

ONE HUNDRED FOURTEENTH CONGRESS
Congress of the United States
House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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August 5, 2015

Dr. Shantanu Agrawal
Deputy Administrator and Director
Center for Program Integrity
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Agrawal:

Thank you for appearing before the Subcommittee on Subcommittee on Oversight and Investigations on Tuesday, July 14, 2015, to testify at the hearing entitled "Medicare Part D: Measures Needed to Strengthen Program Integrity."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

Also attached are Member requests made during the hearing. The format of your responses to these requests should follow the same format as your responses to the additional questions for the record.

To facilitate the printing of the hearing record, please respond to these questions and requests with a transmittal letter by the close of business on Wednesday, August 19, 2015. Your responses should be mailed to Jessica Wilkerson, Oversight Associate, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to Jessica.wilkerson@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,


Tim Murphy
Chairman

Subcommittee on Oversight and Investigations

cc: Dianna DeGette, Ranking Member, Subcommittee on Oversight and Investigations

Attachments

Attachment 1—Additional Questions for the Record

The Honorable Susan W. Brooks

1. The total number of beneficiaries receiving commonly abused opioids (Schedule II and Schedule III drugs) grew by 92 percent, compared to 68 percent for all drugs. Similarly, the average number of prescriptions for commonly abused opioids per beneficiary grew by 20 percent, compared to 3 percent for all drugs.
 - a. What do you attribute this large increase to?
 - b. Why was there such a dramatic increase for commonly abused opioids compared to all other drugs?
 - c. Is CMS concerned by this trend? What is it doing to combat commonly abused opioids from stopping this trend?
2. What is CMS doing to prevent diversion of Part D drugs?
3. Just last year you spoke before the committee on CMS's efforts to tighten up enrollment. My concern is speaking on the issue of provider ID abuse – this illegal distribution of Medicare beneficiary or provider ID numbers is yet another way individuals can abuse the system and the trust of our seniors, costing us millions. Above all else, this is a crime.
 - a. Can you update us on what specific efforts your office has taken to enforce the law and avert this trend?

The Honorable Markwayne Mullin

1. In 2014, 43 percent of Oklahomans enrolled in Medicare Part D received a commonly abused opioid. According to the supplemental data for a recent OIG report, Medicare Part D alone spent \$24 million on methadone in 2014. Now, this is behind drugs like OxyContin and Percocet, but why do we continue to spend millions of dollars on a medication that by CMS's own recommendation should not be used for the first line of defense for pain? Does CMS have any plans to rein in spending on this drug in particular?
2. Several members of the subcommittee brought up the OIG's recommendation to restrict certain beneficiaries who are at risk of abusing opioids to a limited number of pharmacies or prescribers. Are there potential risks when implementing a "lock-in" policy? In my district, we have recently been experiencing flooding and other natural disasters. In this type of situation, do you think such a policy could put patients at risk if they can't fill their prescriptions?

Attachment 2—Member Requests for the Record

During the hearing, Members asked you to provide additional information for the record, and you indicated that you would provide that information. For your convenience, descriptions of the requested information are provided below.

The Honorable Tim Murphy

1. What steps is CMS taking to discover providers who are prescribing children psychotropic medications in cases where it isn't medically necessary?
2. Does CMS have a report, or is CMS aware of a report, that studies price increases in Medicare Part D and any corresponding decreases in hospitalizations or doctor visits?

The Honorable Michael C. Burgess

1. Has the \$18 million paid to Dr. Tariq Mahood for fraudulent EHR system development been recovered?

The Honorable Yvette Clarke

1. How does CMS evaluate the effectiveness of sponsor's compliance programs?
 - a. Have these efforts changed recently?
 - b. What is CMS doing to follow up with audited plans to ensure that identified deficiencies are being remedied?

The Honorable David McKinley

1. Please provide the year-to-year Medicare Part D error rate for all years for which CMS has error rate data.