

Summary of SUD metric changes from the original run (DY7 and DY8) to the rerun (DY10)

The greatest change from the Q4 of DY7 were in the following metrics:

- Metric #6 – Any SUD service, facility claim, or pharmacy claim observed an increase of over 135 percent;
- Metric #11 - Withdrawal management observed an increase between 84 and 116 percent;
- Metric #23 - Total number of ED visits for SUD per 1,000 beneficiaries observed an increase of 41 to 43 percent; and
- Metric #24 - Total IP stays for SUD per 1,000 beneficiaries observed an increase of 34 to 36 percent.

The observed changes are likely due to variations from the original value sets and metric construct in V3 compared to the original run and V4 for the rerun. This is further supported by the fact that for Q1 of DY8 the same four metrics had the same changes as noted below.

- Metric #6 – Any SUD service, facility claim, or pharmacy claim observed an increase of 140 percent to 145 percent;
- Metric #11 - Withdrawal management observed an increase between 68 to 100 percent;
- Metric #23 - Total number of ED visits for SUD per 1,000 beneficiaries observed an increase of 31 to 50 percent; and
- Metric #24- Total inpatient stays for SUD per 1,000 beneficiaries) observed an increase of 33 to 36 percent.

In Q2 of DY8 both the original and rerun used the same set of instructions and value sets, (i.e., V4). All changes were under one percent except for:

- Metric 10 - Residential and IP for SUD with an increase of between 8 and 10.5 percent for the three months respectively. This is likely due to more elapsed time from when the quarter ended and when the metric was rerun so more claims were captured.
- Metric 11 - Withdrawal management with an increase of 15 to 24 percent. This statistic may vary because the state utilizes non-revenue producing HCPCS and CPT codes for withdrawal management to be attached to revenue codes for inpatient or residential and/or outpatient services including crisis centers. New Mexico now has more residential, and crisis centers then when the metric originally run, which may account for the increase.

Q3 of DY8 showed slightly more of an increase, from 1.5 to 4.9 percent, which may also be reflective of the amount of time lapse between the original set of numbers and the rerun. However, once again metrics 10 and 11 had the most significant increases; from 17.5 to 21.7 percent for residential and inpatient stays for SUD, and 35.5 to 38 percent for withdrawal management. The above reasoning is the same.

Q4 of DY8 was much the same with a couple of exceptions:

- Metric #7 - Early intervention had a 1 month increase of 9.67 percent over the previous month. This is likely due to increased SBIRT training in more physical health sites.
- Metric #24 - Total IP stays for SUD per 1,000 beneficiaries had an increase of 5.9 to 9.7 percent. Again, with more time between the end of the quarter and the time of the rerun, more of these claims were captured.