Fraud Schemes for HIV Meds Cost Medicare $33M

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A new report from the U.S. Department of Health and Human Services (HHS) has uncovered that Medicare spent more than $30 million on suspicious claims for HIV medications in 2012, most likely as a result of fraud schemes conducted under the agency's Part D prescription drug program.

The wide array of drug-money heists was reviewed in an article co-published by ProPublica and The Washington Post. Turns out, more than half of these instances involved patients with no record of HIV filling tens-of-thousands of dollars worth of prescriptions for antiretrovirals.

The HHS suspects that these bogus patients sold the HIV drugs on the black market, or that pharmacies across the country billed for meds that beneficiaries never received. In another scheme, thieves stole beneficiaries' ID numbers and used them to buy expensive drugs without their knowledge.

The new report raises big questions about Medicare's lax oversight of HIV prescription drugs. It argues that the agency has inadvertently enabled doctors to prescribe huge quantities of potentially unnecessary medications, that it has wasted billions of dollars on needlessly pricey treatments and that it has also exposed the program to rampant fraud schemes.

To combat this abuse, the agency's inspector general is now recommending that the Centers for Medicare and Medicaid Services (CMS) use prescription data to look for suspicious behavior among its patients. HHS is also encouraging CMS to expand its controls over HIV meds and to restrict its beneficiaries to a limited number of pharmacies and prescribers.

Now, it's up to Congress to take steps to implement these fraud-prevention plans.

To read the ProPublica/WaPo article, click here.

To read the HHS report, click here.

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http://beta.docker.poz.com/article/medicare-fraud-schemes-for-hiv-meds-26020-9105