

Part D PDE Data and the Opioid Epidemic Question & Answer:

The SDRC Team compiled questions asked during the presentation and discussed these questions with the Medicare-Medicaid Coordination Office (MMCO). These answers are provided as a resource to assist you. If you have further questions, please do not hesitate to contact the SDRC Team.

Question Number	Questions	Answers
General Information		
1	How can I obtain an electronic copy of today's webinar?	The presentation slides and webinar recording will be available on the SDRC Public website and the SDRC Assistance website; this interactive website is dedicated to assisting State Medicaid Agencies. States can submit and track data request packages, communicate directly with the SDRC Support Team, and access past webinar presentations.
2	Is there a contact number for SDRC?	The SDRC Team can be reached via phone at (877) 657-9889 or via email at sdrc@econometricainc.com .
3	How can State Medicaid Agency personnel access the SDRC Assistance website for additional resources?	<p>For access to the SDRC Assistance website, State Medicaid Agency personnel are asked to provide the following contact information to SDRC:</p> <ul style="list-style-type: none"> • First and last name; • Work phone number; • Work email address; and • Work mailing address. <p>Once your access to the website is approved, you may download many SDRC resources, including webinar presentation slides and recordings.</p>

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Specific Questions about SDRC's Webinar		
1	Where can I locate a list of the available Part D PDE data elements?	States can review the 25 available Part D PDE data elements in the Part D File Record Layout on the SDRC Public website . The document provides a basic overview of the elements, and there is a link to the Part D File Record Layout in the webinar's agenda.
2	What are some legitimate exclusions of beneficiaries utilizing high amounts of opioids?	There are a large number of reasons that may be legitimate on a case-by-case basis, but palliative end-of-life care and cancer treatment are two large accepted reasons for high opioid usage.
3	Would you be able to clarify the "Date of Service?" Does this date describe when the beneficiary picks up a prescription or when the provider is billed for the prescription? Why is the date organized in this manner and how is this information obtained?	The "Date of Service" is the date that the prescription was filled. This date is often the same date as when the pharmacist bills the Part D plan. State Medicaid Agencies would need to request PDE element #7 with their Part D PDE data request packages to receive this information.
4	How was the opioid data used in this presentation? Was it used to identify beneficiary abuse or was it used to produce metrics?	This webinar outlined a hypothetical case study of how State Medicaid Agencies can use the Part D PDE Medicare data in conjunction with their Medicaid data to perform opioid-related care coordination and/or program integrity initiatives. In this specific hypothetical case study, SDRC's data experts reviewed one such analysis to identify beneficiary abuse of opioid prescriptions.
5	When viewing the legitimate reasons for opioid uses, how is the pharmacy data and the medical/diagnosis information data tied together?	In the Master Beneficiary Summary File (MBSF) data available through SDRC, the "Chronic Conditions" and "Other Chronic or Potentially Disabling Conditions" segments include indicators if a beneficiary has a specific condition, such as cancer. The MBSF data can be used with the Part D PDE data to perform the analysis since both datasets include the beneficiaries' Health Insurance Claim Number (HICNs).

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6	How can I calculate which beneficiaries refilled a prescription on a timely basis? Is this calculation based on the assumption that the beneficiary must take the medication daily?	There is no exact way to identify a refill, but if a beneficiary has a fill that takes place around the same time as a prior fill's last "days' supply," there is a good chance that it is a refill.
7	Is there a way to calculate that a beneficiary who is in compliance with their medication instructions (i.e., taking the prescription for the correct dosages at the correct times) versus a beneficiary who is not in compliance?	It may be possible to calculate the "proportion of days covered" to determine whether a beneficiary is using all of their opioid medication and refilling on time.
8	When a State Medicaid Agency calculates the medication compliance, should we only analyze medications that are related to a specific condition or should we use all the medications a beneficiary is using? For example, if a beneficiary has cancer, should we only analyze the beneficiary's cancer medications or the beneficiary's cancer and non-cancer medications together?	Medication compliance is generally calculated based on a particular diagnosis. In the question's example, if the interest is to determine whether a beneficiary is adherent to the cancer medication, then only the cancer medication should be included in the State Medicaid Agency's analysis.
9	Can SDRC explain the method for calculating the Morphine Equivalent Dosage (MED)?	As is depicted on the slides, simply take the quantity dispensed divided by the days' supply to determine how many doses are take in a single day. Next, multiply the daily dose by the strength and the opioid conversion factor to get the MED for each day of the claim.

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10	Can the Part D PDE data combined with Medicaid data?	The Part D PDE data would need to be combined with the State Medicaid Agency's Medicaid enrollment and drug data to perform the analysis for dual-eligible beneficiaries. Using either just the Part D PDE data or just the Medicaid data will produce an incomplete dataset for the cohort.
11	Can the Part D PDE data be used for non-opioid purposes?	State Medicaid Agencies can use the Part D PDE data for any care coordination or program integrity uses with CMS' approval.
12	How is the Part D PDE data sent to the State Medicaid Agencies after approval?	The Part D PDE data is transmitted electronically via the electronic file transfer (EFT). The EFT is setup by the CMS EFT Team while the data is pulled from the CMS Integrated Data Repository.
13	Is the National Drug Code (NDC) Drug List updated, and if so, how frequently?	Proprietary NDC crosswalks such as Medi-Span and First Databank are updated weekly. However, various Public Use Files (PUFs) are not updated as frequently.
14	Should State Medicaid Agencies use the free Part D databases and PUFs in conjunction with the Part D PDE data?	By themselves, the free NDC databases provide information at the NDC level, such as proprietary and generic names, dosage forms, and drug category. In order to do an analysis at the beneficiary level, the NDC databases will need to be used in conjunction with the Part D PDE data.
15	How does the BENE ID in the Part D PDE data get mapped on the state's Medicaid ID?	The Part D PDE data contains the HICN as the beneficiary identifier. The Part D PDE data records can be mapped to BENE_ID using the BENE_ID to HICN crosswalk. Then, the Medicaid data records can be mapped to BENE_ID using the BENE_ID to SSN crosswalk. These mappings are covered in greater depth in a tutorial on the SDRC Assistance website.

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16	Where can I locate the most recent and complete CDC conversion factors?	State Medicaid Agencies can refer to Brandeis University's " Calculating Daily Morphine Milligram Equivalents " technical assistance guide.