



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Clinical Standards Office
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 29, 2021

MEMORANDUM

MEMO NO.

QI-2148 [Replaces QI-1926]

TO: QUEST Integration (QI) Health Plans

FROM: Judy Mohr Peterson, PhD *JMP*
Med-QUEST Division Administrator

SUBJECT: SUPPORT ACT MED-QUEST DIVISION MINIMUM STANDARDS EFFECTIVE
OCTOBER 1, 2019

The purpose of this memorandum is to notify the health plans that this memo replaces QI-1926 which was previously issued on September 27, 2019. The following content will continue to apply under the QI contract RFP-MQD-2022-008.

On October 24, 2018, the Substance Use-disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (P.L. 115-271) was signed into law. The Act addresses an array of topics related to the ongoing opioid crisis. Section 1004 of the Act mandates specific activities by Medicaid Drug Utilization Review programs by October 1, 2019.

The Med-QUEST Division (MQD) is requiring the following established minimum standards, reviewed and approved by the MQD DUR (Drug Utilization Review) Board in September 2019, be in place by October 1, 2019. The minimum standards may be exceeded by the health plans.

Claim Review Requirement: Under the Claims Review Requirement the following shall be in place:

1. Safety Edits Including Early, Duplicate and Quantity Edits for Opioids

- Must have in place prospective DUR safety edits that, at a minimum, shall include edits for therapeutic duplication, early refills, and duplicate fills.
- Must have prospective or retrospective DUR safety edits to identify trends and opportunities for prescriber and pharmacy education and outreach.

2. Maximum Daily Morphine Milligram Equivalents (MME) Safety Edits

- Must have a cumulative MME edit threshold set at 120 MME per day for treatment of chronic pain. Regimens exceeding the set MME threshold will require a prior authorization.

3. Safety Edits for Opioids and Antipsychotics

- Must have prospective or retrospective DUR safety edits in place for recipients on concurrent opioids and antipsychotics.

4. Concurrent Utilization Alerts for Opioids and Benzodiazepines

- Must have prospective or retrospective DUR safety edits for concurrent opioids and benzodiazepines.
- Initial concurrent prescriptions for opioids and benzodiazepines are not to be longer than seven (7) consecutive days unless determined to be medically necessary.¹

5. Overrides

The above described edits and claims review requirements do not apply with respect to recipients who are:

- Individuals receiving hospice or palliative care;
- Receiving treatment for cancer; and
- Residents of long-term care facilities.

Therefore, health plans shall have in place overrides in place for these individuals.

Monitoring of Antipsychotic Medication Use in Children

- Shall have prospective DUR safety edits for therapeutic duplication, early refill, and age for all children.
- Conduct prospective and/or retrospective review of antipsychotic medication use in all children to monitor and manage utilization.

¹ [https://www.capitol.hawaii.gov/slh/Years/SLH2017/SLH2017_Act66.pdf; §329-38©\(1-6\)](https://www.capitol.hawaii.gov/slh/Years/SLH2017/SLH2017_Act66.pdf; §329-38©(1-6))

Fraud and Abuse Identification

- Have in place the use of data analytics tools or retrospective review to identify trends for possible fraud and abuse by Medicaid clients, enrolled prescribers, and enrolled dispensing pharmacies.

MQD requires that the health plans provide confirmation and description of the safety edits and processes in place to meet each of the standards above initially in October 2019, and subsequently upon request. Thank you for your continued support of the MQD and the services you provide to our members.

Please contact Ms. Leslie K. Tawata, MQD Clinical Standards Office Administrator, at ltawata@hawaii.dhs.gov with questions regarding the required standards.