

October 24, 2024

REVISIONS TO THE UNIFORM OPIOID POLICY; CHANGES REQUIRED BY MARCH 1, 2025

BACKGROUND

HHSC is updating the Uniform Opioid Policy in UMCM Chapter 16.1 to address CMS compliance. CMS is requiring these changes. These amendments will be effective by March 1, 2025, and MCOs will be required to implement these changes by March 1, 2025. MCOs will have the opportunity to comment and ask questions on these changes before publication via the standard UMCM amendment process.

KEY DETAILS

HHSC will update UMCM Chapter 16.1 to include the following changes based on CMS compliance requirements (new language is underlined):

Requirement: The requirement in 42 CFR §456.703 specifies that programs must have in place prospective safety edit quantity limitations on opioid prescriptions for initial and subsequent prescription fills.

Current policy:

- Texas requires all MCOs to adhere to a 10-day prospective safety edit on the initial fill for opioid prescriptions but not subsequent fills (see [UMCM Chapter 16-1, 16.1.21.2, Opioid Policy, 1.2 Days' Supply Limits](#)).

Changes:

- Quantity limits apply to the initial and subsequent fills of opioid prescriptions.

Requirement: States are required to have an automated retrospective claims review process to provide for the ongoing review of opioid claims. These retrospective opioid claim reviews are necessary to allow states to continually monitor dispensed opioid prescriptions beneficiaries are receiving.

Regarding concurrent opioids and benzodiazepines retrospective reviews, as well as concurrent opioid and antipsychotic retrospective reviews, states must conduct retrospective claims reviews of automated processes to provide for the ongoing review of opioid claims data, which should be more frequent than once a year.

Current policy:

- At minimum on an annual basis, MCOs must perform a retrospective review on opioid usage.

Changes:

- MCOs must perform a retrospective review of opioid usage bi-annually (i.e., two times per year).
- This requirement also applies to concurrent opioid and benzodiazepine retrospective reviews, as well as concurrent opioid and antipsychotic retrospective reviews.