

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 13, 2020

Mr. Joshua D. Baker
Director
South Carolina Medicaid
P.O. Box 8206
Columbia, South Carolina 29202

Dear Mr. Baker:

The CMS Division of Pharmacy team has reviewed South Carolina's State Plan Amendment (SPA) 19-0006 received in the CMS Division of Program Operations on December 19, 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 19-0006 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 South Carolina'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,

/s/

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

cc: William Wynn, Pharm.D., R.Ph., South Carolina Medicaid
Sheila Chavis, Senior Consultant, South Carolina Medicaid
James G. Scott, Division Director, CMS Division of Program Operations
Maria Drake, CMS Division of Program Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 19-0006	2. STATE SC
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 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
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)

7. FEDERAL BUDGET IMPACT
a. FFY 2020 \$0
b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT


Basic Index, pages 74d, 74e (New Pages)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT: This plan amendment will incorporate the language mandated in 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)

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Mr. Baker was designated by the
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Governor to review and approve all
State Plans.

12. SIGNATURE OF STATE AGENCY OFFICIAL


13. TYPED NAME
Joshua D. Baker

14. TITLE
Director

15. DATE SUBMITTED
December 13, 2019

16. RETURN TO
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
December 19, 2019

18. DATE APPROVED
March 13, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

Digitally signed by James G. Scott-S
Date: 2020.03.18 16:24:19 -05'00'

21. TYPED NAME
James G. Scott

22. TITLE
Director, Division of Program Operations

23. REMARKS

Revision: HCFA-PM- (MB)

State/Territory: South CarolinaCitation

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. South Carolina Medicaid has fully implemented Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271). The State is in compliance with the new drug review and utilization requirements set forth in section 1902(a)(85) of the Act, as follows:

1. Claims Review Requirements

A. Safety Edits Including Early, Duplicate, and Quantity Limits

i. The state has implemented the following prospective opioid safety edits:

- (1) Quantity limits, including days' supply limits
- (2) Length of therapy limits
- (3) Refill frequency (percent to refill) limits
- (4) Duplicate fills
- (5) Maximum Morphine Milligram Equivalents (MME)/Day limits

ii. The state has implemented the following retrospective opioid safety reviews:

- (1) Quantity limits, including days' supply limits
- (2) Length of therapy limits
- (3) Refill frequency (percent to refill) limits
- (4) duplicate fills
- (5) maximum MME/day reviews

B. Concurrent Utilization Alerts

i. Opioid and Benzodiazepines Current Fill Reviews

- (1) The state has implemented and monitors results of prior authorization requirements for concomitant opioids and benzodiazepines

Revision: HCFA-PM- (MB)

State/Territory: South Carolina

ii. Opioid and Antipsychotic Concurrent Fill Reviews

(1) The state has implemented and monitors results of DUR edits

2. Program to Monitor Antipsychotic Medications by Children

A. The state has implemented and monitors results of the following:

- i. age restrictions
- ii. quantity limits
- iii. Prior authorization requirements for duplicate antipsychotic therapy
- iv. Department of Child Services Psychotropic Medications report

3. Fraud and Abuse Identification Requirements

A. The state has implemented and monitors results including but not necessarily limited to the following:

- i. limits on number of opioid prescribers over a period of time
- ii. prior authorization requirements for concomitant opioid and buprenorphine-based substance use disorder treatment
- iii. Ad hoc PDMP reviews corresponding to prior authorization requests
- iv. Pharmacy claims audits