DUR: Retrospective DUR

Retrospective Drug Use Review (DUR) is the comprehensive evaluation of claims data after dispensing, to ensure appropriate medication decision-making and positive patient outcomes. The Medi-Cal retrospective DUR program includes the ongoing periodic examination of Medi-Cal claims data and other records to identify patterns of fraud, abuse, gross overuse, and inappropriate or medically unnecessary care among prescribers, pharmacists, and Medi-Cal beneficiaries, or associated with specific drugs or groups of drugs.

As described in the Code of Federal Regulations, Title 42 Part 456, Subpart K – Drug Use Review (DUR) Program and Electronic Claims Management System for Outpatient Drug Claims, Section 456.709, 10-1-12 Edition, retrospective DUR involves monitoring claims data for therapeutic appropriateness, overutilization and underutilization, appropriate use of generic products, therapeutic duplication, drug-disease contraindications, drug-drug interactions, incorrect drug dosage, incorrect duration of drug treatment, clinical abuse or misuse, and variations from best practice guidelines.

Retrospective DUR reviews conducted by the Medi-Cal retrospective DUR program may include pattern analyses, variation from and/or adherence to existing clinical guidelines, and standards of prescribing practices, medication use among Medi-Cal beneficiaries, prescribing practices of health care providers, and dispensing practices of pharmacies. Retrospective DUR criteria are developed with input and recommendation by the Global Medi-Cal DUR Board (the “Board”). Final approval of criteria is made by the Department of Health Care Services (DHCS).

The Board is responsible for advising and making recommendations for retrospective DUR evaluations of drug therapy problems to the DHCS. When retrospective DUR evaluations identify areas in need of educational outreach efforts to improving prescribing and dispensing practices, the Board serves in an advisory capacity in the development and implementation of educational outreach interventions.

Retrospective DUR Data

Each month, quarter, and fiscal year the Medi-Cal DUR program produces several standardized reports that incorporate both prospective and retrospective DUR data for the Medi-Cal population. These reports include pharmacy utilization data stratified by age group and program, summaries of the top 20 drugs and top 20 drug therapeutic categories by utilizing beneficiaries, and additionally provide information about changes in utilization over time.

Annual retrospective DUR reports that evaluate the utilization of physician-administered drugs and generic drugs in the Medi-Cal fee-for-service population are also created by the Medi-Cal DUR program and presented to the Board.

Retrospective DUR data may be subject to comparison with normative standards across Medi-Cal prescribers, pharmacists, beneficiaries, and other state programs and agencies. Further, when appropriate, retrospective DUR data may also be subject to comparison with national quality metrics and trends. Sources for these quality metrics may include, but are not limited to, the following national quality organizations:

- Pharmacy Quality Alliance (PQA): The PQA is a non-profit organization that is a leader in the development of consensus-based measures for medication safety, adherence, and appropriate use. The mission of the PQA is to optimize health by advancing the quality of medication use.
- National Committee for Quality Assurance (NCQA): The NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda. The NCQA's Healthcare Effectiveness Data and Information Set (HEDIS) and quality measurements can be used to measure performance on important dimensions of care and service. The mission of the NCQA is to improve the quality of health care.

If significant outliers with respect to potential misuse or overuse are identified in the retrospective DUR data, these data will be shared with the DHCS and the DHCS Fiscal Intermediary's (FI) program integrity departments for follow-up.

Definitions

For purposes of Medi-Cal retrospective DUR, fraud, abuse, gross overuse, and inappropriate or medically unnecessary care are defined as follows:

- Fraud is intentional deception or misrepresentation made by a person with knowledge that the deception could result in an unauthorized benefit to himself or someone else.
- Abuse is behavior inconsistent with sound medical practice that results in reimbursement for services that are not medically necessary or for services that fail to meet professionally recognized standards for health care.
- Gross overuse is repetitive overutilization without therapeutic benefit.
- Inappropriate or medically unnecessary care is drug utilization not in conformity with predetermined criteria and standards.