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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 19-0018

This file contains the following documents in the order listed:

1) Approval Letter

- 2) 179
- 3) Approved SPA Pages

TN: ND-19-0018 Approval Date: 03/04/2020 Effective Date: 10/01/2019

### 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 4, 2020

Caprice Knapp, Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck, ND 58505-0250

Dear Ms. Caprice:

The CMS Division of Pharmacy team has reviewed North Dakota's State Plan Amendment (SPA) 19-0018 received in the Denver Regional Operations Group 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 19-0018 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 North Dakota's state plan will be forwarded by the Denver Regional Operations Group.

If you have any questions regarding this amendment, please contact Whitney Swears at (410) 786-6543 or Whitney.Swears@cms.hhs.gov.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph. Director, Division of Pharmacy

cc: Brendan Joyce, North Dakota Pharmacy Administrator Mary Marchioni, Associate Regional Administrator Kirstin Michels, CMS Division of Program Operations - North Branch

TENTENS FOR MEDICARE AND MEDICAID SERVICES		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	19-0018	North Dakota
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	and the second s
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2019	
5. TYPE OF PLAN MATERIAL (Check One):		The second secon
■ NEW STATE PLAN ■ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	<b>AMENDMENT</b>
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	n amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	garanteen g
	a. FFY <u>2019</u> <u>\$0</u>	
1927 of the Act	b. FFY <u>2020</u> <u>\$0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
	NEW	•
Attachment 4.26-A, page 74d	NEW	
10. SUBJECT OF AMENDMENT:		
Amends the State Plan for Drug Utilization Review (DUR) req	uirements related to Section 1004 o	f the SUPPORT for
Patients and Communities Act (the SUPPORT Act).		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEC	HEIED.
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Caprice Knapp, Director	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Medical Service	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Carrier Varana Diameter	
13. TYPED NAME:	Caprice Knapp, Director	
Caprice Knapp	Medical Services Division	
14. TITLE:	ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
Director, Medical Services Division		
15. DATE SUBMITTED:		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED: 12/23/2019	LIO DATE ADDOCATED	4/2020
PLAN APPROVED - ONE	COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2019	20. SIGNAL GEORAL Date	Ty Signled by James G. Scott -S 2020.03.12 11:33:54 -05'00'
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Pr	ogram Operations
23. REMARKS:		
	10g 网络蓝色 网络宝色品 摄影动物	
[		

Revision: HCFA-PM-93-3 (MB) 0MB No.

State/Territory: North Dakota

### 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)

### 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.

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.

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.

TN No.: <u>19-0018</u>
Supersedes Approval Date: <u>3/4/2020</u> Effective Date: <u>10-01-2019</u>

TN No.: NEW