Outline

• Background Information on Opioid Use
• Helpful Part D Elements for Analysis
• How to Perform an Analysis
• How to Request Part D PDE Data
• Questions and Conclusion
Opioids: USA vs. The World

Source: United Nations International Narcotics Control Board
Credit: Sarah Frostenson
Opioids: US Opiate Prescriptions

US opiate prescriptions

SOURCES: IMS Health, National Institutes of Health

PATRICK GARVIN/GLOBE STAFF
Opioids: Overdoses Deaths

Overdose Deaths Involving Opioids, United States, 2000-2015

Commonly Prescribed Opioids
(Natural & Semi-Synthetic Opioids and Methadone)

Heroin

Other Synthetic Opioids
(e.g., fentanyl, tramadol)

Any Opioid

Opioid Use: Medicare Part D

Opioid Usage in Medicare Part D

- Total Beneficiaries Utilizing Opioids
- % Beneficiaries Utilizing Opioid
Part D PDE: Overview

• The rows in the Part D Prescription Drug Event (PDE) file correspond to prescription fills (Prescription Drug Events).

• Data elements include:
  – National Drug Code (NDC);
  – Days’ supply;
  – Quantity dispensed; and
  – Date of service.

• PDE includes all Medicare Part D beneficiaries, even those under Managed Care.
  – Must keep this in mind when using Part D data in conjunction with Parts A & B data, which contain only A/B Fee-For-Service (FFS) beneficiaries.
Part D PDE: Challenges and Limitations

• The version of the PDE file available to states does not include financial information, such as Medicare or beneficiary payments for drugs.
  
  – *Saving costs is not a permissible data use justification.*

• The NDC is available on the file, but an NDC crosswalk will be needed to make this field meaningful.
  
  – First DataBank MedKnowledge – very complete file you can pay for, with names, prices, and descriptions corresponding to each NDC.
  
  – Various Public Use Files (PUFs), such as RxNorm and VA National Drug File
    
    • Free but can be incomplete or difficult to work with.
Part D PDE: Final Action

• **Final action** refers to the process of choosing the most up-to-date version of a claim.
  
  – A PDE claim that was previously submitted may be declined or there may be an update or correction to information on the claim.
  
  – If final action isn’t applied, the data will contain records with duplicate information.

• Requestors have the option of getting final action historic data or non-final action monthly data.
Part D PDE: Final Action (Continued)

- Final action historic data is easy to work with since final action has already been applied, but not very timely.

- Non-final action data is very up to date (about a month lag between claim processing and receipt of data), but states must apply the final action process.
  - Not very complicated and many resources exist to help states implement final action.

<table>
<thead>
<tr>
<th>Resources</th>
<th>Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part D Data Netting On-Demand Tutorial Video</td>
<td>SDRC Assistance Website (“Reference Docs” → “SDRC On-Demand Tutorials” →</td>
</tr>
<tr>
<td></td>
<td>“SDRC Tutorial 11 – Part D Data Netting”)</td>
</tr>
<tr>
<td>Part D Netting Explanation Tip Sheet</td>
<td>SDRC Public Website (“Medicare Data Available” → “Data Dictionaries and File Layouts”)</td>
</tr>
<tr>
<td>Integrating Monthly Files into Part D Final Action Tip Sheet</td>
<td></td>
</tr>
</tbody>
</table>
# PDE Variables for Opioid Analysis

<table>
<thead>
<tr>
<th>Variable Names</th>
<th>Descriptions</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>HICN</td>
<td>Unique Beneficiary Identification Number</td>
<td>000-00-0000</td>
</tr>
<tr>
<td>Days Supply</td>
<td>Days worth of drugs the prescription covers</td>
<td>3</td>
</tr>
<tr>
<td>Quantity Dispensed</td>
<td>Dosage units of medication dispensed</td>
<td>27</td>
</tr>
<tr>
<td>Date of Service</td>
<td>Date when a beneficiary picked up the prescription from pharmacy</td>
<td>24 MAY 2017</td>
</tr>
<tr>
<td>Product Service ID</td>
<td>Dispensed drug identified using NDC</td>
<td>12345678901</td>
</tr>
<tr>
<td>Service Provider ID</td>
<td>Pharmacy where the prescription was filled</td>
<td>1234567890</td>
</tr>
<tr>
<td>Service Provider ID Qualifier(^1)</td>
<td>Type of provider identifier</td>
<td>01</td>
</tr>
<tr>
<td>Prescriber ID</td>
<td>Prescriber identification number</td>
<td>1234567890</td>
</tr>
<tr>
<td>Prescriber ID Qualifier</td>
<td>Type of prescriber identifier</td>
<td>01</td>
</tr>
</tbody>
</table>

\(^1\)Starting from YOS 2015, all prescribers are in the NPI format. However, pharmacies still use varieties of format. Hence, it is useful to check the qualifier variable.
Opioid NDC List

• NDC is the drug identifier in Part D claims.

• Make a list of opioid NDCs by looking into opioid ingredients from publically available drug data such as RxNorm or proprietary databases, such as Medi-Span and First Databank.

• Morphine Equivalent Conversion factor for each opioid ingredient can be found in the CDC list.

• Variables of interest:
  – Strength;
  – Unit of measure;
  – Drug ingredients;
  – Dosage form;
  – Route of administration;
  – Drug classification; and the
  – Opioid Morphine Equivalent Conversion Factor.
Opioid Claims

• Using the opioid NDC list, subset the PDE claims data to just opioid claims.

• Assign variables from opioid NDC list to opioid claims based on the NDCs in the claim dataset.
Morphine Equivalent Dosage (MED)

• Used to convert different opioid products with varying degrees of potency to a comparable dosage (“Morphine Equivalent”) unit.
  – For instance, 10mg of tramadol would be required to have the same potency as 1mg of morphine.

• Convert all strengths to the unit on the CDC list.
  – For instance, if a NDC has 5mg/0.5ml strength but the conversion factor is based off a unit of 1mg/ml, then the NDC strength needs to be changed to 10mg/ml.

• MED Daily Dosage = Opioid Strength x Opioid Conversion Factor x (Quantity Supplied / Days Supply)
Calculate MED Daily Dosage

From Part D Claims:

<table>
<thead>
<tr>
<th>HICN</th>
<th>Claim #</th>
<th>Quantity Supplied</th>
<th>Days Supply</th>
<th>Date of Service</th>
<th>Number of Dosage Units/Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1</td>
<td>20</td>
<td>4</td>
<td>01/01/2016</td>
<td>20/4 = 5</td>
</tr>
<tr>
<td>A</td>
<td>2</td>
<td>30</td>
<td>3</td>
<td>01/03/2016</td>
<td>30/3 = 10</td>
</tr>
</tbody>
</table>

From Opioid NDC List:

<table>
<thead>
<tr>
<th>Opioid Strength</th>
<th>Opioid Conversion Factor</th>
<th>MED Daily Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>5x2x2 = 20</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>10x3x3 = 90</td>
</tr>
</tbody>
</table>
Potential Beneficiary Exclusions

• Beneficiaries with diagnoses or in a setting that legitimizes high opioid usage
  – The Master Beneficiary Summary File (MBSF) “Chronic Conditions” and “Other Chronic or Potentially Disabling Conditions” segments can be used to identify beneficiaries with some, but not all, such diagnoses.

• For the MBSF segment codebooks and record layouts, please visit the [CCW website](https://www.ccw.gov).
Potential Overuse Criteria

• High Duration of Usage
• High Intensity of Usage
• Pharmacy and Doctor Shopping Behavior
Opioid Analysis Process

Step 1: Make opioid NDC list with opioid conversion factor and strength.

Step 2: Assign conversion factors and strength of opioid NDC to opioid PDE claims.

Step 3: Calculate MED daily dosage for each claim.

Step 4: Determine each beneficiary’s daily opioid usage.

Step 5: Remove potential exclusions.

Step 6: Use opioid overuse criteria to identify opioid over-utilizers.
Medicare Data Request Process: Part D PDE

Step 1
State develops data request package with the support of SDRC.

Step 2
MMCO or CPI and the Part D Business Owners review the data request and determine whether it meets care coordination and/or program integrity requirements.

Step 3
CMS Privacy groups review the data request, determine whether the request meets CMS Privacy guidelines, and assign a DUA number.

Step 4
Edaptive and the CMS EFT Team distribute the data to the state.
# Required Documents: Part D PDE

<table>
<thead>
<tr>
<th>Data Agreements</th>
<th>Data Request Package</th>
<th>Downstream User Documents</th>
<th>Electronic File Transfer (EFT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Exchange Agreement (IEA)</td>
<td>Cover Letter (New or Additional Data Use)</td>
<td>DUA Addendum Form</td>
<td>VIES EFT Setup Form</td>
</tr>
<tr>
<td>Data Use Agreement (DUA)</td>
<td>Specification Worksheet</td>
<td>DUA Attachment A Form</td>
<td>VIES Partner Server Questionnaire Form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conflict of Interest (COI) Letter (No COI or Potential COI)</td>
<td></td>
</tr>
</tbody>
</table>

- These documents can be found on the SDRC Public website’s “Request Process Details” page.
Data Request Package: SDRC Tips

• Always provide more detail than not enough.

• When using acronyms, please make sure to spell them out at the first mention.
  – E.g., “SDRC” should be “State Data Resource Center (SDRC).”

• Address the package documents to speak to the specific data type that is being requested.

• Complete the documents so anyone at CMS, without any prior knowledge, can understand the request fully.
Data Request Package: SDRC Tips (Continued)

• Questions to Keep in Mind:
  – How does the proposed use justifications affect dual eligible beneficiaries at the individual level?
  – How does the lack of data hinder care coordination and/or program integrity initiatives in your state?

• Do not mention the prohibited HIPAA uses as proposed use justifications for your State Medicaid Agency.
  – Especially related to saving costs.

• SDRC will review data request package documents, answer any process- or data-related questions, and provide additional guidance to State Medicaid Agencies throughout the entire process.
Obtaining Access to the SDRC Assistance website

• State Medicaid Agency staff can send their full contact information (first and last name, work mailing address, work phone number, and work email address) to sdrc@econometricainc.com.
Questions

• Questions can be submitted through the GoToWebinar question text box.

• SDRC will read submitted general questions and provide answers

• If you have questions related to contractual requirements or specific to your state’s situation, please email SDRC instead.

• Some inquiries may require additional research. SDRC will investigate these inquiries and reply via email.
Questions can be submitted to SDRC at:
(877) 657-9889 (support line) or
sdrc@econometricainc.com.