NCPDP Recommendations for a Standardized Process to Share Medicare Part D Opioid Overutilization Data Between Sponsors

Version 1.Ø

This paper provides Medicare Part D plans a standardized method to share beneficiary information related to point-of-sale (POS) edits and opioid overutilization information from the previous plan of record to the new plan of record.

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NCPDP

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The writers of this paper will review and possibly update their recommendations should any significant changes occur.

This document is for Education and Awareness Use Only.

1. OVERVIEW

In September 2011, the Centers for Medicare & Medicaid Services (CMS) released initial guidance addressing opioid overutilization in the Medicare Part D population. The foundation of this initiative was a report published in the same month by GAO which found that approximately 170,000 beneficiaries acquired frequently abused drugs from five or more prescribers at the cost of about $148 million.

As stated in the CMS 2013 Call Letter, "CMS has determined that sponsors need to employ more effective concurrent and retrospective drug utilization review (DUR) programs to address overutilization of medications in order to protect beneficiaries, to comply with drug utilization management (DUM) requirements at 42 CFR §423.153 et seq. and to reduce fraud, waste and abuse in the Part D program."

Additionally, in the CMS memo dated September 6, 2012, Supplemental Guidance Related to Improving Drug Utilization Review Controls in Part D, CMS states **"**We expect a sponsor to use the appropriate overutilization contact to offer to a new sponsor to transfer the applicable overutilization record and action within two (2) weeks of receiving the relevant notice of the disenrollment and enrollment in a new plan of a beneficiary for whom the sponsor has implemented a beneficiary-level POS opioid claim edit. If requested by the new sponsor, we would expect the actual transfer to be made within two (2) weeks of the request. Such offers and transfers must be done securely. We have accordingly modified the sample sponsor data transfer memorandum that is included in Addendum A with the sample letters to reflect that transfers of records and actions will occur only after an offer by the former sponsor and a request by a new sponsor to do so." Note: the Addendum referenced above is part of CMS guidance.

Additional information can be found at https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html

NCPDP Work Group 9 Government Programs has developed this white paper to provide Medicare Part D plans a standardized method to share beneficiary information related to POS edits and overutilization information from the previous plan of record to the new plan of record. While CMS provides examples in Addendum A using sample letters to communicate this information, the recommended method identified in this paper is anticipated to be less time consuming, reduce the administrative and audit burden and potentially result in a real-time transaction standard.

2. TIMING

CMS expects a sponsor to use the appropriate overutilization contact to offer the new sponsor beneficiary-level POS opioid claim edits and applicable overutilization records within two weeks of receiving the relevant Transaction Reply Report (TRR) notice of the disenrollment and enrollment in a new plan. The two week time frame should be based on the TRR notification date of disenrollment not the effective date of the new plan.

The newly enrolled plan that received the offer must respond whether they accept or reject the offer. While CMS does not indicate a response time frame, to minimize the tracking burden for both plans, we recommend the maximum response time does not exceed two weeks. No response is considered a rejection and the offering plan will be considered to have met all requirements.

If an offer is accepted, the disenrolled plan must provide edit information and supporting documentation within two weeks of acceptance of the offer.

Note: Due to enrollment changes, it is possible that the information provided to the disenrolled plan regarding the new plan of record may be outdated by the time the offer is submitted. However, the disenrolled plan is not notified of this change and therefore the plan receiving the offer should respond by not accepting the offer if the beneficiary has been retroactively terminated.

3. IDENTIFICATION OF BENEFICIARIES WITH AN EDIT IN PLACE

Plan sponsors are to communicate and share information for beneficiaries with an overutilization edit in place related to the overutilization of opioids. The guidance provided points to utilizing the TRR to facilitate this task and comply with specific turn-around times related to receipt of this report. The guidelines presented state that sponsors should compare their list of beneficiaries with overutilization edits to the TRR to determine if any have disenrolled and for those disenrolled they should begin the offer of information process.

Any value populated in the Contract Number field on the TRR would indicate the beneficiary has changed plans. A value in this field indicates the current sponsor needs to take steps to determine if the beneficiary has a beneficiary overutilization edit in place which would subsequently require the new plan to be notified of such.

Examples of data elements which are most likely to be useful in identifying the beneficiary that is transferring plans are the HICN, beneficiary name fields, date of birth, and State fields. This information can be cross-referenced with the current sponsor's systems to identify those beneficiaries with an overutilization edit in place. The Contract ID can be cross-referenced with the CMS Master Contract List (see next section below) to identify which sponsor the beneficiary has enrolled with as well as the primary contact at the new sponsor. Finally, the effective date field can be utilized to determine the beneficiary's effective date with the new plan. Note: beneficiaries will also populate on the TRR field if they are only changing plans within the same sponsor.

Below are examples of data elements on the TRR which are most likely to be useful. The complete file layout can be located starting on page 115 of the PDF file found at the following link: http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/PCUG_v61_Appendices_Master_Copy_Final2_02132012.pdf

Field	Size	Position	Description
HICN	12	1-12	Health Insurance Claim Number
Surname	12	13-24	Beneficiary Surname
First Name	7	25-31	Beneficiary Given Name
Middle Initial	1	32	Beneficiary Middle Initial
Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
Date of Birth	8	34-41	YYYYMMDD Format
Source ID	5	116-120	This field contains the Contract number of the Plan that submitted the new enrollment which caused this disenrollment (found on Transaction Type 51).
State Code	2	48-49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
Effective Date	8	63-70	YYYYMMDD Format

4. DETERMINING WHO SHOULD RECEIVE THE OFFER OF OVERUTILIZATION INFORMATION

In order to coordinate transfers of beneficiary information and facilitate manual processes to do so, sponsors must enter Overutilization Contacts in HPMS by accessing the Contact link in Contract Management. The path to the Contact link is: http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html

Beginning March 2013, sponsors are able to view other sponsors' contact information through the HPMS home page. This is the source for the email contact to initiate the offer of information to the new plan of record as required by CMS.

Once a beneficiary has been identified as having disenrolled from a plan and has been determined to have overutilization edits in place, the plan should provide an offer of sharing overutilization information with the new plan of record contact listed on the CMS File.

5. STANDARDIZATION OF DATA ELEMENTS REPORTED

As referenced above, in the CY 2013 Call Letter, CMS provided guidance to Medicare Part D sponsors with an expectation to facilitate manual processes to share overutilization information when a beneficiary identified as an opioid overutilizer (with a point-of-sale edit) moves plans.

NCPDP, at industry direction, has developed a standard for the process and a Standardized Overutilization Data Sharing template in Excel® that contains standardized data elements to ensure consistency with data sharing.

This document provides the industry a standardized, consistent process to share overutilization information intended to meet CMS requirements. It will initially be implemented as a manual process and refined as the process matures. In the future, NCPDP plans to move this process into a standard automated process.

Due to conflicts with different software versions of Excel®, all cells in the companion spreadsheet have been formatted as text except those that contain a dropdown for value selection.

While the spreadsheet is being utilized to specifically report opioid overutilization, it has been designed to accommodate future categories should additional guidance be distributed. See Calendar Year (CY) 2014 Medicare Advantage Capitation Rates and Final Call Letter. http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2014.

6. RECOMMENDATIONS FOR ACCOMPANYING DOCUMENTATION

- Clinical Threshold and/or prescription pattern that triggered case management;
- Copies of medical records;
- Beneficiary drug utilization history;
- Correspondence with prescribers and the beneficiary;
- Notes documenting telephone conversations;
- Documentation of the decision arrived at through case management; and
- Other – plan indicates what type of documentation is included that has not been identified above.

Note: The offering plan should provide the minimum necessary information to support the current edit per HIPAA and other state privacy laws.

7. RECOMMENDED PROCESS

CMS requires that the disenrolled plan provide an offer of information to the new plan of record. If the plan of record accepts the offer, the disenrolled plan must provide information related to the overutilization edit within two weeks of acceptance of the offer.

7.1 METHOD FOR COMMUNICATING THE OFFER OF INFORMATION

The offer shall be provided by the disenrolled plan via secure email to the new plan of record's overutilization contact. The email will contain the following:

To: Overutilization Contact identified by the plan in HPMS

Subject: Offer of Case Management Overutilization from Disenrolled Plan (insert Contract ID)

Content: The attached spreadsheet contains beneficiaries identified for case management. Please complete the spreadsheet indicating whether or not you wish to receive detailed data. If no response is received within two weeks, this case will be closed.

Attachment: Completed overutilization spreadsheet for each Plan ID (OFFER SECTION ONLY) named in the following manner:

- Contract ID (disenrolled plan)_Date (mmddyyyy-creation of spreadsheet)_Contract ID (new plan)_U1
- The offering plan should only complete the "Offer of Information" section.
  Note: Any information that contains PHI should be placed in the attachment only. The plan's standard mechanism for PHI should be utilized. (E-mail should include legal disclaimer of organization for privacy purposes.)

7.2 RESPONSE TO OFFER

The response to the offer shall be provided to the disenrolled plan by the newly enrolled plan via secure email to the email address of the offerer. The email will contain the following:

To: Email from the original offerer

Subject: Response to Offer from Disenrolled Plan (insert disenrolled plan Contract ID) by New Plan (insert Contract ID)

Content: The attached spreadsheet contains beneficiaries identified for case management by you and our response to the offer of information. For those offers that have been accepted, please provide a completed spreadsheet within 2 weeks (per the task group recommendation) of this response.

Attachment: Completed overutilization spreadsheet for each contract ID named in the following manner:

- One spreadsheet per contract ID
- Contract ID (disenrolled plan)_Date (mmddyyyy-creation of spreadsheet)_Contract ID (new plan)_Date of response (mmddyyyy)_U3
- The responding plan should only complete the "Response from New Plan" section.

Note: Any information that contains PHI should be placed in the attachment only. The plan's standard mechanism for PHI should be utilized. (E-mail should include legal disclaimer of organization for privacy purposes.)

7.3 SHARING OF INFORMATION POST OFFER ACCEPTANCE

If the newly enrolled plan has accepted the offer, the responding plan should complete the spreadsheet for the accepted beneficiaries. The spreadsheet along with any additional documentation should be provided to the newly enrolled plan within two weeks of the acceptance of the offer. The email will contain the following:

To: Email from newly enrolled plan respondee

Subject: Overulitization Information Sharing from Disenrolled Plan (insert disenrolled plan Contract ID) per New Plan (insert Contract ID) acceptance

Content: The attached spreadsheet contains beneficiaries identified for case management and any pertinent documentation related to the case.

Attachment: Completed overutilization spreadsheet for each contract ID named in the following manner:

- One spreadsheet per contract ID
- Contract ID (disenrolled plan)_Date (mmddyyyy-creation of spreadsheet)_Contract ID (new plan)_Date of response (mmddyyyy)_Final_U2
- The responding plan should only complete the "Case Management Information from Prior Plan" section in the spreadsheet
- Pertinent attachments to support the case management decision as identified in the spreadsheet

Note: Any information that contains PHI should be placed in the attachment only. The plan's standard mechanism for PHI should be utilized. (E-mail should include legal disclaimer of organization for privacy purposes.)

8. EXCEPTIONS

The current Medicare Part D opioid overutilization guidance regarding transfers of information between sponsors is limited to beneficiary-level opioid claim edits that have been implemented by sponsors.

As part of its standardization efforts for transfer of such information between sponsors, NCPDP has developed the Standardized Overutilization Data Sharing template to allow additional information to be provided; such as identifying beneficiaries that met the threshold for an edit; however upon detailed review and case management were determined to have a medical necessity that warranted the volumes (a.k.a exceptions).

This information may be beneficial in minimizing the risk of denying the beneficiary access to needed medications; however this information is beyond the scope of current Medicare Part D guidance.

9. INDUSTRY FEEDBACK

NCPDP recognizes that through the use of the process, template changes may be necessary. NCPDP anticipates that updates will be provided in the same manner as the distribution of this white paper. Questions or feedback related to this process or interest in joining this Sub-Task Group should be submitted to: Kittye Krempin, kkrempin@ncpdp.org.

10. APPENDIX A. HISTORY OF CHANGES

10.1 VERSION 1.Ø

The initial release of the paper.