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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 19-0018

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 14, 2020

Lori Shibinette RN, MBA, NHA
Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Ms. Shibinette:

The CMS Division of Pharmacy team has reviewed New Hampshire State Plan Amendment (SPA) 19-0018 received in the Boston Regional Operations Group on December 12, 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 19-0018 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 New Hampshire's state plan will be forwarded by the Boston 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,

/s/

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

cc: Diane Peterson, Medicaid Policy Administrator
Dawn Landry, Division of Medicaid Services
James G. Scott, Division Director, CMS Division of Program Operations
Joyce Butterworth, Boston Regional Operations Group

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	2. STATE
19-0018	NH

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	7. FEDERAL BUDGET IMPACT
Section 1004 of the SUPPORT for Patients and Communities Act; 1902(oo) of the Act	FFY 2020: $0 FFY 2021: $0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)***
Pages 74, 74a, 74b, 74c Pages 74d, 74e	*Pages 74, 74a, 74b, 74c, TN 93-10* *None - New Pages*

10. SUBJECT OF AMENDMENT

Drug Utilization Review Program

11. GOVERNOR'S REVIEW *(Check One)*

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☒ OTHER, AS SPECIFIED:
comments, if any, will follow

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO
13. TYPED NAME Kerrin A. Rounds	Dawn Landry Division of Medicaid Services/Brown Building Department of Health and Human Services 129 Pleasant Street Concord, NH 03301
14. TITLE Acting Commissioner	
15. DATE SUBMITTED 12/12/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED
12/12/2019	02/14/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
10/01/2019	/s/
21. TYPED NAME	**22. TITLE**
James G. Scott	Director Division of Program Operations

23. REMARKS

Revision: HCFA-PM- (MB)

State/Territory: New Hampshire

Citation

1927(g)
42 CFR 456.700

4.26 Drug Utilization Review Program

Section 1004 of the SUPPORT for Patients and Communities Act
Section 1902(a)(85)

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 and the provisions in Section 1004 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act).

1927(g)(1)(a)
42 CFR 46.705(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

Revision: HCFA-PM- (MB)

State/Territory: ____New Hampshire_____

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 never-the-less chosen to include nursing home drugs in:

_____Prospective DUR
_____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:

-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 interations
-Clinical abuse/misuse

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.

Revision: HCFA-PM- (MB)

State/Territory: New Hampshire

Citation

Section 1004 of the SUPPORT for Patients and Communities Act Section 1902(a)(85)

4. Prospective DUR includes automated POS claims review processes that trigger alerts and reject claims based on standards established by the State to identify:

-Days' supply
-Concurrent fills
-Early refills
-Therapeutic duplication
-Drug-to-drug interaction/contraindication
-Excess of drug quantity limitations including maximum daily morphine milligram (MME) equivalents
-Concurrent prescribed opioids and benzodiazepines or opioid and antipsychotropics

Section 1004 of the SUPPORTfor Patients and Communities Act Section 1902(a)(85)

5. The Medicaid agency has an established prior authorization process that manages and ensures the appropriate use of anti-psychotic medications based on approved indications and clinical guidelines for all children, including foster children, under 18 years of age.

1927(g)(2)(B)
42 CFR 456.709(a)
Section 1004 of the SUPPORT for Patients and Communities Act Section 1902(a)(85)

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, and potential, fraud and abuse of controlled substances by enrolled individuals, health care providers and pharmacies
-Gross overuse
-Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.
-Retrospective review of paid claims for clinical appropriateness and medical necessity when prospective alerts for the following are overridden or ignored:
    *Days' supply
    *Concurrent fills
    *Early refills
    *Therapeutic Duplication
-Excess of drug quantity limitation including maximum daily morphine milligram (MME) equivalents
-Concurrent prescribed opioids and benzodiazepines or opioid and antipsychotics

Revision: HCFA-PM- (MB)

State/Territory: New Hampshire

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/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 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.

Revision: HCFA-PM- (MB)

State/Territory: New Hampshire

Citation

Citation		
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)(2)(C), and -Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.
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 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.

Revision: HCFA-PM- (MB)

State/Territory: New Hampshire

Citation

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. The hospitals will provide documentation to the State to allow the State to make such exemptions.