Comparative Billing Report

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Comparative Billing Report Program
7127 Ambassador Rd., Suite 150
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CBR#: CBR201801
Topic: Opioid Prescribers
NPI#:1111111111
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Write to the return address above

Dear Medicare Provider:

The Centers for Medicare & Medicaid Services (CMS) strives to protect the Medicare Trust Fund and effectively manage Medicare resources. To support these goals, CMS has contracted with eGlobalTech, a professional services firm, to develop Comparative Billing Reports (CBRs).

What is a CBR?

A CBR is an educational tool that reflects your prescribing patterns compared to your peers' patterns for the same services in your specialty and nationwide. No reply is necessary as this report is for educational purposes.

Why did I get a CBR?

You received this CBR because your prescribing patterns differ from your peers' patterns in your specialty and/or across the nation. Receiving this CBR is not an indication or precursor to an audit. We hope the report assists you in identifying opportunities for improvement and helps you validate your current prescribing patterns.

Optional - Next Steps

- Visit www.cbrinfo.net for additional resources
- Attend our free webinar February 21, 2018 from 3:00 p.m. – 4:30 p.m. ET. Space is limited so register early at www.cbrinfo.net/cbr201801-webinar
- If you are unable to attend the live webinar, a recording will be available within 5 business days following the event at www.cbrinfo.net/cbr201801-webinar

REMINDER: If you have changed your mailing address or contact information, please take time to review and update the appropriate Medicare provider enrollment system.

Enclosure

Comparative Billing Report (CBR): NPI 1111111111
Opioid Prescribers

Introduction

CBR201801 focuses on providers of all specialties who prescribed opioids to Medicare Part D beneficiaries. We are sending you this letter because your opioid prescribing patterns are significantly different relative to your peers in your specialty and/or nationwide. Depending on the patient population you are treating, such prescribing can be entirely medically appropriate. However, we want to make sure you understand the concerns raised about extreme opioid use and have access to the latest thinking by the medical community on appropriate prescribing of opioids. According to **Provisional Counts of Drug Overdose Deaths,** Centers for Disease Control and Prevention (CDC), the opioid epidemic killed an estimated 64,000 people in the United States in 2016. The U.S. National Library of Medicine published the report, **Psychoactive Substance Use Prior to the Development of Iatrogenic Opioid Abuse: A Descriptive Analysis of Treatment-Seeking Opioid Abusers,** stating that almost half of the patients entering drug treatment programs were first exposed to opioids through a prescription to treat pain. This statistic highlights the critical role that physicians can play in addressing the epidemic.

According to an Office of Inspector General (OIG) report, **Opioids in Medicare Part D: Concerns about Extreme Use and Questionable Prescribing**, epidemic levels of opioid abuse and overdose deaths are occurring in the United States. The data shows that in 2016, an opioid prescription was given to one in three Medicare beneficiaries. This means that out of 43.6 million Medicare enrollees, 14.4 million received opioids, costing Medicare Part D almost $4.1 billion in 2016. Per the report, "Almost 90,000 beneficiaries are at serious risk for opioid misuse or overdose…about 70,000 beneficiaries received extreme amounts of opioids." It also found that about 22,000 beneficiaries appear to be doctor shopping for medically unnecessary prescriptions from multiple prescribers and pharmacies. Another OIG report, **High Part D Spending on Opioids and Substantial Growth in Compounded Drugs Raise Concerns,** stated, "Part D spending for commonly abused opioids…rose 165 percent from 2006 to 2015. This greatly outpaced the growth in the number of beneficiaries who received Part D drugs, which was 76 percent."

According to an article in the *Journal of the American Medical Association (JAMA),* the solutions to ending the opioid epidemic are not simple. The article, **Ten Steps the Federal Government Should Take Now to Reverse the Opioid Addiction Epidemic,** states that it takes only one week to develop physiological dependence on opioids. Patients can experience withdrawal symptoms and worsening of pain when the medication is discontinued, which may sometime lead to continued use. Per the article, "According to a recent study, 1 in 5 patients who

had been prescribed opioids for 10 days became long-term users. Another study found that the quantity of pills prescribed for postsurgical acute pain could be reduced 53 percent and that less than 1 percent of patients required refills. The CDC recommends that when opioids are prescribed for acute pain, three days or less will often be sufficient; more than 7 days will rarely be needed." The *JAMA* article notes formulations of opioids that exceed 90 morphine milligram equivalents per day when taken as directed are dangerous. We want to make sure you are aware that in March of 2016 the CDC issued a guideline for prescribing opioids for chronic pain (**CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016**). In addition, continuing education opportunities are available through the **Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy** approved by the Food and Drug Administration (FDA).

Metrics

This report is an analysis of opioid prescribers focusing on the following metrics:

- Percentage of beneficiaries prescribed opioids above 90 Morphine Equivalent Dose (MED) for 3 months
- Average number of days prescribed per beneficiary
- Average charges per beneficiary for prescribed opioids
- Percentage of beneficiaries prescribed opioids by four or more providers

Coverage and Documentation Overview

This portion of the CBR offers a broad look at the coverage and documentation requirements to ensure compliance with Medicare guidelines. **The information provided does not supersede or alter any Medicare policy.**

Prescribed opioids are covered by Medicare Part D. Chapter 6 of the *Medicare Prescription Drug Benefit Manual* states "a Part D drug is partially defined as a drug that may be dispensed only upon prescription…CMS interprets 'dispensed only upon a prescription' as meaning a drug that is recognized by the FDA."

CMS implemented the **Medicare Part D Overutilization Monitoring System (OMS)** in 2013. This system identifies beneficiaries that have duplicative opioid drug use over long periods of time and or multiple opioid prescriptions in high doses. If medical necessity is not confirmed, a 30-day advance written notice is sent to the prescriber and beneficiary. The notice alerts them that a point of sale edit is pending to prevent coverage of opioid overutilization, and advises them of their right to contest. These edits can be overridden by the pharmacist in certain circumstances.

The CDC has also developed and published guidelines to assist providers with prescribing opioids for chronic pain (**CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016**). These recommendations are geared toward patients over the age of 18 in the primary care setting. The focus is on chronic pain lasting over three months, but does not include active cancer treatment, palliative care, and end of life care.

The CDC guideline states that "appropriate use of long-term opioid therapy must be considered within the context of all pain management strategies (including nonopioid pain medications and nonpharmacologic treatments)." If opioids are used, the risks and benefits should be discussed before beginning treatment, and beneficiaries should be monitored throughout treatment. The Prescription Drug Monitoring Program (PDMP) and urine drug testing should also be utilized before beginning opioid therapy and periodically during therapy. The CDC recommends that clinicians prescribe the lowest effective dosage and use caution before increasing, as a dosage of 50 mg per day "increases overdose risk without necessarily adding benefits for pain control or function." Additionally, the guideline states that clinicians should avoid increasing the dosage to 90 mg per day, unless justification is provided for the increase.

Methods & Results

This report is an analysis of providers submitted as the "Prescribing NPI" on Medicare Part D claims extracted from the Integrated Data Repository (IDR) based on the latest version of claims as of October 26, 2017. The analysis includes claims with dates of service from July 1, 2016 to June 30, 2017.

National drug codes for opioids were drawn from a listing by the CDC, where there was a known morphine milligram equivalent conversion factor for the drug. Beneficiaries with cancer (ICD-10 diagnosis C00-D49) and/or in hospice for any time from July 1, 2016 - June 30, 2017 were excluded from the analysis.

There are over 823,000 prescribing providers nationwide who are included in this analysis. These prescribers ordered over 67 million opioid prescriptions for over 12 million Part D beneficiaries, costing over $3 billion. Those who received the CBR had significantly higher values as compared to the values of the peers in their specialty and/or nationwide on at least two of the metrics studied. Additionally, each recipient prescribed opioids to at least 30 beneficiaries during this one-year period.

Metrics were calculated for each of the following peer groups:

- **Specialty:** Provider specialty was derived from the taxonomy codes listed in the IDR and were converted to specialty using the taxonomy classification from the National Uniform

Claim Committee. Each individual provider was compared to all other prescribers of opioids with his/her specialty in the nation.

- **Nation:** Each individual provider was compared to all other prescribers of opioids in the nation, regardless of specialty.

Your metrics were compared to your specialty (e.g., anesthesiology) and the nation using statistical analysis. There are four possible outcomes for the comparisons between the provider and the peer groups:

- **Significantly Higher** - Provider's value is higher than the peer value and the statistical test confirms significance
- **Higher** - Provider's value is higher than the peer value, but the statistical test does not confirm significance
- **Does Not Exceed** - Provider's value is not higher than the peer value
- **N/A** - Provider does not have sufficient data for comparison

It is important to note that significance is based on the total number of beneficiaries and the variability of the metric values.

Table 1 provides a summary of your opioid prescriptions to Medicare Part D beneficiaries.

Table 1: Mock Data Summary of Your Opioid Prescriptions to Medicare Part D Beneficiaries
Dates of Service: July 1, 2016 – June 30, 2017

Total Prescriptions	2,048
Beneficiaries	327
Charges	$132,832

Percentage of Beneficiaries Prescribed Opioids Above 90 MED for 3 Months

The MED was first calculated for each prescription. The prescription data was then expanded to include daily records for each provider/beneficiary by adding together all drugs prescribed for each day, combining MEDs if the beneficiary had any overlapping prescriptions. Ninety-day rolling averages were calculated on the daily MEDs for each prescribing provider and beneficiary combination. All beneficiaries with a rolling 90-day average MED of 90 or above were identified. The percentage was calculated as the number of beneficiaries identified for receiving at least 90 MED for at least 3 months, divided by the total number of beneficiaries prescribed opioids by this provider, multiplied by 100.

$$\frac{\text{Number of Beneficiaries Prescribed at Least 90 MED for 3 Months or More}}{\text{Total Number of Beneficiaries}} \times 100$$

Each provider's percentage was compared to the percentages of his/her specialty and the nation using the chi-square test at alpha=0.05. Table 2 provides a statistical analysis for this measure.

Table 2: Mock Percentage of Beneficiaries Prescribed Opioids Above 90 MED for 3 Months
Dates of Service: July 1, 2016 – June 30, 2017

Beneficiaries Above 90 MED for 3 Months	Total Number of Beneficiaries	Your Percent	Your Specialty's Percent	Comparison with Your Specialty	National Percent	Comparison with National Percent
61	327	19%	13%	Significantly Higher	4%	Significantly Higher

A chi-square test was used in this analysis, alpha = 0.05.

Average Number of Days Prescribed per Beneficiary

Using the expanded daily MED calculation described above, the total number of days that each beneficiary was prescribed opioids was calculated for each provider. This calculation does not account for days when a beneficiary was under multiple prescriptions. The average for each provider is calculated by taking the sum of all days prescribed, divided by the total number of beneficiaries.

$$\frac{\text{Sum of Days Prescribed}}{\text{Total Number of Beneficiaries}}$$

Each provider's average was compared to the averages of his/her specialty and the nation using the t-test at alpha=0.05. Table 3 provides a statistical analysis for this measure.

Table 3: Mock Average Number of Days Prescribed per Beneficiary
Dates of Service: July 1, 2016 – June 30, 2017

Total Days Prescribed	Total Number of Beneficiaries	Your Average	Your Specialty's Average	Comparison with Your Specialty	National Average	Comparison with National Average
44,447	327	135.92	117.88	Significantly Higher	60.16	Significantly Higher

A t-test was used in this analysis, alpha = 0.05.

Average Charges per Beneficiary for Prescribed Opioids

The total cost of each drug was calculated from the claims information and summed for each beneficiary. The average charges per beneficiary was calculated for each provider as the total costs for all drugs prescribed divided by the total number of beneficiaries.

$$\frac{\textbf{Sum of Charges for Opioids}}{\textbf{Total Number of Beneficiaries}}$$

Each provider's average was compared to the averages of his/her specialty and the nation using the t-test at alpha=0.05. Table 4 provides a statistical analysis for this measure.

Table 4: Mock Average Charges per Beneficiary
Dates of Service: July 1, 2016 – June 30, 2017

Total Charges for Opioids	Total Number of Beneficiaries	Your Average	Your Specialty's Average	Comparison with Your Specialty	National Average	Comparison with National Average
$132,832	327	$406.21	$436.32	Does Not Exceed	$143.68	Significantly Higher

A t-test was used in this analysis, alpha = 0.05.

Percentage of Beneficiaries Prescribed Opioids by Four or More Providers

All beneficiaries prescribed opioids by four or more different prescribing providers were identified. The percentage was calculated for each individual provider as the number of beneficiaries identified as prescribed opioids by four or more prescribers divided by the total number of beneficiaries prescribed opioids by this provider, multiplied by 100. For more information on other prescriptions that your beneficiaries are receiving, please consult the information on PDMPs and OMS on our CBR201801-recommended-links page.

$$\frac{\textbf{Total Number of Beneficiaries with Four or More Prescribers}}{\textbf{Total Number of Beneficiaries}} \textbf{ x 100}$$

Each provider's percentage was compared to the percentages of his/her specialty and the nation using the chi-square test at alpha=0.05. Table 5 provides a statistical analysis for this measure.

Table 5: Mock Percentage of Beneficiaries Prescribed Opioids by Four or More Providers
Dates of Service: July 1, 2016 – June 30, 2017

Number of Beneficiaries Receiving Opioids from 4 or More Prescribers	Total Number of Beneficiaries	Your Percent	Your Specialty's Percent	Comparison with Your Specialty	National Percent	Comparison with National Percent
135	327	41%	37%	Higher	24%	Significantly Higher

A chi-square was used in this analysis, alpha = 0.05.

References & Resources

The coverage and documentation guidelines for Opioid Prescribers are listed below. A complete list of web links is located at http://www.cbrinfo.net/CBR201801-recommended-links.

Centers for Medicare & Medicaid Services:

- *Medicare Part D Overutilization Monitoring System (OMS) Summary*

Centers for Disease Control and Prevention (CDC):

- *Provisional Counts of Drug Overdose Deaths*
- *CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016*
- Opioid Morphine Equivalent Conversion Factors Table, September 2017
- *What States Need to Know about PDMPs*

U.S. National Library of Medicine – PubMed/Medline:

- *Psychoactive Substance Use Prior to the Development of Iatrogenic Opioid Abuse: A Descriptive Analysis of Treatment-Seeking Opioid Abusers*

Office of Inspector General:

- *Opioids in Medicare Part D: Concerns about Extreme Use and Questionable Prescribing*
- *High Part D Spending on Opioids and Substantial Growth in Compounded Drugs Raise Concerns*

Journal of the American Medical Association (JAMA):

- Ten Steps the Federal Government Should Take Now to Reverse the Opioid Addiction Epidemic

Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy

- Risk Evaluation and Mitigation Strategy (REMS)

Medicare Manual:

- *Medicare Prescription Drug Benefit Manual*

National Uniform Claim Committee

- Health Care Provider Taxonomy Code Set CSV

University of Connecticut:

- For background on the statistical tests used in this CBR, the University of Connecticut provides resources for the t-test and the chi-square test at http://researchbasics.education.uconn.edu/.

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