



Department of Medicaid

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To: Ohio Medicaid Managed Care Plans (MCPs)

From: Donald Wharton, M.D., Assistant Medical Director, Office of Health Innovation and Quality

Subject: Minimum standards for SUPPORT Act compliance, effective October 1, 2019

The Ohio Department of Medicaid (ODM) has published minimum standards for Ohio Medicaid Managed Care Plan compliance with requirements in the federal Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (Public Law 115-271):

1. Safety edits and claims review automated process for opioid refills above a state-defined limitation
2. Safety edits and claims review automated process for a state-defined maximum daily morphine equivalent for treatment of chronic pain
3. Claims review automated process that monitors when an individual is concurrently prescribed opioids and benzodiazepines or antipsychotics
4. Program to monitor and manage the appropriate use of antipsychotic medications by Medicaid children
5. Process that identifies potential fraud or abuse of controlled substances by Medicaid members, enrolled prescribers, and enrolled dispensing pharmacies

ODM and its contracted managed care plans must meet or exceed these standards by October 1, 2019.

Why is this happening?

Section 1004 of the federal SUPPORT Act adds subsection (oo)(1) (“Medicaid Drug Utilization Review requirements”) to federal Medicaid law effective October 1, 2019. As outlined in guidance from the Centers for Medicare & Medicaid Services, states and their managed care contractors must operate Drug Utilization Review (DUR) programs that comply with SUPPORT Act requirements.

What should you do?

Please make sure your MCP meets or exceeds ODM’s minimum standards by October 1, 2019.

Questions?

If you have questions, please contact [MEDICAID PHARMACY@medicaid.ohio.gov](mailto:MEDICAID_PHARMACY@medicaid.ohio.gov).



Minimum standards for federal SUPPORT Act compliance

The Ohio Department of Medicaid (ODM) and contracted managed care plans (MCPs) must follow these standards beginning October 1, 2019.

Permitted Exclusions: Individuals receiving hospice, palliative care, or cancer treatment; residents of long-term care facilities, ICF-IID's, or other facility described in 42 USC 1396a(oo)(3)(A)(ii); and individuals with sickle cell disease are exempt from these requirements. MCPs must ensure individuals in these categories continue to have appropriate access to opioid treatment.

1. Safety edits¹ and claims review automated process² for opioid refills above a state-defined limitation

7-day supply limit and a maximum of 30 morphine equivalents dose (MED) for new starts on short-acting opioids, and early refill thresholds to identify potential misuse or abuse.

- ✓ Thresholds must be equal to or more restrictive than general refill thresholds.
- ✓ Supply limits and early refill thresholds must be enforced at point-of-sale.

Periodic claims review to look for concerning treatment (could include multiple prescribers, long courses of treatment, patients prescribed duplicate therapy, multiple early refills, or other indicators) and apply interventions *as deemed appropriate* (PA for further fills, patient or prescriber letters, "lock-in," continued monitoring, etc.).

2. Safety edits and claims review automated process for a state defined maximum daily morphine equivalent for treatment of chronic pain

All new starts on long-acting opioids require a prior authorization, which must be enforced at point-of-sale.

Periodic claims review to look for concerning treatment (could include high cumulative MED, rapid recent increase in MED, or other indicators) and apply interventions *as deemed appropriate* (patient or prescriber letters, "lock-in," continued monitoring, etc.)

¹ CMS Guidance CIB 8/05/2019 "State Guidance for Implementation of Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the SUPPORT Act", p. 2, defines "safety edits" as prospective drug review, such as is defined in § 1927(g)(2)(A) of the Social Security Act.

²The CMS Guidance, p.3, defines "claims review automated process" as retrospective drug use review, such as is defined in § 1927(g)(2)(B) of the Social Security Act.

3. Claims review automated process that monitors when a client is concurrently prescribed opioids and benzodiazepines or antipsychotics

MCPs must identify concomitant opioid/benzodiazepine treatment and concomitant opioid/antipsychotic treatment, and apply interventions *as deemed appropriate* (PA for further fills, patient or prescriber letters, “lock- in,” continued monitoring, etc.)

4. Program to monitor and manage the appropriate use of antipsychotic medications by Medicaid children

Non-foster care: Periodic claims review with referral for specialist consultation when concerning treatment is identified (e.g., 4 Concomitant Psychotropic Drugs < 18 Years Old; Any Psychotropic Drug under 6 Years Old; Any Atypical Antipsychotic Drug under 6 Years Old; 2 Concomitant Atypical Antipsychotic Drugs < 18).

Foster care: Yearly review at minimum of foster-care children prescribed mental health medications. If concerning treatment is identified, providers are referred for consultation with a specialist. Examples of concerning treatment may include: 4 Concomitant Psychotropic Drugs < 18 Years Old; Any Psychotropic Drug under 6 Years Old; Any Atypical Antipsychotic Drug under 6 Years Old; 2 Concomitant Atypical Antipsychotic Drugs < 18.

5. Process that identifies potential fraud or abuse of controlled substances by Medicaid members, enrolled prescribers, and enrolled dispensing pharmacies

Periodic claims review to look for potential fraud or abuse of controlled substances by clients, prescribers, and pharmacies (could include members filling prescriptions at multiple pharmacies, prescribers or pharmacies filling high volumes of controlled substances, or other indicators) and interventions *as deemed appropriate* (lock-in, PDMP assessment, peer-to-peer consultation, etc.). MCPs are to follow OAC rule 5160-20-01 for initial and continued enrollment in Coordinated Service Program (CSP).