OIG Report on PDE Records for Schedule II Drugs

- In 2007, for Schedule II drugs, 228,000 PDE records associated with $20.6 million in costs had invalid prescriber IDs. Neither CMS edits nor sponsor edits identified the 228,000 invalid prescriber IDs.
    - The categories of errors were as follows, by decreasing level of cost:
        - Prescriber IDs not listed in the DEA, NPI or UPIN databases.
        - PDE records with a prescriber ID that did not indicate that the prescriber had authority to prescribe a Schedule II drug.
        - PDE records with pharmacy prescriber IDs.

- OIG was unable to identify the top two prescribers for oxycodone and Ritalin because of invalid prescriber IDs, as well as the second top prescriber of methadone. The invalid IDs used for these drugs were AA0000000 and 99999999.

- Although CMS had edits in place, the edits did not check the validity of the prescriber ID field and whether the prescriber had authority to prescribe Schedule II drugs. Only a DEA number verifies the latter.

- Sponsor edits only checked the logical format of the prescriber ID number and formatting errors still existed.

- OIG recommended that CMS issue specific guidance requiring sponsors to include a valid DEA number on both standard and nonstandard format PDE records involving Schedule II drugs.
    - CMS stated that the use of the DEA number is not suitable as a single ID because only a fraction of PDE volume involves Schedule II drugs. CMS will evaluate its authority to mandate the use of the NPI as the standardized prescriber ID through rulemaking.
    - In response, the OIG maintained that the DEA number is the only ID type that indicates whether prescribers are registered to prescribe Schedule II drugs and is necessary for the effective monitoring of aberrancies in PDE data related to Schedule II drugs.

- OIG also recommended that CMS implement an edit to reject PDE records for Schedule II drugs when the prescriber ID field contains an invalid prescriber ID number.
    - CMS stated that it did not know whether on implementation of the single ID, it would be feasible to reject PDE records for Schedule II drugs. However, CMS indicated that it is planning to institute new edits to check that the format of the prescriber ID is correct. CMS added that if it implements a requirement for the single prescriber ID, it would also expect to implement a process for verifying the accuracy of that number.
    - The OIG responded that new edits to check the format of the prescriber ID alone are not sufficient to ensure that PDE data include a valid prescriber ID. The OIG found instances in which the prescriber ID would pass a format check but the ID was not a valid number.