PRELIMINARY ANALYSIS OF PAYMENT SOURCE FOR NARCOTIC CLAIMS BY MISSISSIPPI MEDICAID BENEFICIARIES

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Version 06/30/2016

BACKGROUND

In 2005, *Mississippi Code Anno. Section 73-21-127* directed the Board of Pharmacy (BOP) to develop and implement a computerized program to track prescriptions for narcotics and other controlled substances and to report suspected abuse and misuse of controlled substances in compliance with the federal regulations promulgated under authority of the National All Schedules Prescription Electronic Reporting Act of 2005. The Mississippi Prescription Monitoring Program (MS PMP) operates under the authority of the BOP with the mission of proactively safeguarding public health and safety; supporting the legitimate use of controlled substances; facilitating and encouraging the identification, intervention with and treatment of individuals addicted to controlled substances and specified non-controlled drugs; identifying and preventing drug diversion; providing assistance to those state and federal law enforcement and regulatory agencies investigating cases of drug diversion or other misuse; and informing public and health care professionals of the use and abuse trends related to controlled substances and specified non-controlled drugs.

Providers dispensing any Schedule II-V controlled substances to outpatients are required to report dispensing information daily for the previous 24-hour period. Any drug containing ephedrine or pseudoephedrine is to be reported as a Schedule III, and any drug containing tramadol or butalbital is to be reported as a Schedule IV. With the information available from the MS PMP, healthcare providers have the opportunity to utilize controlled substance data to make informed treatment decisions.

State legislation establishing the MS PMP states that "upon request, the State Board of Pharmacy shall provide collected information to:" . . . "the Division of Medicaid regarding Medicaid and Medicare Program recipients." The Division of Medicaid (DOM) requested that MS PMP data for all Medicaid beneficiaries be made available to MS-DUR for use in drug utilization review (DUR). A memorandum of understanding was executed between the BOP and DOM in February 2016. In May 2016, MS-DUR received an initial data report which included all records in the MS PMP data system for beneficiaries enrolled in Mississippi Division of Medicaid covering the April 1, 2014 through April 30, 2016 timeframe. MS-DUR will be receiving monthly updates that will be added to this baseline data.

Since MS-DUR already has access to paid claims for Medicaid beneficiaries, a major objective for obtaining the MS PMP data was to assess the impact of cash payment for controlled substances. This information will allow DOM's DUR Board to target and assess efforts undertaken by DOM to assure appropriate use of these products. As MS-DUR has just recently obtained the data, completing data validation work will take some time. We are providing preliminary descriptive information about the use of cash payments for narcotics in order to get obtain feedback from the DUR Board regarding the best ways DOM can make use of this information. A more detailed report on the impact of cash payments for narcotics and other controlled substances will be provided to the Board at future meetings.

METHODS

A retrospective analysis was conducted using MS PMP data for the period April 1, 2014 through April 30, 2016. Claims for narcotics were included in the analysis for all beneficiaries enrolled in Mississippi Medicaid, including dual eligibles, for the month in which the prescription was filled. Several issues identified that will need to be addressed during data validation include:

- The PMP vendor creates a common identification code for all variations of a patient name that are believed to be the same person. These combinations and the linking of patient information in the PMP data to Medicaid beneficiary enrollment information will be validated by comparing identification of Medicaid paid claims in the PMP data.
- Pharmacies are not required to include NPI numbers for prescribers or their pharmacies in the PMP reports submitted, thus names and addresses must be used to add NPI numbers so that prescribers and pharmacies can be consistently identified.
- Coding of payment type is subject to interpretation by each pharmacy, which is described in more detail below.

RESULTS

The information on payment type recorded in the MS PMP is determined by the type of software being used by the pharmacy provider reporting dispensing data based on the American Society for Automation in Pharmacy standards. The payment type options recorded in these data included paid (CASH), Medicaid, Medicare, insurance, military, workmen compensation, Indian Nation, and unknown.

Table 1: Distribution of DOM Beneficiaries by Payment Sources for Controlled Substance Claims

MS DUR's preliminary analysis found that many pharmacies coded claims paid by Medicaid coordinated care organizations (CCOs) as commercial insurance when reporting to the MS PMP data vendor. MS-DUR will confirm this during the data validation work phase; however, for the current purpose of reporting cash payments for narcotics, this is not an issue. Table 1 reports the distribution of DOM beneficiaries based on their mix of payment sources for the narcotic prescriptions filled.

- 22% of beneficiaries filled at least one narcotic prescription that was paid for by cash
- 3.6% of beneficiaries paid for all narcotic prescriptions with cash
- 17.8% of beneficiaries had a mix of cash payments and some other form of coverage.

TABLE 1: Number of Beneficairies by Payment Sources for Narcotic Claims
(Includes MS PMP Data For April 1, 2014 - April 30, 2016 for dual and non-dual eligible beneficiaries enrolled in Medicaid at time of claim)

Payment Sources	Unique Beneficiaries	
	Number	%
CASH only	3,071	3.6%
Medicaid	10,006	11.8%
Medicaid and CASH	887	1.0%
Medicaid/Insurance	4,265	5.0%
Medicaid/Insurance and CASH	3,441	4.1%
Insurance	35,739	42.2%
Insurance and CASH	7,680	9.1%
Medicaid/Medicare/Insurance	401	0.5%
Medicaid/Medicare/Insurance and CASH	496	0.6%
Medicare (w or w/o other Insurance)	15,375	18.2%
Medicare (w or w/o other Insurance) and CASH	3,344	3.9%
TOTAL	**84,705**	
Number with no cash claims	65,786	77.7%
Number with cash claims	18,919	22.3%

NOTES:
- "Insurance" is believed to represent Medicaid CCOs in most case without any Medicare coverage.
- Claim pay types of Indian Health, major medical, military, unknown, and worker's compensation are included in groups classified by major pay types but are not broken out separately in this table.

Table 2: Number of Prescription Claims for Controlled Substances by Cash vs. Other Payment Sources

The number of prescriptions for narcotics prescription claims filled for beneficiaries enrolled in Medicaid by drug product and payment source is shown in Table 2. Overall, 12.4% of all narcotic claims for Medicaid beneficiaries were paid for with cash. Approximately one-third of buprenorphine/naloxone prescriptions and over two-thirds of buprenorphine prescriptions were paid for by cash (highlighted in the table). This preliminary finding indicates that cash payments may have a meaningful impact on prospective DUR efforts to manage these and the other narcotic products.

TABLE 2: Number of Prescriptions For Narcotic Claims by Payment Source
(Includes MS PMP data for April 1, 2014 - April 30, 2016 for dual and non-dual eligible beneficiaries enrolled in Mediacid at time of claim)

Generic Drug Name	Prescription Payment Source				
	CASH		All Payers		Total
acetaminophen/butalbital/ caffeine/codeine	165	27.0%	447	73.0%	612
acetaminophen/caffeine/ dihydrocodeine	0	0.0%	29	100.0%	29
acetaminophen-codeine	2,176	6.8%	29,852	93.2%	32,028
acetaminophen-hydrocodone	42,103	11.4%	326,546	88.6%	368,649
acetaminophen-oxycodone	8,556	12.5%	59,928	87.5%	68,484
acetaminophen-tramadol	404	7.8%	4,784	92.2%	5,188
aspirin/butalbital/caffeine/codeine	82	27.6%	215	72.4%	297
aspirin/caffeine/dihydrocodeine	0	0.0%	1	100.0%	1
aspirin-oxycodone	3	4.8%	59	95.2%	62
belladonna-opium	1	25.0%	3	75.0%	4
buprenorphine	3,770	69.1%	1,688	30.9%	5,458
buprenorphine-naloxone	6,091	31.8%	13,063	68.2%	19,154
butorphanol	59	26.0%	168	74.0%	227
codeine	5	20.0%	20	80.0%	25
fentanyl	869	6.0%	13,532	94.0%	14,401
hydrocodone-ibuprofen	561	33.0%	1,137	67.0%	1,698
hydromorphone	799	17.9%	3,676	82.1%	4,475
meperidine	275	27.9%	712	72.1%	987
meperidine-promethazine	2	100.0%	0	0.0%	2
methadone	994	23.0%	3,323	77.0%	4,317
morphine	1,600	9.5%	15,324	90.5%	16,924
morphine-naltrexone	0	0.0%	156	100.0%	156
naloxone-pentazocine	15	21.7%	54	78.3%	69
opium	3	60.0%	2	40.0%	5
oxycodone	3,666	14.6%	21,512	85.4%	25,178
oxymorphone	332	11.8%	2,482	88.2%	2,814
tapentadol	18	3.4%	516	96.6%	534
tramadol	8,369	10.3%	72,862	89.7%	81,231
Total	80,918	12.4%	572,091	87.6%	653,009

Once MS-DUR has completed data validation and has clearly identified dual-eligible status and prescription drug coverage status for each beneficiary, several major analyses, proposed below, are planned to evaluate the impact of cash payments on DUR projects.

1. Identifying non-dual beneficiaries using cash payments for narcotics when they are not at the prescription limit and including this in criteria used to identify at risk beneficiaries for possible lock-in.
2. Identifying prescribers who are outliers with respect to the percentage of narcotic prescriptions for Medicaid beneficiaries that are paid for with cash.
3. Evaluating the impact of including cash payment prescriptions in measures of:
    a. Detecting doctor/pharmacy shopping,
    b. Exceeding the CMS Adult Core Measure criteria for morphine equivalent dosing,
    c. Exceeding the dosing restrictions for buprenorphine/naloxone or buprenorphine therapy for opioid dependence,
    d. Exceeding limits on use of opioid products while on buprenorphine/naloxone or buprenorphine therapy for opioid dependence,
    e. Exceeding quantity limits in the Universal Preferred Drug List for narcotics and stimulants, and
    f. Identifying concomitant use of narcotics and benzodiazepines.

MS-DUR will present results from these analyses and any specific DUR recommendations for consideration at future DUR Board meetings.

DUR BOARD ACTION REQUESTED

Feedback as related to MS-DUR proposed analysis and suggestions for other ways cash payment information can be best utilized in DUR activities for DOM is needed.