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State/Territory Name: MI

State Plan Amendment (SPA) #: 19-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

March 11, 2020

Ms. Kate Massey
Medicaid Director
Medical Services Administration
400 S Pine St 7th Fl
Lansing, MI 48933-2250

Dear Ms. Massey:

The CMS Division of Pharmacy team has reviewed Michigan State Plan Amendment (SPA) 19-0012 received in the Division of Program Operations East Branch on December 19, 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 19-0012 is approved with an effective date of October 1, 2019. A copy of the updated, signed CMS-179 form, as well as the pages approved for incorporation into Michigan's state plan will be forwarded by the Division of Program Operations East Branch.

If you have any questions regarding this request, please contact Justin Aplin at (410) 786-6901 or Justin.Aplin@cms.hhs.gov.

Sincerely,

/s/

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

cc: James G. Scott, Director Division of Program Operations
Tannisse Joyce Division of Program Operations
Keri Toback Division of Program Operations East Branch
Leslie Campbell Division of Program Operations Midwest Branch
Justyna Redlinski Division of HCBS Operations and Oversight East Branch
Erin Black Michigan Department of Health and Human Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

19 - 0012

2. STATE:

Michigan

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

TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF 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 CFR 456.705
42 CFR 456.709
SUPPORT Act 1004

7. FEDERAL BUDGET IMPACT:

a. FFY 2020 \$0
b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 74a
Page 74a.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Page 74a

10. SUBJECT OF AMENDMENT:

The purpose of this SPA is to demonstrate compliance with federal SUPPORT Act Drug Utilization Review (DUR) requirements.

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:

Kate Massey, Director
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:

Kate Massey

Medical Services Administration
Actuarial Division - Federal Liaison
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

14. TITLE:

Director, Medical Services Administration

Attn: Erin Black

15. DATE SUBMITTED:

December 19, 2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 19, 2020

18. DATE APPROVED:

March 11, 2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

James G. Scott

22. TITLE:

Director, Division of Program Operations

23. REMARKS:

The state is requesting a Pen & Ink change to Box 6 to read:

"42 CFR 456.705
42 CFR 456.709
SUPPORT Act 1004"

State/Territory: MichiganCitation

Section 4.26 Drug Utilization Review Program (Continued)

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 never-the-less chosen to include nursing home drugs in: _ Prospective DUR. <u>X</u> 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)	2.	Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to: <ul style="list-style-type: none"> • Therapeutic duplication • Drug-disease contraindications • Drug-drug interactions • Drug-interactions with non-prescription or over-the-counter drugs • Incorrect drug dosages or duration of drug treatment • Drug allergy interactions • Clinical abuse/misuse
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)	2.1	Prospective DUR also includes the implementation of Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (p.l. 115-271). Michigan is in compliance with these requirements by screening each opioid prescription filled or delivered to an individual receiving benefits as follows: <ul style="list-style-type: none"> • Days' supply • Early refills • Duplicate fills • Quantity limitations • Maximum daily morphine milligram equivalents (MME) • Age edits for children younger than the state specified age receiving antipsychotics

TN NO.: 19-0012Approval Date: 3/11/2020Effective Date: 10-01-19

Supersedes

TN No.: 93-28

State/Territory: MichiganCitation

Section 4.26 Drug Utilization Review Program (Continued)

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 patient profiles.
1927 (g) (2) (B) 42 CFR 456.709 (a) 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)	F.1.	<p>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:</p> <ul style="list-style-type: none"> • 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.
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)	F.1.1	<p>Retrospective DUR also includes the implementation of Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (p.l. 115-271). Michigan is in compliance with these requirements by periodic examination of claims data and other records to identify:</p> <ul style="list-style-type: none"> • Days' supply • Early refills • Duplicate fills • Quantity limitations • Opioid prescriptions exceeding limitations • Maximum daily morphine milligram equivalents (MME) • Concurrent utilization of opioids and benzodiazepines • Concurrent utilization of opioids and antipsychotics • Appropriateness for children including foster children of all ages receiving antipsychotics

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Supersedes

TN No.: 93-28