



## Performance Audit of the Illinois Prescription Monitoring Program

### Background:

On July 21, 2020, the Legislative Audit Commission passed Resolution Number 154 directing the Office of the Auditor General to conduct a performance audit of the Illinois Prescription Monitoring Program (ILPMP) operated by the Department of Human Services (DHS) (See Appendix A).

According to DHS, the mission of the ILPMP is to provide prescribers, dispensers, and health providers with the ability to view their current or prospective patient's controlled substance prescriptions dispensed in Illinois. The ILPMP utilizes an electronic database to collect, store, and access prescription information.

A Prescription Monitoring Program (PMP) continues to be among the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk.

### Key Findings:

- Of the 50 states, 49 had a statewide PMP during this review. Most states (84%) used a single contractor to perform all four functions associated with a statewide PMP. Illinois, however, was **one of only three states that utilized multiple contractors while performing some functions in-house.**
- DHS had not fully implemented the ILPMP by the required dates. DHS was required to establish rules requiring all Electronic Health Record (EHR) systems to interface with the ILPMP and establish actions to be taken if a prescriber's EHR did not effectively interface, as required. This interfacing would ensure all providers have access to patient records. Although rules on EHRs were established late, DHS could not provide the percent of EHRs that had been interfaced by the required date of January 1, 2021. **According to DHS, they have no way of knowing when all EHRs would be fully interfaced, as required.**
- The Illinois Controlled Substances Act (Act) requires all licensed prescribers to register with the ILPMP as of January 1, 2018. However, as of December 2020, **only 68 percent of prescribers were registered.**
- Not all dispensers are providing data on the dispensing of controlled substances to the ILPMP, as required. **DHS is not conducting follow-up with these dispensers to ensure they provide data or to determine why they are not providing data.** The Act gives DHS the ability to impose fines for willfully failing to report the dispensing of a controlled substance. However, according to DHS, **no fines have been imposed.**
- Dispensers are required to submit information on dispensed controlled substances by the end of the next business day. **Since the required dispensed date is not being submitted by dispensers or tracked by DHS, DHS has no way of calculating if dispensers are submitting information in a timely manner.**

- During a review of general IT controls, our IS auditors found **the ILPMP data, as well as reporting with respect to that data, cannot be relied upon.** The review found deficiencies in the areas of contractual services, business processes, change control, disaster recovery, and security. We also tested 60 prescription records for compliance with the Act and Administrative Code. **Of the 60 prescription records reviewed, all (100%) contained missing or inaccurate information.** Other specific issues with the data included the following:
  - Regarding license numbers, there were entries with:
    - No license number;
    - Only one letter or one number in place of the license number;
    - The word “test” in place of the license number; and
    - Alpha and numeric values which do not comprise a license number.

- Once the user's license is initially validated, it is not revalidated to ensure continued validation. Of the 48,818 user accounts, **there were 19,501 users that appear to have never logged in**. In addition, there were 3,928 accounts with a last login date of more than 12 months.
- For the last 12 months of active data provided by DHS (17,075,814 prescription records):
  - 273,923 records were for prescriptions filled prior to the time period requested;
  - 67,520 records contained an animal species code; and
  - 465 records contained a birthdate with an age over 110.
- DHS was also not ensuring all users with access rights to the ILPMP database had valid licenses. Through a comparison with Department of Financial and Professional Regulation (DFPR) licensing data, **we identified 2,287 registered users without a valid license**.
- DHS had not established an interagency agreement with DFPR to ensure ILPMP licensing data did not contain invalid or outdated information. DHS had also not established a process with the Department of Public Health (DPH) to conduct data reviews of sports and accident injuries, as required by the Act.
- **Although the ILPMP Policies and Procedures Manual covers significant procedures such as data security and law enforcement requests, the Manual is outdated.** This outdated Manual supports that DHS has not established general IT controls over the data and needs to be updated to ensure these procedures are effectively implemented.

***Key Recommendations:***

The audit report contains ten recommendations directed to DHS and one recommendation directed to DHS and DPH including:

- DHS should fully implement an ILPMP in accordance with State requirements by ensuring all EHRs are fully interfaced with the ILPMP, as required.
- DHS should update the Illinois Administrative Code to align with the Act related to imposing fines, and develop a formal plan to help ensure dispensing reporting requirements are being implemented as required.
- DHS should establish general information technology controls over the data and correct the significant deficiencies related to contractual services, business processes, change control, disaster recovery, and security. Until these deficiencies are corrected, the ILPMP data and reporting with respect to that data cannot be relied upon.
- DHS should establish a process to ensure the licensing data utilized by the ILPMP does not contain invalid or outdated information. DHS should consider establishing an interagency agreement with the DFPR outlining each agency's responsibilities related to licensing data.
- DHS and DPH should establish a process to conduct data reviews of sports and accident injuries as required by the Act. In addition, DHS should alert prescribers whose discharged patients were dispensed a controlled substance about the risk of addition and applicable guidelines.
- DHS should update the ILPMP Policies and Procedures Manual as it is currently outdated. The updates should include current policies related to law enforcement requests.
- DHS should ensure dispensers are submitting specific information as required by the Act and the Illinois Administrative Code. This includes addressing all of the discrepancies identified during testing.
- DHS should ensure all prescribers possessing an Illinois Controlled Substance license are registered with the ILPMP as required by the Act.
- DHS should address the identified monitoring issues and related deficiencies. DHS should also address the identified program assessment issues and related deficiencies by ensuring program assessment reports contain complete and accurate information and reinstating the exchange of data with DPH to monitor significant drug-related issues.
- DHS should address the identified ILPMP Committee weaknesses for the Prescription Monitoring Program Advisory Committee, Peer Review Committee, and long term care Advisory Committee, which has not been established to date.

This performance audit was conducted by the staff of the Office of the Auditor General.

## Report Digest

On July 21, 2020, the Legislative Audit Commission passed Resolution Number 154 directing the Auditor General to conduct a performance audit of the Illinois Prescription Monitoring Program (ILPMP) operated by the Department of Human Services (DHS) (see **Appendix A**). The Resolution contained five audit determinations. Our assessment of these determinations is shown in **Digest Exhibit 1**. (page 1)

### Digest Exhibit 1 ASSESSMENT OF AUDIT DETERMINATIONS

Determination from Audit Resolution	Auditor Assessment
<i>Whether the Department has fully implemented a Prescription Monitoring Program in accordance with State requirements including whether updated rules were adopted within one year of the effective date of the Public Act and whether all Electronic Health Records Systems were able to interface with the Prescription Monitoring Program application program on or before January 1, 2021.</i>	<ul style="list-style-type: none"> <li>Although the ILPMP did not adopt rules requiring all EHR systems to interface with the ILPMP as required by January 1, 2019, these rules were adopted almost 2 ½ years later. In addition, all EHRs were not fully implemented and able to interface with the ILPMP as required by January 1, 2021. According to DHS, the status on EHRs could not be provided because the total number of EHRs could not be determined. (pages 19-20)</li> </ul>
<i>Whether the Department is adequately monitoring the Program and using this information to ensure the Program is administered as required.</i>	<ul style="list-style-type: none"> <li>DHS has not sufficiently tracked monitoring reports required by the Illinois Administrative Code or ensured all monitoring reports required by intergovernmental agreements are completed. Also, DHS has not sufficiently monitored ILPMP contractors. (pages 51-57)</li> </ul>
<i>Whether the Program and its database are effective in helping Illinois patients by requesting program assessment information from the Department and data from the database showing changes in the number and type of drug-related issues (such as deaths, abuse, overprescribing) since the implementation of State requirements.</i>	<ul style="list-style-type: none"> <li>DHS has not ensured reports used for program assessment contain complete and accurate information or followed up on such reports when needed. DHS has also not established an interagency agreement with DPH to reinstate the process of exchanging data in more depth and providing additional program assessment information. (pages 44-50)</li> </ul>
<i>Whether the Department’s database is accurate and up-to-date including if the information submitted by dispensers is complete and timely.</i>	<ul style="list-style-type: none"> <li>DHS has not established controls over the PIL data. Until deficiencies are corrected, the accuracy of the PIL data cannot be relied upon. In addition, auditors tested a sample of PIL data and found DHS was not ensuring dispensers were submitting all required information, not submitting problematic information, and not submitting information by the end of the next business day, as required. (pages 23-30, 35-43)</li> </ul>
<i>Whether the Department is utilizing its authority to impose fines when dispensing reporting requirements are not being reported as required for the Program.</i>	<ul style="list-style-type: none"> <li>DHS has not imposed or collected fines for the ILPMP to date and has not ensured dispensing reporting requirements are being implemented, as required. (pages 21-22)</li> </ul>

Source: OAG assessment of the audit determinations contained in LAC Resolution Number 154.

## Background

According to the Centers for Disease Control and Prevention (CDC), Prescription Monitoring Programs (PMPs) continue to be among the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk. A PMP is an electronic database which collects, tracks, and stores reported data on controlled substances and select drugs in a state. PMPs provide health authorities with timely information about prescribing and patient behaviors that contribute to the epidemic and facilitate a targeted response.

The Illinois Prescription Monitoring Program (ILPMP) began in 1986 and monitored only Schedule II prescription drugs, including painkillers such as morphine and hydrocodone. The ILPMP began collecting information electronically in 2000. In 2007, the program was expanded to monitor Schedule III through V drugs, including drugs such as Vicodin, Valium, and codeine.

The ILPMP is authorized by the Illinois Controlled Substances Act (720 ILCS 570/1 et seq.) and applies to Schedule II, III, IV, and V prescription medications. Prescriptions are regulated differently based on whether they are in Schedule II or Schedules III-V:

- **Schedule II** – A prescription for a Schedule II controlled substance shall not be issued for more than a 30-day supply. Physicians can authorize up to three sequential 30-day supplies of Schedule II controlled substances for a total of a 90-day supply.
- **Schedules III-V** – Prescriptions cannot be filled or refilled more than six months after written or refilled more than five times unless renewed in writing by the prescriber.

Although prescriptions are regulated differently, the ILPMP is responsible for monitoring all controlled substances in Schedules II-V. (pages 4, 6, 15-16)

## Other States

Of the 50 states, 49 had a statewide PMP during this review. Most of these state programs did not directly maintain their own databases and used contractors for establishing and/or maintaining them. **Appendix E** provides a more detailed overview of all other state PMP contractors.

Illinois is one of only three states that contracts with other vendors and performs some duties in-house. The Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC) provided information on other states with a statewide PMP during this review. Below is a summary of this information.

- **35** states contract all four database-related tasks to Appriss, Inc. (Appriss), a company providing software and technology services.
- **6** states (Maine, Maryland, Montana, Nebraska, West Virginia, and Wisconsin) contract all four functions to contractors other than Appriss.

- **3** states (Kentucky, New York, and Utah) conduct all four database-related tasks in-house.
- **3** states (California, **Illinois**, and Wyoming) contract with third-party contractors other than Appriss and perform some database-related tasks in-house.
- **2** states (Hawaii and Massachusetts) contract with Appriss for some database-related tasks and some tasks are performed in-house. (pages 4-6)

### Organization of the ILPMP

The Illinois Department of Human Services (DHS) is the supervising entity over the Act (720 ILCS 570/1 et seq.). Within DHS, the Bureau of Pharmacy and Clinical Support Services administers the ILPMP.

While DHS is the State entity that oversees the ILPMP, there are many contractors and other agencies involved in the process. This includes employees who provide information technology services related to the ILPMP through Eastern Illinois University (EIU). See the **text box** for an overview of the responsibilities of the contractors utilized in the ILPMP process. Due to the number of other entities involved, the ILPMP process is complex.

#### Overview of Contractors

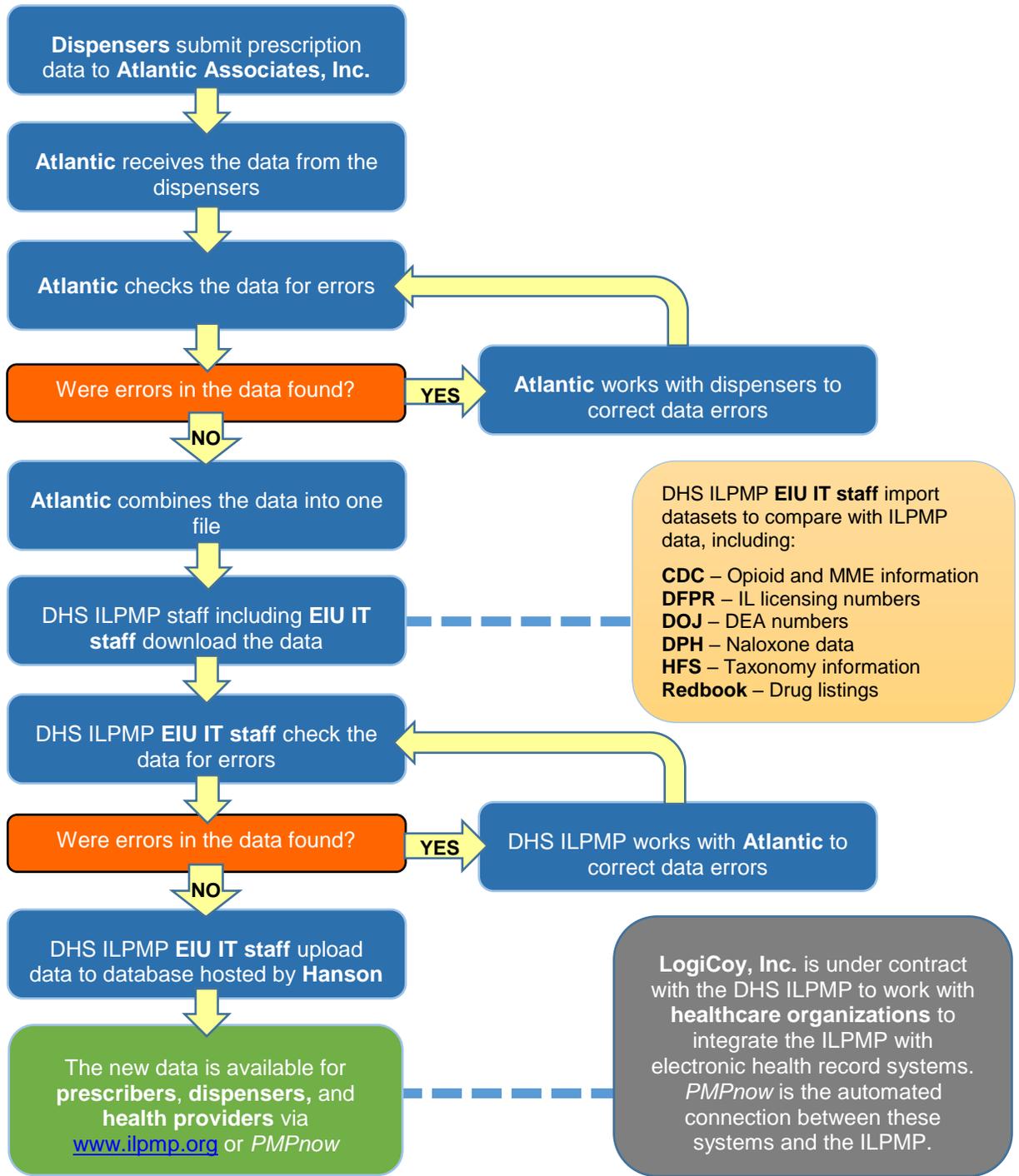
- **LogiCoy, Inc.** works with hospitals/centers/clinics to integrate EHR systems, maintains these connections, and supports a website and web services for EHR systems/*PMPnow*.
- **Hanson Information Systems, Inc.** provides hosting services for the PIL database and website.
- **Atlantic Associates, Inc.** obtains, reviews, and cleanses data on controlled substances from dispensers or LTC facilities.
- **Eastern Illinois University** develops and maintains the database by providing a Database Associate, Data Site Developer, and Web Developer.

**Digest Exhibit 2** was created with assistance from DHS to illustrate a process flowchart of the ILPMP.

According to DHS, the PIL (Prescription Information Library) data is compared with data from several agencies/entities. Data is obtained from the Illinois Department of Financial and Professional Regulation (DFPR) and the federal Department of Justice (DOJ) during the user on-boarding process. DHS also works with the Illinois Department of Public Health (DPH) through an interagency agreement for sharing data and coordinates with DPH on grants. Finally, DHS receives additional information from the Department of Healthcare and Family Services (HFS) and Redbook. More specifically, DHS imports data from the following agencies/entities for the timeframe basis noted:

- **CDC** for opioid information and MME (Morphine Milligram Equivalent) conversion factor (**annually**);
- **DFPR** for Illinois license numbers and unregistered providers (**weekly**);
- **DOJ** for verifying data and drug lists from the Drug Enforcement Administration (DEA) (**weekly**);
- **DPH** for Naloxone data and medical cannabis eligibility (**daily**);
- **HFS** for taxonomy data (**once to date; annually in future**); and

Digest Exhibit 2  
**ILPMP DATA PROCESS FLOWCHART**



Note: This exhibit presents a basic framework of the ILPMP data process and agency responsibilities and is not intended to cover all iterations of the process.

Source: OAG analysis of the ILPMP data process.

- **Redbook** for all detailed drug information related to controlled substances (**monthly**).

Although DHS imports data from these agencies/entities, **the data is currently not being reviewed by DHS before being imported into the PIL.** (pages 8-13)

### **The Illinois Controlled Substances Act**

The Illinois Controlled Substances Act (720 ILCS 570/1 et seq.) governs the distribution and use of a controlled substance in Illinois. The legislative intent of the Act is to curb the abuse of controlled substances by limiting access only to those with lawful and legitimate reasons to possess them by: penalizing drug trafficking and profiteering, establishing different regulation levels over types of controlled substances, and providing law enforcement with the resources to effectively enforce the Act.

### **Prescription Information Library**

The Act establishes a PIL (or database), which must be developed to allow inquirers access to records for an individual patient or customer from the last 12 months. Access is read-only and may require technical assistance from the ILPMP through LogiCoy to establish a secure connection. The PIL shall automatically generate a login to the inquiry system when a prescriber or dispenser obtains or renews a controlled substance license.

### **Illinois Administrative Code for the ILPMP**

The Illinois Administrative Code (77 Ill. Adm. Code 2080) establishes the authority held by DHS to control the abuse of Schedule II, III, IV and V retail dispensed drugs. The Administrative Code further establishes the requirements for prescribers when prescribing a controlled substance, whether written, electronic, facsimile, or verbal order. The majority of these requirements are outlined in the Act. However, some prescription requirements are only found in the Administrative Code. (pages 15-17)

### **Fully Implemented Program and Interfacing EHRs**

DHS did not fully implement an ILPMP in accordance with State requirements, as required. All Electronic Health Records (EHRs) were not fully implemented and able to interface with the ILPMP by January 1, 2021. In addition, DHS could not provide the total universe of EHR systems or the total percentage of EHRs that had been interfaced as of January 1, 2021.

### **Updated Administrative Rules**

Deadlines established by Public Act 100-0564 required the ILPMP to fully implement an ILPMP in accordance with State requirements including updating administrative rules within one year or January 1, 2019. Although Public Act 100-0564 contained these updated requirements, the Administrative Code was not updated by January 1, 2019, as required. However, as of June 24, 2021 (or almost 2 ½ years later), administrative rules were updated pertaining to these requirements.

## EHR Systems

Deadlines established by Public Act 100-0564 also required all EHR systems to interface with the ILPMP application program by January 1, 2021. According to DHS, although the process of integrating EHR systems was in progress, **all EHRs were not fully implemented and able to interface with the ILPMP by January 1, 2021, as required.**

DHS was also required to establish actions to be taken if a prescriber's EHR system did not effectively interface with the PIL within the required timeline. However, DHS stated that the status on EHR integration could not be provided because the total universe of EHRs could not be determined by DHS. Therefore, DHS could not provide the total percentage of EHRs that had been interfaced by January 1, 2021, or when all EHRs would be fully interfaced, as required.

We recommended DHS should fully implement an ILPMP in accordance with State requirements by ensuring all EHRs are fully interfaced with the ILPMP, as required. (pages 19-20)

## Imposing Fines

DHS has not imposed fines or ensured dispensing reporting requirements are being implemented, as required. DHS has not updated the Illinois Administrative Code to align with the Act or developed a formal plan to ensure dispensing reporting requirements are being implemented.

The Illinois Administrative Code (77 Ill. Adm. Code 2080) makes imposing fines for violating the ILPMP reporting controlled substance dispensing a requirement. According to the Act, DHS **may** impose a civil fine of up to \$100 per day for willful failure to report the dispensing of a controlled substance. However, the Administrative Code establishes DHS **shall** impose a civil fine of \$100 per day for willful violations of the ILPMP reporting requirements.

According to DHS, the ILPMP is in the process of proposing updates to the Administrative Code that would change the "**shall**" referenced in the current version to "**may**" in order to align with the Act. We reviewed the proposed updates to the Administrative Code (77 Ill. Adm. Code 2080) and found the updates propose to change this language as suggested. However, DHS has not established a formal plan to help ensure dispensing reporting requirements are being implemented as required.

We recommended DHS should update the Illinois Administrative Code to align with the Illinois Controlled Substances Act related to imposing fines and develop a formal plan to help ensure dispensing reporting requirements are being implemented as required. (pages 21-22)

## Data Accuracy

DHS has not established general information technology controls over the data. Significant deficiencies related to contractual services, business processes, change control, disaster recovery, and security were also identified. Until these

deficiencies are corrected, **the ILPMP data and reporting with respect to that data cannot be relied upon.**

DHS has also not established a process to ensure licensing data utilized by the ILPMP does not contain invalid or outdated information. This includes not establishing an interagency agreement with DFPR. In addition, DHS has not established a process with the DPH to conduct data reviews of sports and accident injuries as required by the Act.

### **Review of General IT Controls**

The *Review of General IT Controls* (Review) performed by our IS auditors found significant problems with the data and concluded the data cannot be relied upon. More specifically, the Review found the following:

*As a result of the Department's failure to obtain, review, and fully understand the service providers' general IT controls as it related to the Prescription Monitoring Program (website, PMPnow, and PIL) and because we are unable to determine the adequacy of the service providers' general IT controls over the Prescription Monitoring Program, we are not able to rely on the data and reporting with respect to our testing of the Prescription Monitoring Program.*

The Review found significant deficiencies related to the following five areas: contractual services, business processes, change control, disaster recovery, and security. Regarding the five areas identified, DHS indicated the significant deficiencies were due to a lack of resources or were the responsibility of the contractors.

We recommended that DHS should establish general information technology controls over the data and correct the significant deficiencies related to the five areas identified. Until these deficiencies are corrected, the ILPMP data and reporting with respect to that data cannot be relied upon.

### **DFPR Data**

As discussed previously, the PIL data is compared with data from other agencies. DFPR must provide DHS with electronic access to license information of a prescriber or dispenser. According to DHS and DFPR, there is no interagency agreement between the two agencies that outlines each agency's responsibilities related to the licensing data. When asked if outdated licensees are removed by DHS, DHS officials stated no. According to DHS, **there is not a process in place to check licensing data utilized by the ILPMP for invalid or outdated information.**

We requested DFPR data for all individuals prescribing and dispensing controlled substances in Illinois. We compared the data to active users to determine if valid licenses were required in order to access the ILPMP. As a result of this comparison, we identified 2,287 registered users without a valid license and therefore, the ILPMP was not ensuring that all users with access rights to the PIL had valid licenses. Without an established process, the ILPMP is at risk for having individuals with invalid or outdated licenses with continued access to the ILPMP.

We recommended DHS should establish a process to ensure the licensing data utilized by the ILPMP does not contain invalid or outdated information. DHS should also consider establishing an interagency agreement with DFPR outlining each agency's responsibilities related to the licensing data.

### **DPH Data**

According to Public Act 100-1093, effective August 26, 2018, DHS and DPH are required to coordinate continuous reviews of ILPMP and DPH data to determine if a patient may be at risk for opioid addiction. Each patient discharged from a medical facility with a specific classification related to a sport or accident injury shall be subject to data review. However, **no reviews of sports and accident injury data were conducted in FY19 and FY20**. In addition, DHS was not alerting prescribers whose discharged patients were dispensed a controlled substance in FY19 or FY20. The lack of reviews for sports and accident injuries and alerts to prescribers puts these patients at an increased risk for addiction.

We recommended DHS and DPH should establish a process to conduct data reviews of sports and accident injuries as required by the Act. In addition, DHS should alert prescribers whose discharged patients were dispensed a controlled substance about the risk of addiction and applicable guidelines. (pages 23-30)

### **Outdated ILPMP Policies and Procedures Manual**

DHS has not updated the ILPMP Policies and Procedures Manual (Manual). The Manual currently contains outdated information and does not contain specific information about data security or the handling of law enforcement requests. We determined the Manual was outdated (including examples dating back to 2011 and 2013) and contained inaccurate information. Eight areas also document the Manual was outdated and requires updating.

Although the Manual describes the process of fulfilling a law enforcement request, DHS noted the current policies in the Manual are outdated. Due to the significant number of law enforcement requests and confidential data being provided in response to these requests, the lack of current policies in the Manual related to law enforcement requests is problematic and needs to be updated.

We recommended that DHS should update the ILPMP Policies and Procedures Manual as it is currently outdated. The updates should include current policies related to law enforcement requests. (pages 31-34)

### **Dispenser Requirements**

DHS has not required dispensers to submit specific information as required by the Illinois Administrative Code and Act. In addition, DHS has not required dispensers to submit information by the end of the next business day, as required by the Act. Finally, DHS has not followed up on problematic information submitted by dispensers including prescription records with patients over 110 years old, records with an animal species code, and/or records with an invalid patient name.

As stated in the Act and the Administrative Code, dispensers must submit specific information to the ILPMP (see the **text box** for this specific information), and all information must be transmitted by the end of the next business day after the date on which a controlled substance is dispensed. **When asked how the ILPMP knows if required dispensing information is reported by the end of the next business day, DHS said they cannot monitor this reporting.**

**Required to be Submitted by Dispensers:**

- patient ID;
- patient location code;
- patient name and address;
- patient date of birth and gender;
- date prescription written;
- date prescription filled;
- date controlled substance dispensed;
- quantity dispensed/days supplied;
- national drug code number of the controlled substance dispensed;
- payment type used to purchase the controlled substance;
- prescriber's and dispenser's DEA numbers;
- dispenser's full name and address; and
- prescriber's full name.

For required submission information, missing or incorrect information was identified in the PIL data for the 60 sample records. These areas where missing or incorrect information was found included the following:

- date controlled substance dispensed;
- dispenser DEA number;
- dispenser's full name;
- dispenser's address;
- patient ID;
- patient location code;
- patient name;
- patient date of birth;
- date sold; and
- prescriber's full name.

**Specific Testing Examples:**

- **"Reese Dog"** was 120 years old, had an animal species code, and was in a LTC facility.
- **"Sam Dog"** was 120 years old, had a human species code, and had a dog's name.
- A **Men's Health Center** was 120 years old, had a human species code, and had a health center's name.

DHS had not followed up on problematic information submitted by dispensers (over 110 years old, animal species code, and/or missing patient name) and none of the identified issues prevented the records from being maintained in the active PIL. The lack of control is problematic and emphasizes the need for improved monitoring over the ILPMP data.

In addition, all 16 (**100%**) LTC prescription records were missing the information required to be submitted for LTC cases. Only the diagnosis code field was available for dispensers to submit information. All of the other required fields (ethnicity, patient weight, etc.) did not have a field where data could be submitted by dispensers.

We recommended DHS should ensure dispensers are submitting specific information as required by the Illinois Controlled Substances Act and the Illinois Administrative Code. This includes addressing the above discrepancies to meet these requirements. (pages 35-43)

## Program Assessment Information

DHS has not ensured reports used for program assessment contain complete and accurate information or followed up when program assessment reports show significant changes, incorrect calculations, and/or missing information. DHS has also not established an interagency agreement with DPH to reinstate the process of exchanging data in more depth through the Opioid Data Dashboard or provided additional program assessment information to cover significant drug-related issues. Finally, DHS has not ensured all prescribers possessing an Illinois Controlled Substance license are registered with the ILPMP.

We requested DHS provide program assessment information illustrating ILPMP changes in drug-related issues (including deaths, abuse, and overprescribing) since the implementation of ILPMP State requirements. In response to this request, DHS provided the following:

- monthly statistics on the ILPMP website;
- annual indicator reports; and
- quarterly and final annual grant reports.

### Quarterly and Final Annual Grant Reports

Although the Act states each prescriber possessing an Illinois Controlled Substance license shall register with the ILPMP as of January 1, 2018, DOJ grant reports support the percent of **prescribers registered to the ILPMP** was: **78%** as of June 2019, **70%** as of December 2019, **68%** as of June 2020, and **68%** as of December 2020.

We asked DHS what was done to correct the lack of registered prescribers and noncompliance with the Act. According to DHS officials, DHS reached out to DFPR to request this registration be added as a mandatory condition for license renewal. No other information was provided by DHS to address this noncompliance.

We recommended that DHS ensure all prescribers possessing an Illinois Controlled Substance license are registered with the ILPMP as required by the Illinois Controlled Substances Act.

### Other Program Assessment Information

The third audit determination asks whether the ILPMP and its database are effective in helping Illinois patients by requesting DHS program assessment information and data showing changes in the number and type of drug-related issues (such as deaths, abuse, and overprescribing). It is problematic that DHS and DPH have not been linking data for the ILPMP, hospital discharges, and death certificates since 2018. According to DHS, the agencies hope to begin exchanging data more timely and efficiently in 2021 depending on DPH's resource availability.

We recommended DHS should address the identified program assessment issues and related deficiencies. (pages 44-50)

## Monitoring

DHS has not performed sufficient tracking of monitoring reports required by the Illinois Administrative Code including error reports, zero reports, and personal information reports. DHS has also not ensured all monitoring reports required by intergovernmental agreements are completed as outlined in the agreements. Finally, DHS has not sufficiently monitored ILPMP contractors through System and Organization Controls reports or internal control reviews.

Intergovernmental agreements require the ILPMP to oversee additional reporting requirements. Examples of reports required by intergovernmental agreements included quarterly local level analyses and a final annual report. We reviewed intergovernmental agreements and followed up with DHS about requirements related to these reports. Although DHS completed some reporting requirements in intergovernmental agreements as required, other reporting requirements were incomplete.

### Contractor Monitoring

Many of the responsibilities of the controls over IT and the data reside with contractors as delegated by DHS. We met with DHS and requested information regarding the monitoring of these contractors utilized in the ILPMP. Specifically, IS auditors asked if DHS required System and Organization Controls (SOC) reports from contractors. According to DHS, SOC reports are not required. In addition, there are no internal control reviews over the internal controls of the services provided. Without SOC reports and internal control reviews from contractors, DHS has no reliance on their internal controls of the services provided.

We recommended DHS should address the identified monitoring issues and related deficiencies. (pages 51-57)

## ILPMP Committees

DHS has not updated the Illinois Administrative Code to ensure the Prescription Monitoring Program Advisory Committee (PMPAC) members for the PMPAC are the same as those required by the Act. DHS has also not ensured Peer Review Committee (PRC) members with the same profession as prescribers or dispensers were preparing preliminary reports and/or making recommendations, as required by the Act. In addition, DHS has not ensured the PRC met quarterly or fulfilled annual reporting requirements, as required by the Administrative Code. Finally, DHS has not established a long term care (LTC) Advisory Committee, as required by the Administrative Code.

### The Prescription Monitoring Program Advisory Committee

The Act establishes the role of both DHS and the PMPAC in adjusting the schedule of controlled substances in the Act. PMPAC committee members play a direct role in implementing the ILPMP with DHS and provide advising on matters relevant to their field of competence. The Illinois Administrative Code (77 Ill. Adm. Code 2080) also establishes the composition and responsibilities of the PMPAC. **The Administrative Code and the Act differ in the required**

**members of the PMPAC because the Administrative Code has not been updated.**

### **Peer Review Committee**

Public Act 100-1093, effective August 26, 2018, changed the makeup of the PRC. This included the addition of new members. The PRC currently consists of ten of the PMPAC members. The Act also requires a committee member whose profession is the same as the prescriber or dispenser being reviewed to prepare a preliminary report and recommendation for any non-action or action. However, **we found no evidence that committee members whose profession was the same as the prescriber or dispenser being reviewed prepared any preliminary reports or made any recommendations for action or non-action, as required by the Act.**

**In addition, the PRC did not meet quarterly in FY19, FY20, and FY21 as required by the Administrative Code.** In total, the PRC has met five times from FY19 through the end of FY21. Starting on July 1, 2017, the PRC was required to submit an annual report, delivered electronically to DHS and the General Assembly. We reviewed the FY18, FY19, and FY20 Annual Reports to determine if the required information was included. We found some required information was included such as the number of times the PRC convened; however, **all three fiscal years were missing required information.**

We also requested the data for the prescribers identified as being at risk in FY18 and FY19. **DHS stated these lists could not be provided. According to DHS, the lists were cleared and reloaded with each new list.** Therefore, DHS is not following up on these prescribers identified as at risk.

### **Long Term Care Advisory Committee**

The Administrative Code defines the PMP LTC Advisory Committee. This committee is supposed to be a subunit of the PMPAC and composed of healthcare professionals associated with the care of geriatric populations. We requested a listing of members on the PMP LTC Advisory Committee. **According to DHS, “this committee was never established and never met.”** DHS further stated the information on the LTC Advisory Committee in the Administrative Code was outdated, and DHS does not have a plan to address this outdated information at this time.

We recommended DHS should address the identified ILPMP Committee weaknesses for the PMPAC, PRC, and LTC Advisory Committee. (pages 58-65)

## Audit Recommendations

The audit report contains ten recommendations directed to DHS and one recommendation directed to DHS and DPH. DHS and DPH agreed with the recommendations. The complete responses for DHS and DPH are included in this report as **Appendix F**.

This performance audit was conducted by the staff of the Office of the Auditor General.

**SIGNED ORIGINAL ON FILE**

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JOE BUTCHER  
Division Director

This report is transmitted in accordance with Sections 3-14 and 3-15 of the Illinois State Auditing Act.

**SIGNED ORIGINAL ON FILE**

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FRANK J. MAUTINO  
Auditor General

FJM:SEC