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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 19-0002

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850

Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

February 20, 2020

Ms. Dawn Stehle
State Medicaid Director
Arkansas Department of Health and Human Services
Division of Medical Services
P.O. Box 1437
Little Rock, Arkansas 72203-1437

Dear Ms. Stehle,

The CMS Division of Pharmacy team has reviewed Arkansas State Plan Amendment (SPA) 19-0002 received in the Dallas Regional Operations Group on December 31, 2019. This SPA proposes to allow the state to comply with the Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0002 is approved with an effective date of October 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Arkansas' state plan will be forwarded by the Dallas Regional Operations Group.

If you have any questions regarding this request, please contact Réna McClain at (410) 786-3975 or Rena.McClain1@cms.hhs.gov.

Sincerely,

/s/

Cynthia R. Denemark, R.Ph.
Deputy Director
Division of Pharmacy
DEHPG/CMCS/CMS

cc: Jack Tiner, Arkansas Department of Health and Human Services, Office of Rules Promulgation
James G. Scott, Director, Division of Program Operations
Stacey Shuman, Dallas Regional Operations Group

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 19 — 0002

2. STATE: Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2019

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ■ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION
§ 1004 of the SUPPORT Act (P.L. 115-271)

7. FEDERAL BUDGET IMPACT
a. FFY 2020 $ 0
b. FFY 2021 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
See attached listing

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
See attached listing

10. SUBJECT OF AMENDMENT

CMS has issued state guidance for a mandatory state plan amendment related to Drug Utilization Review to reduce opioid related fraud, misuse, and abuse. This change is in compliance with Section 1004 of the Support Act.

11. GOVERNOR'S REVIEW *(Check One)*

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
■ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

13. TYPED NAME
Janet Mann

14. TITLE
Director, Division of Medical Services

15. DATE SUBMITTED
12-31-19

16. RETURN TO
Office of Rules Promulgation
PO Box 1437, Slot S295
Little Rock, AR 72203-1437

Attn: Mac Golden

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
December 31, 2019

18. DATE APPROVED
February 20, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2019

20. [redacted]

21. TYPED NAME
James G. Scott

22. TITLE
Director, Division of Program Operations

23. REMARKS

ATTACHED LISTING FOR
ARKANSAS STATE PLAN
TRANSMITTAL #2019-0002

8. Number of the Plan Section or Attachment	9. Number of the Superseded Plan Section or Attachment
Page 74b	Page 74b Approved 06-01-93, TN 93-17
Page 74c	Page 74c Approved 06-01-93, TN 93-17
Page 74d	None – New page

Revision: HCFA-PM- (MB)

State/Territory: ARKANSAS

Citation	
1927(g)(2)(C) 42 CFR 456.709(b)	F.2. The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for: -Therapeutic appropriateness -Overutilization and underutilization -Appropriate use of generic products -Therapeutic duplication -Drug-disease contraindications -Drug-drug interactions -Incorrect drug dosage/duration of drug treatment -Clinical abuse/misuse
1927(g)(2)(D) 42 CFR 456.711	3. The DUR program through its State DUR Board, using data provided by the Board, provides active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.
1927(g)(3)(A) 42 CFR 456.716(a)	G.1. The DUR program has established a State DUR Board either: _X_ Directly, or ___ Under contract with a private organization
1927(g)(3)(B) 42 FR 456.716 (A) and (B)	2. The DUR Board membership includes health professionals (**at least 1/3 but no more than fifty-one percent (51%) licensed and actively practicing physicians and at least 1/3 licensed and actively practicing pharmacists**) with knowledge and experience in one or more of the following: -Clinically appropriate prescribing of covered outpatient drugs. -Clinically appropriate dispensing and monitoring of covered outpatient drugs. -Drug use review, evaluation and intervention. -Medical quality assurance.
1927(g)(3)(C) 42 CFR 456.716(d)	3. The activities of the DUR Board include: -Retrospective DUR, -Application of Standards as defined in section 1927(g)(2)(C), and -Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

Revision: HCFA-PM- (MB)

State/Territory: ARKANSAS

Citation

1927(g)(3)(C)
42 CFR 456.711
(a)-(d)

G.4. The interventions include in appropriate instances:
-Information dissemination
-Written, oral, and electronic reminders
-Face-to-Face discussions
-Intensified monitoring/review of prescribers/dispensers

P.L. 115-271
Section 1004 of the SUPPORT Act

H.1. The DUR program meets the requirements of Section 1004 of the SUPPORT Act for substance use-disorder prevention that promotes opioid recovery and treatment. Opioid claim review limitations for initial and subsequent refills require prospective safety edits and comprehensive retrospective claims review processes.

a) Prospective point-of-sale safety edits

- **Therapeutic duplication edit**
- **Maximum daily quantity edit**
- **Maximum monthly quantity edit**
- **Morphine Milligram Equivalent edit**
- **Refill too soon logic**
- **Age edit**
- **Maximum days' supply edits for treatment naïve and treatment experienced**

b) Retrospective claims review

- **Morphine Milligram Equivalent review per recipient and prescriber**
- **Concurrent opioid and benzodiazepine usage prompts prescriber or pharmacy provider notification by letter**
- **Concurrent opioid and antipsychotic medication usage prompts prescriber or pharmacy provider notification by letter**
- **Review opioid use in adolescents**
- **Review prescribing and dispensing patterns on opioid claims**
- **Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis**

Revision: HCFA-PM- (MB)

State/Territory: ARKANSAS

Citation		
		H.2. Program to monitor antipsychotic medication use by children **a) Prospective point-of-sale edits** • **Age edits for recipients < 18 years old** • **Therapeutic duplication edit** • **Maximum dose edit** • **Antipsychotic medication usage in children including those in foster care are monitored in monthly reports by a staff psychiatrist** • **Routine metabolic labs required** **b) Retrospective claims review** • **Monitor antipsychotic use patterns in children including foster care** • **Doses of antipsychotic medications monitored**
		H.3. Fraud and Abuse Identification **a) Lock-in program for recipients identified by Retrospective DUR for possible abuse or misuse of controlled substances** **b) Prescriber and pharmacy provider patterns of misuse/overprescribing** • **Identified by Retrospective DUR** • **Identified by contracted auditor(s)** **c) Prescription Drug Monitoring programs enable prescribers and pharmacy providers to search the PDMP for monitoring narcotic use behavior including access to other states**
1927(g)(3)(D) **42 CFR 456.712** **(A) and (B)**	**X**	**I. The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, procedures as described in the report.**
1927(h)(1) **42 CFR 456.722**		**J.1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:** **-real time eligibility verification** **-claims data capture** **-adjudication of claims** **-assistance to pharmacists, etc. applying for and receiving payment.**
1927(g)(2)(A)(i) **42 FR 456.705(b)**	**__**	**2. Prospective DUR is performed using an electronic point of sale drug claims processing system.**
1927(j)(2) **42 CFR 456.703(c)**		**K. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.**