



Medicaid Programs That Improve The Safety of Opioid Use

Spotlight on Indiana

To minimize overdoses and other harm associated with the misuse of prescription drugs, public and private insurance plans use patient review and restriction (PRR) programs to encourage the safe use of opioids and other controlled substances. Through PRRs, insurers assign patients who are at risk for substance use disorder (SUD) to predesignated pharmacies and prescribers to obtain these drugs. This fact sheet presents key features of Indiana's Medicaid fee-for-service (FFS) PRR program that were acquired from a 2015 survey and literature review by The Pew Charitable Trusts. The nationwide survey of Medicaid PRR programs captured information on program characteristics, structures, and trends. Of the 41 states that responded (plus the District of Columbia and Puerto Rico), 38 operate an FFS PRR. For more information on state responses, visit www.pewtrusts.org/PRRreport.

PRR program initiation

PRR programs have been in operation in Medicaid FFS programs in the United States since the early 1970s. Indiana's PRR program was launched in 2010.

Designated provider structure for PRRs

PRRs require patients to receive controlled substance prescriptions and related care from designated pharmacies, prescribers, hospitals, and/or other providers, such as dentists or pain management specialists. Patients enrolled in Indiana's PRR are assigned to a designated pharmacy, prescriber, and hospital. The chart below compares Indiana's PRR program design with that of other programs.

	Assign patients to a pharmacy only	Assign patients to both a pharmacy and prescriber	Assign patients to a pharmacy, prescriber, and hospital
Number of responding programs (%) n = 38	13 (34%)	17 (45%)	8 (21%)
Indiana's PRR			✓

Criteria used to identify at-risk patients for PRR enrollment*

Programs use specific, predetermined criteria to identify potentially at-risk beneficiaries for enrollment in a PRR. Indiana's specific criteria are checked below:

✓	Filling a certain number of controlled substance prescriptions
✓	Filling a certain number of other prescriptions
✓	Utilizing a certain number of pharmacies to obtain controlled substances See "Other" for additional details.
✓	Visiting a certain number of prescribers to obtain controlled substances See "Other" for additional details.
✓	Visiting a certain number of emergency rooms See "Other" for additional details.
✓	Obtaining a certain number of controlled substances in the same therapeutic class

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* With the exception of referrals/recommendations, these criteria are based on use over a specified time period. These time periods may vary between criteria and are specified where known. When publicly available, specific numbers triggering potential identification as at-risk are provided for the listed criteria.



Referral/recommendation

Any person or source may contact the program on suspicion of overuse or misuse of services by a patient. Referral sources may include the Family and Social Services Administration (FSSA), state and local law enforcement agencies, the FSSA's Division of Family Resources, pharmacies, physician offices, hospitals, and emergency rooms. Typical referral reasons include overutilization of Medicaid services, such as multiple visits to the emergency room, doctor shopping, frequent dismissals by doctors, or polypharmacy. Referral reasons can also include paying cash for Medicaid-covered services and patient involvement in activities such as drug abuse and/or dependence or prescription forgery and selling drugs, supplies, or equipment obtained through Medicaid.



Other

Identification using statistical analysis databases to review cost and utilization of patient services; data mining techniques identifying the number of prescribers, pharmacies, or emergency rooms visited; review of the number of physicians or specialists visited, inpatient stays, or prescriptions filled; review of the distance to a physician from a patient's home; evaluation of patient diagnoses with a focus on the medical necessity of all services provided to a patient; county-by-county analysis with predetermined review factors, such as emergency room and volume indicators; patient ranking report, such as a ranked report of patients based on cost or diagnosis; review of inpatient length of stay.

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Patients automatically excluded from PRR enrollment

Some beneficiaries with pain that is difficult to manage are typically excluded from PRRs. Based on survey results from the District of Columbia and the 37 states with an FFS PRR, the most common reasons for automatic exclusion were that patients are:

- Receiving treatment for certain types of cancer (15 states).
- In long-term care (14 states).
- In hospice care (13 states).
- In skilled nursing facilities (10 states).

71%

Twenty-seven of the 37 states and DC automatically exclude at least one patient population from PRR enrollment to help ensure that these patients have access to effective pain management. Of these, 63% exclude more than one patient population.

29%

Eleven responding states do not automatically exclude patients, although they may choose to do so after performing a clinical review.

Indiana does not automatically exclude patients from PRR enrollment.

Process for patient notification of PRR enrollment

Sixteen programs (46 percent of those responding^{*}), including Indiana's PRR, provide beneficiaries with less than 30 days' notice before PRR enrollment. Specifically, Indiana provides 10 days' notice. Fourteen states (40 percent) provide 30 days' notice, and five states (14 percent) provide beneficiaries with more than 30 days' notice before PRR enrollment.

Process for patient appeal of PRR enrollment

Indiana and 31 other states (over 86 percent of those responding[†]) provide beneficiaries with 30 or more days from notification to appeal the decision to enroll them in the FFS PRR program. Specifically, Indiana allows beneficiaries 33 days to appeal upon receiving notification of PRR enrollment. Five programs (almost 14 percent) provide beneficiaries with less than 30 days to appeal the decision.

If an Indiana beneficiary chooses to appeal, the beneficiary is enrolled in the PRR program during the appeals process if he or she does not appeal within 10 days of notification. Thirty-two percent of states follow this practice.

Selection of designated providers

Thirty-six programs (95 percent of those responding), including Indiana's PRR, allow for beneficiary input when selecting providers. Specifically, Indiana allows beneficiaries to submit pharmacy and prescriber preferences.

Drugs managed through the PRR

Forty-seven percent of FFS PRR programs, including Indiana's, require patients to receive controlled substances in Drug Enforcement Administration Schedules II-V from designated providers. Alternatively, 45 percent of programs require patients to receive controlled as well as noncontrolled substances identified as frequently subject to misuse or diversion, such as those used to treat HIV, from designated providers. Eight percent of programs require patients to receive only a subset of controlled substance schedules from designated providers.

Additional services offered to PRR enrollees

Forty-seven percent of responding states, including Indiana, offer additional services to PRR enrollees, such as general information on SUD, referrals for SUD treatment, referrals to pain specialists, and case management services. Specifically, Indiana offers case management services.

* These data represent 34 states and DC. This includes states with FFS PRR programs that either confirmed this information or make it publicly available.

† These data represent 36 states and DC. This includes states with FFS PRR programs that either confirmed this information or make it publicly available.

PRR access to state prescription drug monitoring programs

Prescription drug monitoring programs (PDMPs) are state-run electronic databases that monitor dispensed prescriptions for controlled substances in 49 states and the District of Columbia. Indiana's Medicaid staff has access to the PDMP and uses it to identify at-risk beneficiaries and to monitor cash transactions. The chart below compares the Indiana FFS Medicaid program's access to the PDMP with that of other programs.

	No access to the PDMP	Access to the PDMP
Number of responding programs (%) n = 38	22 (58%)	16 (42%)
Indiana's PRR		✓

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Contact: Erin Davis, communications **Email:** edavis@pewtrusts.org **Project website:** pewtrusts.org/prescription-drug-abuse

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