

Task Force to Reduce Fraud Related to Opioid Prescribing

(FY2020 Appropriation Act - Public Act 67 of 2019)

October 1, 2019

Sec. 1150. The department shall coordinate with the department of licensing and regulatory affairs, the department of the attorney general, all appropriate law enforcement agencies, and the Medicaid health plans to reduce fraud related to opioid prescribing within Medicaid, and to address other appropriate recommendations of the prescription drug and opioid abuse task force outlined in its report of October 2015. By October 1 of the current fiscal year the department shall submit a report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on steps the department has taken to coordinate with the entities listed in this section and other stakeholders to reduce fraud related to opioid prescribing, and to address other appropriate recommendations of the task force.



Boilerplate 1150

Sec. 1150. From the funds appropriated in part 1 for health policy administration, the department shall dedicate 1.0 FTE position to coordinate with the department of licensing and regulatory affairs, the department of the attorney general, all appropriate law enforcement agencies, and the Medicaid health plans to reduce fraud related to opioid prescribing within Medicaid, and to address other appropriate recommendations of the prescription drug and opioid abuse task force outlined in its report of October 2015. By October 1 of the current fiscal year, the department shall submit a report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on steps the department has taken to coordinate with the entities listed in this section and other stakeholders to reduce fraud related to opioid prescribing, and to address other appropriate recommendations of the task force.

Executive Summary

The Michigan Department of Health and Human Services (MDHHS) coordinates with many state agencies, Medicaid health plans, and other stakeholders to reduce fraud in opioid prescribing. MDHHS is leading a new Opioids Task Force focused on coordinating the State of Michigan's response to the opioid epidemic. In addition, MDHHS is leading a statewide prescription drug overdose prevention workgroup that is creating a statewide action plan. MDHHS is helping to fund and coordinate statewide activities based on grants received.

MDHHS is helping to reduce fraud by assisting the Department of Licensing and Regulatory Affairs (LARA) in the enhancement and promotion of their new Michigan Automated Prescription System (MAPS). MDHHS is working on improving Medicaid's Benefits Monitoring Program as another method to reduce fraud. In addition, MDHHS' public awareness campaign is promoting proper prescribing practices. Furthermore, MDHHS is implementing all appropriate recommendations of the prescription drug and opioid abuse task force.

Coordination

Addressing the opioid crisis requires a multi-faceted approach. MDHHS is working with other state agencies to meet and address these goals by leading the Michigan Opioids Task Force, facilitating a stakeholder workgroup on drug overdose prevention, providing grants coordination and funding recovery-oriented systems of care, and regularly meeting with the Governor's Office and other state agencies. These efforts help the State of Michigan develop a coordinated response to address opioid abuse, including fraudulent prescribing in Medicaid.

MDHHS and Opioids Task Force: MDHHS leads the new Opioids Task Force with LARA, Michigan State Police, Labor and Economic Opportunity (LEO), Environment, Great Lakes & Energy (EGLE), Department of Insurance and Financial Services (DIFS), Michigan Department of Education (MDE), and the Attorney General's office. MDHHS is leading the effort to develop a statewide opioid strategic plan across state government departments. The Task Force will meet frequently to develop this plan.

MDHHS and Prescription Drug Overdose Prevention Workgroup: MDHHS formed a prescription drug overdose prevention workgroup. This workgroup is made of stakeholders from across the state representing healthcare, law enforcement, non-profits, and others. This workgroup developed a Michigan action plan to identify and coordinate opioid surveillance and data systems and improve

provider practices and behaviors related to prescription opioids. MDHHS continues to work with stakeholders and other state departments on this effort.

MDHHS grants coordination: MDHHS received several grants that allowed MDHHS to assist other state agencies in their efforts to reduce opioid abuse. MDHHS received a \$16 million grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The State Targeted Response (STR) grant, allows MDHHS to significantly increase prevention and treatment services across the state. In effect, MDHHS was able to offer funding to related programs and projects, including programs from other state agencies. Specifically, MDHHS has allocated support to LARA to help integrate MAPS with electronic health records. The STR grant also allowed MDHHS to fund Naloxone for the Michigan State Police's Angel Program. The program is a pilot program that allows those with a substance use disorder (SUD) to turn in their drugs to a Michigan State Police post and to be connected to treatment services without fear of prosecution. MDHHS is supporting the Michigan Department of Corrections to provide peer supports and Medication Assisted Treatment (MAT) for prisoners re-entering the community via STR grant funds.

In 2018, MDHHS received a \$28 million a year grant from SAMHSA called State Opioid Response (SOR). This grant can be used for prevention, treatment, and recovery. Activities for this grant include providing additional training for physicians on pain management and the treatment of SUD. Funding is also being used to support innovative treatment practices. SOR funds the use of jail-based MAT to provide treatment for patients in justice settings. Funding is also used to support telehealth in rural counties through a partnership with the University of Michigan. SOR also will be funding mobile treatment units to remove patient barriers to access to care. In addition, SOR is funding the expansion of Families Against Narcotics' Hope Not Handcuffs program that helps connect people to treatment.

The Centers for Disease Control and Prevention (CDC) also awarded MDHHS funding for surveillance efforts. MDHHS was awarded \$750,000 per year for three years. This grant initiative allowed MDHHS to build partnerships at the state and local levels to enhance coordination of systems of surveillance arounds opioids and improve provider prescribing practices for opioids. The funding helped to support LARA's MAPS improvements, as well as promote the use of MAPS. This grant ended August 2019.

CDC funded MDHHS' application for the Michigan Overdose Data to Action (MODA) in 2019. This grant provides MDHHS over \$7 million a year for three years for opioid prevention and surveillance activities. This continues funding activities from other CDC grants that have expired and new programs to improve prevention and surveillance. These activities will include continuing to work with LARA on MAPS improvements.

Reducing fraud

MDHHS is taking several approaches to reduce fraudulent prescribing of opioids. MDHHS assisted LARA by funding improvements to the MAPS system and is improving its benefits monitoring program that reduces doctor and pharmacy shopping. MDHHS is also promoting proper prescribing practices through our public awareness campaign.

MAPS: One of the most significant ways MDHHS is working to reduce fraudulent prescribing is by working with LARA on their new MAPS system. MAPS is used to identify and prevent drug diversion at the prescriber, pharmacy, and patient level. Improving MAPS was a significant priority to the Prescription Drug and Opioid Abuse Task Force. Across the country, states are using systems like MAPS

as a key strategy to reduce prescription drug and opioid abuse. MDHHS assisted LARA in the launch of their new MAPS system by providing funding for enhancements to the MAPS system via received grants from the CDC and SAMHSA. MDHHS funding allows for the integration of the MAPS system with providers' electronic health records. Integration of MAPS to electronic health records helps improve the workflow for providers, thus providing an incentive to use MAPS. In addition to being a regulatory tool for LARA, MAPS is also used by MDHHS. MDHHS staff in the Office of Inspector General and Medicaid areas use MAPS to assist with investigations against prescribers. The MAPS improvements allow MDHHS to better identify and reduce fraud. In 2019, MDHHS provided additional funding to LARA to support connectivity with electronic health records and further improve interoperability.

Benefits Monitoring Program: MDHHS is working to reduce fraud through improvements of Medicaid's benefits monitoring program. Benefits monitoring program is a system that reviews Medicaid claims to identify inappropriate use of doctors and pharmacies. The program allows for identification of potential doctor and pharmacy shopping by patients. Medicaid beneficiaries enrolled in the benefits monitoring program can be locked into one doctor or one pharmacy. All Medicaid Health Plans are required to participate in the program. MDHHS worked with Medicaid Health Plans to improve and increase use of the benefits monitoring program. Once issues are identified, communication to the plan participant and the provider is made to also offer guidance toward treatment. Improvements include strengthening health plan language to increase use of benefits monitoring program, connecting beneficiaries to treatment resources, and implementing software improvements. MDHHS also uses MAPS in determining clients that should be locked in the benefits monitoring program. The improvements to the MAPS system and the mandate of use provides more data for MDHHS to use in these decisions. These improvements will help to reduce fraud, provide early intervention for SUD patients, and provide better quality care for patients.

MDHHS media campaign: MDHHS is in the third year of a statewide media campaign on opioid misuse. The campaign is aimed at the general public, providers, pharmacists, and community groups. The call to action in this campaign directs the audience to our website, michigan.gov/opioids. One of the key points of this website is the importance of MAT. The website offers overview information on MAT and its different types and its important role in opioid treatment. In addition, the website provides links to more information including in depth information for prescribers and connects visitors to information on where to receive treatment services. There were over 100,000 page views on the website in the first year.

Task Force recommendations

MDHHS is responsible for the implementation of 12 prevention and treatment recommendations of the Prescription Drug and Opioid Abuse Task Force. MDHHS is worked with the legislature, other state agencies, and other external stakeholders to accomplish the outlined goals. MDHHS completed or is in progress on all relevant Task Force recommendations. Below is a table identifying the progress and status of the recommendations.

MDHHS Opioid Recommendations Document 10-28-19

| Recommendation | Progress | Status |
|----------------|----------|--------|
| Prevention | | |

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| Encourage the development and maintenance of relationships among state and local agencies to provide necessary information regarding prescription drug abuse, prevention and treatment. | Governor Whitmer issued Executive Order 2019-18 to coordinate State of Michigan government's response to the opioid epidemic. | Ongoing |
| Collaborate with local coalitions, pharmacies, health profession boards, state agencies and the DEA to increase availability of prescription drug drop-off bins. | Drop-off bins located at Michigan State Police posts. Private pharmacies also have drop-off bins available. Maps of drop-off bins are available through EGLE and University of Michigan. MDHHS works with EGLE to promote drop-off events. | Ongoing |
| Review successful state and local collection programs for possible replication and expansion. | MDHHS provides funding to local groups. MDHHS maintains a list of dozens of community groups. These groups either currently or previously received funding. | Ongoing |
| Review programs and parameters established within the Medicaid system as well as actions taken by other states to determine the best route forward to eliminate doctor and pharmacy shopping. | MDHHS completed a review of its benefits monitoring program. Health Plan contract language strengthened to increase use of benefits monitoring program, beneficiaries are connected to treatment resources, and software improvements are ongoing. | Complete |
| Review pharmacy "lock-in" programs already in use in Tennessee and Washington to determine how their systems operate and if any of those systems would work in Michigan. | MDHHS researched and our program is very similar to Washington. | Complete |
| Develop a multifaceted public awareness campaign to inform the public of the dangers of abuse, how to safeguard and properly dispose of medicines, publicize improper prescribing practices, and reduce the stigma of addiction. The state should try to partner with pharmaceutical companies on this campaign. | Public awareness campaign ongoing This campaign is ongoing through 2020. The campaign directs people to our new website michigan.gov/opioids to learn about available resources. This website has more than 100,000 page views. | Ongoing |
| Treatment | | |
| Allow pharmacists to dispense Naloxone to the public in a similar fashion to how pseudoephedrine is dispensed. | Legislation signed to allow standing order for Naloxone. Standing Order now implemented. Over half of all Michigan pharmacies participating. 13,491 prescriptions filled under the standing order since its launch. | Complete |

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| <p>Create a public awareness campaign about the laws that limit civil and criminal liabilities for administering Naloxone.</p> | <p>Public awareness campaign launched.</p> | <p>Ongoing</p> |
| <p>Explore the possibility of limited statutory immunity for low-level offenses involved in reporting an overdose and seeking medical assistance.</p> | <p>Good Samaritan legislation signed.</p> | <p>Complete</p> |
| <p>Explore ways for the state to increase access to care, including wraparound services and Medication Assisted Treatment, as indicated by national and state guidelines for treatment.</p> | <p>MSA policy 15-56 went into effect 1/1/16. This established reimbursement policy regarding office-based opioid treatment services. Physicians and non-physicians practitioner services related to opioid dependence may be reimbursed through Fee-For-Service Medicaid. Federal STR and SOR grants provide increased funding for MAT, increased training and support for providers of MAT, increased funding for peer supports, and increased funding for tribal supports.</p> | <p>Ongoing</p> |
| <p>Explore ways to increase the numbers of addiction specialists practicing in Michigan.</p> | <p>MDHHS partnered with the Michigan Health Endowment Fund to establish the Michigan Opioid Treatment Access (MIOTA) program. This program funds loan repayment to physicians, nurse practitioners, physician assistants, and counsel to begin to expand opioid treatment in their practices</p> | <p>In progress</p> |
| <p>Review current guidelines for reducing the development of neo-natal abstinence syndrome caused by prescription drug and opioid abuse.</p> | <p>MDHHS working with hospitals to increase education and training about neo-natal abstinence syndrome. MDHHS provides funding to all PIHPs to support treatment of neo-natal abstinence syndrome.</p> | <p>In progress</p> |