Medicaid Section 1115 SUD Demonstrations Monitoring Report (Part A) - Reporting issues (Version 7.0)

State UT

Demonstration Name Utah's Medicaid Reform 1115 Demonstration

SUD Demonstration Year (DY) DY7

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

Calendar Dates for SUD DY

07/01/2023-06/30/2024 (Format: MM/DD/YYYY - MM/DD/YYYY)

SUD Reporting Period

Q4 (Format: Q1, Q2, Q3, Q4)

Calendar Dates for SUD Reporting Period

04/01/2024-06/30/2024 (Format: MM/DD/YYYY - MM/DD/YYYY)

Table: Substance Use Disorder Demonstration Reporting Issues

#	Metric name	Milestone or reporting topic	Summary of issue	Date and monitoring report in which issue was first reported
EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:
1	Assessed for SUD Treatment	Assessment of need and	Difficulty with collecting data for metric 1. There is a lack of	9/1/19; SUD DY2Q3
(Do not delete or	Needs Using a Standardized	qualification for SUD services	EHR data.	
edit this row)	Screening Tool			
1	Assessed for SUD Treatment	Assessment of need and		
	Needs Using a Standardized Screening Tool	qualification for SUD services		
2	Medicaid Beneficiaries with	Assessment of need and		
	Newly Initiated SUD Treatment/Diagnosis	qualification for SUD services		
3	Medicaid Beneficiaries with SUD	Assessment of need and		
	Diagnosis (monthly)	qualification for SUD treatment services		
4	Medicaid Beneficiaries with SUD	Assessment of need and		
	Diagnosis (annually)	qualification for SUD treatment		
		services		
5	Medicaid Beneficiaries Treated in an IMD for SUD	Milestone 2		
6	Any SUD Treatment	Milestone 1		
7	Early Intervention	Milestone 1		
8	Outpatient Services	Milestone 1		
9	Intensive Outpatient and Partial	Milestone 1		
	Hospitalization Services			
10	Residential and Inpatient Services	Milestone 1		
11	Withdrawal Management	Milestone 1		
12	Medication-Assisted Treatment	Milestone 1		
13	SUD Provider Availability	Milestone 4		
14	SUD Provider Availability - MAT	Milestone 4		

#	Metric name	Milestone or reporting topic	Summary of issue	Date and monitoring report in which issue was first reported
EXAMPLE: 1 (Do not delete or edit this row)	EXAMPLE: Assessed for SUD Treatment Needs Using a Standardized Screening Tool	EXAMPLE: Assessment of need and qualification for SUD services	EXAMPLE: Difficulty with collecting data for metric 1. There is a lack of EHR data.	EXAMPLE: 9/1/19; SUD DY2Q3
15	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure]	Milestone 6		
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]	Milestone 6		
17(1)	Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence: Age 18 and Older (FUA-AD) [NCQA; NQF #3488; Medicaid Adult Core Set; Adjusted HEDIS measure]	Milestone 6		

#	Metric name	Milestone or reporting topic	Summary of issue	Date and monitoring report in which issue was first reported
EXAMPLE: 1 (Do not delete or edit this row)	EXAMPLE: Assessed for SUD Treatment Needs Using a Standardized Screening Tool	EXAMPLE: Assessment of need and qualification for SUD services	EXAMPLE: Difficulty with collecting data for metric 1. There is a lack of EHR data.	EXAMPLE: 9/1/19; SUD DY2Q3
17(2)	Follow-up after Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD) [NCQA; NQF #3489; Medicaid Adult Core Set; Adjusted HEDIS measure]	Milestone 6		
18	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) [PQA, NQF #2940; Medicaid Adult Core Set]	Milestone 5		
19	Use of Opioids from Multiple Providers in Persons without Cancer (OMP) [PQA; NQF #2950]	Milestone 5		
20	Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP) [PQA, NQF #2951]	Milestone 5		
21	Concurrent Use of Opioids and Benzodiazepines (COB-AD) [PQA]	Milestone 5		
22	Continuity of Pharmacotherapy for Opioid Use Disorder [USC; NQF #3175]	Milestone 1		

#	Metric name	Milestone or reporting topic	Summary of issue	Date and monitoring report in which issue was first reported
EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:
1 (Do not delete or edit this row)	Assessed for SUD Treatment Needs Using a Standardized Screening Tool	Assessment of need and qualification for SUD services	Difficulty with collecting data for metric 1. There is a lack of EHR data.	9/1/19; SUD DY2Q3
23	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	Milestone 5		
24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	Other SUD-related metrics		
25	Readmissions Among Beneficiaries with SUD	Milestone 6		
26	Overdose Deaths (count)	Milestone 5		
27	Overdose Deaths (rate)	Milestone 5		
28	SUD Spending	Other SUD-related metrics		
29	SUD Spending Within IMDs	Other SUD-related metrics		
30	Per Capita SUD Spending	Other SUD-related metrics		
31	Per Capita SUD Spending Within IMDs	Other SUD-related metrics		
32	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD (AAP) [Adjusted HEDIS measure]	Other SUD-related metrics		
33	Grievances Related to SUD Treatment Services	Other SUD-related metrics		
34	Appeals Related to SUD Treatment Services	Other SUD-related metrics		
35	Critical Incidents Related to SUD Treatment Services	Other SUD-related metrics		
36	Average Length of Stay in IMDs	Milestone 2		
Q1	[Automatically populated with selected metric for health IT question 1]	Health IT	Q1: Medicaid's partners that run Project Echo were able to get dat	9/28/24, DY7Q4

#	Metric name	Milestone or reporting topic	Summary of issue	Date and monitoring report in which issue was first reported
EXAMPLE: 1 (Do not delete or edit this row)	EXAMPLE: Assessed for SUD Treatment Needs Using a Standardized Screening Tool	EXAMPLE: Assessment of need and qualification for SUD services	EXAMPLE: Difficulty with collecting data for metric 1. There is a lack of EHR data.	EXAMPLE: 9/1/19; SUD DY2Q3
Q2	[Automatically populated with selected metric for health IT question 2]	Health IT		
Q3	[Automatically populated with selected metric for health IT question 3]	Health IT		_

State-specific met

[Automatically populated with state-specific metrics]

Table: Subs

	и		S4-4	Update(s) to issue summary, remediation plan, and/or timeline for
Į	#	Remediation plan and timeline for resolution	Status	resolution, if issue previously reported
	EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:
	1	Demonstration site in process of updating EHR, to be completed in	Ongoing	EHR implementation is proceeding as planned and will be completed by June
	(Do not delete or	June 2020. Once completed, will report according to specification.		2020.
	edit this row)			
L				

2
3
4
4
5
6
7
8
9
10
11
12
13
14

#	Remediation plan and timeline for resolution	Status	Update(s) to issue summary, remediation plan, and/or timeline for resolution, if issue previously reported
EXAMPLE: 1 (Do not delete or edit this row)	EXAMPLE: Demonstration site in process of updating EHR, to be completed in June 2020. Once completed, will report according to specification.	EXAMPLE: Ongoing	EXAMPLE: EHR implementation is proceeding as planned and will be completed by June 2020.
15			
16			
17(1)			

#	Remediation plan and timeline for resolution	Status	Update(s) to issue summary, remediation plan, and/or timeline for resolution, if issue previously reported
EXAMPLE: 1 (Do not delete or edit this row)	EXAMPLE: Demonstration site in process of updating EHR, to be completed in June 2020. Once completed, will report according to specification.	EXAMPLE: Ongoing	EXAMPLE: EHR implementation is proceeding as planned and will be completed by June 2020.
17(2)			
18			
19			
20			
21			
22			

#	Remediation plan and timeline for resolution	Status	Update(s) to issue summary, remediation plan, and/or timeline for resolution, if issue previously reported
EXAMPLE: 1 (Do not delete or edit this row)	EXAMPLE: Demonstration site in process of updating EHR, to be completed in	EXAMPLE: Ongoing	EXAMPLE: EHR implementation is proceeding as planned and will be completed by June 2020.
23			
24			
25			
26 27			
28			
29 30			
31			
32			
33			
34			
35			
36			
Q1	Wirking with Project ECHO partners to ensure complete data is collected for the next report.	Ongoing	

#	Remediation plan and timeline for resolution	Status	Update(s) to issue summary, remediation plan, and/or timeline for resolution, if issue previously reported
EXAMPLE:	EXAMPLE:	EXAMPLE:	EXAMPLE:
(Do not delete or	Demonstration site in process of updating EHR, to be completed in	Ongoing	EHR implementation is proceeding as planned and will be completed by June
edit this row)	June 2020. Once completed, will report according to specification.		2020.
Q2		,	
Q3			

State-specific met

#	Metric name	Milestone or reporting topic	Summary of issue	Date and monitoring report in which issue was first reported
	EXAMPLE: Assessed for SUD Treatment Needs Using a Standardized Screening Tool	EXAMPLE: Assessment of need and qualification for SUD services	EXAMPLE: Difficulty with collecting data for metric 1. There is a lack of EHR data.	EXAMPLE: 9/1/19; SUD DY2Q3

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] 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."