

Minimum standards for federal SUPPORT Act compliance

The Oregon Health Authority (OHA) and contracted managed care entities (MCEs) must follow these standards on and after October 1, 2019, for most Oregon Health Plan members.

Exempt populations: Individuals receiving hospice, palliative care, or cancer treatment; residents of long-term care facilities described in 42 USC 1396a(oo)(3)(A)(ii); and individuals with sickle cell disease are exempt from these requirements. CCOs must ensure individuals in these categories continue to have appropriate access to opioid treatment.

1. Safety edits¹ and “claims review automated process”² for opioid refills above a state-defined limitation

7-day supply limits for at least new starts of short acting opioids, and early refill thresholds to identify potential misuse or abuse.

- Thresholds must be equal to or more restrictive than general refill thresholds.
- Supply limits and early refill thresholds must be enforced by prior authorization (PA), quantity limits, or “soft edits” at point-of-sale.

Periodic claims review to look for concerning treatment (could include multiple prescribers, long courses of treatment, patients prescribed duplicate therapy, multiple early refills, or other indicators) and apply interventions *as deemed appropriate* (PA for further fills, patient or prescriber letters, “lock in,” continued monitoring, etc.).

2. Safety edits and “claims review automated process” for a state-defined maximum daily morphine equivalent for treatment of chronic pain

90 morphine equivalents daily (MED) for at least new starts of short acting opioids, applied at least to individual prescriptions and enforced by prior authorization, quantity limits, or “soft edits” at point-of-sale.

Periodic claims review to look for concerning treatment (could include high cumulative MED, rapid recent increase in MED, or other indicators) and apply interventions *as deemed appropriate* (patient or prescriber letters, “lock in,” continued monitoring, etc.).

3. “Claims review automated process” that monitors when a client is concurrently prescribed opioids and benzodiazepines or antipsychotics

CCOs must use the “push” list of mental health carve out drug claims to identify concerning concomitant opioid/benzo or opioid/antipsychotic treatment, and apply interventions *as deemed appropriate* (PA for further fills, patient or prescriber letters, “lock in,” continued monitoring, etc.).

¹ CMS Guidance defines “safety edits” as prospective drug review, such as is defined in § 1927(g)(2)(A) of the Social Security Act.

² CMS Guidance defines “claims review automated process” as retrospective drug use review, such as is defined in § 1927(g)(2)(B) of the Social Security Act.

4. Program to monitor and manage the appropriate use of antipsychotic medications by Medicaid children. [Handled by OHA, no additional CCO action required]

Handled by OHA as follows:

- **Non-foster care:** Periodic claims review with referral for specialist consultation when concerning treatment is identified (e.g., long-term antipsychotic use in patients < 10 years of age).
- **Foster care:** Yearly review of foster-care children prescribed mental health medications. If concerning treatment is identified, providers are referred for consultation with a specialist. Examples of concerning treatment may include patients <18 years of age prescribed antipsychotics, prescription of an antipsychotic without diabetic screening, prescription of three or more psychotropics, patients with no documented age-appropriate indication for therapy, or children prescribed a psychotropic not FDA-indicated for children.

5. Process that “identifies potential fraud or abuse of controlled substances” by Medicaid clients, enrolled prescribers, and enrolled dispensing pharmacies

Periodic claims review to look for potential fraud or abuse of controlled substances by clients, prescribers and pharmacies (could include clients filling prescriptions at multiple pharmacies, prescribers or pharmacies filling high volumes of controlled substances, or other indicators) and interventions *as deemed appropriate* (lock-in, PDMP assessment, peer-to-peer consultation, etc.).