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# **OIG Surveillance Utilization Review Lock-In Program**

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**December 15, 2022**



# Purpose and Disclaimer

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## **Purpose:**

To promote dialogue regarding Hospital Utilization Review between and among the attendees. The group will meet periodically to discuss utilization review and obtain stakeholder input.

## **Disclaimer:**

The discussions at these stakeholder meetings are for informational purposes only and are not binding on the Health and Human Services Commission Office of Inspector General, Medicaid and CHIP Services, or its representatives.



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# Introduction to Lock-In Staff

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# Who should attend Lock-In Stakeholder meetings?

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## Open Invitation:

Please ensure all staff working within the Lock-In group are invited, included and has access to the Stakeholder meetings. Information provided can includes the following staff:

- Clinicians
- Leadership
- Administrative staff
- Anyone accessing WAFERS
- Anyone speaking with Lock-In members

Keeping staff current, will minimize errors, eliminating phone calls, emails, and will increase productivity on working with our lock in members.



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# Submitting Referrals

## When submitting referrals, please ensure:

- **Current Form:** the most recent form is used (we will email the most recent form again, please delete ALL other copies and ensure all staff have “deleted” and “added” new forms thus eliminating confusion.
- **Form Template:** please do NOT modify the form. Do not remove any tabs (even if tabs are left unused) or change the format in any way. Pasting data in the spaces provided is allowed.
- **First Tab:** on the first tab (Review Form), the correct “Review Type” box is marked.

Review Type:

Initial-Auto-Lock

Initial-Non-Auto

CLI Review Data



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# Submitting Referrals continued

- **Member Information:** all member information is filled in correctly and completely.

## SECTION I — MEMBER INFORMATION

|   |                     |               |          |     |       |
|---|---------------------|---------------|----------|-----|-------|
| Member Name (First, Middle Initial, Last) |                     | John Doe      |          |     |       |
| Street                                    | 1234 Sunnyside Lane | City          | Houston  | Zip | 77377 |
| PCN (Medicaid ID #)                       | 123456789           | Date of Birth | 1/1/2000 |     |       |

## SECTION II — CRITERIA FOR REFERRAL FOR PHARMACY LOCK-IN

- **Personal Identification:** ensure the Medicaid ID # and the DOB to ensure these two pieces of information match the member you are referring to the program
- **Address:** ensure you are using the member's mailing address and not their physical address (if they are different).
- **State:** "Texas" does not need to be entered, only the city and zip code.



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# Submitting Referrals continued

- **Criteria:** the criteria being used is marked properly.
  - If using 90-day criteria, there must be 2 boxes checked.

## SECTION II — CRITERIA FOR REFERRAL FOR PHARMACY LOCK-IN

Please select **either** the 90 day criteria (2 or more) **or** the 24 month criteria below used to assign a pharmacy lock.

### In any 90 day period: (must have 2 or more)

|                                     |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|
| <input checked="" type="checkbox"/> | 3 or more unaffiliated pharmacies used.  |  |  |  |  |
| <input type="checkbox"/>            | 3 or more overlapping or duplicative controlled substance prescriptions from 2 or more unaffiliated prescribers. |  |  |  |  |
| <input type="checkbox"/>            | overlapping or duplicative psychotropic prescriptions from 2 or more unaffiliated prescribers.                   |  |  |  |  |
| <input type="checkbox"/>            | overlapping or duplicative opioid treatment for 6 weeks (or longer) from 2 or more unaffiliated prescribers.     |  |  |  |  |
| <input type="checkbox"/>            | treatment that exceeds therapeutic daily Morphine Equivalent Dose (MED).   |  |  |  |  |
| <input checked="" type="checkbox"/> | any prescription combination with abuse potential.   |  |  |  |  |
| <input type="checkbox"/>            | 2 or more emergency room visits resulting in an opioid prescription.   |  |  |  |  |

- If using 24-month criteria, the box must be checked and the diagnosis code(s) being used must be entered in the space provided.

DX codes for this criteria:

T14.91XA, F19.10

- Choose only **ONE** form of criteria, either 90-day or 24-month, not both.



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# Submitting Referrals continued

- **Section III:** is completed with the name and phone number of the person submitting the form and the correct MCO.
- **Acknowledge Box:** , ensure "Acknowledge" box is checked and the date is filled in.

## SECTION III — REQUESTER INFORMATION

Name & License Type (If applicable) — MCO Lock-In Coordinator

Name goes here

Telephone Number — Requester

512-123-4567

MCO (select from list)

## SECTION IV — CERTIFICATION AND ACKNOWLEDGEMENT OF REQUESTER

By checking the "Acknowledge" box below, I certify the following:

- I have read and understand the guidelines for making this referral and have the supporting documentation necessary to validate the criteria selected on this form.
- I acknowledge that if the member appeals this Lock-In decision, I or my representative will submit such documentation to the administrative law judge and testify at the appeal hearing in defense of this decision.
- I have included a completed MCO Designation Pharmacy, with this referral.

|   | Date Sent         |
|---|-------------------|
| <input checked="" type="checkbox"/> Acknowledge | November 23, 2022 |





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# Submitting Referrals continued

- **Pharmacy:** verify pharmacy availability by checking the following websites to see if the pharmacy is listed:
  - [TSBP Website - Texas State Board of Pharmacy](#)
  - [Search the Exclusions Database | Office of Inspector General \(hhs.gov\)](#)
  - [Texas HHSC OIG > Exclusions - Download Exclusions File \(state.tx.us\)](#)
- **Pharmacy Information:** ensure information is complete :  
pharmacy name, NPI and VDP#, address (street, city & zip code),  
and phone number.

| Name — Designated Pharmacy                                  | Pharmacy NPI              | VDP#   |
|---|---------------------------|--------|
| APPROVED PHARMACY NAME HERE                                 | 1891893640                | 470672 |
| Address — Pharmacy Location (Street, City, State, ZIP Code) | Pharmacy Telephone Number |        |
| 1234 Winter Lane Tomball, TX 77377                          | 817-763-5133              |        |

- The bottom of the form has the name and date.

| Name/Title — MCO Lock-In Coordinator | Date              |
|--------------------------------------|-------------------|
| Name goes here                       | November 23, 2022 |



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# Submitting Referrals

Once the form is filled out, **SAVE** the completed form using the proper naming convention shown below.

Part 2 of 3 - Waste, Abuse & Fraud Form

Attachments

For example, do you have pictures or other documents you want to share? If not, go to Part 3.

Maximum file size is 4096 KB (4 MB).

Select a file to upload:

PART 3 is required to complete the complaint.

Click once to go to Part 3 and do not refresh browser.

e.g. Doe\_John\_REF\_MCO.xlsx; or  
Doe\_John\_CLI\_MCO.xlsx



Indicates new referral



Indicates Cont'd Lock In (CLI)

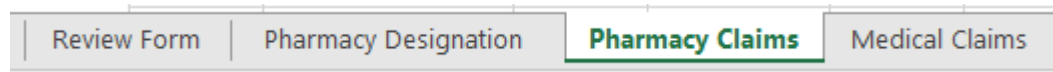


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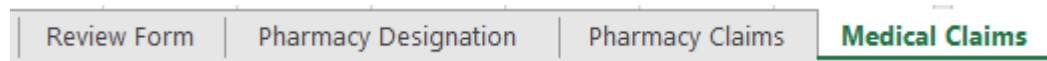
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# Auto Lock vs. Non-Auto Lock

- **Auto – Lock:** If your MCO is **auto-lock**, there is no need to attach supporting documentation on initial referrals.
- **Non- Auto Lock:** If your MCO is **non-auto** lock:
  - **90-Day Criteria:** If using 90-day criteria, locate the “Pharmacy Claims” tab, **copy** and **paste** the data that meets criteria ONLY, the entire 90-days worth of data isn’t necessary, just what qualifies the member for Lock-In.



- **24-Month Criteria:** If using 24-month criteria, locate the “Medical Claims” tab, **copy** and **paste** the claim(s) that qualifies the member for Lock-In.





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# Need Additional Training?

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## **Remember:**

OIG does offer training classes upon request. Training sessions can be especially helpful when:

- There is turnover in a department
- When multiple new staff have joined your organization
- If there are new members,
- Staff would like a refresher or have questions

Teams Training is utilized for training and sessions are 1 hour in duration

Email the Lock-In box for more information.



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# Is Lock In Necessary

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As of October 2021, there are over 5 million people on Texas Medicaid, an increase of about 1.2 million from February 2020.

(<https://www.houstonpublicmedia.org/articles/news/in-depth/2022/01/24/417375/417375/>)

- Medicaid is a healthcare program for low-income individuals and families.
- Evidence shows that more people suffer from substance use disorder (SUD) in lower-income communities than in the middle or upper classes. However, addiction can affect people born into any circumstance.
- Why does this correlation exist? The most commonly accepted hypothesis is that living in poverty increases the number of risk factors a person is surrounded by.
- Therefore, it can be concluded that low-income individuals are at higher risk of drug use and possible addiction.



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# Addiction Risk Factors

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The most common risk factors that affect people of lower-income American communities are:

**Lower social support levels** - Many low-wage jobs require long shifts at odd hours. Many low-income Americans must work two or more jobs to afford basic living. This makes it challenging to maintain healthy relationships, which can lead to loneliness. Loneliness is common among people who suffer from addiction.

**Increased stress levels** - Stress is a well-known risk factor when it comes to substance abuse and relapse. Low-income Americans often worry about affording shelter, food, and other essentials. This can lead to increased stress.

**Decreased self-esteem** - People struggling with poverty are more likely to feel shame, guilt, and low self-worth. These feelings are risk factors for substance abuse.

**Increased hopelessness** - Spending most of one's time thinking about how to survive can lead to feelings of hopelessness. Typical desires — such as attending college, traveling, getting married, or buying a home — can seem impossible. This can lead to despair, increasing a person's likelihood of addiction.

Mental health issues, chronic illnesses, and other untreated disorders can often lead to self-medication, a primary cause of addiction.



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# The Opioid Epidemic

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The drug overdose epidemic continues to worsen in the United States.

- **Overdose deaths remain a leading cause of injury-related death in the United States.** The majority of overdose deaths involve opioids. Deaths involving synthetic opioids (largely illicitly made fentanyl) and stimulants (such as cocaine and methamphetamine) have increased in recent years. In addition, overdose deaths accelerated during the COVID-19 pandemic.
- **For every drug overdose that results in death, there are many more nonfatal overdoses,** each one with its own emotional and economic toll. This fast-moving epidemic does not discriminate. People who have had at least one overdose are more likely to have another.



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# Overdose & Poisoning Statistics

According to the CDC, “More than 932,000 people have died since 1999 from a drug overdose.<sup>1</sup> In 2020, 91,799 drug overdose deaths occurred in the United States. The age-adjusted rate of overdose deaths increased by 31% from 2019 (21.6 per 100,000) to 2020 (28.3 per 100,000).

- Opioids—mainly synthetic opioids (other than methadone)—are currently the main driver of drug overdose deaths. 82.3% of opioid-involved overdose deaths involved synthetic opioids.
- Opioids were involved in 68,630 overdose deaths in 2020 (74.8% of all drug overdose deaths).
- Drug overdose deaths involving psychostimulants such as methamphetamine are increasing with and without synthetic opioid involvement.<sup>2</sup>
- Illicitly manufactured fentanyl, heroin, cocaine, or methamphetamine (alone or in combination) were involved in nearly 85% of drug overdose deaths in 24 states and the District of Columbia during January–June 2019.

**More than 3 out of 5 overdose deaths had at least one potential opportunity to link people to care before the fatal overdose or to implement life-saving actions when the fatal overdose occurred.**





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# More Statistics

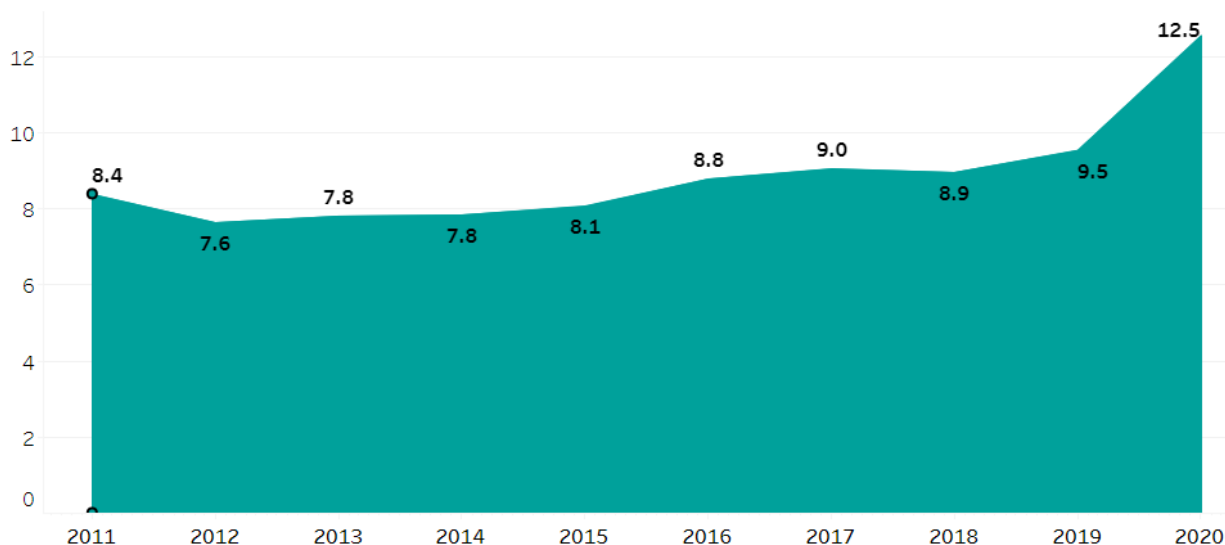
## Accidental Drug Overdose Deaths

Death certificate data provides most recent, publicly available information regarding drug overdose deaths among Texans involving opioids, narcotics, benzodiazepines, cocaine, psychostimulants, cannabis, or psychotropic substances at state and county levels.

<https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/opioids/drug-overdose-deaths>

### Across Texas

Accidental Drug-Related Deaths by Any Drug per 100,000 Population





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# Number of Recipients Locked

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| End of FY | Recipients |
|-----------|------------|
| 2018      | 1,222      |
| 2019      | 1,723      |
| 2020      | 2,162      |
| 2021      | 2,905      |
| 2022      | 3,557      |



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# The Lock-In Program Today

## FY 2022 Monthly Averages

### October 2021 – September 2022

|                              |           |
|------------------------------|-----------|
| Average number of recipients | 3,557     |
| Average cost avoidance       | \$667,661 |
| Average number of referrals  | 191       |



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**Please send questions or concerns to**  
**[LockIn\\_Program@hhsc.state.tx.us](mailto:LockIn_Program@hhsc.state.tx.us)**

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Next Stakeholder Meeting will be held on  
March 15<sup>th</sup>, 2023



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# Thank you

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