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State Name: District of Columbia

State Plan Amendment (SPA) #: 19-0011

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

March 23, 2020

Ms. Melissa Byrd
Senior Deputy/State Medicaid Director
Government of the District of Columbia
Department of Healthcare Finance
441 4th Street, NW, Suite 900S
Washington, DC 20001

Dear Ms. Byrd,

The CMS Division of Pharmacy team has reviewed District of Columbia State Plan Amendment (SPA) 19-0011 received in the CMS Division of Program Operations 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 19-0011 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 District of Columbia's state plan, will be forwarded by the CMS Division of Program Operations.

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: Alice Weiss, Director, Health Care Policy and Research Administration, DC Medicaid
Eugene Simms, Assoc. Director, Health Care Policy & Research Admin., DC Medicaid
James G. Scott, Director, CMS Division of Program Operations
Frankeena McGuire, CMS Division of Program Operations
Dan Belnap, CMS Division of Program Operations

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: **19-011**

2. STATE: **District of Columbia**

3. PROGRAM IDENTIFICATION: **Title XIX of the Social Security Act**

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:

42 USCA § 1396a(oo)

7. FEDERAL BUDGET IMPACT:

FFY20: $0.00
FFY21: $0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1A: 19A-19B
Supplement 1 to Attachment 3.1B:18A-18B
Attachment 4.26A:74c-74d

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Supplement 1 to Attachment 3.1A: 19A-19B
Supplement 1 to Attachment 3.1B: 18A-18B
Attachment 4.26A: Pages 74c

10. SUBJECT OF AMENDMENT:

Drug Utilization Review Board and Pharmacy Lock-In Program

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:
D.C. Act: 22-434

12. SIGNATURE OF STATE AGENCY OFFICIAL

[redacted]

13. TYPED NAME

Melisa Byrd

14. TITLE

Senior Deputy Director/Medicaid Director

15. DATE SUBMITTED

12/30/19

16. RETURN TO

Melisa Byrd
Senior Deputy Director/Medicaid Director
Department of Health Care Finance
441 4th Street, NW, 9th Floor, South
Washington, DC 20001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED December 31, 2019

18. DATE APPROVED March 23, 2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL **/S/**

21. TYPED NAME James Scott

22. TITLE Director, DPO

23. REMARKS

Revision: HCFA-PM-93-3 (MB) OMB No.
April 1993

State/Territory: District of Columbia

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
§1927(g)(3)(D) 42 CFR 456.712 (a) and (b)	H.	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, and procedures as described in the report.
§1927(h)(1) 42 CFR 456.722	I.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 CFR 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)	J.	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.

State/Territory: District of Columbia

Citation		
1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)	K.	**Claim Review Limitations** • Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness. • Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines). • Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis. • Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis. **Programs to monitor antipsychotic medications to children:** Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines. **Fraud and abuse identification:** The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.

depending on the results of the Pharmacy and Therapeutics Committee recommendations and Departmental review.

e. As specified in Section 1927(b)(3)(D) of the Act, notwithstanding any other provisions of law, rebate information disclosed by a manufacturer shall not be disclosed by the District for purposes other than rebate invoicing and verification.

7) All anorexic drug (amphetamine and amphetamine-like) are eliminated as reimbursable pharmaceuticals except for diagnosed conditions of narcolepsy and minimal brain dysfunction in children.

8) Prior authorization (PA) is required for the dispensing of the following prescribed drugs.

a. All prescriptions for Oxycodone HCL and Aspirin (more commonly known as Percodan), and Flurazepam (more commonly known as Dalmane);

b. Anorexic drugs (amphetamine and amphetamine-like) may be dispensed with prior authorization for the diagnosed conditions of narcolepsy and minimal brain dysfunction in children; and

c. Any injectable drugs on an ambulatory basis.

9) Pharmacy Lock-In Program

a. The Department of Health Care Finance (DHCF), along with the District of Columbia Drug Utilization Review (DUR) Board, will implement a Pharmacy Lock-In Program to safeguard the appropriate use of medications when a beneficiary enrolled in the District of Columbia Medicaid Program misuses drugs in excess of the customary dosage for the proper treatment of the given diagnosis, or misuses multiple drugs in a manner that can be medically harmful. Beneficiaries listed in section 9(k) are exempt from the Pharmacy Lock-In Program. Additional DUR Board requirements are found in Section 4.26.

b. DHCF will use the drug utilization guidelines established by the DUR Board to monitor inappropriate or excessive utilization.

c. If a beneficiary is identified by the Department of Health Care Finance (DHCF) as misusing drugs in excess of the customary dosage, DHCF will notify the Medicaid beneficiary in writing of their designation as a restricted Medicaid beneficiary.

d. The Medicaid beneficiary shall have fifteen (15) days from the date of the notice to file a request for a hearing with the Office of Administrative Hearings (OAH).

e. If the Medicaid recipient requests a hearing, the agency will defer further action on the restriction designation until the hearing is dismissed or a final decision has been rendered by OAH.

f. A restriction may be required for a reasonable amount of time, not to exceed twelve (12) months, without a review by the DUR Board. Subsequent restrictions will not be imposed until after the review has concluded.

g. DHCF will ensure that when a lock-in has been imposed, the beneficiary will continue to have reasonable access to Medicaid services of adequate quality.

h. When a restriction is imposed upon a beneficiary, the beneficiary may choose the pharmacy of his or her choice, based upon a list of three (3) pharmacy providers identified by DHCF.

i. When a restriction is imposed and a beneficiary fails to request a hearing with OAH or fails to select a designated pharmacy after a decision has been rendered by OAH upholding the restriction within the specified time period, DHCF shall designate a pharmacy for the beneficiary's pharmacy services for the duration of the restriction on the beneficiary's behalf.

j. DHCF will not apply any restrictions that have been imposed in situations where the beneficiary uses emergency services.

depending on the results of the Pharmacy and Therapeutics Committee recommendations and Departmental review.

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h. When a restriction is imposed upon a beneficiary, the beneficiary may choose the pharmacy of his or her choice, based upon a list of providers identified by DHCF.

i. When a beneficiary fails to request a hearing with OAH or fails to select a designated pharmacy after a decision has been rendered by OAH upholding the restriction within the specified time period, the DHCF, on behalf of that beneficiary, will designate a pharmacy for pharmacy services and inform the beneficiary in writing of the designated pharmacy.

j. Restrictions will not apply in situations where emergency services are furnished to a beneficiary