

Medicaid Section 1115 SUD Demonstrations Report (Part A) - State

Demonstration Name

SUD Demonstration Year (DY)

(Format: DY1, DY2, DY3, etc.)

Calendar Dates for SUD DY

(Format: MM/DD/YYYY - MM/DD/YYYY)

SUD Reporting Period

(Format: Q1, Q2, Q3, Q4)

Calendar Dates for SUD Reporting Period (Format:

MM/DD/YYYY - MM/DD/YYYY)

### Substance Use Disorder (SUD) Metrics<sup>a</sup>

#	Metric name
<i>EXAMPLE: 1 (Do not delete or edit this row)</i>	<i>EXAMPLE: Assessed for SUD Treatment Needs Using a Standardized Screening Tool</i>
1	Assessed for SUD Treatment Needs Using a Standardized Screening Tool
2	Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis
3	Medicaid Beneficiaries with SUD Diagnosis (monthly)

4 Medicaid Beneficiaries with SUD Diagnosis (annually)

5 Medicaid Beneficiaries Treated in an IMD for SUD

6 Any SUD Treatment

7 Early Intervention

8 Outpatient Services

9 Intensive Outpatient and Partial Hospitalization Services

10 Residential and Inpatient Services

11

Withdrawal Management

12

Medication-Assisted Treatment (MAT)

13

SUD Provider Availability

14

SUD Provider Availability - MAT

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>

- 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]
- 17(1) Follow-up after Emergency Department Visit for Alcohol or  
Other Drug Dependence (FUA-AD)  
[NCQA; NQF #3488; Medicaid Adult Core Set; Adjusted  
HEDIS measure]<sup>f,g</sup>
- 17(2) Follow-up after Emergency Department Visit for Mental  
Illness (FUM-AD)  
[NCQA; NQF #0576; Medicaid Adult Core Set; Adjusted  
HEDIS measure]<sup>f,h</sup>
- 18 Use of Opioids at High Dosage in Persons Without Cancer  
(OHD-AD)  
[PQA, NQF #2940; Medicaid Adult Core Set]

19	Use of Opioids from Multiple Providers in Persons Without Cancer (OMP) [PQA; NQF #2950]
20	Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP) [PQA, NQF #2951]
21	Concurrent Use of Opioids and Benzodiazepines (COB-AD) [PQA, NQF #3389; Medicaid Adult Core Set]
22	Continuity of Pharmacotherapy for Opioid Use Disorder [USC; NQF #3175]
23	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries
24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries
25	Readmissions Among Beneficiaries with SUD
26	Overdose Deaths (count)
27	Overdose Deaths (rate)
28	SUD Spending
29	SUD Spending within IMDs
30	Per Capita SUD Spending
31	Per Capita SUD Spending within IMDs
32	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD [Adjusted HEDIS measure] <sup>f</sup>

33	Grievances Related to SUD Treatment Services
34	Appeals Related to SUD Treatment Services
35	Critical Incidents Related to SUD Treatment Services
36	Average Length of Stay in IMDs

Q1

*Project ECHO - OPIOID, ADDICTION, & PAIN ECHO*

Q2

*Online Provider Directories*

Q3

*MAT Continuity Models*

**State-specific metrics**

*Add rows for any additional state-specific metrics*

Note: Licensee and states must prominently display the following notice on any display of HEDIS Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] measures that are owned and copyrighted by the National Committee for Quality Assurance: “NCQA’s guidelines, do not establish a standard of medical care and have not been tested for accuracy. All data is provided “as is” without warranty of any kind. NCQA makes no representations, warranties, or endorsement about the quality of any organization or its services. NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflecting performance.”

The measure specification methodology used by CMS is different from NCQA’s methodology but has granted CMS permission to adjust. A calculated measure result (a “rate”) from the HEDIS Certification Program, and is based on adjusted HEDIS specifications, may not be calculated by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be reported as Unaudited HEDIS rates.”

<sup>a</sup> States should create a new metrics report for each reporting quarter

<sup>b</sup> For state-specific metrics, states should attest that they are reporting as specified in the report

<sup>c</sup> Report metrics that are one annual value for a demonstration year only in the report

<sup>d</sup> If applicable. See CMS-provided technical specifications manual

<sup>e</sup> Enter any state-specific subpopulations that will be reported after column AT; create

<sup>f</sup> Rates for these metrics reflect Uncertified, Unaudited HEDIS rates

<sup>g</sup> Rates 1 and 2 reported for Metric #17(1) correspond to rates 2 and 3 for Metric #17(2) for Metric #17(1) Disorder Demonstrations: Technical Specifications for Monitoring Metrics

<sup>h</sup> Rates 1 and 2 reported for Metric #17(2) correspond to rates 1 and 2 for Metric #17(1) Disorder Demonstrations: Technical Specifications for Monitoring Metrics

#### **Checks:**

Numerator in #4 should equal the denominator in #30

The denominator in #23 should equal the denominator in #24

Numerator in #27 should equal the numerator in #26

Numerator in #30 should equal the numerator in #28

Denominator in #31 should equal the numerator in #5

Numerator in #31 should equal the numerator in #29

Counts for a subpopulation (e.g. pregnant, not pregnant) should sum approximately to

Metrics (Version 5.0)

Utah

Utah 1115 Primary Care Network Demonstration Waiver

DY3

07/01/2019-06/30/2020

Q1

07/01/2019-09/30/2019

**Metric description**

*EXAMPLE:*

*Number of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement*

Number of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement period

Number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period but not in the three months before the measurement period

Number of beneficiaries who receive MAT or a SUD-related

treatment service with an associated SUD diagnosis during the measurement period and/or in the 11 months before the measurement period

Number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 12 months before the measurement period

Number of beneficiaries with a claim for residential or inpatient treatment for SUD in IMDs during the measurement period.

Number of beneficiaries enrolled in the measurement period receiving

any SUD treatment service, facility claim, or pharmacy claim during the measurement period

Number of beneficiaries who used early intervention services (such as

procedure codes associated with SBIRT) during the measurement period

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

Number of 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

Number of beneficiaries who use residential and/or inpatient services

for SUD during the measurement period

Number of beneficiaries who use withdrawal management services

(such as outpatient, inpatient, or residential) during the measurement period

Number of beneficiaries who have a claim for MAT for SUD during

the measurement period

The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period

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

Percentage of beneficiaries age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- Initiation of AOD Treatment—percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis
- Engagement of AOD Treatment—percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment 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.

- Initiation of AOD Treatment - Alcohol abuse or dependence
- Initiation of AOD Treatment - Opioid abuse or dependence
- Initiation of AOD Treatment - Other drug abuse or dependence

- Initiation of AOD Treatment - Total AOD abuse of dependence
- Engagement of AOD Treatment - Alcohol abuse or dependence
- Engagement of AOD Treatment - Opioid abuse or dependence
- Engagement of AOD Treatment - Other drug abuse or dependence
- Engagement of AOD Treatment - Total AOD abuse of dependence

**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.

**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.

Percentage of ED visits for beneficiaries age 18 and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence. Two rates are reported:

- Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).
- Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).

Percentage of ED visits for beneficiaries age 18 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:

- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
- 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 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, sickle cell disease diagnosis, or in hospice are excluded.

The percentage of individuals  $\geq 18$  years of age who received prescriptions for opioids from  $\geq 4$  prescribers AND  $\geq 4$  pharmacies within  $\leq 180$  days.

The percentage of individuals  $\geq 18$  years of age who received prescriptions for opioids with an average daily dosage of  $\geq 90$  morphine milligram equivalents (MME) AND who received prescriptions for opioids from  $\geq 4$  prescribers AND  $\geq 4$  pharmacies.

Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded.

Percentage of adults 18 years of age and older with pharmacotherapy for OUD who have at least 180 days of continuous treatment

Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period

Total number of inpatient stays per 1,000 beneficiaries in the measurement period

The rate of all-cause readmissions during the measurement period among beneficiaries with SUD.

Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. The state is encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).

Rate of overdose deaths during the measurement period among adult Medicaid beneficiaries living in a geographic area covered by the demonstration. The state is encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).

Total Medicaid SUD spending during the measurement period.

Total Medicaid SUD spending on inpatient/residential treatment within IMDs during the measurement period.

Per capita SUD spending during the measurement period

Per capita SUD spending within IMDs during the measurement period

The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period.

Number of grievances filed during the measurement period that are related to SUD treatment services

Number of appeals filed during the measurement period that are related to SUD treatment services

Number of critical incidents filed during the measurement period that are related to SUD treatment services

The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD.

Utah will work with the University of Utah's Project ECHO program on Opioid, Addiction & Pain sessions. Utah will contact all Medicaid SUD providers to make them aware of and to encourage them to participate in the Project ECHO sessions on Opioid, Addiction & Pain. Utah in partnership with the University of Utah, will measure the total number of monthly session participants attending the Opioid, Addiction & Pain sessions.

Prepaid Mental Health Plans (PMHP) will be required to implement online provider directories, updating annually to ensure that contact information is up to date and recipients are able to access care. Provider directories will include detailed contact information with language spoken. Utah will measure the percentage of PMHP's with an online provider directory.

Utah will track MAT continuity with and without behavioral counseling therapy. Utah will identify high and low performing treatment models for MAT. Utah will create an IT dashboard to display the results of the tracking system. This measurement will identify the number of tracking categories included in the IT dashboard (e.g. Type of Drug, Inclusion with Behavioral Counseling Therapy, Length of Treatment, etc.).



ity of Measure rates:

*are Healthcare Effectiveness Data and Information Set (HEDIS®) Insurance (NCQA). HEDIS measures and specifications are not clinical or potential applications. The measures and specifications are not warranties or endorsements about the quality of any product, test or services or requirements of a HEDIS measure or specification. NCQA makes no representation for a clinician who uses or reports performance measures and NCQA has no liability for performance under such measures and specifications.*

*methodology. NCQA has not validated the adjusted measure specifications for a HEDIS measure that has not been certified via NCQA's Measure Certification. A "HEDIS rate" until it is audited and designated reportable by NCQA shall be designated or referred to as "Adjusted, Uncertified,*

their monitoring protocol  
specified in the reporting schedule

new columns as needed

from Version 1.1 of the the Medicaid Section 1115 Substance Use

from Version 1.1 of the the Medicaid Section 1115 Substance Use

counts for the overall demonstration

Milestone or reporting topic	Reporting category	Metric type
<i>EXAMPLE:</i> <i>Assessment of need and qualification for SUD treatment services</i>	<i>EXAMPLE:</i> <i>Other monthly and quarterly metric</i>	<i>EXAMPLE:</i> <i>CMS-constructed</i>
Assessment of need and qualification for SUD treatment services	Other monthly and quarterly metric	CMS-constructed
Assessment of need and qualification for SUD treatment services	Other monthly and quarterly metric	CMS-constructed
Assessment of need and qualification for SUD treatment services	Other monthly and quarterly metric	CMS-constructed
SUD treatment services	quarterly metric	

Assessment of need and qualification for SUD treatment services

Other annual metric

CMS-constructed

Milestone 2

Other annual metric

CMS-constructed

Milestone 1

Other monthly and

CMS-constructed

quarterly metric

Milestone 1

Other monthly and  
quarterly metric

CMS-constructed

Milestone 1

Other monthly and  
quarterly metric

CMS-constructed

Milestone 4

Other annual metric

CMS-constructed

Milestone 4

Other annual metric

CMS-constructed

Milestone 6

Annual metric that is an  
established quality  
measure

Established quality  
measure

Milestone 6

Annual metric that is an established quality measure

Established quality measure

Milestone 6

Annual metric that is an established quality measure

Established quality measure

Milestone 6

Annual metric that is an established quality measure

Established quality measure

Milestone 5

Annual metric that is an established quality measure

Established quality measure

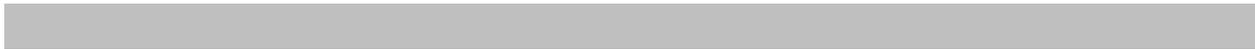
Milestone 5	Annual metric that is an established quality measure	Established quality measure
Milestone 5	Annual metric that is an established quality measure	Established quality measure
Milestone 5	Annual metric that is an established quality measure	Established quality measure
Milestone 1	Annual metric that is an established quality measure	Established quality measure
Milestone 5	Other monthly and quarterly metric	CMS-constructed
Other SUD-related metrics	Other monthly and quarterly metric	CMS-constructed
Milestone 6	Other annual metric	CMS-constructed
Other SUD-related metrics	Other annual metric	CMS-constructed
Milestone 5	Other annual metric	CMS-constructed
Other SUD-related metrics	Other annual metric	CMS-constructed
Other SUD-related metrics	Other annual metric	CMS-constructed
Other SUD-related metrics	Other annual metric	CMS-constructed
Other SUD-related metrics	Other annual metric	CMS-constructed
Other SUD-related metrics	Annual metric that is an established quality measure	Established quality measure

Other SUD-related metrics	Grievances and appeals	CMS-constructed
Other SUD-related metrics	Grievances and appeals	CMS-constructed
Other SUD-related metrics	Grievances and appeals	CMS-constructed
Milestone 2	Other annual metric	CMS-constructed

Health IT State-specific

Health IT State-specific

Health IT State-specific





Data source	Approved protocol indicates that reporting matches the CMS-provided technical specifications manual (Y/N) <sup>b</sup>
<i>EXAMPLE:</i> <i>Medical record review or claims</i>	<i>EXAMPLE:</i> <i>N</i>

Medical record review or claims	
Claims	
Claims	Y

Claims	Y
--------	---

Claims	Y
--------	---

Claims	Y
--------	---

Claims	Y
--------	---

Claims	Y
--------	---

Claims	Y
--------	---

Claims	Y
--------	---

Claims	Y
--------	---

Claims	Y
--------	---

Provider enrollment database; Claims	Y
--------------------------------------	---

Provider enrollment database, SAMHSA datasets	N
---	---

Claims	Y
--------	---

Medical record review or claims	
Claims	Y
Claims	Y
Claims	Y

Claims

Claims

Claims

Y

Claims

Y

Claims

Y

Claims

Y

Claims

Y

State data on cause of death

Y

State data on cause of death

Y

Claims

Claims

Claims

Claims

Claims

Y

Administrative records

Administrative records

Administrative records

Claims; State-specific  
IMD database Y

Administrative records

Administrative records

Claims





**Deviations from  
CMS-provided technical specifications manual in approved protocol**

**EXAMPLE:**

*The Department will use state-defined procedure codes (list specific codes) to calculate this metric.*

We believe a target for this metric is only meaningful when compared to metric #6. We propose a target based on metric #6 divided by metric #3.  
Utah will not create a "Model" reporting level as the State is not delivering SUD services through an IMD in different levels. The SUD demonstration will operate statewide and is equally available to all beneficiaries.  
Utah will not report a criminal justice subpopulation.

We believe a meaningful target cannot be defined for this metric independently.  
Utah will not create a "Model" reporting level as the State is not delivering SUD services through an IMD in different levels. The SUD demonstration will operate statewide and is equally available to all beneficiaries.

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We believe a target for this metric is only meaningful when compared to metric #3. We propose a target based on metric #6 divided by metric #3.  
Utah will not create a "Model" reporting level as the State is not delivering SUD services through an IMD in different levels. The SUD demonstration will operate statewide and is equally available to all beneficiaries.  
Utah will not report a criminal justice subpopulation.

We believe a meaningful target cannot be defined for this metric independently.  
Utah will not create a "Model" reporting level as the State is not delivering SUD services through an IMD in different levels. The SUD demonstration will operate statewide and is equally available to all beneficiaries.  
Utah will not report a criminal justice subpopulation.

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Utah will not report a criminal justice subpopulation.

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Utah will not create a "Model" reporting level as the State is not delivering SUD services through an IMD in different levels. The SUD demonstration will operate statewide and is equally available to all beneficiaries.  
Utah will not report a criminal justice subpopulation.

We believe a meaningful target cannot be defined for this metric independently.  
Utah will not create a "Model" reporting level as the State is not delivering SUD services through an IMD in different levels. The SUD demonstration will operate statewide and is equally available to all beneficiaries.  
Utah will not report a criminal justice subpopulation.

We believe a meaningful target cannot be defined for this metric independently.  
Utah will not create a "Model" reporting level as the State is not delivering SUD services through an IMD in different levels. The SUD demonstration will operate statewide and is equally available to all beneficiaries.  
Utah will not report a criminal justice subpopulation.

We believe a meaningful target cannot be defined for this metric independently.  
Utah will not create a "Model" reporting level as the State is not delivering SUD services through an IMD in different levels. The SUD demonstration will operate statewide and is equally available to all beneficiaries.  
Utah will not report a criminal justice subpopulation.

Utah will not create a "Model" reporting level as the State is not delivering SUD services through an IMD in different levels. The SUD demonstration will operate statewide and is equally available to all beneficiaries.

Utah will use claims data where MAT is dispensed for a list of Medicaid prescribers of MAT. We believe this is an efficient way of determining the number of providers actively using this qualification.

Utah will not create a "Model" reporting level as the State is not delivering SUD services through an IMD in different levels. The SUD demonstration will operate statewide and is equally available to all beneficiaries.

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Technical specifications manual version	Reporting issue (Y/N) (further describe in SUD reporting issues tab)	Measurement period (month, quarter, year <sup>c</sup> )
<i>EXAMPLE:</i> Version 3.0	<i>EXAMPLE:</i> Y	<i>EXAMPLE:</i> Month 1  <i>EXAMPLE:</i> Month 2  <i>EXAMPLE:</i> Month 3
		Month 1 Month 2 Month 3 Month 1 Month 2 Month 3
Version 3.0	N	Month 1
		Month 2 Month 3

Version 3.0	N	Year
Version 3.0	N	Year
Version 3.0	N	Month 1
		Month 2
		Month 3
Version 3.0	N	Month 1
		Month 2
		Month 3
Version 3.0	N	Month 1
		Month 2
		Month 3
Version 3.0	N	Month 1
		Month 2
		Month 3
Version 3.0	N	Month 1
		Month 2
		Month 3

Version 3.0	N	Month 1
		Month 2
		Month 3
Version 3.0	N	Month 1
		Month 2
		Month 3
Version 3.0	N	Year
		Year
Version 3.0	N	Year
		Year

		Year

		Year
Version 3.0	N	Month 1
		Month 2
		Month 3
Version 3.0	N	Month 1
		Month 2
		Month 3
Version 3.0	N	Year
		Year
Version 3.0	N	Year
		Year
Version 3.0	N	Year
		Year

Version 3.0

Y

Y

N

N

Quarter

Quarter

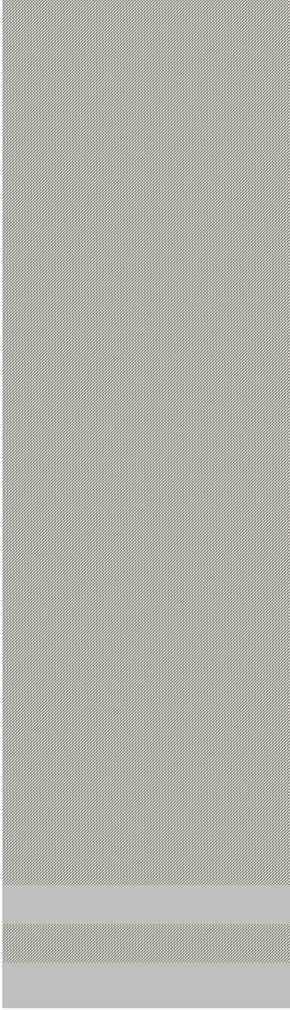
Quarter

Year

Year

Year

Year





**Demonstration**

Dates covered by measurement period (MM/DD/YYYY-MM/DD/YYYY)	Demonstration denominator	Demonstration numerator or count	Demonstration rate/percentage <sup>d</sup>
<i>EXAMPLE:</i> 07/01/2018-7/31/2018		<i>EXAMPLE:</i> 100	
<i>EXAMPLE:</i> 08/01/2018-08/31/2018		<i>EXAMPLE:</i> 100	
<i>EXAMPLE:</i> 09/01/2018-09/30/2018		<i>EXAMPLE:</i> 100	
		12457	
04/01/2019-04/30/2019		13105	
05/01/2019-05/31/2019		13636	
06/01/2019-06/30/2019			

	20396
02/01/2019-01/31/2019	1410
02/01/2019-01/31/2019	5950
04/01/2019-04/30/2019	
05/01/2019-05/31/2019	6479
06/01/2019-06/30/2019	6418
	4983
04/01/2019-04/30/2019	
05/01/2019-05/31/2019	5420
06/01/2019-06/30/2019	5575
	3994
04/01/2019-04/30/2019	
05/01/2019-05/31/2019	4284
	4181
06/01/2019-06/30/2019	
	95
04/01/2019-04/30/2019	
05/01/2019-05/31/2019	84
06/01/2019-06/30/2019	76
	705
04/01/2019-04/30/2019	
05/01/2019-05/31/2019	1006
06/01/2019-06/30/2019	978

04/01/2019-04/30/2019  
05/01/2019-05/31/2019  
06/01/2019-06/30/2019

106

132

109

2152

04/01/2019-04/30/2019  
05/01/2019-05/31/2019  
06/01/2019-06/30/2019

2352

2374

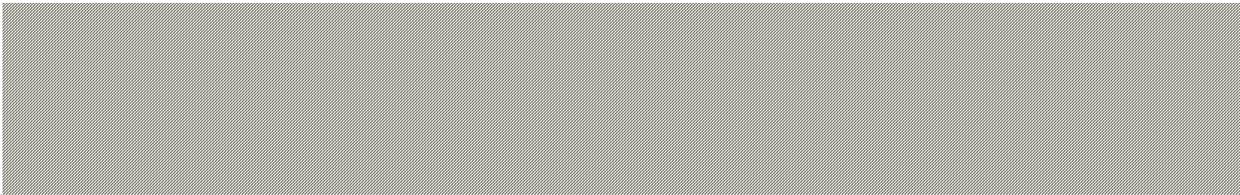
500

02/01/2019-01/31/2019

40

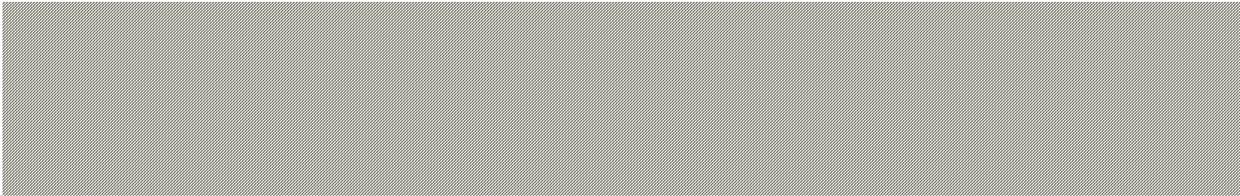
02/01/2019-01/31/2019

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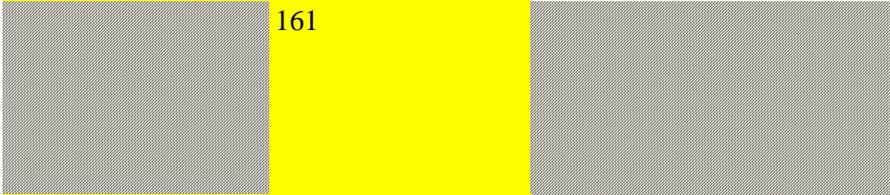
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	284208	1213	4.268000901
04/01/2019-04/30/2019			
05/01/2019-05/31/2019	285956	1260	4.406272294
06/01/2019-06/30/2019	285468	1275	4.466349994
	284208	615	2.163908124

04/01/2019-04/30/2019			
05/01/2019-05/31/2019	285956	657	2.297556267
06/01/2019-06/30/2019	285468	635	2.224417448
	3412	577	0.169109027

02/01/2019-01/31/2019



02/01/2019-01/31/2019

	386979	161	0.416043248
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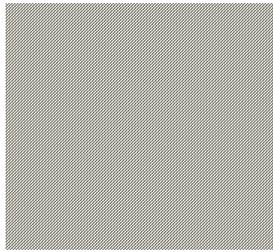
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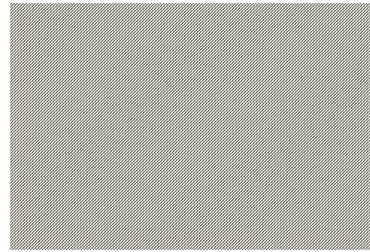
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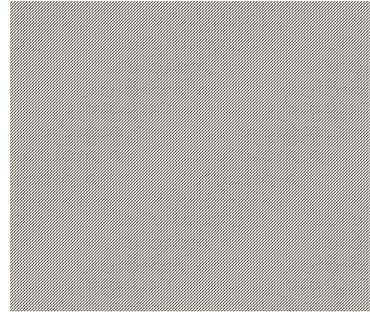
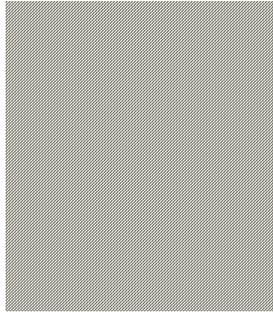


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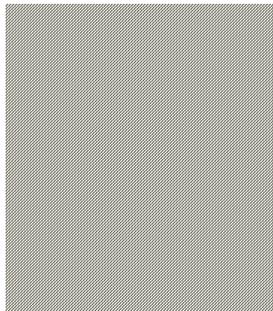
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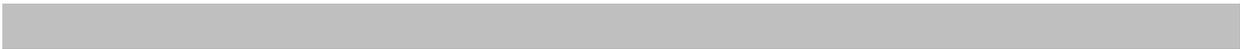
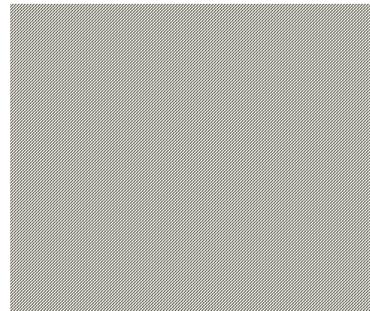
54.16983968



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Age < 18			
Age < 18 denominator	Age < 18 numerator or count	Age <18 rate/percentage <sup>d</sup>	Age 18-64 denominator
	<i>EXAMPLE:</i>		
	<i>EXAMPLE:</i>		
	<i>EXAMPLE:</i>		
	630		
	617		
	607		

250

261

227

156

151

148

180

180

150

1

2

1

54

56

52

0

0

0

3

3

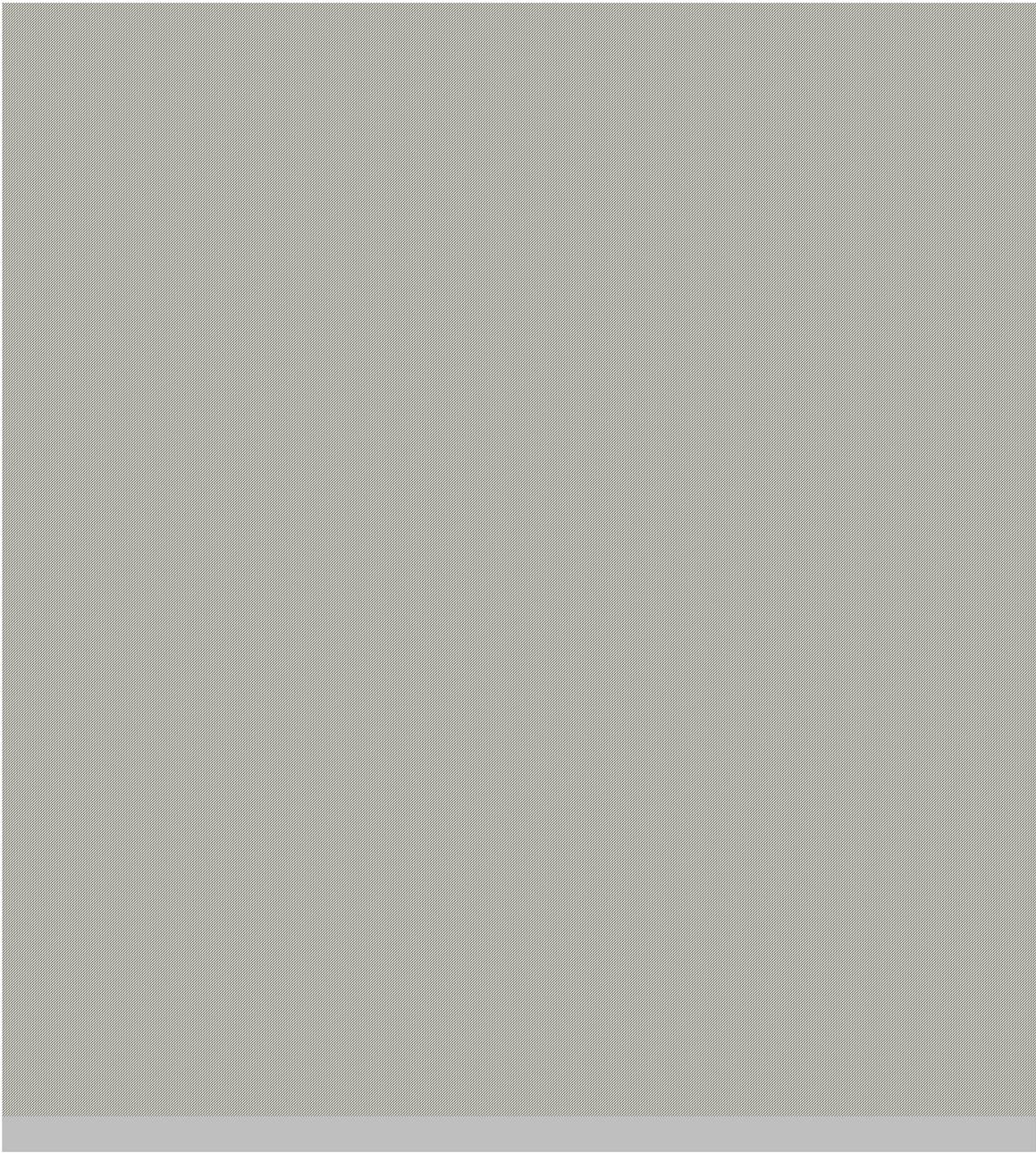
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169547	19	0.112063322	100398
168922	21	0.124317732	102778
167562	32	0.190974087	103607
169547	5	0.029490348	100398
168922	8	0.047359136	102778
167562	9	0.053711462	103607

2

233008	2	0.008583396	137231
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Age 18-64		Age 65+	
Age 18-64 numerator or count	Age 18-64 rate/percentage <sup>d</sup>	Age 65+ denominator	Age 65+ numerator or count
<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
11337			490
12010			478
12554			475

5568

132

6088

130

6073

118

4728

99

5169

100

5334

93

3724

90

4018

86

3954

77

90

4

78

4

73

2

650

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945

5

921

5

104

2

131

1

107

2

2125

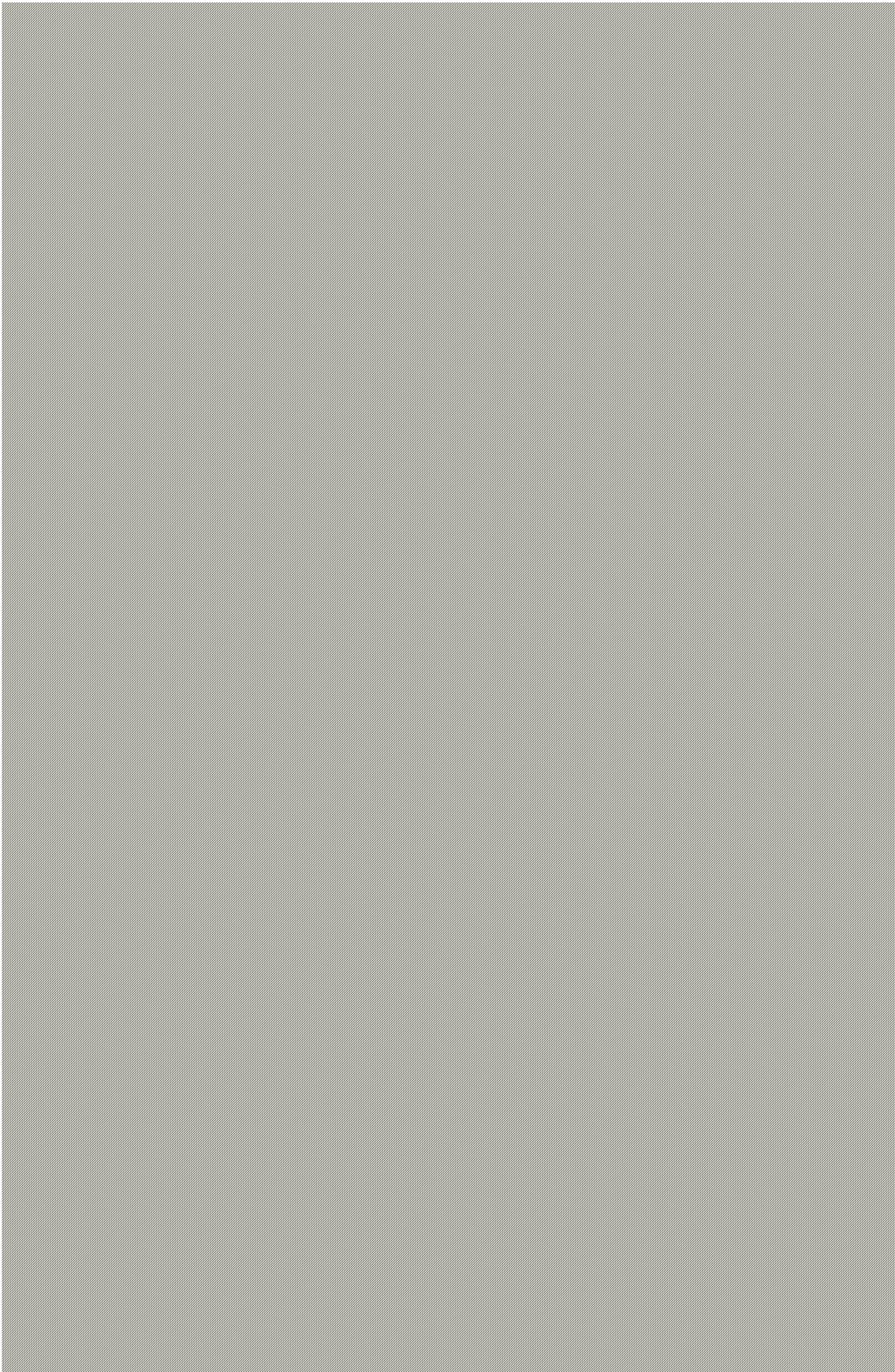
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2329

20

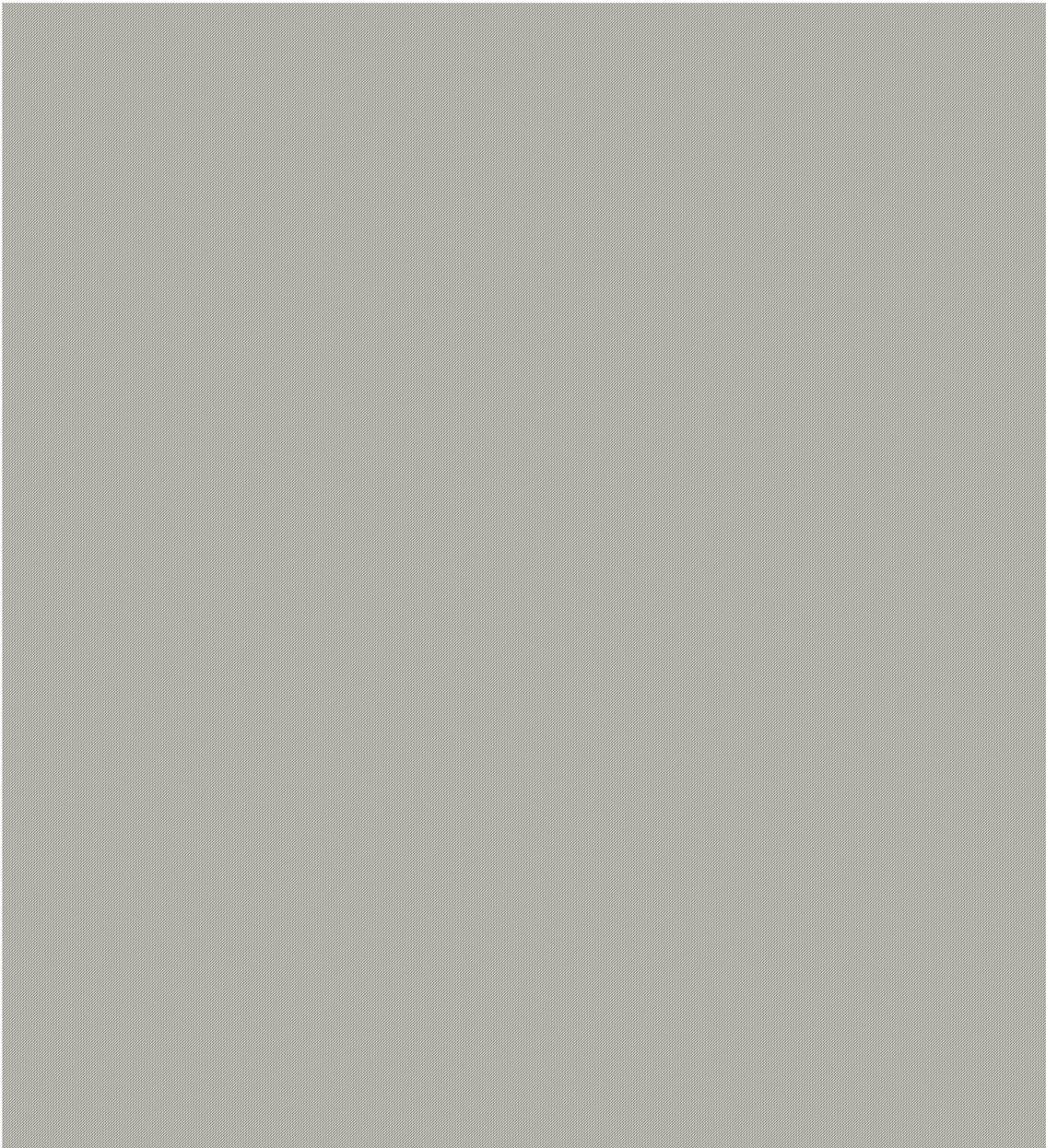
2351

21



1151	11.4643718	14263	43
1193	11.60754247	14256	46
1203	11.61118457	14299	40
577	5.747126437	14263	33
609	5.925392594	14256	40
599	5.781462642	14299	27

150			9
150	1.093047489	16740	9





Age 65+ rate/percentage <sup>d</sup>	Dual eligible (Medicare-Medicaid eligible)		
	Dual eligible (Medicare-Medicaid eligible) denominator	Dual eligible (Medicare- Medicaid eligible) numerator or count	Dual eligible (Medicare-Medicaid eligible) rate/percentage <sup>d</sup>
		<i>EXAMPLE:</i>	
		<i>EXAMPLE:</i>	
		<i>EXAMPLE:</i>	
		1965	
		1957 1945	

572

575

542

356

369

384

397

381

372

16

13

13

16

39

28

14

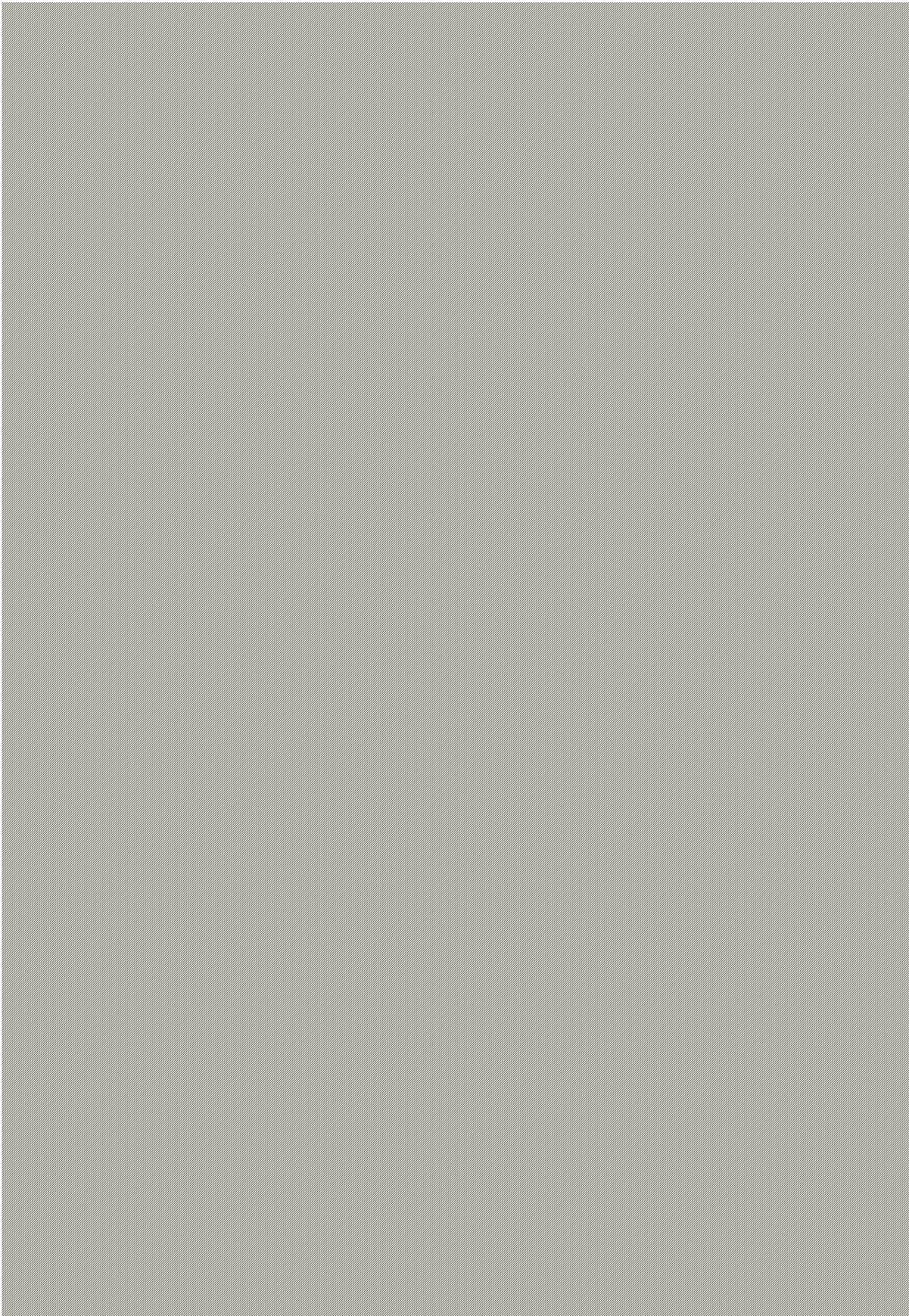
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9

109

99

98

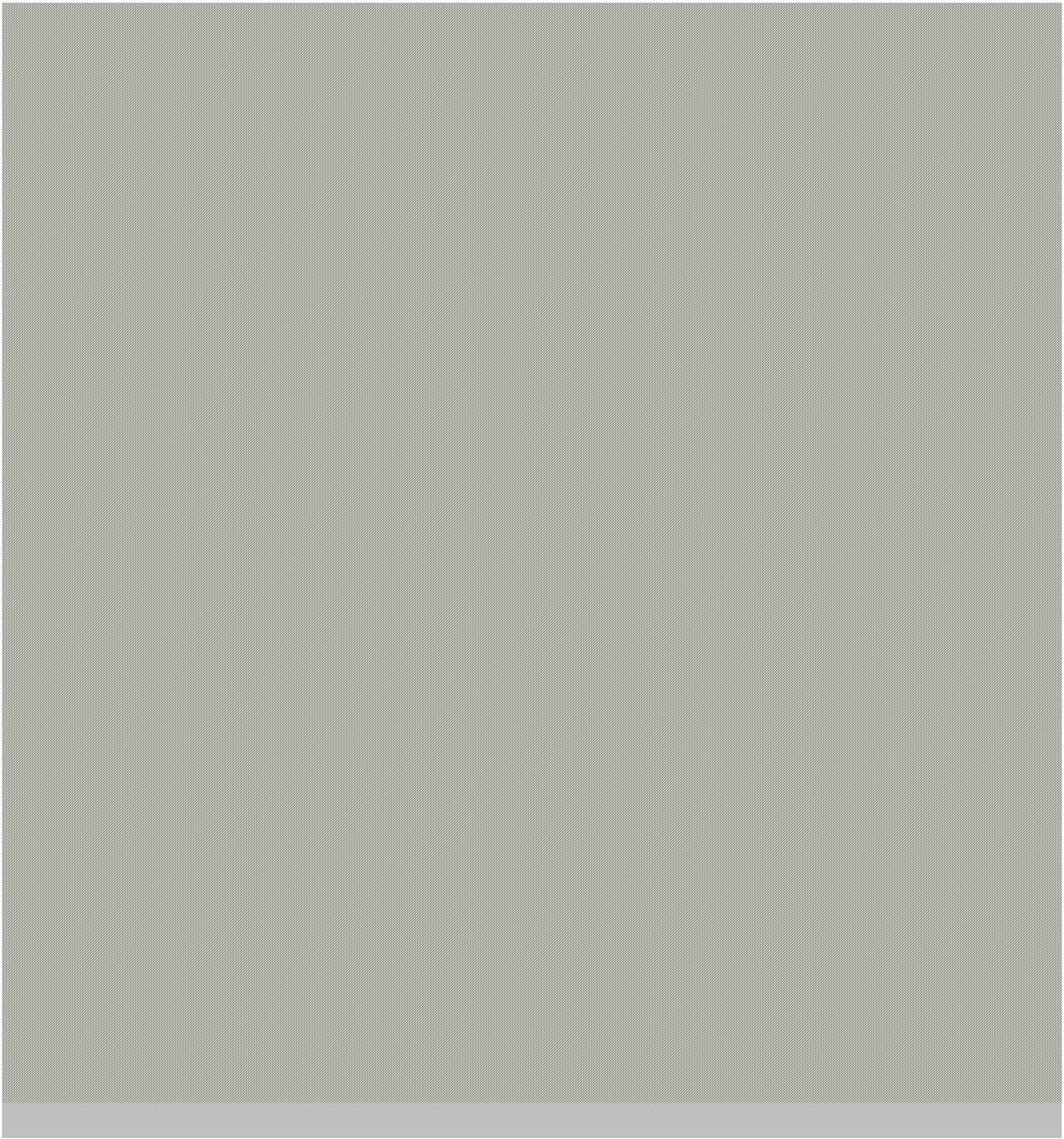


3.014793522

3.22671156  
2.797398419  
2.313678749

2.805836139  
1.888243933

0.537634409





Medicaid only			Pregnant	
Medicaid only denominator	Medicaid only numerator or count	Medicaid only rate/percentage <sup>d</sup>	Pregnant denominator	Pregnant numerator or count
	<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
	<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
	<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
	10492			381
	11148			364
	11691			361

5378

198

5904

193

5876

187

4627

84

5051

93

5191

103

3597

148

3903

142

3809

136

79

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0

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967

19

950

18

92

122

100

2043

2253

2276

1

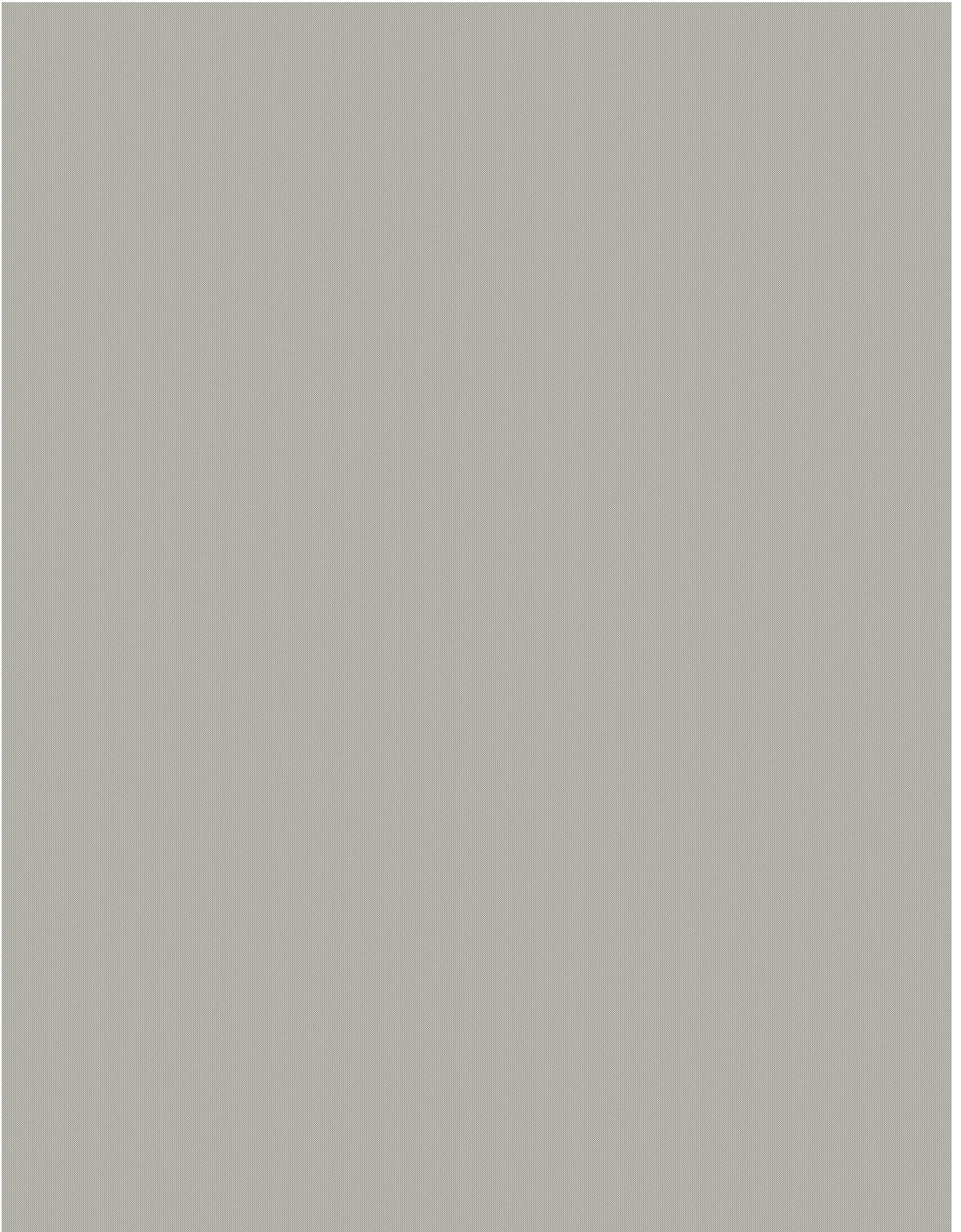
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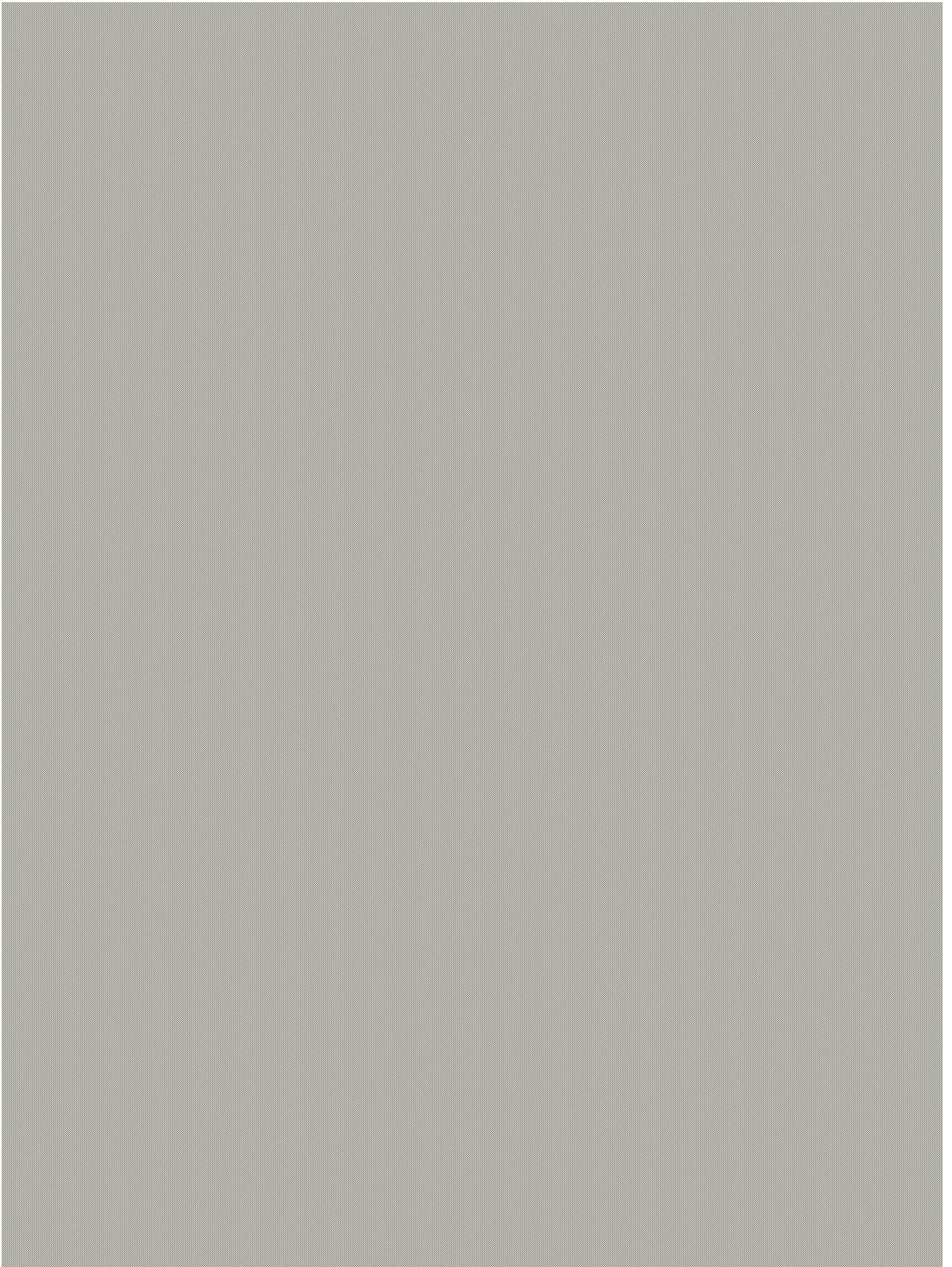
1

83

80

85









Pregnant rate/percentage <sup>d</sup>	Not pregnant		
	Not pregnant denominator	Not pregnant numerator or count	Not pregnant rate/percentage <sup>d</sup>
		EXAMPLE:	
		EXAMPLE:	
		EXAMPLE:	
		12076	
		12741 13275	

5752

6286

6231

4899

5327

5472

3846

4142

4045

93

81

76

688

987

960

105

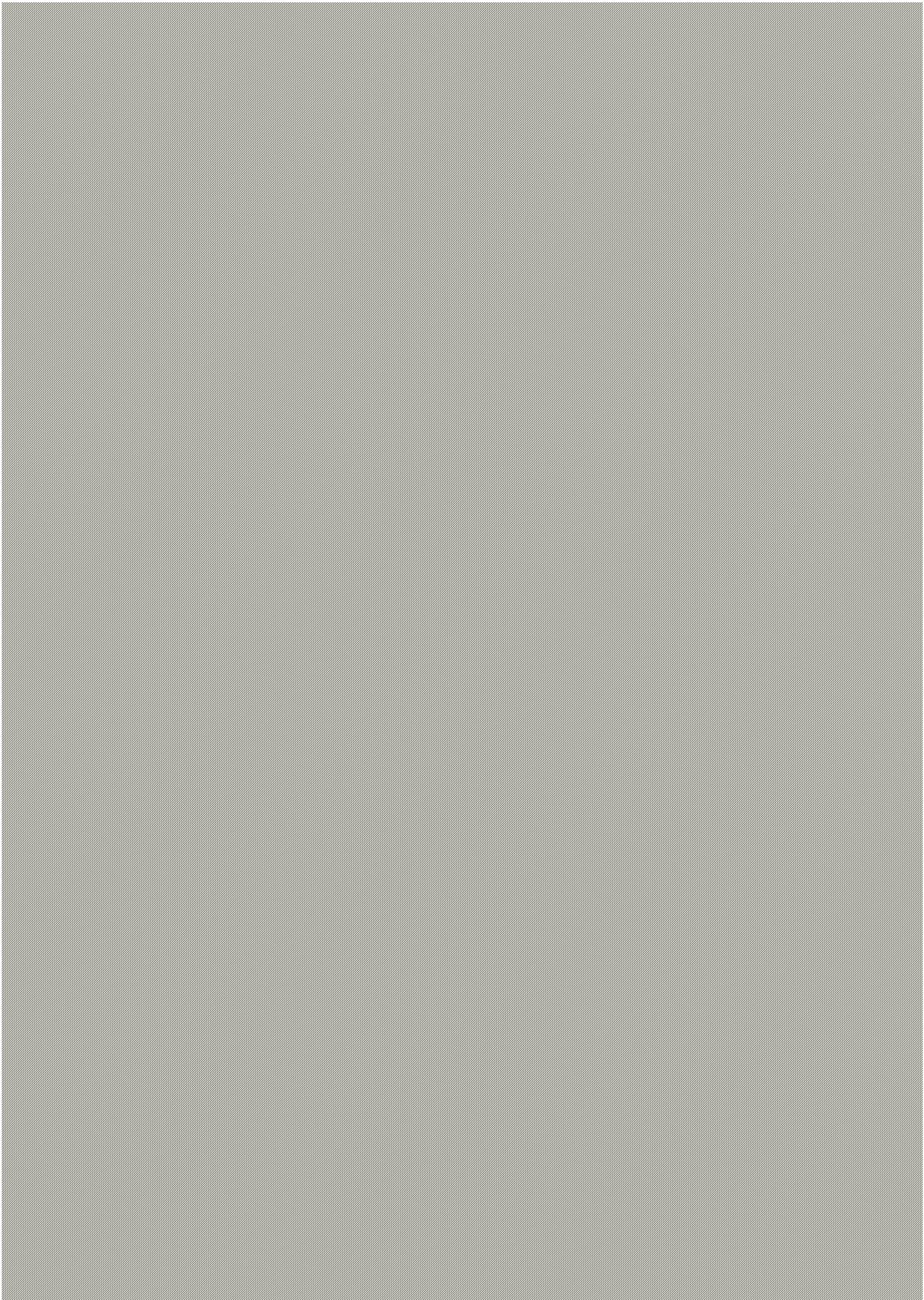
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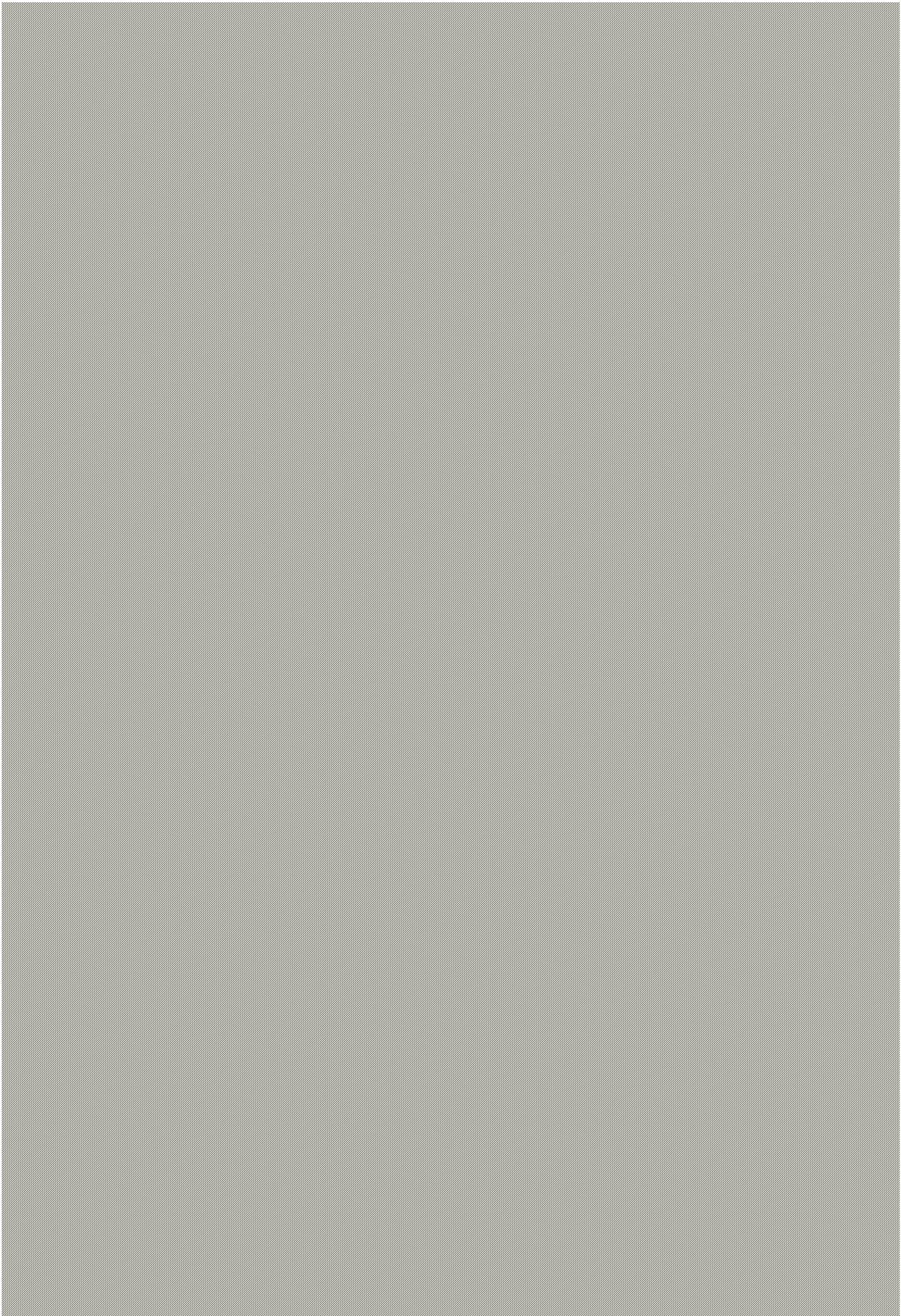
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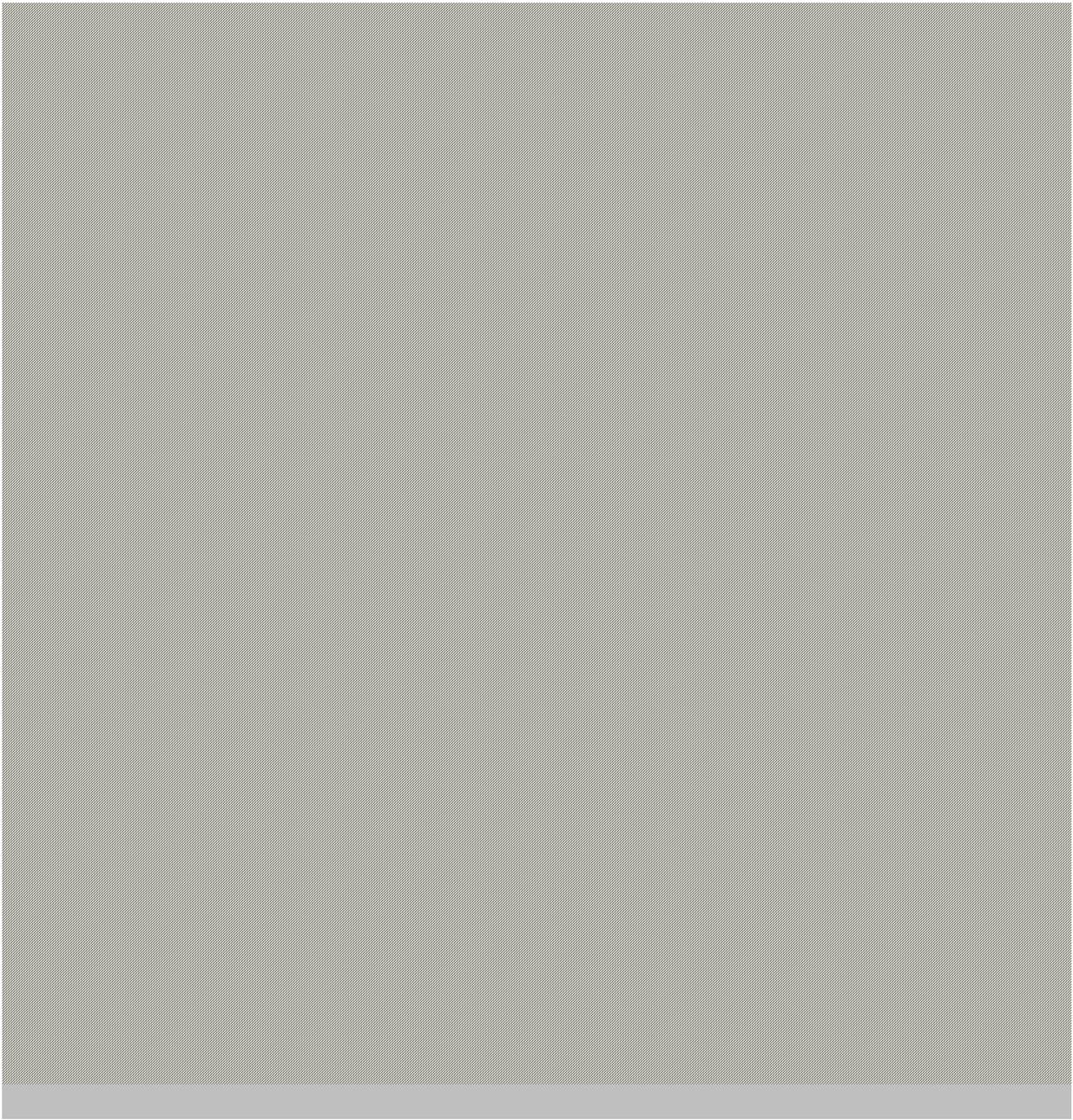
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2272

2289

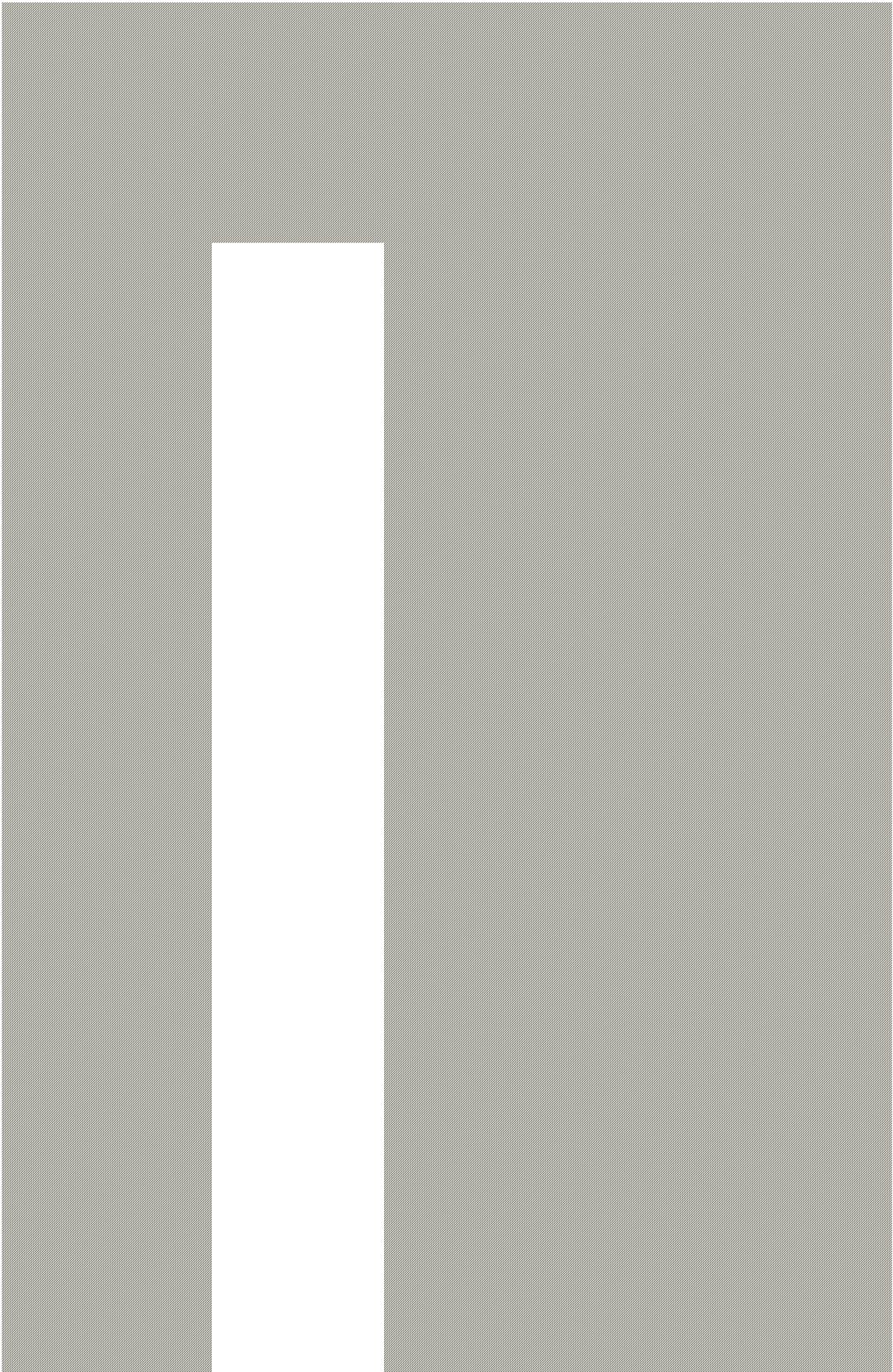


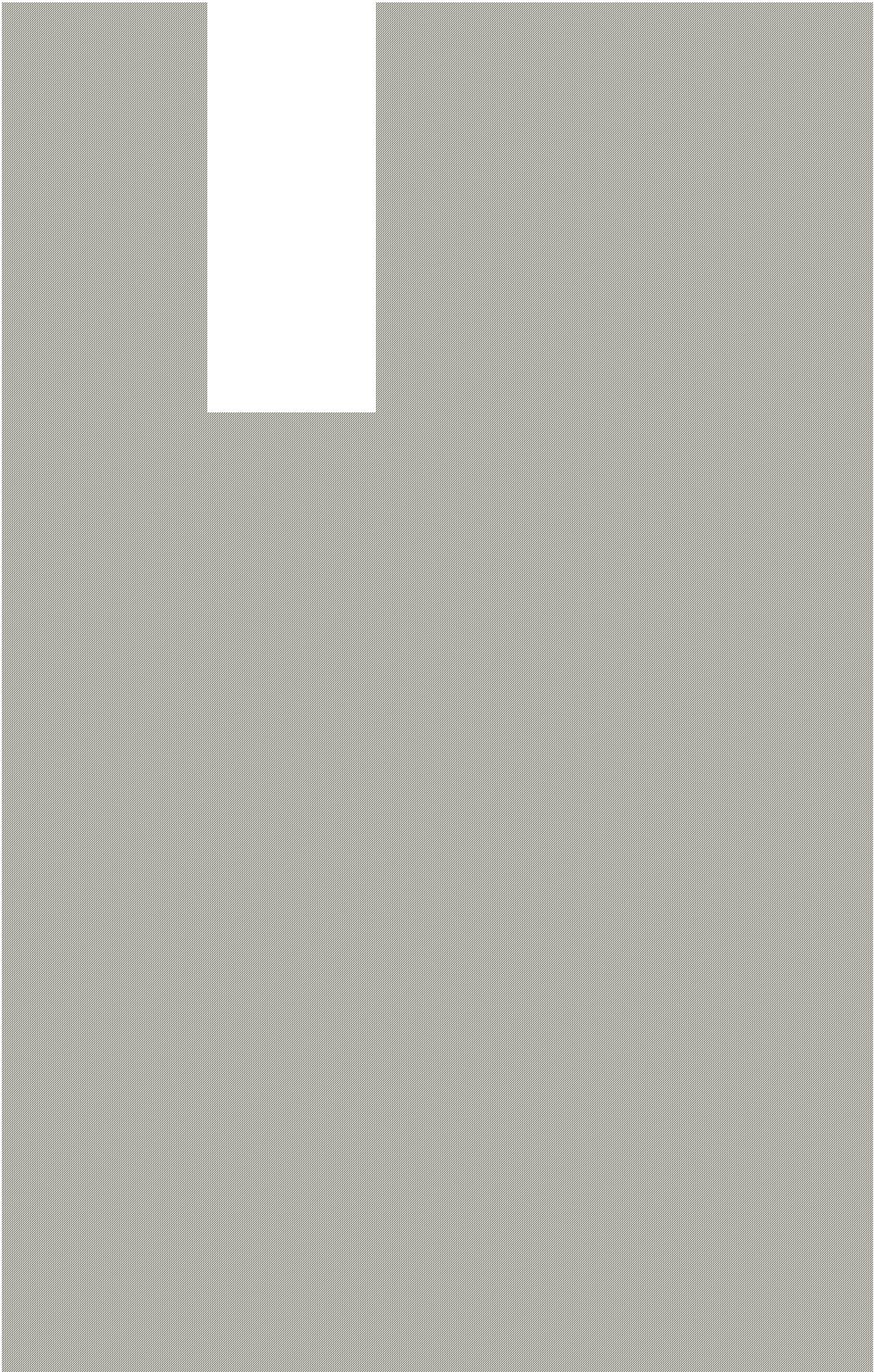


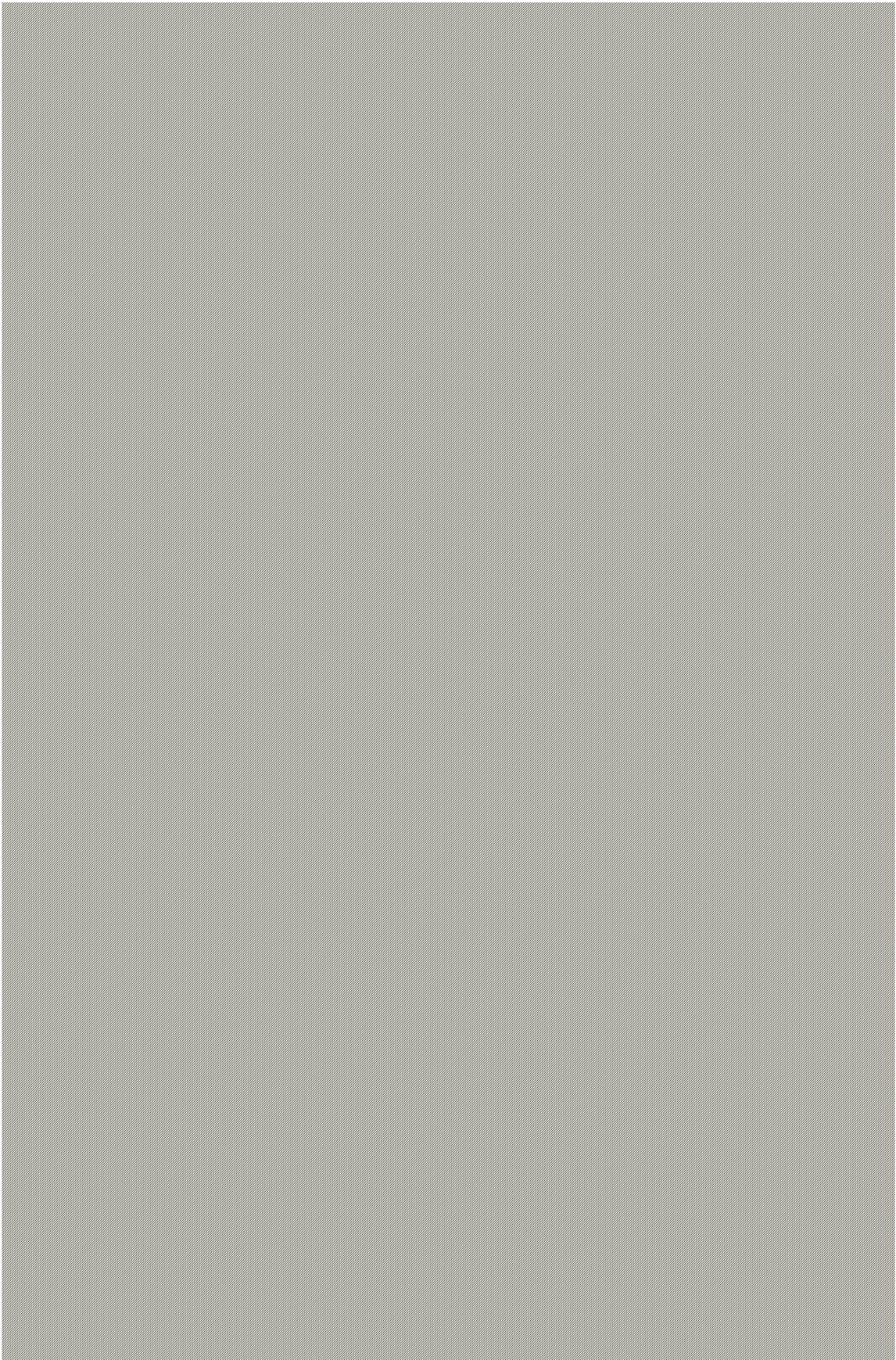


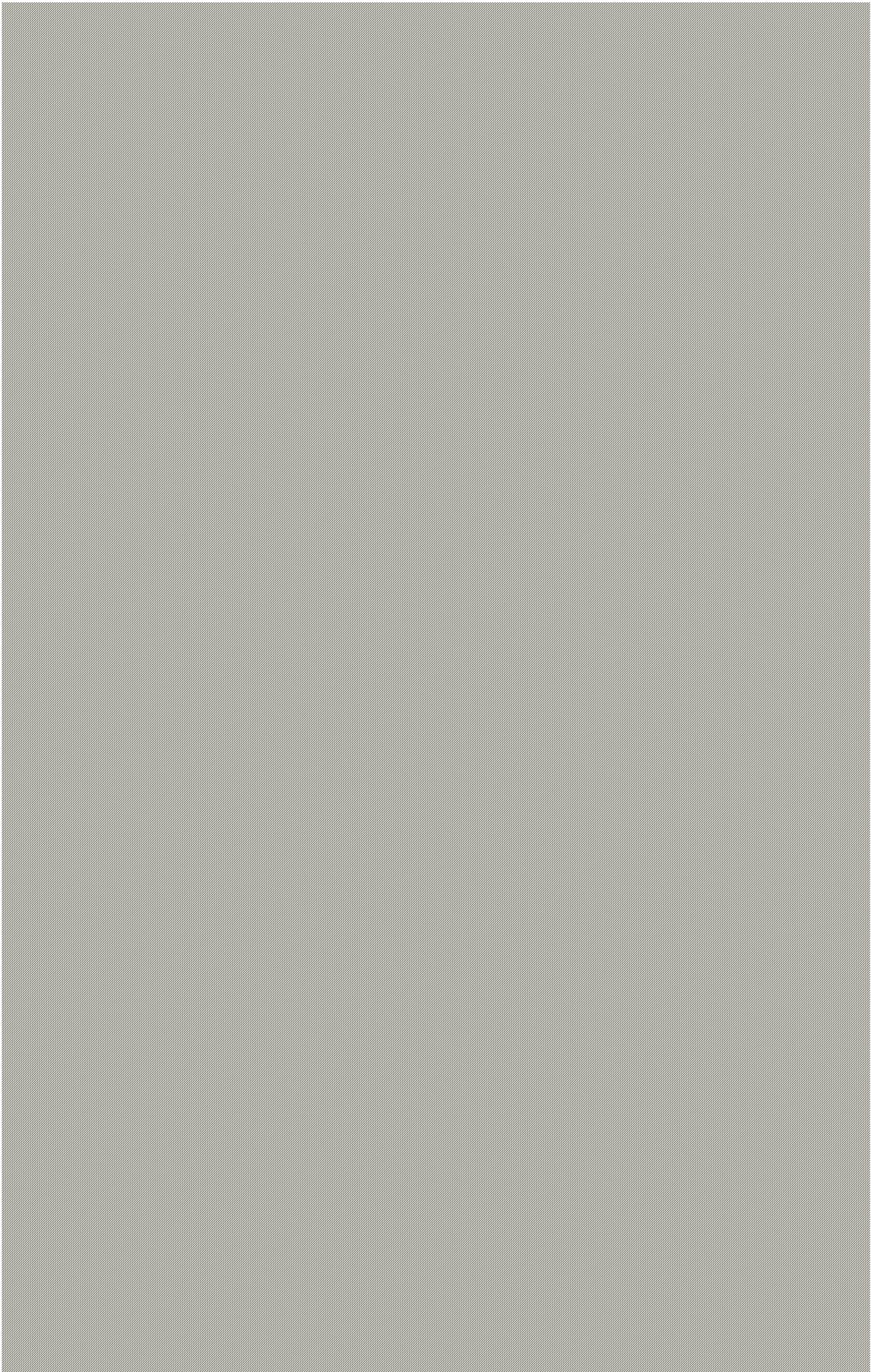


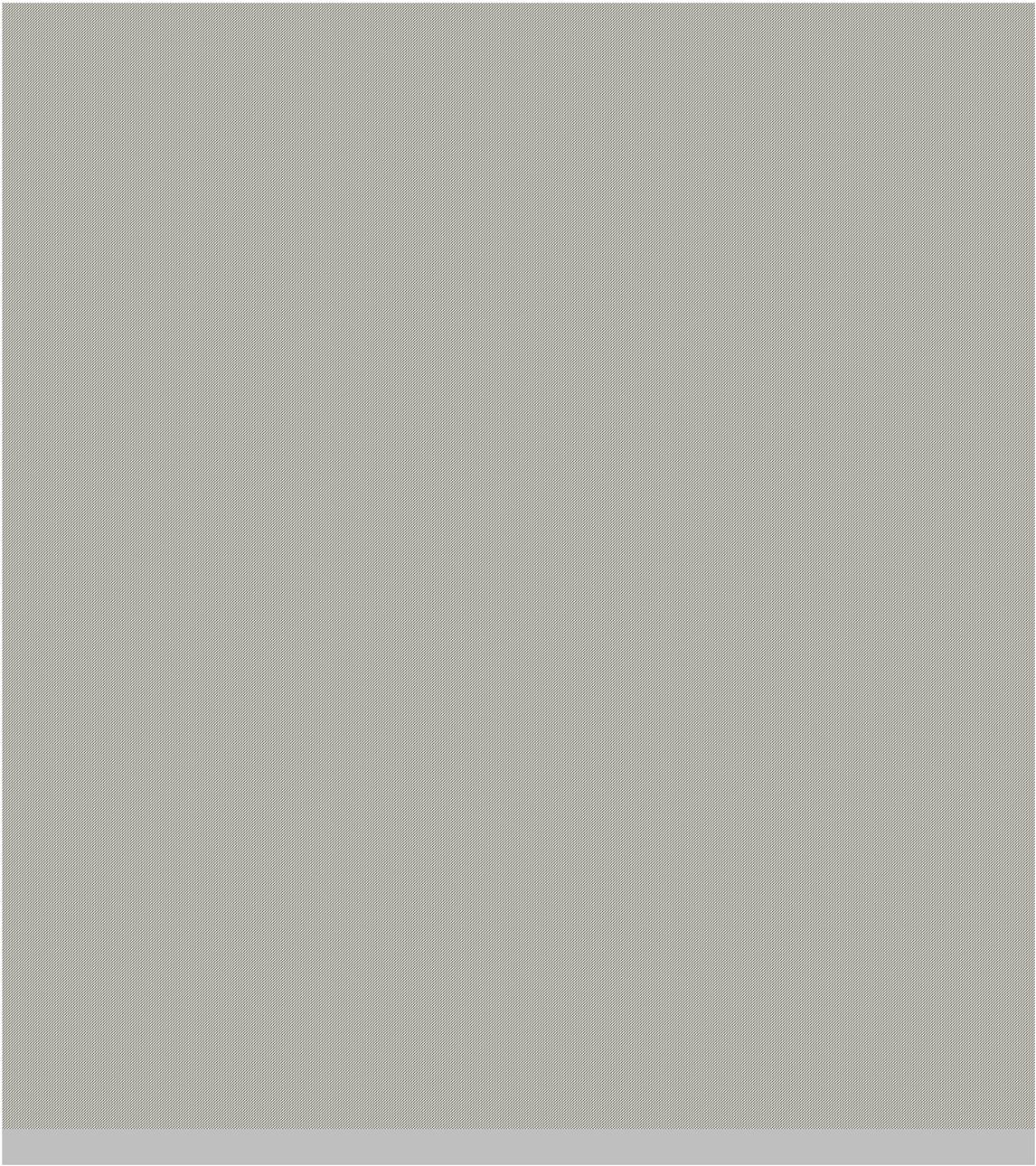
Criminally involved			Not criminally involved denominator
Criminally involved denominator	Criminally involved numerator or count	Criminally involved rate/percentage <sup>d</sup>	
	EXAMPLE:		
	EXAMPLE:		
	EXAMPLE:		







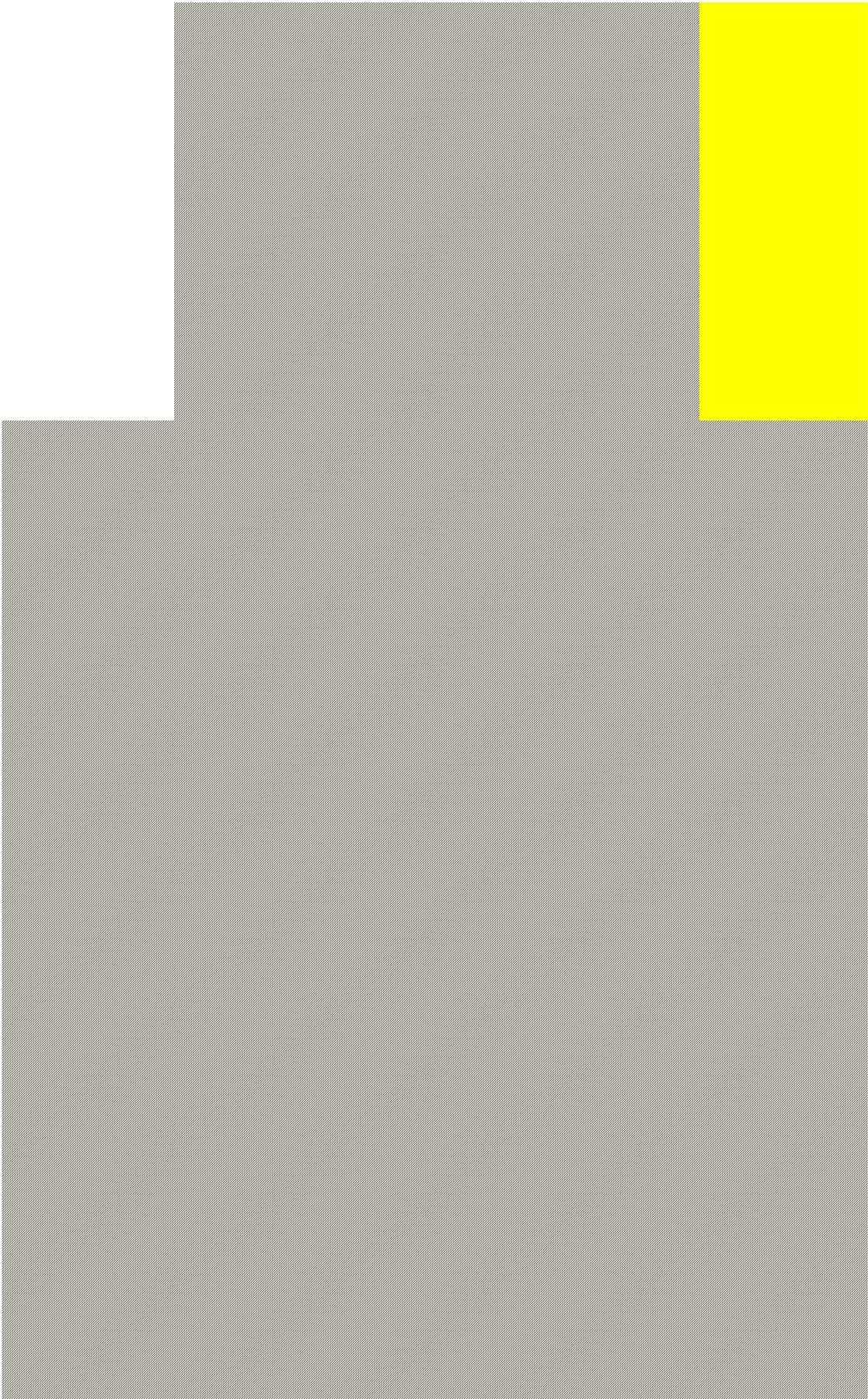


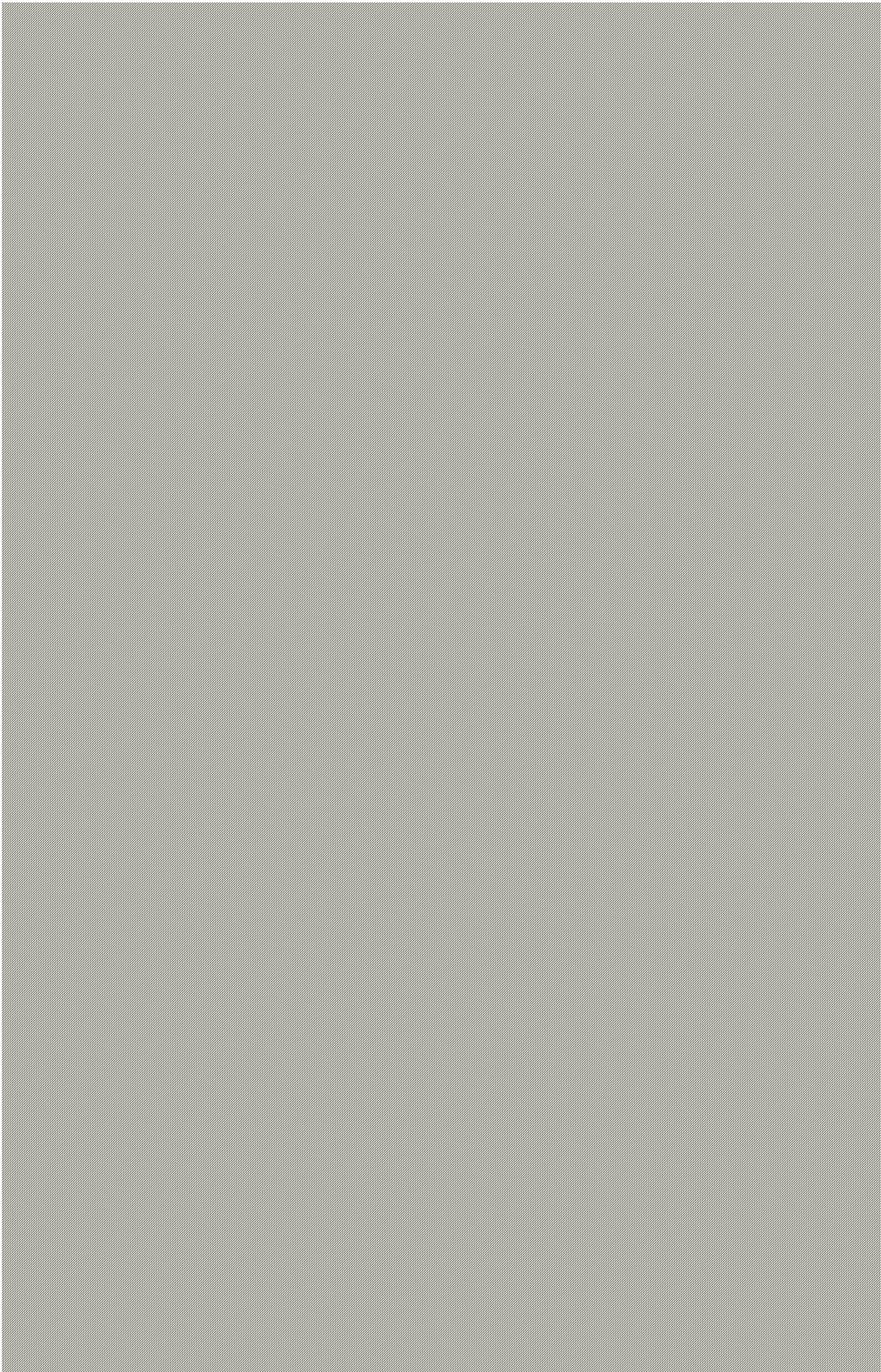




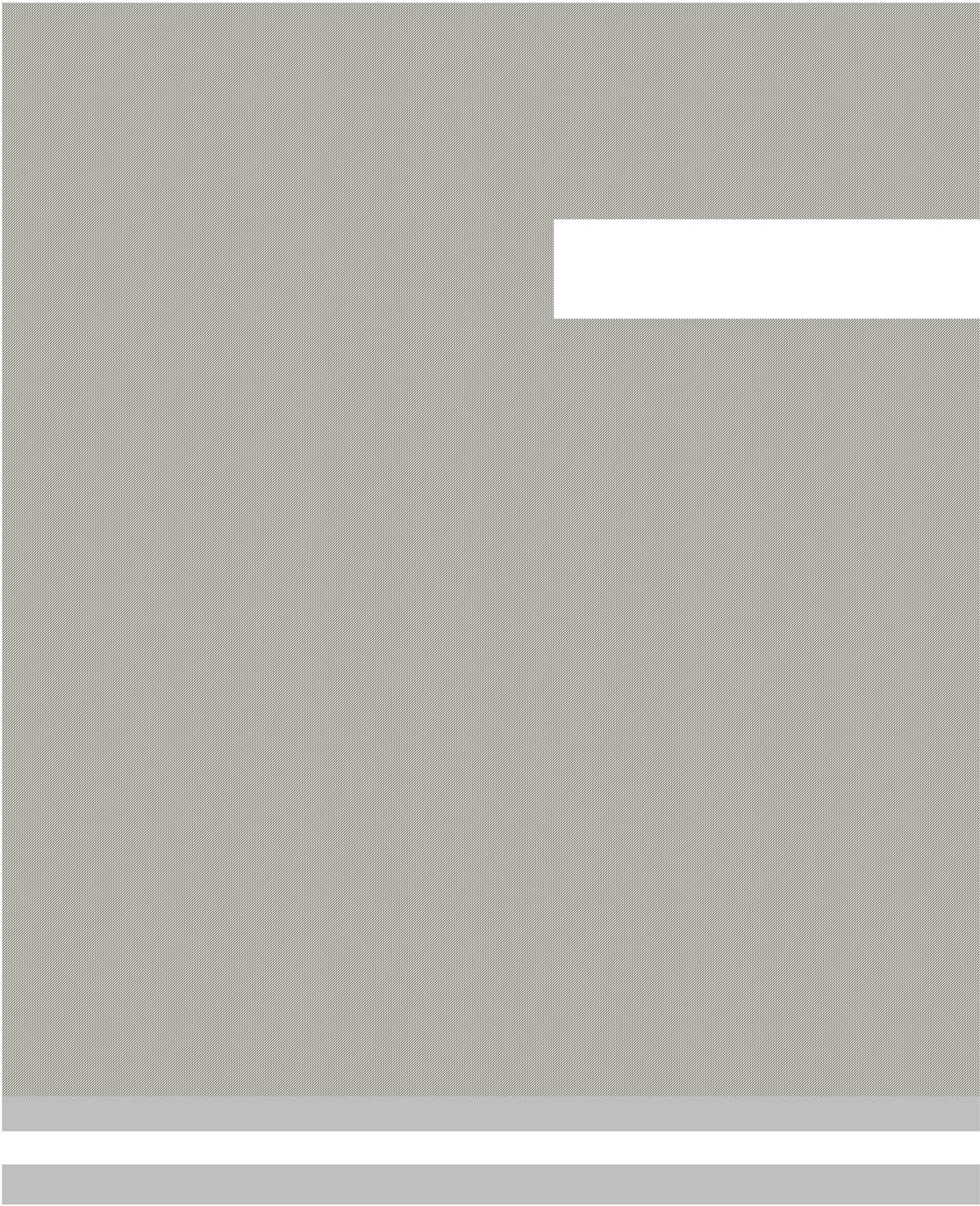






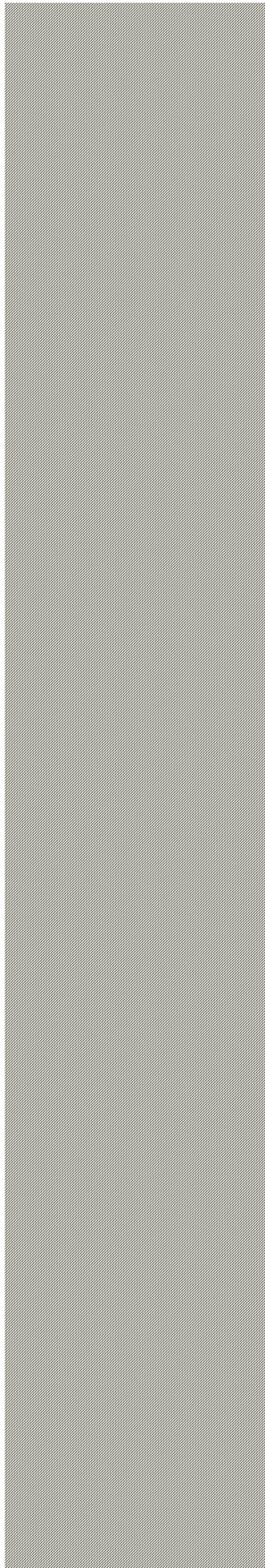
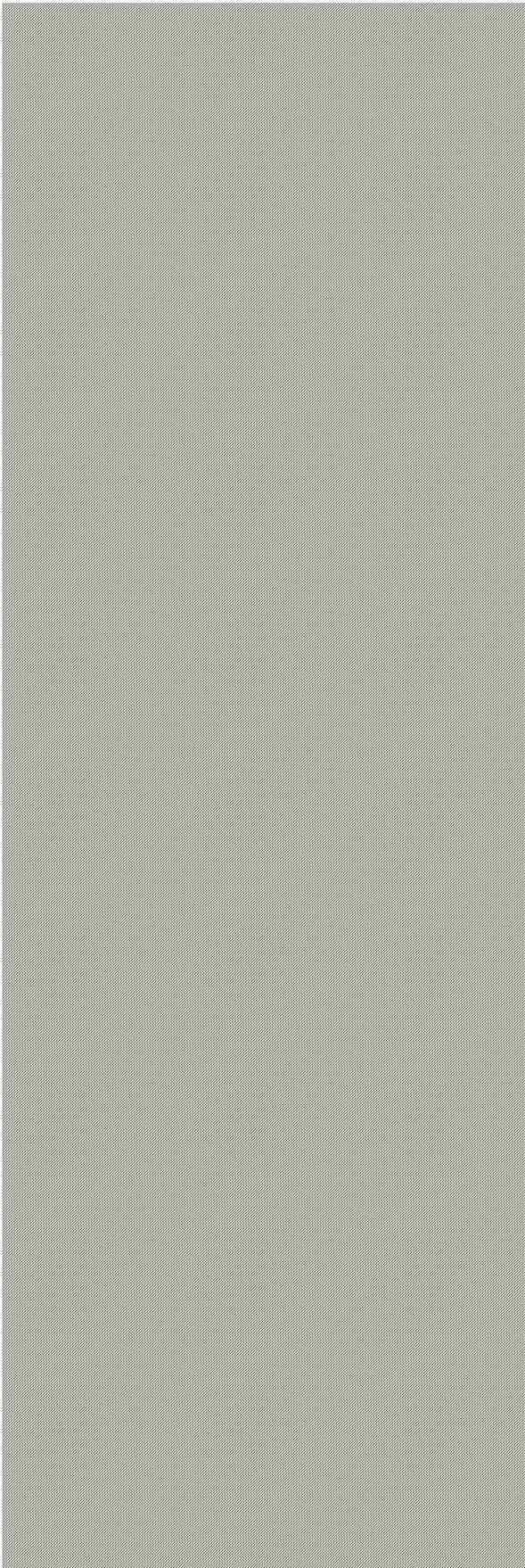


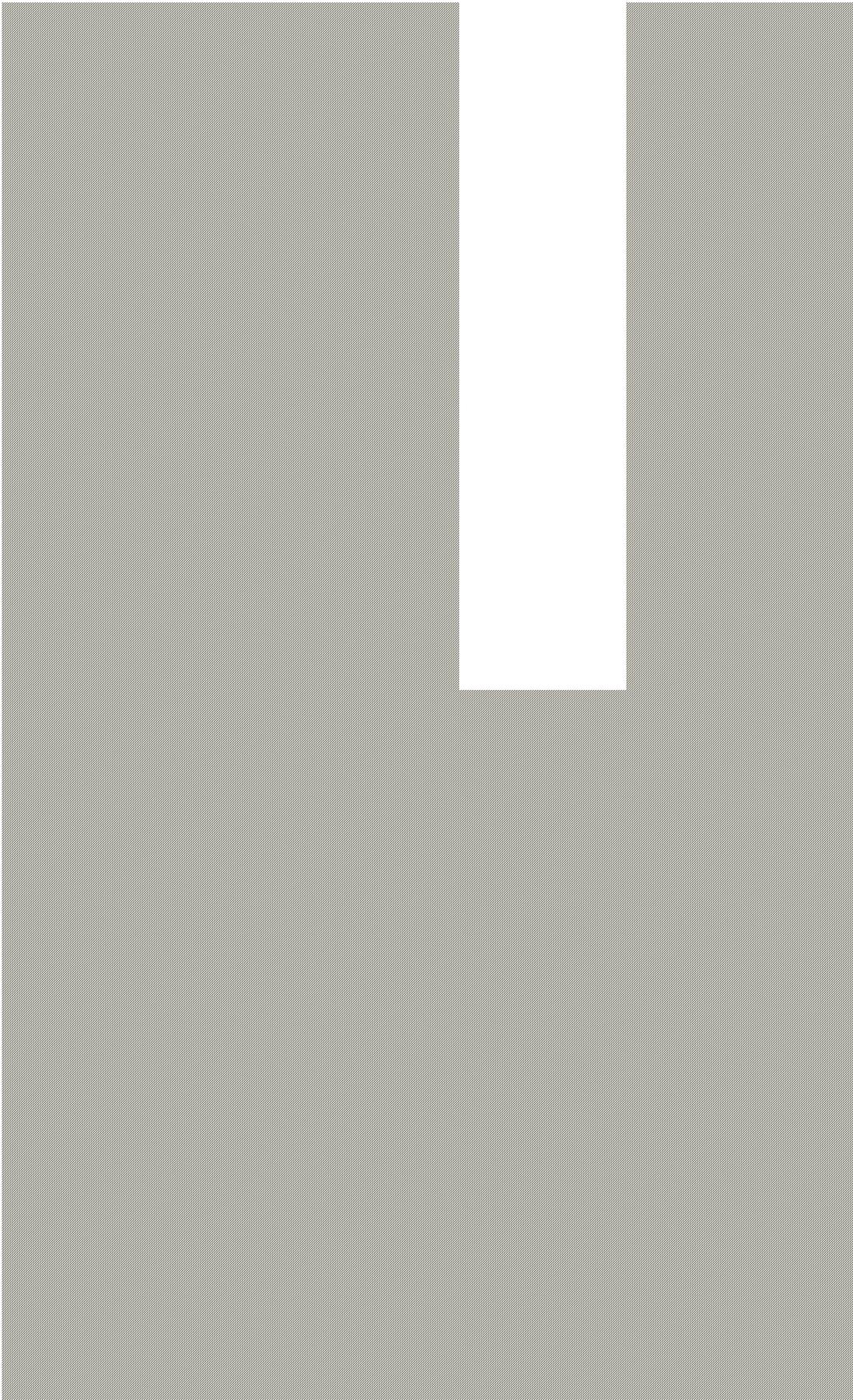


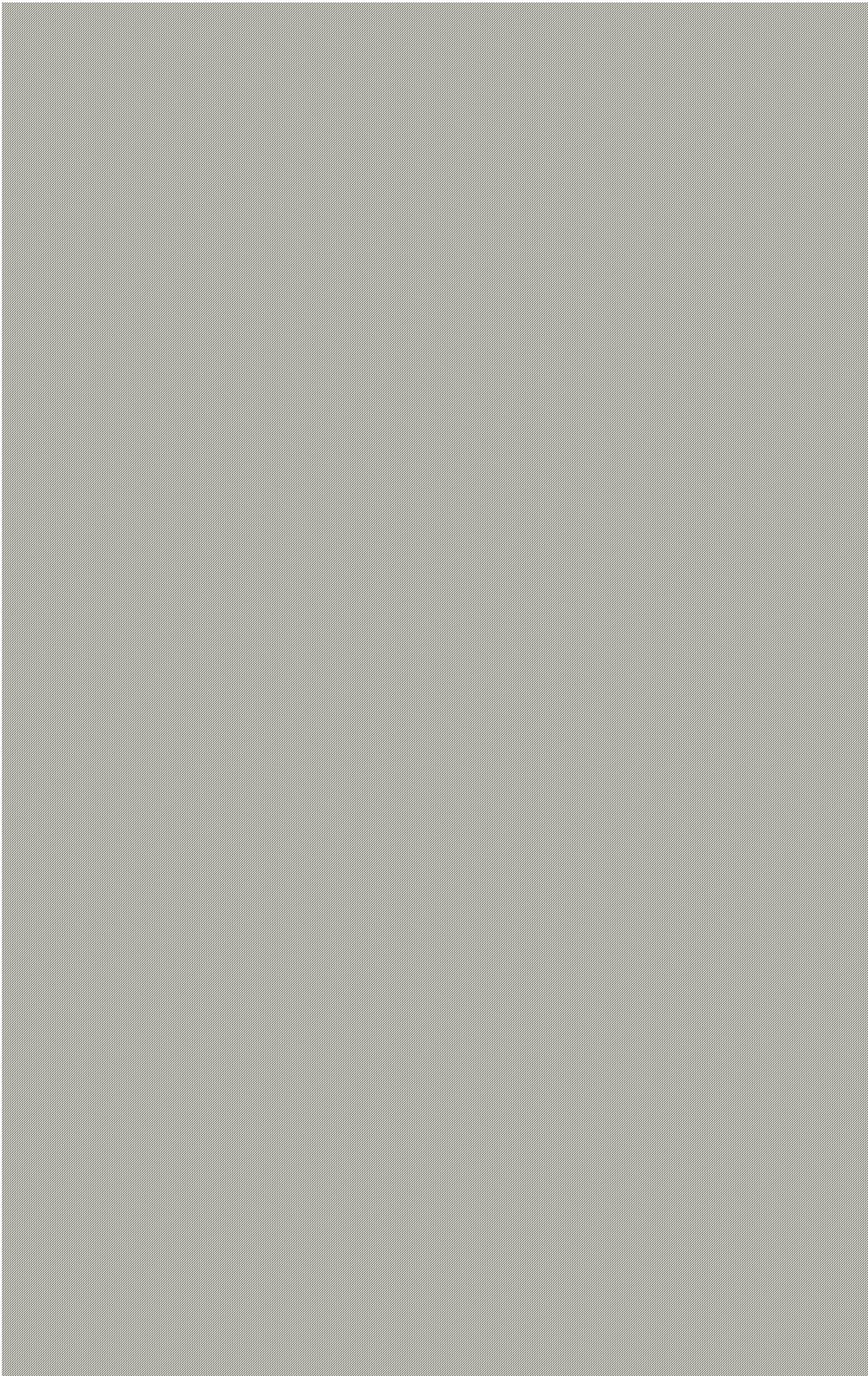


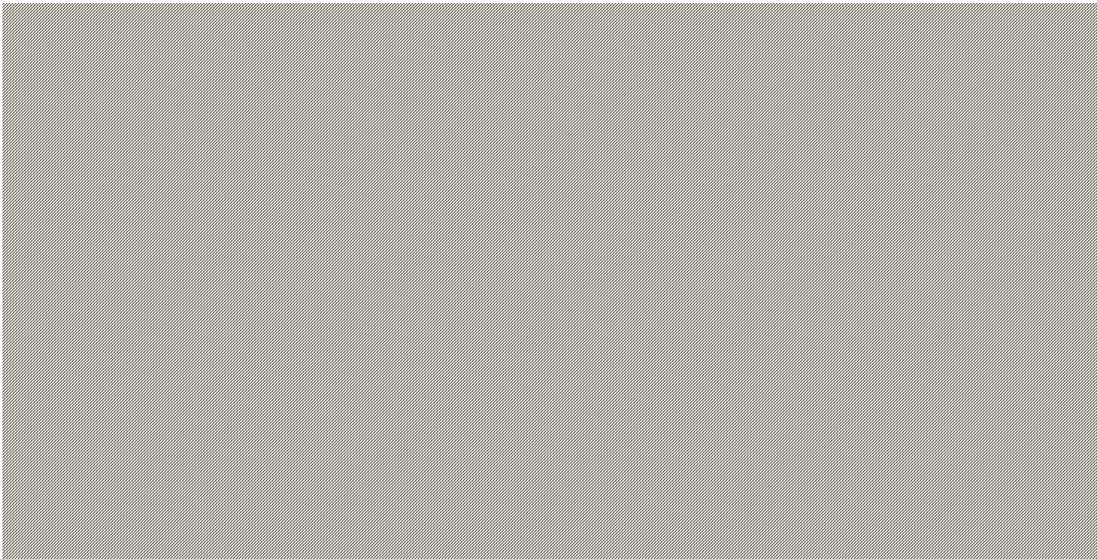


lation  OUD subpopulation rate/percentage <sup>d</sup>	<i>[State-specific subpopulation]<sup>d,e</sup></i>		
	<i>[State-specific subpopulation]</i> denominator	<i>[State-specific subpopulation]</i> numerator or count	<i>[State-specific subpopulation]</i> rate/percentage <sup>d</sup>
	EXAMPLE:		
	EXAMPLE:		
	EXAMPLE:		









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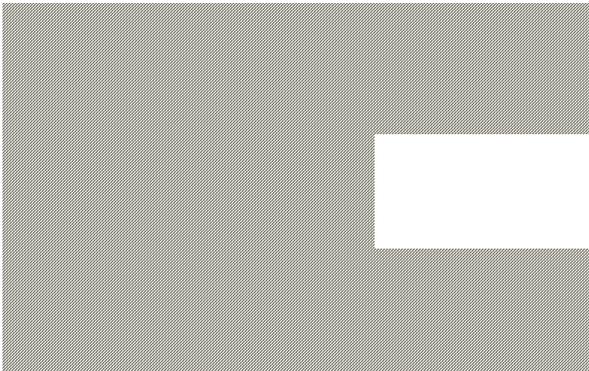
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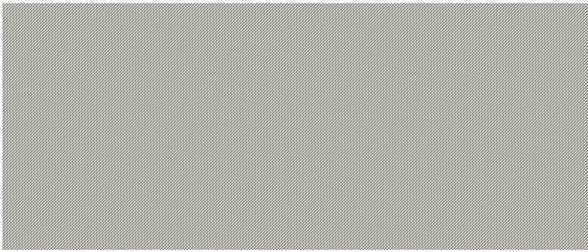


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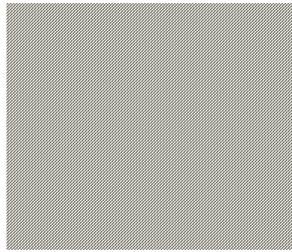
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