

Medicaid Section 1115 SMI/SED Demonstrations Monitoring Report (Part A) - Metrics (Version 3.0)

State	UT
Demonstration Name	Utah's Medicaid Reform 1115 Demonstration
SMI/SED Demonstration Year (DY) (Format: DY1, DY2, DY3, etc.)	DY4
Calendar Dates for SMI/SED DY (Format: MM/DD/YYYY - MM/DD/YYYY)	07/01/2023-06/30/2024
SMI/SED Reporting Period (Format: Q1, Q2, Q3, Q4)	Q4
Calendar Dates for SMI/SED Reporting Period (Format: MM/DD/YYYY - MM/DD/YYYY)	04/01/2024-06/30/2024

Table: Serious Mental Illness and Serious Emotional Disturbance Metrics

#	Metric name	Metric description	Milestone or reporting topic
<i>EXAMPLE:</i> 20 <i>(Do not delete or edit this row)</i>	<i>EXAMPLE:</i> <i>Beneficiaries With SMI/SED Treated in an IMD for Mental Health</i>	<i>EXAMPLE:</i> <i>Number of beneficiaries in the demonstration population who have a claim for inpatient or residential treatment for mental health in an IMD during the reporting year.</i>	<i>EXAMPLE:</i> <i>Milestone 3</i>
1	SUD Screening of Beneficiaries Admitted to Psychiatric Hospitals or Residential Treatment Settings	SUB-2: Patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay SUB-2a: Patients who received the brief intervention during the hospital stay	Milestone 1
2	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment	Milestone 1
4	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)	The rate of unplanned, 30-day, readmission for demonstration beneficiaries with a primary discharge diagnosis of a psychiatric disorder or dementia/Alzheimer’s disease. The measurement period used to identify cases in the measure population is 12 months from January 1 through December 31.	Milestone 2
6	Medication Continuation Following Inpatient Psychiatric Discharge	This measure assesses whether psychiatric patients admitted to an inpatient psychiatric facility (IPF) for major depressive disorder (MDD), schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge.	Milestone 2
7	Follow-up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported: Percentage of discharges for which the child received follow-up within 30 days after discharge Percentage of discharges for which the child received follow-up within 7 days after discharge	Milestone 2
8	Follow-up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:	Milestone 2

Metric type	Reporting category	Data source	State will report (Y/N)	Approved monitoring protocol indicates that reporting matches the CMS-provided technical specifications manual (Y/N)	Deviations from CMS-provided technical specifications manual or other considerations in approved monitoring protocol
<i>EXAMPLE: CMS-constructed</i>	<i>EXAMPLE: Other annual metrics</i>	<i>EXAMPLE: Claims</i>	<i>EXAMPLE: Y</i>	<i>EXAMPLE: N</i>	<i>EXAMPLE: The Department will use state-defined procedure codes to calculate this metric.</i>
Established quality measure	Annual metrics that are an established quality measure	Medical record review or claims			
Established quality measure	Annual metrics that are an established quality measure	Claims			
Established quality measure	Annual metrics that are an established quality measure	Claims			
Established quality measure	Annual metrics that are an established quality measure	Claims			
Established quality measure	Annual metrics that are an established quality measure	Claims			
Established quality measure	Annual metrics that are an established quality measure	Claims			

Technical specifications manual version	Reporting issue (Y/N) (further describe in SMI - SED reporting issues tab)	Measurement period (month, quarter, year ^a)	Dates covered by measurement period (MM/DD/YYYY-MM/DD/YYYY)	Demonstration reporting denominator	Demonstration reporting numerator or count
<i>EXAMPLE:</i> Version 3.0	<i>EXAMPLE:</i> Y	<i>EXAMPLE:</i> Year	<i>EXAMPLE:</i> 01/01/2020-12/31/2020		<i>EXAMPLE:</i> 100
		Year			
Version 4.0	N	Year	01/01/2023-12/31/2023	723	391
Version 4.0	N	Year	01/01/2023-12/31/2023	1299	97
Version 4.0	N	Year	01/01/2023-12/31/2023	3152	2200
Version 4.0	N				
		Year	01/01/2023-12/31/2023	1058	534
			01/01/2023-12/31/2023	1058	339
Version 4.0	N				

Demonstration reporting rate/percentage	Standardized definition of SMI denominator	Standardized definition of SMI numerator or count	Standardized definition of SMI rate/percentage	State-specific definition of SMI denominator	State-specific definition of SMI numerator or count	State-specific definition of SMI rate/percentage	Children (age <16) denominator
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54.0802213							
0.074672825							
0.697969543							
50.47258979							
32.0415879							

Children (age <16) numerator or count	Children (age <16) rate/percentage	Transition-age youth (age 16-24) denominator	Transition-age youth (age 16-24) numerator or count	Transition-age youth (age 16-24) rate/percentage	Adults (age 25-64) denominator	Adults (age 25-64) numerator or count

Adults (age 25-64) rate/percentage	Older adults (age 65+) denominator	Older adults (age 65+) numerator or count	Older adults (age 65+) rate/percentage	Dual-eligible (Medicare-Medicaid eligible) denominator	Dual-eligible (Medicare-Medicaid eligible) numerator or count	Dual-eligible (Medicare-Medicaid eligible) rate/percentage

Medicaid only denominator	Medicaid only numerator or count	Medicaid only rate/percentage	Eligible for Medicaid on the basis of disability denominator	Eligible for Medicaid on the basis of disability numerator or count	Eligible for Medicaid on the basis of disability rate/percentage	Not eligible for Medicaid on the basis of disability denominator

Not criminally involved rate/percentage	Co-occurring SUD denominator	Co-occurring SUD numerator or count	Co-occurring SUD rate/percentage	Co-occurring physical conditions denominator	Co-occurring physical conditions numerator or count	Co-occurring physical conditions rate/percentage

State-specific subpopulation 1 denominator	State-specific subpopulation 1 numerator or count	State-specific subpopulation 1 rate/percentage	State-specific subpopulation 2 denominator	State-specific subpopulation 2 numerator or count	State-specific subpopulation 2 rate/percentage	State-specific subpopulation 3 denominator
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		#DIV/0!			#DIV/0!	
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State-specific subpopulation 3 numerator or count	State-specific subpopulation 3 rate/percentage	State-specific subpopulation 4 denominator	State-specific subpopulation 4 numerator or count	State-specific subpopulation 4 rate/percentage	State-specific subpopulation 5 denominator	State-specific subpopulation 5 numerator or count
<i>EXAMPLE:</i>			<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
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State-specific subpopulation 5 rate/percentage
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#	Metric name	Metric description	Milestone or reporting topic
		Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge	
		Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge	
9	Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 and Older (FUA-AD)	Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a primary diagnosis of alcohol or other drug (AOD) abuse dependence who had a follow-up visit for AOD abuse or dependence. Two rates are reported:	Milestone 2
		Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit	
		Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit	
10	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)	Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a primary diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:	Milestone 2
		Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit	
		Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit	
11	Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (count)	Number of suicide or overdose deaths among Medicaid beneficiaries with SMI or SED within 7 and 30 days of discharge from an inpatient facility or residential stay for mental health	Milestone 2
		7 days of discharge from an inpatient facility or residential stay for mental health	
		30 days of discharge from an inpatient facility or residential stay for mental health	
12	Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (rate)	Rate of suicide or overdose deaths among Medicaid beneficiaries with SMI or SED within 7 and 30 days of discharge from an inpatient facility or residential stay for mental health	Milestone 2

Metric type	Reporting category	Data source	State will report (Y/N)	Approved monitoring protocol indicates that reporting matches the CMS-provided technical specifications manual (Y/N)	Deviations from CMS-provided technical specifications manual or other considerations in approved monitoring protocol
Established quality measure	Annual metrics that are an established quality measure	Claims			
Established quality measure	Annual metrics that are an established quality measure	Claims			
CMS-constructed	Other annual metrics	State data on cause of death			
CMS-constructed	Other annual metrics	State data on cause of death			

Technical specifications manual version	Reporting issue (Y/N) (further describe in SMI - SED reporting issues tab)	Measurement period (month, quarter, year ^a)	Dates covered by measurement period (MM/DD/YYYY-MM/DD/YYYY)	Demonstration reporting denominator	Demonstration reporting numerator or count
		Year	01/01/2023-12/31/2023	4379	1958
			01/01/2023-12/31/2023	4379	1139
Version 4.0	N				
		Year	01/01/2023-12/31/2023	4196	888
			01/01/2023-12/31/2023	4196	510
Version 4.0	N				
		Year	01/01/2023-12/31/2023	2226	980
			01/01/2023-12/31/2023	2226	600
		Year			

Demonstration reporting rate/percentage	Standardized definition of SMI denominator	Standardized definition of SMI numerator or count	Standardized definition of SMI rate/percentage	State-specific definition of SMI denominator	State-specific definition of SMI numerator or count	State-specific definition of SMI rate/percentage	Children (age <16) denominator
44.71340489							
26.01050468							
21.16301239							
12.15443279							
44.02515723							
26.9541779							

Adults (age 25-64) rate/percentage	Older adults (age 65+) denominator	Older adults (age 65+) numerator or count	Older adults (age 65+) rate/percentage	Dual-eligible (Medicare-Medicaid) eligible) denominator	Dual-eligible (Medicare-Medicaid) eligible) numerator or count	Dual-eligible (Medicare-Medicaid) eligible) rate/percentage

Medicaid only denominator	Medicaid only numerator or count	Medicaid only rate/percentage	Eligible for Medicaid on the basis of disability denominator	Eligible for Medicaid on the basis of disability numerator or count	Eligible for Medicaid on the basis of disability rate/percentage	Not eligible for Medicaid on the basis of disability denominator

Not eligible for Medicaid on the basis of disability numerator or count	Not eligible for Medicaid on the basis of disability rate/percentage	Criminally involved denominator	Criminally involved numerator or count	Criminally involved rate/percentage	Not criminally involved denominator	Not criminally involved numerator or count

State-specific subpopulation 1 denominator	State-specific subpopulation 1 numerator or count	State-specific subpopulation 1 rate/percentage	State-specific subpopulation 2 denominator	State-specific subpopulation 2 numerator or count	State-specific subpopulation 2 rate/percentage	State-specific subpopulation 3 denominator
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State-specific subpopulation 3 numerator or count	State-specific subpopulation 3 rate/percentage	State-specific subpopulation 4 denominator	State-specific subpopulation 4 numerator or count	State-specific subpopulation 4 rate/percentage	State-specific subpopulation 5 denominator	State-specific subpopulation 5 numerator or count
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State-specific subpopulation 5 rate/percentage
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#	Metric name	Metric description	Milestone or reporting topic
		7 days of discharge from an inpatient facility or residential stay for mental health	
		30 days of discharge from an inpatient facility or residential stay for mental health	
13	Mental Health Services Utilization - Inpatient	Number of beneficiaries in the demonstration population who use inpatient services related to mental health during the measurement period	Milestone 3
14	Mental Health Services Utilization - Intensive Outpatient and Partial Hospitalization	Number of beneficiaries in the demonstration population who used intensive outpatient and/or partial hospitalization services related to mental health during the measurement period	Milestone 3
15	Mental Health Services Utilization - Outpatient	Number of beneficiaries in the demonstration population who used outpatient services related to mental health during the measurement period	Milestone 3
16	Mental Health Services Utilization - ED	Number of beneficiaries in the demonstration population who use emergency department services for mental health during the measurement period	Milestone 3
17	Mental Health Services Utilization - Telehealth	Number of beneficiaries in the demonstration population who used telehealth services related to mental health during the measurement period	Milestone 3
18	Mental Health Services Utilization - Any Services	Number of beneficiaries in the demonstration population who used any services related to mental health during the measurement period	Milestone 3
19a	Average Length of Stay in IMDs ^d	Average length of stay (ALOS) for beneficiaries with SMI discharged from an inpatient or residential stay in an IMD. Three rates are reported:	Milestone 3
		ALOS for all IMDs and populations	

Metric type	Reporting category	Data source	State will report (Y/N)	Approved monitoring protocol indicates that reporting matches the CMS-provided technical specifications manual (Y/N)	Deviations from CMS-provided technical specifications manual or other considerations in approved monitoring protocol
CMS-constructed	Other monthly and quarterly metrics	Claims			
CMS-constructed	Other monthly and quarterly metrics	Claims			
CMS-constructed	Other monthly and quarterly metrics	Claims			
CMS-constructed	Other monthly and quarterly metrics	Claims			
CMS-constructed	Other monthly and quarterly metrics	Claims			
CMS-constructed	Other monthly and quarterly metrics	Claims			
CMS-constructed	Other annual metrics	Claims State-specific IMD database			

Technical specifications manual version	Reporting issue (Y/N) (further describe in SMI - SED reporting issues tab)	Measurement period (month, quarter, year ^a)	Dates covered by measurement period (MM/DD/YYYY-MM/DD/YYYY)	Demonstration reporting denominator	Demonstration reporting numerator or count
		Year			
Version 4.0	N	Month 1	10/01/2023-10/31/2023		469
		Month 2	11/01/2023-11/30/2023		397
		Month 3	12/01/2023-12/31/2023		422
Version 4.0	N	Month 1	10/01/2023-10/31/2023		910
		Month 2	11/01/2023-11/30/2023		875
		Month 3	12/01/2023-12/31/2023		657
Version 4.0	N	Month 1	10/01/2023-10/31/2023		10355
		Month 2	11/01/2023-11/30/2023		10143
		Month 3	12/01/2023-12/31/2023		9220
Version 4.0	N	Month 1	10/01/2023-10/31/2023		25
		Month 2	11/01/2023-11/30/2023		18
		Month 3	12/01/2023-12/31/2023		19
Version 4.0	N	Month 1	10/01/2023-10/31/2023		2517
		Month 2	11/01/2023-11/30/2023		2349
		Month 3	12/01/2023-12/31/2023		2144
Version 4.0	N	Month 1	10/01/2023-10/31/2023		12725
		Month 2	11/01/2023-11/30/2023		12325
		Month 3	12/01/2023-12/31/2023		11241
		Year			

Demonstration reporting rate/percentage	Standardized definition of SMI denominator	Standardized definition of SMI numerator or count	Standardized definition of SMI rate/percentage	State-specific definition of SMI denominator	State-specific definition of SMI numerator or count	State-specific definition of SMI rate/percentage	Children (age <16) denominator
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		369			44		
		313			39		
		324			25		
		212			1		
		205			6		
		148			1		
		2387			33		
		2294			34		
		2070			28		
		21			2		
		12			0		
		10			0		
		507			4		
		447			6		
		400			0		
		2933			56		
		2753			59		
		2526			42		
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Children (age <16) numerator or count	Children (age <16) rate/percentage	Transition-age youth (age 16-24) denominator	Transition-age youth (age 16-24) numerator or count	Transition-age youth (age 16-24) rate/percentage	Adults (age 25-64) denominator	Adults (age 25-64) numerator or count
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53			91			313
37			88			256
51			75			273
116			160			610
110			155			588
85			146			411
1662			1660			6545
1656			1663			6343
1531			1509			5761
1			4			18
1			3			13
2			3			13
228			395			1796
188			391			1663
165			343			1544
1829			2044			8276
1812			2026			7917
1664			1852			7220

Adults (age 25-64) rate/percentage	Older adults (age 65+) denominator	Older adults (age 65+) numerator or count	Older adults (age 65+) rate/percentage	Dual-eligible (Medicare-Medicaid eligible) denominator	Dual-eligible (Medicare-Medicaid eligible) numerator or count	Dual-eligible (Medicare-Medicaid eligible) rate/percentage
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		12			35	
		16			24	
		23			24	
		24			95	
		22			93	
		15			82	
		488			1423	
		481			1337	
		419			1190	
		2			6	
		1			5	
		1			1	
		98			313	
		107			295	
		92			283	
		576			1688	
		570			1579	
		505			1435	

Medicaid only denominator	Medicaid only numerator or count	Medicaid only rate/percentage	Eligible for Medicaid on the basis of disability denominator	Eligible for Medicaid on the basis of disability numerator or count	Eligible for Medicaid on the basis of disability rate/percentage	Not eligible for Medicaid on the basis of disability denominator
	434					
	373					
	398					
	815					
	782					
	575					
	8932					
	8806					
	8030					
	19					
	13					
	18					
	2204					
	2054					
	1861					
	11037					
	10746					
	9806					

Not eligible for Medicaid on the basis of disability numerator or count	Not eligible for Medicaid on the basis of disability rate/percentage	Criminally involved denominator	Criminally involved numerator or count	Criminally involved rate/percentage	Not criminally involved denominator	Not criminally involved numerator or count

Not criminally involved rate/percentage	Co-occurring SUD denominator	Co-occurring SUD numerator or count	Co-occurring SUD rate/percentage	Co-occurring physical conditions denominator	Co-occurring physical conditions numerator or count	Co-occurring physical conditions rate/percentage

State-specific subpopulation 1 denominator	State-specific subpopulation 1 numerator or count	State-specific subpopulation 1 rate/percentage	State-specific subpopulation 2 denominator	State-specific subpopulation 2 numerator or count	State-specific subpopulation 2 rate/percentage	State-specific subpopulation 3 denominator
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State-specific subpopulation 5 rate/percentage
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#	Metric name	Metric description	Milestone or reporting topic
		ALOS among short-term stays (less than or equal to 60 days)	
		ALOS among long-term stays (greater than 60 days)	
19b	Average Length of Stay in IMDs (IMDs receiving FFP only) ^d	Average length of stay (ALOS) for beneficiaries with SMI discharged from an inpatient or residential stay in an IMD receiving federal financial participation (FFP). Three rates are reported: ALOS for all IMDs and populations ALOS among short-term stays (less than or equal to 60 days) ALOS among long-term stays (greater than 60 days)	Milestone 3
20	Beneficiaries With SMI/SED Treated in an IMD for Mental Health	Number of beneficiaries in the demonstration population who have a claim for inpatient or residential treatment for mental health in an IMD during the reporting year	Milestone 3
21	Count of Beneficiaries With SMI/SED (monthly)	Number of beneficiaries in the demonstration population during the measurement period and/or in the 11 months before the measurement period	Milestone 4
22	Count of Beneficiaries With SMI/SED (annually)	Number of beneficiaries in the demonstration population during the measurement period and/or in the 12 months before the measurement period	Milestone 4
23	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	Percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) in poor control (> 9.0%)	Milestone 4
24	Screening for Depression and Follow-up Plan: Age 18 and Older (CDF-AD)	Percentage of beneficiaries age 18 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter	Milestone 4
25	Screening for Depression and Follow-up Plan: Ages 12 to 17 (CDF-CH)	Percentage of beneficiaries ages 12 to 17 screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter	Milestone 4
26	Access to Preventive/Ambulatory Health Services for Medicaid Beneficiaries With SMI	The percentage of Medicaid beneficiaries age 18 years or older with SMI who had an ambulatory or preventive care visit during the measurement period	Milestone 4

Metric type	Reporting category	Data source	State will report (Y/N)	Approved monitoring protocol indicates that reporting matches the CMS-provided technical specifications manual (Y/N)	Deviations from CMS-provided technical specifications manual or other considerations in approved monitoring protocol
CMS-constructed	Other annual metrics	Claims State-specific IMD database			
CMS-constructed	Other annual metrics	Claims			
CMS-constructed	Other monthly and quarterly metrics	Claims			
CMS-constructed	Other annual metrics	Claims			
Established quality measure	Annual metrics that are an established quality measure	Claims Medical records			
Established quality measure	Annual metrics that are an established quality measure	Claims Medical records			
Established quality measure	Annual metrics that are an established quality measure	Claims Electronic medical records			
Established quality measure	Annual metrics that are an established quality measure	Claims			

Technical specifications manual version	Reporting issue (Y/N) (further describe in SMI - SED reporting issues tab)	Measurement period (month, quarter, year ^a)	Dates covered by measurement period (MM/DD/YYYY-MM/DD/YYYY)	Demonstration reporting denominator	Demonstration reporting numerator or count
		Year			
		Year			
Version 4.0	N	Month 1	10/01/2023-10/31/2023		13890
		Month 2	11/01/2023-11/30/2023		13617
		Month 3	12/01/2023-12/31/2023		12740
		Year			
Version 4.0	N	Year	01/01/2023-12/31/2023	5912	4073
		Year			
		Year			
Version 4.0	N	Year	01/01/2023-12/31/2023	74834	71374

Demonstration reporting rate/percentage	Standardized definition of SMI denominator	Standardized definition of SMI numerator or count	Standardized definition of SMI rate/percentage	State-specific definition of SMI denominator	State-specific definition of SMI numerator or count	State-specific definition of SMI rate/percentage	Children (age <16) denominator
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		3265			61		
		3120			62		
		2880			45		
68.89377537							
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95.37643317							

Children (age <16) numerator or count	Children (age <16) rate/percentage	Transition-age youth (age 16-24) denominator	Transition-age youth (age 16-24) numerator or count	Transition-age youth (age 16-24) rate/percentage	Adults (age 25-64) denominator	Adults (age 25-64) numerator or count
	1538		1982			9531
	1523		1956			9310
	1440		1836			8697

Adults (age 25-64) rate/percentage	Older adults (age 65+) denominator	Older adults (age 65+) numerator or count	Older adults (age 65+) rate/percentage	Dual-eligible (Medicare-Medicaid eligible) denominator	Dual-eligible (Medicare-Medicaid eligible) numerator or count	Dual-eligible (Medicare-Medicaid eligible) rate/percentage
		839			2136	
		828			2069	
		767			1946	

Medicaid only denominator	Medicaid only numerator or count	Medicaid only rate/percentage	Eligible for Medicaid on the basis of disability denominator	Eligible for Medicaid on the basis of disability numerator or count	Eligible for Medicaid on the basis of disability rate/percentage	Not eligible for Medicaid on the basis of disability denominator
	11754					
	11548					
	10794					

Not eligible for Medicaid on the basis of disability numerator or count	Not eligible for Medicaid on the basis of disability rate/percentage	Criminally involved denominator	Criminally involved numerator or count	Criminally involved rate/percentage	Not criminally involved denominator	Not criminally involved numerator or count

State-specific subpopulation 1 denominator	State-specific subpopulation 1 numerator or count	State-specific subpopulation 1 rate/percentage	State-specific subpopulation 2 denominator	State-specific subpopulation 2 numerator or count	State-specific subpopulation 2 rate/percentage	State-specific subpopulation 3 denominator
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		#DIV/0!			#DIV/0!	
		#DIV/0!			#DIV/0!	
		#DIV/0!			#DIV/0!	

State-specific subpopulation 3 numerator or count	State-specific subpopulation 3 rate/percentage	State-specific subpopulation 4 denominator	State-specific subpopulation 4 numerator or count	State-specific subpopulation 4 rate/percentage	State-specific subpopulation 5 denominator	State-specific subpopulation 5 numerator or count
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State-specific subpopulation 5 rate/percentage
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#	Metric name	Metric description	Milestone or reporting topic
29	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:	Milestone 4
		Percentage of children and adolescents on antipsychotics who received blood glucose testing	
		Percentage of children and adolescents on antipsychotics who received cholesterol testing	
		Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing	
30	Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication	Percentage of new antipsychotic prescriptions for Medicaid beneficiaries who meet the following criteria: <ul style="list-style-type: none"> • age 18 years and older, and • completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of prescription of an antipsychotic medication 	Milestone 4
32	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential	The sum of all Medicaid spending for mental health services not in inpatient or residential settings during the measurement period	Other SMI/SED metrics
33	Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential	The sum of all Medicaid costs for mental health services in inpatient or residential settings during the measurement period	Other SMI/SED metrics
34	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential	Per capita costs for non-inpatient, non-residential services for mental health, among beneficiaries in the demonstration population during the measurement period	Other SMI/SED metrics
35	Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential	Per capita costs for inpatient or residential services for mental health among beneficiaries in the demonstration population during the measurement period	Other SMI/SED metrics
36	Grievances Related to Services for SMI/SED	Number of grievances filed during the measurement period that are related to services for SMI/SED	Other SMI/SED metrics
37	Appeals Related to Services for SMI/SED	Number of appeals filed during the measurement period that are related to services for SMI/SED	Other SMI/SED metrics

Metric type	Reporting category	Data source	State will report (Y/N)	Approved monitoring protocol indicates that reporting matches the CMS-provided technical specifications manual (Y/N)	Deviations from CMS-provided technical specifications manual or other considerations in approved monitoring protocol
Established quality measure	Annual metrics that are an established quality measure	Claims			
Established quality measure	Annual metrics that are an established quality measure	Claims			
CMS-constructed	Other annual metrics	Claims			
CMS-constructed	Other annual metrics	Claims			
CMS-constructed	Other annual metrics	Claims			
CMS-constructed	Other annual metrics	Claims			
CMS-constructed	Grievances and appeals	Administrative records	Y	Y	
CMS-constructed	Grievances and appeals	Administrative records	Y	Y	

Technical specifications manual version	Reporting issue (Y/N) (further describe in SMI - SED reporting issues tab)	Measurement period (month, quarter, year ^a)	Dates covered by measurement period (MM/DD/YYYY-MM/DD/YYYY)	Demonstration reporting denominator	Demonstration reporting numerator or count
Version 4.0	N				
		Year	01/01/2023-12/31/2023	3093	843
			01/01/2023-12/31/2023	3093	42
			01/01/2023-12/31/2023	3093	845
		Year			
		Year			
		Year			
		Year			
		Year			
	N	Quarter	04/01/2024-06/30/2024		33
	N	Quarter	04/01/2024-06/30/2024		43

Demonstration reporting rate/percentage	Standardized definition of SMI denominator	Standardized definition of SMI numerator or count	Standardized definition of SMI rate/percentage	State-specific definition of SMI denominator	State-specific definition of SMI numerator or count	State-specific definition of SMI rate/percentage	Children (age <16) denominator
27.25509214							
1.357904947							
27.31975428							
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Children (age <16) numerator or count	Children (age <16) rate/percentage	Transition-age youth (age 16-24) denominator	Transition-age youth (age 16-24) numerator or count	Transition-age youth (age 16-24) rate/percentage	Adults (age 25-64) denominator	Adults (age 25-64) numerator or count

Adults (age 25-64) rate/percentage	Older adults (age 65+) denominator	Older adults (age 65+) numerator or count	Older adults (age 65+) rate/percentage	Dual-eligible (Medicare-Medicaid eligible) denominator	Dual-eligible (Medicare-Medicaid eligible) numerator or count	Dual-eligible (Medicare-Medicaid eligible) rate/percentage

Medicaid only denominator	Medicaid only numerator or count	Medicaid only rate/percentage	Eligible for Medicaid on the basis of disability denominator	Eligible for Medicaid on the basis of disability numerator or count	Eligible for Medicaid on the basis of disability rate/percentage	Not eligible for Medicaid on the basis of disability denominator

Not eligible for Medicaid on the basis of disability numerator or count	Not eligible for Medicaid on the basis of disability rate/percentage	Criminally involved denominator	Criminally involved numerator or count	Criminally involved rate/percentage	Not criminally involved denominator	Not criminally involved numerator or count

Not criminally involved rate/percentage	Co-occurring SUD denominator	Co-occurring SUD numerator or count	Co-occurring SUD rate/percentage	Co-occurring physical conditions denominator	Co-occurring physical conditions numerator or count	Co-occurring physical conditions rate/percentage

State-specific subpopulation 1 denominator	State-specific subpopulation 1 numerator or count	State-specific subpopulation 1 rate/percentage	State-specific subpopulation 2 denominator	State-specific subpopulation 2 numerator or count	State-specific subpopulation 2 rate/percentage	State-specific subpopulation 3 denominator
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State-specific subpopulation 3 numerator or count	State-specific subpopulation 3 rate/percentage	State-specific subpopulation 4 denominator	State-specific subpopulation 4 numerator or count	State-specific subpopulation 4 rate/percentage	State-specific subpopulation 5 denominator	State-specific subpopulation 5 numerator or count
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State-specific subpopulation 5 rate/percentage
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#	Metric name	Metric description	Milestone or reporting topic
38	Critical Incidents Related to Services for SMI/SED	Number of critical incidents filed during the measurement period that are related to services for SMI/SED	Other SMI/SED metrics
39	Total Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED	Total Medicaid costs for beneficiaries in the demonstration population who had claims for inpatient or residential treatment for mental health in an IMD during the reporting year	Other SMI/SED metrics
40	Per Capita Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED	Per capita Medicaid costs for beneficiaries in the demonstration population who had claims for inpatient or residential treatment for mental health in an IMD during the reporting year	Other SMI/SED metrics
Q1	[Insert selected metric for health IT question 1]		Health IT
Q2	[Insert selected metric for health IT question 2]		Health IT
Q3	[Insert selected metric for health IT question 3]		Health IT
State-specific metrics			
<i>[Insert rows for any additional state-specific metrics by right-clicking on row 90 and selecting "Insert"]</i>			

Metric type	Reporting category	Data source	State will report (Y/N)	Approved monitoring protocol indicates that reporting matches the CMS-provided technical specifications manual (Y/N)	Deviations from CMS-provided technical specifications manual or other considerations in approved monitoring protocol
CMS-constructed	Grievances and appeals	Administrative records	Y	Y	
CMS-constructed	Other annual metrics	Claims			
CMS-constructed	Other annual metrics	Claims			
State-specific					
State-specific					
State-specific					

Technical specifications manual version	Reporting issue (Y/N) (further describe in SMI - SED reporting issues tab)	Measurement period (month, quarter, year ^a)	Dates covered by measurement period (MM/DD/YYYY-MM/DD/YYYY)	Demonstration reporting denominator	Demonstration reporting numerator or count
	N	Quarter	04/01/2024-06/30/2024		7
		Year			
		Year			

Demonstration reporting rate/percentage	Standardized definition of SMI denominator	Standardized definition of SMI numerator or count	Standardized definition of SMI rate/percentage	State-specific definition of SMI denominator	State-specific definition of SMI numerator or count	State-specific definition of SMI rate/percentage	Children (age <16) denominator
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Children (age <16) numerator or count	Children (age <16) rate/percentage	Transition-age youth (age 16-24) denominator	Transition-age youth (age 16-24) numerator or count	Transition-age youth (age 16-24) rate/percentage	Adults (age 25-64) denominator	Adults (age 25-64) numerator or count

Adults (age 25-64) rate/percentage	Older adults (age 65+) denominator	Older adults (age 65+) numerator or count	Older adults (age 65+) rate/percentage	Dual-eligible (Medicare-Medicaid eligible) denominator	Dual-eligible (Medicare-Medicaid eligible) numerator or count	Dual-eligible (Medicare-Medicaid eligible) rate/percentage

Medicaid only denominator	Medicaid only numerator or count	Medicaid only rate/percentage	Eligible for Medicaid on the basis of disability denominator	Eligible for Medicaid on the basis of disability numerator or count	Eligible for Medicaid on the basis of disability rate/percentage	Not eligible for Medicaid on the basis of disability denominator

Not eligible for Medicaid on the basis of disability numerator or count	Not eligible for Medicaid on the basis of disability rate/percentage	Criminally involved denominator	Criminally involved numerator or count	Criminally involved rate/percentage	Not criminally involved denominator	Not criminally involved numerator or count

Not criminally involved rate/percentage	Co-occurring SUD denominator	Co-occurring SUD numerator or count	Co-occurring SUD rate/percentage	Co-occurring physical conditions denominator	Co-occurring physical conditions numerator or count	Co-occurring physical conditions rate/percentage

State-specific subpopulation 1 denominator	State-specific subpopulation 1 numerator or count	State-specific subpopulation 1 rate/percentage	State-specific subpopulation 2 denominator	State-specific subpopulation 2 numerator or count	State-specific subpopulation 2 rate/percentage	State-specific subpopulation 3 denominator
		#DIV/0!			#DIV/0!	

State-specific subpopulation 3 numerator or count	State-specific subpopulation 3 rate/percentage	State-specific subpopulation 4 denominator	State-specific subpopulation 4 numerator or count	State-specific subpopulation 4 rate/percentage	State-specific subpopulation 5 denominator	State-specific subpopulation 5 numerator or count
	#DIV/0!			#DIV/0!		

State-specific subpopulation 5 rate/percentage
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#	Metric name	Metric description	Milestone or reporting topic
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Note: Licensee and state must prominently display the following notice on any display of Measure rates:
The MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, and APM measures (#13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”

- ^a Report metrics that are one annual value for a demonstration year only in the report specified in the reporting schedule.
- ^b Please note that if a state’s demonstration includes only individuals with SMI (i.e., the demonstration does not also include individuals with SED), values reported for the state-specific definition of SMI may equal those reported for the overall demonstration reporting category.
- ^c In columns BH-CK, enter data for any state-specific subpopulations on which the state is approved to report. The state should also include the name of the state-specific subpopulation in row 10 of these columns. If the state reports on more than ten state-specific subpopulations, add additional columns after column CK.
- ^d Any state that claims federal financial participation (FFP) for services provided in Qualified Residential Treatment Programs (QRTPs) that are Medicaid Institutions for Mental Disease (IMDs) is required to report Metrics #19a and 19b for the state-specific subpopulation of "QRTPs that are IMDs." To do this, the state should add "QRTPs that are IMDs" as one of its state-specific subpopulations in columns BH-CK and then, in rows 55-57 and 59-61, report Metrics #19a and 19b for that state-specific subpopulation.

Checks:

- Numerator in #32 is equal to the Numerator in #34
- Numerator in #33 is equal to the Numerator in #35
- Denominator in #34 is equal to the Numerator in #22
- Denominator in #35 is equal to the Numerator in #22
- Denominator in #34 is equal to the Denominator in #35
- Numerator in #40 is equal to the Numerator in #39

Beneficiary counts across related subpopulations should sum approximately to the overall demonstration reporting count in column P. For example, the sum of dual-eligible and Medicaid-only beneficiaries should sum approximately to the value in column P. Likewise, the sum of beneficiaries across age groups should sum approximately to the value in column P, and so on.

Metric type	Reporting category	Data source	State will report (Y/N)	Approved monitoring protocol indicates that reporting matches the CMS-provided technical specifications manual (Y/N)
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