

Office of the Auditor General
Follow-Up Report on Prior Audit Recommendations

Michigan Automated Prescription System

Bureau of Professional Licensing
Department of Licensing and Regulatory Affairs

February 2025

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Article IV, Section 53 of the Michigan Constitution



Follow-Up Report

Michigan Automated Prescription System

Bureau of Professional Licensing (BPL) Department of Licensing and Regulatory Affairs

Report Number:
641-0220-20F

Released:
February 2025

We conducted this follow-up to determine whether BPL had taken appropriate corrective measures in response to the two material conditions noted in our April 2021 audit report.

Prior Audit Information	Follow-Up Results		
	Conclusion	Finding	Agency Preliminary Response
Finding 1 - Material condition Improved monitoring of prescriber compliance needed. Agency agreed.	Complied	Not applicable.	
Finding 2 - Material condition Access recertification controls need improvement. Agency agreed.	Complied	Not applicable.	

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Doug A. Ringler, CPA, CIA
Auditor General

Laura J. Hirst, CPA
Deputy Auditor General



OAG

Office of the Auditor General

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Doug A. Ringler, CPA, CIA
Auditor General

February 27, 2025

Dr. Marlon I. Brown, Director
Department of Licensing and Regulatory Affairs
Ottawa Building
Lansing, Michigan

Dr. Brown:

This is our follow-up report on the two material conditions (Findings 1 and 2) and two corresponding recommendations reported in the performance audit of the Michigan Automated Prescription System, Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs. That audit report was issued and distributed in April 2021. Additional copies are available on request or at audgen.michigan.gov.

We appreciate the courtesy and cooperation extended to us during our follow-up. If you have any questions, please call me or Laura J. Hirst, CPA, Deputy Auditor General.

Sincerely,

Doug Ringler
Auditor General

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INTRODUCTION, PURPOSE OF FOLLOW-UP, AND PROGRAM AND SYSTEM DESCRIPTION

INTRODUCTION

This report contains the results of our follow-up of the two material conditions* (Findings 1 and 2) and two corresponding recommendations reported in our performance audit* of the Michigan Automated Prescription System* (MAPS), Bureau of Professional Licensing (BPL), Department of Licensing and Regulatory Affairs (LARA), issued in April 2021.

PURPOSE OF FOLLOW-UP

To determine whether BPL had taken appropriate corrective measures to address our corresponding recommendations.

PROGRAM AND SYSTEM DESCRIPTION

BPL's mission is to protect, preserve, and improve the health, safety, and welfare of the citizens of Michigan through licensing and regulation of occupational and health professionals. BPL is responsible for maintaining MAPS.

BPL provides guidance and support to MAPS users and other stakeholders, analyzes MAPS data, and identifies potential abuse, diversion, and overprescribing of controlled substances* at the prescriber and dispenser level for follow-up or potential investigation.

MAPS is Michigan's prescription drug monitoring program*, established in 2003 to track the dispensation of controlled substances. On April 4, 2017, LARA replaced the original MAPS application with a vendor hosted and managed application which is also used by 50 other states and territories. The application includes functionality facilitating data sharing among Michigan and 42 other participating states and territories.

During fiscal year 2023, LARA expended \$3.5 million for MAPS and related administrative costs. As of May 29, 2024, BPL had six full-time MAPS section employees.

** See glossary at end of report for definition.*

PRIOR AUDIT FINDINGS AND RECOMMENDATIONS, AGENCY PLAN TO COMPLY, AND FOLLOW-UP CONCLUSIONS

FINDING 1

Audit Finding Classification: Material condition.

Summary of the April 2021 Finding:

LARA had not established a systematic process to identify and resolve prescriber noncompliance with the statutory requirement to utilize MAPS patient history reports to make informed decisions and help prevent potential abuse of controlled substances.

Specifically, we estimated prescribers did not obtain the required patient history report within 7 days prior to writing:

- 4.3 million (33.0%) of 13.0 million controlled substance prescriptions written by non-veterinarian prescribers from January 1, 2019 through December 31, 2019.
- 84,580 (32.0%) of 264,312 controlled substance prescriptions written by veterinarian prescribers from June 1, 2018 through December 31, 2019.

Recommendation Reported in April 2021:

We recommended LARA analyze the utilization of MAPS patient history reports for all prescribers and initiate follow-up or disciplinary action as appropriate.

AGENCY PLAN TO COMPLY*

On November 29, 2021, LARA indicated BPL has a policy and procedure in place to actively determine noncompliance with the MAPS use requirement, issue prescribers warning letters for initial noncompliance, and initiate further warnings or dispensary action, as appropriate, upon further noncompliance of the MAPS use requirements.

FOLLOW-UP CONCLUSION

Complied.

BPL implemented a quarterly process to identify prescribers not utilizing MAPS patient history reports before prescribing controlled substances. BPL's policy for the first quarter in calendar year 2024 was to send warning letters to the top 25 prescribers who wrote the highest number of controlled substance prescriptions without utilizing MAPS patient history reports. Beginning with the second quarter of calendar year 2024, BPL revised its policy to issue warning letters to prescribers writing more than 50 controlled substance prescriptions who did not utilize MAPS patient history records. These warning letters advise prescribers about the importance of obtaining a patient's controlled substance history to assess patient risk and prevent drug abuse and inform them noncompliance could affect their

* See glossary at end of report for definition.

health professional license(s). BPL also established an escalation process to address repeat offenders, which included sending repeat warning letters and/or referring the prescribers within LARA for further follow-up or possible sanctions.

BPL issued warning letters for noncompliance for all 10 prescribers we selected from the first two quarterly reports BPL generated in calendar year 2024. In addition, BPL took action consistent with its escalation process for 2 of these prescribers who were repeat offenders.

FINDING 2

Audit Finding Classification: Material condition.

Summary of the April 2021 Finding:

LARA had not verified the status of licensed medical professional users' controlled substance ID or Drug Enforcement Agency numbers and had not performed recertification procedures for delegate users or users with non-medical professional roles.

Our analysis of 5,165 MAPS users whose credentials, originally used to authorize their MAPS access, no longer matched the State licensing or employment information identified:

- An estimated 680 active MAPS licensed medical professional users whose access was likely inappropriate. These users' professional license numbers or controlled substance IDs, as indicated in Michigan Professional Licensing User System (MiPLUS), were either inactive or invalid, rendering the users ineligible based on the information on file.
- 64 active MAPS State employee users whose access was inappropriate. These users terminated State employment from 13 to 782 days, or an average of 301 days, prior to November 13, 2019 and, therefore, were no longer an eligible MAPS user. Although none of these users logged into MAPS after their departure date, the risk of unauthorized access remains until the user accounts are inactivated.

Recommendation Reported in April 2021:

We recommended LARA improve its MAPS user access recertification controls.

AGENCY PLAN TO COMPLY

On November 29, 2021, LARA indicated it:

- Performs a monthly manual match of active MAPS users to MiPLUS to ensure MAPS users have proper credentials for access to the system.
- Implemented a yearly reverification process for all non-health professional users and delegates and worked with the MAPS vendor to implement an automated reverification process of MAPS users, which went live in October 2021.

FOLLOW-UP CONCLUSION

Complied.

We compared the August 22, 2024 listing of all 67,142 active MAPS licensed medical professional users with MiPLUS to ensure healthcare workers had proper credentials for access to MAPS. We also compared the 333 MAPS State employees

active as of August 22, 2024 with the State's Human Resources Management Network* (HRMN). We noted BPL:

a. Complied.

BPL performs a daily automated match of active MAPS users to MiPLUS. BPL deactivated all 10 users we selected from 5 daily matches between active MAPS users and MiPLUS which BPL generated between July 1, 2023 and June 30, 2024.

Our review disclosed 99.9% of active MAPS healthcare users had a valid professional license and a controlled substance ID, when required, as of August 22, 2024.

b. Substantially complied.

All 5 State of Michigan employees we reviewed completed an annual recertification form.

In addition, 327 (98%) MAPS State of Michigan employee users were active employees.

** See glossary at end of report for definition.*

SUPPLEMENTAL INFORMATION

AUDITOR'S NOTE

We obtained information relevant to the observation* included in our April 2021 audit report and have provided a summary of Observation 1 and an update below. We include observations in reports to highlight certain details or events which may be of interest to users of the report, and we do not require or report a response from an agency. In addition, the *Michigan Compiled Laws* and administrative procedures do not require an audited agency to develop a plan relative to information we present in an observation.

OBSERVATION 1

A zero-reporting requirement would improve BPL's ability to efficiently monitor dispenser reporting.

Summary of the April 2021 Observation:

Prescription drug monitoring programs, such as MAPS, can facilitate appropriate prescribing habits and help address the prescription drug epidemic. MAPS is designed to track controlled substances dispensed in the State of Michigan. As of September 13, 2019, MAPS data included 4,636 unique dispensers who reported dispensing at least one controlled substance from October 1, 2017 through September 13, 2019.

We noted concerns in the following areas:

- a. MAPS legislation, rules, and submission guidance do not require dispensers to report in MAPS when no controlled substances are dispensed for the reporting period (zero-report).
- b. The MAPS dispensary reporting exception report identifies dispensers who did not submit a dispensary report to MAPS for at least two days. The exception report dated September 13, 2019 identified 2,427 dispensers not reporting for at least two days, including 1,246 who never reported.
- c. Eighteen other states required zero-reporting by dispensers, including 4 of the other 5 states in the U.S. Department of Health and Human Services Region 5*.

UPDATE OF OBSERVATION

MAPS data included 3,909 unique dispensers who reported dispensing at least one controlled substance from July 1, 2023 through June 28, 2024. Our review of LARA's MAPS zero-reporting requirement disclosed:

- a. MAPS legislation, rules, and submission guidance still do not require dispensers to report in MAPS when no controlled substances are dispensed for the reporting period (zero-report).

* See glossary at end of report for definition.

- b. The MAPS dispensary reporting exception report dated June 28, 2024 identified 1,990 dispensers not reporting in at least two days, including 557 who never reported.
- c. Forty-five other states now require zero-reporting by dispensers, including all of the other 5 states in the U.S. Department of Health and Human Services Region 5.

FOLLOW-UP METHODOLOGY AND PERIOD

METHODOLOGY

We reviewed BPL's corrective action plan and updated procedures and conducted interviews with BPL management. We also examined applicable State laws, *Michigan Administrative Code* rules, and MAPS policies, procedures, and guides. Specifically, for:

- Finding 1, we:
 - Reviewed BPL's monitoring process for two quarters from January 1, 2024 through June 30, 2024 to determine if BPL established a process to analyze prescribers' utilization of the MAPS patient history reports.
 - Randomly selected 10 of 5,192,568 controlled substance prescriptions written from January 1, 2024 through June 30, 2024 to assess prescriber compliance with the patient history report request requirement and determine if the prescriber was included in BPL's monitoring process.
- Finding 2, we:
 - Randomly selected 10 MAPS users from 5 reverification reports received by BPL from July 1, 2023 through June 30, 2024 to determine if MAPS access was deactivated.
 - Compared the 67,142 MAPS licensed healthcare providers, active as of August 22, 2024, with MiPLUS licensing data to determine if access was appropriate.
 - Compared the 333 State of Michigan employees, whose MAPS access was active as of August 22, 2024, with HRMN to determine if any terminated employment.

PERIOD

Our follow-up generally covered July 1, 2023 through June 30, 2024.

GLOSSARY OF ABBREVIATIONS AND TERMS

agency plan to comply	The response required by Section 18.1462 of the <i>Michigan Compiled Laws</i> and the State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100). The audited agency is required to develop a plan to comply with Office of the Auditor General audit recommendations and to submit the plan to the State Budget Office upon completion of an audit. Within 30 days of receipt, the Office of Internal Audit Services, State Budget Office, is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.
BPL	Bureau of Professional Licensing.
controlled substance	A drug or other substance, or immediate precursor, included in Schedule I, II, III, IV, or V of the federal Controlled Substances Act (Title 21, section 801, et seq., of the <i>United States Code</i>), which controls the manufacture, distribution, and dispensing of controlled substances. As used in this report, controlled substances will refer to Schedule II through Schedule V controlled substances, unless indicated otherwise, as these are the only controlled substances that can be legally prescribed and meant to be tracked in MAPS.
Human Resources Management Network (HRMN)	The State's integrated human resources system which processes personnel, payroll, and employee benefits data.
ID	identification.
LARA	Department of Licensing and Regulatory Affairs.
material condition	A matter, in the auditor's judgment, which is more severe than a reportable condition and could impair the ability of management to operate a program in an effective and efficient manner and/or could adversely affect the judgment of an interested person concerning the effectiveness and efficiency of the program. Our assessment of materiality is in relation to the respective audit objective.
Michigan Automated Prescription System (MAPS)	A web-based application serving as Michigan's prescription drug monitoring program. MAPS is used to track controlled substances. It is also used by prescribers and dispensers to assess patient risk and to prevent drug abuse and diversion at the prescriber, pharmacy, and patient levels.

MiPLUS	Michigan Professional Licensing User System.
observation	A commentary highlighting certain details or events which may be of interest to users of the report. An observation may not include all of the attributes (condition, effect, criteria, cause, and recommendation) presented in an audit finding.
performance audit	An audit which provides findings or conclusions based on an evaluation of sufficient, appropriate evidence against criteria. Performance audits provide objective analysis to assist management and those charged with governance and oversight in using the information to improve program performance and operations, reduce costs, facilitate decision-making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.
prescription drug monitoring program	An electronic database used to track controlled substance prescriptions dispensed.
U.S. Department of Health and Human Services Region 5	Includes the states of Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.



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