

Medicaid Section 1115 SUD Demonstration Report - Metrics reporting

State [Enter State Name]  
 Demonstration Name [Enter Demonstration Name]  
 Demonstration Year (DY) [Enter Demonstration Year] (Format: DY1, DY2, DY3, etc.)  
 Calendar Dates for DY [Enter Calendar Dates for Demonstration Year] (Format: MM/DD/YYYY - MM/DD/YYYY)

Medicaid Section 1115 SUD Demonstration Monitoring Protocol - Planned metrics

State New Mexico  
 Demonstration Name Centennial Care 2.0 1115 Medicaid Demonstration  
 Submitted on 5/30/2020

#	Metric name	Metric description	Milestone or reporting topic	Reporting category	Metric type	Data source	Technical specification manual version	Attest that reporting matches CMS-provided specification (Y/N)
1	Assessed for SUD Treatment Needs Using a Standardized Screening Tool	Number of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement period	Assessment of need and qualification for SUD treatment services	Other monthly and quarterly metric	CMS-constructed	Medical record review or claims		
2	Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period but not in the three months before the measurement period	Assessment of need and qualification for SUD treatment services	Other monthly and quarterly metric	CMS-constructed	Claims		
3	Medicaid Beneficiaries with SUD Diagnosis (monthly)	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 11 months before the measurement period	Assessment of need and qualification for SUD treatment services	Other monthly and quarterly metric	CMS-constructed	Claims	Version 4	Y
4	Medicaid Beneficiaries with SUD Diagnosis (annually)	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 12 months before the measurement period	Assessment of need and qualification for SUD treatment services	Other annual metric	CMS-constructed	Claims	Version 3	Y
5	Medicaid Beneficiaries Treated in an IMD for SUD	Number of beneficiaries with a claim for residential or inpatient treatment for SUD in IMDs during the measurement period	Assessment of need and qualification for SUD treatment services	Other annual metric	CMS-constructed	Claims	Version 3	Y
6	Any SUD Treatment	Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period	Milestone 1	Other monthly and quarterly metric	CMS-constructed	Claims	Version 4	Y

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7	Early Intervention	Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period	Milestone 1	Other monthly and quarterly metric	CMS-constructed	Claims	Version 4	Y
8	Outpatient Services	Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period	Milestone 1	Other monthly and quarterly metric	CMS-constructed	Claims	Version 4	Y
9	Intensive Outpatient and Partial Hospitalization Services	Number of unique beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period	Milestone 1	Other monthly and quarterly metric	CMS-constructed	Claims	Version 4	Y
10	Residential and Inpatient Services	Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period	Milestone 1	Other monthly and quarterly metric	CMS-constructed	Claims	Version 4	Y
11	Withdrawal Management	Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period	Milestone 1	Other monthly and quarterly metric	CMS-constructed	Claims	Version 4	Y
12	Medication Assisted Treatment (MAT)	Number of beneficiaries who have a claim for MAT for SUD during the measurement period	Milestone 1	Other monthly and quarterly metric	CMS-constructed	Claims	Version 4	Y
36	Average Length of Stay in IMDs	The average length of stay for beneficiaries discharged from IMD inpatient or residential treatment for SUD	Milestone 1	Other annual metric	CMS-constructed	Claims; State-specific IMD database	Version 3	Y
13	SUD Provider Availability	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period	Milestone 4	Other annual metric	CMS-constructed	Provider enrollment database; Claims	Version 3	Y
14	SUD Provider Availability - MAT	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period and who meet the standards to provide buprenorphine or methadone as part of MAT	Milestone 4	Other annual metric	CMS-constructed	Provider enrollment database, SAMHSA datasets	Version 3	Y
15	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)  [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure] <sup>f</sup>	<p>Percentage of beneficiaries with a new episode of alcohol or other drug (AOD) AOD abuse or dependence who received the following:</p> <ul style="list-style-type: none"> <li>• Initiation of AOD Treatment—percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or MAT within 14 days of the diagnosis</li> <li>• Engagement of AOD Treatment—percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit</li> </ul> <p>The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.</p>	Milestone 5	Annual metric that is an established quality measure	Established quality measure			
		• Initiation of AOD Treatment - Alcohol abuse or dependence				Claims	Version 3	Y
		• Initiation of AOD Treatment - Opioid abuse or dependence				Claims	Version 3	Y
		• Initiation of AOD Treatment - Other drug abuse or dependence				Claims	Version 3	Y
		• Initiation of AOD Treatment - Total AOD abuse of dependence				Claims	Version 3	Y
		• Engagement of AOD Treatment - Alcohol abuse or dependence				Claims	Version 3	Y
		• Engagement of AOD Treatment - Opioid abuse or dependence				Claims	Version 3	Y
		• Engagement of AOD Treatment - Other drug abuse or dependence				Claims	Version 3	Y

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#	Metric name	Metric description	Milestone or reporting topic	Reporting category	Metric type	Data source	Technical specification manual version	Attest that reporting matches CMS-provided specification (Y/N)
18	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) [PQA, NQF #2940; Medicaid Adult Core Set]	<ul style="list-style-type: none"> <li>Engagement of AOD Treatment - Total AOD abuse of dependence</li> </ul> Percentage of beneficiaries age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis or in hospice are excluded.	Milestone 5	Annual metric that is an established quality measure	Established quality measure	Claims	Version 3	Y
						Claims	Version 3	Y
19	Use of Opioids from Multiple Providers in Persons Without Cancer [PQA; NQF #2950]	The percentage of individuals ≥18 years of age who received prescriptions for opioids from ≥4 prescribers AND ≥4 pharmacies within ≤180 days.	Milestone 5	Annual metric that is an established quality measure	Established quality measure	Claims		
20	Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer [PQA, NQF #2951]	The percentage of individuals ≥18 years of age who received prescriptions for opioids with an average daily dosage of ≥90 morphine milligram equivalents (MME) AND who received prescriptions for opioids from ≥4 prescribers AND ≥4 pharmacies.	Milestone 5	Annual metric that is an established quality measure	Established quality measure	Claims		
21	Concurrent Use of Opioids and Benzodiazepines (COB-AD) [PQA]	Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Patients with a cancer diagnosis or in hospice are excluded.	Milestone 5	Annual metric that is an established quality measure	Established quality measure	Claims	Version 3	Y
22	Continuity of Pharmacotherapy for Opioid Use Disorder [USC; NQF #3175]	Percentage of adults in the denominator with pharmacotherapy for OUD who have at least 180 days of continuous treatment	Milestone 5	Annual metric that is an established quality measure	Established quality measure	Claims	Version 3	Y
16	SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge, SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge [Joint Commission; NQF #1664]	<b>SUB-3:</b> Patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment.  <b>SUB-3a:</b> Patients who are identified with alcohol or drug disorder who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment.	Milestone 6	Annual metric that is an established quality measure	Established quality measure	Medical record review or claims		
						Medical record review or claims		
17(1)	Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) [NCQA; NQF #2605; Medicaid Adult Core Set; Adjusted HEDIS measure] <sup>f,g</sup>	Percentage of ED visits for beneficiaries who have a principal diagnosis of AOD abuse or dependence and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported:  <ul style="list-style-type: none"> <li>Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).</li> <li>Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).</li> </ul>	Milestone 6	Annual metric that is an established quality measure	Established quality measure			
						Claims	Version 3	Y
						Claims	Version 3	Y
17(2)	Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF #2605; Medicaid Adult Core Set; Adjusted HEDIS measure] <sup>f,h</sup>	Percentage of ED visits for beneficiaries who have a principal diagnosis of mental illness and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported:  <ul style="list-style-type: none"> <li>Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).</li> <li>Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)</li> </ul>	Milestone 6	Annual metric that is an established quality measure	Established quality measure			
						Claims	Version 3	Y
Q1	Insert selected metric(s) related to key health IT question 1		Health IT		State-identified	Claims	Version 3	Y

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Q2	<i>Insert selected metric(s) related to key health IT question 2</i>		Health IT		State-identified			
Q3	<i>Insert selected metric(s) related to key health IT question 3</i>		Health IT		State-identified			
23	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period	Other SUD-related metrics	Other monthly and quarterly metric	CMS-constructed	Claims	Version 4	Y
24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	Total number of inpatient stays per 1,000 beneficiaries in the measurement period	Other SUD-related metrics	Other monthly and quarterly metric	CMS-constructed	Claims	Version 4	Y
25	Readmissions Among Beneficiaries with SUD	The rate of all-cause readmissions during the measurement period among beneficiaries with SUD.	Other SUD-related metrics	Other annual metric	CMS-constructed	Claims	Version 3	Y
26	Overdose Deaths (count)	Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).	Other SUD-related metrics	Other annual metric	CMS-constructed	State data on cause of death	Version 3	Y
27	Overdose Deaths (rate)	Rate of overdose deaths during the measurement period among adult Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).	Other SUD-related metrics	Other annual metric	CMS-constructed	State data on cause of death	Version 3	Y
28	SUD Spending	Total Medicaid SUD spending during the measurement period.	Other SUD-related metrics	Other annual metric	CMS-constructed	Claims		
29	SUD Spending within IMDs	Total Medicaid SUD spending on residential or inpatient treatment within IMDs during the measurement period	Other SUD-related metrics	Other annual metric	CMS-constructed	Claims		
30	Per Capita SUD Spending	Per capita SUD spending during the measurement period	Other SUD-related metrics	Other annual metric	CMS-constructed	Claims		
31	Per Capita SUD Spending within IMDs	Per capita SUD spending within IMDs during the measurement period	Other SUD-related metrics	Other annual metric	CMS-constructed	Claims		
32	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD (AAP) [Adjusted HEDIS measure] <sup>f</sup>	The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period.	Other SUD-related metrics	Annual metric that is an established quality measure	Established quality measure	Claims	version 3	Y
33	Grievances Related to SUD Treatment Services	Number of grievances filed during the measurement period that are related to SUD treatment services	Other SUD-related metrics	Grievances and appeals	CMS-constructed	Administrative records		
34	Appeals Related to SUD Treatment Services	Number of appeals filed during the measurement period that are related to SUD treatment services	Other SUD-related metrics	Grievances and appeals	CMS-constructed	Administrative records		
35	Critical Incidents Related to SUD Treatment Services	Number of critical incidents filed during the measurement period that are related to SUD treatment services	Other SUD-related metrics	Grievances and appeals	CMS-constructed	Administrative records		
<i>Add rows for any additional state-identified metrics</i>								



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 Submitted on 09/27/2023 - rerun  
 DY3Q1

#	Describe any deviations from CMS-provided specifications	Reporting issue (Y/N) (further describe in data and reporting issues tab)	Measurement period (month, quarter, year <sup>b</sup> )	Dates covered by measurement period (MM/DD/YYYY-	Demonstration denominator	Demonstration numerator or count	Demonstration rate/percentage <sup>c</sup>	Model denominator <sup>d</sup>	Model numerator or count <sup>d</sup>	Model rate/percentage <sup>c,d</sup>
1			Month 1 Month 2 Month 3							
2			Month 1 Month 2 Month 3							
3		N	Month 1 Month 2 Month 3	01/01/2021 - 01/31/2021 02/01/2021 - 02/28/2021 03/01/2021 - 03/31/2021		20,023 19,202 19,579				
4		N	Year							
5		N	Year							
6		N	Month 1 Month 2 Month 3	01/01/2021 - 01/31/2021 02/01/2021 - 02/28/2021 03/01/2021 - 03/31/2021		50,767 49,919 53,437				

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7		N	Month 1	01/01/2021 - 01/31/2021		664				
			Month 2	02/01/2021 - 02/28/2021		694				
			Month 3	03/01/2021 - 03/31/2021		840				
8		N	Month 1	01/01/2021 - 01/31/2021		10,092				
			Month 2	02/01/2021 - 02/28/2021		10,368				
			Month 3	03/01/2021 - 03/31/2021		11,379				
9		N	Month 1	01/01/2021 - 01/31/2021		971				
			Month 2	02/01/2021 - 02/28/2021		1,026				
			Month 3	03/01/2021 - 03/31/2021		1,057				
10		N	Month 1	01/01/2021 - 01/31/2021		232				
			Month 2	02/01/2021 - 02/28/2021		213				
			Month 3	03/01/2021 - 03/31/2021		292				
11		N	Month 1	01/01/2021 - 01/31/2021		128				
			Month 2	02/01/2021 - 02/28/2021		122				
			Month 3	03/01/2021 - 03/31/2021		180				
12		N	Month 1	01/01/2021 - 01/31/2021		10,934				
			Month 2	02/01/2021 - 02/28/2021		10,776				
			Month 3	03/01/2021 - 03/31/2021		11,025				
36		N	Year						#DIV/0!	
13		N	Year							
14		N	Year							
15		N	Year							
		N	Year							
		N	Year							
		N	Year							
		N	Year							
		N	Year							
		N	Year							
		N	Year							

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18		N	Year							
19		N	Year				#DIV/0!			#DIV/0!
20			Year				#DIV/0!			#DIV/0!
21			Year				#DIV/0!			#DIV/0!
22		N	Year				#DIV/0!			#DIV/0!
16		N	Year				#DIV/0!			#DIV/0!
17(1)			Year				#DIV/0!			#DIV/0!
			Year				#DIV/0!			#DIV/0!
		N	Year				#DIV/0!			#DIV/0!
		N	Year				#DIV/0!			#DIV/0!
17(2)			Year				#DIV/0!			#DIV/0!
Q1		N	Year				#DIV/0!			#DIV/0!

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Q2										
Q3										
23		N	Month 1	01/01/2021 - 01/31/2021	752,846	2,270	3.00			#DIV/0!
			Month 2	02/01/2021 - 02/28/2021	756,783	2,150	2.83			#DIV/0!
			Month 3	03/01/2021 - 03/31/2021	760,852	2,531	3.36			#DIV/0!
24		N	Month 1	01/01/2021 - 01/31/2021	752,846	1,225	1.63			#DIV/0!
			Month 2	02/01/2021 - 02/28/2021	756,783	1,204	1.59			#DIV/0!
			Month 3	03/01/2021 - 03/31/2021	760,852	1,409	1.85			#DIV/0!
25		N	Year				#DIV/0!			#DIV/0!
26		N	Year							
27		N	Year				#DIV/0!			#DIV/0!
28			Year							
29			Year							
30			Year				#DIV/0!			#DIV/0!
31			Year				#DIV/0!			#DIV/0!
32										
33		N	Year				#DIV/0!			#DIV/0!
34			Quarter							
35			Quarter							
35			Quarter							
Add row										



#	OAD subpopulation denominator	OAD subpopulation numerator or rate/percentage <sup>c</sup>	Age < 18 denominator	Age < 18 numerator or count	Age <18 rate/percentage <sup>c</sup>	Age 18-64 denominator	Age 18-64 numerator or count	Age 18-64 rate/percentage <sup>c</sup>	Age 65+ denominator	Age 65+ numerator or count	Age 65+ rate/percentage <sup>c</sup>	Dual eligible (Medicare-Medicaid eligible)
1												
2												
3		9,573		395			19,092			536		
		9,367		367			18,347			488		
		9,523		385			18,661			533		
4												
5												
6		10,108		3,940			45,421			1,406		
		10,167		3,927			44,654			1,338		
		10,554		4,325			47,655			1,457		

#	OAD subpopulation denominator	OAD subpopulation numerator or	OAD subpopulation rate/percentage <sup>c</sup>	Age < 18 denominator	Age < 18 numerator or count	Age <18 rate/percentage <sup>c</sup>	Age 18-64 denominator	Age 18-64 numerator or count	Age 18-64 rate/percentage <sup>c</sup>	Age 65+ denominator	Age 65+ numerator or count	Age 65+ rate/percentage <sup>c</sup>	Dual eligible (Medicare-Medicaid eligible)
7		131			12			603			49		
		116			14			640			40		
		132			21			759			60		
8		4,589			211			9,664			217		
		4,609			248			9,908			212		
		5,062			249			10,870			260		
9		230			17			947			7		
		253			17			1,007			2		
		282			16			1,035			6		
10		93			2			228			2		
		89			2			209			2		
		119			4			282			6		
11		51			0			128			0		
		43			0			122			0		
		70			0			180			0		
12		8,308			30			10,770			134		
		8,235			23			10,624			129		
		8,446			26			10,873			126		

36			#DIV/0!										
13													
14													
15													

#	OU subpopulation denominator	OU subpopulation numerator or	OU subpopulation rate/percentage <sup>c</sup>	Age < 18 denominator	Age < 18 numerator or count	Age <18 rate/percentage <sup>c</sup>	Age 18-64 denominator	Age 18-64 numerator or count	Age 18-64 rate/percentage <sup>c</sup>	Age 65+ denominator	Age 65+ numerator or count	Age 65+ rate/percentage <sup>c</sup>	Dual eligible (Medicare-Medicaid eligible)
18													
19													
20													
21													
22													
16													
17(1)													
17(2)													
Q1													

#	QUARTER	QUARTER	QUARTER	Age < 18	Age < 18	Age < 18	Age 18-64	Age 18-64	Age 18-64	Age 65+	Age 65+	Age 65+	Dual eligible
#	subpopulation	subpopulation	subpopulation	denominator	numerator or	rate/percentage <sup>c</sup>	denominator	numerator or	rate/percentage <sup>c</sup>	denominator	numerator or	rate/percentage <sup>c</sup>	(Medicare-Medicaid
	denominator	numerator or	rate/percentage <sup>c</sup>		count			count			count		eligible)
Q2													
Q3													
23	14,162	537	37.91837311	289,761	39		433,304	2,199		29,776	32		0
	14,215	511	35.94794231	291,489	33	#REF!	435,869	2,086		29,421	31		0
	14,222	619	43.52411756	293,378	40	#REF!	438,294	2,445		29,175	46		0
24	14,162	369	26.05564186	289,761	32	0.11	433,304	1,157		29,776	36		0
	14,215	381	26.80267323	291,489	33	0.11	435,869	1,143		29,421	28		0
	14,222	457	32.13331458	293,378	62	0.21	438,294	1,310		29,175	37		0
25													
26													
27			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
28													
29													
30													
31													
32													
33													
34													
35													
	Add ro												

#	Dual eligible (Medicare-Medicaid eligible) numerator or	Dual eligible (Medicare-Medicaid eligible) rate/percentage <sup>c</sup>	Medicaid only denominator	Medicaid only numerator or count	Medicaid only rate/percentage <sup>c</sup>	Pregnant denominator	Pregnant numerator or count	Pregnant rate/percentage <sup>c</sup>	Not pregnant denominator	Not pregnant numerator or count	Not pregnant rate/percentage <sup>c</sup>	Criminally involved denominator	Criminally involved numerator or count
1													
2													
3	1,073			18,950			295			19,728			79
	1,047			18,155			257			18,945			76
	1,128			18,451			283			19,296			76
4													
5													
6	1,536			49,231			539			50,228			109
	1,582			48,337			529			49,390			120
	1,788			51,649			596			52,841			132



#	Dual eligible (Medicare-Medicaid eligible) numerator or	Dual eligible (Medicare-Medicaid eligible) rate/percentage <sup>c</sup>	Medicaid only denominator	Medicaid only numerator or count	Medicaid only rate/percentage <sup>c</sup>	Pregnant denominator	Pregnant numerator or count	Pregnant rate/percentage <sup>c</sup>	Not pregnant denominator	Not pregnant numerator or count	Not pregnant rate/percentage <sup>c</sup>	Criminally involved denominator	Criminally involved numerator or count
	53			611			12			652			1
7	52			642			19			675			1
	88			752			20			820			2
	529			9,563			205			9887			52
8	544			9,824			190			10178			56
	624			10,755			228			11151			61
	31			940			9			962			7
9	34			992			10			1016			12
	38			1,019			12			1045			7
	6			226			4			228			5
10	5			208			3			210			2
	8			284			2			290			4
	3			125			1			128			6
11	0			122			5			122			2
	0			180			2			180			5
	244			10,690			152			10,782			53
12	234			10,542			144			10,632			47
	239			10,786			154			10,871			52



#	Dual eligible (Medicare-Medicaid eligible) numerator or denominator	Dual eligible (Medicare-Medicaid eligible) rate/percentage <sup>c</sup>	Medicaid only denominator	Medicaid only numerator or count	Medicaid only rate/percentage <sup>c</sup>	Pregnant denominator	Pregnant numerator or count	Pregnant rate/percentage <sup>c</sup>	Not pregnant denominator	Not pregnant numerator or count	Not pregnant rate/percentage <sup>c</sup>	Criminally involved denominator	Criminally involved numerator or count
18													
19													
20													
21													
22													
16													
17(1)													
17(2)													
Q1													

#	Dual eligible (Medicare-Medicaid eligible) numerator or denominator	Dual eligible (Medicare-Medicaid eligible) rate/percentage <sup>c</sup>	Medicaid only numerator or denominator	Medicaid only rate/percentage <sup>c</sup>	Pregnant numerator or denominator	Pregnant rate/percentage <sup>c</sup>	Not pregnant numerator or denominator	Not pregnant rate/percentage <sup>c</sup>	Criminally involved numerator or denominator	Criminally involved rate/percentage <sup>c</sup>
Q2										
Q3										
23			2,270		0		2,270		0	
			2,150		0		2,150		0	
			2,531		0		2,531		0	
			1,225				1,225			
24			1,204				1,204			
			1,409				1,409			
25	[Redacted]									
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
Add ro										

#	Criminally involved rate/percentage <sup>c</sup>	Not criminally involved denominator	Not criminally involved numerator or	Not criminally involved rate/percentage <sup>c</sup>	New model denominator <sup>e</sup>	New model numerator or count <sup>e</sup>	New model rate/percentage <sup>c,e</sup>
1							
2							
3			19,944				
4			19,126				
5			19,503				
6		50,658	49,799				
			53,305				

#	Criminally involved rate/percentage <sup>c</sup>	Not criminally involved denominator	Not criminally involved numerator or rate/percentage <sup>c</sup>	New model denominator <sup>e</sup>	New model numerator or count <sup>e</sup>	New model rate/percentage <sup>c,e</sup>
7			663 693 838 10040			
8			10312 11318 964			
9			1014 1050 227			
10			211 288 122			
11			120 175 10,881			
12			10,729 10,973			
36						
13						
14						
15						



#	Criminally involved rate/percentage <sup>c</sup>	Not criminally involved denominator	Not criminally involved numerator or	Not criminally involved rate/percentage <sup>c</sup>	New model denominator <sup>e</sup>	New model numerator or count <sup>e</sup>	New model rate/percentage <sup>c,e</sup>
18							#DIV/0!
19							#DIV/0!
20							#DIV/0!
21							#DIV/0!
22							#DIV/0!
16							#DIV/0!
							#DIV/0!
17(1)							#DIV/0!
							#DIV/0!
17(2)							#DIV/0!
Q1							

#	Criminally involved rate/percentage <sup>c</sup>	Not criminally involved denominator	Not criminally involved numerator or rate/percentage <sup>c</sup>	New model denominator <sup>e</sup>	New model numerator or count <sup>e</sup>	New model rate/percentage <sup>c,e</sup>
Q2						
Q3						
23			2,270			#DIV/0!
			2,150			#DIV/0!
			2,531			#DIV/0!
			1,225			#DIV/0!
24			1,204			#DIV/0!
			1,409			#DIV/0!
25						
26						
27						
28						#DIV/0!
29						
30						#DIV/0!
31						#DIV/0!
32						
33						#DIV/0!
34						
35						
Add ro						

Medicaid Section 1115 SUD Demonstration Monitoring Protocol - Planned metrics  
 State  
 Demonstration Name  
 Submitted on

New Mexico  
 Centennial Care 2.0 1115 Medicaid Demonstration  
 5/30/2020

#	Metric name	Metric description
1	Assessed for SUD Treatment Needs Using a Standardized Screening Tool	Number of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement period
2	Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period but not in the three months before the measurement period
3	Medicaid Beneficiaries with SUD Diagnosis (monthly)	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 11 months before the measurement period
4	Medicaid Beneficiaries with SUD Diagnosis (annually)	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 12 months before the measurement period
5	Medicaid Beneficiaries Treated in an IMD for SUD	Number of beneficiaries with a claim for residential or inpatient treatment for SUD in IMDs during the measurement period
6	Any SUD Treatment	Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period
7	Early Intervention	Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period
8	Outpatient Services	Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period
9	Intensive Outpatient and Partial Hospitalization Services	Number of unique beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period
10	Residential and Inpatient Services	Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period

Medicaid Section 1115 SUD Demonstration Monitoring Protocol - Planned metrics  
State  
Demonstration Name  
Submitted on

New Mexico  
Centennial Care 2.0 1115 Medicaid Demonstration  
5/30/2020

#	Metric name	Metric description
11	Withdrawal Management	Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period
12	Medication Assisted Treatment	Number of beneficiaries who have a claim for MAT for SUD during the measurement period
36	Average Length of Stay in IMDs	The average length of stay for beneficiaries discharged from IMD inpatient or residential treatment for SUD during the measurement period
13	SUD Provider Availability	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period
14	SUD Provider Availability - MAT	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period and who meet the standards to provide buprenorphine or methadone as part of MAT

Medicaid Section 1115 SUD Demonstration Monitoring Protocol - Planned metrics  
 State  
 Demonstration Name  
 Submitted on

New Mexico  
 Centennial Care 2.0 1115 Medicaid Demonstration  
 5/30/2020

#	Metric name	Metric description
15	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure]	<p>Percentage of beneficiaries with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ul style="list-style-type: none"> <li>• Initiation of AOD Treatment—percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or MAT within 14 days of the diagnosis</li> <li>• Engagement of AOD Treatment—percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit</li> </ul> <p>The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.</p>
18	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) [PQA, NQF #2940; Medicaid Adult Core Set]	Percentage of beneficiaries age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis or in hospice are excluded.
19	Use of Opioids from Multiple Providers in Persons Without Cancer [PQA; NQF #2950]	The percentage of individuals ≥18 years of age who received prescriptions for opioids from ≥4 prescribers AND ≥4 pharmacies within ≤180 days.
20	Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer [PQA, NQF #2951]	The percentage of individuals ≥18 years of age who received prescriptions for opioids with an average daily dosage of ≥90 morphine milligram equivalents (MME) AND who received prescriptions for opioids from ≥4 prescribers AND ≥4 pharmacies.



Medicaid Section 1115 SUD Demonstration Monitoring Protocol - Planned metrics  
 State  
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New Mexico  
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 5/30/2020

#	Metric name	Metric description
21	Concurrent Use of Opioids and Benzodiazepines (COB-AD) [PQA]	Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Patients with a cancer diagnosis or in hospice are excluded.
22	Continuity of Pharmacotherapy for Opioid Use Disorder [USC; NQF #3175]	Percentage of adults in the denominator with pharmacotherapy for OUD who have at least 180 days of continuous treatment
16	SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge [Joint Commission; NQF #1664]	<p>SUB-3 rate: Patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment.</p> <p>SUB-3a rate: Patients who are identified with alcohol or drug disorder who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment.<sup>b</sup></p> <p>Percentage of ED visits for beneficiaries who have a principal diagnosis of AOD abuse or dependence and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported:</p> <ul style="list-style-type: none"> <li>- Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).</li> <li>- Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).</li> </ul>
17(1)	Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) [NCQA; NQF #2605; Medicaid Adult Core Set; Adjusted HEDIS measure] <sup>b</sup>	

Medicaid Section 1115 SUD Demonstration Monitoring Protocol - Planned metrics  
 State  
 Demonstration Name  
 Submitted on

New Mexico  
 Centennial Care 2.0 1115 Medicaid Demonstration  
 5/30/2020

#	Metric name	Metric description
17(2)	Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF #2605; Medicaid Adult Core Set; Adjusted HEDIS measure] <sup>c</sup>	Percentage of ED visits for beneficiaries who have a principal diagnosis of mental illness and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported: - Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). - Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
Q1	PDMP checking by provider type;	Percentage of providers checking PDMP by provider type (number of PDMP users, number of checks)
Q2	Project ECHO provider training on pain management	Number of providers trained on pain management through Project ECHO and number of training sessions held
Q3	Access to additional services using Provider/Resource directory - connecting primary care to SUD service offerings	Number of providers and resources managed in provider/resource directory; accuracy of info
23	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period
24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	Total number of inpatient stays per 1,000 beneficiaries in the measurement period
25	Readmissions Among Beneficiaries with SUD	The rate of all-cause readmissions during the measurement period among beneficiaries with SUD.
26	Overdose Deaths (count)	Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).

Medicaid Section 1115 SUD Demonstration Monitoring Protocol - Planned metrics  
 State  
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New Mexico  
 Centennial Care 2.0 1115 Medicaid Demonstration  
 5/30/2020

#	Metric name	Metric description
27	Overdose Deaths (rate)	Rate of overdose deaths during the measurement period among adult Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).
28	SUD Spending	Total Medicaid SUD spending during the measurement period.
29	SUD Spending Within IMDs	Total Medicaid SUD spending on residential or inpatient treatment within IMDs during the measurement period
30	Per Capita SUD Spending	Per capita SUD spending during the measurement period
31	Per Capita SUD Spending Within IMDs	Per capita SUD spending within IMDs during the measurement period
32	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD (AAP) [Adjusted HEDIS measure]	The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period.
33	Grievances Related to SUD Treatment Services	Number of grievances filed during the measurement period that are related to SUD treatment services
34	Appeals Related to SUD Treatment Services	Number of appeals filed during the measurement period that are related to SUD treatment services
35	Critical Incidents Related to SUD Treatment Services	Number of critical incidents filed during the measurement period that are related to SUD treatment services

*Add rows for any additional state-identified metrics*

<sup>a</sup>There are no CMS-provided metrics related to milestone 2 or milestone 3.

**Standard information on CMS-provided metrics**

#	Milestone or reporting topic	Metric type	Reporting category	Data source	Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)
1	Assessment of need and qualification for SUD treatment services	CMS-constructed	Other monthly and quarterly metric	Medical record review or claims	Month	Quarterly	Recommended	
2	Assessment of need and qualification for SUD treatment services	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Recommended	
3	Assessment of need and qualification for SUD treatment services	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	
4	Assessment of need and qualification for SUD treatment services	CMS-constructed	Other annual metric	Claims	Year	Annually	Required	
5	Assessment of need and qualification for SUD treatment services	CMS-constructed	Other annual metric	Claims	Year	Annually	Required	
6	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	
7	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	
8	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	
9	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	
10	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	

**Standard information on CMS-provided metrics**

#	Milestone or reporting topic	Metric type	Reporting category	Data source	Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)
11	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	
12	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	
36	Milestone 1	CMS-constructed	Other annual metric	Claims; State-specific IMD database	Year	Annually	Required	
13	Milestone 4	CMS-constructed	Other annual metric	Provider enrollment database; Claims Provider enrollment database	Year	Annually	Required	
14	Milestone 4	CMS-constructed	Other annual metric	Provider enrollment database; Claims; SAMHSA datasets	Year	Annually	Required	

**Standard information on CMS-provided metrics**

#	Milestone or reporting topic	Metric type	Reporting category	Data source	Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)
15	Milestone 5	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Required	
18	Milestone 5	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Required	
19	Milestone 5	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Recommended	
20	Milestone 5	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Recommended	



**Standard information on CMS-provided metrics**

#	Milestone or reporting topic	Metric type	Reporting category	Data source	Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)
21	Milestone 5	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Required	
22	Milestone 5	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Required	
16	Milestone 6	Established quality measure	Annual metric that is an established quality measure	Medical record review or claims	Year	Annually	Recommended	
17(1)	Milestone 6	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Required	

**Standard information on CMS-provided metrics**

#	Milestone or reporting topic	Metric type	Reporting category	Data source	Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)
17(2)	Milestone 6	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Required	
Q1	Health IT	State-identified	Other annual metric	NM Board of Pharmacy	Year	Annually	Required	
Q2	Health IT	State-identified	Other annual metric	UNM Project ECHO	Year	Annually	Required	
Q3	Health IT	State-identified	Other annual metric	Medicaid MCOs	Year	Annually	Required	
23	Other SUD-related metrics	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	
24	Other SUD-related metrics	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	
25	Other SUD-related metrics	CMS-constructed	Other annual metric	Claims	Year	Annually	Required	
26	Other SUD-related metrics	CMS-constructed	Other annual metric	State data on cause of death	Year	Annually	Required	

**Standard information on CMS-provided metrics**

#	Milestone or reporting topic	Metric type	Reporting category	Data source	Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)
27	Other SUD-related metrics	CMS-constructed	Other annual metric	State data on cause of death	Year	Annually	Required	
28	Other SUD-related metrics	CMS-constructed	Other annual metric	Claims	Year	Annually	Recommended	
29	Other SUD-related metrics	CMS-constructed	Other annual metric	Claims	Year	Annually	Recommended	
30	Other SUD-related metrics	CMS-constructed	Other annual metric	Claims	Year	Annually	Recommended	
31	Other SUD-related metrics	CMS-constructed	Other annual metric	Claims	Year	Annually	Recommended	
32	Other SUD-related metrics	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Required	
33	Other SUD-related metrics	CMS-constructed	Grievances and appeals	Administrative records	Quarter	Quarterly	Recommended	
34	Other SUD-related metrics	CMS-constructed	Grievances and appeals	Administrative records	Quarter	Quarterly	Recommended	
35	Other SUD-related metrics	CMS-constructed	Grievances and appeals	Administrative records	Quarter	Quarterly	Recommended	

Add row

<sup>a</sup>There

	Baseline, annual goals, and demonstration target			Align
#	Baseline Reporting Period (MM/DD/YYYY- -MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)
1				
2				
3	01/01/2019-03/31/2019	Increase over baseline	Year over year increase	
4	01/01/2019-12/31/2019	Increase over baseline	Year over year increase	
5	01/01/2019-12/31/2019	Increase over baseline	Year over year increase	
6	01/01/2019-03/31/2019	Increase over baseline	Year over year increase	
7	01/01/2019-03/31/2019	Increase over baseline	Year over year increase	
8	01/01/2019-03/31/2019	Increase over baseline	Year over year increase	
9	01/01/2019-03/31/2019	Increase over baseline	Year over year increase	
10	01/01/2019-03/31/2019	Increase over baseline	Year over year increase	

#	Baseline, annual goals, and demonstration target			Align
	Baseline Reporting Period (MM/DD/YYYY- -MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)
11	01/01/2019-03/31/2019	Increase over baseline	Year over year increase	
12	01/01/2019-03/31/2019	Increase over baseline	Year over year increase	
36	01/01/2019-12/31/2019	Maintain	Maintain	
13	01/01/2019-12/31/2019	Increase over baseline	Year over year increase	
14	01/01/2019-12/31/2019	Increase over baseline	Year over year increase	

	Baseline, annual goals, and demonstration target			Align
#	Baseline Reporting Period (MM/DD/YYYY- -MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)

15

01/01/2019-12/31/2019      Increase over baseline      Year over year increase

18

01/01/2019-12/31/2019      Decrease from baseline      Year over year decrease

19

Decrease from baseline      Year over year decrease

20

Decrease from baseline      Year over year decrease



	Baseline, annual goals, and demonstration target			Align
#	Baseline Reporting Period (MM/DD/YYYY- -MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)
21	01/01/2019-12/31/2019	Decrease from baseline	Year over year decrease	
22	01/01/2019-12/31/2019	Increase over baseline	Year over year increase	
16				
17(1)	01/01/2019-12/31/2019	Increase over baseline	Year over year increase	

	Baseline, annual goals, and demonstration target			Align
#	Baseline Reporting Period (MM/DD/YYYY- -MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)

17(2)

	01/01/2019-12/31/2019	Increase over baseline	Year over year increase	
Q1	01/01/2019-12/31/2019	Increase over baseline	Year over year increase	
Q2	01/01/2019-12/31/2019	Increase over baseline	Year over year increase	
Q3	01/01/2019-12/31/2019	Increase over baseline	Year over year increase	
23	01/01/2019-03/31/2019	Decrease from baseline	Year over year decrease	
24	01/01/2019-03/31/2019	Increase over baseline	Year over year increase	
25	01/01/2019-03/31/2019	Decrease from baseline	Year over year decrease	
26	01/01/2019-03/31/2019	Decrease from baseline	Year over year decrease	

#	Baseline, annual goals, and demonstration target			Align
	Baseline Reporting Period (MM/DD/YYYY- -MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)
27	01/01/2019-12/31/2019	Decrease from baseline	Year over year decrease	
28				
29				
30				
31				
32	01/01/2019-12/31/2019	Increase over baseline	Year over year increase	
33				
34				
35				
<i>Add row</i>				

<sup>a</sup>There

	Compliance with CMS-provided technical specifications		
#	Explanation of any deviations from the CMS-provided specifications (different data source, definition, codes, target population, etc.)	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)	Name of first report in which the metric will be submitted (Format: DY1 Q3 report)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

ment with CMS-provided technical specifications			
#	Explanation of any deviations from the CMS-provided specifications (different data source, definition, codes, target population, etc.)	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)	Name of first report in which the metric will be submitted (Format: DY1 Q3 report)

11

12

36

13

14

	ment with CMS-provided technical specifications		
#	Explanation of any deviations from the CMS-provided specifications (different data source, definition, codes, target population, etc.)	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)	Name of first report in which the metric will be submitted (Format: DY1 Q3 report)

15

18

19

20

	ment with CMS-provided technical specifications	
#	Explanation of any deviations from the CMS-provided specifications (different data source, definition, codes, target population, etc.)	<div data-bbox="1144 553 1539 664">Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)</div> <div data-bbox="1592 553 2013 664">Name of first report in which the metric will be submitted (Format: DY1 Q3 report)</div>

21

22

16

17(1)



	Compliance with CMS-provided technical specifications		
#	Explanation of any deviations from the CMS-provided specifications (different data source, definition, codes, target population, etc.)	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)	Name of first report in which the metric will be submitted (Format: DY1 Q3 report)

17(2)

Q1

Q2

Q3

23

24

25

26

Compliance with CMS-provided technical specifications			
#	Explanation of any deviations from the CMS-provided specifications (different data source, definition, codes, target population, etc.)	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)	Name of first report in which the metric will be submitted (Format: DY1 Q3 report)
27			
28			
29			
30			
31			
32			
33			
34			
35			
<i>Add row</i>			

<sup>a</sup>There

**Initial reporting date**

#	Submission date of first report in which the metric will be reported (MM/DD/YYYY)	State plans to phase in reporting (Y/N)	Explanation of any plans to phase in reporting over time
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Initial reporting date**

#	Submission date of first report in which the metric will be reported (MM/DD/YYYY)	State plans to phase in reporting (Y/N)	Explanation of any plans to phase in reporting over time
11			
12			
36			
13			
14			

**Initial reporting date**

#	Submission date of first report in which the metric will be reported (MM/DD/YYYY)	State plans to phase in reporting (Y/N)	Explanation of any plans to phase in reporting over time
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15

18

19

20

**Initial reporting date**

#	Submission date of first report in which the metric will be reported (MM/DD/YYYY)	State plans to phase in reporting (Y/N)	Explanation of any plans to phase in reporting over time
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21

22

16

17(1)

**Initial reporting date**

#	Submission date of first report in which the metric will be reported (MM/DD/YYYY)	State plans to phase in reporting (Y/N)	Explanation of any plans to phase in reporting over time
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17(2)

Q1

Q2

Q3

23

24

25

26



**Initial reporting date**

#	Submission date of first report in which the metric will be reported (MM/DD/YYYY)	State plans to phase in reporting (Y/N)	Explanation of any plans to phase in reporting over time
27			
28			
29			
30			
31			
32			
33			
34			
35			
<i>Add row</i>			

<sup>a</sup>There