

Task Force to Reduce Fraud related to Opioid Prescribing

(FY2017 Appropriation Act - Public Act 268 of 2016)

October 1, 2017

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.



Michigan Department of
Health & Human Services

RICK SNYDER, GOVERNOR
NICK LYON, DIRECTOR

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 part of the Prescription Drug and Opioid Abuse Commission that is responsible for implementing Task Force recommendations and developing new strategies. 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 launch and promotion of their new Michigan Automated Prescription System (MAPS). MDHHS is working on improving Medicaid's Benefits Monitoring Program (BMP) 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 participating in the Prescription Drug and Opioid Abuse Commission, facilitating a stakeholder workgroup on prescription drug overdose prevention, and providing grants coordination and funding recovery oriented systems of care. These efforts help the State of Michigan develop a coordinated response to address opioid abuse, including fraudulent prescribing in Medicaid.

MDHHS and Opioid Commission: MDHHS serves on the Prescription Drug and Opioid Abuse Commission (PDOAC) with LARA, Michigan State Police, and the Attorney General's office. MDHHS is a participant in the Commission's efforts and active partner in developing the Commission's action plan. MDHHS meets monthly with LARA to coordinate an action plan for the PDOAC. In addition, MDHHS participates in the prevention and treatment subcommittees. In these subcommittees, strategies are debated and developed before sending to the full PDOAC. As the state agency responsible for most prevention and treatment task force recommendations, MDHHS offers key input on strategic efforts and activities.

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. The workgroup is developing a Michigan action plan to identify and coordinate opioid surveillance and data systems and improve provider practices and behaviors around prescription opioids. The workgroup is comprised of three subcommittees that are developing the action plan, including 1) support of MAPS education, training, and outreach to providers; 2) enhancement of opioid-related data sources and surveillance methods; and 3) promotion of evidence-based prescriber guidelines for prescribing opioids. MDHHS continues to work with LARA and other state agencies.

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 with MAPS improvements. The STR grant also allows MDHHS to fund Naloxone for the Michigan State Police's "Angel" Program known as Hope, Not Handcuffs. 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 MAT for prisoners re-entering the community via STR grant funds.

The Center for Disease Control (CDC) also awarded MDHHS funding for surveillance efforts. MDHHS was awarded \$750,000 per year for three years. This grant initiative will build partnerships at the state and local levels to enhance surveillance of prescription drug overdose, promote MAPS, and provide education regarding CDC guidelines for prescribing opioids for chronic pain. The funding helped to support LARA's MAPS improvements, as well as promote the use of MAPS. MDHHS continues to work with LARA throughout the course of this grant.

Reducing fraud

MDHHS is taking several approaches to reduce fraudulent prescribing of opioids. MDHHS is assisting LARA in the launch of their MAPS program 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. 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. MDHHS will continue to work with LARA on enhancements to MAPS that improve connectivity with electronic health records and further improve interoperability.

Benefits Monitoring Program: MDHHS is working to reduce fraud through improvements of Medicaid's BMP. 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. These improvements will help to reduce fraud, provide early intervention for SUD patients, and provide better quality care for patients.

MDHHS media campaign: MDHHS launched a statewide media campaign on opioid abuse. 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 new website, michigan.gov/stopoverdoses. 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.

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 working 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 9-1-17

Recommendation	Progress	Status
Prevention		
Encourage the development and maintenance of relationships among state and local agencies to provide necessary information regarding prescription drug abuse, prevention and treatment.	Ongoing Prescription Drug and Opioid Abuse Commission created. This serves as the venue for ongoing efforts to address opioid and prescription drug abuse.	Complete/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 DEQ and University of Michigan.	In progress
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. Federal STR grant will provide increased opportunity for community prevention strategies.	In progress
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 is working on a complete 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.	In progress
Review pharmacy "lock-in" programs already in use in Tennessee and	MDHHS researched and our program is very similar to Washington.	Complete

Washington to determine how their systems operate and if any of those systems would work in Michigan.		
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 launched.	In progress
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. As of 9/1/17, 944 pharmacies now participating.	Complete
Create a public awareness campaign about the laws that limit civil and criminal liabilities for administering Naloxone.	Public awareness campaign launched.	In progress
Explore the possibility of limited statutory immunity for low-level offenses involved in reporting an overdose and seeking medical assistance.	Good Samaritan legislation signed.	Complete
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.	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 grant will allow increased funding for MAT, increased training and support for providers of MAT, increased funding for peer supports, and increased funding for tribal supports.	Ongoing
Explore ways to increase the numbers of addiction specialists practicing in Michigan.	Behavioral Health and Developmental Disabilities Administration of MDHHS reestablished a Workforce Development Workgroup to create a workforce development plan for the purpose of increasing the substance use disorder	In progress

	prevention and treatment specialist workforce.	
Review current guidelines for reducing the development of neo-natal abstinence syndrome caused by prescription drug and opioid abuse.	MDHHS granted money to Pre-Paid Inpatient Health Plans (PIHPs) to develop innovative strategies to reduce neo-natal abstinence syndrome. All 10 PIHPs participating. MDHHS participating in a Substance Abuse and Mental Health Services Administration (SAMHSA) policy academy on strategies to reduce neo-natal abstinence syndrome.	In progress