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**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 19-0008**

This file contains the following documents in the order listed:

- 1) Approval Letters
- 2) 179 Form
- 3) Approved SPA Page

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**

January 13, 2020

Patrick Allen, Director  
Oregon Health Authority  
500 Summer Street Northeast, E-15  
Salem, Oregon 97301-1079

Dear Mr. Allen:

The CMS Division of Pharmacy team has reviewed Oregon State Plan Amendment (SPA) 19-0008 received in the Seattle Regional Operations Group on November 7, 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 19-0008 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 Oregon'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](mailto:Lisa.Shochet@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Cynthia R. Denemark.

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

cc: Jesse Anderson, Oregon Health Authority, SPA Coordinator  
David Meacham, Deputy Director, Seattle Regional Operations Group  
Maria Garza, Seattle Regional Operations Group

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, WA 98104



Western Division - Regional Operations Group

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January 13, 2020

Patrick Allen, Director  
Oregon Health Authority  
500 Summer Street Northeast, E-15  
Salem, OR 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number OR 19-0008

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number OR19-0008. This amendment was submitted in compliance with the Medicaid Drug Utilization Review (DUR) provisions of the Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271).

This SPA amendment is effective October 1, 2019.

Enclosed you will find a copy of the official CMS Form 179, amended state plan pages, and copy of the January 13, 2020, approval letter from the CMS Pharmacy Team for your records.

If there are any questions concerning this approval, please contact me or your staff may contact Maria Garza at [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov) or at 206-615-2542.

Sincerely,



David L. Meacham  
Deputy Director

Enclosures

CC: Jesse Anderson, State Plan Coordinator, OHA

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

1. TRANSMITTAL NUMBER:  
**19-0008**

2. STATE  
**Oregon**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

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

4. PROPOSED EFFECTIVE DATE  
**10/1/19**

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(a)(85) of the Act  
Section 1004 of the SUPPORT Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2019 \$ 0  
b. FFY 2020 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Administration page 74d

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

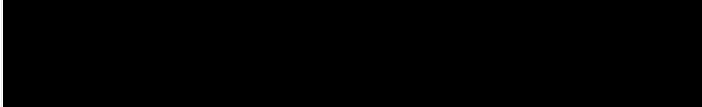
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to include Drug Utilization review (DUR) edits relating to opioid fills and other requirements of Section 1004 of the SUPPORT Act.

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: The Governor does not wish to review any plan materials.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Oregon Health Authority  
Medical Assistance Programs  
500 Summer Street NE E-65  
Salem, OR 97301

13. TYPED NAME Lori Coyner, MA

ATTN: Jesse Anderson, State Plan Manager

14. TITLE: State Medicaid Director, OHA

15. DATE SUBMITTED:

11/7/19

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

11/7/19

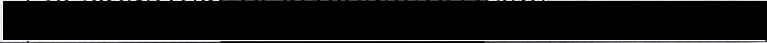
18. DATE APPROVED: 1/13/20

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/19

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: David L. Meacham

22. TITLE: Deputy Director

Digitally signed by David L. Meacham -S  
cn=David L. Meacham -S  
Date: 2020.01.15 09:17:06 -08'00'

23. REMARKS:

Revision: HCFA-PM- (MB)

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

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SECTION 4 - GENERAL PROGRAM ADMINISTRATION

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## Citation(s)

1902(a)(85) and  
Section 1004  
Of the SUPPORT Act

## K. 1 Claim Review Limitations

Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness.

Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines).

Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.

Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.

## 2. Program to Monitor Antipsychotic Medications by children:

Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines.

## 3. Fraud and Abuse Identification:

The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.