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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 19-0019

This file contains the following documents in the order listed:

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

March 5, 2020

Nicole Comeaux, J.D., M.P.H., Director Medical Assistance Division P. O. Box 2348 Santa Fe, NM 87504

Dear Ms. Comeaux:

The CMS Division of Pharmacy team has reviewed New Mexico's State Plan Amendment (SPA) 19-0019 received in the Dallas Regional Operations Group on December 24, 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 19-0019 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 Mexico's state plan will be forwarded by the Dallas Regional Operations Group.

If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or charlotte.amponsah@cms.hhs.gov

Sincerely,

/s/

Cynthia R. Denemark, R.Ph., Deputy Director Division of Pharmacy

cc: Billy Bob Farrell, CMS Division of Program Operations-Branch Manager Ford Blunt, CMS Division of Program Operations –SPA Analyst-West Branch Jennifer Vigil, Director's Office

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE 1 9 0 1 9 New Mexico
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICARD SERVICES	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 CONSI	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT
42 CFR 483.60; 42 CFR 483.3; 42 CFR 438.3	a. FFY 20 \$ 0 b. FFY 21 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
pages 74a, 74aa (new), 74b, 74bb (new)	OR ATTACHMENT (If Applicable)
	pages 74a, 74b (TN No. 93-07)
10. SUBJECT OF AMENDMENT	
Medicaid Drug Utilization Review (DUR)	
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 Authority delegated to the Medicaid Director
12. SIGNATURE OF STATE AGENCY OFFICIAL	6. RETURN TO
	Nicole Comeaux, J.D., M.P.H., Director
/f/3. TYPED NAME	Medical Assistance Division
Nicole Comeaux	P.O. Box 2348
14. TITLE Director, Medical Assistance Division	Santa Fe, NM 87504-2348
15. DATE SUBMITTED 12/23/2019	
FOR REGIONAL OF	<del></del>
17. DATE RECEIVED 12/24/19	18. DATE APPROVED 3/5/20
PLAN APPROVED - ON	
19. EFFECTIVE DATE OF APPROVED MATERIAL 2 10/1/19	20, SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLE
James G. Scott	Director, Division of Program Operations
23. REMARKS	

## Citation

1927 (g) (2) (A) (i)	X	Prospective DUR includes screening for potential drug therapy problems due to: Therapeutic duplicationDrug disease contraindicationsDrug interactionsIncorrect dosage or durationDrug allergy interactionsClinical abuse/misuse
1927 (g) (2) (A) (ii)	<u>X</u>	Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.
1927 (g) (2) (B)	X	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 fraud and abuseGross overuseInappropriate or medically unnecessary care
1927 (g) (2) (C)	X	The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for: Therapeutic appropriatenessOverutilization and underutilizationAppropriate use of generic productsTherapeutic duplicationDrug disease contraindicationsDrug interactionsIncorrect dosage/durationClinical abuse/misuse
1927 (g) (2) (D)	<u>X</u>	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.

TN No. <u>19-0019</u>

Approval Date 3/5/2020

Supersedes TN No. NM 93-07

Effective Date <u>10/1/2019</u>

#### Citation

1927 (g) (2) (D)

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) Provisions

- 1. <u>Claims Review Limitations:</u> The state shall perform the following reviews and actions for opioid claim limitations:
  - Prospective Drug Utilization Review (Pro-DUR) and Retrospective Drug Utilization Review (Retro-DUR) for opioid duplicate and early fill and exceeding state defined quantity, day supply, and dosage limits. A prior authorization shall be required for an override.
  - Pro-DUR for exceeding state defined Morphine Milligram Equivalents (MME) limits. A prior authorization shall be required for an override.
  - Retro-DUR shall be performed to identify members receiving concurrent opioids and benzodiazepines and for those receiving concurrent opioids and antipsychotics.
     Education shall be provided to practitioners prescribing these medications.
- 2. <u>Program to Monitor Antipsychotic Medication Use by</u> Children:

The state shall manage and monitor antipsychotic medication use by children in the following manner:

- Retro-DUR shall be performed for all children in foster care receiving antipsychotics. Providers shall be contacted and educated as necessary.
- Pro-DUR for children younger than the state specified age receiving duplicate antipsychotics. A prior authorization shall be required for an override.
- Retro-DUR shall be performed to identify children of all ages receiving antipsychotics. Education shall be provided to practitioners prescribing these medications.
- 3. <u>Fraud and Abuse Identification</u>: The state shall identify and respond to potential fraud and abuse using the following methods:

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- Potential fraud and/or abuse shall be identified via automatic claims review and referrals.
   Potential cases shall be reviewed by the state for possible referral to the Medicaid fraud control unit, or to the lock-in program.
- Pro-DUR for concomitant opioid and buprenorphine-based substance use disorder treatment.
- Pro-DUR requiring a Professional Service for confirming a prescriber consultation regarding reviewing the Prescription Drug Monitoring Program (PDMP) with ad hoc PDMP reviews corresponding to prior authorization requests.

1927 (g) (3) (A)

- X The DUR program has established a State DUR Board either:
  - X Directly
  - Contract with a private organization

1927 (g) (3) (B)

- X The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacist and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in:
  - --Clinically appropriate prescribing and dispensing of covered outpatient drugs.
  - -- Monitoring of covered outpatient drugs.
  - --Drug use review, evaluation and intervention.
  - --Medical quality assurance.

1927 (g) (3) (C)

- X The activities of the DUR Board include:
  - --Retrospective DUR
  - --Application of Standards
  - Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR

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1927 (g) (3) (C)

- --Interventions include in appropriate instances:
  - -Information dissemination
  - -Written, oral, and electronic reminders
  - -Face to Face discussions
  - -Intensified monitoring/review of

providers/dispensers

1927 (g) (3) (D)

X An annual report is submitted to the Secretary, including a report from its DUR Board, on the DUR program.

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Approval Date <u>3/5/2020</u>

Supersedes TN No. none – new page

Effective Date <u>10/1/2019</u>