January 15, 2020

Davida R. Kimble
Acting Deputy Director
Division of Medicaid Field Operations South
Centers for Medicare and Medicaid Services
Region IV
Atlanta Federal Center
61 Forsyth Street, SW Suite 4T20
Atlanta, GA 30303-8909

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2020-0003

Dear Ms. Kimble:

Please find attached an amendment for North Carolina’s State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected page is Attachment 4.26, Page 74d.

This state plan changes outlines measures taken by Medicaid to ensure compliance with The Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act). It is designed to address widespread overprescribing and abuse of opioids in the United States. The legislation imposes tighter oversight of opioid production and distribution; requires additional reporting and safeguards to address fraud; and limits coverage of prescription opioids. It also expands coverage of and access to opioid addiction treatment services.

This amendment is effective January 1, 2020.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at 919-527-7093.

Sincerely,

Mandy Cohen, MD, MPH
Secretary

Enclosures
The Medicaid agency meets the requirements of Section 1004 of the SUPPORT Act as set forth in section 1902(a)(85) of the Social Security Act as follows:

1. Claims Review Limitations
   a. Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness.
   b. 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).
   c. Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.
   d. Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.

2. Program 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.

3. 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.