

Medicaid Program Integrity Provider Education Program

Overview

CMS has instituted a new program designed to improve access to information needed to ensure accurate coverage and reimbursement determinations, and to find solutions to decrease fraud, waste, and abuse associated with prescription drug utilization and diversion. The Center for Program Integrity Medicaid Program Integrity Group (MIG) and in collaboration with States is providing education on best practices for five therapeutic drug classes that have been identified as having the highest potential improper payment rates. These best practices are designed to combat overprescribing and/or overutilization, while enhancing quality of care. Materials will focus on the importance of prescribing drugs within the dosage guidelines approved by the FDA. Five states have partnered with MIG thus far on this project: West Virginia, Delaware, Maryland, North Carolina, and Kentucky. If successful, the project can be expanded to other states and drug classes.

Analysis was conducted on Medicaid claims data for these five states using an algorithm that identified provider billing in excess of quantities based on U.S. Food and Drug Administration (FDA) recommended maximum dosage. Claims for prescriptions exceeding the quantity limits were flagged as potentially improper.

Five therapeutic drug classes were consistently among the top ten highest potential improper payments for all five states. They include:

1. Atypical Antipsychotics
2. Proton Pump Inhibitors (PPIs)
3. Stimulants
4. Anticonvulsants/Antiepileptics
5. Antidepressants

To reduce the amount of potential improper payments, the education program does focus on providers with the highest potential outlier payments for each of the five targeted drug classes. At the request of many states, enoxaparin will also be included in the education program.

Interventions and Pilot States

The education program consists of both targeted and general interventions. The targeted program includes face-to-face conversations with and direct mailings to the prescribers with the highest potential improper payments. Targeted providers are also given information on their specific prescribing habits and how they were identified as potentially aberrant. Additionally, they are given information and recommendations on best prescribing practices. The number of education materials for each therapeutic class reflects its complexity. For example, PPIs have the least amount of materials, while the Atypical Antipsychotics have the most.

General education materials are also being distributed to all provider types, including physicians, nurses, pharmacists and others. They include factsheets, brochures, FDA guideline summary charts, web-based training, and other resources on best prescribing practices. The materials are available on the web at <http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/MedicaidIntegrityProgram/Medicaid-Integrity-Provider-Education-Program.html>, distributed during conferences and professional meetings, and sent through direct mail.

Following the intervention period, CMS will re-measure the data and compare the post-intervention measurement with the pre-intervention measurement. In addition, CMS will analyze the findings and report on the results of the project, lessons learned and best practices to be shared with all states.