# Predictive Modeling of Opioid Prescription Fraud by CMS Providers

DATA606 Capstone Project - Part 4
William Rubin - Spring 2020

# **Problem Definition**



**Existing Research** / **Initial EDA** 

Final EDA / **Predictive Model Preparation** 

**Execution, Interpretation,** and Results

### **Brief Project Overview**

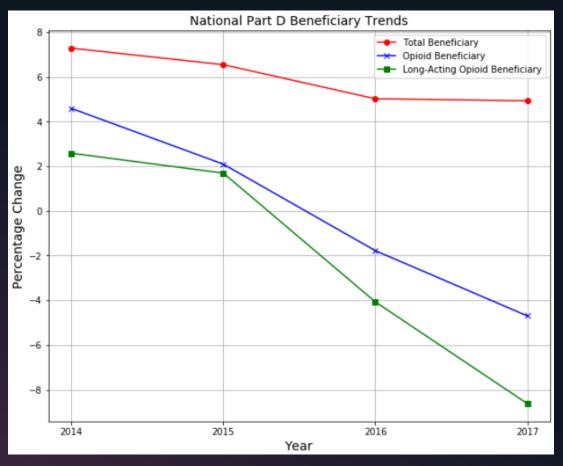
- Problem Statement
  - Opioid Abuse Declared Public Health Emergency by HHS in 2017
  - Estimated 11.4 million people misuse prescriptions
  - Fostered environment for unscrupulous providers to profit from opioid over-prescription or encourage over-use
- Project Goal
  - Evaluate opioid prescription patterns for CMS Medicare Part D Providers
  - Create labeled dataset of fraudulent and legitimate opioid providers
  - Develop predictive modeling capabilities to assist in detection of potential prescription fraud

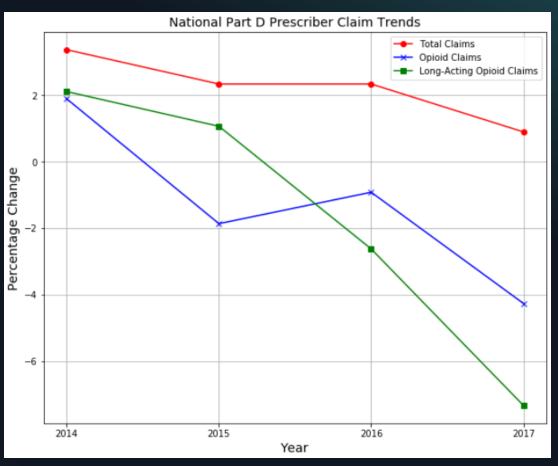
#### **Data Sources Overview**

- Department of Justice (DOJ) Press Releases
  - Opioid-Related Official Press Releases (Full Text)
- CMS National Provider Identifier (NPI) Registry
  - Repository of unique provider identifiers (NPI) for all registered Medicare / Medicaid eligible providers
- CMS Part D Prescriber Summary Tables
  - ~5.5M yearly, NPI-based provider records
- Physician Compare 2017 Individual Eligible Clinician Public Reporting - Overall MIPS Performance
  - ~376k NPI-based provider performance metric records

#### **Exploratory Data Analysis**

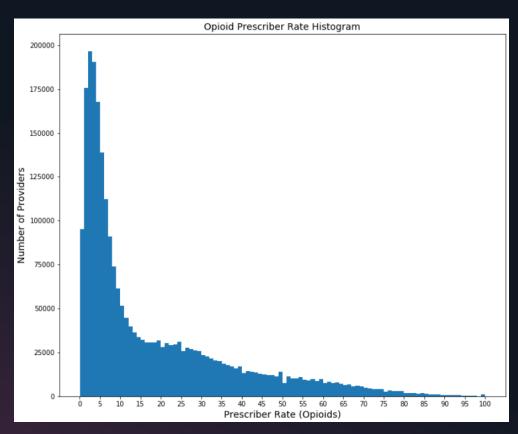
High-level Opioid-Specific Beneficiary / Claims Trend Analysis

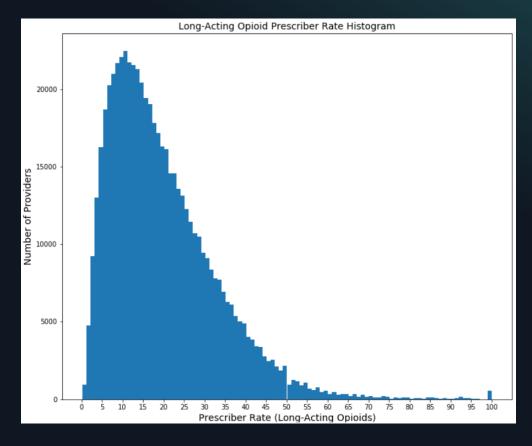


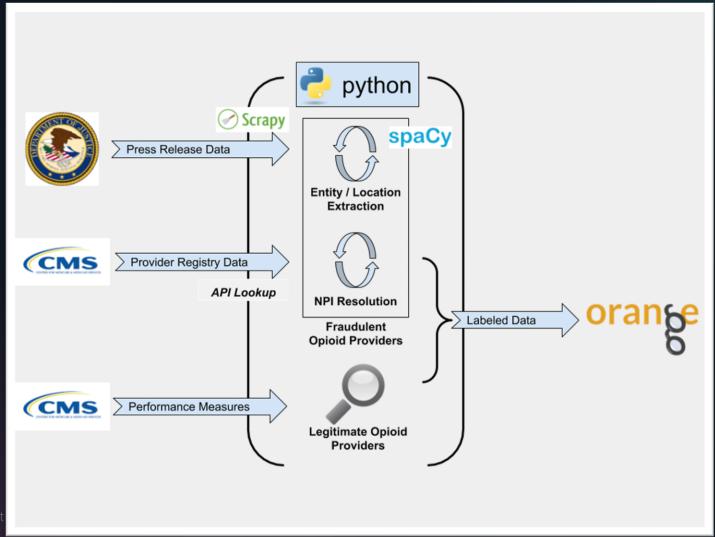


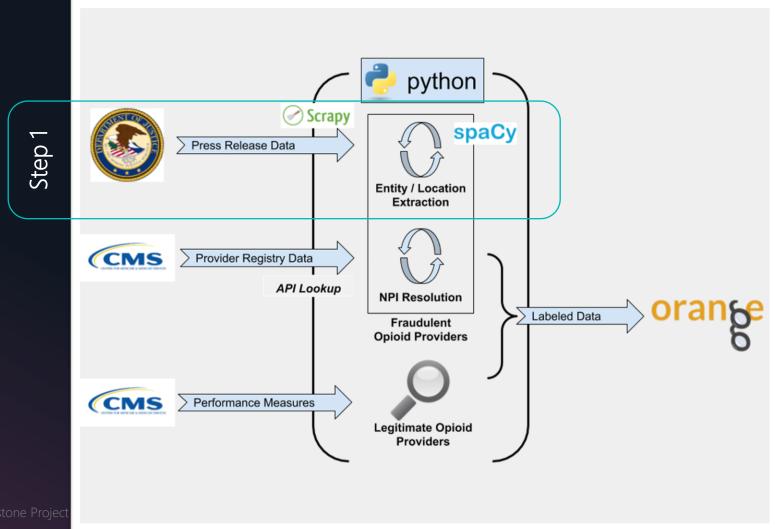
### **Exploratory Data Analysis**

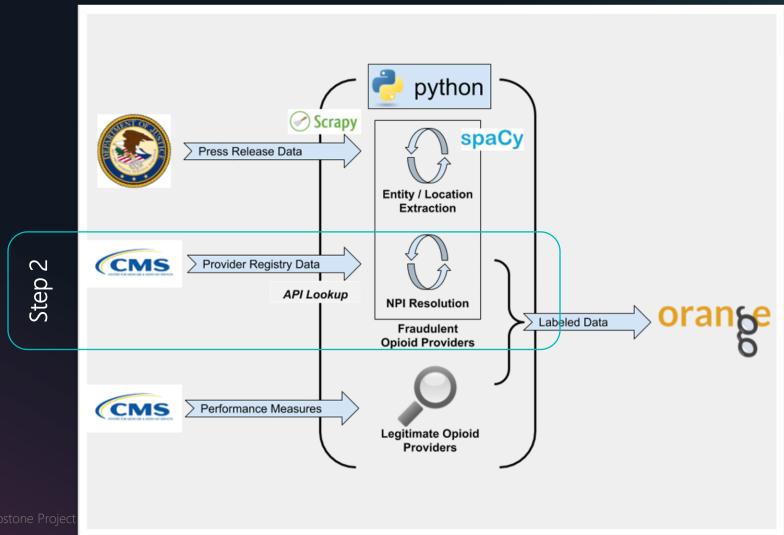
#### Opioid and Long-acting Opioid Prescriber Rate Histogram

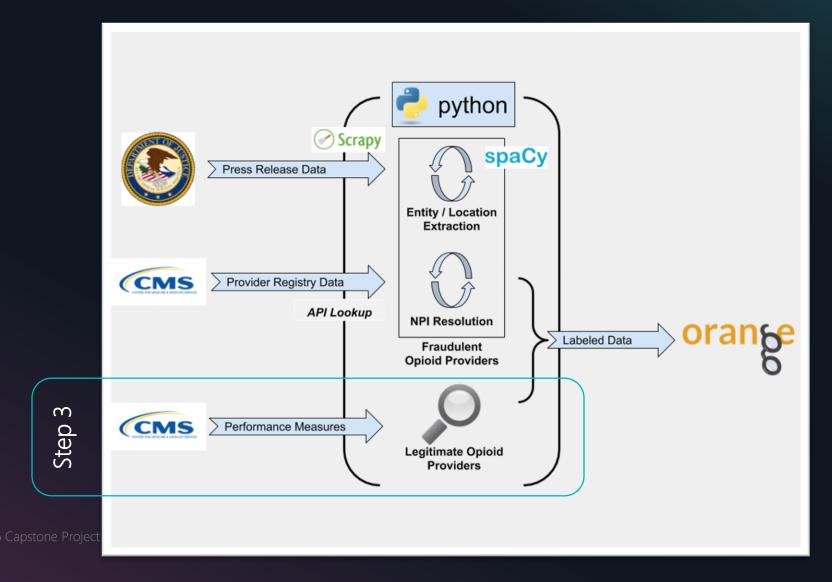


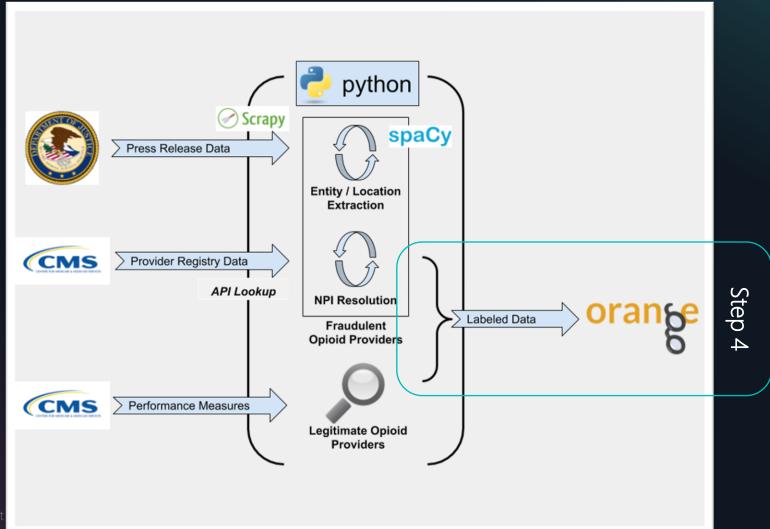












# Data Pipeline Modifications (PART 4)

- Addressed Mis-identified Fraudulent Providers
  - Extracted Verbs from Press Releases Text
  - Filtered Press Release to Include Only Legal Action
  - 9 Press Releases Removed
- Resolved Instances of Multiple NPI Results
  - Extracted Likely City Related GPE Entities to Identify Solitary NPI Match
- Included URL / Press Release Date to Output for Traceability
- Finalized Fraudulent Provider Labeled Dataset

# **Data Pipeline Modified Results**

DOJ Press Releases	111
Extracted Entities / Terms	21,113
Resolved NPIs	221

# Likely Legitimate Providers

- Merit-based Incentive Payment System (MIPS) Data Source Identified
- Component of CMS Quality Payment Program (QPP)
- Rewards participant providers with adjusted payments based on cost efficiency, quality of care, and health outcomes
- Highly unlikely fraudulent provider would participate and draw additional attention/scrutiny
- No overlap with identified fraudulent providers
- Criteria Utilized: Final MIPS Score = 100

# Opioid Provider Labeled Dataset Composition

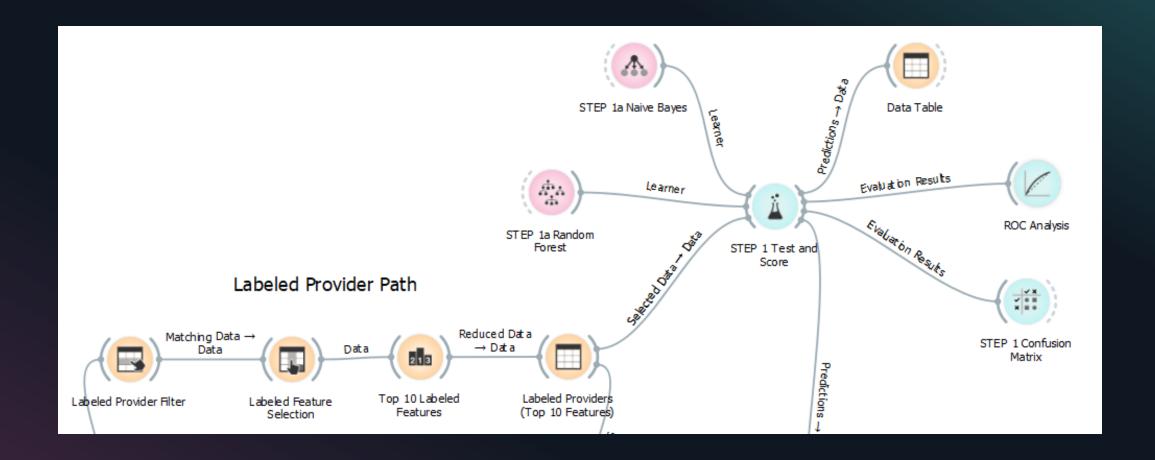
All Opioid Providers	704,463
Identified Fraudulent Opioid Providers	85*
Likely Legitimate Opioid Providers	38,229

<sup>\* 221</sup> identified overall but only 85 remained after cross-reference to opioid provider dataset, likely due to inactive status

#### Prediction Modeling

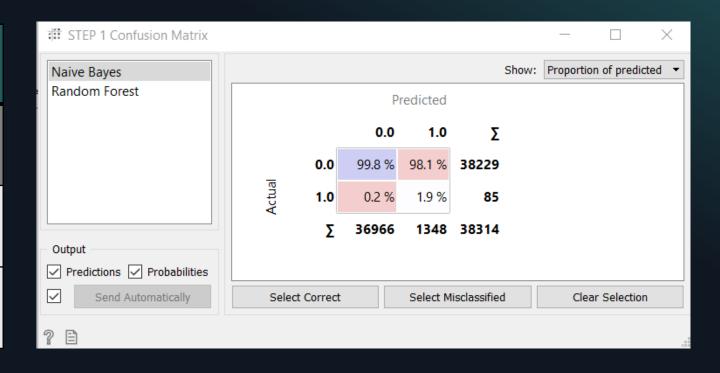
- Semi-Supervised Learning Approach
  - Practical Approach Between Supervised and Unsupervised Learning
  - Utilizes Small Labeled Data Subset to Predict Unlabeled Records (Pseudo-Labeling)
- Implementation
  - Labeled Provider Modeling
  - Pseudo-Labeling of Unlabeled Providers
  - Combined Dataset
  - Fraudulent Provider Prediction Modeling

# Labeled Provider Modeling

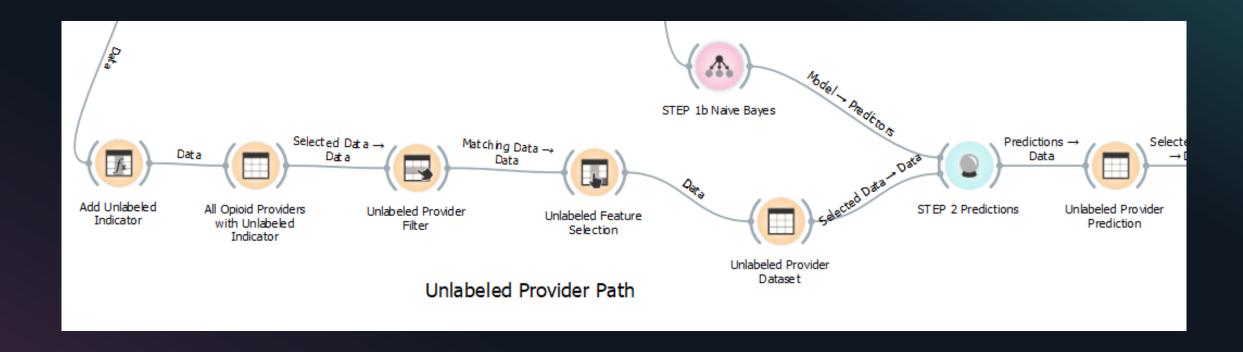


#### Labeled Provider Modeling Results

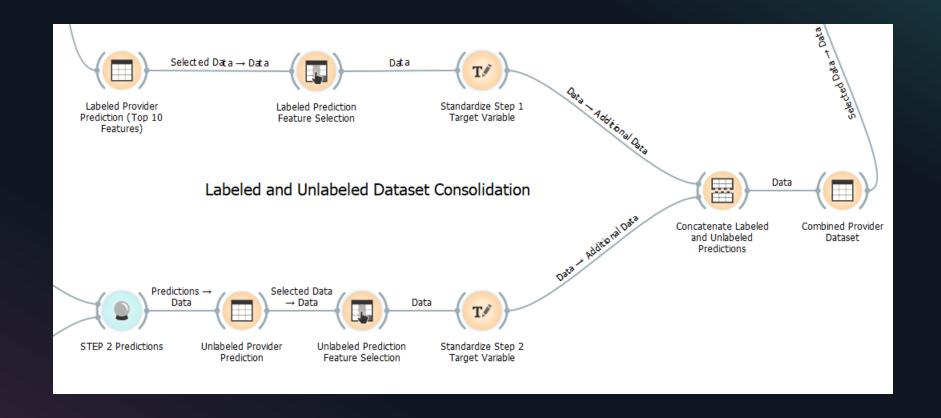
# Model OutcomesModelAUCF1PrecisionNaïve<br/>Bayes0.7330.9800.996Random<br/>Forest0.6120.9970.996



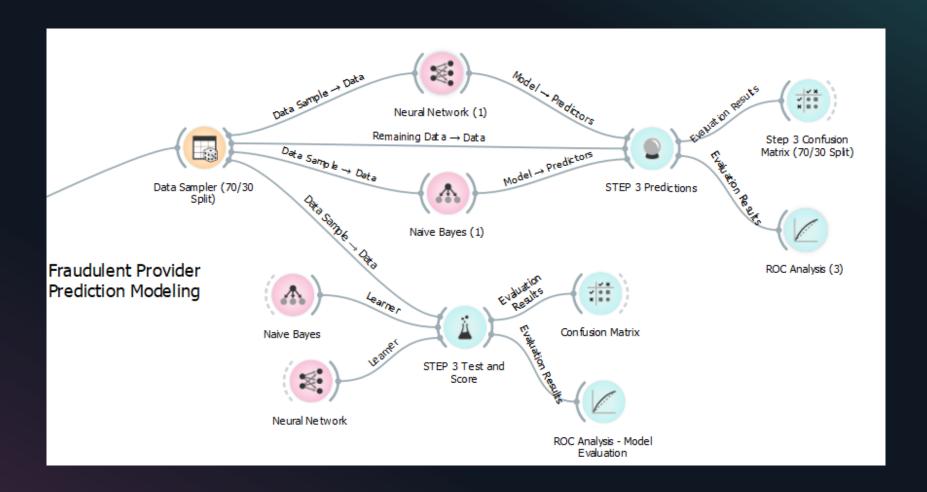
# Pseudo-Labeling of Unlabeled Providers



#### Combined Dataset

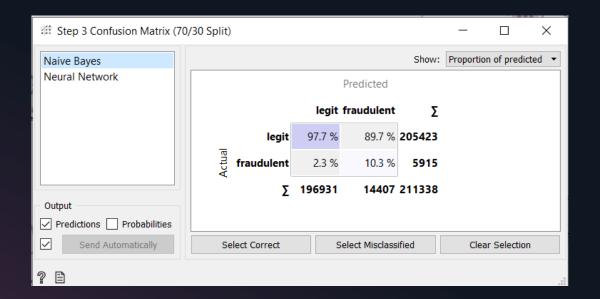


### Fraudulent Provider Prediction Modeling



#### Fraudulent Provider Prediction Modeling Results

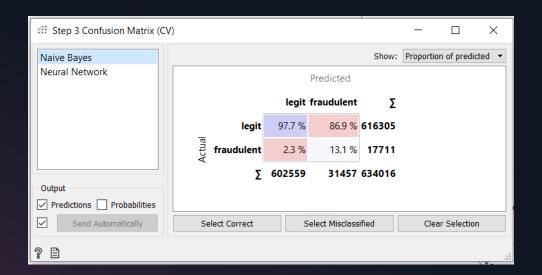
Model Outcomes						
Sampling Type	Model	AUC	F1	Precision		
70/30 Split	Naïve Bayes	0.934	0.918	0.191		
70/30 Split	Neural Network	0.958	0.972	0.121		



#### Fraudulent Provider Prediction Modeling Results

#### Model Outcomes

Sampling Type	Model	AUC	F1	Precision
Cross Validation (10 Folds)	Naïve Bayes	0.944	0.935	0.165
Cross Validation (10 Folds)	Neural Network	0.958	0.972	0.121



#### Conclusion

- Semi-supervised learning with pseudo-labeling yielded results
- Overall model prediction hampered by small proportion of fraudulent labeling
- Additional data sources and enhancements to the NLP analysis needed to increase fraudulent labeling
- Established Value in Developing CMS Part D Opioid Provider Labeled Dataset Process and Prediction Workflow

#### **Lessons Learned**

 Inaccurate data mining assumption caused delays and misidentification of fraudulent providers

 Basic NLP-based entity / location extraction not sufficient to effectively perform data mining

 Early identification and proper understanding of machine learning requirements needed

#### **Future Considerations**

- Opioid Provider Analysis
  - Incorporate time component and provider trend analysis
  - Extract fraudulent activity date / timeframe to perform more granular analysis
- Labeled Dataset Construction
  - Identify additional fraudulent provider data sources to increase labeled instances
  - Improve NLP analysis to consider entity position within published text
  - Improve likely legitimate opioid providers determination
  - Develop weighting mechanism to strongly classify providers charged on multiple occasions
- Modeling

Incorporate feature engineering to improve results

# THANKYOU!

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