CMS Announces Medicare Part D Overutilization Monitoring System (OMS) for Controlled Substances

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The Centers for Medicare and Medicaid Services (CMS) recently announced that it will implement a controlled substance overutilization monitoring system (OMS) for the Medicare Part D program administered by Acumen, a CMS contractor. OMS will be administered by the CMS Center for Program Integrity (CPI) to ensure that plan sponsors have implemented a reasonable and appropriate utilization management program to assist in prevent overutilization of controlled substances. The OMS will be available to sponsors with authorized use of the Patient Safety Analysis website, managed by Acumen. Acumen will provide quarterly reports to plan sponsors. The first report will be issued in July 2013 based on prescription drug event data for dates of service between January 1, 2013-June 30, 2013. After this initial report, Acumen will provide reports based on information from dates of service within the previous 2 calendar quarters. Quarterly reports will include information on beneficiaries at risk for opioid or acetaminophen overutilization based on the following 3 outlier categories:

- Beneficiaries engaged in doctor and pharmacy shopping for opioids: patients without a cancer diagnosis or receiving hospice care whose daily morphine equivalent dose (MED) exceeds 120 mg for at least 90 days, and, who used more than 3 prescribers, and more than 3 pharmacies.
- Acetaminophen outliers: Beneficiaries who take more than 4 g/day of acetaminophen for more than 30 days.
- Referrals from CPI: May include issues of fraud or abuse and may be based on issues other than opioid use.

For each beneficiary issue identified, a ticket number will be issued. Tickets may contain multiple issues. Sponsors must submit a response to close each beneficiary ticket number and issue type. The OMS will include an electronic contract-level response forms which sponsors will populate with responses from a drop-down list of options. Reports will include beneficiary-level detail for each overutilization issue type and for closed overutilization issues.

OMS build on previous CMS initiatives implemented in the 2013 call letter and then updated with guidance in September 2012 that required plans to implement the following measures effective January 1, 2013:

- Appropriate point of sale (POS) controls, including safety edits and quantity limits;
- Improved drug utilization review to identify at-risk beneficiaries;
- Case management with beneficiaries prescribers, and,
- Data-sharing between Part D sponsors when a beneficiary for whom a beneficiary-level claim edit has been implemented move from one Part D plan to another.
- Allowance for sponsors to implement POS edits to control access to medications containing opioids or acetaminophen either in agreement with prescribers or when prescribers are non-
Plans should not expect the OMS system to be the last measure taken by the federal government to attempt to control inappropriate controlled substance prescribing. Federal legislation is anticipated that would require insurers to verify that each controlled substance prescription is verified by an authorized prescriber and it would allow insurers to restrict access to controlled substances to certain patients if evidence points to drug abuse. Other steps that might be taken could include “lock-in” programs that would restrict beneficiaries who have abused or misused opioids to one pharmacy.