A fact sheet from THE PEW CHARITABLE TRUSTS | Aug 2016

# Medicaid Programs That Improve The Safety of Opioid Use
# Spotlight on Minnesota

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 Minnesota'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. Minnesota's PRR program was launched in 1981.

## 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 Minnesota's PRR are assigned to a designated pharmacy, prescriber, and hospital. The chart below compares Minnesota'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%) |
| **Minnesota'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. Minnesota'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**<br>Obtaining duplicate or comparable services for the same health condition from a number of vendors, such as going to multiple pharmacies or physicians. |
| ✓ | **Visiting a certain number of prescribers to obtain controlled substances**<br>Obtaining duplicate or comparable services for the same health condition from a number of vendors, such as going to multiple pharmacies or physicians. |
| ✓ | **Visiting a certain number of emergency rooms**<br>Repeatedly using emergency rooms for nonemergent services. |
| ✓ | **Obtaining a certain number of controlled substances in the same therapeutic class** |
| ✓ | **Referral/recommendation** |

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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.

| | |
|---|---|
| | **Other**<br><br>**Presenting drug-seeking behaviors**<br>Obtaining medical services in a manner that is potentially harmful to the recipient.<br><br>**Misuse of drugs or services**<br>Receiving duplicate services; obtaining equipment, supplies, drugs, or health services that are in excess of program limitations or that are not medically necessary and that are paid for through a program; repeatedly using medical transportation to obtain health services from providers located outside the local trade area when health services appropriate to the recipient's physical or mental health needs can be obtained inside the local trade area; repeatedly arranging for services and then canceling services in order to circumvent the spenddown requirement; obtaining medical services from a physician without a referral from the recipient's designated primary care provider. |
| ✓ | **Involved in potentially fraudulent or abusive activities**<br>Providing false information about prior medical care; continuing to engage in practices that are abusive of the program after receiving the department's written warning that the conduct must cease; altering or duplicating a medical identification card for the purpose of obtaining additional health services billed to the program or aiding another person to obtain such services; using a medical identification card that belongs to another person; using a medical identification card to assist an unauthorized individual in obtaining a health service for which a program is billed; duplicating or altering prescriptions; misrepresenting material facts as to physical symptoms for the purpose of obtaining equipment, supplies, health services, or drugs; furnishing incorrect eligibility status or information to a vendor; furnishing false information to a vendor in connection with health services previously rendered to the recipient which were billed to a program. |



## 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.

Minnesota does not automatically exclude patients from PRR enrollment.

## Process for patient notification of PRR enrollment

Minnesota and 13 other states (40 percent of those responding*) provide beneficiaries with 30 days' notice before PRR enrollment. Sixteen programs (46 percent) provide less than 30 days' notice before PRR enrollment, and five states (14 percent) provide beneficiaries with more than 30 days' notice before PRR enrollment.

## Process for patient appeal of PRR enrollment

Minnesota 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, Minnesota allows beneficiaries 30 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 a Minnesota beneficiary chooses to appeal, the beneficiary is not enrolled in the PRR program during the appeals process. Fifty-three percent of states follow this practice.

## Selection of designated providers

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

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* 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.

## Drugs managed through the PRR

Forty-five percent of FFS PRR programs, including Minnesota's PRR, require patients to receive controlled substances in Drug Enforcement Administration Schedules II-V, as well as noncontrolled substances identified as frequently subject to misuse or diversion, such as those used to treat HIV, from designated providers. Alternatively, 47 percent of FFS PRR programs require patients to receive only controlled substances in Schedules II-V 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

Fifty-three percent of responding FFS PRR programs, including Minnesota's PRR, do not offer additional services to PRR enrollees. Additional services may include general information on SUD, referrals for SUD treatment, referrals to pain specialists, case management services, and information on the appropriate use of health care services.

## 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. Minnesota'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 Minnesota 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%) |
| **Minnesota's PRR** | | ✓ |



## Resulting cost savings in Medicaid

A 2014 report estimated Minnesota's Medicaid PRR cost savings at $1.2 million in the first year of patient enrollment based on reductions in prescriptions, emergency room utilization, and clinic visits that resulted in an average savings of $4,800 per patient (based on projected enrollment of 245). The second year of program enrollment saw additional reductions in service utilization and costs.

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