



JUNE 19, 2018

[VISIT OUR WEBSITE!](#)

CONTROLLED SUBSTANCE UPDATES:

LARA/DHHS OPIOID LAWS FAQ DOCUMENT REVISED

The FAQ document has been revised by LARA and MDHHS; MSMS reviewed the document and provided the summary below of the revised sections. These revisions can provide some clarification to help with the implementation of the Michigan Opioid Laws. It is important to note that the agencies do not consider the answers to the Frequently Asked Questions to be legal advice.

Summary of Revisions provided by MSMS

Questions relating to the Start Talking Form

Q-5a, Page 6 - Added the word "or unlicensed" to be consistent with what the delegation provision of the Public Health Code, MCL 333.16215.

Q-5b and 6b, Page 6 - Added: "Please note that not all prescribers as defined under the Public Health Code have the ability to delegate under the delegation provision of MCL 333.16215."

Q-7a, Page 6 - Added: "Continuation of the established previous therapy does not require a new form."

Q-7c, Page 6 - Added: "If the prescriber starts to treat the patient with a new opioid the form would need to be signed and saved in the patient file."

Q-7d, Page 6 - Added: "When changing the dosage of the same opioid prescription, in a course of treatment, the form would not need to be signed and saved in the patient file."

Q-8a, Page 7 - Added: "For example, administration of the opioid for inpatient stay within, but not limited to, a hospital, freestanding surgical outpatient facility, skilled nursing facility, hospice, homes for aged, etc."

Q-8c and 8d, Page 7 - Added: Reference about the Public Health Code definition of "Administer" and definition of "Dispense".

Questions relating to MAPS Registration & Use:

Q-2b, Page 9 - Added: "This law does not apply to a prescriber who orders a schedule 2-5 controlled substance for inpatient administration."

Q-2c, Page 9 - Added: Clarified when a licensed veterinarian has to review MAPS.

Q-2d and 2e, Page 9 - Added: Reference about the Public Health Code definition of "Administer" and definition of "Dispense".

Q-3a and 3b, Pages 9-10 - Added: New question regarding issuing multiple prescriptions and "do not fill until date".

Q-4a, Page 10 - Added: In addition to the website for MAPS, added reference about training videos also can be found on this site.

Q-9b, Page 11 - Added: "Please note it is important that the prescriber reviews the MAPS report prior to prescribing or dispensing a schedule 2-5 controlled substance that exceeds a 3-day supply.

Q-20b, Page 13 - Added: "Please note, prescribers and dispensers are not required to save a copy of the MAPS report, whether electronic or hard copy, as the software system that MAPS operates on also has audit trail capabilities."

Questions relating to Acute Pain

Q-1c, Page 14 - Added: "This law does not apply to chronic pain."

Q-3a, Page 15 - Added: Question about whether law applies to veterinarians, which it does not.

[CLICK HERE](#) for the full revised FAQ document

An NPO Practice asked for assistance in clarifying the following and MSMS provided a response:

Regarding LARA's FAQ #19: "Can prescribers and dispensers maintain records from MAPS directly in the EHR?" A: Yes. MAPS users can maintain a MAPS report (HTML format) in the EHR or EMR. However, the prescriber or EHR/EMR vendor cannot pull the data from the report and upload the data in a way where the data is combined with other data sets within the EHR/EMR. If a prescriber saves the MAPS report in the EHR/EMR, the prescriber will need to make sure it is saved in a way where the patient or other unauthorized users of the EHR/EMR cannot access the report."

Q: We have instructed for the first page of the MAPS to be initialed by the provider and the entire MAPS be scanned into the EHR. My concern is, if records are requested by another physician, patient, lawyer, insurance co, etc. these reports would be included. Above it states, "...make sure it is saved in a way where the patient or other unauthorized users of the EHR/EMR cannot access the report." No unauthorized user has access to our EHR/EMR, however in the event of a records request, whomever is requesting the records could receive these documents. Is what we're doing acceptable under the law?

A: LARA has updated this FAQ to provide that "prescribers and dispensers are not required to save a copy of the MAPS report, whether electronic or hard copy, as the software system that MAPS operates on also has audit trail capabilities." However, to the extent the practice wishes to maintain copies of MAPS reports (which MSMS recommends), and has concerns regarding any potential disclosure of the MAPS reports following a request for medical records, MSMS has advised its members to maintain a separate file in the office for all MAPS reports to be saved following their initial review by the physician/prescriber. It is important to note that even if the MAPS reports are maintained in a separate file in the office, they are still subject to HIPAA.

Electronic Prescribing Controlled Substance updates from BCBSM

- In May 2018, Walmart and Sam's Club announce that they will require controlled substances to be electronically prescribed beginning January 1, 2020.
- New York was the first state to require EPCS in March 2016. Since then, at least 9 other states have enacted legislation requiring EPCS which is either already in effect or has planned implementation over the next few years.
 - In Michigan, Senate Bill 802 was introduced 1/13/2018 which would require electronic prescribing of opioids and benzos effective January 1, 2020.
 - The bill is currently referred to the Committee on Health Policy for review.

MHA PUBLIC WEBSITE

The Michigan Health and Hospital Association (MHA) maintains a public website that provides patients the ability to compare similarly sized hospitals to each other on aspects of quality and safety. Patients can search for hospitals in Michigan using a zip code and see how that hospital compares to other hospitals that they may be considering receiving services through. NPO is bringing this to your attention in case you receive a question about it from any of your patients.

[CLICK HERE](#) for the Verify MI Care website

WEB BASED COMPLIANCE SOFTWARE AVAILABLE AT DISCOUNTED PRICE TO NPO MEMBERS



Adoption of an effective compliance program is a CMS requirement for practices. NPO's Private Practice Physicians looking for a solution to meet compliance regulations have access to **1st Healthcare Compliance** at a discounted price. With an annual fee of \$75 per practice employee, this web based program features easy set-up and use.

1st Healthcare Compliance Features:

- compliance & practice standards
- internal monitoring & auditing
- designation of a compliance officer
- training & education
- rapid & effective response to detected offences
- open lines of communication with government agencies
- enforcing disciplinary standards

NPO invites your practice to experience the peace of mind that comes with having a dedicated compliance structure in place.

Please contact Bryanna at bpataky@npoinc.org or 231.421.8505 if your practice would like to register for this service!

Helpful Resources & Upcoming Events

[NPO Home](#)

[NMHN Home](#)

[Trillium Health Home](#)

[Physician Partnering Meetings 2018](#)

[PAHCOM](#)

[NPO 2018 Calendar](#)

[Member Connections](#)

NPO is committed to providing great resources to our members!

lsalvatore@npoinc.org

125 Park Street

Suite 300

Traverse City, MI 49684