Table of Contents

State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 19-0022

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 5, 2020

Drew L. Snyder
Executive Director
Mississippi Division of Medicaid
550 High St, Suite 1000
Jackson, MS 39201-1399

Dear Mr. Snyder:

The CMS Division of Pharmacy team has reviewed Mississippi's State Plan Amendment (SPA) 19-0022 received in the Atlanta Regional Operations Group on December 16, 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 19-0022 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 Mississippi's state plan will be forwarded by the Atlanta 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: Shantrina Roberts, Deputy Director, CMS Division of Program Operations
Tandra, Hodges, CMS Division of Program Operations - South Branch
Margaret Wilson, Nurse Office Director, Office of the Governor, Division of Medicaid

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL **FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**	1. TRANSMITTAL NUMBER: **19-0022**	2. STATE **MS**
	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 **10/01/2019**	

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: Section 1902(a)(85) of the Social Security Act; Section 1004 of the SUPPORT Act	7. FEDERAL BUDGET IMPACT: FFY 20: ($0.00) FFY 21: ($0.00)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.26, new pages 74d and 74e	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Not Applicable

10. SUBJECT OF AMENDMENT:
To demonstrate that the Division of Medicaid is in compliance with the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act effective October 1, 2019.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO: **Drew L. Snyder** **Miss. Division of Medicaid** **Attn: Margaret Wilson** **550 High Street, Suite 1000** **Jackson, MS 39201-1399**
13. TYPED NAME: **Drew L. Snyder**	
14. TITLE: **Executive Director**	
15. DATE SUBMITTED: 12/16/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/16/19	18. DATE APPROVED: 03/05/2012
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:

State/Territory: Mississippi

1902(a)(85)

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

K.1. **Claims Review Limitations:**

a. The Division of Medicaid's opioid related prospective point-of-sale (POS) safety edits are as follows except for those beneficiaries with certain diagnoses as recommended by the DUR Board:

1) Duplicate fill and early fill alerts: In addition to duplicate fill and early fill alerts on all opioids, new opioid prescriptions for opiate-naïve patients must be for a short-acting (SA) opioid. SA opioid prescriptions for opiate-naïve patients are limited to both day supply allowed per prescription fill and number of times the prescription can be filled per month in accordance with current DUR Board recommendations.
2) Quantity limits: Monthly quantity limits for all opioids.
3) Dosage limits: Maximum daily dosage limits for all opioids in accordance within the FDA approved indications or compendia supported guidelines.
4) MME limitations: Daily opioid doses, whether individual and/or cumulative daily sum of all opioid prescriptions for the patient, in excess of the Morphine Milligram Equivalents (MME) as recommended by the DUR Board will require prior authorization (PA) with documentation that the benefits outweigh the risks and that the patient has been counseled about the risks of overdose and death.
5) Concomitant use of opioids and benzodiazepines will require PA

b. The Division of Medicaid's opioid related retrospective reviews are as follows:

1) Beneficiary claims are reviewed to identify prescriber(s) who order the concomitant use of opioids/benzodiazepines or opioids/antipsychotics.
2) Notification is made to those prescribers regarding the appropriate accepted clinical use of these drugs and suggested tapering guidelines.
3) Opioid prescriptions exceeding MME limitations on an ongoing basis.

2. **Program to Monitor Antipsychotic Medications by Children Including Foster Children:** The Division of Medicaid's opioid related retrospective reviews are as follows:

a. Beneficiary claims are reviewed to identify prescriber(s) who order the concomitant use of opioids/benzodiazepines or opioids/antipsychotics.
b. Notification is made to those prescribers regarding the appropriate accepted clinical use of these drugs and suggested tapering guidelines.
c. Antipsychotic agents are reviewed for appropriateness based on approved indications and clinical guidelines.

State/Territory: Mississippi

3. **Fraud and Abuse Identification:** The Division of Medicaid's Beneficiary Health Management (BHM) program is designed to:

   a. Closely monitor program usage to identify beneficiaries who may be potentially over-utilizing or misusing prescription drugs by screening against criteria designed to identify drug seeking behavior, inappropriate use of prescription drugs, and patterns of inappropriate, excessive or duplicative use of pharmacy services.
   b. Restrict beneficiaries whose utilization of prescription drugs is documented at a frequency or amount that is not according to DUR Board recommendations and utilization guidelines established by Division of Medicaid.
   c. "Lock-in" beneficiaries for a period of twelve (12) months to one (1) physician and/or one (1) pharmacy of their choice and up to three (3) physician specialists, if requested, for his/her medical and/or pharmacy services to prevent beneficiaries from obtaining opioids and benzodiazepines through multiple visits to different physicians and pharmacies with ongoing reviews to monitor patterns of care.
   d. Prevent beneficiaries from obtaining non-medically necessary prescribed drugs through multiple visits to different physicians and pharmacies, monitor services received and reduce inappropriate utilization.
   e. Identify and refer provider/prescribers with inappropriate over-prescribing patterns to the appropriate licensure or law enforcement entity.
   f. Identify potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.