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State/Territory: Wisconsin

State Plan Amendment (SPA)#: 19-0013

This file contains the following documents in the order listed:

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





Disabled and Elderly Health Programs Group

March 5, 2020

Jim Jones State Medicaid Director Department of Health Services 1 W. Wilson ST P.O. Box 309 Madison, WI 53701-0309

Dear Mr. Jones:

The CMS Division of Pharmacy team has reviewed Wisconsin's State Plan Amendment (SPA) 19-0013 received in the Chicago Regional Operations Group on December 20, 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 19-0013 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 Wisconsin's state plan will be forwarded by the Chicago 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: Ruth Hughes, CMS Division of Program Operations-Deputy Division Director Mai Le-Yeun, CMS Division of Program Operations –SPA Analyst-North Branch Laura Brauer, Wisconsin SPA Coordinator

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 19-0013	2. STATE Wisconsin
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: Title XIX Of The Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/01/2019	(i
5. TYPE OF PLAN MATERIAL (Check One)		2000/0011-20-0001-20-000-00-00-00-00-00-00-00-00-00-00-00
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION Act §1902(a)(85) and (00)(1)(B), SUPPORT Act §1004	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$0 b. FFY 2021 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 74d	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable) New	EDED PLAN SECTION
10. SUBJECT OF AMENDMENT		
New drug utilization review program provisions		
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 SPEC	IFIED
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Laura Brauer	
	State Plan Amendment Coordi	nator
13. TYPED NAME	Department of Health Services	Intor
14. TITLE	1 W. Wilson St.	
State Medicaid Director	P.O. Box 309	14 Control
15. DATE SUBMITTED 12 20 2019	Madison, WI 53701-0309	
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED: 12/20/2019	18. DATE APPROVED; 03/05/2020	
PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2019	E COPY ATTACHED 20. SIGNATURE OF REGIONAL OF	
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program	
23. REMARKS		

FORM CMS-179 (07-92)

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.	 Claim Review Limitations Prospective Safety edit on opioid prescriptions include: Opioid script limit: Limits the number of opioids allowed in a calendar month. Opioid quantity limits: Limits the amount of short-acting and/or select long-acting opioids dispensed in a rolling calendar month. Early refill: Limits when a subsequent opioid prescription can be filled. Therapeutic Duplication: Limits duplicate fills of select drug classes (i.e. opioids, benzodiazepines, etc.) per DUR Board recommendations. Morphine milligram equivalents (MME): Alerts the pharmacy when the MME on a claim exceeds the MME limit identified by the state. Retrospective Lock-In/High Utilization criteria: Review of MMEs, multiple high dose shortacting opioids, receiving more narcotics than intended or is using short-acting opioids when a long-acting formulation is available. Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.
1902(00)(1)(B) and Section 1004 of the Substance Use- Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)	K.2.	 Programs to monitor antipsychotic medications to children Antipsychotic agents are reviewed for appropriateness in all children including foster children based on approved indications and clinical guidelines. Retrospective letters are sent to prescribers when a child is on an antipsychotic medication that does not have an indication for use in children. 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.