

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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State Demonstrations Group

June 6, 2018

Allison Taylor
Medicaid Director
Indiana Family and Social Services Administration
402 W. Washington Street, Room W461, MS25
Indianapolis, IN 46204

Dear Ms. Taylor:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Substance Use Disorder (SUD) Health Information Technology plan (“SUD HIT Plan”) as part of Indiana’s broader SUD Implementation Protocol—which are required by Special Terms and Conditions (STC) X.10 and X.3, respectively, of the state’s Healthy Indiana Plan (HIP) section 1115(a) demonstration (Project No. 11-W-00296/5). CMS has determined that the submission, submitted on May 10, 2018, meets the requirements set forth in the STCs and, therefore, hereby approve the state’s SUD Health IT Plan.

If you have any questions, please contact your project officer, Ms. Shanna Janu, at 410-786-1370 or by email at Shanna.Janu@cms.hhs.gov.

Sincerely,

/s/

Andrea J. Casart
Director
Division of Medicaid Expansion Demonstrations

Enclosure

cc: Ruth Hughes, Associate Regional Administrator, CMS Chicago Regional Office

State of Indiana 1115 SUD Waiver Health Information Technology (IT) Plan

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning
May 2018



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Introduction

As required through the [Healthy Indiana Plan \(HIP\) Special Terms and Conditions](#), Indiana is required to submit an SUD Health Information Technology (IT) Plan. This plan builds upon Indiana Medicaid's [State Medicaid Health Information Technology Plan \(SMHP\)](#). As part of this plan, Indiana provides the following assurances:

- Indiana has a sufficient health IT infrastructure or ecosystem at every appropriate level.
- Indiana's SUD Health IT Plan is aligned with the State's broader State Medicaid Health IT Plan (SMHP).

Indiana's prescription drug monitoring program is housed within the [Indiana Professional Licensing Agency \(IPLA\)](#). This state agency is responsible for overseeing its functionality and improving many aspects outlined within this document.

Prescription Drug Monitoring Program (PDMP) Functionalities

Milestone: Enhanced interstate sharing data sharing in order to better track patient specific prescription data

Current State:

Indiana and Ohio were the first States to share PDMP data. The Indiana Prescription Monitoring Program (better known as INSPECT) is part of the [PMP InterConnect](#), a public-private partnership provided by the National Association of Boards of Pharmacy that facilitates interstate data sharing. INSPECT also complies with HIPAA, State-specific PDMP legislation, and all Federal Health IT security standards. Currently, Indiana is sharing data with 25 surrounding States.

Figure 1: States Using PMP InterConnect, January 2018

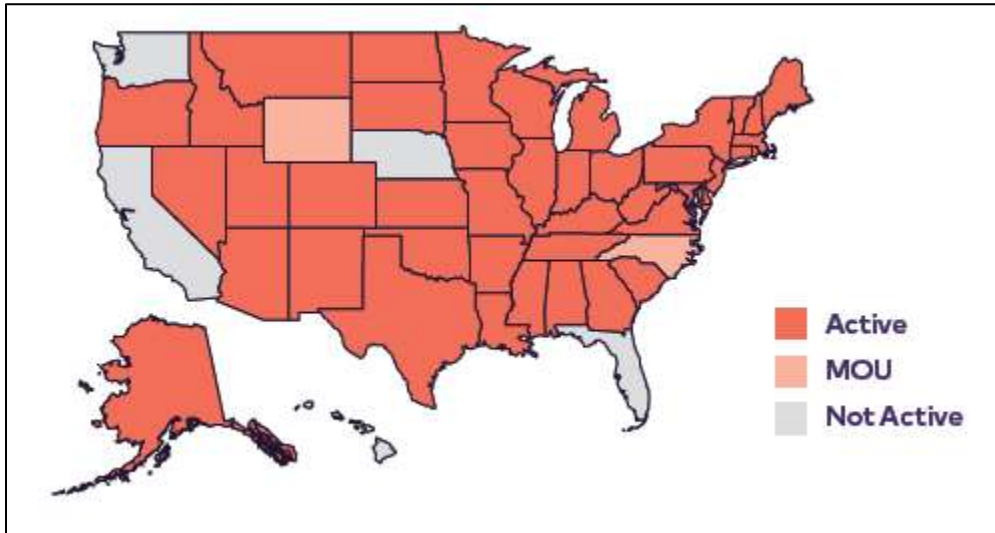
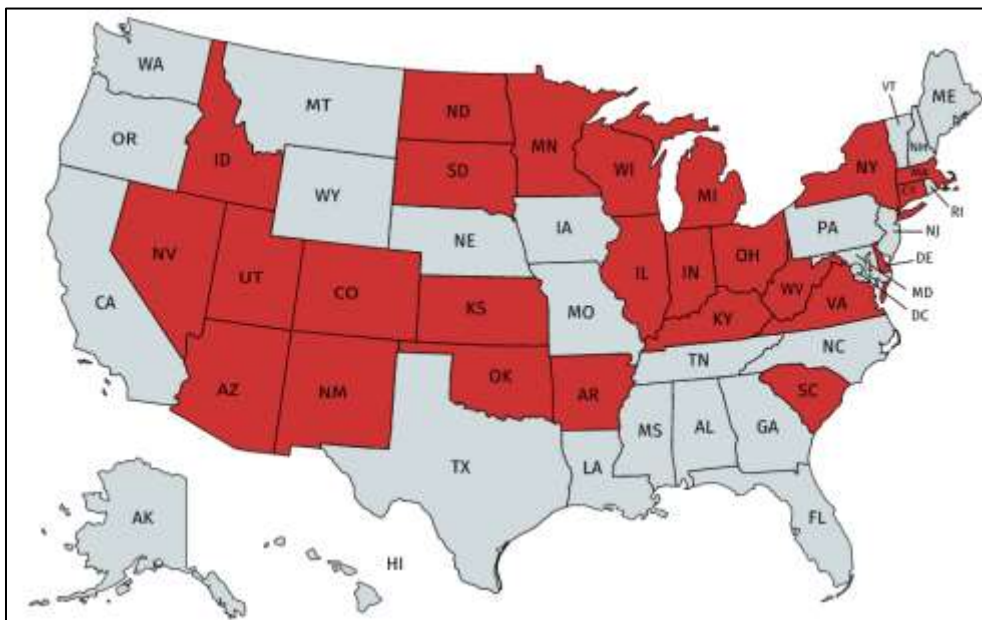


Figure 2: States Sharing PDMP Data with Indiana, March 2018



Future State:

Indiana will be working to connect with a minimum of one additional State PDMP every three months throughout 2018 and beyond until completion. This effort will be overseen by IPLA.

Summary of Action Items:

The following list includes actions items that Indiana will be pursuing over the next 12 to 24 months around this topic:

- Initiate conversations with other State PDMP directors to facilitation memorandums of understanding (MOUs) for data sharing
- Establish an interstate data sharing connection through the use of PMP InterConnect
- Ensure that there is consistency across States by communicating standards, such as with the Pharmacological Classification of Drugs

Milestone: Enhanced “Ease of Use” for Prescribers and Other State and Federal Stakeholders

Current State:

INSPECT launched a new technology platform on October 11, 2017 called [AWARxE](#). This platform includes new features designed to enhance ease of use for all practitioner and law enforcement roles. The new features include the following:

- 1) Online registration process tailored to specific provider and law enforcement roles.
- 2) Requestor Dashboard- Provides a quick summary of pertinent items, including State Administrator announcements, user’s recent patient searches, patient alerts, and delegate’s/supervisor’s status.
- 3) Partial name search and proprietary patient matching algorithms.
- 4) The ability to run multiple patient reports in a single form.
- 5) Provider profile editing and password management.
- 6) Delegate/Supervisor roles and delegate management.
- 7) Online user guide accessible within user profiles.

INSPECT is utilized by some of Indiana Medicaid’s managed care entities (MCEs) for a variety of functions, including:

- **Compliance with the Right Choices Program (RCP)** – Controlled substance dispensing records of RCP enrollees are verified through INSPECT to monitor member compliance with RCP rules. This information is then used by care coordinators within the MCE to modify care plans as necessary based on pharmacy utilization patterns reflected on the INSPECT reports.
- **Pharmacy Appeals** – Information from INPSECT can be used to gain insight into medication adherence and a member’s overall drug regimen.
- **Prior Authorization Criteria** – PA criteria for opioid analgesics require a prescriber to monitor adherence to the opioid regimen, which can be monitored through INSPECT.

Future State:

Indiana will continue to pursue the release of new program capabilities, such as annual delegate re-verification, investigative patient request alias searches, and a patient demographic ID for out-of-State patients.

Summary of Action Items:

The following list includes actions items that Indiana will be pursuing during the next 12 months around this topic:

- Continue to work with the INSPECT platform vendor to complete these releases and activate them by the end of Q2 2018

Milestone: Enhanced Connectivity between the State's PDMP and Any Statewide, Regional, or Local Health Information Exchange

Current State:

Currently, there is no connectivity between INSPECT and any health information exchange for non-State PMP data.

Indiana Medicaid's MCEs have data sharing agreements with health information exchanges, such as the Indiana Health Information Exchange (IHIE) and the Michiana Health Information Network (MHIN). This allows those entities to receive information around inpatient admissions, laboratory testing, and outpatient encounters. However, data sharing around members with SUD is limited to due HIPAA restrictions.

Future State:

A terms & conditions agreement that is required for all participants in the integration initiative has been sent to State health information exchanges. The INSPECT vendor has offered to integrate State PMP data into the health information exchange system through [PMP Gateway](#), which transmits encrypted data only through the system until it can be viewed by the end user (requesting physician or pharmacist).

Summary of Action Items:

The following list includes actions items that Indiana will be pursuing throughout the next 12 months around this topic:

- INSPECT will work to provide encrypted State PMP data to the health information exchanges that submit a signed terms & conditions document to the State.

Milestone: Enhanced Identification of Long-Term Opioid Use Directly Correlated to Clinician Prescribing Patterns

Current State:

An important step in identifying long-term opioid use and addressing the appropriateness of this treatment is the consideration of the prescriber's specialty. Prescribers routinely treating chronic pain will typically have different prescribing habits than those treating patients for acute pain. In October of 2017, INSPECT implemented a new technology platform that would be used by practitioners. One of the many new features is a requirement for physicians to add specific specialty information into their PDMP profile.

[Senate Enrolled Act 221 \(2018\)](#) requires all prescribers of controlled substances to register with INSPECT and search an individual's prescription history prior to prescribing an opioid or benzodiazepine to the individual. Before this State legislation, regular searches through the INSPECT system were voluntary. This State requirement will deter individuals from rotating among doctors for multiple opioid prescriptions. The requirement will be enforced on the following schedule:

- By January 1, 2019, all prescribers in emergency rooms and pain management clinics must be registered with and actively utilize INSPECT.
- By January 1, 2020, all prescribers in hospital settings must be registered with and actively utilize INSPECT.
- By January 1, 2021, all other prescribers must be registered with and actively utilize INSPECT.

Future State:

Specialty data can be used by the State Administrators in the future to produce prescriber 'report cards', which will provide an understanding of where prescribers rank in terms of the number of opioid prescriptions per patient load in comparison to all other prescribers within a particular specialty.

Summary of Action Items:

The following list includes actions items that Indiana will be pursuing during the next 24 months around this topic:

- Data from INSPECT will be used to create prescriber report cards that will help educate physicians about their own prescribing patterns.

Current and Future PDMP Query Capabilities

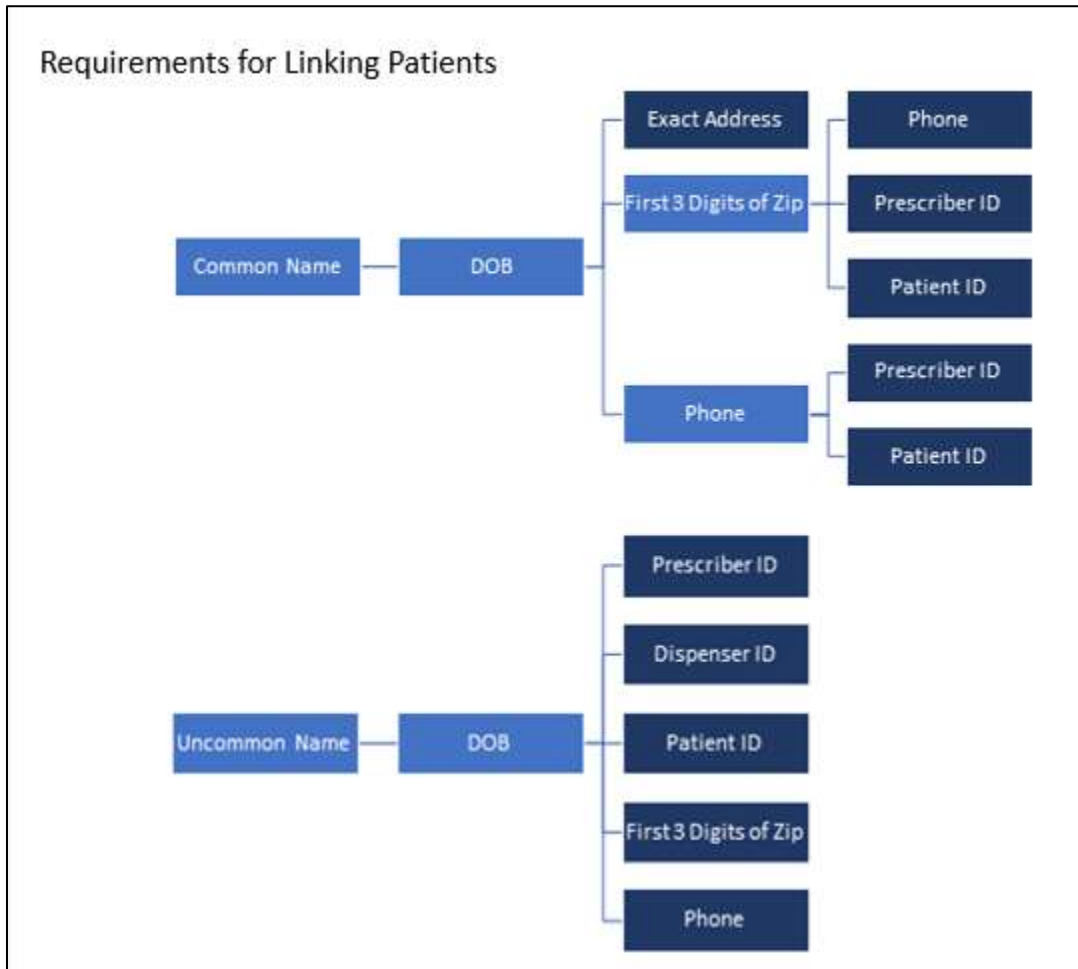
Milestone: Facilitate the State’s Ability to Properly Match Patients Receiving Opioid Prescriptions with Patients in the PDMP (I.E. the State’s Master Patient Index Strategy with Regard to PDMP Query)

Current State:

States on the AWARe platform share the same patient linking algorithm. This algorithm contains “fuzzy” logic that allows the system to recognize records that should be consolidated but do not necessarily contain an exact match on first name, last name, and date of birth, such as nicknames (Robert/Bob), common misspellings, and mistyped or transposed numbers in a date of birth. In order to prevent incorrect linkages, the system will only allow either a “fuzzy” name match or a “fuzzy” date of birth match to trigger a link (not both).

Once a match on first and last name is identified, the algorithm will look for additional information within the dispensation record to ensure that the linkage is correct. The algorithm has different requirements for linking patients, depending on whether the patient name is common or uncommon.

Figure 3: Requirements for Linking Patients



Future State:

Indiana will work towards enhanced patient matching by providing a patient demographic ID that displays linked records for PMP InterConnect records exactly as it does currently for in-State records.

Summary of Action Items:

The State’s master patient index is developed by the INSPECT technology platform vendor. The actions needed for enhancements to the MPI are primarily the responsibility of the vendor. This work will continue over the next 24 months.

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

Milestone: 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

Current State:

An enterprise license for the PMP Gateway integrated solution product was purchased by Indiana to integrate PDMP data directly into electronic health records and pharmacy management systems. On August 24, 2017, INSPECT launched a Statewide integration initiative that would provide clinical workflow integration services to all qualified healthcare entities within the State of Indiana at no charge to the facilities, their affiliates, or employees. The integrated solution removes the need for practitioners to leave their primary workflow and sign in to the State PDMP web portal to access their patient's prescription history. The time required to run a patient INSPECT report is reduced from 3-4 minutes down to 5-8 seconds per report. The PMP Gateway product is only compatible with electronic health records and pharmacy management systems and is not available for law enforcement users. Law enforcement users will still have access to the web portal.

Future State:

The INSPECT integration initiative is a three-year phased in approach, beginning with larger facilities and those located in counties that have reported the highest number of drug poisoning deaths in recent years.

Summary of Action Items:

INSPECT is providing education around the initiative and the necessary steps to register for integration by partnering with stakeholder groups, developing a marketing campaign, and reaching out directly to electronic health record vendors. This effort will continue over the next 36 months.

Overall Objective for Enhancing PDMP Functionality & Interoperability

Milestone: 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

Current State:

INSPECT collects payment methods for all controlled substance prescriptions. This information is available within each patient's report. Medicaid fraud investigators are given access to the State PDMP for investigative purposes.

Future State:

When used consistently by practitioners, PDMPs can reduce doctor shopping and inappropriate overprescribing. However, research suggests that PDMPs will not reach desired levels of efficacy without improvements in usability and accessibility. By implementing a new technology platform and investing in direct EHR integration to provide near real-time patient prescription histories within clinical workflows, Indiana is addressing the greatest barrier to widespread use of prescription drug monitoring programs.

Summary of Actions Needed:

Indiana will continue provider education and integration of healthcare facilities.

Conclusion

To reiterate, Indiana has a sufficient health IT infrastructure at every level, including the State Medicaid and pharmacy systems, MCE systems, and individual provider systems to achieve the goals of the demonstration. Indiana Medicaid's SUD Health IT Plan is aligned with the State's broader State Medicaid Health IT Plan. This document was previously updated in 2016 and will be likely be updated towards the end of 2018.

Indiana will review the applicability of standards referenced in the Interoperability Standards Advisory (ISA) and 45 CFR 170 Subpart B for potential inclusion into our managed care entities contracts. The following standards are currently utilized by our MCEs:

- **Electronic Prescribing** – The MCEs have electronic prescribing functionality. As indicated above, State law now mandates that prescribers access the State’s prescription drug monitoring program (INSPECT) prior to prescribing an opioid or benzodiazepine to a member.
- **Documenting and Sharing Care Plans** – The MCEs are contractually obligated to share care plans with primary medical providers (PMPs) and behavioral health providers with appropriate consent. This is a significant challenge for individuals with SUD due to HIPAA restrictions. However, all of the health plans have the IT infrastructure to share this information.
- **Admission, Discharge, and Transfer Alerting and Messaging** – The MCEs have agreements health information exchanges, such as the Indiana Health Information Exchange (IHIE) and the Michiana Health Information Network (MHIN). Patient consent is required for any substance use disorder records.
- **Clinical Quality Measurement and Reporting** – The MCEs report on the following HEDIS quality measures related to substance use disorder on a quarterly basis:
 - Follow-up after emergency department visits for alcohol and other drug abuse or dependence
 - Initiation and engagement of alcohol and other drug abuse or dependence treatment.

Finally, Indiana Medicaid will coordinate with IPLA on developing performance metrics that demonstrate progress towards increasing the overall utilization of INSPECT. Available metrics include:

- Total number of registered INSPECT users
- Total number of INSPECT users who login on a daily or monthly basis
- Total number of patient requests through INSPECT

Implementation Administration

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