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**DATE:** December 23, 2013

**TO:** All Prescription Drug Plan and Medicare Advantage-Prescription Drug Plan Sponsors

**FROM:** Tracey A. McCutcheon, MHSA, MBA  
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**SUBJECT:** Requirement to Complete Revised Overutilization Attestation in HPMS  
by January 6, 2014

Preliminary data analyzed as part of the Overutilization Monitoring System (OMS) has indicated that a small percentage of beneficiaries are changing Part D plans after they receive a written notice that a sponsor intends to implement a beneficiary-level point of service (POS) opioid claim edit. About half of these beneficiaries are switching before the required thirty (30) days for the advance written notice has passed.

The process to obtain opioid overutilization records and actions from former sponsors can take weeks. Therefore, we strongly advise all sponsors to develop a methodology to monitor new enrollees for potential opioid overutilization in order to proactively make a request for records and actions of the former sponsor in order to shorten this timeframe. For instance, sponsors may wish to inquire about the prior opioid utilization of any beneficiary who switches plans mid-year and fills a prescription for an opioid. If requested by the new sponsor, we would expect the actual transfer of the records and actions to be made by the former sponsor within two (2) weeks of the request by the new sponsor.

It has also come to our attention that the attestation that each sponsor submitted when providing an "overutilization" contact in HPMS may be too restrictive for cases involving beneficiaries who change plans before a POS opioid claim edit has been implemented by the sponsor in its claims system, i.e., during the 30 days advance written notice period. That attestation documented that a sponsor wishes to receive offers from other Part D sponsors to transfer the applicable opioid overutilization records and actions relevant to beneficiaries for whom the other sponsors had implemented a beneficiary-level POS opioid claim edit. Because the attestation was restricted to information about beneficiaries for whom a claim edit had been implemented, we are concerned that sponsors may not offer to transfer records and actions in cases where the sponsor has sent an advance written notice of the pending claim edit to the beneficiary, but the edit has not yet been activated in the claims system, because the advance notice time period has not passed.

In light of this, we are requiring all sponsors to complete a revised attestation in HPMS by January 6, 2014. The revised attestation states that the sponsor requests information pertaining to the sponsor's Part D beneficiaries from former sponsors regarding beneficiary-level POS opioid claim edits (regardless of status) on an ongoing basis for use in the sponsor's care management and fraud and abuse activities. Thus, the revised attestation is not restricted to information about beneficiaries for whom an opioid claim edit has been activated, but also addresses beneficiaries to whom a sponsor has sent an advance written notice about its decision to implement such an edit.

To complete this task, sponsors should access the Contact link in Contract Management. The path to the Contact link is HPMS Home Page>Contract Management>Basic Contract Management>Select Contract Number>Contact Data. Sponsors will also be able to update the overutilization contact information if needed. Sponsors will also still be able to view other sponsors' contact information through the HPMS home page, as well as on the CMS website, "Improving Drug Utilization Review Controls in Part D", at <http://www.cms.gov/Medicare/Prescription-Drug-coverage/PrescriptionDrugCovContra/RxUtilization.html>.

Please contact PartDPolicy@cms.hhs.gov with any questions about this memorandum.