

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 23, 2020

Ms. Cynthia Beane
Commissioner
Bureau for Medical Services
West Virginia Department of Health and Human Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301-3706

Dear Ms. Beane:

The CMS Division of Pharmacy team has reviewed West Virginia's State Plan Amendment (SPA) 19-0005-A received in the CMS Division of Program Operations on December 27, 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 19-0005-A 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 West Virginia's state plan will be forwarded by the CMS Division of Program Operations.

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: Riley Romeo, General Counsel, West Virginia CHIP
Brian Thompson, Director of Pharmacy Services, West Virginia Medicaid
James G. Scott, Division Director, CMS Division of Program Operations
Sabrina Tillman-Boyd, Branch Manager, CMS Division of Program Operations
Dan Belnap, CMS Division of Program Operations - East Branch

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p align="center">FOR: HEALTH CARE FINANCING ADMINISTRATION</p>		1. TRANSMITTAL NUMBER: 1 9 - 0 0 5	2. STATE: West Virginia
		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	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. §1396a(a)(13)(1997)		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2020 \$ 0	
		b. FFY 2021 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.26 Page 74f		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable).	
10. SUBJECT OF AMENDMENT: Drug Utilization Review Program			
11. GOVERNOR'S REVIEW (Check One):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/ Cynthia Beane		16 RETURN TO:	
13. TYPED NAME: Cynthia Beane		Bureau for Medical Services	
14. TITLE: Commissioner		350 Capitol Street Room 251	
15. DATE SUBMITTED: 17-Dec-19		Charleston West Virginia 25301	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED December 27, 2019		18. DATE APPROVED March 23, 2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: James G. Scott		22. TITLE Director, Division of Program Operations	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia 4.26 Drug Utilization Review Program

Page 74f

Citation
1902 (a)(85)

K. West Virginia Medicaid has fully implemented 1902(a)(85) in conjunction with 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)(1985) of the Act, as follows:

West Virginia Medicaid has safety and clinical edits in place that include:

1. Safety Edits including subsequent opioid fills and maximum daily Morphine Milligram Equivalents (MME)-
 - a. Prospective safety edits on opioid prescriptions to address:
 - i. Days' supply
 - ii. Early refills
 - iii. Duplicate refills
 - iv. Quantity limits
 - v. Daily Morphine Milligram Equivalents (MME) as recommended by clinical guidelines
 - b. Retrospective reviews on opioid prescriptions exceeding:
 - i. Days' supply
 - ii. Early refills
 - iii. Quantity limits
 - iv. Daily Morphine Milligram Equivalents (MME) as recommended by clinical guidelines
2. Concurrent Utilization of Opioids and Benzodiazepines
 - a. The State has implemented DUR edits and retrospectively monitors results of edits for concurrent use of opioids and benzodiazepines on an ongoing basis.
3. Concurrent Utilization of Opioids and Antipsychotics
 - a. The State has implemented DUR edits and retrospectively monitors results of edits for concurrent use of opioids and antipsychotics.
4. Program to Monitor Antipsychotic Medications in Children
 - a. The State has implemented and monitors results of the following DUR edits for children, including foster children, utilizing antipsychotics:
 - i. Age restrictions
 - ii. Diagnosis restrictions
 - iii. Duplication of antipsychotics
5. Process that identifies potential fraud or abuse-
 - A. A lock in program is in place to identify members who meet criteria for doctor shopping or pharmacy hopping in order to obtain inappropriate controlled substances.
 - B. A monthly report of claims that exceed set dollar amounts is generated and reviewed regularly to ensure correct pharmacy billing and appropriate use of the drugs utilized.
 - C. Regular reports of Top Prescribing Providers and Top Pharmacies are generated. Prescriptions generated by the identified prescribers and filled by the reported pharmacies are reviewed for appropriateness.
6. **Annual Report on DUR Activities-** The DUR Coordinator completes a report on DUR Activities and submits it annually to the Center for Medicare and Medicaid (CMS)

TN No.: 19-005	Approval Date:	Effective Date:
Supersedes: New	3/23/2020	10/01/2019