

Table of Contents

State/Territory Name: IA

State Plan Amendment (SPA) #: 19-0001

This file contains the following documents in the order listed:

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

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 13, 2020

Michael Randol, Medicaid Director
Department of Human Services
Iowa Medicaid Enterprise
611 5th Avenue
Des Moines, IA 50309

Dear Mr. Randol,

The CMS Division of Pharmacy team has reviewed Iowa State Plan Amendment (SPA) 19-0001 received in the Kansas City Regional Operations Group on November 21, 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 19-0001 is approved with an effective date of October 1, 2019. A copy of the signed, updated CMS-179 form, as well as the pages approved for incorporation into Iowa's state plan will be forwarded by the Kansas City 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,

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

cc: Mikki Stier, Deputy Director, DFHS
James G. Scott, Director, Division of Program Operations
Jennifer Steenblock, Iowa Department of Human Services
Alisa Horn, Iowa Department of Human Services
Karen Hatcher, Kansas City Regional Operations Group

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

1. TRANSMITTAL NUMBER

1 9 — 0 0 1

2. STATE

IOWA

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

Section 1004 of the SUPPORT for patients and Communities Act

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 0

b. FFY 2021 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4.26, Page 74d, 74e

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT

Request documents how the program is in compliance with the new drug review & utilization requirements set form in Sec. 1004 of the SUPPORT for Patients & 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

MICHAEL RANDOL

14. TITLE

MEDICAID DIRECTOR

15. DATE SUBMITTED

16. RETURN TO

MICHAEL RANDOL
MEDICAID DIRECTOR
DEPARTMENT OF HUMAN SERVICES
IOWA MEDICAID ENTERPRISE
611 5TH AVENUE
DES MOINES IA 50309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

November 21 2019

18. DATE APPROVED

February 13, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

State authorized a pen & Ink change to Box #6 to add "Section 1004 of the SUPPORT for Patients and Communities Act."

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K. In accordance with 1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act the Iowa Medicaid Program has the following Drug Utilization Review (DUR) requirements in place:

1. Opioid Related Claims Review Limitations:

	Prospective Drug Review (Safety Edits)	Retrospective Drug Use Review (Claims Review Automated Process)
Days' Supply/Early Fill Alerts	The claim is denied if the days' supply exceeds the allowable or if not enough time has elapsed for the member to use the specified percent of the supply issued under a previously paid claim for that medication.	The program generates reports that are reviewed in an ongoing manner, referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission.
Duplicate Fill/Therapy Alerts	Safety edits at point-of-sale are in place to notify the pharmacy, who contacts the prescriber as necessary, of the drugs prescribed concurrently to avoid and mitigate associated risks prior to dispensing. The action would be up to the pharmacist and prescriber.	The program generates reports that are reviewed in an ongoing manner, referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission.
Quantity (Dosage) Limits	The claim is denied when the supply exceeds the established days' supply quantity limit based on the appropriate dosage for that medication. Prior Authorization is required.	The program generates reports that are reviewed in an ongoing manner, referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission.
MME	The claim is denied when the cumulative morphine milligram equivalents (MME) per day across all opioids exceeds the defined MME amount. Prior Authorization is required.	The program generates reports that are reviewed in an ongoing manner, referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission.
Concurrent Utilization Alerts: opioids + benzodiazepines or opioids + antipsychotics	Reviews are in place to notify the pharmacy, who contacts the prescriber as necessary, of the drugs prescribed concurrently to avoid and mitigate associated risks prior to dispensing. The action would be up to the pharmacist and prescriber.	The program generates reports that are reviewed in an ongoing manner, referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission.

State Plan TN # IA-19-001Superseded TN # NEWEffective October 1, 2019Approved February 13, 2020

State/Territory:

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2. Program to Monitor Antipsychotic Medications by Children: Prospective drug utilization review edits are applied to antipsychotic claims for all members less than 18 years of age generally and children in foster care specifically. The claim will deny if the age of the member falls below the set age edit for the medication or if the member is on greater than one antipsychotic medication. Prior authorization is required. The program generates and reviews a periodic report, referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission.

3. Fraud and Abuse Identification for Controlled Substances: The program produces periodic reports on members, prescribers and pharmacies to identify fraud and abuse issues (such as members using multiple pharmacies/prescribers, high volumes of controlled substances from specific prescribers/pharmacies, or other identified trends/indicators), referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission. Referrals are submitted to the state program integrity unit for further investigation and action.

State Plan TN # IA-19-001
Superseded TN # NEW

Effective October 1, 2019
Approved February 13, 2020