

Report in Brief

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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.