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GOVERNOR

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SECRETARY

August 31, 2020

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-49

Applicable to the following benefits in the **2018-2023 SMMC contract**:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-term Care (LTC)
- Dental

### Re: **Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act**

The managed care plan is required to comply with all applicable federal and state laws, rules, and regulations. (Attachment II, Section XV.A.1.; Attachment II, Section XV.A.2.; Attachment II, Section VIII.C.5.a.) Section 1004 of the federal SUPPORT Act ([Public Law No: 115-271](#)) requires Medicaid programs to operate Drug Utilization Review (DUR) programs that comply with SUPPORT Act requirements. The purpose of this policy transmittal is to provide the managed care plan with written notice of the provisions of Section 1004 of the SUPPORT Act, that became effective October 1, 2019.

The managed care plan must supplement its Utilization Management Program Description required in Attachment II, Section VI.G., Coverage and Authorization of Services in compliance with Section 1004 of the SUPPORT Act, to include limitations and automated claims review processes for prior authorization or retrospective review of the following:

- (1) Days' supply, early refills, duplicate fills, and quantity limitations on opioids, and an automated claims review process that indicates fills of opioids in excess of limitations identified by the Agency; and
- (2) The maximum daily morphine equivalent for treatment of pain and an automated claims review process that indicates when an individual is prescribed the morphine milligram equivalent for such treatment in excess of any limitation that may be identified by the Agency.

Individuals receiving hospice, palliative care, or cancer treatment; residents of long-term care facilities, ICF-DD's, or other facility as described in 42 USC 1396a(o)(3)(A)(ii); and individuals with sickle cell disease are exempt from these provisions.

The managed care plan must provide a detailed description of its drug utilization review program activities to the Agency on an annual basis, including:

- (1) A program to monitor and manage the appropriate use of antipsychotic medications by all children (foster care and non-foster care) in compliance with Section 1004 of the SUPPORT Act.



- (2) An automated claims review process in compliance with Section 1004 of the SUPPORT Act that monitors when an enrollee is concurrently prescribed:
  - (a) Opioids and benzodiazepines; or
  - (b) Opioids and antipsychotics.
- (3) The managed care plan's written anti-fraud plan must have internal controls and procedures in place in compliance with Section 1004 of the SUPPORT Act that are designed to identify potential fraud or abuse of controlled substances by enrollees, providers, and pharmacies.

The managed care plan must submit updated procedures demonstrating that the aforementioned changes have been made and implemented. The managed care plan must submit the required information in a zip file to the Agency's SMMC\_CY18-23 secure file transfer protocol site, Port 4443, within the managed care plan's designated folder path, in the Quality Submissions folder. The managed care plan must use the file naming convention "ABC\_DUR\_SUPPORT\_Act" where ABC is the plans three-digit identifier and submit this report to the Agency by close of business October 1, 2020.

If you have questions or concerns, please contact your Agency contract manager at (850) 412-4004.

Sincerely,



Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

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