

APR - 1 2024

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 2149

KB.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY MANGESH H. KANVINDE, M.D., LICENSE NO. 39807, 3700 ALEXANDRIA PIKE, SUITE B, COLD SPRING, KENTUCKY 41076

AGREED ORDER

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel B, and Mangesh H. Kanvinde, M.D., (hereafter "the licensee"), and, based upon their mutual desire to fully and finally resolve this pending investigation without an evidentiary hearing, hereby ENTER INTO the following

AGREED ORDER:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order:

1. At all relevant times, Mangesh H. Kanvinde, M.D. ("the licensee"), was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. After graduating from medical school in 1997, the licensee completed a residency and a radiology fellowship at Case Western Reserve University and thereafter practiced radiology for at least thirteen (13) years.
3. In 2005, the licensee first became licensed to practice medicine in the Commonwealth of Kentucky, at which time he self-identified his specialty to be radiology.
4. In or around 2008, the licensee allowed his Kentucky medical license to lapse.

5. In 2015, the licensee re-registered his license to practice medicine in the Commonwealth of Kentucky, at which time he self-identified his specialty to be diagnostic radiology.
6. Beginning in 2016 and continuing to the present, on all license renewal applications, the licensee self-identified his specialty to be general medicine and reported that he practices or owns a pain/bariatric clinic in the Commonwealth of Kentucky.
7. At its July 20, 2017, meeting, the Board considered a grievance alleging that the licensee was advertising a referral bonus of \$20.00 for friend and family referrals. Upon consideration of all information available, the Board found that the licensee engaged in misconduct but the the issuance of a Complaint was not warranted. The Board sent the licensee a letter of admonishment.
8. From December 5, 2016, through June 20, 2019, the licensee entered into financial arrangements with and received payments from locum tenens and telehealth companies in return for referring Medicare beneficiaries for the furnishing of durable medical equipment (DME) and genetic testing items and services. In exchange for these referrals, the licensee was paid on a per-patient basis, which took into account the volume of referrals. The licensee did not engage in the treatment of the Medicare beneficiaries involved in these claims, had no physician-patient relationship with the beneficiaries, and often did not speak with the beneficiaries for whom he prescribed goods and services. As a result of this arrangement, the licensee received illegal remuneration from the locum tenens and telehealth companies for the referrals in violation of the Anti-Kickback Statute, 42 U.S.C. § 1320a-7b. The licensee's actions caused the submission of false or

fraudulent claims to Medicare that were tainted by kickbacks and were not medical necessary and for which the Medicare program paid \$17,855,723.30.

9. In or around July 2022, the licensee entered into a False Claims Act settlement agreement with the United States Department of Justice. Under the terms of the settlement agreement, the licensee agreed to pay restitution of \$720,000 to the Medicare program and to be excluded from Medicare, Medicaid, and all other federal health care programs for a period of fifteen years.
10. In or around July 2023, a Board consultant completed a review of fifteen (15) patient charts from the licensee's practice and found that the licensee engaged in conduct which departs from or fails to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky and applicable Board regulations, stating in part

... I saw no evidence of the physician working up co-morbidities of obesity, properly exploring and investigating the disease of obesity causes or contributors, or individualizing the lifestyle/behavioral/or medication plan based on the individual's co-morbidities. There certainly may be individualized discussion with the patient in these areas, but without documentation to prove this, I cannot show it. Competence is knowledge put into action. Charting that was done had no detailed written assessment of the patient's obesity related co-morbidities or weight loss challenges addressed. It additionally had no labwork evaluation for obesity related co-morbidities, and did not evaluate and monitor co-morbidities throughout treatment thus individualized plans based on these co-morbidities/challenges were not made for the best safety and wellbeing of the patient. Thus, I also have no way of assessing this physician's full level of competency based on this chart.

Dr. Kanvinde may not have realized in the state of Kentucky all of the required state laws and national standards of care for practicing bariatric medicine that now must be followed in order to be compliant with state regulations. Of course, it is the responsibility of the physician to make sure that he is following appropriate law. Unfortunately, this lack of knowledge has led this physician to be in violation of several of Kentucky State regulations of 201 KAR 9016 and 201 KAR 9:260 and not practicing standards of care in this field.

...

In addition, the consultant stated

Of note and concern: The majority of patients reviewed were seen every 2 months. Although that timeframe is considered reasonable, (although not recommended for the majority of patients) what is not reasonable is charging patients two provider fees for only one provider visit. However, for every patient that was to return in two months, they were charged two provider fees. For example, if today's visit fee was \$70, a month supply of 30 phentermine pills was \$30, and the patient was to return back in 2 months, they would be charged \$200. ... I can only recommend the KBML to discuss the medical ethicality and legality of this billing practice.

11. On or about October 6, 2023, the licensee entered into an Interim Agreed Order (Diversion) with this Board pursuant to which the investigation remained open while the licensee participated in the CPEP ethics program, ProBe, and submitted to a clinical skills assessment at either CPEP or LifeGuard.
12. On or about November 30, 2023, the licensee executed a surrender of his license to practice medicine and surgery in the State of Ohio with consent to permanent revocation. The Order of permanent revocation was accepted and entered by the State Medical Board of Ohio on December 13, 2023.
13. On or about December 9-11, 2023, the licensee participated in and unconditionally passed the CPEP ethics program, ProBe.
14. In or around January 2024, the licensee submitted to a multi-day clinical skills assessment at LifeGuard.
15. As part of the assessment, LifeGuard administered a computer-based, multi-question/multiple-choice Family Medicine module developed by the National Board of Medical Examiners (NBME®) and the Federation of State Medical Boards (FSMB) to generate pertinent data regarding a physician's clinical competence in a variety of skills, abilities, and content areas of medical knowledge;

it was the same module that was administered between 8/01/2022-7/31/2023 to first-time test takers from LCME-accredited medical schools at the end of a clerkship. The minimum recommended passing score is a 68; Dr. Kanvinde's score of 61 was not a passing score.

16. As part of its assessment, LifeGuard conducted oral case presentations within the family medicine ambit in order to assess the licensee's performance against current specialty board standards, widely accepted clinical guidelines, and the standard of practice for physicians taking care of patients in this specialty. LifeGuard's assessor found, in part,

...throughout all of the cases, Dr. Kanvinde exhibited a deficit in his knowledge concerning diagnostic criteria pertaining to the various medical conditions [discussed].

...

In order to practice weight loss/obesity/bariatric medicine, a physician needs not just to be knowledgeable about general medicine principles and practices but instead needs to also understand how different medications affect both the body and other medical conditions. Very often, an obese patient has multiple co-morbidities...[and] there are many other conditions and organ systems which are affected not only by obesity itself, but also by the medications for obesity, some of which may have adverse interactions with, and contraindications to, medications prescribed for those underlying co-morbidities. After evaluating Dr. Kanvinde, my concern is that he may try to manage these comorbid conditions while also managing weight loss/obesity. Unfortunately, Dr. Kanvinde's general medical knowledge is lacking, and as such, does not support his being skilled enough to undertake this management safely.

17. As part of its assessment, LifeGuard conducted oral case presentations within the bariatric medical management ambit in order to assess the licensee's performance against current specialty board standards, widely accepted clinical guidelines, and the standard of practice for physicians taking care of patients in this specialty. LifeGuard's assessor found, in part,

My overall impression of the oral case review was that Dr. Kanvinde is obviously intelligent and was able to synthesize information well. However, it seemed that he was trying very hard to show his medical knowledge and convince me that he has a very thoughtful, comprehensive approach. It felt as if he was giving me a lot of textbook information that he learned more recently or that he thought was the correct answer.

For example, he stated that he doses phentermine by starting with 7.5mg daily and titrating from there. The 7.5mg dose is referenced in some older literature and guidelines, but that dose is not actually available in practice.... His actual chart notes reflect the initial prescription as 37.5mg tabs, ½ tab twice daily.

Another example: without being asked, he brought up the obesity classification system to incorporate it into a patient plan but used incorrect numbers, stating that a BMI of 35 was class III obesity, and made a point to say that he differentiates BMI above 40 with an exclamation point. In fact, a BMI of 35 is class II obesity, and 40 is class III. This appears to be a minor detail, but this is basic knowledge...

I did not have overt concerns about his phentermine prescribing in terms of it being a controlled medication. Phentermine can be an effective anti-obesity medication. It does not have street value, and risk for addiction is extremely low and possibly non-existent. However, he did misrepresent how he prescribes phentermine. His actual prescribing [that he] represented in his charts seems reasonable and in line with common practices. He does continue some patients to 1 full [37.5mg] tablet twice a day, which is twice the maximum recommended dose. I cautioned him about prescribing doses higher than recommended.

18. Following completion of all assessment components LifeGuard's multi-disciplinary team met and recorded several observations as follows:

Kanvinde is not board-certified in any specialty and that, overall, he has no real support system in the medical community.... Dr. Kanvinde could benefit from some CME coursework that reviews current best practices, as well as additional supervised clinical work such as a preceptorship. ... He did not appear to be able to synthesize the information if asked further questions, however, which led [the assessor] to consider that he was merely providing data and not accurately demonstrating how he practices with actual patients. This was also evident in the medical record review because his documentation of the treatment of his patients was not in line with the treatments that he indicated he would do during the oral cases.

[The assessor] sensed that Dr. Kanvinde is isolated and does not frequently interface with the medical community. ... Dr. Kanvinde stated that he is interested in obtaining a mentor in the field of obesity medical management and learning more specifics about the specialty.

The reviewing physicians agreed that there are no real concerns with Dr. Kanvinde's prescribing of phentermine. However, concerns were raised about his familiarity with semaglutide and use of compounding pharmacies to provide this drug to his patients.

There is also concern with Dr. Kanvinde's prescribing of testosterone injections. Given Dr. Kanvinde's weak knowledge base in general medicine and his observed practice patterns and history, it is quite possible he is not appropriately prescribing and monitoring this frequently misused medication.

Dr. Kanvinde would benefit from some CME courses to review current standards as well as to receive additional guidance for improvement and change management related to the care/treatment of family medicine and/or weight loss management patients.

19. On or about March 21, 2024, the Board met with the licensee as part of its investigation and review of the above information. Thereafter, the licensee agreed to enter into this Agreed Order in lieu of the issuance of a Complaint and Emergency Order of Restriction.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9) [as illustrated by KRS 311.597(4)], and KRS 311.595(10) and (12). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending investigation without an evidentiary hearing by entering into an informal resolution such as this Agreed Order.

AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve this pending investigation without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by Mangesh H. Kanvinde, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Agreed Order;
2. During the effective period of this Agreed Order, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION for an indefinite term, or until further order of the Board:
 - a. The licensee SHALL NOT perform any act which would constitute the "practice of medicine or osteopathy," as that term is defined in KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities – in the Commonwealth of Kentucky, unless and until the Panel or its Chair has approved, in writing, the practice location at which he will practice medicine. The decision whether to approve a particular practice location lies in the sole discretion of the Panel or its Chair. In determining whether to approve a particular practice location, the Panel or its Chair will particularly consider whether there will be appropriate supervision of the licensee, and may also consider the nature of the practice, including the licensee's proposed duties and hours to be worked. In approving such practice location, the Panel or its Chair may include specific conditions/restrictions to ensure patient safety. Once approved, the licensee shall not change practice locations without first obtaining written approval by the Panel or its Chair for such change. The parties agree that the Panel or its Chair may require additional conditions

and/or restrictions as a condition of it granting approval for a new practice location;

- i. The licensee is hereby approved to practice, solely *in-person*, at his clinic, Venture Medical Weight Loss, 3700 Alexandria Pike, Suite B, Cold Spring, Kentucky 41076; and
 - ii. The licensee SHALL NOT practice via the use of telemedicine technologies, under any circumstances;
- b. Within thirty (30) days of entry of this Agreed Order, the licensee SHALL enroll, at his expense, in the Obesity Medicine Association's mentorship program (OMA, 7173 Havana St., #600-130, Centennial, Colorado 80112, Tel. (303) 770-2526;
- i. Once enrolled, the licensee shall participate in and successfully complete the mentorship program as directed by OMA for a minimum of twelve (12) months, at his expense;
 - ii. The licensee SHALL provide OMA with a copy of this Agreed Order and the LifeGuard Assessment Report immediately upon enrollment and shall discuss both with his assigned OMA mentor; and
 - iii. The licensee shall complete any necessary waiver/release so that the Board may directly communicate with and receive reports from OMA;
- c. Within eighteen (18) months of entry of this Agreed Order, the licensee SHALL successfully complete the following continuing medical education (CME) programs, at his expense:
- i. The Harvard School of Medicine Internal Medicine Board review course – 47th annual internal medicine review 2024, July 21-28, 2024, *in-person* in Boston, Massachusetts. Check the following website. Enrollment information available at: <https://cmecatalog.hms.harvard.edu/courses>
 - ii. The 46th Annual Family Medicine Review *Online* course offered by Temple University Lewis Katz School of Medicine. Enrollment information is available at: <https://cmetracker.net/TEMPLE/Publisher?page=pubOpen&nc=3966459382#/custom1>
 - iii. The Intensive Course in Controlled Substance Prescribing, offered by Case Western Reserve University School of Medicine Continuing Education, live virtual. Enrollment information is available at: <https://cwru.cloud-cme.com/>


- iv. The Intensive Course in Medical Documentation: Clinical, Legal and Economic Implications for Healthcare Providers, offered by Case Western Reserve University School of Medicine Continuing Education, live virtual. Enrollment information is available at: <https://cwru.cloud-cme.com/>
 - v. The Medical Record Keeping Course (MR-17-Extended), offered by PBI Education, live virtual. Enrollment information is available at: <https://pbieducation.com/courses/mr-17/>
 - vi. Completion of one (1) of the live conferences identified in “Group One CME Options” offered through the American Board of Obesity Medicine. Enrollment information is available at: <https://www.abom.org/cme-certification-pathway-eligibility-and-requirements-2/>
- d. Within six (6) weeks of completion of the mentorship program and the continuing medical education courses required in ¶¶b and c above, the licensee shall submit to a retesting assessment at LifeGuard, Tel. (717) 909-2590, at his expense;
- i. The licensee SHALL immediately notify the Board’s Legal Department of the retesting assessment dates once scheduled;
 - ii. The licensee SHALL travel to LifeGuard and complete the assessment as scheduled, at his expense; and
- e. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee understands and agrees that the Panel SHALL NOT consider a request by the licensee to modify or terminate this Agreed Order until the licensee successfully completes the mentorship program and the continuing medical education courses required in ¶¶2b-d above and the Board has received the retesting assessment report from LifeGuard.
4. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order, the licensee’s practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has

violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.


5. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 1st day of April, 2024.

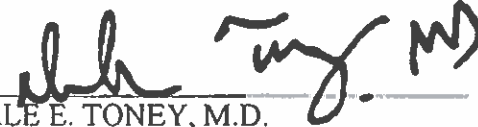
FOR THE LICENSEE:


Verified by pdfFiller
03/29/2024

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