

ARE YOU COUNTING PRESCRIPTION MEDICATIONS UTILIZATION CORRECTLY?

OBJECTIVES: To evaluate the potential for duplicate counting of prescription medication utilization for products that are billed through medical and prescription claims.

METHODS: A retrospective cross-sectional descriptive study was conducted using the 2008 – 2011 Mississippi Medicaid data. Medical claims (MCs) with J-codes for injectable medications were identified from MC files. Prescription claims (PCs) for the corresponding beneficiaries were extracted from PC data for all NDCs associated with the J-codes identified. These two sets of claims were stacked to obtain a denominator file. Potential duplicate counts were identified by pairing MCs and PCs for the same beneficiary and drug where the PC service date was within 7 days of the MC service date. The Medicare maximum allowable cost was identified for the J-code in each potential duplicate count situation. Criteria of the MC being 80+% of the maximum allowable cost for one J-code unit and the MC paid amount being 80+% of the corresponding PC paid amount were used to evaluate which pairs might be actual duplicate counts.

RESULTS: Out of 1,813,251 claims identified in the denominator file, 1,443 drug events were considered to be potential duplicate counts (0.08%). These claims were associated with 849 Medicaid enrollees. For 89% of the pairs, the MC paid amount was 80+% of the allowable J-code unit cost and 37% were 80+% of the corresponding PC paid amount. Using a combination of these criteria, it was estimated that at least 47% of the pairs were likely to be duplicate counts and that a large portion of the other pairs might be duplicate counts.

CONCLUSIONS: Researchers need to use caution when counting medication events for products reimbursed as MCs and PCs. The error from over-counting at the population level should be small, but could have significant impact on utilization and adherence estimates for individual patients.

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Statement to be included on poster

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