Use of Pharmacotherapy for Opioid Use Disorder (OUD) (NQF 3400)

Technical Specifications and Resource Manual

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I. BACKGROUND

These technical specifications focus on a measure for adult Medicaid beneficiaries ages 18–64, with at least one encounter with a diagnosis of opioid abuse, dependence, or remission (primary or other) at any time during the measurement year. Specifically, this manual is for the following measure:

- NQF 3400: The percentage of Medicaid beneficiaries ages 18–64 with an OUD who filled a prescription for or were administered or dispensed an FDA-approved medication for OUD during the measure year. The measure will report any medications used in medication assisted treatment of opioid dependence and addiction and four separate rates representing the following types of FDA-approved drug products: buprenorphine; oral naltrexone; long-acting, injectable naltrexone; and methadone.

This measure was developed for the CMS Medicaid Innovation Accelerator Program (IAP) area for promoting medication assisted treatment for beneficiaries with an OUD to improve quality of care. This measure was tested with state level data for quality improvement purposes.

The measure steward is CMS and this measure is constructed from Medicaid administrative and claims data. The technical specifications in Chapter III of this manual provide additional details of the measure.

II. DATA COLLECTION

To support consistency in reporting NQF 3400, this chapter provides general guidelines for data collection, preparation, and reporting. The technical specifications are presented in Chapter III and provide detailed information on how to calculate the measure.

Data Collection and Preparation for Reporting

- **Version of specifications**. This manual includes the most applicable version of the measure specifications available to CMS as of April 2019.
- **Value Set**. This measure specification references value sets used for calculating the measure. A value set is the complete set of codes used to identify a service or condition included in a measure. See the posted required value sets.
- **Data collection time frames for measure**. This measure requires a data collection period of 12 months in total, from January 1 to December 31 of the measurement year.
- **Continuous enrollment**. This refers to the time frame during which a beneficiary must be eligible for benefits to be included in the measure denominator. This measure requires enrollment for the full 12 months of measurement year to be included in the denominator.
- **Allowable gap**. Some measures specify an allowable gap that can occur during continuous enrollment. This measure does not have an allowable gap.
- **Retroactive eligibility.** This refers to the time between the actual date when Medicaid became financially responsible for a member and the date when it received notification of the new member's eligibility. This measure does not apply retroactive eligibility.
- **Anchor date**. Some measures include an anchor date, which is the date that an individual must be enrolled and have the required benefit to be eligible for the measure. This measure does not have an anchor date.
- **Date specificity**. A date must be specific enough to determine that an event occurred during the time frame in the measure. There are instances when documentation of the year alone is adequate; for example, most optional exclusions and measures look for events in the "measurement year or the year prior to the measurement year." Terms such as "recent," "most recent," or "at a prior visit" are not acceptable.
- **Reporting unit**. The reporting unit is the state.
- **Eligible population for measurement**. The measure includes fee-for-service (FFS) and managed care (MC) Medicaid beneficiaries who satisfy measure-specific eligibility criteria (for example, age, benefit, and event).
- **Members with partial benefits.** States should include only the Medicaid beneficiaries who are eligible to receive the services assessed in the numerator. If a

member is not eligible to receive the services assessed in the measure, the member should not be included in the denominator for the measure. Individuals should be eligible to receive prescription or receipt of a medication to treat a substance use disorder. Each state should assess the specific benefit packages of the beneficiaries in their state.

- **Aggregating information for state-level reporting**. To obtain a state-level rate for a measure that is developed from the rates of multiple units of measurement (such as multiple managed care organizations [MCOs]), the state should calculate a weighted average of the individual rates. How much any one entity (for example, individual MCOs) will contribute to the weighted average is based on the size of its eligible population for the measure. This means that reporting units with larger eligible populations will contribute more toward the rate than those with smaller eligible populations.
- **Age criteria.** This measure applies to Medicaid FFS and managed care beneficiaries who are ages 18–64 as of the first date of the measurement period (January 1).
- **Exclusions**. This measure does not apply any exclusions. However, states may require exclusions as appropriate for their SUD programs and recipients.
- **Representativeness of data**. States should use the most complete data available and ensure that the rates reported are representative of the entire eligible population for the measure.
- **Data collection methods**. The data for this measure are collected from Medicaid administrative claims and eligibility files.
- **Sampling**. The denominator for this measure includes all FFS and managed care Medicaid beneficiaries ages 18–64 who meet the denominator criteria. The measure does not require a separate sampling methodology.
- **Small numbers**. If a measure has a denominator that is less than 11, the state may choose not report the measure due to small numbers.
- **Risk adjustment.** This measure does not require risk adjustment.

III. TECHNICAL SPECIFICATIONS

This chapter presents the technical specifications for the use of pharmacotherapy for opioid use disorder (OUD) measure. The specification includes a description of the measure and information about the eligible population, key definitions, data collection method(s), instructions for calculating the measure, and any other relevant measure information.

NQF 3400: USE OF PHARMACOTHERAPY FOR OPIOID USE DISORDER

Centers for Medicare & Medicaid Services

A. DESCRIPTION

Percentage of Medicaid beneficiaries ages 18–64 with an OUD who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measure year. The measure captures any medications used in medication assisted treatment of opioid dependence and addiction and includes four separate rates representing the following types of FDA-approved drug products: buprenorphine; oral naltrexone; long-acting, injectable naltrexone; and methadone.

Data Collection Method: Administrative

Guidance for Reporting:

- An overall rate is reported. Separate rates are also reported by four drug products: (1) buprenorphine, (2) oral naltrexone, (3) long-acting, injectable naltrexone, and (4) methadone.
- This measure uses the following administrative claims or encounter data and pharmacy claims:
    - State Medicaid Management Information System (MMIS), MSIS, or T-MSIS files: eligible (EL), inpatient (IP), other services (OT), long-term care (LT), and drug (RX) files.
    - The other services file contains facility and individual provider services data. Most notably, it may contain both residential and other stayover service claims data as claims are assigned to claims file types based upon the category of service provided.
    - The inpatient file only contains inpatient hospital, sterilization, abortion, and religious non-medical health care institution claims.

The following coding systems are used in this measure: Healthcare Common Procedure Coding System (HCPCS), National Drug Codes (NDC), and International Classification of Diseases (ICD-10-CM and ICD-10-PCS). Refer to the Acknowledgments section at the beginning of the manual for copyright information.

B. DEFINITIONS

Measurement period	January 1 to December 31 of the measurement year.

C. ELIGIBLE POPULATION

Age	18–64 years. Age is calculated as of January 1 of the measurement year.
Continuous enrollment	Beneficiaries must be enrolled in Medicaid during the full 12 months of the measurement year.
Allowable gap	No gaps in enrollment.
Anchor date	None.
Benefits	Medical and chemical dependency (inpatient, residential, and outpatient).
Exclusions	None.
Event/diagnosis	<u>Step 1: Identify the Eligible Population (Denominator)</u> • Eligible population: Identify Medicaid beneficiaries ages 18–64, enrolled for a full 12 months of the measurement year, and had at least one encounter with a diagnosis of opioid abuse, dependence, or remission (primary or other) at any time during the measurement year. ICD-10 codes for OUD are provided in NQF 3400 - Tab 1 of the posted value sets. <u>Step 2: Identify the Numerator</u> • Step 2A: Overall: Identify the numerator as beneficiaries with evidence of at least one prescription filled, or were administered or dispensed an FDA-approved medication for OUD during the measurement year through use of pharmacy claims (relevant NDC code) or through relevant HCPCS coding of medical service (see NQF 3400 -Tab 2 of posted value sets). Only formulations with an OUD indication (not pain management) are included in value sets for measure calculation. A list of value sets for the measure is posted in the Excel workbook. NDC codes are listed in NQF 3400 - Tab 2. NDC codes are subject to frequent changes so measure users should update these codes. • Step 2B: Identify beneficiaries with evidence of at least one prescription for buprenorphine at any point during the measurement year (see NQF 3400 - Tab 2 of posted value sets). • Step 2C: Identify beneficiaries with evidence of at least one prescription for oral naltrexone at any point during the measurement year (see NQF 3400 - Tab 2 of posted value sets). • Step 2D: Identify beneficiaries with evidence of at least one prescription for long-acting, injectable naltrexone at any point during the measurement year (see NQF 3400 - Tab 2 of posted value sets). • Step 2E: Identify beneficiaries with evidence of at least one

	dose of methadone at any point during the measurement year (see NQF 3400 - Tab 2 of posted value sets). Note: Pharmacotherapy for opioid abuse, dependence, or remission (prescriptions, procedures, and dispensing) might occur in several files. Similarly, a diagnosis of opioid abuse, dependence, or remission might occur in several files. For example, one claims file may contain injectables while another claims file may contain oral medications. Consequently, pharmacotherapy and opioid abuse, dependence, or remission variables are created separately in each source and then merged by beneficiary ID. <u>Step 3: Calculate the Rates</u> • Step 3A. Calculate the overall rate by dividing the number of beneficiaries with evidence of at least one prescription (Step 2) by the number of beneficiaries with at least one encounter associated with a diagnosis of opioid abuse, dependence, or remission (Step 1). Then, calculate rates separately for each of the four medications: • Step 3B: Calculate the buprenorphine prescription rate by dividing the number of beneficiaries with evidence of at least one prescription for buprenorphine during the measurement year (Step 2B) by the number of beneficiaries with at least one encounter associated with a diagnosis of opioid abuse, dependence, or remission (Step 1). • Step 3C: Calculate the oral naltrexone prescription rate by dividing the number of beneficiaries with evidence of at least one prescription for oral naltrexone during the measurement year (Step 2C) by the number of beneficiaries with at least one encounter associated with a diagnosis of opioid abuse, dependence, or remission (Step 1). • Step 3D: Calculate the long-acting, injectable naltrexone prescription rate by dividing the number of beneficiaries with evidence of at least one claim for administration of injectable naltrexone during the measurement year (Step 2D) by the number of beneficiaries with at least one encounter associated with a diagnosis of opioid abuse, dependence, or remission (Step 1). • Step 3E: Calculate the methadone dispensing rate by dividing the number of beneficiaries with evidence of at least one dose of methadone during the measurement year (Step 2E) by the number of beneficiaries with at least one encounter associated with a diagnosis of opioid abuse, dependence, or remission (Step 1A).
Care settings	Inpatient/hospital, outpatient, emergency department.

D. ADMINISTRATIVE SPECIFICATIONS

Denominator

Measure data will be reported annually (12 months).

Eligible population meets the following condition:

- Medicaid beneficiaries ages 18–64 with at least one encounter with a diagnosis of opioid abuse, dependence, or remission (primary or other diagnosis) at any time during the measurement year (see NQF 3400 - Tab 1 of posted value sets).

Numerator

Identify the numerator as beneficiaries with evidence of at least one prescription filled, or were administered or dispensed an FDA-approved medication for OUD during the measurement year (see NQF 3400 - Tab 2 of posted value sets).

The measure will be calculated both overall and stratified by four medications/mode of administration: buprenorphine; oral naltrexone; long-acting, injectable naltrexone; and methadone. The total is not a sum of the four medication cohorts. Count beneficiaries in the total denominator rate if they had at least one of the four FDA-approved medications for OUD during the measurement year. Report beneficiaries with multiple medications only once for the total rate for the denominator.

E. ADDITIONAL NOTES

None

F. OPTIONAL STRATIFICATIONS

None