

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

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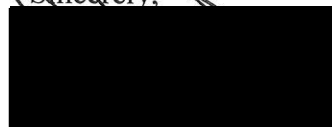
James Jones, Medicaid Director
Division of Medicaid Services
Department of Health Services
1 West Wilson Street, Room 350
Madison, WI 53702

Dear Mr. Jones:

The state of Wisconsin submitted its Substance Use Disorder (SUD) Implementation Plan Protocol as required by the Special Terms and Conditions (STC) 27 of the state's BadgerCare Reform Medicaid section 1115(a) demonstration (Project Number 11-W-00293/5). The Centers for Medicare & Medicaid Services (CMS) has reviewed the SUD Implementation Plan Protocol and determined that it is consistent with the requirements outlined in the STCs; therefore, with this letter, the state may now begin receiving Federal Financial Participation (FFP) for Wisconsin Medicaid recipients residing in Institutions for Mental Disease (IMD) under the terms of this demonstration for the period starting with the date of this approval letter through December 31, 2023. A copy of this approved protocol is enclosed and is also hereby incorporated into the STCs as Attachment B.

Your project officer, Mai Le-Yuen, can be reached by phone at (312) 353-2853, or by e-mail at Mai.Le-Yuen@cms.hhs.gov, should you have any questions about your demonstration. We appreciate the state's cooperation throughout the review process.

Sincerely,



Andrea J. Casart
Director
Division of Medicaid Expansion Demonstrations

Enclosure

cc: Ruth A. Hughes, Deputy Director, Field Operations North

State of Wisconsin
BadgerCare Reform Demonstration Project

Substance Use Disorder Implementation
Protocol

September 24, 2019

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1.0 Introduction

Wisconsin's Section 1115 BadgerCare Reform Demonstration Waiver was approved on October 31, 2018. The approved waiver includes expansion of coverage for the continuum of Substance Use Disorder (SUD) treatment. Although Wisconsin Medicaid currently covers a robust array of treatment for members with SUD, including outpatient counseling, day treatment, psychosocial rehabilitation, medication-assisted treatment (MAT), and inpatient treatment, some gaps remain in the availability of clinically-appropriate, evidence-based treatment.

The waiver authorizes federal funding for treatment provided to Medicaid members in Institutions for Mental Diseases (IMD), allowing Wisconsin Medicaid to establish a residential treatment benefit that provides coverage in all state-certified residential programs, regardless of size. As a result, Wisconsin Medicaid members will have access to high quality, evidence-based opioid use disorder (OUD) and other SUD treatment services.

This document serves as the BadgerCare Reform Demonstration Waiver Implementation Protocol. In accordance with Standard Terms and Conditions (STC) #27 in the waiver, the implementation protocol describes the strategic approach and project plan to meet required milestones for SUD treatment reform in Wisconsin.

Specifically, Wisconsin Medicaid's overall goals for SUD treatment reform include:

1. Increased rates of identification, initiation and engagement in treatment for OUD and other SUDs;
2. Increased adherence to and retention in treatment for OUD and other SUDs;
3. Reductions in overdose deaths, particularly those due to opioids;
4. Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;
5. Fewer readmissions to the same or higher level of care where readmissions is preventable or medically inappropriate for OUD and other SUD; and
6. Improved access to care for physical health conditions among beneficiaries with OUD or other SUDs.

Wisconsin Medicaid has identified the following milestones to meet during the project implementation:

1. Access to critical levels of care for OUD and other SUDs;
2. Widespread use of evidence-based, SUD-specific patient placement criteria;
3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications;
4. Sufficient provider capacity at each level of care, including MAT;
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD; and
6. Improved care coordination and transitions between levels of care.

2.0 Milestone Completion

Over the course of the demonstration, Wisconsin Medicaid will work with internal and external stakeholders to develop, implement, and monitor SUD treatment initiatives designed to achieve the following milestones:

2.1 Access to Critical Levels of Care for OUD and Other SUDs

Wisconsin Medicaid will establish new coverage policies and enhance existing benefits to provide members access to the full continuum of care for SUD treatment. Currently, Wisconsin Medicaid's largest coverage gap is for the residential level of care. Under this demonstration, Wisconsin will develop coverage policies for residential facilities, including IMD facilities that are not otherwise eligible for matched expenditures under Section 1903 of the Social Security Act.

Following implementation of the new residential benefit by February 2020, Wisconsin Medicaid will reassess coverage for each level of care to identify any additional gaps or barriers to treatment. Initiatives to remove treatment barriers will be prioritized so that Wisconsin Medicaid members can access SUD treatment at the appropriate level of care.

The following table provides an overview of each critical level of care with current Wisconsin Medicaid coverage along with proposed changes.

| Level of Care | Current State | Future State | Summary of Actions Needed |
|-------------------------------|---|---|--|
| Outpatient Services | This is an existing service under the State Plan. | Continue to monitor and evaluate services and expenditures. | No immediate action. Will review coverage policies following implementation of residential benefit and update to State regulations. |
| Intensive Outpatient Services | This is an existing service under the State Plan. | Continue to monitor and evaluate services and expenditures. | No immediate action. Will review coverage policies following implementation of residential benefit and update to State regulations. |
| Medication Assisted Treatment | This is an existing service under the State Plan. | Continue to monitor and evaluate services and expenditures. | No immediate action. Will review coverage policies following implementation of residential benefit and update to State regulations. |

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| <p>Residential Treatment Services</p> | <p>The component services of Residential Treatment (e.g. outpatient counseling) are existing services under the State Plan.</p> | <p>Wisconsin Medicaid will develop a new benefit under this demonstration, designed to establish a bundled coverage and reimbursement approach for Residential Treatment. Wisconsin will enroll providers certified as transitional residential programs (Wisc. Admin. Code DHS 75.14) and medically monitored treatment services (Wisc. Admin. Code DHS 75.11).</p> <p>Although the regulations for these programs are not explicitly tied to ASAM guidelines, they align with the ASAM Level of Care 3. Transitional residential programs are most closely aligned with sub-level 3.1 and medically monitored treatment programs are most closely aligned with sub-level 3.7. Wisconsin's new benefit will cover both types of treatment programs.</p> | <p>Wisconsin Medicaid will establish coverage and reimbursement policies aligned with American Society of Addiction Medicine (ASAM) criteria and state regulations, including but not limited to: eligible provider criteria, medical necessity criteria, claims submission and reimbursement guidelines, and utilization management. Benefit design and implementation will be completed by February 2020.</p> |
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| Inpatient Services | This is an existing service under the State Plan. | Coverage for inpatient services will expand to include any previously excluded IMD providers. | Wisconsin Medicaid will provide coverage and reimbursement policy guidance to any facilities previously excluded from providing treatment due to categorization as an IMD. Policy guidance will be distributed to providers by November 2020. |
| Medically Supervised Withdrawal Management | This is an existing service under the State Plan. | Coverage for medically supervised withdrawal management will expand to include any previously excluded IMD providers. | Wisconsin Medicaid will provide coverage and reimbursement policy guidance to any facilities previously excluded from providing treatment due to categorization as an IMD. Policy guidance will be distributed to providers by November 2020. |

2.2 Use of Evidence-based, SUD-specific Patient Placement Criteria

Wisconsin Medicaid establishes standards for the use of patient placement criteria in Administrative Code Chapter DHS 75, “Community Substance Abuse Service Standards.” These standards already establish requirements for certified SUD treatment programs to use approved patient placement criteria. Further, the Wisconsin Department of Health Services (DHS) is currently drafting language to revise ch., DHS 75, including updated references to ASAM guidelines.

| Milestone Criteria | Current State | Future State | Summary of Actions Needed |
|--|---|--|--|
| <p>Implementation of requirement that providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools that reflect evidence-based clinical treatment guidelines</p> | <p>Wis. Admin. Code ch. DHS 75 requires all certified programs to use the Wisconsin-Uniform Placement Criteria (UPC), ASAM patient placement criteria, or other similar patient placement criteria approved by the department. In practice, many certified programs are using the ASAM placement criteria.</p> <p>The WI UPC is a SUD-specific, multidimensional assessment tool first implemented in 1996. This tool established uniform definitions of levels of care, improved patient placement consistency, and established adoption of common standards of program admission, continued stay, and discharge criteria.</p> <p>Admission to a program is based on an intake procedure that includes screening, approved patient placement criteria, and initial assessment.</p> | <p>Wisconsin Medicaid will revise Wis. Admin. Code DHS 75 to update references to ASAM patient placement criteria and clarify whether any additional standards are approved.</p> | <p>The revisions to administrative code were authorized by Wisconsin’s governor in July 2018. The new regulations will follow the state’s rulemaking process.</p> <p>Listening sessions were held on 5/21/19, 5/23/19, 6/17/19, 6/20/19, 6/27/19, and 7/16/19. The input collected through these sessions is incorporated in rule drafting. A rule draft will then be shared with an Advisory Committee for discussion and comment. This phase of rulemaking will continue through 2019.</p> <p>Following revisions suggested by the Advisory Committee, the draft rule will be published for public comment and analysis of economic impact in 2020.</p> <p>Final rule approval by the Wisconsin legislature is anticipated by early 2021, but may occur sooner if comments on the draft are limited.</p> |

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| <p>Implementation of a utilization management approach such that (a) beneficiaries have access to SUD services at the appropriate level of care (b) interventions are appropriate for the diagnosis and level of care (c) there is an independent process for reviewing placement in residential treatment settings</p> | <p>Wis. Admin. Code ch. DHS 75 requires all certified programs to establish intake procedures so that (a) individuals access services at the appropriate level of care and (b) interventions are appropriate for the diagnosis and level of care.</p> <p>DHS Division of Quality Assurance (DQA) (c) conducts site visits and documentation review to ensure providers comply with these standards. Certification reviews take place for the provider’s initial application and renewal applications, including a site visit and license holder and employee background checks. Providers must update their program documentation at least annually and apply for certification renewal at least every 2 years.</p> <p>Wisconsin Medicaid requires prior authorization (PA) of SUD treatment for day treatment programs at the intensive outpatient level of care. PA requests are reviewed by licensed behavioral health clinicians to determine medical necessity, including determining that the</p> | <p>DQA will continue to survey certified SUD treatment programs for compliance with provider credentialing standards, including requirements for use of patient placement criteria.</p> <p>Wisconsin Medicaid will develop utilization management policies (e.g. service authorizations) for Medicaid reimbursement in the design of the residential treatment benefit. The benefit design team will establish policies that balance the need to verify a clinically-appropriate assessment has been performed prior to admitting the individual into residential treatment, including the use patient placement criteria, with the need to rapidly connect individuals with treatment to prevent recurrence of use. The Medicaid team consulted with residential treatment providers in July and August 2019 to solicit their input on the referral, screening, assessment, and admissions process for their programs. Using this information, the benefits team is developing</p> | <p>Wisconsin Medicaid will establish utilization management policies.</p> <p>Wisconsin Medicaid will publish authorization requests forms by December 2019 and provide training to residential treatment programs on request submission.</p> <p>Target date to implement coverage is no later than February 2020.</p> |
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| | <p>requested treatment is at the appropriate level of care.</p> <p>Managed care organizations contracted with Wisconsin Medicaid can make decisions to provide or deny services on the basis of medical necessity and place appropriate limits on a service for the purpose of utilization management, but cannot define medical necessity in a way that is more restrictive than the definition used by Wisconsin Medicaid.</p> | <p>authorization guidelines for initial admittance to residential treatment and authorization guidelines for continued stays in residential treatment.</p> | |
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2.3 Use of Nationally Recognized SUD-Specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

Wisconsin Medicaid establishes provider qualifications in Administrative Code ch. DHS 75, “Community Substance Abuse Service Standards”. DHS is currently drafting language to revise ch. DHS 75, including updated references to evidence-based guidelines.

| Milestone Criteria | Current State | Future State | Summary of Actions Needed |
|--|--|---|--|
| <p>Implementation of residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance. Qualification should meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding, in particular, the types of services, hours of clinical care, and credentials of staff for residential treatment settings</p> | <p>Wisconsin establishes residential treatment provider qualifications in Wisconsin Administrative Code. State standards currently describe the types of services, hours of clinical care, and credentials of staff for transitional residential treatment programs and medically monitored treatment programs.</p> <p>Wisconsin Medicaid intends to use these provider qualifications to determine provider eligibility to deliver residential treatment aligned with ASAM Level of Care 3.</p> | <p>The Wisconsin Division of Care and Treatment Services (DCTS) has begun work to update state administrative code to further align provider qualifications with nationally recognized standards.</p> | <p>The revisions to administrative code were authorized by Wisconsin’s governor in July 2018. The new regulations will follow the state’s rulemaking process.</p> <p>Listening sessions were held on 5/21/19, 5/23/19, 6/17/19, 6/20/19, 6/27/19, and 7/16/19. The input collected through these sessions is incorporated in rule drafting. A rule draft will then be shared with an Advisory Committee for discussion and comment. This phase of rulemaking will continue through 2019.</p> <p>Following revisions suggested by the Advisory Committee, the draft rule will be published for public comment and analysis of economic impact in 2020.</p> <p>Final rule approval by the Wisconsin legislature is anticipated by early 2021, but may occur sooner if comments on the draft are limited.</p> |

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| <p>Implementation of a state process for reviewing residential treatment providers to ensure compliance with these standards</p> | <p>All community SUD programs seeking certification under Wisconsin's administrative code are certified by (DQA). DQA conducts site visits and documentation review to ensure providers comply with these standards.</p> | <p>DQA will continue to certify SUD treatment programs and monitor their compliance with state regulations.</p> | <p>No immediate action.</p> |
| <p>Implementation of requirement that residential treatment facilities offer MAT on-site or facilitate access off site.</p> | <p>There are no current requirements that residential treatment facilities offer MAT on-site or facilitate access off site.</p> | <p>The Wisconsin Division of Medicaid Services is working with partners in DCTS and DQA to determine the appropriate regulatory or policy document to establish a requirement for residential treatment facilities to offer MAT on-site or facilitate access off site. Staff will consider available options, including establishing regulatory requirements in state administrative code or reimbursement requirements in Medicaid coverage policies. Staff will assess the impact of the options on current and potential treatment programs and determine which approach will maximize the availability of residential SUD treatment in Wisconsin while ensuring individuals in treatment have access to evidence-based treatment approaches.</p> | <p>DHS staff will implement the requirement by November 2020.</p> |

2.4 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD

Wisconsin Medicaid will use data from the state’s Medicaid Management Information System (MMIS) to evaluate provider capacity. Additional information regarding the data collection, reporting, and analytic methodologies will be described in the SUD Monitoring Protocol.

| Milestone Criteria | Current State | Future State | Summary of Actions Needed |
|---|---|---|--|
| <p>Completion of assessment of the availability of providers enrolled in Wisconsin Medicaid and accepting new patients in the following critical levels of care throughout the state (or at least in participating regions of the state) including those that offer MAT:</p> <ul style="list-style-type: none"> • Outpatient services • Intensive outpatient services • MAT (medications as well as counseling and other services) • Intensive care in residential and inpatient settings • Medically supervised withdrawal management | <p>Wisconsin Medicaid currently enrolls healthcare professionals and programs in categories aligned with their state licensure or certification. Wisconsin will use a combination of DEA registration, state program certification, and state licensure information collected during provider enrollment to identify SUD treatment providers, including those that offer MAT.</p> | <p>As Wisconsin Medicaid updates licensure or certification requirements, including revisions to Wis. Admin. Code ch. DHS 75, it will update its methodology to assign the new provider credentials with the appropriate level of care.</p> | <p>Wisconsin will complete baseline measurements for provider capacity at each level of care by November 2019.</p> |

2.5 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

Wisconsin Medicaid has and continues to make broad efforts across the state to address the drug abuse epidemic sweeping our communities. Initiatives included Medicaid program coverage revisions as well as broader community initiatives to address opioid addiction. The Wisconsin legislature enacted 30 bills for system improvements directly related to substance use disorders under the Heroin, Opioid Prevention and Education (HOPE) Agenda.

In Wisconsin, controlled substance dispensing initiatives resulted in a 29% decline in opioid prescriptions (1.5 million fewer prescriptions), a 19% decline in benzodiazepines (445,000 fewer prescriptions), and a flat trend in stimulant prescriptions from 2015 to 2018.

| Milestone Criteria | Current State | Future State | Summary of Actions Needed |
|---|---|--|-----------------------------|
| <p>Implementation of opioid prescribing guidelines along with other interventions to prevent opioid abuse</p> | <p>Wisconsin Medicaid established prescribing guidelines in alignment with Centers for Disease Control and Prevention (CDC) guidance. The Wisconsin Medical Examining Board (MEB) published Opioid Prescribing Guidelines in 2016. The MEB published updated guidelines in 2018.</p> <p>Wisconsin Medicaid's Drug Utilization Review (DUR) Board has been focused on opioid related activities. These activities include targeted intervention focused on opioid prescribing when a member's medication use may be outside of published guidance (i.e., CDC Opioid Prescribing Guidelines). Wisconsin Medicaid has drug/drug related criteria that is used to send physicians education letters alerting them to a clinical concern and pharmacies receive a drug/drug alert informing them of a clinical concern before the medication is dispensed.</p> <p>Wisconsin Medicaid has an opioid script limit of five prescription fills a</p> | <p>Continue to monitor and evaluate.</p> | <p>No immediate action.</p> |

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| | <p>month for opioids and some quantity limits for certain opioid products. There is a process in place for the pharmacy to receive an override in case a member needs to exceed the limits for clinically appropriate reasons.</p> | | |
| <p>Expanded coverage of, and access to, naloxone for overdose reversal.</p> | <p>2013 Wisconsin Act 200 established expanded access to naloxone, allowing pharmacies to dispense naloxone via a standing order. In August 2016, DHS issued a statewide standing order allowing any pharmacy to use the order to dispense naloxone.</p> <p>Wisconsin Medicaid covers Naloxone as a preferred drug and does not require prior authorization for coverage.</p> <p>In 2018, Wisconsin Medicaid expanded reimbursement policy to allow Opioid Treatment Programs to be reimbursed for dispensing naloxone.</p> | <p>Continue to monitor and evaluate.</p> | <p>No immediate action.</p> |
| <p>Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs</p> | <p>See attachment A for additional detail.</p> | <p>See attachment A for additional detail.</p> | <p>See attachment A for additional detail.</p> |

2.6 Improved Care Coordination and Transitions between Levels of Care

| Milestone Criteria | Current State | Future State | Summary of Actions Needed |
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| Additional policies to ensure coordination of care for co-occurring physical and mental health conditions | <p>Current certification requirements for community SUD treatment programs include requirements for assessment, referral, and aftercare services that are designed to ensure all health needs for an individual in treatment are identified and addressed.</p> <p>Wisconsin Medicaid integrates the majority of behavioral health services into its risk-based contracts for managed care. This approach to contracting ensures the managed care entity meets coverage requirements for both physical and behavioral health conditions and coordinates services across these domains.</p> | <p>Wisconsin Medicaid will continue to evaluate the array of services carved into its risk-based managed care contracts to further integrate physical and mental health services. The new residential SUD benefit will be carved into acute managed care plans effective January 2020 to ensure coordination between physical and behavioral health services.</p> <p>Wisconsin Medicaid will also identify opportunities to develop more intensive care coordination models for individuals with SUD, including health homes or other intensive care coordination models. Initial analysis of the health home model for enhanced care coordination for individuals with SUD will be completed in 2020.</p> | <p>Wisconsin Medicaid will revise acute managed care contracts by January 2020 and conduct ongoing monitoring through managed care provider network and quality monitoring.</p> |

3.0 Implementation Administration

Please see below for the Wisconsin Medicaid’s point of contact for the Implementation Plan.

Name and Title: Sophia Lee, Behavioral Health Analyst, Division of Medicaid Services

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4.0 Relevant Documents

No additional documents.

Attachment A – SUD Health Information Technology (IT) Plan

Section I.

This section is a continuation of milestone 5 to detail the use of the Prescription Drug Monitoring Program (PDMP) and the State Medicaid Health IT Plan (SMHP). As described in Table 1, Wisconsin Medicaid has developed and implemented an enhanced prescription drug monitoring program (ePDMP).

Wisconsin Medicaid recognizes the value of developing new and innovative tools to connect individuals with timely and appropriate SUD treatment and reduce administrative burden for treatment providers and other healthcare partners. The DHS eHealth Team conducts a Health Information Technology (HIT) landscape assessment each year to evaluate current HIT capabilities and define strategies Wisconsin Medicaid can pursue to advance health IT maturity and objectives.

Initial research identified key priorities to assess and further the adoption and use of HIT among treatment providers, including the need to conduct a behavioral health specific HIT landscape assessment, develop consent management tools to facilitate the flow of clinical information, and improve access to care through telehealth delivery of services. Details on Wisconsin Medicaid’s strategic approach to these priorities will be included in an upcoming version of the SMHP.

Wisconsin Medicaid provides assurance that there is existing health IT infrastructure that may be leveraged in conjunction with future HIT initiatives to accomplish the goals of this demonstration.

Table 1.
State HIT / PDMP Assessment & Plan

| Milestone Criteria | Current State | Future State | Summary of Actions Needed |
|---|---|---|--|
| Prescription Drug Monitoring Program (PDMP) Functionalities | | | |
| Enhanced interstate data sharing to better track patient specific prescription data | Wisconsin Medicaid is connected to the National Association of Boards of Pharmacy (NABP) Prescription Monitoring Interconnect (PMPi) and is currently sharing data with 18 other states. Wisconsin Medicaid is in the process of connecting to RxCheck, an additional data sharing hub. | Wisconsin Medicaid will be connected to a second interstate data sharing hub in 2019 and will continue to connect with additional compatible states for interstate data sharing. Work is underway to ensure interstate data can be presented to end users who access PDMP reports from within the workflow of their | PDMP is awaiting determination from NABP about whether there will be a modified memorandum of understanding to address whether it is allowable for interstate data to be presented to end users who access the PDMP reports from within their EHR workflow. The timeline for |

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| | | electronic health record (EHR). | connecting to the additional data sharing hub is dependent on interstate coordination. Additional information on progress for interstate data sharing will be provided to CMS as Implementation Updates via quarterly monitoring reporting. |
| Enhanced “ease of use” for prescribers and other state and federal stakeholders | Wisconsin Medicaid developed and launched a new PDMP application in 2017 with extensive input from stakeholders to improve the PDMP’s ease of use. The new web application streamlines registration and reduces the number of clicks for healthcare users to access patient reports. Analytics and visualizations are used in patient reports to bring the most relevant information from a patient’s PDMP prescription history to the immediate attention of the user. Wisconsin has also developed a single sign on service offering for prescribers to be able to access patient reports from within their electronic medical record. | PDMP continues to gather feedback from stakeholders about desirable enhancements to continue to improve ease of use. This feedback has been developed as part of a user-led enhancement grant project through the U.S. Department of Justice, Bureau of Justice Assistance. | The user-led enhancement grant project will finalize the selection of any enhancements by October 2019. |

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| Enhanced connectivity between the state’s PDMP and any statewide, regional or local health information exchange | The Wisconsin Statewide Health Information Network is one of the entities that offer the single sign on connection to the PDMP from within the community health record. | Continue to monitor and evaluate. | No immediate action. |
| Enhanced identification of long-term opioid use directly correlated to clinician prescribing patterns ¹ (see also “Use of PDMP” #2 below) | Long term opioid therapy is currently one of the data-driven alerts that are included in the patient report to help inform prescribers of concerning elements of their patients’ prescription history. Alerts figure not only on patient reports but also on prescriber metrics reports that are available to prescribers as a self-assessment tool, to medical coordinators who oversee prescribers, and to the boards that review PDMP data to look for outlying prescribing practices. | PDMP is considering inclusion of an analytics-driven alert to flag patients who are opioid naïve/do not have history of long-term opioid use. | No immediate action. |
| 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) | The PDMP uses data quality software to perform patient matching. | Continue to monitor and evaluate. | No immediate action. |

¹ 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 | Wisconsin Medicaid has developed a single sign on (SSO) service offering for prescribers to be able to access patient reports from within their electronic medical record. Analytics and visualizations are used in patient reports. | Continue to monitor and evaluate. | No immediate action. |
| 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 | State law requires prescribers to review the PDMP prior to issuing a prescription order for a controlled substance. When prescribers review their patients' reports, they see alerts and visualizations based on analytics bring the most relevant information from a patient's PDMP prescription history to the immediate attention of the user. | Continue to monitor and evaluate. | No immediate action. |
| Master Patient Index / Identity Management | | | |
| Enhance the master patient index (or master data management service, etc.) in support of SUD care delivery. | The PDMP uses data quality software to perform patient matching. | Continue to monitor and evaluate. | No immediate action. |

| Overall Objective for Enhancing PDMP Functionality & Interoperability | | | |
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| <p>Leverage the above functionalities / capabilities / supports (in concert with any other state health IT, technical assistance or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing—and to ensure that Wisconsin Medicaid does not inappropriately pay for opioids</p> | <p>The Wisconsin Department of Safety and Professional Services sends a monthly data extract to DHS for purposes delineated in a Data Use Agreement between the two agencies. The medical coordinator role in PDMP allows those who oversee prescribers to view non-patient-identifiable prescribing practice assessment metrics for the patients they oversee, which allows them to better identify prescribers that may present an opportunity for education about safe opioid prescribing practices. Prescribers can view their own metrics to see how their prescribing compares to their peers of the same specialty, and prescribing boards review similar metrics to help identify critically dangerous prescribing practices for further investigation and possible disciplinary action.</p> | <p>Continue to monitor and evaluate.</p> | <p>No immediate action.</p> |

Attachment A, Section II – Implementation Administration

Please see below for Wisconsin Medicaid’s point of contact for the SUD Health IT Plan.

Name and Title: Mitzi Melendez, eHealth Section Chief, Division of Medicaid Services

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Attachment A, Section III – Relevant Documents

No additional documentation.