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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 19-0005

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

March 13, 2020

Mr. Stephen M. Smith
Director
Division of TennCare
310 Great Circle Road
Nashville, Tennessee 37243

Dear Mr. Smith:

The CMS Division of Pharmacy team has reviewed Tennessee's State Plan Amendment (SPA) 19-0005 received in the CMS Division of Program Operations on December 23, 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 19-0005 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 Tennessee's state plan, will be forwarded by the CMS Division of Program Operations.

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: George Woods, Division of TennCare
James G. Scott, Division Director, CMS Division of Program Operations
Tandra Hodges, CMS Division of Program Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL **FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**	1. TRANSMITTAL NUMBER: 19-0005	2. STATE TENNESSEE
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND 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 X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(85) of the Social Security Act and Section 1004 of the SUPPORT Act	7. FEDERAL BUDGET IMPACT: a. FFY 2020 $0 b. FFY 2021 $0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4 – General Program Administration, page 74d.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: New page.

10. SUBJECT OF AMENDMENT: This amendment is being submitted to bring the State Plan into compliance with the Drug Utilization Review (DUR) edits related to opioid fills and other requirements of Section 1004 of the SUPPORT Act.

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

X 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: /s/	16. RETURN TO: Tennessee Department of Finance and Administration Division of TennCare 310 Great Circle Road Nashville, Tennessee 37243 Attention: George Woods
13. TYPED NAME: John G. Roberts	
14. TITLE: Director, Division of TennCare	
15. DATE SUBMITTED:12/23/19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/23/19	18. DATE APPROVED: 03/13/20
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/19	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS:

FORM HCFA-179 (07-92)

Revision: HCFA-PM- (MB) OMB No.

State/Territory: Tennessee

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)

K. 1. Claims 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. Programs to Monitor Antipsychotic Medications to 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 board participates in established initiatives (including the State's pharmacy lock-in program) that identify potential fraud or abuse of controlled substances by enrolled individuals, health care providers, and pharmacies.