

Spotlight: Addressing Opioid Use among Medicare-Medicaid Enrollees

Beneficiaries dually eligible for Medicare and Medicaid (Medicare-Medicaid enrollees) may be particularly vulnerable to opioid addiction or misuse. In a recent [memo](#), the Centers for Medicare & Medicaid Services (CMS) estimates that Medicare-Medicaid enrollees have significantly higher rates of co-occurring substance use disorders and chronic pain relative to Medicare-only beneficiaries or Medicaid-only adults with disabilities. Following are several recent resources to help states and health plans address opioid use among Medicare-Medicaid enrollees:

- **Updated Medicare Part D Opioid Mapping Tool.** Earlier this month, the CMS Office of Enterprise Data and Analytics updated the [Medicare Part D Opioid Prescribing Mapping Tool](#) with 2014 data. The tool provides prescriber-level information on opioid drug prescriptions under Part D at the state, county, and ZIP code levels. It is a searchable database that allows states and others to look up Part D opioid prescribers by National Provider Identifier (NPI), or by name and location. The look-up tool will return information on opioid prescriptions provided to and filled by Medicare beneficiaries under Medicare Part D, including drug name, total number of prescriptions dispensed (including original prescriptions and refills) and total drug cost. While Medicare-Medicaid enrollees cannot be separately identified in the mapping tool, states and health plans can use this information to identify Part D opioid prescribing patterns that warrant closer examination using Medicaid claims data and other information that is available to them as payers for Medicaid and Medicare services.
- **New Paper: Payer Strategies to Reduce the Harms of Opioids.** Last week the Healthcare Fraud Prevention Partnership (HFPP), a public-private partnership, including state Medicaid agencies, payers, and CMS, released a new paper [Payer Strategies to Reduce the Harms of Opioids](#). HFPP identified three broad guiding principles for addressing prescription opioid misuse and opioid use disorder, which can be considered by payers and other relevant stakeholders:
 1. Share resources, policies, and practices that connect patients to care that is best suited to their needs and achieves optimal outcomes, ultimately reducing opportunities for fraud, waste, and abuse related to opioids.
 2. Identify and mitigate potentially fraudulent, abusive, or wasteful activities related to opioids.
 3. Engage in innovative studies and information sharing techniques within the HFPP to identify and share effective opioid misuse and opioid use disorder mitigation strategies.

The paper also lists several priority actions that could be implemented by all payers in collaboration with other stakeholders.

- **Opportunities for Health Plans and PACE Organizations.** In October, CMS sent a [memo](#) to Medicare-Medicaid Plans (MMPs), PACE organizations, and Dual Eligible Special Needs Plans (D-SNPs) reminding them of several key opportunities they have to identify and treat opioid

addiction or misuse among their dually eligible enrollees. These entities are in a unique position to:

1. Educate providers about unsafe prescribing practices;
2. Train their care managers and other direct care staff on behavioral change techniques and motivational interviewing;
3. Identify and address enrollees' pain management needs, mental health needs, and current medication/substance use; and
4. Ensure that providers are knowledgeable about evidence-based treatments for substance use disorders for dual eligible beneficiaries, including the FDA-approved medications that are currently available to treat opioid dependence.

The memo contains links to several other resources that may be useful to MMPs, PACE organization, and D-SNPs in these efforts.

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The *Integrated Care Resource Center* is a national initiative of the Centers for Medicare & Medicaid Services to help states improve the quality and cost-effectiveness of care for individuals dually eligible for Medicare and Medicaid. The state technical assistance activities are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit <http://www.integratedcareresourcecenter.com>.

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