Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act or the SUPPORT for Patients and Communities Act SUPPORT ACT

SEC. 5042. MEDICAID PROVIDERS ARE REQUIRED TO NOTE EXPERIENCES IN RECORD SYSTEMS TO HELP IN-NEED PATIENTS
STATE REPORTING under section 1927(g)(3)(D)

I. Definitions[1]

A. **Controlled Substance:** A drug that is included in schedule II of section 202(c) of the Controlled Substances Act and, at the option of the State involved, a drug included in schedule III or IV of such section

- **Best Practice:**
  i. Any medication with a federal designation of CII, CIII, or CIV.

B. **Covered Provider:** A health care provider who is participating under the State plan (or waiver of the State plan) and licensed, registered, or otherwise permitted by the State to prescribe a controlled substance (or the designee of such provider).

- **Best Practices:**
  i. A prescriber identified by NPI. Providers are matched on known identifiers such as DEA Number, license number, or NPI and rolled up to the NPI level.

C. **Covered Individual:** An individual who is enrolled in the State plan (or under a waiver of such plan). Exclusions include an individual who is receiving hospice, palliative care, or treatment for cancer; is a resident of a long-term care facility or of another facility for which frequently abused drugs are dispensed for residents through a contract with a single pharmacy; or the State elects to treat as exempted from such term.

- **Best Practices:**
  i. The State can provide the PDMP or the PDMP vendor with a file containing patients identified as beneficiaries of the Medicaid program. Consider developing the file by identifying beneficiaries who have the potential of obtaining a controlled substance covered by Medicaid (e.g., removing full duals, family planning-only beneficiaries from file).
  ii. Prescriptions are matched to Medicaid patients by running such individuals through patient-matching mechanisms.
  iii. For each Covered Individual, the file should include:

[1] Source: https://www.congress.gov/bill/115th-congress/house-bill/6/text

1) Personally identifiable information for matching (name, address, birthdate, etc.)
2) Exemption flags to indicate if the individual is exempt/excluded from reporting per the statute (ex. cancer)
3) Eligibility Category(ies)
4) FFS or managed care, and if managed care the specific plan

II. Section 5042(e)(1)(A) Reporting Requirements[2]

A. **Provision:** The percentage of covered providers (as determined pursuant to a process established by the State) who checked the prescription drug history of a covered individual through a qualified prescription drug monitoring program described in subsection (b) before prescribing to such individual a controlled substance.

B. **DUR Survey Question 4.b.**

b. The percentage of covered providers (as determined pursuant to a process established by the State) who checked the prescription drug history of a beneficiary through a PDMP before prescribing a controlled substance to such an individual:

_________ %

How was the above calculation obtained?

- ○ A provider survey
- ○ A provider attestation
- ○ A PDMP vendor report
- ○ Raw PDMP data using the median
- ○ Other, please explain.

____

[2] Source: https://www.congress.gov/bill/115th-congress/house-bill/6/text

C. **Definition of "Before Prescribing"**

- **Best Practices:**

    i. If using PDMP data, the time between a PDMP prescription history check and prescription date is not defined in regulation. We understand interpretations of the acceptable amount of time between when a search is conducted and when a prescription is written is variable. For purposes of completing this survey, a best practice is to allow a 7-day window for a provider to perform the search and subsequently write the prescription. For example, using this best practice, the Covered Provider would be credited for conducting the check if the prescribing provider or his or her delegate conducted a PDMP search for the Covered Individual during **a 7-day period before the controlled substance prescription is generated**.

D. **Covered Provider PDMP Search Percentages:**

- To determine the Covered Provider PDMP Search Percentage for Covered Individuals, we encourage states to explore all options and to look to their own capacity. Possible options would be using provider attestations or a survey to obtain the required information. If states can get the PDMP data in raw format, they could consider working with their retrospective DUR vendor, data warehouse vendor, or partnering with an academic facility to perform data analytics, as an alternative to the state Medicaid agency performing such analytics in-house.

- If states have PDMP data, our best practice for calculating Covered Provider PDMP Search Percentage for Covered Individuals is outlined below and includes the determination of the numerator and denominator. Sample data with fictious providers below.
    i. Numerator: Distinct number of prescriptions for Controlled Substances prescribed to Covered Individuals that were written by the Covered Provider *and* a PDMP search was executed by the provider or his or her delegate within 7-days before the prescription written date.
    ii. Denominator: Distinct number of prescriptions for Controlled Substances prescribed to Covered Individuals that were written by the Covered Provider.
    iii. The percentage of covered providers who checked the prescription drug history of a covered individual through a PDMP before prescribing a controlled substance to such an individual would be the median value of all the provider compliances.
    iv. Cash-paid prescriptions for Medicaid beneficiaries should be included in calculations.

Sample Data

Covered Provider	Checks Conducted	Prescribed controlled substances to Covered Patients	Provider Compliance
Meredith Grey	325	400	81%
Micheala Quinn	25	100	25%
Doogie Howser	2	1000	0%
Miranda Bailey	450	500	90%
Pamela Frost	700	750	93%
Katrina Porter	98	102	96%
Ken Langley	78	399	20%
Natalie Cooper	2	5	40%
Paul Nasr	2	2	100%
Hawkeye Pierce	0	0	N/A
Leonard McCoy	0	0	N/A
Total Providers (11)	1682	3258	

Inputs

Reported Compliance based on "percentage of covered providers" interpretation

Interpretation Option	Reported Compliance	Calculation
Median	81%	Median of Provider Compliance column (excludes "N/A")

III. Section 5042(e)(1)(B)(i) and (ii) Reporting Requirements

A. **Provisions** - Aggregate trends with respect to prescribing controlled substances such as - (i) the quantity of daily morphine milligram equivalents prescribed for controlled substances; (ii) the number and quantity of daily morphine milligram equivalents prescribed for controlled substances per covered individual;

B. **DUR Survey Question 4.d.**

Average daily morphine milligram equivalent (MME) prescribed for controlled substances ***per covered individual***: _______ MME

C. **Definitions/Best Practices:**

- **MME**
  - i. MME is the amount of morphine an opioid dose is equal to in a prescription and is used to assess the total daily dose of opioids, taking into account the comparative potency of different opioids and frequency of use.

ii. Daily MME is the total MME of the prescription divided by days supplied for each dispensation.

- **Best Practices:**

  Note: If PDMP data are available, cash-paid prescriptions for Medicaid beneficiaries should be included in calculations. If PDMP data are not available, states may use MMIS claims data, which would not include data about prescriptions filled and paid with cash.

i. Utilize the CDC Opioid NDC and Oral MME Conversion File for MME conversions.
ii. When determining the number of Covered Providers and Covered Individuals, include all the providers and individuals who were Covered Providers or Covered Individuals, as applicable, at any time during the reporting period.
iii. To calculate daily MME for all applicable prescriptions in the 12-month reporting period, use the sum of all these values divided by the count of unique covered individuals to find the average daily MME prescribed for controlled substances per covered individual.
iv. We caution when making any clinical interpretation of a MME value resulting from these calculations. Their purpose is to report overall aggregate trends in controlled substance prescribing.
v. Examples:

Daily MME per prescription:

$$\frac{\text{(Strength) (Prescription Quantity) (MME Conversion Factor)}}{\text{Prescription Days' Supply}}$$

Average daily MME prescribed for controlled substances per covered individuals:

$$\frac{\text{Sum of all (Daily MME) in the 12-month reporting period}}{\text{Count (Unique Number of Covered Individuals) in the 12-month reporting period}}$$

D. **DUR Survey Question 4.e.**

Average daily MME prescribed for controlled substances per covered ***individuals who are receiving opioids***. ________MMEs

- **Best Practices:**

Note: If PDMP data are available, cash-paid prescriptions for Medicaid beneficiaries should be included in the calculations. If PDMP data are not available, states may use MMIS claims data, which would not include data about prescriptions filled and paid with cash.

i. For daily MME for all applicable prescriptions in the 12-month reporting period, use the sum of all these values divided by the count of Unique Beneficiaries (Unique Number of Covered Individuals) who received an opioid prescription in that same 12-month reporting period to find the average daily MME prescribed for controlled substances per covered individual who received opioids.
ii. We caution against making any clinical interpretation of a MME value resulting from these calculations. Their purpose is to report overall aggregate trends in controlled substance prescribing.
iii. Example:

Average daily MME prescribed for controlled substances per covered individual receiving opioids:

$$\frac{\text{Sum of all (Daily MME) in the 12-month reporting period}}{\text{Count (Unique Number of Covered Individuals receiving opioids) in the 12-month reporting period}}$$

IV. Section 5042(e)(1)(B)(iii) Reporting Requirements

A. **Provision** - Aggregate trends with respect to prescribing controlled substances such as - (iii) the types of controlled substances prescribed, including the dates of such prescriptions, the supplies authorized (including the duration of such supplies), and the period of validity of such prescriptions, in different populations (such as individuals who are elderly, individuals with disabilities, and individuals who are enrolled under both Medicaid and Medicare).

B. **DUR Survey Question 4.f.**

Complete Tables 3, 4, 5 and 6 -based on prescriptions dispensed (by generic ingredient(s)) and within each population during this 12-month FFY reporting period. Please note, the drugs listed in the drop-down menus in these tables are intended for user convenience. States are ultimately responsible to determine which drugs to include in their annual reports.

C. **Best Practices:**

- **Note:** If PDMP data are available, cash-paid prescriptions for Medicaid beneficiaries should be included in the calculations. If PDMP data are not available, states may use MMIS claims data, which would not include data about prescriptions filled and paid with cash.
- For uniform data collection and better comparability between states, please use a 12-month reporting period from October 1, 2022 to September 30, 2023 for all data.
- Total Number of Unique Beneficiaries equals the Count (Unique Number of Covered Individuals) in the 12-month reporting period. Since this metric is referring to unique beneficiaries, individuals should only be counted once.
- To determine Individuals with Disabilities, please use your State Eligibility Categories.
- The beneficiary age should be determined for the reporting period based on the age on October 1, 2022.
- Table 6 - Requires an average count of Unique Beneficiaries (Unique Number of Covered Individuals) for each month in the 12-month reporting period.

We understand these are complex requirements. Please submit questions or comments to CMSDUR@cms.hhs.gov.