

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



**Medicare Plan Payment Group**  
**Innovative Healthcare Delivery Systems Group**

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**DATE:** January 13, 2014

**TO:** All Medicare Advantage, Prescription Drug Plan, Cost, PACE, and Demonstration Organizations Systems Staff

**FROM:** Cheri Rice /s/  
Director, Medicare Plan Payment Group

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Director, Innovative Healthcare Delivery Systems Group

**SUBJECT: Extension of the Reporting Identified Drug Utilizers Requirement Announced in the February 2014 Software Release**

The purpose of this memo is to announce a one-month extension of the deadline for implementing the new requirement for Reporting Identified Drug Utilizers to CMS.

In the December 6, 2013 Health Plan Management System (HPMS) memo titled "UPDATE-Announcement of February 2014 Software Release," CMS provided detailed information regarding the release of systems' changes scheduled for February 2014, which included information about a new requirement for Reporting Identified Drug Utilizers to CMS.

The new Reporting Identified Drug Utilizers requirement will allow Part D Sponsors to submit the beneficiary-level Point-of Sale (POS) edit information for opioid overutilizers identified in their Plans into the Medicare Advantage Prescription Drug System (MARx) using a batch submission (Transaction Type 90) process. CMS announced that, beginning in 2014, Sponsors are required to utilize the batch submission process to submit these reports to CMS, and CMS will continue developing a process that will allow the entry of POS edit information through a MARx user interface (UI).

We have heard that some Sponsors may have difficulties complying with the February deadline. Therefore, CMS will give Sponsors one additional month after the February release date to meet this new requirement without potential compliance action.

We also believe the following clarifications are helpful:

- All Sponsors that are prepared to submit the beneficiary-level POS edit information for opioid overutilizers once the functionality is released in February may do so.
- Sponsors that are not prepared to comply when the functionality is released in February have one additional month to meet the requirement.
- Sponsors should retroactively submit information for all beneficiaries who were identified as overutilizing opioids and provided a 30-day notice regarding the implementation of a beneficiary-level POS edit since January 1, 2013. If a beneficiary was notified more than once of a beneficiary-level POS edit, enter both records along with an implementation date if appropriate and a termination date for the notification that was terminated.
- This process in MARx does not replace other notification requirements. Sponsors are still required to notify CMS when implementing a beneficiary-level POS edit by e-mailing the beneficiary's name, address, date of birth, and Health Insurance Claim Number (HICN) along with a copy of the notification letter to the central office mailbox, [PartDPolicy@cms.hhs.gov](mailto:PartDPolicy@cms.hhs.gov), and the CMS account manager.

CMS will distribute a user guide for this reporting process closer to the release date. Please e-mail questions regarding this change to [PartDPolicy@cms.hhs.gov](mailto:PartDPolicy@cms.hhs.gov) with the subject heading "POS Edit Reporting."

Plans are encouraged to contact the MAPD Help Desk for any issues encountered during the systems update process. Please direct any questions or concerns to the MAPD Help Desk at 1-800-927-8069 or e-mail at [mapdhelp@cms.hhs.gov](mailto:mapdhelp@cms.hhs.gov).