HUMAN SERVICES DEPARTMENT

Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary
Nicole Comeaux, J.D., M.P.H, Director

Letter of Direction #17

Date: **October 2, 2019**

To: **Centennial Care 2.0 Managed Care Organizations**

From: **Nicole Comeaux, Director, Medical Assistance Division** KLA for NC
Mika Tari, Acting Director, Behavioral Health Services Division

Subject: **Federal Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act or the SUPPORT for Patients and Communities Act requirements**

Title: **SUPPORT Act requirements**

The purpose of this letter of direction is to direct the Managed Care Organizations to implement the requirements of the "Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act" or the "SUPPORT for Patients and Communities Act" into policy and procedures for all contracted Medicaid services statewide. Managed Care Organizations must comply with the requirements in Section 1902 of the Social Security Act (42 U.S.C. 1396a) as amended.

Specifically, Managed Care Organizations will implement the following provisions by October 1, 2019:

- OPIOID CLAIMS REVIEW.

(I) A real-time prospective drug utilization review of the sort defined in section 1927(g)(2)(A) of the Social Security Act, for each prescription that identifies potential problems at point of sale to engage both patients and prescribers about possible opioid abuse and overdose risk prior to the prescription being dispensed to the patients;

(II) An automated claim review process as a retrospective drug utilization review of the sort defined in section 1927(g)(2)(B) of the Social Security Act, that provides for additional examination of claims data to identify patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care;

(III) Both the prospective and the retrospective drug utilization review will be consistent with medical practice patterns in New Mexico to help meet the health care needs of the Medicaid patient population in the state. The Centers for Medicare & Medicaid Services encourage states to utilize, for example, the 2016 Centers for Disease Control and Prevention Guideline for primary care practitioners on prescribing opioids in outpatient settings for chronic pain.

(IV) CLAIMS REVIEW REQUIREMENTS

1. **Safety Edits Including Early, Duplicate, and Quantity Limits**: Limitations in both prospective and retrospective drug utilization review should include restrictions on duplicate fills, early fills, and drug quantity limitations.

2. **Maximum Daily Morphine Milligram Equivalents Safety Edits:** Both the prospective and retrospective drug utilization review safety edits must include a morphine milligram equivalents threshold amount such as the level that is recommended in the 2016 Centers for Disease Control Guideline referenced in section (III) above.

3. **Concurrent Utilization Alerts**: Both the prospective and retrospective drug utilization review safety edits must be able to provide alerts for concurrently prescribed opioids and benzodiazepines or opioids and antipsychotics, as well as potential complications resulting from other medications concurrently being prescribed with opioids.

4. **Care Coordination:** All safety edits will activate Care Coordination for the deliberate organization of patient care activities between all participants involved in the patient's care to facilitate the appropriate delivery of health care services.

(V) **EXEMPTIONS** - The drug review and utilization requirements under this subsection shall not apply with respect to an individual who is receiving hospice or palliative care or treatment for cancer; or is a resident of a long-term care facility, a facility described in section 1905(d) of the Social Security Act, or of another facility for which frequently abused drugs are dispensed for residents through a contract with a single pharmacy.

(VI) **OPIOID THERAPY EDITS** - Opioid pharmacy claims that exceed the maximum morphine milligram equivalents per day, as determined by the state, will be flagged and may be denied. If the prescriber deems that it is medically necessary for the recipient to exceed the maximum morphine milligram equivalents per day limit, the prescriber must complete the *Drug Prior Authorization Request* form and fax the completed signed form requesting to increase the maximum prescribed morphine milligram equivalents limit to the prior authorization unit of the recipient's assigned benefit plan for clinical review. If a recipient presents a new prescription to the pharmacy that exceeds a previously approved morphine milligram equivalents limit, this is considered an additional request requiring the prescriber to again submit for prior authorization. Subsequent requests by a prescriber to increase a morphine milligram equivalents limit will require the prescriber to submit a new request.

When the pharmacist cannot reach a prescriber or when the prior authorization departments are closed, the pharmacist, using his/her professional judgement, may deem the filling of the prescription for these edits to be an "emergency." In these emergency cases, the pharmacist must document "Emergency Prescription" in writing on the hardcopy prescription or in the pharmacy's electronic recordkeeping system and can override the

pharmacy claim at point-of-sale by contacting the health plan's pharmacy help desk.

State Medicaid plans Fee for Service and Managed Care Organizations will offer education and training to all providers on new opioid provisions to help minimize workflow disruption and to ensure that beneficiaries have continuity of care. Prior authorization may be necessary to avoid abrupt opioid withdrawal for patients that need to taper off high doses of opioids to minimize potential symptoms of withdrawal and manage their treatment regimen, while encouraging pain treatment using non-pharmacologic therapies and non-opioid medications when appropriate.

(VII) **PROGRAM TO MONITOR ANTIPSYCHOTIC MEDICATIONS BY CHILDREN** - The Managed Care Organizations shall develop and implement a program to monitor and manage the appropriate use of antipsychotic medications by children and submits quarterly to the Human Services Department any information as may be required on activities carried out under a monitoring program for individuals not more than the age of 18 years, specifically for children in foster care.

(VIII) **FRAUD AND ABUSE IDENTIFICATION** —The Managed Care Organizations shall develop and implement a process that identifies potential fraud or abuse of controlled substances by individuals, health care providers prescribing drugs to individuals, and pharmacies dispensing drugs to individuals.

(IX) **DRUG UTILIZATION REVIEW ACTIVITIES AND REQUIREMENTS** — Beginning not later than October 1, 2019, each Managed Care Organization will comply with the applicable provisions of section 438.3(s)(2) of title 42, Code of Federal Regulations, section 483.3(s)(4) of such title, and section 483.3(s)(5) of such title, as such provisions were in effect on March 31, 2018."

(X) Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act

Summary: https://www.congress.gov/bill/115th-congress/house-bill/6
Text: https://www.congress.gov/bill/115th-congress/house-bill/6/text#toc-HA3B1D9BB0B5F45B0BCF9A81C0707A4AB

On or before October 15, 2019 the Managed Care Organizations must submit to the Human Services Department an attestation that all components of the SUPPORT for Patients and Communities Act have been implemented.

SUPPORT Act reporting requirements will be incorporated into the Pharmacy Report #44. MCOs will report the last two quarters of CY2019 beginning with the January 2020 report submission. HSD will provide the MCOs with a draft revised template and instructions at

least forty-five (45) days prior to the January 2020 submission.

This LOD will sunset with the next iteration of the Behavioral Health Policy and Billing Manual.