



U.S. Department of Justice
Office of Information Policy
Sixth Floor
441 G Street, NW
Washington, DC 20530-0001

Telephone: (202) 514-3642

September 30, 2024

Neil Anand
1313 Cheltenham Drive
Bensalem, PA 19020
cardiacgasman@gmail.com

Re: FOIA-2022-00404
FOIA-2022-00877
23-cv-02527 (E.D. Pa.)
VRB:JMB:DRC

Dear Neil Anand:

This is a fourth interim response to your Freedom of Information Act (FOIA) requests received in this Office on November 22, 2021, and March 8, 2022, in which you requested various records concerning prosecutions of “pill mill” schemes and various records concerning *Ruan v. United States*, No. 20-1410 and the opioid crisis.

We previously provided you with three interim responses to your request, most recently on August 30, 2024. Please be advised that we have now completed the processing of an additional eighty pages containing records responsive to your request. At this time, I have determined that eighty pages containing records responsive to your request are appropriate for release with certain information withheld, including certain withholdings made on behalf of the Federal Bureau of Investigation, pursuant to Exemptions 6 and 7(E) of the FOIA, 5 U.S.C. § 552(b)(6) and (b)(7)(E), and copies are enclosed. Exemption 6 pertains to information the release of which would constitute a clearly unwarranted invasion of personal privacy. Exemption 7(E) pertains to records or information compiled for law enforcement purposes, the release of which would disclose certain techniques and procedures or guidelines for law enforcement investigations or prosecutions. Please be advised that we have considered the foreseeable harm standard when reviewing records and applying FOIA exemptions.

For your information, Congress excluded three discrete categories of law enforcement and national security records from the requirements of the FOIA. See 5 U.S.C. § 552(c) (2018). This response is limited to those records that are subject to the requirements of the FOIA. This is a standard notification that is given to all our requesters and should not be taken as an indication that excluded records do, or do not, exist.

If you have any questions regarding this response, please contact Fernando Rivera of the U.S. Attorney's Office for the Eastern District of Pennsylvania at (215) 861-8432.

Sincerely,



Jonathan Breyan
Senior Supervisory Attorney
for
Vanessa R. Brinkmann
Senior Counsel

Enclosures

From: "USDOJ-Office of Public Affairs (SMO)" <Ex_PAOMailbox@jmd.usdoj.gov>
To: "USDOJ-Office of Public Affairs (SMO)" <Ex_PAOMailbox@jmd.usdoj.gov>
Subject: KENTUCKY MAN SENTENCED TO 19 YEARS IN PRISON FOR POSSESSION AND DISTRIBUTION OF METHAMPHETAMINE AND CARRYING A FIREARM DURING A DRUG TRAFFICKING CRIME
Date: Wed, 09 Mar 2016 22:11:02 -0000
Importance: Normal

This message has been archived.

United States Attorney John E. Kuhn, Fr.
Western District of Kentucky

FOR IMMEDIATE RELEASE

CONTACT: STEPHANIE COLLINS

WEDNESDAY, MARCH 9, 2016

(502) 582-5911

WWW.JUSTICE.GOV/USAO-WDKY
<<https://www.justice.gov/usao/district/wdky>>

KENTUCKY MAN SENTENCED TO 19 YEARS IN PRISON FOR POSSESSION AND DISTRIBUTION OF METHAMPHETAMINE AND CARRYING A FIREARM DURING A DRUG TRAFFICKING CRIME

Defendant Obtained 67 Pounds of Crystal Meth in California and Shipped the Drug to His Todd County Home

WASHINGTON – Scott Windell Harris, 45, of Allensville, Kentucky, was sentenced today in U.S. District Court in the Western District of Kentucky to 19 years in prison followed by five years of supervised release for multiple charges associated with firearms, possession and distribution of methamphetamine, announced U.S. Attorney John E. Kuhn, Jr. for the Western District of Kentucky.

Harris purchased 67 pounds of crystal meth during approximately nine trips to California, then shipped the schedule II controlled substance to a residence off Russellville Road in Todd County. Harris, an unlawful user of methamphetamine, also carried a firearm during and in relation to a drug trafficking offense.

"Methamphetamine is a highly addictive drug with devastating consequences to users, their families and communities," said U.S. Attorney Kuhn. "This prosecution closes a significant pipeline for dangerous drugs running from California to the streets of Western Kentucky. We are grateful to the many law

enforcement agencies whose coordinated efforts assisted my office in achieving this sentence.”

Law enforcement officials became aware of Harris’ criminal conduct in February 2015, when a package was intercepted at the Louisville, Kentucky, hub of UPS. A search warrant executed on the package revealed 19.6 pounds of suspected methamphetamine being shipped from California to Todd County. Later forensic testing of the methamphetamine at the Drug Enforcement Administration Laboratory in Chicago, Illinois, revealed a purity level exceeding 100 percent. State and federal law enforcement officials conducted a controlled delivery of the package and observed Harris taking possession of the package and placing it inside a black van. Later, a search of the van revealed a loaded Kel-Tec CNC Industries, Model P3AT, .380 caliber pistol with seven rounds of .380 ammunition in the van’s glove box. At the time, Harris was an unlawful user of methamphetamine and, therefore, prohibited from possessing a firearm.

Harris made multiple trips to Los Angeles, California, where he obtained a total of 67 pounds of crystal methamphetamine, with an estimated street value of approximately \$3 million. Once he had the methamphetamine, Harris packaged the drugs and shipped them to his residence in Allensville. When law enforcement officials arrested Harris, they searched the residence and found an additional one and one-half pounds of crystal methamphetamine, scales, baggies and just over \$14,000 in cash.

Harris previously pleaded guilty to the charges on Oct. 13, 2015, in Bowling Green, Kentucky, before U.S. District Judge Stivers.

This case was prosecuted by Assistant U.S. Attorney Jo E. Lawless and was investigated by the Bureau of Alcohol, Tobacco, Firearms and Explosives and Kentucky State Police Drug Enforcement/Special Investigations West, with assistance from the Drug Enforcement Administration Laboratory.

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DO NOT REPLY TO THIS MESSAGE. IF YOU HAVE QUESTIONS, PLEASE USE THE CONTACTS IN THE MESSAGE OR CALL THE DEPARTMENT OF JUSTICE OFFICE OF PUBLIC AFFAIRS AT 202-514-2007.

From: "ttp@mitre.org" <ttp@mitre.org>

To: "Lan, Iris (ODAG)" (b) (6)

Subject: HFPP Alerts for May 16, 2016

Date: Mon, 16 May 2016 18:05:51 -0000

Importance: Normal

This message has been archived.

View our online version here, <http://www.mmsend55.com/link.cfm?r=2490073842&sid=96634150&m=12882003&u=MITRE&j=33719652&s=https://contentsharing.net/actions/email_web_version.cfm?recipient_id=2490073842&message_id=12882003&user_id=MITRE&group_id=3203427&jobid=33719652> or the mobile version here <http://www.mmsend55.com/link.cfm?r=2490073842&sid=96634151&m=12882003&u=MITRE&j=33719652&s=https://contentsharing.net/actions/email_web_version.cfm?recipient_id=2490073842&message_id=12882003&user_id=MITRE&group_id=3203427&jobid=33719652>

banner002.jpg <<http://>>

Provider Alerts Posted

<http://hfpp-portal.org/> <<http://www.mmsend55.com/link.cfm?r=2490073842&sid=96634152&m=12882003&u=MITRE&j=33719652&s=http://hfpp-portal.org/>>

Two new provider alerts have been posted to the HFPP Portal. In the first provider alert, a California acupuncture clinic and individual acupuncturist are improperly billing EM code 99213 with every clinic visit and attaching modifier 25 to each visit.

The other provider alert involves a California clinic that billed evaluation codes on a patient for every day of each month, even though the patient visited the clinic at the most only four days during any given month. The provider often billed these evaluation codes without supplies or drugs. million.

To view the alerts, follow these steps:

1. Navigate to <http://hfpp-portal.org/> <<http://www.mmsend55.com/link.cfm?r=2490073842&sid=96634153&m=12882003&u=MITRE&j=33719652&s=http://hfpp-portal.org/>> and log in.
2. Click on "Collaboration Space."
3. Use the left hand tool bar to select "HFPP Alerts."

Forgot your password? Send an email to ttp@mitre.org <<mailto:ttp@mitre.org>> .

Healthcare Fraud Prevention Partnership

ttp@csra.com <mailto:ttp@csra.com>

Click here <[http://www.mmsend55.com/link.cfm?
r=2490073842&sid=96634154&m=12882003&u=MITRE&j=33719652&s=http://unsubscribe.magnetma
il.net/Actions/unsubscribe.cfm?
message_id=12882003&user_id=MITRE&recipient_id=2490073842&group_id=3203427&jobid=337196
52](http://www.mmsend55.com/link.cfm?r=2490073842&sid=96634154&m=12882003&u=MITRE&j=33719652&s=http://unsubscribe.magnetmail.net/Actions/unsubscribe.cfm?message_id=12882003&user_id=MITRE&recipient_id=2490073842&group_id=3203427&jobid=33719652)> to unsubscribe.

poweredByDark.png <[http://www.mmsend55.com/link.cfm?
r=2490073842&sid=96634155&m=12882003&u=MITRE&j=33719652&s=http://www.realmagnet.com](http://www.mmsend55.com/link.cfm?r=2490073842&sid=96634155&m=12882003&u=MITRE&j=33719652&s=http://www.realmagnet.com)>

ttp@csra.com

1.888.652.1037

<http://www.mmsend55.com/spacer.cfm?tracking_id=30581388598&jid=33719652>

From: Trusted Third Party for HFPP <ttp@csra.com>

To: Trusted Third Party for HFPP <ttp@csra.com>

Subject: HFPP Provider Alert: Feb. 27, 2017

Date: Mon, 27 Feb 2017 19:00:50 +0000

Importance: Normal

Inline-Images: image001.jpg

The logo for the Healthcare Fraud Prevention Partnership, featuring the text "healthcare fraud prevention partnership" in a blue, sans-serif font on a light blue background.

Provider Fraud Scheme Alert Posted

A former employee reported through a hotline call that company owners are inappropriately billing for psychotherapy services for children with autism. The owners are altering dates of medical notes and billing one thousand dollars for a service that should be two hundred dollars. This investigation is ongoing.

To view details of this alert, follow these steps:

1. Click "Partner to Partner Sharing" from the left-hand menu
2. Click "Provider Alerts"
3. Click on the ID number "[24524](#)"

Do you have an alert to share with the HFPP? If so, send an email to the Trusted Third Party at ttp@csra.com.

This electronic message transmission contains information from CSRA that may be attorney-client privileged, proprietary or confidential. The information in this message is intended only for use by the individual(s) to whom it is addressed. If you believe you have received this message in error, please contact me immediately and be aware that any use, disclosure, copying or distribution of the contents of this message is strictly prohibited. NOTE: Regardless of content, this email shall not operate to bind CSRA to any order or other contract unless pursuant to explicit written agreement or government initiative expressly permitting the use of email for such purpose.



Office of the Attorney General
Washington, D. C. 20530

September 21, 2016

MEMORANDUM FOR HEADS OF DEPARTMENT COMPONENTS

FROM:

THE ATTORNEY GENERAL

E. Lynch
Walters

SUBJECT:

Department of Justice Strategy to Combat Opioid Epidemic

The primary mission of the Department of Justice is to protect the lives and safety of all Americans. That safety is being threatened by the unprecedented levels of opioid misuse, addiction, and overdose in the United States. Opioids are a class of highly addictive drugs that includes heroin and prescription painkillers such as oxycodone and hydrocodone. In 2014, more than sixty percent of the 47,000 drug overdose deaths in America involved opioids, reflecting a dramatic increase over the past two decades.

No single agency or department can solve the problem alone. But the Department is committed to doing its part—by ensuring appropriate enforcement of our nation’s drug laws; leveraging the many tools at our disposal; and working with other federal partners—to assist the broader effort to tackle this public health crisis. I am proud of the robust and thoughtful work that has already been done by the Department to address this epidemic. In addition to the daily efforts of our prosecutors, law enforcement officials, and other personnel, the Department has worked collaboratively with our state, local, and tribal partners to assist with interdiction efforts; provide training; deploy resources; and convene stakeholders to share best practices. A full list of past and current Department projects appears in the appendix to this memorandum.

Still, there is more we can do. Nationally, our strategy must rest on three pillars: prevention, enforcement, and treatment. These three pillars are interrelated, and go hand in hand. One is not sufficient; success in this endeavor requires all three.

This document outlines this strategy and identifies some of the key action items that the Department is taking now or will take in the near future to combat the opioid epidemic. And while opioid abuse is a national problem that requires a national strategy, the Department recognizes that its efforts must be tailored to the needs of each region and implemented by those who know their communities best. For that reason, concurrent with the release of this memorandum, the Deputy Attorney General is directing each U.S. Attorney who has not already done so to consult with local stakeholders—including those outside the law enforcement community—and draft a district-specific strategy that incorporates the three pillars.

Prevention

We must prevent more individuals from succumbing to addiction. The Department currently supports several programs designed to prevent misuse of prescription opioids, deter heroin use, and reduce opioid-overdose deaths. The Department's components should work to enhance the effectiveness of those programs. The Department should also seek to identify new, creative opportunities for prevention with stakeholders outside the typical law enforcement community.

ACTION ITEM: STRENGTHEN PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs)

Prescription Drug Monitoring Programs (PDMPs) are state-run databases that collect data about controlled substance prescriptions dispensed by pharmacies and doctors. PDMPs permit authorized users, including prescribers and dispensers, to monitor dispensing activity. In certain states, law enforcement officers may also seek and obtain authorization to access PDMP data. Evidence suggests that PDMPs improve patient care while preventing abuse and overdose deaths.

Nearly every state operates its own PDMP, but the programs vary in their effectiveness and interoperability. The Department's Bureau of Justice Assistance (BJA) supports efforts to strengthen PDMPs, including, most importantly, by administering the Harold Rogers PDMP Grant Funding Program, which provides "resources to plan, implement, and enhance prescription drug monitoring programs to prevent and reduce misuse and abuse of prescription drugs and to aid in investigations of pharmaceutical crime." BJA has used its administration function to improve adoption of best practices and to encourage improved access and connectivity between different states' PDMP systems.

In the near term, the Department will support PDMPs by taking the following steps:

- *The Bureau of Justice Assistance will prioritize requests for Harold Rogers PDMP Grant Program funding that involve the development and implementation of information exchanges between state PDMPs (or between PDMPs and other data sharing partners).*
- *The Bureau of Justice Assistance will develop and promote the use of "report cards" and other reports to alert prescribers about potentially inappropriate prescribing practices and to encourage PDMP use.*
- *The Office of Justice Programs will study the need for the creation of new grant programs or the modification of existing programs to promote formulation of timely, cleaned, de-identified PDMP information and other public data sets that are fully accessible by public health and law enforcement officials.*

ACTION ITEM: ENSURE SAFE DRUG DISPOSAL

Many Americans who abuse prescription opioids obtain their drugs from friends and family. To limit the misuse of prescribed opioids, in 2010, the Drug Enforcement Agency (DEA) coordinated with local stakeholders to launch “National Take-Back Days,” which allowed individuals to safely discard unused, unwanted, or expired prescription drugs. Four years later, in 2014, DEA announced new rules pursuant to the Secure and Responsible Drug Disposal Act that expanded the options available for disposing of controlled substances. Individuals can now dispose of controlled substances using mail-back programs as well as collection receptacles at registered locations, including certain law enforcement agencies, hospitals, and retail pharmacies. In addition, the Department’s tribal partners, including the Indian Health Service, offers a number of options for safe drug disposal at locations throughout the country. Prior to each National Take-Back Day, communities can view eligible collection sites at http://deadiversion.usdoj.gov/drug_disposal/.

In the near term, the Department will support the safe disposal of unwanted opioids and other controlled prescription drugs by taking the following steps:

- *The Drug Enforcement Administration will expand efforts to develop community coalitions to help prevent the diversion of unused prescription opioids from homes.*
- *The Drug Enforcement Administration will work with federal, state, local, and tribal law enforcement and public health officials to develop “mobile” pick-up programs, which will be designed to make take-back options available to rural and underserved communities through coordinated regional efforts.*
- *The Drug Enforcement Administration will expand efforts to engage retail pharmacies seeking to establish permanent collection receptacles.*

ACTION ITEM: PREVENT OVERDOSE DEATHS WITH NALOXONE

Naloxone is a prescription medicine that reverses the negative effects of both prescription opioids and heroin on the nervous and respiratory systems and can be used to treat an acute overdose. It can be administered in multiple ways, including as a nasal spray, and has become a critical tool for first responders and law enforcement officers in their efforts to reduce overdose deaths.

BJA released an online “Law Enforcement Naloxone Toolkit,” available at www.bja.gov/naloxone, that serves as an information clearinghouse for law enforcement agencies seeking to establish their own naloxone programs. The toolkit provides guidance on the best ways to acquire and administer naloxone, while also addressing key issues such as training and liability. In addition, the toolkit includes samples and templates, such as standard operating procedures, training materials, data collection forms, and memoranda of agreement between first responders and medical directors.

In the near term, the Department will support naloxone programs by taking the following steps:

- *The Bureau of Justice Assistance will develop a strategy to promote the use of its “Law Enforcement Naloxone Toolkit” by all state, local and tribal law enforcement agencies throughout the country that do not already have a naloxone program.*
- *The Office of Justice Programs will convene a working group to develop plans for expanding access to naloxone and for enhancing information sharing regarding the effectiveness of naloxone programs.*

Enforcement

As the primary enforcer of the nation’s federal drug laws, the Department can and must use its investigative, regulatory, and prosecutorial authority to deter and punish traffickers and others who are most responsible for this epidemic. This includes prosecutions against the leaders of traditional drug trafficking organizations as well as the rogue healthcare providers, pharmacists, and pharmaceutical employees who contribute to the available supply and overuse of prescription opioid painkillers.

ACTION ITEM: INVESTIGATE AND PROSECUTE HIGH-IMPACT CASES

The U.S. Attorneys and federal law enforcement agencies that face this issue every day already have done tremendous work in the area of enforcement. In addition, the Department also established the Organized Crime Drug Enforcement Task Force (OCDETF) “National Heroin Initiative”; launched the Drug Enforcement Administration (DEA) “360 Strategy”; and released the Final Report and Recommendations of the National Heroin Task Force, which was co-chaired by the Department.

Consistent with the principles of the Department’s Smart on Crime initiative, as set forth in the Attorney General’s August 12, 2013 memorandum, the Department must continue to think strategically and establish clear priorities for the best use of its limited resources. This requires directing the Department’s resources towards the greatest threats, including but not limited to individuals and institutions responsible for the trafficking of heroin and fentanyl, those who improperly prescribe or divert opioids, and those who use violence to further drug-trafficking activities. Accordingly, the Deputy Attorney General’s memorandum issued alongside this memorandum will provide additional guidance regarding enforcement.

ACTION ITEM: ENHANCE REGULATORY ENFORCEMENT

DEA has primary responsibility for enforcing the regulatory provisions of the Controlled Substances Act (CSA), including the registration of individuals and entities involved in the prescribing, dispensing, or distribution of controlled substances, including manufacturers, distributors, prescribing practitioners, and pharmacies (“registrants”). DEA exercises oversight

authority over the nation's 1.6 million registrants, and has the authority to investigate criminal and civil charges, and to bring administrative sanctions, against registrants who violate its requirements. In recent years, DEA has expanded its regulatory role to proactively educate registrants about the requirements of the CSA.

Recognizing the significance of its regulatory function and the need for effective enforcement targeting registrants that are violating the law, DEA has approved the addition of eight additional Tactical Diversion Squads spread throughout the country and two Mobile Tactical Diversion Squads. The Mobile Tactical Diversion Squads are designed for rapid deployment to less populated areas that may not be covered by an established Tactical Diversion Squad. These squads are comprised of agents, investigators and intelligence analysts who focus on criminal and regulatory enforcement against those who unlawfully divert controlled substances from the legitimate distribution stream. Once online and fully staffed, these enhancements will bring the total number of DEA Tactical Diversion Squads to 77. Additionally, the two new Mobile Tactical Diversion Squads will give DEA a fluid enforcement capability that can deploy into underserved areas.

In the near term, the Department will support the enforcement of its regulatory authority by taking the following steps:

- *The Drug Enforcement Administration will develop metrics for measuring the effectiveness of its expanded regulatory efforts and use these metrics to refine its regulatory efforts.*
- *The Drug Enforcement Administration will establish an internal working group to study how to expand engagement with the registrant community, especially manufacturers, doctors and pharmacists who handle opioid analgesics.*

ACTION ITEM: ENCOURAGE INFORMATION SHARING

To coordinate rapid and targeted responses to overdose events, the Department's enforcement components must share information with federal, state, local, and tribal public safety and public health partners. A number of agencies collect crucial information about infectious disease, heroin and nonmedical opioid use, and overdose. Obtaining these data and sharing it with law enforcement, as appropriate, can help officials identify overdose trends and investigate potential sources. Similarly, sharing public safety data on drug investigations, diversion reports, and changing local illicit drug supply can help inform public health preparedness and response efforts. Mapping these data can help focus enforcement and prosecution efforts on suspects who are causing the most harm, and target treatment and prevention efforts on the most vulnerable areas and users.

For example, the Department's Community Oriented Policing Service (COPS) operates an "Anti-Heroin Task Force" (AHTF) program, which issues grants to state agencies seeking funding for portable drug detection devices, automated license plate readers, lab equipment,

sworn and/or civilian personnel, expanded data collection, and information systems to manage data for mapping and other crime analysis. Other examples of the Department's information-sharing efforts are described in the appendix to this memo.

In the near term, the Department will support information sharing about federal, tribal, state, and local enforcement efforts by taking the following steps:

- *The Drug Enforcement Administration and the Organized Crime Drug Enforcement Task Force will partner with federal, state, local, and tribal law enforcement and public health to better facilitate information sharing through the use of investigative de-confliction tools, including the DEA Analysis and Response Tracking System (DARTS) and the De-confliction and Information Coordination Effort (DICE), as well as other information coordination systems. These efforts will be coordinated between DEA's Special Operations Division, the OCDETF Fusion Center, and the El Paso Intelligence Center (EPIC), with the goal of sharing de-identified, real-time data between public health and public safety, when feasible, to reach maximum harm reduction in communities.*
- *The Community Oriented Policing Services (COPS) Office will require its grant recipients to share with the OCDETF Fusion Center relevant law enforcement information collected as a result of such funding.*
- *The Drug Enforcement Administration will expand its Drug/Heroin Data Capture project, a three-part data collection and sharing initiative, based at EPIC.*
- *The Drug Enforcement Administration will convene pathologist, toxicologists, medical examiners, and state officials to better understand the challenges faced by overburdened state systems as those resource capabilities inform investigative and prosecutorial resource decisions, and to assist those systems when possible.*

ACTION ITEM: FUND ENFORCEMENT-RELATED RESEARCH

The Department's National Institute of Justice (NIJ) supports research on drug-related crime to promote effective law enforcement, court, and corrections responses to illegal drug markets and criminal behavior related to drug use. Recent projects include research on illegal prescription drug market interventions that examined High Intensity Drug Trafficking Areas' strategies, and Prescription Drug Monitoring Programs, as resources to identify unusual prescribing practices and support law enforcement activities. Under its Controlled Substances and Forensic Toxicology program, NIJ's Office of Investigative and Forensic Sciences funds research to improve drug recognition and detection for law enforcement and offender monitoring.

NIJ has identified heroin and other opioids as a "drugs and crime" research priority. Concerns include variation in heroin purity and overdose risk among inexperienced users and prisoners returning to the community, and clandestinely-produced synthetic drugs like fentanyl

that are added to heroin or mixed with adulterants and diluents and sold as heroin. NIJ is currently developing plans for research in collaboration with the Drug Enforcement Administration, the Office of National Drug Control Policy, and the National Institute on Drug Abuse.

In the near term, the Department will support criminal justice research by taking the following steps:

- *The National Institute of Justice will expand its study of the forensic analysis of evidence from medico-legal death investigations and law enforcement seizures to develop profiles for fentanyl and other controlled substances and to inform trend analysis and provide tactical intelligence.*
- *The National Institute of Justice will conduct research on drug intelligence and community surveillance, which are crucial to understanding drug markets and use trends, identifying drug deterrent and interdiction opportunities, and pursuing organized crime targets.*

Treatment

No matter how robust our prevention and enforcement efforts, there will always be Americans who succumb to the agony of addiction. Substance use disorders are treatable chronic brain diseases that are very difficult to overcome, particularly without formal, evidence-based treatment services. It is crucial that the Department partners with other government agencies, non-profits, and private industries to ensure that all citizens get the treatment they need.

In addition, we must continue to acknowledge that enforcement and treatment go hand in hand. Indeed, the criminal justice system is one of the more common referral sources for treatment. And removing a large-scale drug operation from a community without addressing the addicted individuals who remain in the community only sets the stage for a new “bad actor” to fill the void. Thus, treatment is a critical part of ending this epidemic.

ACTION ITEM: SHARE BEST PRACTICES FOR EARLY INTERVENTION

As with other chronic diseases, the earlier that opioid use disorder treatment is initiated, the greater the likelihood of preventing serious or lasting consequences. The first step to helping people with substance use disorders is identifying individuals who should receive assistance in connection with risk reduction, treatment, and recovery support services. Programs are underway to educate law enforcement officers, who often interact with persons having opioid use disorders, about opioid use disorder prevention and available treatment services. This education is similar to the training received by many other assistance-providers, including medical services providers, emergency room personnel, school staff, family members, professional faith

community members, jail and prison personnel, staff at syringe service programs, and volunteers at community centers.

In the near term, the Department will support best practices for early treatment by taking the following steps:

- *The Bureau of Justice Assistance and the Community Oriented Policing Service (COPS) Office will highlight and promote successful models where law enforcement is assisting individuals who have overdosed by directing them to treatment programs, as well as connecting to treatment individuals who voluntarily seek help from law enforcement.*

ACTION ITEM: SUPPORT MEDICATION-ASSISTED TREATMENT (MAT)

In combination with counseling and behavioral therapies, medication plays an essential role in successful treatment and provides a foundation for recovery. Despite a strong evidence base supporting the use of medication-assisted treatment, it remains significantly underutilized. Medications approved for the treatment of opioid use disorders should be made available, in combination with appropriate counseling and behavioral services.

The Department provides treatment services through the Federal Bureau of Prisons (BOP), which is responsible for the incarceration and rehabilitation of federal inmates. The Bureau of Prisons supports evidence-based medication-assisted treatment (MAT) programming for the treatment of opioid addiction, beginning with residential reentry centers. Studies suggest that among the highest risk times for individuals with opioid use disorders to relapse is during their reentry to the community post-incarceration. Thus, BOP conducted a small field trial to provide medication-assisted treatment to individuals transitioning to the community from incarceration.

In the near term, subject to funding, the Department will support medication-assisted treatment by taking the following step:

- *The Bureau of Prison will commit to implementing a nationwide plan to expand medication-assisted treatment to all Residential Reentry Centers.*

ACTION ITEM: PROMOTE TREATMENT OPTIONS THROUGHOUT THE CRIMINAL JUSTICE SYSTEM

Criminal justice programs should incorporate treatment options for individuals prior to, during, after, or in lieu of incarceration. Individuals under legal supervision tend to stay in treatment longer and do as well as or better than individuals not facing the same legal pressure.

Drug courts are an evidence-based alternative to incarceration. Other programs, such as Law Enforcement Assisted Diversion (LEAD), which originated in Seattle, allow officers to direct individuals to treatment pre-booking. Drug courts are not intended to supplant incarceration for narcotics traffickers or those for whom this alternative is not otherwise deemed

viable (e.g., offenders assessed as low in risk or treatment need). For drug courts to provide maximum benefit to communities, they need to accommodate the need for many persons with opioid use disorder to receive MAT.

In the near term, the Department will support criminal justice system treatment models by taking the following steps:

- *The National Institute of Corrections will draft and release a document for state, local, and tribal correctional agencies compiling research and best practices for residential substance abuse treatment programs.*
- *The Bureau of Justice Assistance will draft and publicly release a document that highlights promising initiatives in communities throughout the United States that address the treatment needs of individuals with opioid use disorders who enter the criminal justice system.*

Conclusion

To combat the opioid epidemic, the Department's components must work together and with other federal, state, local, and tribal agencies to seek a comprehensive solution. The strategy outlined in this memo embraces an approach that focuses on prevention, enforcement, and treatment, and identifies next steps that are immediately actionable. I know many other actions are currently being taken, and this strategy is meant to complement, not supplant, the extraordinary work already underway by our federal, state, local, and tribal partners.

I am confident that by leveraging all of the resources of the Department as well as those of other federal partners such as the Department of Health and Human Services, we are more than capable of conquering this challenge. I thank you for the work that you and your respective components already have undertaken, and request that you immediately begin to take additional action, consistent with this document.

From: Trusted Third Party for HFPP <ttp@csra.com>

To: Trusted Third Party for HFPP <ttp@csra.com>

Subject: HFPP Provider Alert: March 20, 2017

Date: Mon, 20 Mar 2017 15:54:35 +0000

Importance: Normal

Inline-Images: image001.jpg



Provider Alert Posted

The Centers for Medicare & Medicaid Services (CMS) has been made aware of information involving a pharmacist and owner of two pharmacies billing Medicare for higher reimbursed drugs for compounding but using lower reimbursed drugs (bulk powder) to make the compound product. The owner and pharmacist, (b) (6) was arrested and charged on February 16, 2017. He allegedly billed for Lidocaine ointment and Ketoprofen tablets to make the compound, while actually using bulk powder form.

We are alerting you to this information so that you can take appropriate measures regarding these pharmacies and the Medicare Part C and Part D benefits you offer. These measures, in particular, should be focused on the appropriate detection and identification of fraud, waste, and abuse as required under Medicare Part C and Part D. Additional information, such as the pharmacy names, practice location, and National Provider Identification (NPI) numbers can be found below.

Pharmacy	Address	NPI
(b) (6)		

If you identify egregious billings from these pharmacies, please contact Health Integrity, CMS' National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) or CMS. Any questions you may have on this subject should be directed to your CMS Account Manager or Martina Gilly of the National Benefit Integrity MEDIC at gillym@healthintegrity.org. The NBI MEDIC may also be reached at 1-877-7SAFERX (1-877-772-3379).

To learn more, access the [HFPP Portal](#) and follow the instructions below:

1. Click "Partner to Partner Sharing" from the left-hand menu
2. Click "Provider Alerts"
3. Click on ID numbers "[37645](#)", "[37886](#)"

Do you have an alert to share with the Partnership? Send an email to ttp@csra.com.

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From: Trusted Third Party for HFPP <ttp@csra.com>

To: Trusted Third Party for HFPP <ttp@csra.com>

Subject: HFPP Provider Alert #2: March 20, 2017

Date: Mon, 20 Mar 2017 17:59:58 +0000

Importance: Normal

Inline-Images: image001.jpg

The logo for the Healthcare Fraud Prevention Partnership, featuring the text "healthcare fraud prevention partnership" in a light blue, sans-serif font on a white background with a light blue gradient.

Provider Alert Posted

In December 2016, a Family Practice physician was excluded from Medicare as the result of an investigation which found the provider forged the signature of another physician on prescriptions that were paid for by the Medicare program. A current investigation has found the same provider is diagnosing patients, ordering lab work, and billing plans despite restrictions on his medical license which precludes him from patient contact, and any practice of medicine.

To learn more, access the [HFPP Portal](#) and follow the instructions below:

1. Click "Partner to Partner Sharing" from the left-hand menu
2. Click "Provider Alerts"
3. Click on ID number "[37228](#)"

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From: Trusted Third Party for HFPP <ttp@csra.com>

To: Trusted Third Party for HFPP <ttp@csra.com>

Subject: HFPP Provider Alert: April 3, 2017

Date: Mon, 3 Apr 2017 17:59:41 +0000

Importance: Normal

Inline-Images: image001.png

healthcare fraud prevention partnership

Provider Alert Posted

Data mining revealed inappropriate billing for lab services. The lab was billing a high percentage of services for "Molecular Cytogenetic DNA Probe" (CPT 88271) by performing a Non-Invasive Prenatal Testing analysis on maternal blood samples for cell-free fetal DNA at ten weeks of pregnancy and screening for trisomy 21, 18, and 13. The provider stated they wanted to bill a different code but could not because it was proprietary and not covered by Medicaid. A cease and desist letter and a letter requesting recovery of monies paid were sent to the provider.

To learn more, access the [HFPP Portal](#) and follow the instructions below:

1. Click "Partner to Partner Sharing" from the left-hand menu
2. Click "Provider Alerts"
3. Click on ID number "[41326](#)"

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From: Trusted Third Party for HFPP <ttp@csra.com>

To: Trusted Third Party for HFPP <ttp@csra.com>

Subject: HFPP Provider Alert: April 24, 2017

Date: Mon, 24 Apr 2017 17:59:43 +0000

Importance: Normal

Inline-Images: image001.png

healthcare fraud prevention partnership

Provider Alert Posted

Seven (7) providers appeared to be prescribing high amounts of controlled substances. Further analysis identified patients with prescriptions equal to or exceeding a daily average of 90 morphine milligram equivalents (MME). The prescribing providers were identified as outliers for prescribing opioids compared to their peers. Clinical documentation is unavailable. The investigations are currently ongoing.

To learn more, access the [HFPP Portal](#) and follow the instructions below:

1. Click "Partner to Partner Sharing" from the left-hand menu
2. Click "Provider Alerts"
3. Click ID numbers "[40851](#)", "[40633](#)", "[40468](#)", "[40161](#)", "[39908](#)", "[39729](#)", "[39575](#)"

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From: Trusted Third Party for HFPP <ttp@csra.com>

To: Trusted Third Party for HFPP <ttp@csra.com>

Subject: HFPP Provider Alert: May 1, 2017

Date: Mon, 1 May 2017 17:59:41 +0000

Importance: Normal

Inline-Images: image001.png

healthcare fraud prevention partnership

Provider Alert Posted

An investigation identified prescription fraud related to inappropriate prescribing and billing of medication. A non-participating physician prescribed a high-cost medication deemed unnecessary by the member's oncologist, and the pharmacy waived the co-payment. Further investigation identified the questionable proximity of the pharmacy to the provider and member. The investigation is ongoing.

To learn more, access the [HFPP Portal](#) and follow the instructions below:

1. Click "Partner to Partner Sharing" from the left-hand menu
2. Click "Provider Alerts"
3. Click on ID number "[38124](#)"

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From: Trusted Third Party for HFPP <ttp@csra.com>

To: Trusted Third Party for HFPP <ttp@csra.com>

Subject: HFPP Provider Alert: May 22, 2017

Date: Mon, 22 May 2017 18:00:41 +0000

Importance: Normal

Inline-Images: image001.png

healthcare fraud prevention partnership

Provider Alert Posted

Several retail pharmacies categorized for high-risk assessments are inappropriately billing and prescribing medication and durable medical equipment (DME). These pharmacies are contacting beneficiaries through direct marketing and submitting authorization requests to physicians even though the physicians did not initiate the order or prescription. All submitted claims were rejected by the Pharmacy Benefit Manager (PBM). A list of additional pharmacies believed to be participating in the same activity is also available.

To learn more, access the [HFPP Portal](#) and follow the instructions below:

1. Click "Partner to Partner Sharing" from the left-hand menu
2. Click "Provider Alerts"
3. Click on ID number "[49843](#)"

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From: Trusted Third Party for HFPP <ttp@csra.com>

To: (b) (6) (b) (6)

Subject: HFPP Provider Alert: August 7, 2017

Date: Mon, 7 Aug 2017 13:58:57 -0400

Importance: Normal

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Provider Alert Posted

An investigation identified laboratory fraud related to inappropriate prescribing and billing of medication. Information from the July 2017 CMS Release Medicare Strike Force Takedown and a review of claims revealed that 23 laboratory claims were paid for one Medicare beneficiary. Further investigation confirmed that claims were submitted on the same date of service and deemed unnecessary since the patient was not prescribed the medications being tested.

Information regarding the inappropriately paid claims was provided to the following sources to assist in the indictment: National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC), CMS Predictive Learning Analytics Tracking Outcomes tool (PLATO), and National Health Care Anti-Fraud Association's (NHCAA) online Special Investigation Resource and Intelligence System (SIRIS).

To learn more, access the [HFPP Portal](#) and follow the instructions below:

1. Click "Partner to Partner Sharing" from the left-hand menu
2. Click "Provider Alerts"
3. Click ID number "[61600](#)"

Do you have an alert to share with the Partnership? If so, you can post it directly on the [HFPP Portal](#) or send an email to the TTP at ttp@csra.com.

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From: Trusted Third Party for HFPP <ttp@csra.com>

To: (b) (6) (b) (6)

Subject: HFPP Provider Alert: August 16, 2017

Date: Wed, 16 Aug 2017 13:58:06 -0400

Importance: Normal

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Provider Alert Posted - August 16, 2017

An investigation identified provider prescription fraud related to inappropriate prescribing of medication. The provider appeared to be prescribing high amounts of controlled substances (82% controlled and 18% non-controlled substances), and was identified as an outlier. Further analysis revealed patients with prescriptions exceeding a daily average of 90 morphine milligram equivalents (MME). The investigation is ongoing.

To learn more, access the [HFPP Portal](#) and follow the instructions below:

1. Click "Partner to Partner Sharing" from the left-hand menu.
2. Click "Provider Alerts."
3. Click ID number "[61895](#)."

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From: Trusted Third Party for HFPP <ttp@csra.com>

To: (b) (6) (b) (6)

Subject: HFPP Provider Alert: October 10, 2017

Date: Tue, 10 Oct 2017 10:56:56 -0400

Importance: Normal

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Provider Alert Posted - October 10, 2017

An investigation identified potential pharmacy fraud related to inappropriate billing of medication, including price gouging and redundant dispensing fees, in violation of the Medicare Advantage and Part D Fraud Handbook. The pharmacy was given 30 days (from September 13, 2017) to appeal audit findings. An entry was made in the National Health Care Anti-Fraud Association's (NHCAA) online Special Investigation Resource and Intelligence System (SIRIS).

To learn more, access the [HFPP Portal](#) and follow the instructions below:

1. Click "Partner to Partner Sharing" from the left-hand menu
2. Click "Provider Alerts"
3. Click ID number "[63377](#)"

Do you have an alert to share with the Partnership? If so, you can post it directly on the [HFPP Portal](#) or send an email to the TTP at ttp@csra.com.

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From: Trusted Third Party for HFPP <ttp@csra.com>

To: (b) (6) (b) (6)

Subject: HFPP Provider Alert: November 7, 2017 - Ambulance Transportation, Upcoding

Date: Tue, 7 Nov 2017 12:26:21 -0500

Importance: Normal

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***Ambulance Transportation,
Upcoding***

November 7, 2017

*Quickly access the HFPP Portal
by clicking the icon below:*



Dear HFPP Member,

An investigation identified potential fraud related to inappropriate billing of ambulance transportation. Contracted ambulance providers are upcoding non-emergency scheduled transports as emergency and billing for disposable supplies in violation of Los Angeles County Code 7.16.280 and 7.16.310. This case is currently under investigation.

Access this alert by clicking the Alert ID # below:



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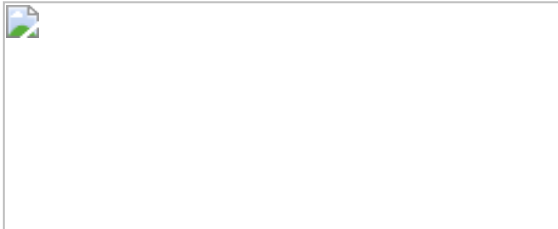
To: (b) (6) (b) (6)

Subject: HFPP Provider Alert: November 30, 2017 - DMEPOS Upcoding

Date: Thu, 30 Nov 2017 13:57:58 -0500

Importance: Normal

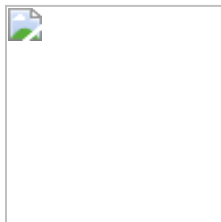
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DMEPOS Upcoding

November 30, 2017

*Quickly access the Portal
by clicking the icon below:*



Dear HFPP Member,

An investigation identified fraud related to inappropriate billing for Durable Medical Equipment, Prosthetics, and Supplies (DMEPOS). A provider billed members for higher reimbursed or never received prosthetics and charged members excessive co-pay amounts. The investigation is complete and the provider was terminated.

Access this alert by clicking the Alert ID # below:



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From: Trusted Third Party for HFPP <ttp@csra.com>

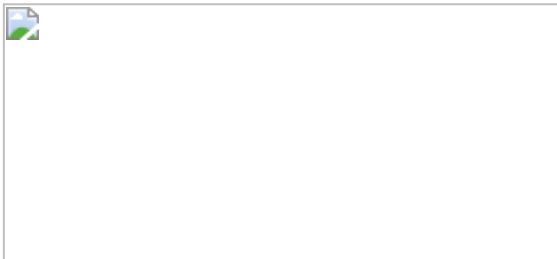
To: (b) (6)

Subject: HFPP Provider Alert: December 06, 2017

Date: Wed, 6 Dec 2017 08:57:53 -0500

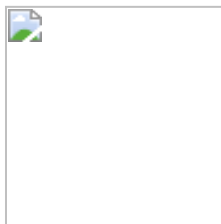
Importance: Normal

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December 6, 2017

*Quickly access the portal
by clicking the icon below:*



Dear HFPP Member,

An investigation identified fraud related to inappropriate prescribing of medication. A physician appeared to be prescribing high amounts of controlled substances that were not supported by claims for medical care. The investigation is ongoing.

Access this alert by clicking the Alert ID # below:



Do you have an alert to share with other HFPP Members?
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From: Trusted Third Party for HFPP <ttp@csra.com>

To: (b) (6)

Subject: HFPP Provider Alert: January 11, 2018

Date: Thu, 11 Jan 2018 08:59:45 -0500

Importance: Normal

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January 11, 2018

*Quickly access the portal
by clicking the icon below:*



Dear HFPP Member,

An investigation identified potential fraud related to inappropriate prescribing of medication. A physician appeared to be prescribing large quantities of multiple opioids that exceeded current dosage guidelines, placing patients at risk. The investigation is ongoing.

Access this alert by clicking the Alert ID # below:



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CSRA | 3170 Fairview Park Drive | Falls Church, VA 22042

From: Trusted Third Party for HFPP <ttp@csra.com>

To: (b) (6)

Subject: HFPP Provider Alert: January 31, 2018

Date: Wed, 31 Jan 2018 13:07:09 -0500

Importance: Normal

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January 31, 2018

*Quickly access the portal
by clicking the icon below:*



Dear HFPP Member,

An investigation identified potential fraud related to inappropriate laboratory billing. A provider appeared to be submitting claims with drug testing codes for out-of-state patients without additional medical services. Further analysis revealed that the hospital is affiliated with a laboratory that is a known participant in a nationwide urine drug testing fraud scheme. The hospital was placed on 100% prepayment review and other related facilities were placed on review to prevent future exposure to fraudulent lab charges.

Access this alert by clicking the Alert ID # below:



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From: Trusted Third Party for HFPP <ttp@csra.com>

To: (b) (6)

Subject: HFPP Provider Alert: February 21, 2018 - Request from HHS OIG

Date: Wed, 21 Feb 2018 13:58:40 -0500

Importance: Normal

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Dear HFPP Member,

The HHS Office of Inspector General (OIG) has an urgent request for all Partners.

February 21, 2018

The OIG is asking Qualifying Health Plans (QHPs) to determine if the identified suspect provider has submitted claims for services rendered to any exchange members. More information on the request and how to contact the OIG is located on the HFPP Portal.

Quickly access the portal by clicking the icon below:



Access this alert by clicking the Alert ID # below:



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From: Trusted Third Party for HFPP <ttp@csra.com>

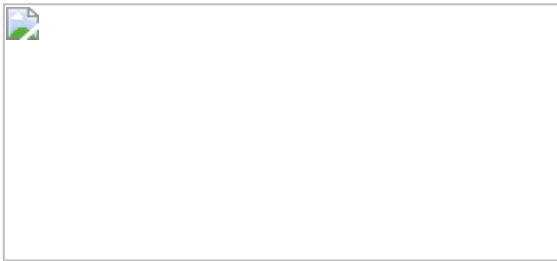
To: (b) (6)

Subject: HFPP Provider Alert: February 26, 2018

Date: Mon, 26 Feb 2018 08:59:29 -0500

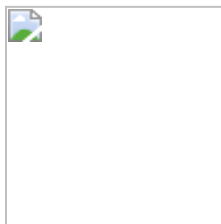
Importance: Normal

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February 26, 2018

*Quickly access the portal
by clicking the icon below:*



Dear HFPP Member,

An out of state pharmacy contacted a physician's office via fax requesting that the physician authorize prescriptions for diabetic testing supplies and topical pain medications. The requests were not necessary or requested by the physician.

Access this alert by clicking the
Alert ID # below:



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From: Trusted Third Party for HFPP <ttp@csra.com>

To: (b) (6)

Subject: HFPP Provider Alert: March 12, 2018

Date: Mon, 12 Mar 2018 08:58:40 -0400

Importance: Normal

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Dear HFPP Member,

An out-of-state pharmacy contacted a physician's office via fax requesting that the physician authorize prescriptions for topical pain medication. The medication was not necessary or requested by the member or their treating physician. The investigation is ongoing.

March 12, 2018

*Quickly access the portal
by clicking the icon below:*



Access this alert by clicking the
Alert ID # below:



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CSRA | 3170 Fairview Park Drive | Falls Church, VA 22042

From: Trusted Third Party for HFPP <ttp@csra.com>

To: (b) (6)

Subject: HFPP Provider Alert: April 10, 2018

Date: Tue, 10 Apr 2018 09:58:15 -0400

Importance: Normal

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Dear HFPP Member,

An out-of-network pharmacy contacted a physician's office via fax requesting that the physician authorize prescriptions for topical pain medications. The medications were unauthorized and not requested by the beneficiary or their physician. Further analysis could not determine how the pharmacy obtained the beneficiary's protected health information which was printed on the requests. The investigation is ongoing.

April 10, 2018

*Quickly access the portal
by clicking the icon below:*



Access this alert by clicking the
Alert ID # below:



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CSRA | 3170 Fairview Park Drive | Falls Church, VA 22042

From: Trusted Third Party for HFPP <ttp@csra.com>

To: (b) (6)

Subject: HFPP Provider Alert: Wednesday May 2, 2018

Date: Wed, 2 May 2018 13:58:18 -0400

Importance: Normal

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Make sure that you always get our messages: Add ttp@csra.com to your contacts.



Dear HFPP Member,

An investigation identified potential fraud related to inappropriate billing and billing for services not rendered.

May 2, 2018

*Quickly access the portal
by clicking the icon below:*



A facility used unlicensed professionals to complete medical services and could not provide valid documentation to support the services billed. The investigation also identified a possible common ownership between the referring provider and rendering laboratory. This investigation is ongoing.

Access this alert by clicking the
Alert ID # below:



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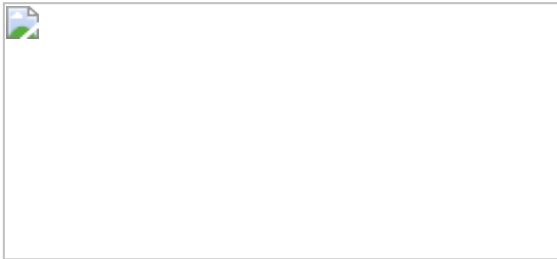
To: (b) (6)

Subject: HFPP Provider Alert: July 2, 2018

Date: Mon, 2 Jul 2018 12:58:11 -0400

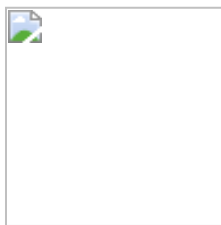
Importance: Normal

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July 2, 2018

*Quickly access the portal
by clicking the icon below:*



Dear HFPP Member,

An investigation identified a provider as being a possible outlier after finding potential fraud related to billings for Applied Behavior Analysis (ABA) therapy services.

The documentation reviewed was either insufficient or did not support the services billed. The provider received education and was sent a corrective action notice.

Access this alert by clicking the Alert ID # below:



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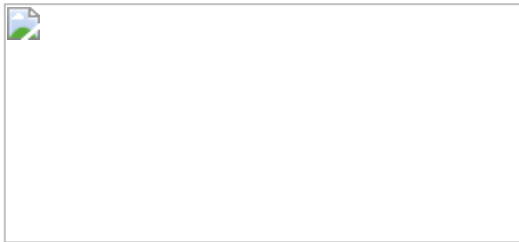
To: (b) (6)

Subject: HFPP Provider Alert: August 28, 2018

Date: Tue, 28 Aug 2018 13:58:17 -0400

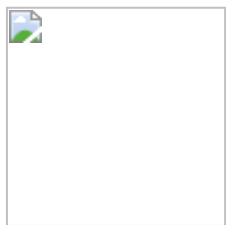
Importance: Normal

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August 28, 2018

*Quickly access the portal
by clicking the icon below:*



Dear HFPP Member,

An out-of-network pharmacy contacted a physician's office via fax requesting that the physician authorize multiple prescriptions for diabetic supplies and topical pain medications. The medications had not been requested by the beneficiary or their physician.

Further analysis could not determine how the pharmacy obtained the beneficiary's protected health information. The investigation is ongoing.

Access this alert by clicking the Alert ID # below:

 [92255.png](#)

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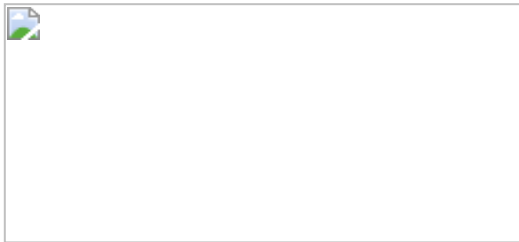
To: (b) (6)

Subject: HFPP Provider Alert: September 6, 2018

Date: Thu, 6 Sep 2018 08:59:01 -0400

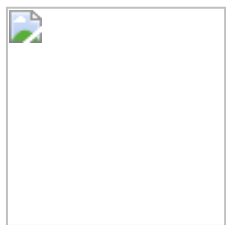
Importance: Normal

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September 6, 2018

*Quickly access the portal
by clicking the icon below:*



Dear HFPP Member,

An investigation identified inappropriate billing for durable medical equipment (DME).

Multiple providers were suspected of billing the same member for unrequested braces that were never received. While not yet confirmed, the investigation suggests information sharing and/or collusion. The providers were referred to the Medicare Drug Integrity Contractor (MEDIC) and system edits have been put in place.

Access this alert by clicking the Alert ID # below:

 [92966.png](#)

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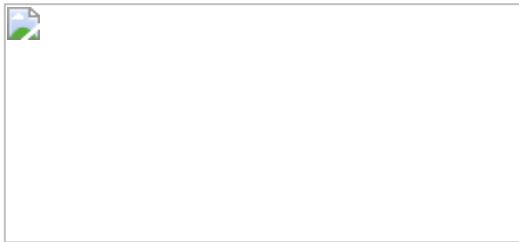
To: (b) (6)

Subject: HFPP Provider Alert: September 27, 2018

Date: Thu, 27 Sep 2018 13:58:28 -0400

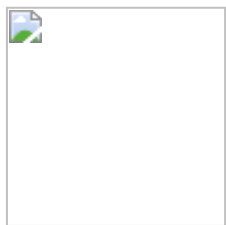
Importance: Normal

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September 27, 2018

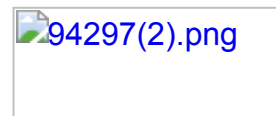
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by clicking the icon below:*



Dear HFPP Member,

A complaint relating to a potential kickback scheme involving behavioral therapy led to a claims review of a provider. The documentation review identified multiple deficiencies and an overpayment. The provider received education and was sent a corrective action notice.

Access this alert by clicking the Alert ID # below:



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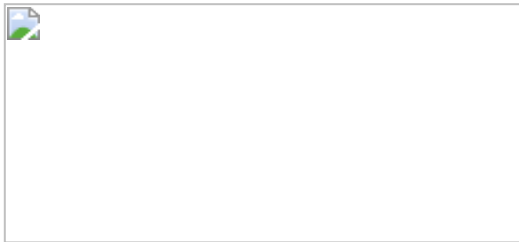
To: (b) (6)

Subject: HFPP Provider Alert: October 4, 2018

Date: Thu, 4 Oct 2018 09:58:19 -0400

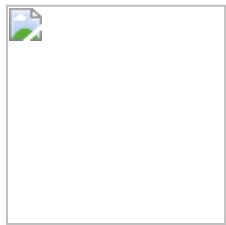
Importance: Normal

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October 4, 2018

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by clicking the icon below:*

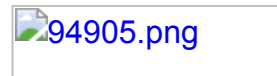


Dear HFPP Member,

A pharmacy failed separate desk and Compliance Audit Program (CAP) audits due to high discrepancy rates.

During both audits, the pharmacy was found to have mailed diabetic supplies to out-of-state members without the necessary state licenses. In addition, some prescriptions were submitted with an incorrect day supply enabling early refills and stockpiling.

Access this alert by clicking the Alert ID # below:



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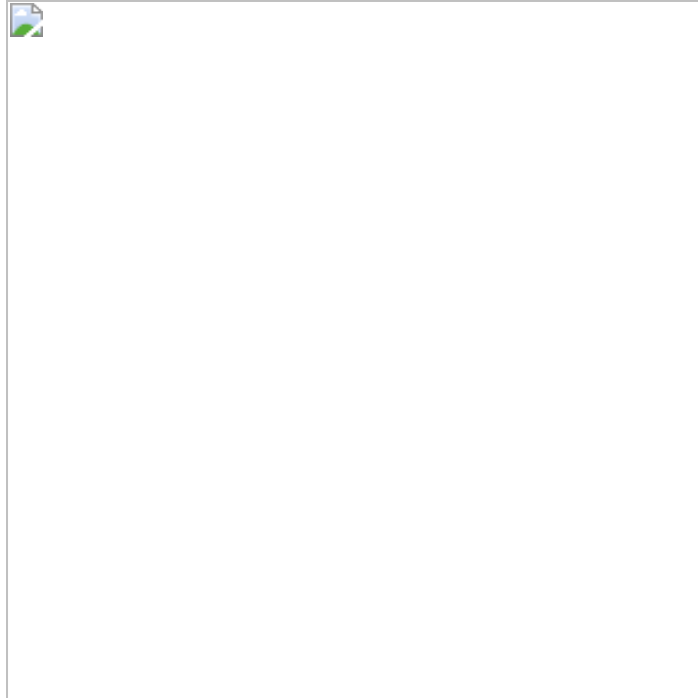
From: Trusted Third Party for HFPP <ttp@csra.com>

To: (b) (6)

Subject: Provider Alert Posted: October 25, 2018

Date: Thu, 25 Oct 2018 18:29:19 +0000

Importance: Normal



New Alert Posted October 25, 2018:

Dear HFPP Member,

An investigation identified potential fraud related to inappropriate billing and prescribing of medication.

An out-of-network provider submitted multiple claims for medications without an active license. Further analysis revealed there were no associated medical claims associated with the prescriptions. The provider was referred to the Centers for Medicare & Medicaid Services (CMS) Predictive Learning Analytics Tracking Outcomes tool (PLATO), and the National Health Care Anti-Fraud Association's (NHCAA) Special Investigation Resource and Intelligence System (SIRIS).

Access this alert by clicking the Alert ID # below:

Alert 99976

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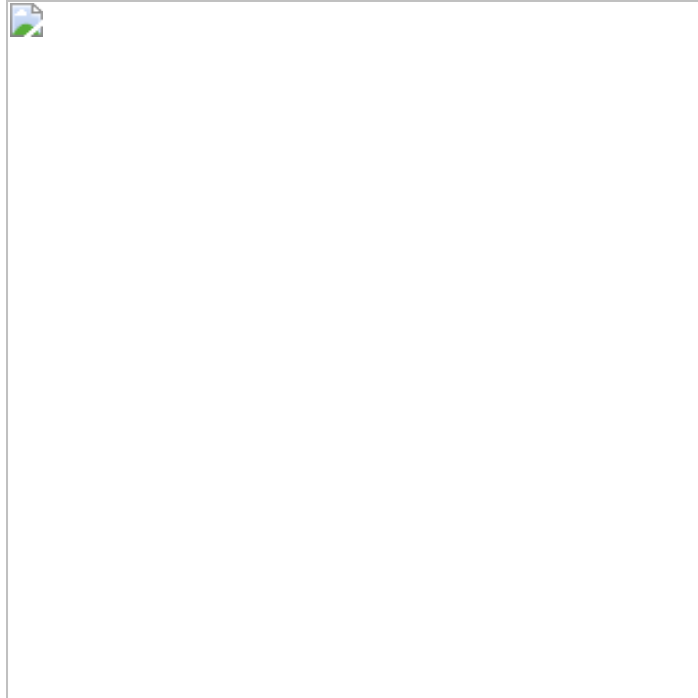
From: Trusted Third Party for HFPP <ttp@csra.com>

To: (b) (6)

Subject: Provider Alert Posted: October 30, 2018

Date: Tue, 30 Oct 2018 17:59:24 +0000

Importance: Normal



New Alert Posted October 30, 2018:

Dear HFPP Member,

An investigation identified a Home Health Services provider as an outlier when comparing reimbursement growth between the calendar years 2016 - 2017. Records were reviewed, but did not support the services billed. The provider was educated and no overpayment was collected.

Access this alert by clicking the Alert ID # below:

Alert 101650

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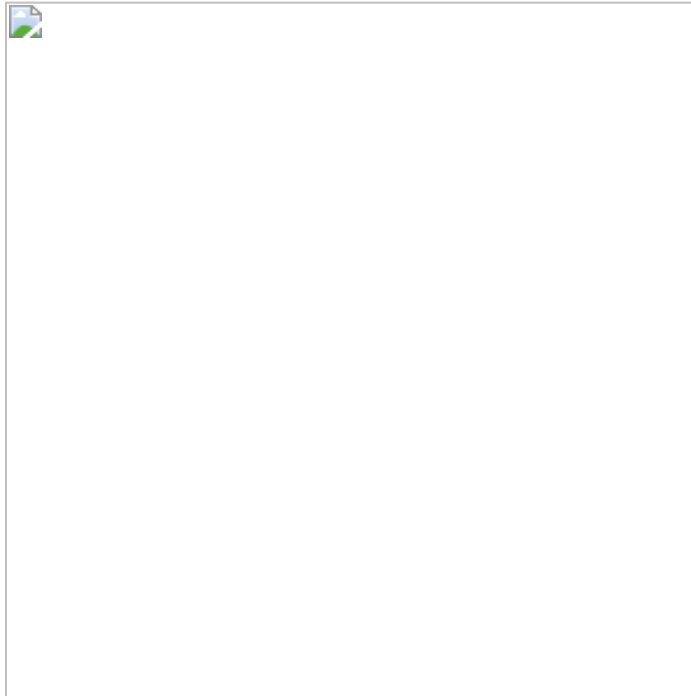
To: (b) (6)

Subject: Provider Alert Posted: March 12, 2019

Date: Tue, 12 Mar 2019 12:48:04 +0000

Importance: Normal





New Alert Posted March 12, 2019:

Dear HFPP Member,

An investigation identified inappropriate prescribing of opioids and benzodiazepines, placing patients at an increased risk of overdose. Further analysis revealed that the provider is an outlier for high opioid prescribing.

Access this alert by clicking the Alert ID # below:

Alert ID: 123020

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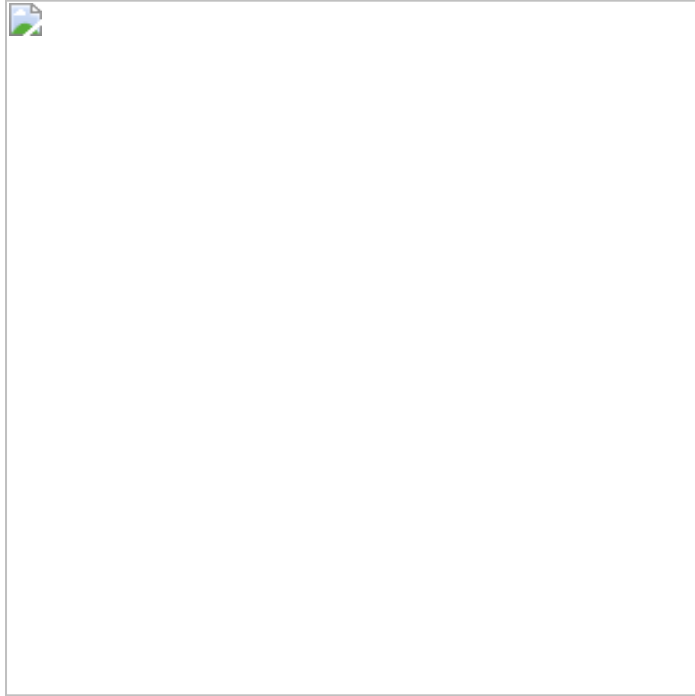
To: (b) (6)

Subject: Provider Alert Posted: March 19, 2019

Date: Tue, 19 Mar 2019 15:59:48 +0000

Importance: Normal





New Alert Posted March 19, 2019:

(b)(7)(E) per FBI

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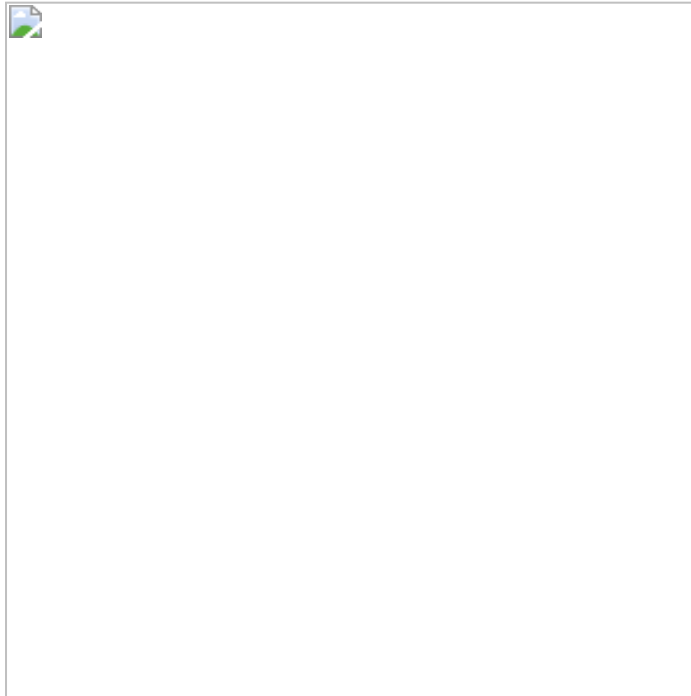
To: (b) (6)

Subject: Provider Alert Posted: April 4, 2019

Date: Thu, 4 Apr 2019 14:59:38 +0000

Importance: Normal





New Alert Posted April 4, 2019:

An internal referral noted potential billing discrepancies for a contracted Applied Behavior Analysis (ABA) service provider. The documentation reviewed was either insufficient or did not support the services billed. The billing deficiencies were conveyed as an overpayment demand to the provider. The settlement/mitigation is pending.

Access this alert by clicking the Alert ID # below:

Alert ID: 128706

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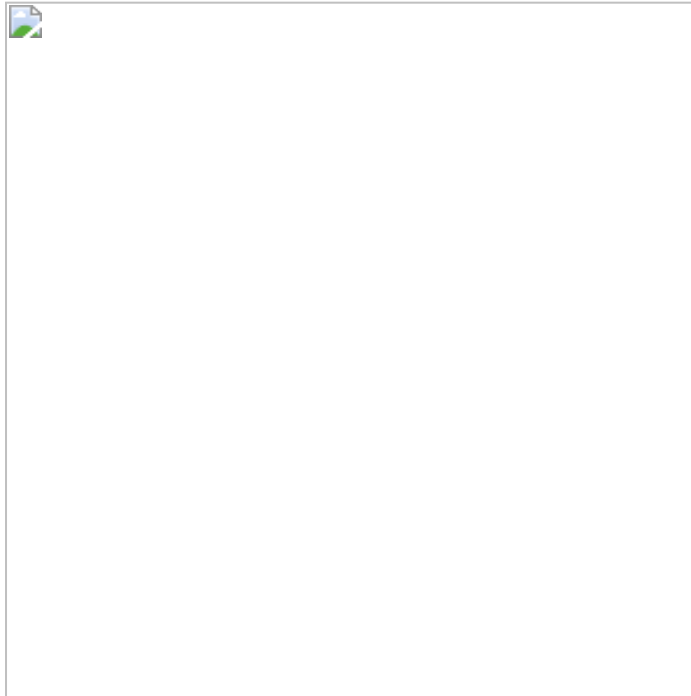
To: (b) (6)

Subject: Provider Alert Posted: June 5, 2019

Date: Wed, 5 Jun 2019 15:59:24 +0000

Importance: Normal





New Alert Posted June 5, 2019:

Dear HFPP Member,

An internal referral noted potential billing discrepancies for an externally contracted internist service provider. The medical documentation reviewed was either insufficient, outside the scope of the contract, or did not support the services billed. The billing deficiencies were conveyed as an overpayment demand to the provider. The settlement/mitigation is pending.

Access this alert by clicking the Alert ID # below:

Alert ID: 141309

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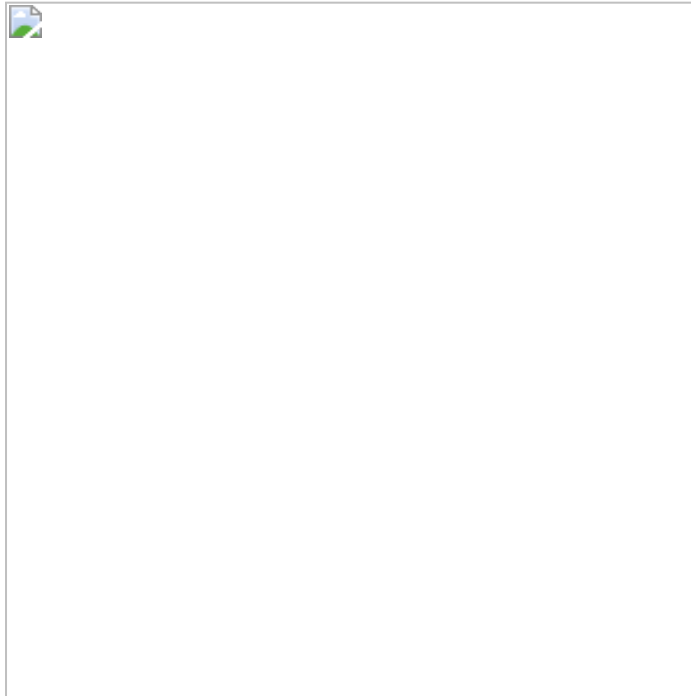
To: (b) (6)

Subject: Provider Alert Posted: June 19, 2019

Date: Wed, 19 Jun 2019 14:59:21 +0000

Importance: Normal





New Alert Posted June 19, 2019:

Dear HFPP Member,

An out-of-network pharmacy contacted multiple physicians via fax requesting authorization for certificates of medical necessity for diabetes supplies. Further analysis revealed that the medications were not requested by the beneficiaries. It is unknown as to how the pharmacy obtained the beneficiary's personally identifiable information (PII) or the physician's information.

Access this alert by clicking the Alert ID # below:

Alert ID: 143161

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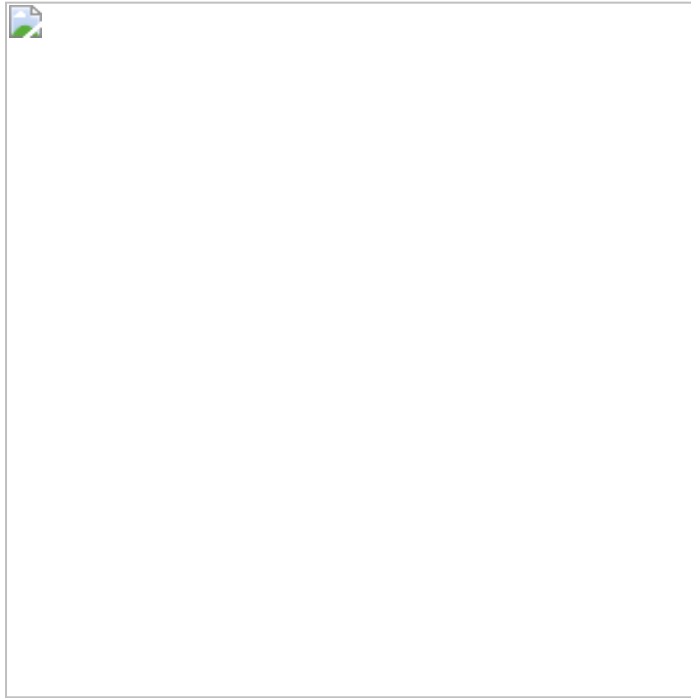
To: (b) (6)

Subject: Provider Alert Posted: July 3, 2019

Date: Wed, 3 Jul 2019 15:03:51 +0000

Importance: Normal





New Alert Posted July 3, 2019:

Dear HFPP Member,

An investigation identified billing discrepancies of an externally contracted Applied Behavior Analysis (ABA) service provider. The billing deficiencies were conveyed as an overpayment demand to the provider and the settlement/mitigation is pending.

Access this alert by clicking the Alert ID # below:

Alert ID: 145472

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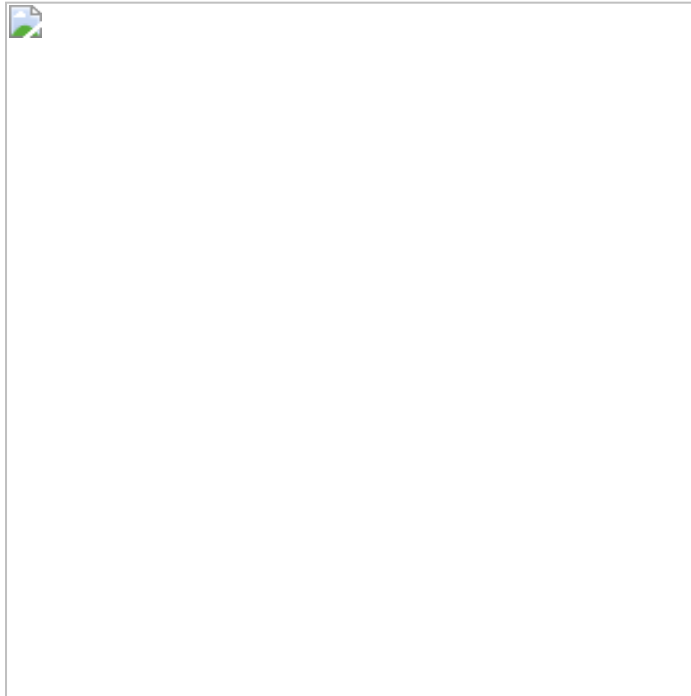
To: (b) (6)

Subject: Provider Alert Posted: August 1, 2019

Date: Thu, 1 Aug 2019 13:09:49 +0000

Importance: Normal





New Alert Posted August 1, 2019:

Dear HFPP Member,

An investigation conducted by Kaiser Permanente's National Fraud Control Unit, came about due to the release of an August 10, 2018 memo released by The Centers for Medicare and Medicaid Services (CMS) entitled "Medicare Part D Coverage of Multi-Ingredient Compounds,". This memo initiated an investigation that identified pharmacy billing discrepancies. The analysis revealed that a long-term care pharmacy was an outlier for compound prescribing. The outlier was found in four prescription Drug Event claims. This investigation lead to the recovery of over \$43,000 in overpayments.

Access this alert by clicking the Alert ID # below:

Alert ID: 151870

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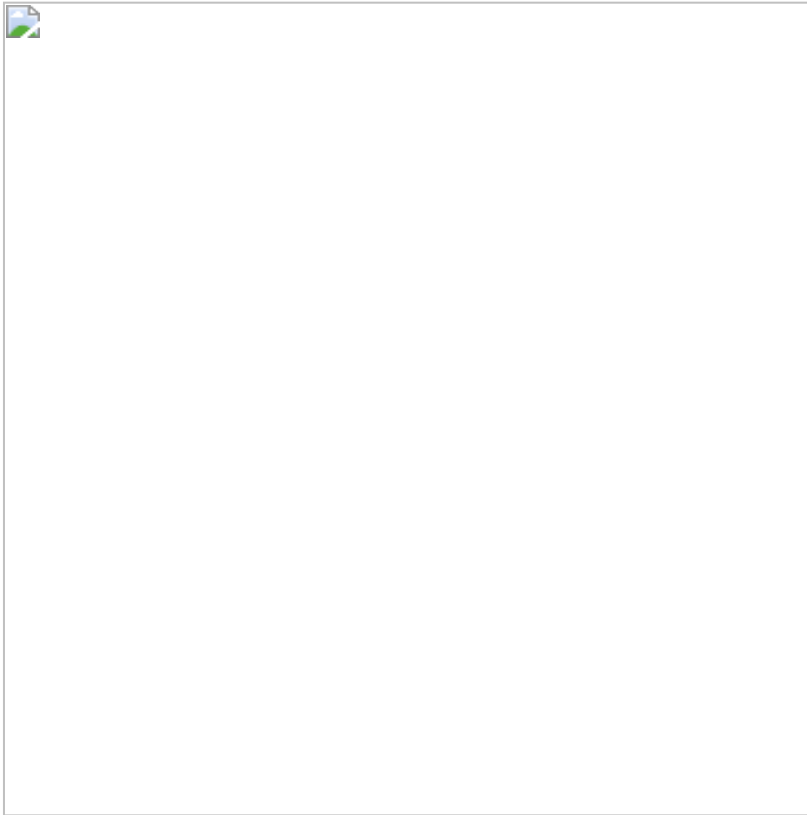
To: (b) (6)

Subject: Provider Alerts Posted: August 28, 2019

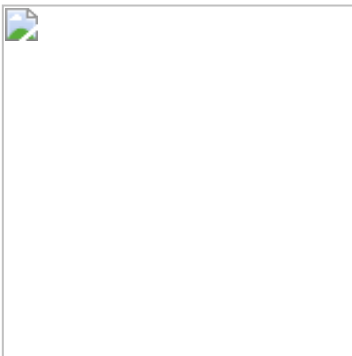
Date: Wed, 28 Aug 2019 14:59:39 +0000

Importance: Normal





New Alerts Posted: August 28, 2019



Partners have posted three new Pharmacy fraud alerts to the HFPP Portal:

The first two alerts are based on investigations that stem from information obtained from the *CMS February 2019 Quarterly Drug Trend Analysis Memo*. The memo identified Providers as inappropriately prescribing opioids. Further analysis revealed that the Providers are outliers for high opioid prescribing.

Which can place patients at an increased risk of overdose.

Access the alerts by clicking the Alert ID #s below:

Alert ID: 156129

Alert ID: 156458

The third alert is based on a proactive review of the CMS Predictive Learning Analytics Tracking Outcomes (PLATO) tool, that identified a Provider as an outlier for paid Serostim pharmacy claims. Serostim is used to treat HIV patients and has been identified by the Drug Enforcement Administration (DEA) as a drug that is used off-label for anti-aging to improve athletic performance. The in-depth review identified possible off-label prescribing and use of Serostim.

Access this alert by clicking the Alert ID # below:

Alert ID: 156263

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