

CASE STUDY

Intelligence you can access when you need it is intelligence you can use.

Intelligence that provides the depth of detail you need is intelligence that makes a difference.

*“ We interviewed members who’d been prescribed the drug. None knew what it was for.”*

– Health Plan Special Investigations Unit Manager

The health plan saw something suspicious in one doctor’s prescribing patterns.

He was prescribing pills that are only indicated for one very rare disorder.

The neurologist completed the proper prior authorization paperwork for the compound, and only billed the plan for covered services—making his medication misdeeds harder to detect and unravel. Acting on a tip from the plan’s pharmacy department, the Special Investigations Unit (SIU) looked into the matter and changed the rules for prior authorizations—tightening them considerably. After all, the drug only has one indication.

The doctor’s prior authorizations pivoted slightly—and he continued to prescribe the drug.

This Case Study will detail how the health plan’s fraud investigators used LexisNexis® Intelligent Investigator™ to analyze medical and pharmacy claims—and turned mountains of data into the precise intelligence they needed. LexisNexis Intelligent Investigator showed them the extent of the problem—so they could act immediately to fix it—by pinpointing suspicious behavior across all claim types. Its easy-to-use interface allowed the SIU to drill deep into the data to see how often the doctor was prescribing the drug, to which patients—and at what cost to the plan.

What Intelligent Investigator showed them was jaw-dropping.

*“When we put his claims up against all the other doctors in his specialty, he definitely stood out. The LexisNexis tool helped us look at that.”*

— Health Plan SIU Manager

The health plan, a Midwestern non-profit managed care company, saw a dramatic increase in Nuedexta® prescriptions. The drug is old wine in a new bottle, pairing Eisenhower-era dextromethorphan with quinidine to extend its bioavailability.<sup>1</sup> The combination is used to treat pseudobulbar affect (PBA) (ICD-10: 310.81)<sup>2</sup>, a condition characterized by involuntary outbursts of laughter or crying in some patients with certain neurological disorders or brain damage<sup>3</sup>.

- PBA is the drug’s only indication.
- It’s the only drug approved to treat PBA.
- The doctor listed PBA as the primary diagnosis on his prior authorizations for the drug.

His process wasn’t unusual. But his volume was.

*“He was off the chart in diagnosis and prescribing. The LexisNexis product clearly demonstrated that.”*

— Health Plan SIU Manager



*“We had the proof right there. He wasn’t documenting any brain condition.”*

— Health Plan SIU Manager

Some providers prescribe drugs for off-label uses often, because they really believe in their non-covered uses.

- The compound in this case is talked about as a treatment for conditions besides PBA.<sup>4</sup>

Some physicians accept payments—for speaking fees, say, or “consulting”—from pharmaceutical companies.

- In one 30-month period, 800,000 doctors received \$6 billion.<sup>5</sup>

- About 25,000 doctors received \$12 million related to the drug in question during that time.<sup>6</sup>

- About 15,000 doctors received \$11 million from one company.<sup>7</sup>

Some doctors facilitate illegal substance abuse.

- The drug in this case is widely used recreationally.<sup>8</sup>

The doctor’s motivation wasn’t a factor in the health plan’s actions.

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The plan is not a small operation. It manages more than 1.5 million lives in multiple states under a variety of benefit structures—and works with tens of thousands of providers and hundreds of facilities. With so many orders for pharmaceuticals moving through the system—plan members may average as many as 10-15 prescriptions each<sup>9</sup>—teasing out details about a single doctor's prescribing behavior with a single drug would be daunting, due in no small part to the data being stored in multiple formats in multiple silos.

That logistics dilemma was easy to solve using LexisNexis Intelligent Investigator to produce a laser-sharp picture of the doctor's actions. LexisNexis Intelligent Investigator is a rules-based analytic overpayment detection system that compared his prescribing of the drug to others in and out of his specialty—factoring in his share of the member population.

### Investigators were stunned:

- The doctor accounted for 70% of all prescriptions for the drug, across all providers of all types
- 2,564 fills in a 30-month period
- He used the diagnosis code for PBA 764 times
- His ranking versus other neurologists in the network: #1
- His peer percentage: 96

Those are alarming numbers—especially considering that PBA always accompanies an underlying condition, either traumatic brain injury or a neurologic condition such as Alzheimer's disease, dementia, stroke, multiple sclerosis, Lou Gehrig's disease or Parkinson's disease. Something had to be amiss.

The first task was to confirm that. But details about underlying conditions weren't required on the prior authorization, and it's difficult to disprove a PBA diagnosis based on symptoms alone. It's also easy, based on the online test the doctor used to make his diagnoses, to show that a patient has the condition. And the drug does treat the disorder.<sup>10</sup> If those patients really had PBA, then the drug was probably the right choice.

*“The doctor was providing a reimbursable service on the medical side. We couldn't go down that path.”*

— Health Plan SIU Manager

The health plan's SIU started by interviewing the physician to get his perspective—which was that his patients were properly diagnosed with PBA and properly treated with the drug he was prescribing. Next, the SIU researched the drug to confirm its precise indications. The SIU then worked with the pharmacy department to tweak the rules for prior authorizations, requiring an explicit primary diagnosis of brain injury or of a pre-existing neurological condition. PBA could only be listed as a secondary diagnosis.

The doctor noticed immediately that his prior authorization requests for the drug were now being denied. It's common in such denial situations for the prescriber to contact the plan to determine the proper procedures for prior authorizations; some specialists will list the previous providers' primary diagnosis to ensure the prior authorization is approved. This doctor, however, started using “brain injury” or “pre-existing neurological condition” as a primary diagnosis, with PBA as the secondary diagnosis.

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The SIU waited 90 days, then requested medical records for 25 of the doctor's patients whose primary diagnoses were changed from PBA to one of the generic substitutes. In 16 cases, there was no previous diagnosis of any brain or neurological condition anywhere in the record. The fraud team also interviewed some of the patients whose primary diagnoses of PBA were altered—but who were still prescribed Nuedexta®—and while a few liked its effects, none knew what it was for. None even recognized “PBA.”

The health plan referred the case to state regulatory authorities, and launched the process of terminating the doctor from the network. Authorities acted fast, and suspended his license, so the plan halted termination proceedings. The doctor had been providing the office visit services he billed for, so the plan didn't attempt to recover any of those dollars.

The case was closed.

The claims from the doctor's prescriptions totaled over \$2 million.

*“Three clicks and you're there.”*

– Health Plan SIU Manager

The health plan's SIU relied on LexisNexis Intelligent Investigator to help find the precise information needed—with as little effort as possible—to address the case of the overprescribing neurologist. The tool searched far more data than manual investigation could have in such a short time, and presented information to investigators in exactly the format they required: peer-to-peer comparisons that clearly demonstrated the doctor was an outlier in terms of diagnosing PBA and treating it with Nuedexta®.

Having the numbers from the peer-to-peer analysis at their fingertips, instead of having to dig for them, made it possible for the SIU team to act fast and stem the damage from the doctor's actions. Neurology isn't a common fraud investigation specialty, and the specifics of the case made information gathering especially difficult. Analysts without expert assistance could run data for days and not find the details they actually needed. But with LexisNexis Intelligent Investigator—which the fraud team now considers “invaluable”—the health plan quickly and efficiently lined up the numbers it needed to make its case.

The National Health Care Anti-Fraud Association (NHCAA) says healthcare fraud costs the nation at least \$68 billion a year, or about 3% of the \$2.26 trillion total, and other estimates go as high as 10%.<sup>11</sup> Less will be lost at this health plan, thanks, in part, to LexisNexis Intelligent Investigator.

## How is LexisNexis Intelligent Investigator unique?

- Offers a keener understanding of provider billing practices
- Makes the data needed to more efficiently prepare for a case much easier to compile
- Provides a prioritized workflow that looks at provider and claims levels to minimize false positives, and that provides “suspicion scores” with transparent explanations
- Enables non-IT experts to target specific providers and specific claims, even based on incomplete data
- Leverages the Provider of Interest Score, a powerful predictive modeling tool that uses statistical techniques to identify indicators of fraud, waste and abuse
- Incorporates public records data
- Built on a flexible structure based on rules that can be easily modified by users as new schemes are detected
- Promotes a holistic view of patient, claim and pharmacy data
- Offers a robust ad hoc reporting system



## LexisNexis Intelligent Investigator is sophisticated, versatile and focused

It's an advanced fraud, waste and abuse detection and data mining system that leverages sophisticated rules-based analytics—and it's part of a multi-layered approach and a robust suite of healthcare fraud analytics that applies the LexisNexis brand of distinctive capabilities. LexisNexis Intelligent Investigator helps health plans identify and reduce fraud related to provider, claim and member schemes; complex billing schemes; and fraud rings. And the tool features special screens built in to assist investigators in using partial information from tips and leads to identify fraudulent providers or claims.

For more information, call 866.396.7703  
or visit [risk.lexisnexis.com/healthcare](http://risk.lexisnexis.com/healthcare)

<sup>1</sup> <https://www.nuedexta.com/>

<sup>2</sup> <https://www.drugs.com/nuedexta.html>

<sup>3</sup> <https://www.pbainfo.org/about-pba>

<sup>4</sup> <https://www.drugs.com/answers/you-heard-nuedexta-treat-depression-793201.html>

<sup>5</sup> <https://projects.propublica.org/docdollars/>

<sup>6</sup> <https://projects.propublica.org/docdollars/products/drug-nuedexta>

<sup>7</sup> <https://projects.propublica.org/docdollars/company/avanir-pharmaceuticals-inc>

<sup>8</sup> <https://thoughtbroadcast.com/2011/04/18/nuedexta-pipeline-in-a-pill-or-pipe-dream/>

<sup>9</sup> <https://hpi.georgetown.edu/agingsociety/pubhtml/rxdrugs/rxdrugs.html>

<sup>10</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3849173/>

<sup>11</sup> <http://www.bcbsm.com/health-care-fraud/fraud-statistics.html>



Health Care

### About LexisNexis® Risk Solutions

At LexisNexis Risk Solutions, we believe in the power of data and advanced analytics for better risk management. With over 40 years of expertise, we are the trusted data analytics provider for organizations seeking actionable insights to manage risks and improve results while upholding the highest standards for security and privacy. Headquartered in metro Atlanta USA, LexisNexis Risk Solutions serves customers in more than 100 countries and is part of RELX Group plc, a global provider of information and analytics for professional and business customers across industries. For more information, please visit [www.risk.lexisnexis.com](http://www.risk.lexisnexis.com).

Our healthcare solutions combine proprietary analytics, science and technology with the industry's leading sources of provider, member, claims and public records information to improve cost savings, health outcomes, data quality, compliance and exposure to fraud, waste and abuse.

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