

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**OKLAHOMA'S OVERSIGHT OF
MEDICAID OUTPATIENT SERVICES
FOR OPIOID USE DISORDER WAS
GENERALLY EFFECTIVE**

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Amy J. Frontz
Deputy Inspector General
for Audit Services

August 2021
A-06-20-08000

Office of Inspector General

<https://oig.hhs.gov>

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OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

Report in Brief

Date: August 2021

Report No. A-06-20-08000

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

The United States currently faces a nationwide public health emergency due to the opioid crisis. The high potential for misuse of opioids has led to alarming trends, including record numbers of people developing opioid use disorders (OUDs). In 2018, there were 46,802 opioid-related overdose deaths (69.5 percent of all drug overdose deaths) in the United States. This is one of several nationwide reviews of opioid treatment services in State Medicaid programs. We chose Oklahoma because it has one of the highest prescribing rates of opioids in the United States. Other audits looked at Opioid Treatment Program (OTP) services, but Oklahoma OTP providers were not Medicaid-compensable during our audit period because they provided methadone.

Our objective was to determine whether Oklahoma's oversight of Medicaid OUD drugs and outpatient OUD services from July 1, 2018, through June 30, 2019, was effective.

How OIG Did This Audit

We reviewed and tested internal controls at the Medicaid agency and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). We analyzed OUD drug prescriptions and outpatient counseling services for beneficiaries who received OUD drugs during State fiscal year 2019. Medicaid paid \$5.7 million for 17,127 OUD drug prescriptions and \$482,587 for 9,720 outpatient counseling services for beneficiaries who received OUD drugs.

Oklahoma's Oversight of Medicaid Outpatient Services for Opioid Use Disorder Was Generally Effective

What OIG Found

Oklahoma's oversight of Medicaid OUD drugs and outpatient services was generally effective. Specifically, Oklahoma ensured that facilities and staff met the requirements to provide services, recipients were approved to receive services, and payments were accurate. However, we identified a couple of areas that could be improved. Specifically, most of the people who received OUD drugs did not also receive outpatient counseling services because Oklahoma does not emphasize counseling in conjunction with OUD drugs. In addition, Medicaid beneficiaries are not included in behavioral health contract reviews conducted by ODMHSAS because it focuses on services that are paid with non-Medicaid funds.

What OIG Recommends and Oklahoma Comments

We recommend that Oklahoma consider whether more of an emphasis on counseling could improve OUD outcomes and, if so, take steps to increase the appropriate use of counseling with OUD drugs in outpatient OUD treatment, and develop policies and procedures to ensure Medicaid behavioral health services are reviewed on an ongoing basis.

In written comments on our draft report, Oklahoma concurred with our recommendations and described actions it is taking or may take to address our findings and recommendations. Oklahoma also said that it recognizes that individuals who receive medication assisted treatment drugs should receive therapy and other appropriate health services because providing both medication and therapeutic treatment is a best practice.

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INTRODUCTION

WHY WE DID THIS AUDIT

The United States currently faces a nationwide public health emergency due to the opioid crisis. The high potential for misuse of opioids has led to alarming trends across the country, including record numbers of people developing opioid use disorders (OUDs). According to the Centers for Disease Control and Prevention (CDC), in 2018, there were 46,802 opioid-related overdose deaths in the United States (69.5 percent of all drug overdose deaths). This is one of several nationwide reviews of opioid treatment services in State Medicaid programs. We chose Oklahoma because it has one of the highest prescribing rates of opioids in the United States. CDC data on individual States show that in 2018 Oklahoma providers wrote 79.1 opioid prescriptions for every 100 persons, compared with the average United States rate of 51.4 prescriptions. Other audits reviewed Opioid Treatment Program (OTP) services, but Oklahoma OTP providers were not Medicaid-compensable during our audit period because they provided methadone.¹ As part of the Office of Inspector General's oversight of the integrity and proper stewardship of Federal funds used to combat the opioid crisis, we audited the oversight of OUD outpatient services performed by the Oklahoma Health Care Authority (State agency).²

OBJECTIVE

Our objective was to determine whether the State agency's oversight of Medicaid OUD drugs and outpatient OUD services from July 1, 2018, through June 30, 2019, or State fiscal year (SFY) 2019, was effective.

BACKGROUND

Medicaid Program

The Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the program. Each State administers its Medicaid program in accordance with a CMS-approved State plan. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements.

¹ After our audit period, to comply with the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, Oklahoma inserted a new section in Title 317 of the Oklahoma Administrative Code (OAC). This new section (317:30-5-241.7) provided coverage under Oklahoma's Medicaid program for medically necessary OTP services, including methadone. The State agency incorporated this coverage into the Medicaid State plan effective October 1, 2020 (Oklahoma State plan amendment #20-0036).

² Appendix B lists additional reports related to opioid treatment and prescription drug monitoring programs.

Oklahoma's Behavioral Health Oversight

The State agency is responsible for administering the Medicaid program, including processing and paying claims for behavioral health services.³ Its goal is to facilitate quality health care services that will produce positive health outcomes for Oklahoma. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) has oversight responsibility for behavioral health services in Oklahoma. Its mission is to promote healthy communities and provide the highest quality care to enhance the well-being of all Oklahomans. ODMHSAS is primarily State funded (approximately 71 percent); the rest of its funding comes predominantly from Medicaid for individual beneficiary services (17 percent) and Federal grants (11 percent).

The State agency and ODMHSAS have an interagency agreement to ensure that individuals being served by both organizations receive appropriate behavioral health care and to provide reimbursement to ODMHSAS for administrative costs, among other things. The agreement identifies the various roles each organization performs in providing and overseeing behavioral health in Oklahoma.

State Agency Behavioral Health Internal Controls

The State agency has four key control activities to ensure that behavioral health services meet State requirements: (1) provider enrollment, (2) behavioral health program integrity audits, (3) claim processing edits, and (4) pharmacy requirements for medications used to treat OUD (OUD drugs).

For provider enrollment, the State agency screens applications from providers enrolling in the Medicaid program to ensure that the information they provided is accurate and that the providers meet State requirements. The State agency uses CMS's risk-based screening system along with other measures implemented by the State agency, including conducting onsite visits to behavioral health providers. The onsite visits confirm that staff providing behavioral health services maintain proper credentials, that background checks are conducted on all employees, and that the physical space meets safety requirements, among other things. The State agency also conducts onsite revalidation visits to behavioral health providers at least every 4 years.

The behavioral health program integrity team audits behavioral health providers. The team primarily comprises licensed behavioral health professionals from the State agency and ODMHSAS. Most audits start from an outside referral or from data analysis by staff. The audits are provider specific and cover a wide range, e.g., audits of a single type of service, a sample of all services, and staff qualifications. The team conducted 17 audits during SFY 2019, and 7 of them included substance abuse services.

³ Substance abuse services, which include services for OUD, are part of the behavioral health claim category. OUD is characterized by loss of control of opioid use, risky opioid use, impaired social functioning, tolerance, and withdrawal.

The State agency uses the Medicaid Management Information System (MMIS), a computerized payment and information reporting system, for processing and paying claims for behavioral health services. The MMIS has general claim edits to authenticate Medicaid claims by checking for valid provider and recipient information and service eligibility (e.g., prior authorization necessity and service allowability). The MMIS also tests current claims against claims history to ensure that services have not previously been billed and paid.

The State agency also has pharmacy requirements for OUD drugs. Prescriptions for OUD drugs must include an identification number issued by the Drug Enforcement Administration indicating that the doctor has met Substance Abuse and Mental Health Services Administration (SAMHSA) requirements to prescribe them. Additionally, the State agency applies quantity and frequency limits on OUD drugs, and prior authorization was required for them during SFY 2019.⁴ Prescribers may appeal instances when a prescription is denied payment because it was written for a quantity or frequency above State limits. The State agency contracted with a State pharmacy school to oversee and document the appeals and their resolutions.

Oklahoma Department of Mental Health and Substance Abuse Services Behavioral Health Internal Controls

ODMHSAS also has four key control activities to ensure that behavioral health services meet State requirements: (1) certification of agencies that provide services, (2) annual contract reviews at agencies that provide services, (3) beneficiary prior authorization to receive services, and (4) automated claim analyses to ensure that paid claims meet certain payment rules.

The provider certification staff is responsible for verifying that outpatient behavioral health agencies that provide substance abuse services (e.g., community mental health centers, comprehensive community addiction recovery centers) meet and adhere to the State administrative code. During these certification reviews, ODMHSAS scores each agency in three core areas of standards: organizational, operational, and clinical. Agencies are certified every 1 to 3 years depending on the final score received in the previous certification or recertification.

To help ensure quality of care for behavioral health services, ODMHSAS performs annual reviews at outpatient agencies that contract with it to provide the services. During the reviews, ODMHSAS evaluates whether the staff have the proper licensing, credentials, and certifications to provide services, and that they are receiving the proper amount of continuing education. Additionally, ODMHSAS reviews a random sample of 10 non-Medicaid client files to ensure that their services were appropriately provided and documented.

ODMHSAS requires individuals to obtain prior authorization before they receive many behavioral health services. Provider staff consult with patients and complete an ODMHSAS form that includes information about a patient's reasons for seeking help, such as substance

⁴ Starting July 31, 2019, the State agency no longer required prior authorization for preferred OUD drugs if the doctor met the SAMHSA requirements for prescribing them.

abuse and drug(s) of choice. Prior authorizations establish service utilization limits for each patient and typically last 6 months. A new authorization must be obtained if a patient's care extends beyond the approved timeframe or if the patient requires a change in care. An individual may receive certain crisis services without receiving prior authorization but must get authorization if services continue.

ODMHSAS obtains all claims for behavioral health services from the State agency's MMIS. Data analysts run post-payment edits to identify services that should not have been paid and initiate recoupment from the providers. Examples of these edits include instances in which the providers exceed the monthly utilization cap approved on a patient's prior authorization⁵ or the weekly hours allowed for most outpatient behavioral health services.⁶

HOW WE CONDUCTED THIS AUDIT

We limited our audit to Medicaid OUD drugs prescribed in Oklahoma and outpatient OUD services during SFY 2019. We reviewed and tested internal controls at the State agency and ODMHSAS. We analyzed OUD drug prescriptions and outpatient counseling services for beneficiaries who received OUD drugs.⁷ Medicaid paid \$5,705,066 for 17,127 OUD drug prescriptions, and \$482,587 for 9,720 outpatient counseling services for beneficiaries who received OUD drugs.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology.

FINDINGS

The State agency's oversight of Medicaid OUD drugs and outpatient services was generally effective. Specifically, the State agency ensured that facilities and staff met the requirements to provide services, recipients were approved to receive services, and payments were accurate. However, we identified a couple of areas that could be improved. Specifically, most of the people who received OUD drugs did not also receive outpatient counseling services, and

⁵ OAC 317:30-5-241.3(b)(5)(E)(iii) indicates that unless otherwise specified, providers may not exceed the monthly utilization cap for behavioral health psychosocial rehabilitation services authorized by the individual's prior authorization.

⁶ OAC 317:30-5-241(g) indicates that reimbursement for outpatient behavioral health services is limited to 35 hours per rendering provider per week, which is calculated using a rolling 4-week average. Services for assessments, testing, service plan development, and crisis intervention are not included in this limitation.

⁷ For this report, counseling includes psychotherapy services.

Medicaid beneficiaries were not included in ODMHSAS behavioral health contract reviews designed to help ensure that quality care is provided.

BENEFICIARIES RECEIVED OPIOID USE DISORDER DRUGS WITHOUT COUNSELING

ODU drugs improve a patient's health and wellness by, for example, reducing or eliminating withdrawal and craving symptoms. Medication assisted treatment uses medication combined with behavioral health services to provide an individualized approach to treating substance use disorder, including OUD (42 CFR § 8.2). The Controlled Substances Act stipulates that qualifying providers outside OTPs in office-based settings who receive waivers from SAMHSA (i.e., waived providers) are able to dispense or prescribe Schedule III, IV, or V medications approved by the Food and Drug Administration for OUD (21 U.S.C. § 823(g)(2)).

Counseling helps people with OUD change how they think, cope, and react, and acquire the skills and confidence needed for recovery. CMS, numerous addiction treatment authorities and nationally recognized evidence-based guidelines, such as the American Society of Addiction Medicine's (ASAM's) *National Practice Guidelines for the Use of Medications in the Treatment of Addiction Involving Opioid Use*, and SAMHSA's *Treatment Improvement Protocol (TIP) 40* indicate that counseling for individuals taking OUD drugs can be helpful in treating OUD.⁸ SAMHSA's *TIP 63, Medications for Opioid Use Disorders*, indicates that although counseling greatly benefits many patients, treatment should target the patient's needs and, therefore, counseling should not be required.⁹

Counseling is required for individuals receiving services at Oklahoma OTP facilities. Waivered providers who prescribe OUD drugs outside of OTP settings are typically not required to provide counseling for individuals receiving the drugs in outpatient settings. However, they must have the ability to refer individuals for appropriate counseling (21 U.S.C. § 823(g)(2)(B)(ii)).¹⁰

Although the State agency paid \$482,587 for outpatient counseling for beneficiaries receiving OUD drugs, nearly 66 percent of the beneficiaries (1,388 out of 2,119) in SFY 2019 did not receive outpatient counseling. Oklahoma does not emphasize counseling in conjunction with OUD drugs. According to a State official, the State agency does not issue specific training or

⁸ 42 CFR § 8.2 defines "nationally recognized evidence-based guidelines" as a document produced by a national or international medical professional association, public health agency, or governmental body with the aim of assuring the appropriate use of evidence to guide individual diagnostic and therapeutic clinical decisions. Examples of these guidelines include the ASAM national practice guidelines and SAMHSA's TIP 40 (81 Fed. Reg. 44712, 44717 (July 8, 2016)).

⁹ SAMHSA TIP 63: "Medications for Opioid Use Disorder." Available online at <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Documen/PEP20-02-01-006>. Accessed on April 20, 2021.

¹⁰ Following our audit period, the Department of Health and Human Services released practice guidelines that create an exemption from this requirement unless the waived provider treats more than 30 patients (86 Fed. Reg. 22439, 22440 (April 28, 2021)).

guidelines to prescribers to encourage OUD patients to seek counseling. As a result, Oklahoma Medicaid beneficiaries may not receive the optimal services and may not realize the best possible OUD outcomes.

THE OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES EXCLUDED MEDICAID BENEFICIARIES FROM ANNUAL SERVICE REVIEWS

Non-Federal entities like the State agency should have effective internal control over a Federal award, which includes providing reasonable assurance that the award will be managed in compliance with Federal statutes and regulations. These internal controls should comply with guidance in the *Standards for Internal Control in the Federal Government* issued by the Comptroller General of the United States or the *Internal Control Integrated Framework* issued by the Committee of Sponsoring Organizations of the Treadway Commission (45 CFR § 75.303(a)). These internal control standards indicate that management should design control activities, defined as the actions that management establishes through policies and procedures, to mitigate risks to ensure the entity achieves its objectives.

ODMHSAS's objectives include providing the highest quality care to enhance the well-being of all Oklahomans. To help ensure quality of care and fulfill its oversight role of behavioral health services, ODMHSAS performs annual reviews at outpatient facilities that contract with it to provide the services. During the reviews, ODMHSAS staff evaluate a random sample of 10 non-Medicaid client files to ensure that the facilities appropriately provided and documented their services. ODMHSAS determines whether the services were performed, and it reviews clinical records to determine whether the services were individualized and were client and assessment driven. Review of clinical documentation may include, but not be limited to, screenings, assessments, treatment plans, corresponding progress notes, and other documentation, as necessary.

ODMHSAS does not include Medicaid beneficiaries in the annual client file reviews because it focuses on services that are paid with non-Medicaid funds. During SFY 2019, ODMHSAS found errors in non-Medicaid files at 84 percent of the reviewed agencies, with an average of 3.2 errors for each review of 10 client files. Examples of errors included instances in which there was no description of the action taken by the clinician, the goal or objective was missing from progress notes, and there were no progress notes to support a billed service. Medicaid services provided by these agencies would probably have similar errors.

The State agency's overall goal is to facilitate quality health care services that will produce positive health outcomes for Oklahoma. Although the State agency has controls related to behavioral health services, the exclusion of Medicaid beneficiaries from ODMHSAS's annual contract reviews results in less effective internal controls for the Medicaid program. If Medicaid behavioral health errors are not identified and corrected, there is greater risk that Medicaid beneficiaries may not receive the same quality of care and positive health outcomes as non-Medicaid beneficiaries.

RECOMMENDATIONS

We recommend that the Oklahoma Health Care Authority:

- consider whether more of an emphasis on counseling could improve OUD outcomes and, if so, take steps to increase the appropriate use of counseling with OUD drugs in outpatient OUD treatment, and
- develop policies and procedures to ensure that Medicaid behavioral health services are reviewed on an ongoing basis.

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency concurred with our recommendations and described actions it is taking or may take to address our findings and recommendations. The State agency also said that it recognizes that individuals who receive medication assisted treatment drugs should receive therapy and other appropriate health services because providing both medication and therapeutic treatment is a best practice.

The State agency's comments are included in their entirety as Appendix C.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We limited our audit to Medicaid OUD drugs prescribed in Oklahoma and the outpatient counseling services for beneficiaries who received one of those drugs. During SFY 2019, the State agency paid \$5,705,066 for 17,127 OUD drug prescriptions and \$482,587 for 9,720 outpatient counseling services for beneficiaries who received OUD drugs.

Our audit allowed us to establish reasonable assurance of the authenticity and accuracy of the data obtained from the MMIS for our audit period. We reviewed the State agency's methodology for extracting the data and performed logic tests such as testing for duplicate claims and values or dates outside expected ranges. We also compared data obtained from the State agency with data obtained from ODMHSAS.

We assessed the design, implementation, and operating effectiveness of the State's internal controls related to OUD services. Those controls include the State's oversight of behavioral health and substance abuse providers and prescribers, beneficiaries, services, and system edits.

We performed fieldwork in our Oklahoma City, Oklahoma, field office.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal and State requirements,
- held discussions with State agency and ODMHSAS officials to gain an understanding of oversight responsibilities for OUD services,
- obtained and reviewed evidence of the control activities the State agency and ODMHSAS employed for OUD services,
- obtained OUD drug prescription claim data and the Medicaid claims for beneficiaries who received one of the prescriptions,
- worked with State personnel to determine which services to include as outpatient counseling services,
- matched the beneficiaries who received OUD drug prescriptions to beneficiaries who received outpatient counseling services during our audit period, and
- discussed our results with the State agency.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>California Claimed at Least \$2 Million in Unallowable Medicaid Reimbursement for a Selected Provider's Opioid Treatment Program Services</i>	A-09-20-02001	1/25/2021
<i>Ohio Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program</i>	A-05-18-00004	12/29/2020
<i>Opioid Treatment Programs Reported Challenges Encountered During the COVID-19 Pandemic and Actions Taken To Address Them</i>	A-09-20-01001	11/18/2020
<i>Update on Oversight of Opioid Prescribing and Monitoring of Opioid Use: States Have Taken Action To Address the Opioid Epidemic</i>	A-09-20-01000	10/7/2020
<i>SAMHSA's Oversight of Accreditation Bodies for Opioid Treatment Programs Did Not Comply With Some Federal Requirements</i>	A-09-18-01007	3/6/2020
<i>New York Claimed Tens of Millions of Dollars for Opioid Treatment Program Services That Did Not Comply With Medicaid Requirements Intended To Ensure the Quality of Care Provided to Beneficiaries</i>	A-02-17-01021	2/4/2020
<i>California Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program</i>	A-09-18-01006	12/10/2019
<i>New York Achieved Program Goals for Enhancing Its Prescription Drug Monitoring Program</i>	A-02-18-02001	8/8/2019
<i>Oversight of Opioid Prescribing and Monitoring of Opioid Use: States Have Taken Action To Address the Opioid Epidemic</i>	A-09-18-01005	7/24/2019
<i>The University of Kentucky Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program</i>	A-04-18-02012	5/30/2019
<i>Washington State Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program</i>	A-09-18-01001	4/15/2019
<i>The Substance Abuse and Mental Health Services Administration Followed Grant Regulations and Program-Specific Requirements When Awarding State Targeted Response to the Opioid Crisis Grants</i>	A-03-17-03302	3/28/2019
<i>New York Did Not Provide Adequate Stewardship of Substance Abuse Prevention and Treatment Block Grant Funds</i>	A-02-17-02009	3/20/2019

APPENDIX C: STATE AGENCY COMMENTS



OKLAHOMA
Health Care Authority

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Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

July 26, 2021

Ms. Patricia Wheeler
Regional Inspector General for Audit Services
Department of Health and Human Services
Office of Inspector General – Office of Audit Services, Region VI
1100 Commerce Street, Room 632
Dallas, Texas 75242

SUBJECT: Report Number A-06-20-08000

Dear Ms. Wheeler,

The Oklahoma Health Care Authority (OHCA) appreciates the opportunity to provide comments on the recommendations contained in the draft report A-06-20-08000 entitled *Oklahoma's Oversight of Medicaid Outpatient Services for Opioid Use Disorder Was Generally Effective*. We appreciate the work of the Office of Inspector General (OIG) on this matter.

Recommendation: *Consider whether more of an emphasis on counseling could improve Opioid Use Disorder (OUD) outcomes and, if so, take steps to increase the appropriate use of counseling with OUD drugs in outpatient OUD treatment.*

The OHCA concurs. The State recognizes that individuals accessing Medication Assisted Treatment (MAT) medications from medical providers should receive therapy and other appropriate behavioral health services, as the provision of both medication and therapeutic treatment is a best practice. OHCA and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will continue to evaluate ways to encourage and/or require that physicians prescribing MAT medications provide referral and linkage to appropriate behavioral health treatment services to ensure all members receiving MAT medications are jointly receiving substance use disorder counseling. Other considerations include increasing training and/or requiring prescribers to have memorandums of understanding (MOUs) with behavioral health agencies to ensure referrals are made.



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Recommendation: *Develop policies and procedure to ensure that Medicaid behavioral health services are reviewed on an ongoing basis.*

The OHCA concurs. OHCA continues to partner with ODMHSAS to conduct audits of behavioral health services. Additionally, ODMHSAS will explore the development of policies addressing the review of Medicaid services in its contract review processes.

Should you have any questions or concerns, please contact Josh Richards, Director of Program Integrity, by telephone at 405-522-7759 or via email at Josh.Richards@okhca.org.

Respectfully,

Kevin Corbett
Chief Executive Officer



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