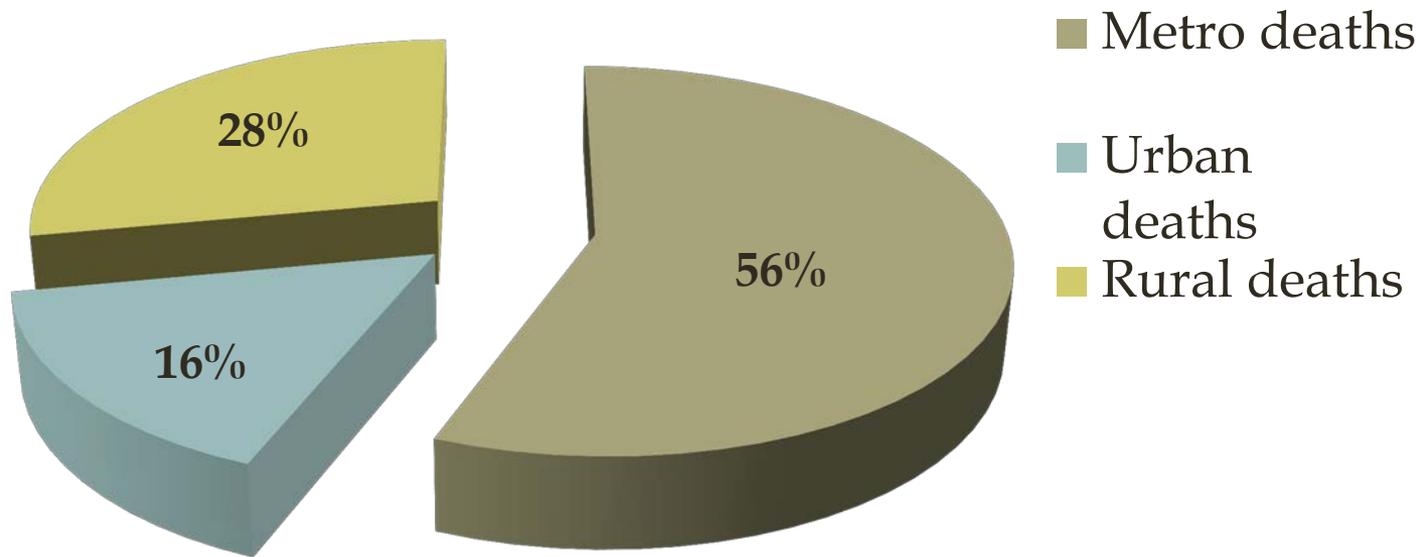
2009

- 19 overdose deaths from illegal drugs
- 14% of RX deaths < 30 years old
- 21% of single RXs obtained with cash or through diversion

2012

- 31 overdose deaths from street drugs
- 22% of RX deaths < 30 years old.
- 37% of single RXs obtained with cash or through diversion

Prescription Drug Overdose Deaths in 2012 by Location



Overdose Deaths 2012

55% of recipients who die from a prescription drug overdose have a prior mental health diagnosis, CD diagnosis or both.

9%-10% of recipients who die from a prescription drug overdose had a head injury prior to death.



2012 Minnesota Restricted Recipient Overdose Deaths

**17 Restricted Recipients died in 2012
(all causes)**

Of the overdose deaths:

- 1 RX overdose death - methadone, alprazolam, diphenhydramine
- 1 heroin overdose
- 3 unknown drugs



Street Values of Prescription Drugs



Methadone 10 mg. -- \$4 - \$6 per pill

Vicodin 7.5 mg. -- \$2 - \$5 per pill

Vicodin 5 mg. -- \$2 - \$3 per pill

Promethazine w/ Codeine - 8 oz. bottle -- \$200 - \$300

Ambien 10 mg. -- \$5 per pill

Adderall 20 mg. -- \$5 - \$20 per pill (seasonal)

Tramadol 50 mg. -- .50 cents -- \$1 per pill

Benzos -- \$2.50 per mg.

New Trends in RX Drug Abuse, Street Values

Fentanyl (“F”, “Drop Dead” or “Suicide Packets” – mixed with heroin (“TNT”, “Poison”, “Murder 8” or cocaine (“8 Ball” - \$160 on the street)

25 mcg. -- \$10 - \$20 a patch

50 mcg. -- \$17 - \$20 a patch

75 mcg. -- \$60 a patch

100 mcg. -- \$60 - \$100 a patch

Seroquel (Jail house heroin - “Susie Q’s” or “Quells”- mixed with cocaine (“Q-ball”, “Rosemary’s dolly”) can be added to heroin and cocaine mix \$6 - \$15 a pill

Soma, Benzo and Oxy “Holy Trinity” produces a heroin high

Suboxone 8 mg. -- \$10 - \$15 a pill



Potentiators

Polypharmacy Cocktails

- Abilfy and Seroquel
- Soma and Codeine
- Seroquel, Zyprexa, Ativan, ETOH and Cocaine
- HIV Protease Inhibitors and Percocet
- Promethazine Codeine on tampon
- ETOH and Albuterol inhaler
- Adderall, Albuterol and sleep deprivation
- Adderall, Lexapro and Cannabis
- Adderall and Seroquel



Abuse of non-controlled medications

- Gabapentin
- Abilify
- Seroquel
- Advair
- Nexium
- Tramadol
- Lidoderm
- Testosterone

Contact Information

Questions or referrals for
restriction?

Call the MRRP Hotline at:

651-431-2648

Or

1-800-657-3674

