



Audits and Vulnerabilities Group

Date: February 9, 2024

To: All Medicare Advantage Organizations (MAOs) and Prescription Drug Plan Sponsors (PDPs)

From: Jennifer Dupee, Director

Subject: Promising Practices: Opioid Educational Sessions

The Centers for Medicare & Medicaid Services (CMS) continues to conduct opioid educational sessions with Medicare Part D plan sponsors to address the opioid overdose epidemic. CMS, in collaboration with the Plan Program Integrity Medicare Drug Integrity Contractor (PPI MEDIC), the Investigations MEDIC (I-MEDIC), and the Department of Health and Human Services Office of Inspector General, Office of Investigations (OIG/OI), recently met with a select number of Medicare Part D plan sponsors to discuss top opioid prescribers. CMS is now providing all Medicare Part D plan sponsors with information gathered during these educational sessions on promising practices and efforts plan sponsors found to be effective in reducing opioid overutilization while maintaining beneficiary access to needed therapies.

Overview of CMS's Opioid Educational Sessions

The educational sessions performed to date have focused on geographic areas in the following states: California, Florida, Michigan, New York, North Carolina, Pennsylvania, Texas, Missouri, and Wisconsin. During these educational sessions, participants discussed efforts to combat the opioid overdose crisis by reviewing the prevention measures and data tools available to Medicare Part D plan sponsors. Information shared with the Medicare Part D plan sponsors also included the following:

- A review of the Medicare Part D quarterly reports available via the Health Plan Management System (HPMS):
 - *Drug Trend Analysis*: The purpose of this analysis is to provide Medicare Part D plan sponsors with additional information that can be used to make further determinations about potential fraud, waste, and abuse (FWA). PDE records are extracted from the Integrated Data Repository (IDR) using the SAS Enterprise Guide tool and analyzed by Drug Enforcement Administration (DEA) scheduling

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of controlled substances, and National Drug Code (NDC) over each quarter to identify trends and outliers.

- *Pharmacy Risk Assessment*: This assessment is provided to Medicare Part D plan sponsors to use in conjunction with their own data to maintain an effective compliance program and combat FWA in the Medicare Part D program. The current methodology classifies pharmacies by risk level in four target areas: 1) Opioids in Schedule II-V Controlled Substances, 2) High-Cost Drugs, 3) Telemarketing Schemes, 4) Pharmacies with Billing Spikes in the Current Quarter.
 - *HPMS Program Integrity Portal Quarterly Report*: This report includes information on FWA trends and schemes based on Part C and Part D plan sponsors and pharmacy benefit managers (PBMs) submissions to the HPMS Program Integrity (PI) Portal for FWA Reporting module. These reports provide plan sponsors with anonymized information on referrals, including administrative actions, pertinent opioid overprescribing information, and any other data deemed relevant.
 - *Prescriber Risk Assessment*: The purpose of the assessment is to assist Medicare Part D plan sponsors' efforts to meet the requirements for an effective compliance program and provide Part D plan sponsors with supplemental data that can be used in conjunction with its own data to take appropriate action. The current methodology classifies prescribers by risk level in three target areas: 1) Opioids in Schedule II-V Controlled Substances, 2) High-Cost Drugs, 3) Telemarketing.
- The plan sponsor-specific exposure of opioid prescription drug events (PDE) compared to national trends.
 - A clinical review of the top opioid prescribers in the specified geographic area. A focused review of these top prescribers' Medicare Part A, Part B, Part C, and/or Part D utilization and prescribing patterns were discussed with plan sponsors. The discussions included a thorough review of each prescriber's average morphine milligram equivalent (MME) benchmarked to their peers nationally. Other risk factors that were used to identify questionable patterns in terms of opioid prescribing were also included in the discussions.
 - An overview of AB2D, an Application Programming Interface that securely provides stand-alone PDP sponsors with Medicare Part A and Part B claims data for their active enrollees. Plan sponsors were encouraged to complete the onboarding process as this system is an additional tool for standalone PDPs to utilize in their oversight efforts.¹

¹ ab2d.cms.gov

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Lessons Learned

During these educational sessions, the Medicare Part D plan sponsors presented self-identified promising practices and efforts they found to be effective in reducing the overutilization of opioids while maintaining access to needed medications for beneficiaries. CMS believes this information is critical to provide to all Medicare Part D plan sponsors.

Promising Practices and Effective Efforts

Several promising practices and effective efforts shared by Part D plan sponsors include:

- Collaborative Efforts with Pharmacy Benefit Managers (PBMs) – Part D plan sponsors conduct data analytics with their PBMs to identify spikes or trends in those who prescribe controlled substances. They also conduct educational outreach to their beneficiaries regarding the availability of Medications for Opioid Use Disorder (MOUD) and provider outreach with recommendations concerning MME dosing and pain management for complex cases, as well as education on the risks of concurrent use of opioids, benzodiazepines, and other opioid potentiators.
- Drug Utilization Review and Utilization Management – Part D plan sponsors place quantity limits on drugs and prior authorizations on formulary long-acting opioids and Transmucosal Immediate Release Fentanyl (TIRF) drugs, as well as implement opioid safety edits at point-of-sale (POS).²
- Conducting Fraud, Waste and Abuse (FWA) Risk Assessments – Part D plan sponsors use medical and pharmacy claims data to identify outlier prescribers prescribing unusually high volumes or dosages of opioids, and/or high-risk drug combinations (e.g., opioids and benzodiazepines), as well as beneficiaries traveling long distances to obtain opioids. Plan sponsors also evaluate pharmacy providers with a high utilization of refill too soon overrides and identify aberrant patterns with direct beneficiary reimbursement claims.
- Referrals to I-MEDIC and/or Law Enforcement – Part D plan sponsors use data mining to gather necessary information from their hotline or Special Investigations Unit, often in collaboration with their PBMs or other vendors, to refer appropriate cases to the I-MEDIC or law enforcement. Part D plan sponsors also use leads identified through the CMS quarterly reports, HPMS memos, and/or fraud alerts to make appropriate referrals. Several Part D plan sponsors have internal processes to review HPMS memos and incorporate any findings within their analyses and monitoring procedures, including ensuring that information is distributed to the appropriate internal teams for review.
- Clinical Pharmacy Formulary Management – Part D plan sponsor clinical staff works closely with Pharmacy and Therapeutics Committees to monitor new medical literature,

² December 19, 2022 HPMS memorandum, *Medicare Part D Opioid Safety Edit Reminders and Recommendations and Frequently Asked Questions (FAQs)*, available on the [CMS Part D Overutilization website](#).

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practice guidelines, and other applicable sources to enhance opioid and other pain treatment formulary strategies. For example, Part D plan sponsors provide Part D coverage of multiple non-opioid treatment options for pain on preferred and generic tiers.

Conclusion

While these promising practices and effective efforts are critical to combat the opioid overdose crisis, the crisis is ongoing and remains a public health emergency.³ CMS encourages Part D plan sponsors to continue using the quarterly HPMS reports described above and other existing data tools, such as the Medicare Part D Opioid Mapping Tool⁴ and the Program Integrity Portal, to address inappropriate prescribing and prevent overdoses of opioids while ensuring continued access to medically necessary treatment. As a reminder, Part D plan sponsors are required to report inappropriate prescribing of opioids in the HPMS module, as well as to implement a Drug Management Program (DMP)⁵ and review potential at-risk beneficiaries who meet the Overutilization Monitoring System (OMS) criteria.

CMS will continue conducting these collaborative opioid educational sessions with Part D plan sponsors each year and appreciates any feedback. If there are any questions or comments related to this HPMS memo, please send your inquiry to CPIMedicarePartD_Data@cms.hhs.gov with “Opioid Educational Sessions 2023” in the subject line.

³ <https://www.hhs.gov/opioids/index.html>

⁴ <https://data.cms.gov/summary-statistics-on-use-and-payments/medicare-medicaid-opioid-prescribing-rates/medicare-part-d-opioid-prescribing-rates-by-geography>

⁵ April 20, 2023 HPMS memorandum, *CORRECTION – Contract Year 2023 Part D Drug Management Program Guidance*, available on the [CMS Part D Overutilization website](#).

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