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State/Territory Name: MN

State Plan Amendment (SPA) #: 19-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

April 20, 2020

Mr. Matt Anderson
Medicaid Director
Minnesota Department of Human Services
540 Cedar Street
P.O. Box 64983
St. Paul, Minnesota 55164-0983

Dear Mr. Anderson:

The CMS Division of Pharmacy team has reviewed Minnesota State Plan Amendment (SPA) 19-0018 received in the CMS Division of Program Operations on December 31, 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 Minnesota'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,

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

cc: Ann Berg, Deputy Director, Minnesota Department of Human Services
James G. Scott, Division Director, CMS Division of Program Operations
Ruth A. Hughes, Deputy Division Director, CMS Division of Program Operations
Megan Buck, Branch Manager, CMS Division of Program Operations
Sandra Porter, CMS Division of Program Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 19-18	2. STATE Minnesota
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2019	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1004 of the SUPPORT Act, Public Law # 115-271		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY \$ 0 b. FFY \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.26, page 74d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): None	
10. SUBJECT OF AMENDMENT:			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Ann Berg Minnesota Department of Human Services 540 Cedar Street, PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Ann Berg			
14. TITLE: Deputy Medicaid Director			
15. DATE SUBMITTED: 12/31/2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/31/2019		18. DATE APPROVED: 04/20/2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2019		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS:			

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. Review and Limitations for Opioid Claims. The state will perform the following reviews and actions for claims related to opioids:

1. Prospective safety edits on opioid prescriptions for early duplicate, early refills, and fills in excess of clinically appropriate standards.
2. Prospective safety edits to limit maximum daily morphine milligram equivalents (MME) as recommended by clinical guidelines.
3. Ongoing, retrospective reviews on opioid prescriptions in excess of limits.
4. Ongoing, retrospective reviews for concurrent utilization of opioids and benzodiazepines, and concurrent utilization of opioids and antipsychotics.

L. Programs to Monitor Antipsychotic Medications to Children. The state will review prescriptions for antipsychotic agents for appropriateness for all children, including children in foster care, for clinic appropriateness.

M. Fraud and Abuse Identification. The DUR program includes a process that identifies potential fraud or abuse of controlled substances by enrollees and/or health care providers.

TN No. 19-18

Approval Date: April 20, 2020 Effective Date: October 1, 2019

Supersedes: N/A