Chronic Use of Opioid Pain Relievers

Measure Description

The percent of distinct members 12 years and older, previously naïve to opioid utilization, who become new chronic users of opioids during the 12-month evaluation. A previously naïve user is defined as a patient who has not filled an opioid prescription in at least 3 months prior to an initial prescription. A new chronic user is defined as a patient who fills at least 45 days of opioid medications in a 90-day period. This measure was built according to the Minnesota New Chronic Use of Opioid Pain Relievers Measure (2015).

Evaluation Period

Rolling 12 month; 90 days claims run out

Numerator

Members in the denominator that had a 45 days or greater supply of opioid prescriptions dispensed within the 90 days after an initial prescription.

Condition Description	# Event	Detailed Criteria	Criteria Connector	Timeframe
Members included in the denominator	1		and	
Total drug days supplied is greater than 45	1	Sum of DRUG_DAY_SPLY_QTY > 45		Within 90 days of initial prescription

Denominator

Members will be counted in the denominator if they are enrolled in the ACC on the last day of the last month of the 12-month evaluation period, were continuously eligible during the evaluation period, have had an opioid prescription during the evaluation period, have not had an opioid prescription in the previous 90 days to an initial prescription, and are over the age of 12.

Denominator Units: Distinct count of members meeting the above criteria

Denominator Eligibility/Enrollment Inclusion Criteria:

Condition Description	# Event	Detailed Criteria	Criteria Connector	Timeframe
Enrolled in the ACC	1	RAE Enrolled Indicator='Y' Snapshot Date = last month of the evaluation period RAE Enrollment End Date>=last day of the month of the evaluation period	and	Last month of the 12-month rolling evaluation period
With an opioid prescription dispensed during the measurement year	1	• HIC3_THRPTC_DRUG_CLS_CD (therapeutic class code) = 'H3A', 'H3H', 'H3N', 'H3U', and 'H3X'		During the measurement year and >= 90 days after any other opioid prescription

Denominator Exclusions: Members will be excluded from the denominator if they have a claim with a cancer diagnosis or a hospice claim during the 12-month evaluation period.

Condition Description	# Event	Detailed Criteria	Criteria Connector	Timeframe
Members with a cancer diagnosis	1	DIAG_CM Code between C00.0-C96.Z, or D37.01 – D49.9 or Q85.01 – Q85.09	or	During the evaluation period
Member has a hospice claim	1	CPT code in ('99377', '99378', 'G0182', 'G9473', 'G9474', 'G9475', 'G9476', 'G9477', 'G9478', 'G9479', 'Q5003', 'Q5004', 'Q5005', 'Q5006', 'Q5007', 'Q5008', 'Q5010', 'S9126', 'T2042', 'T2043', 'T2044', 'T2045', 'T2046') Or revenue code in ('0115', '0125', '0135', '0145', '0155', '0235', '0650', '0651', '0652', '0655', '0656', '0657', '0658', '0659')		During the evaluation period

Notes

- Multiple numerator events in an evaluation period for a unique member will only be counted once
- All diagnosis codes on the claim will be considered, not just the primary diagnosis

- Only PAID claims will be considered as part of the numerator/denominator/exclusion criteria
- Only claims submitted through the MMIS (interChange) will be used for this measure