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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 20-0003

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 26, 2020

Mr. Dave Jeppesen
Director
Idaho Department of Health and Welfare
Towers Building – Tenth Floor
P.O. Box 83720
Boise, Idaho 83720-0036

Dear Mr. Jeppesen:

The CMS Division of Pharmacy team has reviewed Idaho's State Plan Amendment (SPA) 20-0003 received in the Seattle Regional Operations Group on January 13, 2020. 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 20-0003 is approved with an effective date of January 1, 2020. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Idaho's state plan will be forwarded by the Seattle Regional Operations Group.

If you have any questions regarding this request, please contact Lisa Shochet at (410) 786-5445 or Lisa.Shochet@cms.hhs.gov.

Sincerely,

[redacted]

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

cc: Matt Wimmer, Administrator, Idaho Dept of Health and Welfare, Division of Medicaid
Robin Butrick, Idaho State Plan Coordinator
Clay Lord, Idaho Alternative Care Coordinator
Tami Eide, Medicaid Pharmacy Program Manager
James G. Scott, Division Director, CMS Division of Program Operations
Maria Garza, CMS Division of Program Operations - West Branch
Laura DAngelo, CMS Division of Program Operations - North Branch, Idaho State Lead
Sandra Porter, CMS Division of Program Operations - North Branch

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **ID 20-0003**

2. STATE: IDAHO

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
01-01-2020

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 Act

7. FEDERAL BUDGET IMPACT:
FFY 20, $0; FFY 21, $0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 4.26—pp. 74, 74a, 74b, 74c (superseded); 74d (new)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Section 4.26—pp. 74, 74a, 74b, 74c (superseded); 74d (new)

10. SUBJECT OF AMENDMENT:
Update state plan Pharmacy DUR pages per 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:
MATT WIMMER

14. TITLE:
Administrator

15. DATE SUBMITTED: 1/13/2020

16. RETURN TO:

Matt Wimmer, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 1/13/2020

18. DATE APPROVED: 2/26/2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME: James G. Scott

22. TITLE: Director, Division of Program Operations

23. REMARKS:

State/Territory: Idaho

Citation			
	4.26	Drug Utilization Review Program	
1927(g)			
42 CFR 456.700		A.1.	The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.
1927(g)(1)(A)		2.	The DUR program assures that prescriptions for outpatient drugs are: -Appropriate -Medically necessary -Not likely to result in adverse medical results
1927(g)(1)(A)			
42 CFR 456.705(b) and 456.709(b)		B.	The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and patients or associated with specific drugs as well as: -Potential and actual adverse drug reactions -Therapeutic appropriateness -Overutilization and underutilization -Appropriate use of generic products -Therapeutic duplication -Drug-disease contraindications -Drug-drug interactions -Incorrect drug dosage or duration of drug treatment -Drug-allergy interactions -Clinical abuse/misuse
1927(g)(1)(B)			
42 CFR 456.703(d) and (f)		C.	The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia: -American Hospital Formulary Service Drug Information -United States Pharmacopeia-Drug Information -American Medical Association Drug Evaluations

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Citation			
1927(g)(1)(D)			
42 CFR 456.703(b)		D.	DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has nevertheless chosen to include nursing home drugs in: _____ Prospective DUR __X__ Retrospective DUR
1927(g)(2)(A)			
42 CFR 456.705(b)		E.1.	The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.
1927(g)(2)(A)(i)			
42 CFR 456.705(b), (1)-(7) Section 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)		2.	Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to: -Therapeutic duplication -Drug-disease contraindications -Drug-drug interactions -Drug interactions with non-prescription or over-the-counter drugs -Incorrect drug dosage or duration of drug treatment -Drug allergy interactions -Clinical abuse/misuse -Implement the provisions of Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act).
1927(g)(2)(A)(ii)			
42 CFR 456.705(c) and (d)		3.	Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.
1927(g)(2)(B)			
42 CFR 456.709(a)		F.1.	The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify: -Patterns of fraud and abuse -Gross overuse -Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

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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 or 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 for 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 CFR 456.716(a) and (b)		2.	The DUR Board membership includes health professionals (one-third licensed, actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) 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)(3)(C), and -Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

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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, 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 online: -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 that 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.
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. 1.	Claims Review Limitations: Prospective safety edits on opioid prescriptions to address clinical appropriateness including: a. Days' supply b. Early refills c. Duplicate fills d. Quantity limitations

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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)		2.	Prospective safety edits as recommended by clinical guidelines on maximum daily Morphine Milligram Equivalents (MME)on opioid prescriptions to limit the daily morphine milligram equivalent limits.
		3.	Retrospective review on opioid prescriptions exceeding these above limitations on an ongoing basis.
		4.	Retrospective reviews on concurrent utilization of opioids and benzodiazepines and for those receiving concurrent opioids and antipsychotics on an ongoing periodic basis.
		L.	Program to Monitor Antipsychotic Medications by Children:
		1.	Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines.
		M.	Fraud and Abuse Identification:
		1.	The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, healthcare providers and pharmacies.