

# **Presentation to the House Select Committee on Opioids and Substance Abuse: Prescription Drug Monitoring**

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# Medicaid Policies and Guidelines: Substance Use Disorders

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**Texas Medicaid aims to prevent, identify, intervene in, and treat opioid use disorders.**

- HHSC has various tools to manage utilization of prescription drugs, including opioids, in the oversight of the Medicaid benefit.
- The Medicaid program also covers substance use disorder treatment services for individuals with opioid use disorders including:
  - assessment,
  - outpatient treatment
  - detoxification,
  - residential treatment services, and
  - Medication Assisted Therapy, which combines behavioral therapy and FDA-approved medications.
- HHSC partners with managed care organizations (MCOs) that implement strategies targeted to meet the needs of their members and communities.



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# Drug Utilization Review (DUR) Program

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**DUR ensures safe and appropriate drug utilization and is:**

- Federally-required for fee-for-service (FFS) and managed care;
- Applies to Medicaid and CHIP;
- Varies by MCO based on member and program needs; and
- Includes:
  - prospective clinical prior authorizations (PA);
  - retrospective drug utilization reviews; and
  - utilization management tools.



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# DUR Program: Clinical Prior Authorization (PA)

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## **Prospective authorization helps prevent inappropriate utilization.**

- Clinical PA is required based on client history or specific prescriptions.
- Examples of clinical PA criteria for opioids include:
  - Use of multiple types of opioids;
  - Excessive opioid prescriptions from multiple prescribers or pharmacies;
  - Higher-strength opioids without chronic or malignant pain; and
  - Opioids prescribed concurrently with other potentially harmful drug regimens.
- Clinical PA is approved by the Texas DUR Board.
- MCOs may implement approved, but not more stringent, clinical PAs.



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# DUR Program: Retrospective Drug Utilization Reviews

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**Retrospective reviews of prescription drug claims help identify prescribing patterns and outliers to clinically accepted prescribing practices or guidelines.**

- Fee-For-Service (FFS) retrospective reviews of opioids use include:
  - Opioid use during pregnancy;
  - Naloxone for opioid-related overdose; and
  - Methadone overdose risk prevention.
- In response to findings, HHSC may:
  - provide outreach to providers to inform of and recommend best practices;
  - implement prior authorizations; and
  - refer providers to the Inspector General or regulatory board, in the case of significant issues.
- MCO drug utilization reviews vary based on member populations.



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# Utilization Management (UM) Tools

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## **Tools used to manage utilization, ensure patient safety, and control costs.**

- UM tools include quantity, days' supply, and refill-too-soon limits.
- In January 2018, HHSC implemented morphine equivalent dose (MED) limitations, which:
  - Measures a patient's total use of opioids across all prescriptions;
  - Phases-in implementation to mitigate withdrawal for patients; and
  - Tapers down by January 2019 to a maximum MED of 90 milligrams to align with Centers for Disease Control and Prevention recommendations.
- MCOs can determine their own UM tools.



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# Additional HHSC Strategies to Address Opioid Use

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## **Use the Texas Medicaid Preferred Drug List (PDL) to:**

- deter use of certain opioids associated with harm or misuse by listing products as non-preferred; and
- promote use of drugs such as naloxone for opioid overdose.

**Provide online provider education that includes courses relating to opioid use.**

**HHSC formed a workgroup with MCOs to coordinate responses to opioid use.**





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# Managed Care Organization (MCO) Strategies

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**MCOs have taken a comprehensive approach to prevention, early intervention, treatment, and recovery.**

- Implement DUR programs that include prospective clinical PAs, retrospective drug utilization reviews, and other UM tools, including CDC opioid prescribing recommendations.
- Provide access to Medicaid substance use disorder treatment and care coordination for members.
- Provide education to pharmacies, prescribers, and members.
- Collaborate with community non-profits, criminal justice organizations, law enforcement, and maternity care centers to provide social services for clients.





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# Office of Inspector General: Medicaid Lock-In Program

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**The Medicaid Lock-In Program restricts a Medicaid member to a designated provider or pharmacy if:**

- Member used Medicaid services, including drugs, at a frequency or amount that is duplicative, excessive, contraindicated, or conflicting; or
- Members' actions indicate abuse, misuse, or fraud.

**Restricts members to a single provider or pharmacy for a period of 36 months, 60 months, or for the recipient's entire eligibility period.**

**Referral-based and verified by researching databases for paid claims.**



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# Office of Inspector General: Medicaid Program Integrity Division

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## The Medicaid Program Integrity (MPI) Division:

- Investigates allegations of fraud, waste, and abuse by providers, including pharmacies, enrolled in Texas Medicaid.
- Evaluates complaints and referrals regarding controlled substance abuse to determine if an investigation can be conducted.
- Works collaboratively with HHSC to conduct quarterly, proactive fraud detection operations. Pharmacy services are typically a focus of one of the four operations conducted each year.



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# HHSC Non-Medicaid Indigent Care Substance Use Disorder Services

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## Youth Prevention Education

- Prevention efforts educate youth in 1st -12th grade utilizing evidence-based curriculum.
- Target Population Served:
  - Universal: Designed to reach the general population, ages 6-18.
  - Selective: Directed at subgroups determined to be at-risk for substance use disorder, ages 6-18.
  - Indicated: Identified individuals who are experiencing early signs of substance use disorder and other related behavioral issues, ages 11-21.

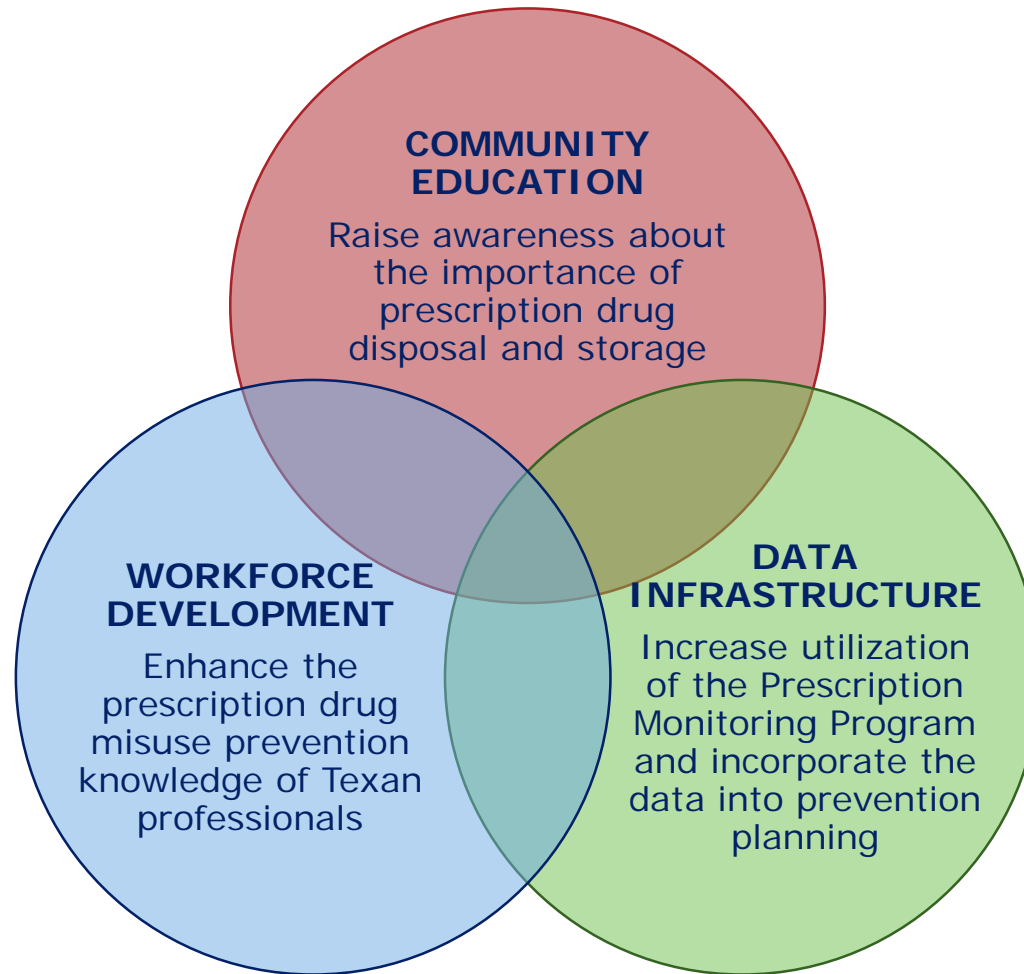
## Prevention Resource Centers

- Provides substance use and related behavioral health data resources and other community resources within each of the HHSC Health Regions to children, youth, and adult populations.

## Community Coalition Partnerships

- Implement evidence-based environmental strategies with a primary focus on changing policies and social norms in communities for youth and adult populations.

# HHSC Non-Medicaid Indigent Care Prescription Misuse Prevention: Goals



# HHSC Non-Medicaid Indigent Care Prescription Misuse Prevention Federal Grants

										2018 Funds	
				Texas Targeted Opioid Response Prevention contracts only						\$3.8 Million	
				First Responders - Comprehensive Addiction and Recovery Act							\$760,000
				Strategic Prevention Framework for Prescription Drugs							\$370,000
	Strategic Prevention Framework Partnerships for Success									\$1.6 Million	
Substance Abuse Prevention and Treatment Block Grant – Ongoing Prescription Misuse Prevention is only one of three substance related priorities (Underage Drinking, Marijuana, Prescription Misuse)										\$28.9 Million	
2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total: \$35.5 Million	

