Medicare Provider Utilization and Payment Data

Part D Prescriber PUF: Frequently Asked Questions
Updated: April 23, 2019

Who pays the difference between what the provider charges and Medicare pays?
The provider has an agreement with Medicare to accept Medicare's payment and the difference is not paid by Medicare or any other entity, including the beneficiary.

What is CMS doing in addressing opioid overutilization, including in the Medicare Part D program?
Prescription drug abuse is a serious and growing problem nationwide. CMS is committed to protecting Medicare beneficiaries and the Medicare Trust fund from the harm and damaging effects associated with prescription drug abuse. CMS takes this problem seriously and implemented more comprehensive strategies beginning in 2013 to address the overutilization of opioids in Medicare Part D while maintaining beneficiary access to needed medications.

The Medicare Part D Overutilization Monitoring System (OMS) was fully implemented on July 31, 2013, to help CMS ensure that sponsors have established reasonable and appropriate drug utilization management programs to assist in preventing overutilization of prescribed medications. In June 2018, CMS published a roadmap outlining its efforts to address the growing problem of abuse of opioids. For more information on CMS' drug utilization management programs, go to https://www.cms.gov/Medicare/Prescription-Drug-coverage/PrescriptionDrugCovContra/RxUtilization.html. For additional information on the CMS roadmap, go to https://www.cms.gov/blog/cms-opioids-roadmap.

While this data set cannot be used to identify overutilization of prescribed medications for a given beneficiary, it can be used to conduct other types of analyses of opioid prescribing and utilization under Part D. In the dataset, the percent of total prescriber claims for opioids was 5.8% nationally. For instance, specialists associated with pain management had high rates of opioid prescribing (>50% of claims) compared to general practitioners such as internal medicine (3.7%) and family practice (4.5%).

What is the population included in the Part D Prescriber PUF?
The Part D Prescriber PUF includes data for providers that had a valid NPI and were identified on Medicare Part D prescription drug events submitted by plans for the benefit year. The data reflect prescribing to beneficiaries enrolled in Medicare Part D, who comprise approximately 70% of the total Medicare population.

Does the total drug cost represent the amount that Medicare paid for the prescription in the Part D Prescriber PUF?
No. The total drug costs included in these data reflect the prescription drug costs incurred by Medicare Part D beneficiaries, including costs that are paid by Medicare, by beneficiaries, and by third-party payors. The Part D prescription drug program is administered by private Part D plan insurers. Medicare pays Part D plans a monthly, risk-adjusted capitation payment for each enrollee. Beneficiaries also pay a monthly premium. In addition, Medicare pays Part D plans additional subsidies to cover reduced cost-sharing for low-income beneficiaries and a portion of the costs for beneficiaries' whose drug costs are very high. Following each benefit year, CMS shares risk with plans by reconciling the capitation and various subsidy payments to actual drug cost expenditures determined from Prescription Drug Event records, and any manufacturer rebates or other direct and indirect

remunerations received by the plan. Therefore, because the drug expenditures derived from the Prescription Drug Event data comprise only a piece of the payment process, it is not possible to directly attribute total drug costs at the prescriber or drug level to payments from the Medicare trust fund. Furthermore, these total drug costs do not reflect any manufacture rebates.

Can I link the Part D Prescriber PUF to other CMS releases or other public data?

Yes. However, when users attempt to link data from the Part D Prescriber PUF files to other public datasets, they should be aware of the particular Medicare populations included and timeframes used in each file that will be merged, as well as the identifiers used to merge data. For example, efforts to link the Part D Prescriber data to the Physician and Other Supplier PUF data would need to account for the fact that some beneficiaries who have fee-for-service (FFS) Part B coverage (and are thus included in the Physician and Other Supplier PUF) do not have Part D drug coverage (and thus not represented in the Part D Prescriber PUF). At the same time, some beneficiaries that have Part D coverage (and are thus included in the Part D Prescriber PUF) do not have FFS Part B coverage (and thus not included in the Physician and Other Supplier PUF). Users attempting to merge data from the Part D Prescriber PUF to publicly available Open Payments data on financial relationships should be aware that NPIs are not available in the Open Payments data and thus merges must be conducted using text-string identification fields such as name and address.

The Part D opioid drug data only represents the physician's Medicare patients – does it thus present an incomplete picture of their entire practice?

This is true. The data only represents Medicare patients who elected to have Part D. It does not include prescribing for patients on Medicaid, those with commercial insurance, or self-pay patients. As a result, users of this data should recognize that it only presents a portion of a physician's entire practice and that portion can vary significantly across physicians. However, this data does present valuable information on how physicians prescribe within in the Medicare program.

What is the prescription opioid epidemic?

Opioids are often prescribed to relieve pain, however, these drugs can be addictive and their over-prescription has led to increased rates of misuse, opioid use disorders, and a growing number of drug overdoses. We lose too many of our fellow Americans to drug overdoses. In fact, drug overdose deaths are the leading cause of injury death in the U.S. – more than even car crashes.

My data doesn't appear correct in the Part D Prescriber PUF, what can I do?

Data in the Part D Prescriber PUF is pulled from numerous sources. If the information on a clinician's name, address or specialty appears incorrect, we would urge you to verify and update the information with in the National Plan & Provider Enumeration System (NPPES). These data are self-reported and can be updated by the clinician. For additional information on NPPES, please visit https://nppes.cms.hhs.gov/.

Does the Part D Prescriber PUF contain information for beneficiaries in Medicare Advantage?

Yes, the Part D Prescriber PUF was developed using claims from beneficiaries enrolled in Medicare Advantage Prescription Drug Plans and stand-alone Prescription Drug plans. The file does not include claims from commercial payers or Medicaid.

What are you doing to protect beneficiary privacy in the Part D Prescriber PUF?

CMS is committed to protecting the privacy of Medicare beneficiaries. In order to prevent potential re-identification and protect beneficiary privacy, we have redacted any data lines in the Part D Prescriber PUF data file that were based on information from 10 or fewer individual claims.