

2019 (old version)	2020 (new version)	Type of Change	Reason for Change	Burden Change
N/A	Created an abbreviated MCO survey from the approved comprehensive MCO survey to better streamline MCO responses when pharmacy benefits are carved out and handled by FFS programs.	Add	Reduced comprehensive MCO survey for greater efficiency for MCOs that have a pharmacy carve-out. This allows these specific MCOs to bypass the comprehensive MCO survey shortening the work burden	There is a potential decrease in time burden for MCOs that will complete this abbreviated survey instead of the comprehensive survey. However, potential research may be required for these MCOs that will be submitting the abbreviated survey, resulting in no change in previously reported burden.
Removal/revision of questions to better address the new requirements. Previous Language: Does your state agency cover Methadone for a substance use disorder (i.e. Methadone Treatment Center)? If yes, is there at least one formulation of methadone for OUD available without a prior authorization? <input type="checkbox"/> Yes, please explain: <input type="checkbox"/> No, please explain Does your state agency cover Methadone for a substance use disorder (i.e. Methadone Treatment Center)? If yes, there at least one formulation of methadone for OUD available without a prior authorization? <input type="checkbox"/> Yes, please explain: <input type="checkbox"/> No, please explain:	Updated questions to address SUPPORT Act Section 1006 (b) with updates in section VIII, subsection F and E. Revised language: Does your state cover outpatient treatment programs that provide both services and MAT through outpatient treatment programs (OTPs)? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why not If yes, is a referral needed for OUD treatment through OTP? <input type="checkbox"/> Yes, please explain <input type="checkbox"/> No, please explain Does your state agency cover Methadone for a substance use disorder (i.e. Outpatient Treatment Program)? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why not Does your state agency cover buprenorphine or buprenorphine/naloxone for diagnoses of OUD as part of a comprehensive MAT treatment plan through OTPs? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why not Does your state agency cover naltrexone for diagnoses of OUD as part of a comprehensive MAT treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why not Opioid Use Disorder treatments: Do you have a utilization controls (i.e. preferred drug lists, prior authorization, quantity limits) to either monitor or manage the prescribing of MAT drugs for OUD? <input type="checkbox"/> Yes, please explain: <input type="checkbox"/> No Is there at least one formulation of naltrexone for OUD available without a prior authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your state agency cover Methadone for a substance use disorder (i.e. Methadone Treatment Center)? Outpatient treatment programs: Does your state cover outpatient treatment programs that provide both services and MAT through outpatient treatment programs (OTPs)? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why not, if yes, is a referral needed for OUD treatment through OTP? <input type="checkbox"/> Yes, please explain <input type="checkbox"/> No, please explain Does your state agency cover Methadone for a substance use disorder (i.e. Outpatient Treatment Program)? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why not Does your state agency cover buprenorphine or buprenorphine/naloxone for diagnoses of OUD as part of a comprehensive MAT treatment plan through OTPs? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why not Does your state agency cover naltrexone for diagnoses of OUD as part of a comprehensive MAT treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why not Opioid Use Disorder treatments: Do you have a utilization controls (i.e. preferred drug lists, prior authorization, quantity limits) to either monitor or manage the prescribing of MAT drugs for OUD? <input type="checkbox"/> Yes, please explain: <input type="checkbox"/> No Is there at least one formulation of naltrexone for OUD available without a prior authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your state agency cover Methadone for a substance use disorder (i.e. Methadone Treatment Center)?	Revision	Section 1006(b) makes MAT a mandatory state plan benefit effective October 1st, 2020 MAT. New questions confirm compliance	No change, added, removed and streamlined and improved questions by eliminating text boxes and attachments for added clarity and simplification of completing survey, no net burden change.
Removal/Revision of questions: 1. Does your state have a Prescription Drug Monitoring Program (PDMP)? a. Does your agency have the ability to query the state's PDMP database? i) Do you also have access to Border States' PDMP information? ii) Do you also have PDMP data (i.e. outside of MMIS, such as a controlled substance that was paid for by using cash) integrated into your POS edits? b. Do you require prescribers (in your provider agreement with the agency) to access the PDMP patient history before prescribing controlled substances? c. Are there barriers that hinder the agency from fully accessing the PDMP that prevent the program from being utilized the way it was intended to be to curb abuse? 2. Have you had any changes to your state's Prescription Drug Monitoring Program during this reporting period that have improved the agency's ability to access PDMP data?	Added questions to address PDMP SUPPORT Act 5042 in VII, subsection B In the case that a provider is not able to conduct PDMP check, do you require the prescriber to document a good faith effort, including the reasons why the provider was not able to conduct the check? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain If yes, do you require the provider to submit, upon request, to submit such documentation to the State? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain Are providers required to have protocols for responses to information from the PDMP that is contradictory to the direction that the practitioner expect from the client? If not I don't think we need an explain but perhaps option for drop down, might consider developing, in process etc. <input type="checkbox"/> Yes <input type="checkbox"/> No (drop down boxes for in process, may consider developing) In the State's PDMP system, which of the following pieces of information with respect to a beneficiary, is available to prescribers as close to real-time as possible? Check all that apply: • Prescription drug history • The number and type of controlled substances prescribed to and filled for the covered individual during at least the most recent 12-month period. •The name, location, and contact information or other identifying number such as a national provider identifier • Other Mandatory in 2023, optional now, under section 1927(g)(3)(D) of the Act, please specify, the following information for the 12-month reporting period for this survey: a) The percentage of covered providers who checked the prescription drug history of a beneficiary through a PDMP before prescribing to such individual a controlled substance ____%. b) Average daily morphine milligram equivalents prescribed for controlled substances per covered individual: ____ MMEs c) In table below, please specify the top 3 controlled substances prescribed based on claim count (by generic ingredient(s)), during this FFY reporting period. Children under 18: 19-40 year olds: 41-60 year olds: 61 and above: Individuals with disabilities: Individuals who are enrolled under both this title and title XVIII: Within each population, please specify the average number of controlled prescriptions per month per total number of beneficiaries with each population: children under 18: 19-40 year olds: 41-60 year olds: 61 and above: Individuals with disabilities: Individuals who are enrolled under both this title and title XVIII: Please explain any additional information: If any of the information requested is not reported above, please explain why not: Does the State require pharmacists to check the prescription drug history before dispensing a controlled substance to such individual? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why not: If yes, are there protocols involved in checking the PDMP <input type="checkbox"/> Yes, please explain <input type="checkbox"/> No In this reporting period, have there been any data or privacy breaches of the PDMP or PDMP data? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please summarize the breach, the number of individuals impacted, a description of the steps the State has taken to address each such breach, and if the law enforcement or the affected individuals were notified of the breach:	Revision	Added questions regarding PDMP to alert states to new 2023 requirements in SUPPORT act 5042	Estimated burden 4 hours

N/A	Added question to address importation Act in section VIII: Does your state have any demonstrations or waivers to allow importation of certain drugs from Canada or other countries that are versions of FDA-approved drugs for dispensing to Medicaid Beneficiaries? o Yes, please explain o No	Add	Requested information on waivers and state demonstrations that allow importation of certain drugs that are versions of FDA-approved drugs for dispensing to Medicaid Beneficiaries	No, no research involved
N/A	Restructured several questions to make them streamlined and concise with multiple choice responses and drop down menus to assist when possible. Boxes eliminated need for text boxes. No change was made to the content.	Revision	To make it easier for respondent to complete the surveys.	Eliminated text boxes and added multiple choice boxes to decrease work effort by 3 hours
Required word attachments to be submitted throughout	Removed attachments and naming conventions and created embedded text boxes	Revision	Reduced number of documents that had to be submitted and uploaded to streamline survey in a user-friendly manner and decrease work burden for state DUR contracts when submitting the survey online	Decrease work effort by 1 hour
total:				No net change