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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 19-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

March 4, 2020

Dr. Mohr Peterson
Med-Quest Division Administrator
P.O. Box 700190
Kapolei, HI 96709-0190

Dear Dr. Peterson:

The CMS Division of Pharmacy team has reviewed Hawaii's State Plan Amendment (SPA) 19-0006 received in the San Francisco Regional Operations Group on December 9, 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 19-0006 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 Hawaii's state plan will be forwarded by the San Francisco Regional Operations Group.

If you have any questions regarding this amendment, please contact Whitney Swears at (410) 786-6543 or Whitney.Swears@cms.hhs.gov.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph.
Director, Division of Pharmacy

cc: Kathleen T. Kang-Kaulupali, Hawaii Medicaid Pharmacist, Med-QUEST Division,
Edie Mayeshiro, Med-QUEST Program and Policy Development Office
Aileen Befitel, Med-QUEST Program and Policy Development Office
Jodeen Wai, Eligibility Program Specialist, Med-QUEST Division,
Richard C. Allen, CMS, Director Western Regional Operations Group
Brian Zolynas, CMS, Western Regional Office Representative

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

1 9 — 0006

2. STATE

Hawaii

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

Oct 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

1902 (oo)

7. FEDERAL BUDGET IMPACT

a. FFY 2019 \$0.00

b. FFY 2020 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4.26 (K) pg. 74d to 74e

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT

Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patient and Communities Act

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Judy Mohr Peterson, PhD

14. TITLE

Med-QUEST Administrator

15. DATE SUBMITTED

DEC - 9 2019

16. RETURN TO

State of Hawaii
Department of Human Services
Office of the Director
P.O. Box 339
Honolulu, Hawaii 96809-0339

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

December 9, 2019

18. DATE APPROVED

March 4, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

State/Territory: HAWAIICitation

1902 (oo)

K. Hawaii Medicaid has fully implemented Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P. L. 115-271). The State is in compliance with the new drug review and utilization requirements set forth in section 1902(oo) of the Act, as follows:

1. Claims Review Requirements

A. Safety Edits including Day's Supply, Early, Duplicate, and Quantity Limits

i. The state monitors the following prospective opioid safety edits:

- (1) Quantity limits
- (2) Length of therapy limits
- (3) Refill frequency (percent to refill) limits
- (4) Duplicate fills
- (5) Maximum morphine milligram equivalents (MME)/day limits

ii. The state monitors the following retrospective opioid safety reviews:

- (1) Quantity limits
- (2) Length of therapy limits
- (3) Refill frequency (percent to refill) limits
- (4) Duplicate fills
- (5) Maximum MME/day limits

B. Concurrent Utilization Alerts

i. Opioid and Benzodiazepines Current Fill Reviews

- (1) The state retrospectively monitors concomitant utilization of opioids and benzodiazepines

ii. Opioid and Antipsychotic Concurrent Fill Reviews

- (1) The state monitors concomitant utilization of opioids and antipsychotics.

2. Program to Monitor Antipsychotic Medications by Children

A. The state monitors results of the following reviews:

- i. Age restrictions
- ii. Quantities dispensed
- iii. Duplicate antipsychotic medications

TN No. 19-0006
Supersedes**Approval Date:** 3/4/2020**Effective Date:** 10/01/19**TN No.** NEW

State/Territory: HAWAII

3. Fraud and Abuse Identification Requirements

A. The state monitors results including but not necessarily limited to the following reviews:

- i. Opioid prescribers
- ii. Ad hoc PDMP reviews corresponding to prior authorization requests
- iii. Pharmacy claims audits

TN No. 19-0006 **Approval Date:** 3/4/2020 **Effective Date:** 10/01/19
Supersedes
TN No. NEW