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)
Report Name   DY7Q4
Reporting Period   Q3
Calendar Dates for Reporting Period   07/01/2020-09/30/2020
Submitted on   3/31/2021

Substance Use Disorder (SUD) Metrics[a]

#	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 2	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 2	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 2	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 2	Y

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Substance Use Disorder (SUD) Metrics[a]

#	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)
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 2	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 2	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 2	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 2	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 2	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 2	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 2	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 2	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 2	Y
15	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure][f]	Percentage of beneficiaries with a new episode of alcohol or other drug (AOD)AOD abuse or dependence who received the following: • 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 • 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 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.	Milestone 5	Annual metric that is an established quality measure	Established quality measure			
		• Initiation of AOD Treatment - Alcohol abuse or dependence				Claims	Version 2	Y
		• Initiation of AOD Treatment - Opioid abuse or dependence				Claims	Version 2	Y
		• Initiation of AOD Treatment - Other drug abuse or dependence				Claims	Version 2	Y
		• Initiation of AOD Treatment - Total AOD abuse of dependence				Claims	Version 2	Y
		• Engagement of AOD Treatment - Alcohol abuse or dependence				Claims	Version 2	Y
		• Engagement of AOD Treatment - Opioid abuse or dependence				Claims	Version 2	Y
		•Engagement of AOD Treatment - Other drug abuse or dependence				Claims	Version 2	Y

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Substance Use Disorder (SUD) Metrics[a]

#	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)
		• Engagement of AOD Treatment - Total AOD abuse of dependence				Claims	Version 2	Y
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.	Milestone 5	Annual metric that is an established quality measure	Established quality measure	Claims	Version 2	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 2	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 2	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]	**SUB-3**: 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.	Milestone 6	Annual metric that is an established quality measure	Established quality measure	Medical record review or claims		
		SUB-3a: 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.				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][f,g]	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:	Milestone 6	Annual metric that is an established quality measure	Established quality measure			
		• 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).				Claims	Version 2	Y
		• 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).				Claims	Version 2	Y
17(2)	Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF #2605; Medicaid Adult Core Set; Adjusted HEDIS measure][f,h]	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:	Milestone 6	Annual metric that is an established quality measure	Established quality measure			
		• Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).				Claims	Version 2	Y
		• Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)				Claims	Version 2	Y
Q1	*Insert selected metric(s) related to key health IT question 1*		Health IT		State-identified			

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Substance Use Disorder (SUD) Metrics[a]

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Q2	*Insert selected metric(s) related to key health IT question 2*		Health IT		State-identified			
Q3	*Insert selected metric(s) related to key health IT question 3*		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 2	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 2	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 2	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 2	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 2	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][f]	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 2	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		
Add rows for any additional state-identified metrics								

Subs

#	Describe any deviations from CMS-provided specifications	Reporting issue (Y/N) (further describe in data and reporting issues tab)	Measurement period (month, quarter, year[b])	Dates covered by measurement period (MM/DD/YYYY-	Demonstration denominator	Demonstration numerator or count	Demonstration rate/percentage[c]	Model denominator[d]	Model numerator or count[d]	Model rate/percentage[c,d]	OUD subpopulation denominator
1			Month 1								
			Month 2								
			Month 3								
2			Month 1								
			Month 2								
			Month 3								
3			Month 1	7/1/2020 - 7/31/2020		21,612					
			Month 2	8/1/2020 - 8/31/2020		21,616					
		N	Month 3	9/1/2020 - 9/30/2020		21,628					
4		N	Year								
5		N	Year								
6			Month 1	7/1/2020 - 7/31/2020		21,525			21,525		
			Month 2	8/1/2020 - 8/31/2020		21,535			21,535		
		N	Month 3	9/1/2020 - 9/30/2020		21,542			21,542		

Subs

#	Describe any deviations from CMS-provided specifications	Reporting issue (Y/N) (further describe in data and reporting issues tab)	Measurement period (month, quarter, year[b])	Dates covered by measurement period (MM/DD/YYYY-	Demonstration denominator	Demonstration numerator or count	Demonstration rate/percentage[c]	Model denominator[d]	Model numerator or count[d]	Model rate/percentage[c,d]	OUD subpopulation denominator
7			Month 1	7/1/2020 - 7/31/2020		807			807		
			Month 2	8/1/2020 - 8/31/2020		867			867		
		N	Month 3	9/1/2020 - 9/30/2020		897			897		
8			Month 1	7/1/2020 - 7/31/2020		10,170			10,170		
			Month 2	8/1/2020 - 8/31/2020		10,316			10,316		
		N	Month 3	9/1/2020 - 9/30/2020		10,384			10,384		
9			Month 1	7/1/2020 - 7/31/2020		720			720		
			Month 2	8/1/2020 - 8/31/2020		774			774		
		N	Month 3	9/1/2020 - 9/30/2020		761			761		
10			Month 1	7/1/2020 - 7/31/2020		227			227		
			Month 2	8/1/2020 - 8/31/2020		207			207		
		N	Month 3	9/1/2020 - 9/30/2020		253			253		
11			Month 1	7/1/2020 - 7/31/2020		51			51		
			Month 2	8/1/2020 - 8/31/2020		42			42		
		N	Month 3	9/1/2020 - 9/30/2020		68			68		
12			Month 1	7/1/2020 - 7/31/2020		11,010					
			Month 2	8/1/2020 - 8/31/2020		10,815					
		N	Month 3	9/1/2020 - 9/30/2020		10,826					
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								

#	Describe any deviations from CMS-provided specifications	Reporting issue (Y/N) (further describe in data and reporting issues tab)	Measurement period (month, quarter, year[b])	Dates covered by measurement period (MM/DD/YYYY-	Demonstration denominator	Demonstration numerator or count	Demonstration rate/percentage[c]	Model denominator[d]	Model numerator or count[d]	Model rate/percentage[c,d]	OUD subpopulation denominator
		N	Year								
18											
		N	Year				#DIV/0!			#DIV/0!	
19											
			Year				#DIV/0!			#DIV/0!	
20											
			Year				#DIV/0!			#DIV/0!	
21			N	Year				#DIV/0!			#DIV/0!	
22			N	Year				#DIV/0!			#DIV/0!	
16											
			Year				#DIV/0!			#DIV/0!	
			Year				#DIV/0!			#DIV/0!	
17(1)											
		N	Year				#DIV/0!			#DIV/0!	
		N	Year				#DIV/0!			#DIV/0!	
17(2)											
		N	Year				#DIV/0!			#DIV/0!	
Q1		N	Year				#DIV/0!			#DIV/0!	

Subs

#	Describe any deviations from CMS-provided specifications	Reporting issue (Y/N) (further describe in data and reporting issues tab)	Measurement period (month, quarter, year[b])	Dates covered by measurement period (MM/DD/YYYY-	Demonstration denominator	Demonstration numerator or count	Demonstration rate/percentage[c]	Model denominator[d]	Model numerator or count[d]	Model rate/percentage[c,d]	OUD subpopulation denominator
Q2											
Q3											
23			Month 1	07/01/2020 - 07/31/2020	692,340	4,284	6.19			#DIV/0!	
			Month 2	08/01/2020 - 08/31/2020	702,449	4,176	5.94			#DIV/0!	
		N	Month 3	09/01/2020 - 09/30/2020	709,761	4,037	5.69			#DIV/0!	
24			Month 1	7/1/2020 - 7/31/2020	717,917	2,044	2.85			#DIV/0!	
			Month 2	8/1/2020 - 8/31/2020	725,889	1,956	2.69			#DIV/0!	
		N	Month 3	9/1/2020 - 9/30/2020	731,922	1,978	2.70			#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								
			Quarter								

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#	OUD subpopulation numerator or	OUD subpopulation rate/percentage[c]	Age < 18 denominator	Age < 18 numerator or count	Age <18 rate/percentage[c]	Age 18-64 denominator	Agew 18-64 numerator or count	Age 18-64 rate/percentage[c]	Age 65+ denominator	Age 65+ numerator or count	Age 65+ rate/percentage[c]	Dual eligible (Medicare-Medicaid eligible)	Dual eligible (Medicare-Medicaid eligible) numerator or
1													
2													
3				559			20,617			436			1,255
				578			20,598			440			1,216
				552			20,618			458			1,225
4													
5													
6				558			20555			412			1,218
				576			20545			414			1,177
				552			20561			429			1,179

#	OUD subpopulation numerator or	OUD subpopulation rate/percentage[c]	Age < 18 denominator	Age < 18 numerator or count	Age <18 rate/percentage[c]	Age 18-64 denominator	Agew 18-64 numerator or count	Age 18-64 rate/percentage[c]	Age 65+ denominator	Age 65+ numerator or count	Age 65+ rate/percentage[c]	Dual eligible (Medicare-Medicaid eligible)	Dual eligible (Medicare-Medicaid eligible) numerator or
	119			34			736			37			59
7	128			37			777			53			87
	112			35			814			48			77
	4,587			281			9,748			141			470
8	4,652			319			9,837			160			488
	4,666			285			9,939			160			490
	187			15			702			3			11
9	199			18			755			1			13
	206			17			743			1			9
10				1			216			10			
				2			196			9			
				1			244			8			
11				0			51			0			
				0			42			0			
				0			68			0			
				35			10,879			96			325
12				37			10,685			93			322
				30			10,700			96			307
36		#DIV/0!											
13													
14													
15													

Subs

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

#	OUD subpopulation numerator or	OUD subpopulation rate/percentage[c]	Age < 18 denominator	Age < 18 numerator or count	Age <18 rate/percentage[c]	Age 18-64 denominator	Agew 18-64 numerator or count	Age 18-64 rate/percentage[c]	Age 65+ denominator	Age 65+ numerator or count	Age 65+ rate/percentage[c]	Dual eligible (Medicare-Medicaid eligible)	Dual eligible (Medicare-Medicaid eligible) numerator or
Q2													
Q3		#DIV/0!	293,651	134	0.46	374,093	4,076	10.90	24,596	74	3.01		
23		#DIV/0!	295,974	120	0.41	381,874	3,992	10.45	24,601	64	2.60		
		#DIV/0!	297,405	120	0.40	387,498	3,832	9.89	24,858	85	3.42		
		#DIV/0!	299,307	112	0.37	393,461	1,758	4.47	25,149	174	6.92		
24		#DIV/0!	300,857	88	0.29	399,590	1,707	4.27	25,442	161	6.33		
		#DIV/0!	301,896	103	0.34	404,280	1,707	4.22	25,746	168	6.53		
25													
26													
27		#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!		
28													
29													
30													
31													
32													
33													
34													
35													

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Subs...

#	Dual eligible (Medicare-Medicaid eligible) rate/percentage[c]	Medicaid only denominator	Medicaid only numerator or count	Medicaid only rate/percentage[c]	Pregnant denominator	Pregnant numerator or count	Pregnant rate/percentage[c]	Not pregnant denominator	Not pregnant numerator or count	Not pregnant rate/percentage[c]	Criminally involved denominator	Criminally involved numerator or count	Criminally involved rate/percentage[c]
1													
2													
3			20,357 20,400 20,403			377 380 375			21,235 21,236 21,253			111 120 99	
4													
5													
6			20,307 20,358 20,363			373 380 375			21,152 21,155 21,167			110 120 98	

#	Dual eligible (Medicare-Medicaid eligible) rate/percentage[c]	Medicaid only denominator	Medicaid only numerator or count	Medicaid only rate/percentage[c]	Pregnant denominator	Pregnant numerator or count	Pregnant rate/percentage[c]	Not pregnant denominator	Not pregnant numerator or count	Not pregnant rate/percentage[c]	Criminally involved denominator	Criminally involved numerator or count	Criminally involved rate/percentage[c]
7			748			20			787			0	
			780			21			846			2	
			820			17			880			0	
8			9,700			174			9996			57	
			9,828			192			10124			75	
			9,894			192			10192			51	
9			709			12			708			5	
			761			8			766			6	
			752			18			743			9	
10			227			0			227			1	
			207			3			204			0	
			253			0			253			3	
11			51			0			51			0	
			42			3			42			0	
			68			0			68			0	
12			10,685			172			10,838			57	
			10,493			183			10,632			59	
			10,519			173			10,653			49	
36													
13													
14													
15													

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

Subs

#	Dual eligible (Medicare-Medicaid eligible) rate/percentage[c]	Medicaid only denominator	Medicaid only numerator or count	Medicaid only rate/percentage[c]	Pregnant denominator	Pregnant numerator or count	Pregnant rate/percentage[c]	Not pregnant denominator	Not pregnant numerator or count	Not pregnant rate/percentage[c]	Criminally involved denominator	Criminally involved numerator or count	Criminally involved rate/percentage[c]
Q2													
Q3													
23													
24			2,044						2,044				
			1,956						1,956				
			1,978						1,978				
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													

Add ro

Subs

#	Not criminally involved denominator	Not criminally involved numerator or	Not criminally involved rate/percentage[e]	New model denominator[e]	New model numerator or count[e]	New model rate/percentage[c,e]
1						
2						
3		21,501 21,496 21,529				
4						
5						
6		21,415 21,415 21,444				

Subs

#	Not criminally involved denominator	Not criminally involved numerator or	Not criminally involved rate/percentage[e]	New model denominator[e]	New model numerator or count[e]	New model rate/percentage[c,e]
7		807				
		865				
		897				
8		10113				
		10241				
		10333				
9		715				
		768				
		752				
10		226				
		207				
		250				
11		51				
		42				
		68				
12		10,953				
		10,756				
		10,777				
36						
13						
14						
15						

Subs

#	Not criminally involved denominator	Not criminally involved numerator or	Not criminally involved rate/percentage[c]	New model denominator[e]	New model numerator or count[e]	New model rate/percentage[c,e]
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)						
Q1						

Subs

#	Not criminally involved denominator	Not criminally involved numerator or	Not criminally involved rate/percentage[c]	New model denominator[e]	New model numerator or count[e]	New model rate/percentage[c,e]
Q2						
Q3						
23						#DIV/0!
						#DIV/0!
						#DIV/0!
		2,044				#DIV/0!
24		1,956				#DIV/0!
		1,978				#DIV/0!
25						
26						
27						#DIV/0!
28						
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	New Mexico
Demonstration Name	Centennial Care 2.0 1115 Medicaid Demonstration
Submitted on	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   New Mexico
Demonstration Name   Centennial Care 2.0 1115 Medicaid Demonstration
Submitted on   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	New Mexico
Demonstration Name	Centennial Care 2.0 1115 Medicaid Demonstration
Submitted on	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]	Percentage of beneficiaries with a new episode of alcohol or other drug (AOD)AOD abuse or dependence who received the following: • 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 • 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 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.
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   New Mexico
Demonstration Name   Centennial Care 2.0 1115 Medicaid Demonstration
Submitted on   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]	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. 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.[b]
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][b]	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: - 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). - 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).

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
17(2)	Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF #2605; Medicaid Adult Core Set; Adjusted HEDIS measure][c]	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   New Mexico
Demonstration Name   Centennial Care 2.0 1115 Medicaid Demonstration
Submitted on   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

[a]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	

#	Milestone or reporting topic	Metric type	Reporting category	Data source	Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)
	Standard information on CMS-provided metrics							
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	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

[a]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	
	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 and **Align...**

#	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)				
	01/01/02019-12/31/2019	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				

Add ro

[a]There

	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)
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.)	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)
21			
22			
16			
17(1)			

	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)
17(2)			
Q1			
Q2			
Q3			
23			
24			
25			
26			

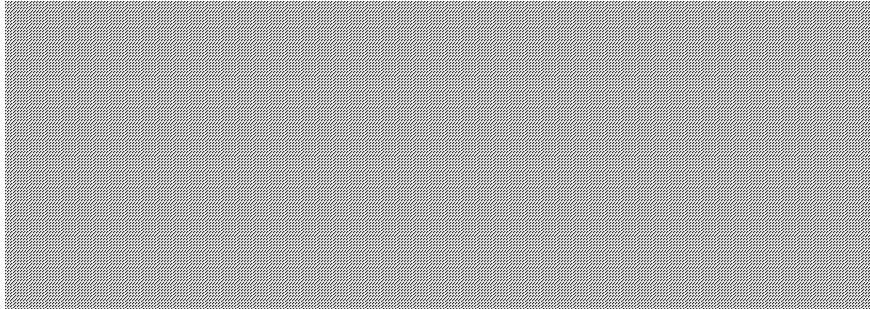|	ment with CMS-provided technical specifications		
#	Explanation of any deviations from the CMS-provided specifications (different data source, definition, codes, target population, etc.)	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)	Name of first report in which the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

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[a]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
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
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**
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			

Add ro

[a]There