

Section 1115 Substance Use Disorder (SUD) Demonstration:
Guide for Developing Implementation Plan Protocols

Attachment A – Template for SUD Health Information Technology (IT) Plan

Section I.

As a component of Milestone 5, Implementation of Strategies to Increase Utilization and Improve Functionality of Prescription Drug Monitoring Programs (PDMP), in the SMD #17-003, states with approved Section 1115 SUD demonstrations are generally required to submit an SUD Health IT Plan as described in the STCs for these demonstrations within 90 days of demonstration approval.

The SUD Health IT Plan will be a section within the state’s SUD Implementation Plan Protocol and, as such, the state may not claim FFP for services provided in IMDs until this Plan has been approved by CMS.

In completing this plan, the following resources are available to the state:

- a. Health IT.Gov in “Section 4: Opioid Epidemic and Health IT.”¹
- b. CMS 1115 Health IT resources available on “Medicaid Program Alignment with State Systems to Advance HIT, HIE and Interoperability” and, specifically, the “1115 Health IT Toolkit” for health IT considerations in conducting an assessment and developing their Health IT Plans.²

As the state develops its SUD Health IT Plan, it may also request technical assistance to conduct an assessment and develop its plan to ensure it has the specific health IT infrastructure with regards to the state’s PDMP plan and, more generally, to meet the goals of the demonstration. Contacts for technical assistance can be found in the guidance documents.

In the event that the state believes it has already made sufficient progress with regards to the health IT programmatic goals described in the STCs (i.e. PDMP functionalities, PDMP query capabilities, supporting prescribing clinicians with using and checking the PDMPs, and master patient index and identity management), it must provide an assurance to that effect via the assessment and plan below (see Table 1, “Current State”).

¹Available at <https://www.healthit.gov/playbook/opioid-epidemic-and-health-it>.

²Available at <https://www.medicaid.gov/medicaid/data-and-systems/hie/index.html>.

SUD Demonstration Milestone 5.0, Specification 3: Implementation of Strategies to Increase Utilization and Improve Functionality of PDMP

The specific milestones to be achieved by developing and implementing an SUD Health IT Plan include:

- Enhancing the health IT functionality to support PDMP interoperability; and
- Enhancing and/or supporting clinicians in their usage of the state's PDMP.

The state should provide CMS with an analysis of the current status of its health IT infrastructure/"ecosystem" to assess its readiness to support PDMP interoperability. Once completed, the analysis will serve as the basis for the health IT functionalities to be addressed over the course of the demonstration—or the assurance described above.

The SUD Health IT Plan should detail the current and planned future state for each functionality/capability/support—and specific actions and a timeline to be completed over the course of the demonstration—to address needed enhancements. In addition to completing the summary table below, the state may provide additional information for each Health IT/PDMP milestone criteria to further describe its plan.

Table 1. State Health IT / PDMP Assessment & Plan

Milestone Criteria	Current State	Future State	Summary of Actions Needed
<i>5. Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD, that is: --Enhance the state's health IT functionality to</i>	<i>Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionality to achieve the goals of the PDMP.</i>	<i>Provide an overview of plans for enhancing the state's PDMP, related enhancements to its health IT functionalities, and related enhancements to support clinicians' use of the health IT functionality to achieve the goals of the PDMP.</i>	<i>Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identified in the first column. Include persons or entities responsible for completion of each action item. Include</i>

support its PDMP; and --Enhance and/or support clinicians in their usage of the state's PDMP.			timeframe for completion of each action item
Prescription Drug Monitoring Program (PDMP) Functionalities			
Enhanced interstate data sharing in order to better track patient specific prescription data	<p>The Louisiana Prescription Drug Monitoring Program (PDMP) is part of the PMP Interconnect (PMPi), in conjunction with Appriss Health and the National Association of Board of Pharmacy that enables the secure sharing of PMP data across states and systems. InterConnect includes a 'smart hub' routing methodology and rules engine to enforce interstate sharing permissions.</p> <p>Through participation with the PMP Interconnect the National Association of Boards of Pharmacy Louisiana achieved connection with the United States Military Health System and 26 states, including: Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Idaho, Kansas, Massachusetts, Minnesota, Mississippi, Montana, Nevada, New Mexico, North Carolina, North Dakota, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Virginia and West Virginia.</p>	<p>Louisiana's PDMP will continue to engage and participate with the PMP Interconnect in conjunction with Appriss Health and the National Association of Board of Pharmacy. The PMP InterConnect system currently has forty-four states that are actively engaged with interstate data sharing via PMP Interconnect and Louisiana currently plans to continue to take part, along with the advances in its future state.</p> <p>The Louisiana Board of Pharmacy has awarded a new five-year contract in January 2019 to Appriss.</p>	The Louisiana Board of Pharmacy will explore options to award another contract after the current five-year contract ends in 2024.

Current and Future PDMP Query Capabilities			
Facilitate the state's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state's master patient index (MPI) strategy with regard to PDMP query)	Current state law does not permit a direct interface with the PDMP to match Medicaid patients receiving opioid prescriptions with patients listed in the PDMP. Medicaid is undergoing its systems modernization and will release its first module for the eligibility and enrollment system in November of 2018. Procurements for the Electronic Visit Verification (EVV) and Third Party Liability (TPL) modules were released in 2021 and the next module currently scheduled to launch is Patient Access and Interoperability by the end of calendar year 2021.	The state explored ways to build an interfacing function between its MMIS Management & Warehousing module during its system modernization and the Board of Pharmacy's PDMP to identify patients receiving opioid prescriptions on an ongoing basis; however, any data sharing requires legislative action changing current law to include the PDMP in the enterprise architecture build-out under the Office of Technology Services (OTS) for the state. The state was unsuccessful with gaining the necessary support to move this legislation forward.	The state's current plan is to pursue alternative data tracking internal to Medicaid as we move forward with the HIE Assessment and other PMP activities.

³ Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. MMWR Morb Mortal Wkly Rep 2017;66:265–269. DOI: <http://dx.doi.org/10.15585/mmwr.mm6610a1>.

Use of PDMP – Supporting Clinicians with Changing Office Workflows / Business Processes

Develop enhanced provider workflow / business processes to better support clinicians in accessing the PDMP prior to prescribing an opioid or other controlled substance to address the issues which follow	On January 1, 2019, the LA Board of Pharmacy partnered with the Louisiana Dept. of Health's Office of Public Health, Bureau of Community Preparedness (LDH-OPH-BCP) and Appriss Health to provide a statewide PMP integration option to all healthcare providers in Louisiana utilizing a service called PMP Gateway®. Gateway offers healthcare providers an option to integrate PMP data within the provider's electronic health record (EHR) or pharmacy information system to provide a streamlined clinical workflow for providers. The integration eliminates the need for providers to log in separately to the PMP web portal; instead, the EHR automatically initiates a patient query and returns the patient's PMP information directly within the provider's EHR or pharmacy information system. Included as part of the integration, users now have access to an advanced analytics and patient support tool called NarxCare®. In addition to the existing Louisiana PMP functionality, NarxCare aggregates and analyzes prescription information from pharmacies and presents visual interactive information, as well as advanced analytic insights, machine learning risk scores and more to help prescribers and pharmacists provide better patient safety and outcomes for every patient. NarxCare also provides tools and resources that support patients' needs and assists a healthcare provider to connect their patient to treatment when appropriate.	LDH will continue its partnership with the Statewide Integration Project to promote streamlined access of PMP data for Louisiana providers.	No action required.
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Develop enhanced supports for clinician review of the patients' history of controlled substance prescriptions provided through the PDMP—prior to the issuance of an opioid prescription	The Board of Pharmacy has created a mechanism for automatic enrollment in its PDMP for prescribers to facilitate easier access. Additionally, the PDMP law was amended in 2013 to allow prescribers and pharmacists to enable delegates to search the PDMP on their behalf in order to streamline the process of collecting the necessary information to review before prescribing.	LDH will continue to work with its partners to educate and assist with supports if identified to meet this goal, however, has no identifiable actions at this time.	No action required.
Master Patient Index / Identity Management			
Enhance the master patient index (or master data management service, etc.) in support of SUD care delivery.	The master patient index, or Master Data Management (MDM), is a component of the Enterprise Architecture. The foundation was created with the Medicaid Eligibility and Enrollment modernization project, however it will need to be expanded as future MMIS modules are on boarded. Currently it houses a minimum set of data elements for Medicaid applicants/enrollees.	The MMIS modernization module for Data Management and Warehousing will go through procurement in early 2022. With the implementation of that module, the data architecture required to enhance the MDM for expanded use will be in place. In future, LDH will continue to expand the use of the MDM data attributes for each modernization module as it executes. When the Pharmacy Management module implements the MDM will be expanded in support of SUD care delivery.	Release request for proposals (RFP), award, and initiate systems buildout of Data Management & Warehousing module. Timeline: 12-24 months RFP for Pharmacy Management module, further expanding MDM. Timeline: 24+ months

Overall Objective for Enhancing PDMP Functionality & Interoperability			
Leverage the above functionalities / capabilities / supports (in concert with any other state health IT, TA or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing—and to ensure that Medicaid does not inappropriately pay for opioids	In accordance with CDC guidelines, Louisiana Medicaid has implemented maximum quantity and dosage limits for opioid prescriptions for intractable, non-cancer pain according to the following criteria and timeline:		
	Jan. 10, 2017	Fee for Service (FFS) Patients: Acute & Chronic Pain	Medicaid opioid 15-day quantity limits
	March 22, 2017	Managed Care Organization Patients: Acute Pain	Implement 15-day quantity limit for opioid-naïve recipients
	May 2017	FFS and Managed Care Organization Patients: Acute & Chronic Pain	Alert to notify providers of upcoming Morphine Equivalent Dosing (MED) limit of 120 mg per day for all opioid prescriptions
	July 10, 2017	FFS and Managed Care Organization Patients: Acute Pain	7-day quantity limit for opioid-naïve recipients or Morphine Equivalent Dosing (MED) limit of 120 mg per day, whichever is less
	July 10, 2017	FFS and Managed Care Organization Patients: Chronic Pain	Morphine Equivalent Dosing (MED) limit of 120 mg per day for all opioid prescriptions
	Sept. 12, 2017	FFS and Managed Care Organization Patients: Chronic Pain	Morphine Equivalent Dosing (MED) limit of 90 mg per day for all opioid prescriptions and consolidated Opioid Worksheet to 3 pages
	These limits have already shown a marked reduction in opioid prescriptions reimbursed by Medicaid.		
	In the future, LDH will explore alternative data tracking mechanisms internal to Medicaid to support its payment integrity functions.		Over the five-year demonstration period, LDH will continue to assess the activities/initiatives listed above to further enhance PDMP functionality and interoperability.

The State has a sufficient health IT infrastructure at every appropriate level including state Medicaid and pharmacy systems, contracted managed care organizations, and provider electronic health records in order to achieve the goals of the demonstration. The State Medicaid Health IT Plan (SMHP) will serve to support HIEs, Admit, Discharge and Transfer (ADT) feeds, infrastructure, and innovation to connect data, providers, and systems with the SUD Health IT plan. These functionalities are scheduled to implement over the next 18-24 months to support the SUD Health IT Plan.

The State will ensure that appropriate revisions are made during the next managed care procurement to incorporate the requirement to use health IT standards referenced in 45 CFR 170 Subpart B and the Interoperability Standards Advisory (ISA) as set forth by the Office of the National Coordinator for Health IT (ONC). To that end, Louisiana currently has statutory authority and the corresponding health IT infrastructure to support electronic prescribing, which is currently operable statewide. Additionally, as per La. RS 40:978, prescribers have the obligation check the PDMP before initial prescribing of an opioid and every 90 days thereafter that the treatment continues. Prescribers are granted the ability to obtain a patient's medication history from the PDMP housed with the Board of Pharmacy through an automatic enrollment process and the state's largest provider also links it through its EHR.

Louisiana is currently in the process of developing ADT feeds and documenting and sharing care plans using Clinical Document Architecture (CDA) through our state HIEs. Development is ongoing this year with ADT implementation supported through the IAPD. The State is also currently tracking the opioid naïve prescriptions dispensed through our Medicaid claims/encounters and is able to provide corresponding metrics. The Louisiana Department of Health has created an internal opioid steering committee which will review metrics from other states for possible adoption within Louisiana for tracking. In order to measure success, the state will utilize its LDH opioid steering committee to approve an approach in collaboration with the Board of Pharmacy to monitor the SUD health IT plan with appropriate performance metrics. Current PDMP reporting includes, but is not limited to, the data sets in Tables 1 through 3 below. These and other metrics from Medicaid claims/encounter data will be identified for ongoing quality monitoring and clinical outcomes.

Program Data and Metrics

The State plans to continue quarterly reporting on the data and the metrics included in the tables below.

The first graphic presents information about the use of the PMP by the authorized users for the different categories of prescribers, including the number of prescribers authorized to obtain PMP access privileges, the number with active access privileges and the number of queries to the PMP database by those prescribers.

The second and third graphics present information related to the numbers of controlled substance prescriptions dispensed in the state for benzodiazepines and opioids.

The fourth graphic presents information concerning the number of eligible prescription transactions reported to the PMP.

Graphics five through eight represent data related to four metrics the state will continue to monitor and report to CMS on a quarterly basis.

- Percentage of eligible physicians with active access privileges to the PMP – Target - Maintain
- Number of Emergency Departments providing admit, discharge, transfer (ADT) information to the state – Target - Maintain
- Number of incarcerated individuals who are Medicaid eligible that are enrolled with a MCO prior to release – Target - Maintain
- Number of inquiries to the AWA[®] system made by physicians with active access privileges – Target - Increase

Table 1

User Statistics by Provider Type

PMP User Statistics as of 06/30/2021				
PMP Role Title - Healthcare Provider	Number of Providers <u>Eligible</u> for PMP Access (as of 06/30/2021)	Number of Providers with PMP <u>Active</u> Access Privileges (as of 06/30/2021)	Number of PMP Requests by Providers through <u>AWARxE™</u> During 2021Q2	Number of PMP Requests by Providers through <u>GATEWAY™</u> During 2021Q2
Physician (MD, DO)	13,591	8,968	476,975	3,834,480
Nurse Practitioner (APRN)	4,231	3,347	186,997	401,264
Dentist (DDS)	2,288	1,521	5,486	823
Physician Assistant (PA)	1,119	862	32,177	45,991
Optometrist (OD)	371	157	2	0
Podiatrist (DPM)	171	111	1,384	0
Medical Psychologist (MP)	96	90	9,562	4,579
Medical Intern/Resident	1,831	1,313	12,873	2,314
Prescriber's Delegate	NA	3,210	202,478	0
Pharmacist (PST)	9,315	4,753	949,910	1,818,539
Pharmacist's Delegate	NA	1,438	95,682	0
Totals	33,013	25,770	1,973,526	6,107,990

Table 2

Utilization of Benzodiazepines Used in the Treatment of Anxiety

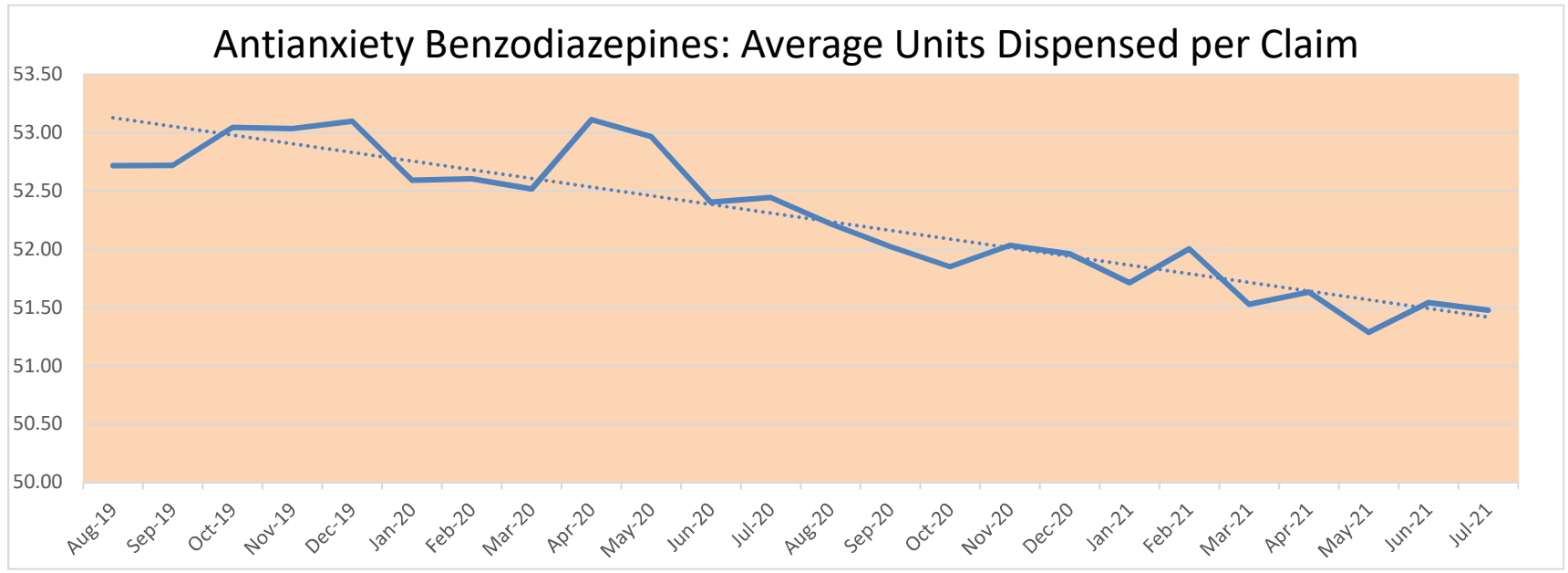


Table 3

Utilization of Solid Oral Dosage Forms of Short-Acting Opioids in Opioid Naïve Recipients

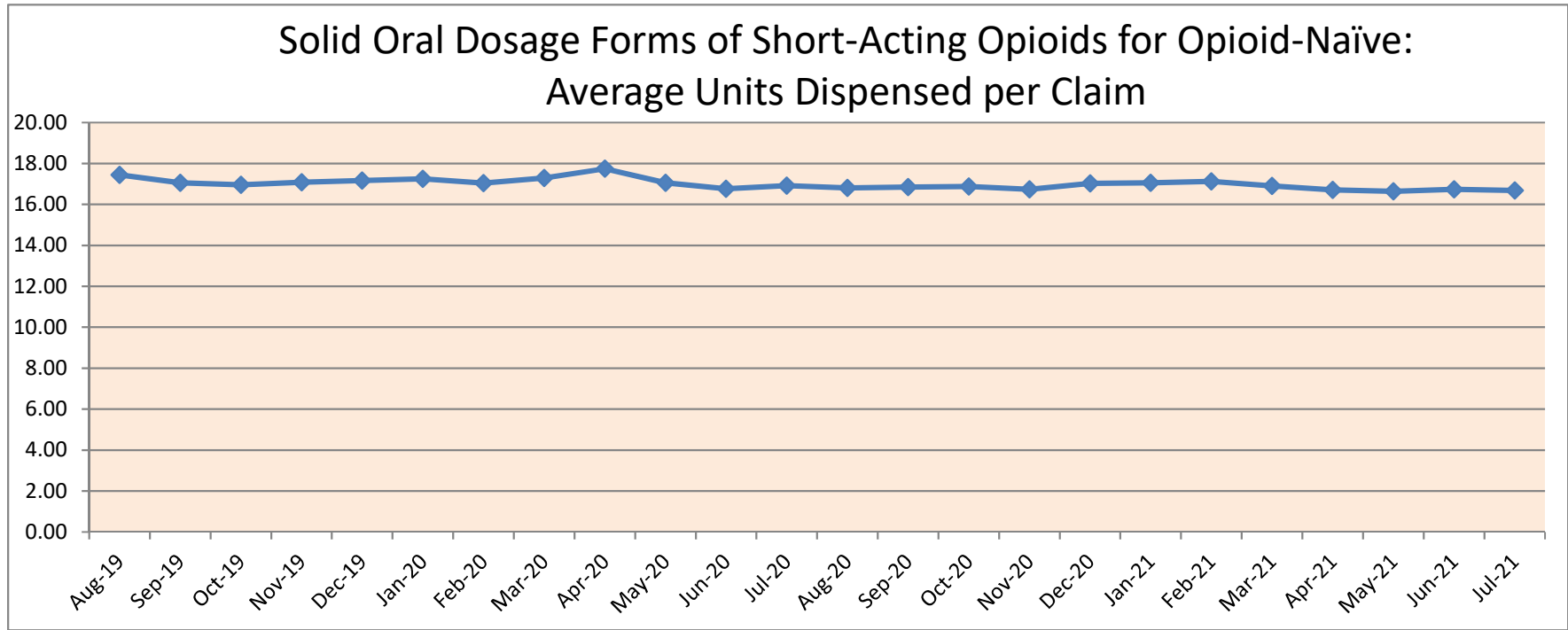


Table 4

Number of Eligible Prescription Transactions Reported to the PMP

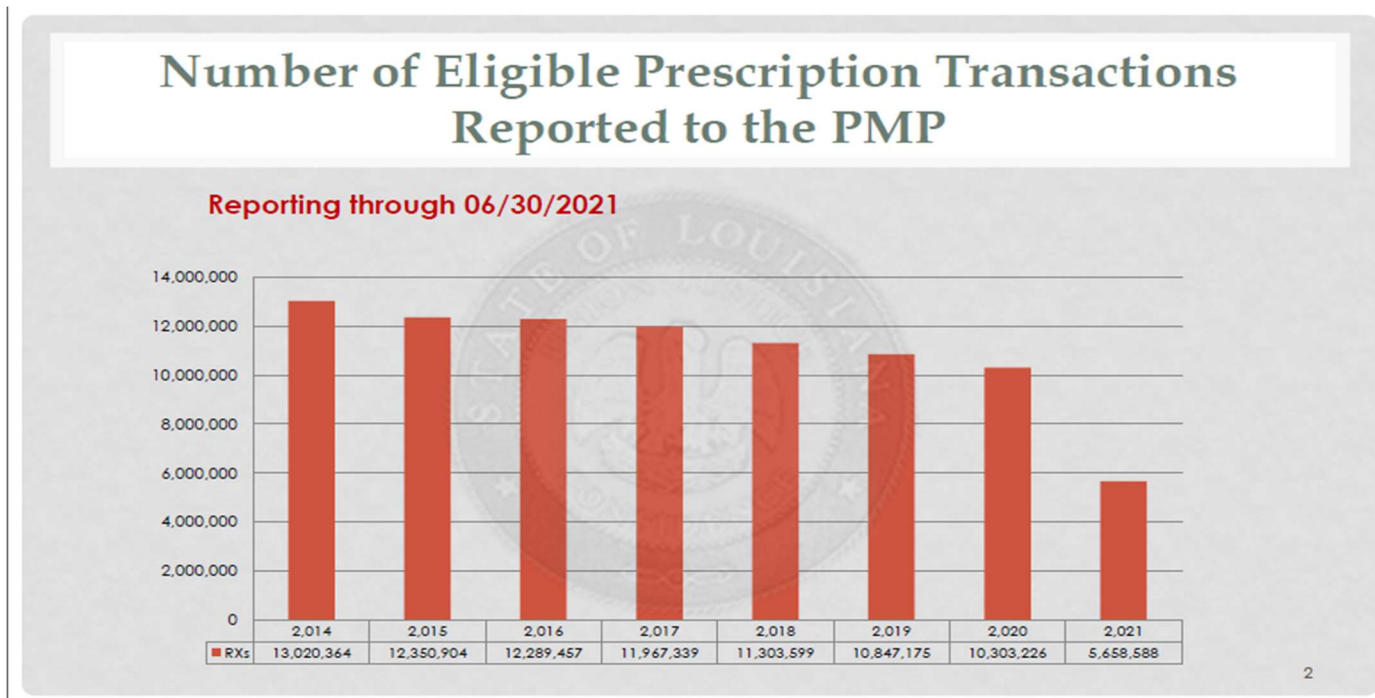


Table 5

Percentage of Eligible Physicians With Active Access Privileges to the PMP

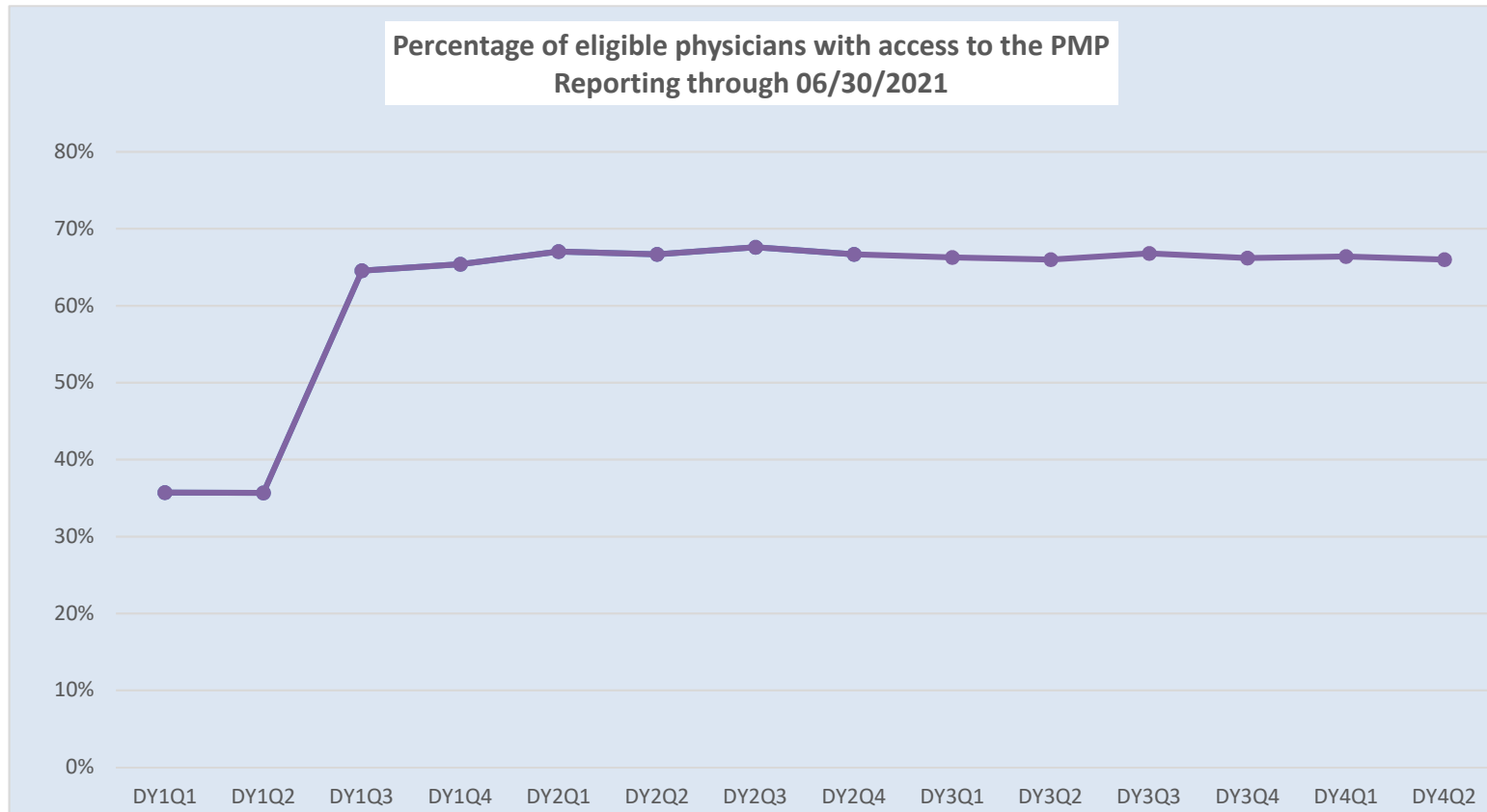


Table 6

Number of Emergency Departments Providing ADT Information to the State

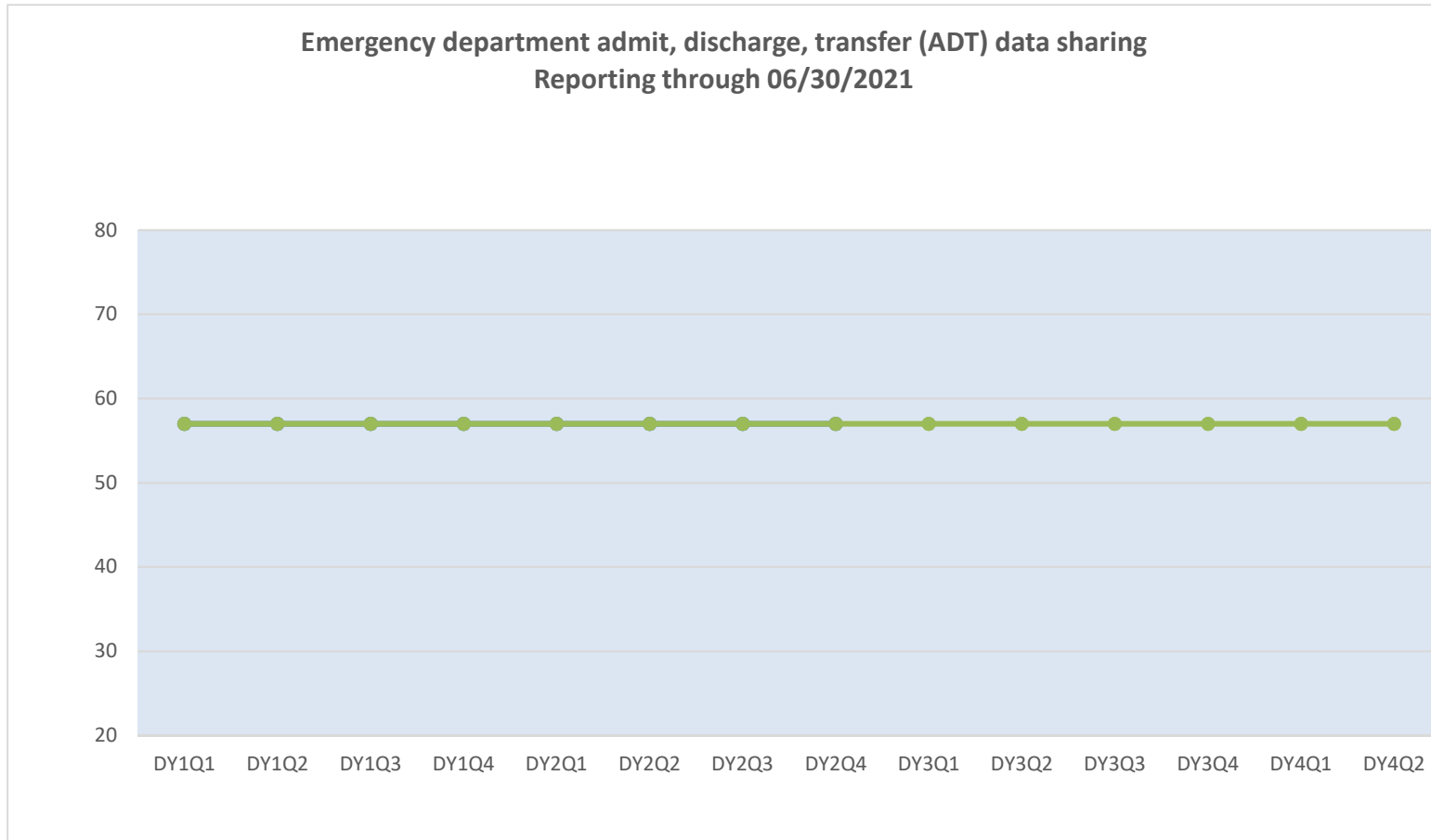


Table 7

Number of Incarcerated Individuals Who are Medicaid Eligible That are Enrolled With a MCO Prior to Release

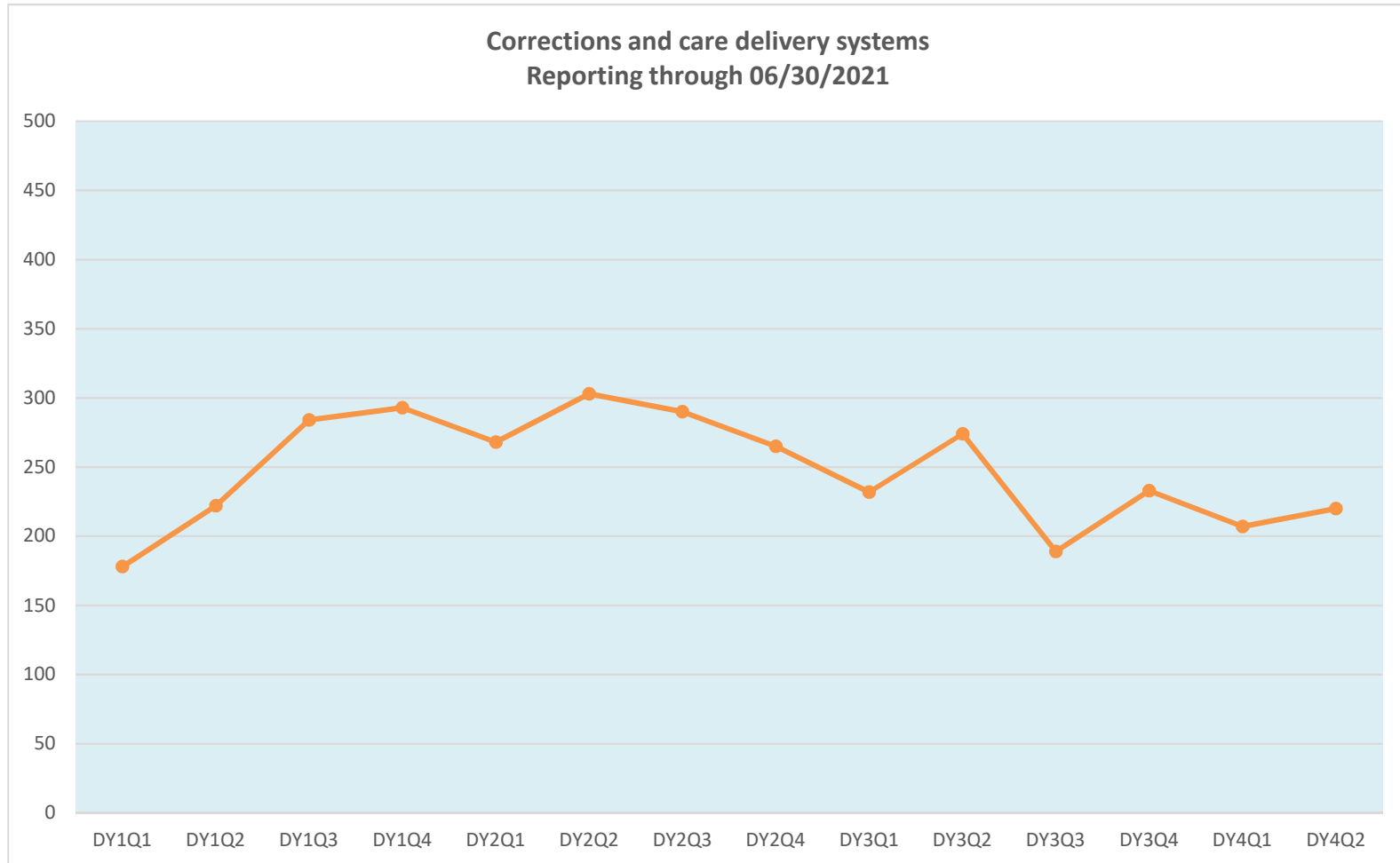
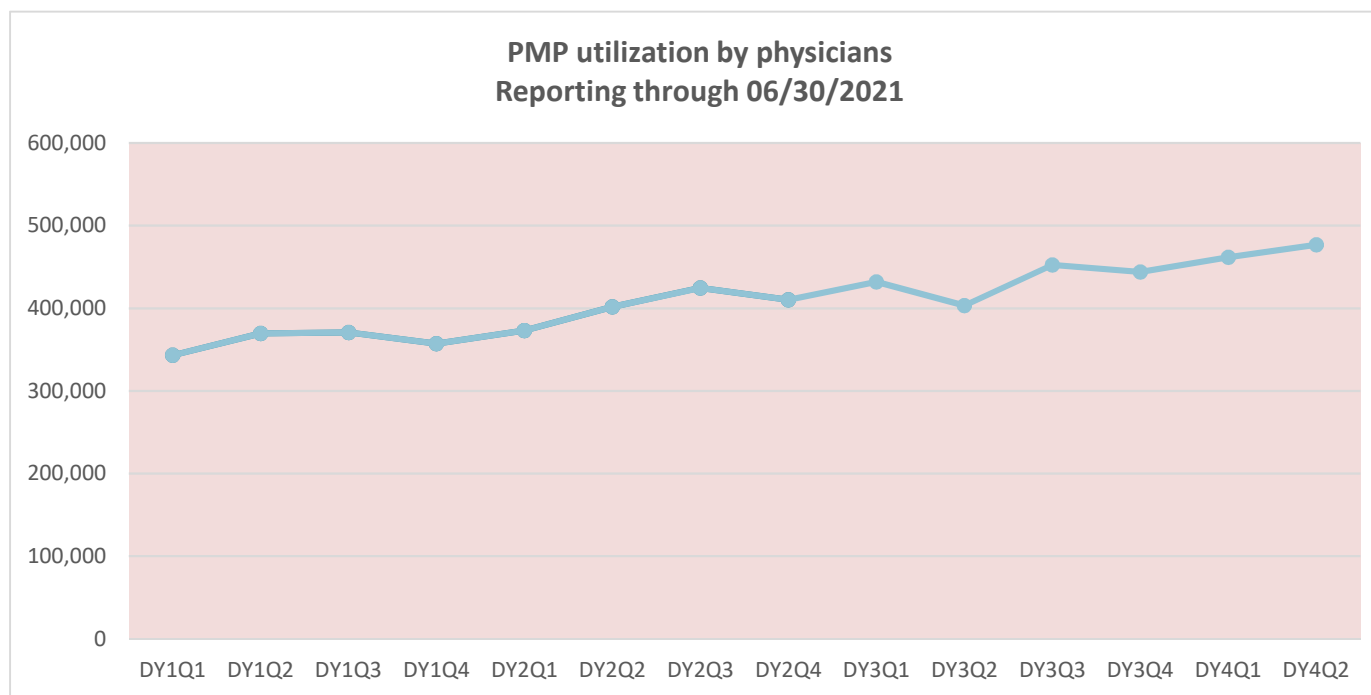


Table 8

Number of Inquiries to the AWARe™ System Made by Physicians With Active Access Privileges



A. Section II – Implementation Administration

Please provide the contact information for the state's point of contact for the SUD Health IT Plan.

Name and Title: Brian Bennett, Section Chief, Louisiana Medicaid

Telephone Number: 225-342-9846

Email Address: Brian.Bennett@LA.GOV

Attachment A. Section III – Relevant Documents

Please provide any additional documentation or information that the state deems relevant to successful execution of the implementation plan.