

Attachment 1 (Placebo Letter)

Department of Health & Human Services
7500 Security Boulevard, Mail Stop AR-18-50
Baltimore, Maryland 21244-1850



April 20, 2015

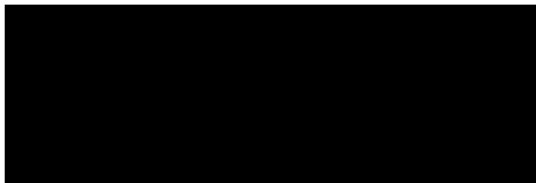
Pat Q. Provider MD
1234 Main St
Columbia, MD 21045
NPI: 1234567890
Specialty: General Care Practitioner

Re: Provider Enrollment Needed for Writing Prescriptions for Medicare Part D Drugs

The Centers for Medicare & Medicaid Services (CMS) recently finalized a new rule that requires physicians and other eligible professionals who write prescriptions for Part D drugs to be enrolled in an approved status or to have a valid opt-out affidavit on file for their prescriptions to be covered under Part D. The enclosed Medicare Learning Network[®] (MLN) Matters[®] article offers more information about the rule change and how it may affect you.

If you write prescriptions for covered Part D drugs and you are not enrolled in Medicare in an approved status or have a valid record of opting out, you need to submit an enrollment application or an opt out affidavit to your Medicare Administrative Contractor (MAC) by June 1, 2015, or earlier. Please consult the MLN Matters[®] document for guidance on how to submit and verify your enrollment.

Sincerely,



Investigations and Audit Group

Attachment 2 (MLN Matters)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



REVISED product from the Medicare Learning Network® (MLN)

- [“Evaluation and Management Services”](#) Guide (ICN 006764), downloadable

MLN Matters® Number: SE1434 **Revised**

Related Change Request (CR) #: N/A

Related CR Release Date: N/A

Effective Date: N/A

Related CR Transmittal #: N/A

Implementation Date: N/A

Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs

Note: This article was revised on December 5, 2014, to add language to emphasize that form CMS-855O is appropriate for use by prescribers. All other information remains the same.

Provider Types Affected

This MLN Matters® Special Edition is intended for physicians and other eligible professionals who write prescriptions for Medicare beneficiaries for Medicare Part D drugs. The article is also directed to Medicare Part D plan sponsors.

Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) finalized CMS-4159-F “Medicare Program; Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs” on May 23, 2014. This rule requires physicians and, when applicable, other eligible professionals who write prescriptions for Part D drugs to be enrolled in an approved status or to have a valid opt-out affidavit on file for their prescriptions to be covered under Part D. The final regulation stated that the

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2013 American Medical Association.

effective date for this requirement would be June 1, 2015. However, CMS is announcing that it will delay enforcement of the requirements in 42 CFR 423.120(c)(6) until December 1, 2015. Nevertheless, prescribers of Part D drugs must submit their Medicare enrollment applications or opt-out affidavits to their Part B Medicare Administrative Contractors (MACs) by June 1, 2015, or earlier, to ensure that MACs have sufficient time to process the applications or opt out affidavits and avoid their patients' prescription drug claims from being denied by their Part D plans, beginning December 1, 2015. Note that enrollment functions for physicians and other prescribers are handled by Part B MACs.

Background

If you write prescriptions for covered Part D drugs and you are not enrolled in Medicare in an approved status or have a valid record of opting out, you need to submit an enrollment application or an opt out affidavit to your Medicare Administrative Contractor (MAC) by June 1, 2015, or earlier. You may submit your enrollment application electronically using the Internet-based Provider Enrollment, Chain, and Ownership System (PECOS) located at <https://pecos.cms.hhs.gov/pecos/login.do> or by completing the paper CMS-855I or CMS-855O application, which is available at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html> on the CMS website. Note that an application fee is not required as part of your application submission.

If you wish to enroll to be reimbursed for the covered services furnished to Medicare beneficiaries, you must complete the CMS-855I application. The CMS-855O, which is a shorter, abbreviated form, should only be completed if you are seeking to enroll solely to order and refer and/or prescribe Part D drugs. (While the CMS-855O form states it is for physicians and non-physician practitioners who want to order and refer, it is appropriate for use by prescribers, who also want to enroll to prescribe Part D drugs.) If you do not see your specialty listed on either of the applications, select the Undefined Physician/Non-Physician Type option and identify your specialty in the space provided.

If you are a physician or eligible professional who wants to opt out of Medicare, you must submit an opt-out affidavit to the MAC within your specific jurisdiction. Your opt-out information must be current (an affidavit must be completed every 2 years, and a National Provider Identifier (NPI) is required to be submitted on the affidavit). For more information on the opt-out process, refer to MLN Matters® article SE1311, titled "Opting out of Medicare and/or Electing to Order and Refer Services," which is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1311.pdf> on the CMS website.

In an effort to prepare the prescribers and Part D sponsors for the December 1, 2015 enforcement date, CMS is making available an enrollment file that identifies physician and eligible professional who are enrolled in Medicare in an approved or opt out status. The first iteration of the enrollment file is now available at <https://data.cms.gov/dataset/Medicare-Individual-Provider-List/u8u9-2upx> on the CMS website. The file contains production data but is considered a test file since the Part D prescriber enrollment requirement is not yet

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applicable. An updated enrollment file will be generated every two weeks and continue through the December 1, 2015 enforcement date.

The file displays physician and eligible professional eligibility as of and after November 1, 2014, (i.e., currently enrolled, new approvals, or changes from opt-out to enrolled as of November 1, 2014). Any periods, prior to November 1, 2014, for which a physician or eligible professional was not enrolled in an approved or opt-out status will not be displayed on the enrollment file. However, any periods after November 1, 2014, for which a physician or eligible professional was not enrolled in an approved or opt-out status will be on the file with its respective end dates for that given provider. For opted out providers, the opt out flag will display a Y/N (Yes/No) value to indicate the periods the provider was opted out of Medicare. The file will include the provider's:

- (NPI);
- First and Last Names;
- Effective and End Dates; and
- Opt Out Flag

Example 1– Dr. John Smith's effective date of enrollment is January 1, 2014. Since he was enrolled prior to the generation of the test file, his effective date will display as November 1, 2014. Dr. Smith submits an enrollment application to voluntarily withdraw from Medicare effective December 15, 2014. Dr. Smith will appear on the applicable file as:

NPI	First Name	Last Name	Effective Date	End Date	Opt Out Flag
123456789	John	Smith	11/01/2014	12/15/2014	N

Example 2 - Dr. Mary Jones submits an affidavit to opt out of Medicare, effective December 1, 2014. Since she has opted out after the generation of the test file, her effective date will display as December 1, 2014. After the 2 year opt out period expires, Dr. Jones decides she wants to enroll in Medicare to bill, order, and refer, or to write prescriptions. The enrollment application is received on January 31, 2017, and the effective date issued is January 1, 2017. Dr. Jones will display on the applicable file as:

NPI	First Name	Last Name	Effective Date	End Date	Opt Out Flag
987654321	Mary	Jones	12/01/2014	12/01/2016	Y
987654321	Mary	Jones	01/01/2017		N

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After the enforcement date of December 1, 2015, the applicable effective dates on the file will be adjusted to December 1, 2015, and it will no longer be considered a test file. All inactive periods prior to December 1, 2015, will be removed from the file and it will only contain active and inactive enrollment or opt out periods as of December 1, 2015, and after. The file will continue to be generated every two weeks, with a purposeful goal toward more frequent updates on a set schedule. Part D sponsors may utilize the file to determine a prescriber's Medicare enrollment or opt out status when processing Part D pharmacy claims. The file will not validate the provider's ability to prescribe under applicable laws. Please submit questions or issues encountered in accessing the file to providerenrollment@cms.hhs.gov.

Additional Information

For more information on the enrollment requirements, visit <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Part-D-Enrollment-Information.html> on the CMS website. If you have questions and need to speak with the Part B contractor that handles your enrollment, you may find their toll-free number at http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf on the CMS website. To identify your Medicare contractor, locate the state in which you provide services and refer to the contractor listed on the "Part B Contractor" line.

Seasonal Flu Vaccinations - Generally, Medicare Part B covers one flu vaccination and its administration per flu season for beneficiaries without co-pay or deductible. Now is the perfect time to vaccinate beneficiaries. Health care providers are encouraged to get a flu vaccine to help protect themselves from the flu and to keep from spreading it to their family, co-workers, and patients. Note: The flu vaccine is not a Part D-covered drug. For more information on coverage and billing of the influenza vaccine and its administration, please visit [MLN Matters® Article #MM8890](#), "Influenza Vaccine Payment Allowances - Annual Update for 2014-2015 Season" and [MLN Matters® Article #SE1431](#), "2014-2015 Influenza (Flu) Resources for Health Care Professionals."

While some providers may offer flu vaccines, those that don't can help their patients locate flu vaccines within their local community. The [HealthMap Vaccine Finder](#) is a free online service where users can search for locations offering flu and other adult vaccines. If you provide vaccination services and would like to be included in the HealthMap Vaccine Finder database, [register](#) for an account to submit your information in the database. Also, visit the CDC [Influenza \(Flu\)](#) web page for the latest information on flu including the CDC 2014-2015 recommendations for the prevention and control of influenza.

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Attachment 3 (Placebo Correction)

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES
7500 Security Boulevard, Mail Stop AR-18-50
Baltimore, Maryland 21244-1850



Investigations & Audits Group

June 10, 2015



NPI: [REDACTED]
Specialty: General Care Practitioner

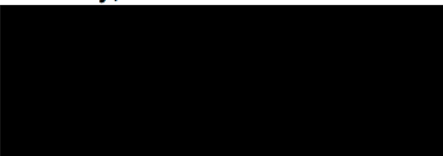
Re: Provider Enrollment Needed for Writing Prescriptions for Medicare Part D Drugs

You recently received a letter dated April 20, 2015 that stated the Centers for Medicare & Medicaid Services (CMS) has implemented a new rule requiring physicians and other eligible professionals who write prescriptions for Medicare Part D drugs to be enrolled in Medicare in an approved status or have validly opted out for their prescriptions to be covered under Part D. CMS received multiple inquiries from providers questioning the intent of the letter. This notice seeks to address those questions.

It is important to note that if you are currently enrolled in Medicare in an approved status or have validly opted out, no action is required. To verify your enrollment status, CMS has made available an enrollment file that identifies a list of physicians and eligible professionals who are enrolled in Medicare in an approved or opt out status and are eligible to prescribe. The enrollment file is available at <https://data.cms.gov/dataset/Medicare-Individual-Provider-List/u8u9-2upx> on the CMS website. If you write prescriptions for covered Part D drugs and you are not identified on the enrollment file, you need to submit an enrollment application or an opt out affidavit to your Medicare administrative Contractor (MAC).

For more information on the Part D prescriber enrollment requirements, refer to MLN Matters® article SE1434 located at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1434.pdf>. Please note that an interim final rule is currently open to comments and proposes to change the enforcement date by which prescription drug claims will be denied by the Part D plans if the prescriber is not enrolled in Medicare in an approved status or validly opted-out to January 1, 2016. For more information see <https://www.federalregister.gov/public-inspection>. If you have questions regarding prescriber enrollment, please email CMS at providerenrollment@cms.hhs.gov.

Sincerely,



Investigations and Audits Group

Attachment 4 (Treatment Letter)

Department of Health & Human Services
7500 Security Boulevard, Mail Stop AR-18-50
Baltimore, Maryland 21244-1850



April 20, 2015

Pat Q. Provider MD
1234 Main St
Columbia, MD 21045
NPI: 1234567890 / Specialty: General Care Practitioner

Re: Your Seroquel prescribing is under review by the Center for Program Integrity.

Dear Dr. Provider,

The figure to the right displays your prescribing of Seroquel treatments (Seroquel, Seroquel XR, or generic quetiapine) compared to other general care practitioners in Maryland.

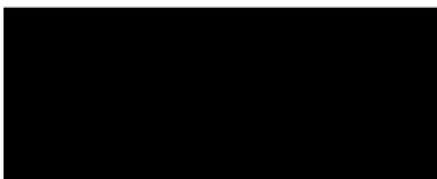
As can be seen, **you prescribed far more treatments – 188% more – than similar prescribers within your state.** In turn, you have been flagged as a markedly unusual prescriber, subject to review by the Center for Program Integrity.

We recognize that some flagged practitioners have appropriate reasons for this pattern. However, we have seen that other practitioners may drift into prescribing patterns that would be considered medically unjustified or abusive. Abusive prescribing can lead to extensive audits and even revocation of Medicare billing privileges.

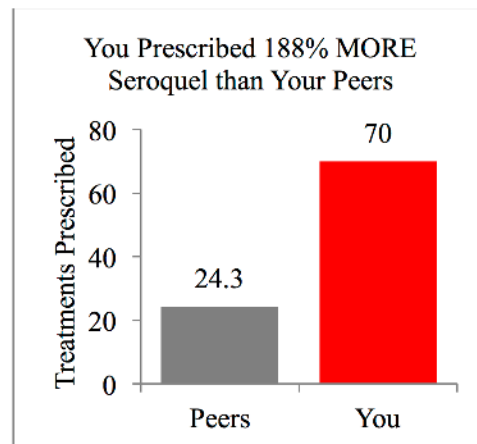
We hope that you will use this information to see if your high prescribing level is consistent with the latest standards of care. To assist in your monitoring efforts, CMS will periodically send you letters with our most recent information about your Seroquel prescribing. **We may contact you at a later date to ask what steps, if any, you have taken in response to our communications.**

Read on for more information about the methodology used to analyze your prescribing behavior and to learn what actions to take next.

Sincerely,



Investigations and Audit Group



Introduction

Prescribers and pharmacies have a frontline role in assisting the Centers for Medicare & Medicaid Services (CMS) to effectively manage Medicare resources and monitor prescribing practices. CMS and its partners acknowledge the daily challenges prescribers and pharmacies face in serving Medicare beneficiaries and the complexity of billing for prescription drugs.

The Office of Inspector General (OIG) released a study in June 2013 showing over 1 million individual prescribers ordered drugs paid by Medicare Part D in 2009. Prescribing patterns varied widely by type of prescriber. Over 700 general-care physicians had questionable prescribing patterns.¹ Although some of this prescribing may be appropriate, the OIG's study expressed the need to further scrutinize such questionable patterns.

Using a similar methodology to that used in the OIG study, CMS analyzed Seroquel, Seroquel XR, and generic quetiapine prescribing data for calendar year 2013 and 2014.² Based on this analysis, CMS has determined that the number and quantity of your treatments exceeded the established threshold (see box on right). The intent of this letter is to inform you of the extent of your potential outlier status, which reflects the Seroquel treatments attributed to your prescribing practice compared to your peers within your prescriber type (general care practitioner) and state (Maryland).



More Information

To learn more about Seroquel prescribing and to find details on our methodology, visit (this link is case sensitive):
<http://go.cms.gov/CPImethodologyhr2>

We hope you find this information helpful and that it will provide insights into your current and future prescribing practices. We also hope that you will use the information provided to see if your high prescribing level for Seroquel is appropriate for your patient population.

Your Results

Table 1: Values Used to Determine Your Status as a Potential Outlier

Categories	Total Treatments	30-Day Equivalent
Your Values in 2014	70	79
Average of General Care Practitioners in Maryland	24.3	26.7

This table reviews the data that led to your classification as a potential outlier.

¹ OIG, Prescribers with Questionable Patterns in Medicare Part D, OEI-02-09-00603, June 2013

² The prescribing data consists of Prescription Drug Event (PDE) records. Each PDE is a summary record submitted by a drug plan sponsor whenever a beneficiary fills a prescription under Medicare Part D. The PDE data are not the same as individual drug claim transactions, but are summary extracts using CMS-defined standard fields. The PDE record contains prescription drug cost and payment data that enables CMS to make payments to plans and otherwise administer the Part D benefit. Further information can be found by accessing the following link:
<http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PartDDData.html>

Total Treatments displays the total number of treatments for Seroquel filled by your patients. A Seroquel treatment is defined as a patient visit to a pharmacy in which a Seroquel, Seroquel XR, or generic quetiapine prescription is filled. This data is shown in the graph on the first page of this letter. **30-Day Equivalent** reports the number of treatments adjusted by the days' supply of the drug dispensed.

Action

After reviewing this communication, you may be able to identify areas where your prescribing patterns could be modified, and we encourage you to share the trends that were identified with other clinicians. We hope you find this information helpful and that it will provide insight into your current and future prescribing practices.

If you would like to discuss this project or your data, or provide feedback on this analysis, please contact the NBI MEDIC at 1-877-7SafeRx (1-877-772-3379) or CMS at CPIMedicarePartD_Data@cms.hhs.gov. If you believe your prescriptions are being forged, please contact the NBI MEDIC at 1-877-7SafeRx (1-877-772-3379).

If you would like more resources for detecting possible drug-seeking behavior on the part of your patients, please review the MLN Matters article on Prescription Drug Monitoring Programs (PDMPs) at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1250.pdf> on the CMS website.

Thank you for your diligence and partnership with CMS in detecting, deterring and preventing fraud, waste and abuse in the Medicare Part C and Part D programs.

Attachment 5a (Followup/Regular)

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES
7500 Security Boulevard, Mail Stop AR-18-50
Baltimore, Maryland 21244-1850



Investigations & Audits Group

August 31, 2015

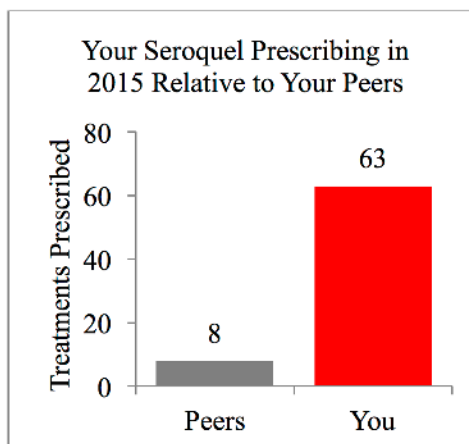
Pat Q. Provider MD (NPI: 1234567890)
1234 Main St
Columbia, MD 21045

Re: Your Seroquel prescribing is under review by the Center for Program Integrity.

Dear Dr. Provider,

We contacted you in April 2015 to communicate that your high prescribing of Seroquel (Seroquel, Seroquel XR, or generic quetiapine) was under review by the Center for Program Integrity. **We reached out because last year, you prescribed far more Seroquel than similar prescribers within your practice state.** In turn, you were flagged as a markedly unusual prescriber, subject to review by the Center for Program Integrity.

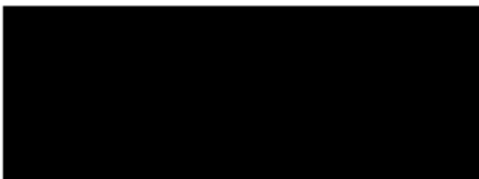
To assist in your monitoring efforts, the figure to the right displays our latest data on your prescribing of Seroquel in 2015 relative to other general care practitioners in your practice state - Maryland.



We recognize that some flagged practitioners have appropriate reasons for this pattern. However, we have seen that other practitioners may drift into prescribing patterns that would be considered medically unjustified or abusive. Abusive prescribing can lead to extensive audits and even revocation of Medicare billing privileges.

We hope that you will use this information to see if your high prescribing level is consistent with the latest standards of care, and we will continue to send you letters with our most recent information about your Seroquel prescribing. **We may contact you at a later date to ask what steps, if any, you have taken in response to our communications.**

Sincerely,



Investigations and Audits Group

Introduction

Prescribers and pharmacies have a frontline role in assisting the Centers for Medicare & Medicaid Services (CMS) to effectively manage Medicare resources and monitor prescribing practices. CMS and its partners acknowledge the daily challenges prescribers and pharmacies face in serving Medicare beneficiaries and the complexity of billing for prescription drugs.

The Office of Inspector General (OIG) released a study in June 2013 showing over 1 million individual prescribers ordered drugs paid by Medicare Part D in 2009. Prescribing patterns varied widely by type of prescriber. Over 700 general-care physicians had questionable prescribing patterns.¹ Although some of this prescribing may be appropriate, the OIG's study expressed the need to further scrutinize such questionable patterns.

Using a similar methodology to that used in the OIG study, CMS analyzed Seroquel, Seroquel XR, and generic quetiapine prescribing data for calendar year 2013 and 2014.² Based on this analysis, CMS has determined that the number and quantity of your treatments exceeded the established threshold (see box on right). The intent of this letter is to inform you of the extent of your potential outlier status, which reflects the Seroquel treatments attributed to your prescribing practice compared to your peers within your prescriber type (general care practitioner) and practice state (Maryland).



More Information

To learn more about Seroquel prescribing and to find details on our methodology, visit (this link is case sensitive):

<http://go.cms.gov/CPImethodologyhr2>

We hope you find this information helpful and that it will provide insights into your current and future prescribing practices. We also hope that you will use the information provided to see if your high prescribing level for Seroquel is appropriate for your patient population.

Your Results

Table 1: Your Recent Prescribing of Seroquel Treatments in Comparison to Your Peers

Categories	Total Treatments	30-Day Equivalent	Unique Beneficiary Count
Your Values in 2015 (to date*)	63	67.0	18
Average of Your Peers in 2015 (to date*)	7.9	10.5	3.3

* Preliminary data from PDE records received as of June, 2015.

¹ OIG, Prescribers with Questionable Patterns in Medicare Part D, OEI-02-09-00603, June 2013

² The prescribing data consists of Prescription Drug Event (PDE) records. Each PDE is a summary record submitted by a drug plan sponsor whenever a beneficiary fills a prescription under Medicare Part D. The PDE data are not the same as individual drug claim transactions, but are summary extracts using CMS-defined standard fields. The PDE record contains prescription drug cost and payment data that enables CMS to make payments to plans and otherwise administer the Part D benefit. Further information can be found by accessing the following link:
<http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PartDDData.html>

This table reviews how your recent prescribing of Seroquel compares to your peers (other general care practitioners in Maryland).

Total Treatments displays the total number of treatments for Seroquel filled by your patients. A Seroquel treatment is defined as a patient visit to a pharmacy in which a Seroquel, Seroquel XR, or generic quetiapine prescription is filled. This data is shown in the graph on the first page of this letter. This treatment count also includes refills dispensed in this time period for earlier prescriptions.

30-Day Equivalent reports the number of treatments adjusted by the days' supply of the drug dispensed.

Unique Beneficiary Count shows the count of your Medicare patients who filled a treatment for Seroquel over this time period.

Table 2: Original Values Used to Determine Your Status as a Potential Outlier

Categories	Total Treatments	30-Day Equivalent	Unique Beneficiary Count
Your Original Values in 2014	211	222.7	33
Average of Your Peers in 2014	32.7	40.5	23.7

This table reviews the original data that led to your classification as a potential outlier, and was communicated to you already in our April 2015 memo. **Total Treatments, 30-Day Equivalent, and Unique Beneficiary Count** are defined as in Table 1.

Action

After reviewing this communication, you may be able to identify areas where your prescribing patterns could be modified, and we encourage you to share the trends that were identified with other clinicians. We hope you find this information helpful and that it will provide insight into your current and future prescribing practices.

If you would like to discuss this project or your data, or provide feedback on this analysis, please contact the NBI MEDIC at 1-877-7SafeRx (1-877-772-3379) or CMS at CPIMedicarePartD_Data@cms.hhs.gov. If you believe your prescriptions are being forged, please contact the NBI MEDIC at 1-877-7SafeRx (1-877-772-3379).

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Thank you for your diligence and partnership with CMS in detecting, deterring and preventing fraud, waste and abuse in the Medicare Part C and Part D programs.

Attachment 5b (Followup/Taxonomy)

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES
7500 Security Boulevard, Mail Stop AR-18-50
Baltimore, Maryland 21244-1850



Investigations & Audits Group

August 31, 2015

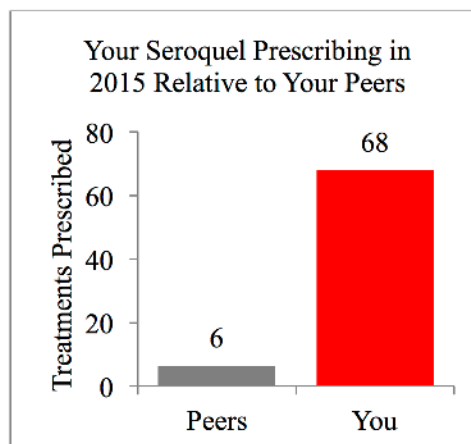
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To assist in your monitoring efforts, the figure to the right displays our latest data on your prescribing of Seroquel in 2015 relative to other general care practitioners in your practice state - Maryland.



We recognize that some flagged practitioners have appropriate reasons for this pattern. However, we have seen that other practitioners may drift into prescribing patterns that would be considered medically unjustified or abusive. Abusive prescribing can lead to extensive audits and even revocation of Medicare billing privileges.

We hope that you will use this information to see if your high prescribing level is consistent with the latest standards of care, and we will continue to send you letters with our most recent information about your Seroquel prescribing. **We may contact you at a later date to ask what steps, if any, you have taken in response to our communications.**

Sincerely,



Investigations and Audits Group

Introduction

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More Information

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We hope you find this information helpful and that it will provide insights into your current and future prescribing practices. We also hope that you will use the information provided to see if your high prescribing level for Seroquel is appropriate for your patient population.

Note: Our records show that your prescriber specialty (taxonomy code) linked to your National Provider Identifier (NPI) has been updated. The Center for Program Integrity has noted this change in your file and will take this information into account when studying your prescribing behavior in the future. Because you were listed as a general care practitioner earlier this year, you will continue to receive updates on your prescribing of Seroquel in comparison to other general care practitioners.

¹ OIG, Prescribers with Questionable Patterns in Medicare Part D, OEI-02-09-00603, June 2013

² The prescribing data consists of Prescription Drug Event (PDE) records. Each PDE is a summary record submitted by a drug plan sponsor whenever a beneficiary fills a prescription under Medicare Part D. The PDE data are not the same as individual drug claim transactions, but are summary extracts using CMS-defined standard fields. The PDE record contains prescription drug cost and payment data that enables CMS to make payments to plans and otherwise administer the Part D benefit. Further information can be found by accessing the following link:
<http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PartDDData.html>

Your Results

Table 1: Your Recent Prescribing of Seroquel Treatments in Comparison to Your Peers

Categories	Total Treatments	30-Day Equivalent	Unique Beneficiary Count
Your Values in 2015 (to date*)	68	55.3	14
Average of Your Peers in 2015 (to date*)	6.4	8.8	2.6

* Preliminary data from PDE records received as of June, 2015.

This table reviews how your recent prescribing of Seroquel compares to your peers (other general care practitioners in Maryland).

Total Treatments displays the total number of treatments for Seroquel filled by your patients. A Seroquel treatment is defined as a patient visit to a pharmacy in which a Seroquel, Seroquel XR, or generic quetiapine prescription is filled. This data is shown in the graph on the first page of this letter. This treatment count also includes refills dispensed in this time period for earlier prescriptions.

30-Day Equivalent reports the number of treatments adjusted by the days' supply of the drug dispensed.

Unique Beneficiary Count shows the count of your Medicare patients who filled a treatment for Seroquel over this time period.

Table 2: Original Values Used to Determine Your Status as a Potential Outlier

Categories	Total Treatments	30-Day Equivalent	Unique Beneficiary Count
Your Original Values in 2014	146	137.2	24
Average of Your Peers in 2014	25.8	33.2	14.8

This table reviews the original data that led to your classification as a potential outlier, and was communicated to you already in our April 2015 memo. **Total Treatments**, **30-Day Equivalent**, and **Unique Beneficiary Count** are defined as in Table 1.

Action

After reviewing this communication, you may be able to identify areas where your prescribing patterns could be modified, and we encourage you to share the trends that were identified with other clinicians. We hope you find this information helpful and that it will provide insight into your current and future prescribing practices.

If you would like to discuss this project or your data, or provide feedback on this analysis, please contact the NBI MEDIC at 1-877-7SafeRx (1-877-772-3379) or CMS at CPI MedicarePartD_Data@cms.hhs.gov. If you believe your prescriptions are being forged, please contact the NBI MEDIC at 1-877-7SafeRx (1-877-772-3379).

If you would like more resources for detecting possible drug-seeking behavior on the part of your patients, please review the MLN Matters article on Prescription Drug Monitoring Programs

(PDMPs) at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1250.pdf> on the CMS website.

Thank you for your diligence and partnership with CMS in detecting, deterring and preventing fraud, waste and abuse in the Medicare Part C and Part D programs.

Attachment 5c (Followup/Below)

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES
7500 Security Boulevard, Mail Stop AR-18-50
Baltimore, Maryland 21244-1850



Investigations & Audits Group

August 31, 2015

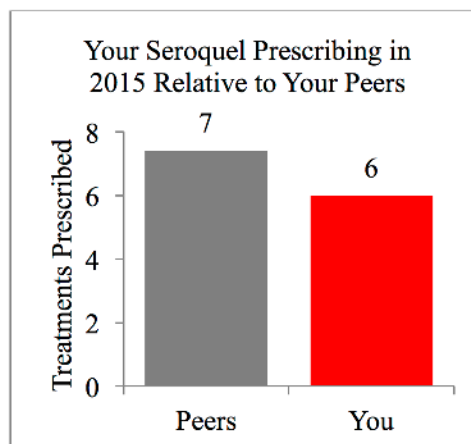
Pat Q. Provider MD (NPI: 1234567890)
1234 Main St
Columbia, MD 21045

Re: Your Seroquel prescribing is under review by the Center for Program Integrity.

Dear Dr. Provider,

We contacted you in April 2015 to communicate that your high prescribing of Seroquel (Seroquel, Seroquel XR, or generic quetiapine) was under review by the Center for Program Integrity. **We reached out because last year, you prescribed far more Seroquel than similar prescribers within your practice state.** In turn, you were flagged as a markedly unusual prescriber, subject to review by the Center for Program Integrity.

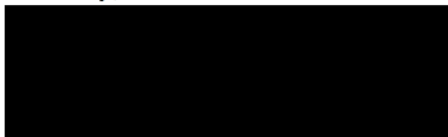
To assist in your monitoring efforts, the figure to the right displays our latest data on your prescribing of Seroquel in 2015 relative to other general care practitioners in your practice state - Maryland.



You will notice that your prescribing has been lower than your peers this year so far. This change could be due to many causes, including differences in the way that data has been reported; you may have changed your prescribing patterns; your practice may have changed or you may have retired. We ask that you keep paying close attention to the serious problems surrounding this drug of potential abuse – abusive prescribing can lead to extensive audits and even revocation of Medicare billing privileges.

We hope that you will continue to use this information to ensure that your prescribing level is consistent with the latest standards of care, and we will continue to send you letters with our most recent information about your Seroquel prescribing. **We may contact you at a later date to ask what steps, if any, you have taken in response to our communications.**

Sincerely,



Investigations and Audits Group

Introduction

Prescribers and pharmacies have a frontline role in assisting the Centers for Medicare & Medicaid Services (CMS) to effectively manage Medicare resources and monitor prescribing practices. CMS and its partners acknowledge the daily challenges prescribers and pharmacies face in serving Medicare beneficiaries and the complexity of billing for prescription drugs.

The Office of Inspector General (OIG) released a study in June 2013 showing over 1 million individual prescribers ordered drugs paid by Medicare Part D in 2009. Prescribing patterns varied widely by type of prescriber. Over 700 general-care physicians had questionable prescribing patterns.¹ Although some of this prescribing may be appropriate, the OIG's study expressed the need to further scrutinize such questionable patterns.

Using a similar methodology to that used in the OIG study, CMS analyzed Seroquel, Seroquel XR, and generic quetiapine prescribing data for calendar year 2013 and 2014.² Based on this analysis, CMS has determined that the number and quantity of your treatments exceeded the established threshold (see box on right). The intent of this letter is to inform you of the extent of your potential outlier status, which reflects the Seroquel treatments attributed to your prescribing practice compared to your peers within your prescriber type (general care practitioner) and practice state (Maryland).



More Information

To learn more about Seroquel prescribing and to find details on our methodology, visit (this link is case sensitive):

<http://go.cms.gov/CPImethodologyhr2>

We hope you find this information helpful and that it will provide insights into your current and future prescribing practices. We also hope that you will use the information provided to see if your high prescribing level for Seroquel is appropriate for your patient population.

Your Results

Table 1: Your Recent Prescribing of Seroquel Treatments in Comparison to Your Peers

Categories	Total Treatments	30-Day Equivalent	Unique Beneficiary Count
Your Values in 2015 (to date*)	6	10.0	2
Average of Your Peers in 2015 (to date*)	7.4	10.2	3.1

* Preliminary data from PDE records received as of June 2015.

¹ OIG, Prescribers with Questionable Patterns in Medicare Part D, OEI-02-09-00603, June 2013

² The prescribing data consists of Prescription Drug Event (PDE) records. Each PDE is a summary record submitted by a drug plan sponsor whenever a beneficiary fills a prescription under Medicare Part D. The PDE data are not the same as individual drug claim transactions, but are summary extracts using CMS-defined standard fields. The PDE record contains prescription drug cost and payment data that enables CMS to make payments to plans and otherwise administer the Part D benefit. Further information can be found by accessing the following link:
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This table reviews how your recent prescribing of Seroquel compares to your peers (other general care practitioners in Maryland).

Total Treatments displays the total number of treatments for Seroquel filled by your patients. A Seroquel treatment is defined as a patient visit to a pharmacy in which a Seroquel, Seroquel XR, or generic quetiapine prescription is filled. This data is shown in the graph on the first page of this letter. This treatment count also includes refills dispensed in this time period for earlier prescriptions.

30-Day Equivalent reports the number of treatments adjusted by the days' supply of the drug dispensed.

Unique Beneficiary Count shows the count of your Medicare patients who filled a treatment for Seroquel over this time period.

Table 2: Original Values Used to Determine Your Status as a Potential Outlier

Categories	Total Treatments	30-Day Equivalent	Unique Beneficiary Count
Your Original Values in 2014	49	54.9	5
Average of Your Peers in 2014	29.1	38.0	17.9

This table reviews the original data that led to your classification as a potential outlier, and was communicated to you already in our April 2015 memo. **Total Treatments**, **30-Day Equivalent**, and **Unique Beneficiary Count** are defined as in Table 1.

Action

After reviewing this communication, you may be able to identify areas where your prescribing patterns could be modified, and we encourage you to share the trends that were identified with other clinicians. We hope you find this information helpful and that it will provide insight into your current and future prescribing practices.

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Attachment 5d (Followup/No Activity)

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES
7500 Security Boulevard, Mail Stop AR-18-50
Baltimore, Maryland 21244-1850



Investigations & Audits Group

August 31, 2015

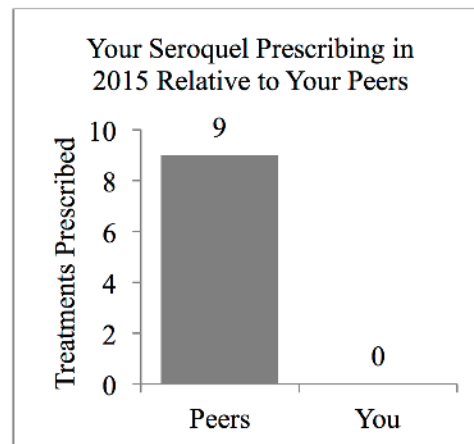
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To assist in your monitoring efforts, the figure to the right displays our latest data on your prescribing of Seroquel in 2015 relative to other general care practitioners in your practice state - Maryland.



You will notice that our data shows no Seroquel prescribing by you this year so far. This change could be due to many causes, including differences in the way that data has been reported to us – or you may have retired or changed your practice type. We ask that you keep paying close attention to the serious problems surrounding this drug of potential abuse – abusive prescribing can lead to extensive audits and even revocation of Medicare billing privileges.

We hope that you will continue to use this information to ensure that your prescribing level is consistent with the latest standards of care, and we will continue to send you letters with our most recent information about your Seroquel prescribing. **We may contact you at a later date to ask what steps, if any, you have taken in response to our communications.**

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Your Results

Table 1: Your Recent Prescribing of Seroquel Treatments in Comparison to Your Peers

Categories	Total Treatments	30-Day Equivalent	Unique Beneficiary Count
Your Values in 2015 (to date*)	0	0	0
Average of Your Peers in 2015 (to date*)	9	12	3

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30-Day Equivalent reports the number of treatments adjusted by the days' supply of the drug dispensed.

Unique Beneficiary Count shows the count of your Medicare patients who filled a treatment for Seroquel over this time period.

Table 2: Original Values Used to Determine Your Status as a Potential Outlier

Categories	Total Treatments	30-Day Equivalent	Unique Beneficiary Count
Your Original Values in 2014	63	62.4	4
Average of Your Peers in 2014	29.3	36.2	14.3

This table reviews the original data that led to your classification as a potential outlier, and was communicated to you already in our April 2015 memo. **Total Treatments**, **30-Day Equivalent**, and **Unique Beneficiary Count** are defined as in Table 1.

Action

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