MHA/DHS Opioid Prescribing Report July 24, 2019, Webinar Questions

ACCESSING REPORTS AND MN–ITS

1. **Why is DHS using MN–ITS to deliver the reports instead of a more convenient option?**
   Minnesota Department of Human Services (DHS) is statutorily mandated to protect the privacy of individual providers when issuing the first set of prescribing reports. MN–ITS is an existing DHS online tool that is not only secure, but also efficient and cost-effective. As our work on this project progresses, we will continue to seek out a delivery method that works better for providers.

2. **How can a clinic register as a primary administrator to receive reports for providers?**
   The report is specific to the prescribing provider and not the clinic. When the prescribing provider receives the MN–ITS registration letter, the provider can have anyone in their clinic log in to MN–ITS and register. The name that is entered during the initial registration is automatically assigned the primary administrator role. If the primary administrator is not the prescribing provider, we recommend adding the prescribing provider as an additional user.

3. **I didn't receive a letter to register for MN–ITS?**
   The Provider Call Center can assist with MN–ITS questions. They can be reached at 800-366-5411 or 651-431-2700.

4. **How does DHS obtain the clinician's mailing address?**
   DHS uses the mailing address we have in our records when providers submitted their enrollment application.

5. **What are the hours for the Provider Call Center? Will they be extended to accommodate clinicians' schedules?**
   The Provider Call Center hours are 8 a.m. - 4:15 p.m. There are no plans to extend hours now, but we will examine the possibility of extending them in the future.

6. **I haven't registered for my MN–ITS account, can I still get my report?**
   Providers who registered for their MN–ITS accounts before July 30 received their electronic reports on July 31, 2019. On August 16, 2019, all providers who did not register for a MN–ITS account were sent their report via U.S. Postal Service at the mailing address we have on file with Provider Eligibility and Compliance. Providers must still register for MN–ITS to receive the next report through the MN–ITS mailbox.

REPORT CONTENT

7. **Can you clarify how DHS is determining acute, post-acute and chronic?**
   The pain stages defined by statute are as such:
   a) Acute: prescribing for the interval of up to four days immediately after an acute painful event;
   b) Post-Acute: prescribing for the interval of up to 45 days after an acute painful event; and
   c) Chronic: prescribing for chronic pain, which for purposes of this program means pain lasting longer than 45 days after an acute painful event

8. **What period does the report cover?**
   The report data encompasses 2018 and includes opioids prescribed in outpatient settings to Minnesota Medicaid and MinnesotaCare members. These data do not come from Minnesota Prescription Drug Monitoring Program. The reports do not include opioids prescribed in inpatient settings and individuals with cancer or receiving hospice services are excluded. Medications used to treat opioid disorder are also excluded.

SPECIALTIES AND EXCLUSIONS

9. **Does the quality improvement (QI) threshold change based on your specialty?**
   The QI thresholds are standard for all prescribers, except for surgeons. Surgeons are exempt from Measure 1 and in Measure 2, have a total dose threshold of 200 morphine milligram equivalents (MME) (vs. 100 MME for all other providers). For purposes of the report, the "surgery" specialty group includes:
   - Obstetrics and Gynecology
   - Ophthalmology
   - Oral and Dental Surgery
   - Orthopedic surgery
   - Otolaryngology
   - Podiatry (surgical)
   - Surgery
   - Urology

10. **What types of providers are not subject to reports?**
    By law, QI shall not apply to opioids prescribed for *patients* who are experiencing pain caused by a malignant condition or who are receiving hospice care, or to opioids prescribed as medication-assisted therapy to treat opioid dependency.

11. **Why don't the reports consider secondary designation on NPI for Advanced Practice Providers (APP)?**
    The NPI was used for comparison purposes only, allowing providers to see how their prescribing relates to clinical peers. The thresholds do not actually vary by provider type. For that reason, DHS considered just the primary taxonomy code for all providers, including APPs. There is, however, an exception for surgery. Surgical practitioners are exempt from Measure 1 and have a threshold of 200 MME on Measure 2. All practitioners, including APPs, should review their primary taxonomy code at the NPI Registry. If the most appropriate taxonomy code for your practice is not sufficiently specific (as may be the case for some APPs), next year's special cause exemption process may also come into play.

12. **Why aren't there exemptions for APPs?**
    The OPIP legislation requires that the program applies to all practitioners who prescribe opioids, unless their patients are excluded (e.g., for cancer or hospice care). When OPIP's quality improvement phase is launched next year, any prescriber, including APPs, may seek a special cause exemption. Criteria for such exemptions will be announced in conjunction with more information about the quality improvement phase before it is launched.

13. **Why are hospice providers receiving reports when they are excluded by law?**
    A small number of hospice providers will receive prescribing reports. Data exclusions for hospice operate at the enrollee level, not the provider level. Thus, if a part-time hospice provider prescribed opioid to non-hospice patients, the data about the non-hospice patients would be reflected in the prescribing report. Additionally, it is possible that a patient had a hospice claim slightly outside of the measurement year but an opioid claim within the measurement year, or DHS had not yet received the hospice claim at the time we ran the data (but had received the opioid prescription claim for that individual), as pharmacy claims are received more quickly than medical claims. By the same logic, it is possible that opioids prescribed for a small number of cancer patients might also generate a report for oncologists. DHS will work with and such hospice and cancer treatment providers to ensure that they are appropriately exempted from quality improvement requirements, if applicable.

14. **Why aren't exclusions made for pain specialists?**
    The reports were designed to reflect and measure the evidence-based best practices upheld in the 2018 MN Opioid Prescribing Guidelines, which addresses treatment of chronic pain and are consistent with the CDC Guideline for Prescribing Opioids for Chronic Pain. When OPIP's quality improvement phase is launched next year, any prescriber, including pain specialists, may seek a special cause exemption. Criteria for such exemptions will be announced in conjunction with more information about the quality improvement phase before it is launched.

MISCELLANEOUS

15. **How can I contact DHS about my report?**
    You may contact DHS via webform or email: dhs.opioid@state.mn.us

16. **Where do we find the recommended dosage guidelines?**
    The 2018 Minnesota Opioid Prescribing Guidelines on the OPIP website

17. **2019 legislation requires providers to complete two hours of CME unless they are "participating in the Opioid Prescribing Improvement Program" and therefore exempts the provider from the mandatory CME. Can you clarify what the interpretation is for "participating in OPIP" means?**
    We are awaiting legal guidance from the Minnesota Attorney General's office as it relates to this question.

18. **Will DHS provide a certificate of completion for the CME exemption?**
    The Department of Human Services will be working with each of the relevant licensing boards to implement the CME exemption in the most efficient way for all parties—individual prescribers, DHS and the boards.