

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^a

#	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]^f

16

SUB-3 Alcohol and Other Drug Use Disorder Treatment
Provided or Offered at Discharge,
SUB-3a Alcohol and Other Drug Use Disorder Treatment at
Discharge
[Joint Commission; NQF #1664]

- 17(1) Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD)
[NCQA; NQF #2605; Medicaid Adult Core Set; Adjusted HEDIS measure]^{f,g}
- 17(2) Follow-up after Emergency Department Visit for Mental Illness (FUM-AD)
[NCQA; NQF #2605; Medicaid Adult Core Set; Adjusted HEDIS measure]^{f,h}
- 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
[PQA; NQF #2950]
- 20 Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer [PQA, NQF #2951]
- 21 Concurrent Use of Opioids and Benzodiazepines (COB-AD)
[PQA]
- 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 (AAP) [Adjusted HEDIS measure] ^f
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	

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: *“These measures are based on NCQA’s HEDIS guidelines, do not establish a standard of medical care and have not been tested for accuracy. They are provided “as is” without warranty of any kind. NCQA makes no representations, warranties, or endorsement about the quality of any organization or service, and assumes no liability to anyone who relies on HEDIS measures or specifications or data reflected in this report.”*

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 are Unaudited HEDIS rates.”

^a States should create a new metrics report for each reporting quarter

^b For state-specific metrics, states should attest that they are reporting as specified in the HEDIS Manual

^c Report metrics that are one annual value for a demonstration year only in the report state

^d If applicable. See CMS-provided technical specifications manual

^e Enter any state-specific subpopulations that will be reported after column AT; create a separate row for each subpopulation

^f Rates for these metrics reflect Uncertified, Unaudited HEDIS rates

^g Rates 1 and 2 reported for metric 17(1) correspond to rates 2 and 3 for metric 17 from the HEDIS 1.1 Manual

^h Rates 1 and 2 reported for metric 17(2) correspond to rates 1 and 2 for metric 17 from the HEDIS 1.1 Manual

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

DY2

07/01/2018-06/30/2019

Q3

01/01/2019-03/31/2019

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 with a new episode of alcohol or other drug (AOD) AOD abuse or dependence who received the following:

- Initiation of AOD Treatment—percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or MAT within 14 days of the diagnosis
- Engagement of AOD Treatment—percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit

The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.

- 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 who have a principal diagnosis of AOD abuse or dependence and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported:

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

Percentage of ED visits for beneficiaries who have a principal diagnosis of mental illness and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported:

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

Percentage of beneficiaries age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis or in hospice are excluded.

The percentage of individuals ≥ 18 years of age who received prescriptions for opioids from ≥ 4 prescribers AND ≥ 4 pharmacies within ≤ 180 days.

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

Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Patients with a cancer diagnosis or in hospice are excluded.

Percentage of adults in the denominator 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®) (NCQA). HEDIS measures and specifications are not clinical potential applications. The measures and specifications are warranties or endorsements about the quality of any product, test or requirements of a HEDIS measure or specification. NCQA makes no claim of performance under such measures and specifications.

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

their monitoring protocol

specified in the reporting schedule

new columns as needed

n 1115 SUD Technical Specifications for Monitoring Metrics Version

n 1115 SUD Technical Specifications for Monitoring Metrics Version

counts for the overall demonstration

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

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

CMS-constructed

quarterly metric

Milestone 1

Other monthly and

CMS-constructed

quarterly metric

Milestone 1

Other monthly and

CMS-constructed

quarterly metric

Milestone 1

Other monthly and

CMS-constructed

quarterly metric

Milestone 1

Other monthly and

CMS-constructed

quarterly metric

Milestone 1

Other monthly and

CMS-constructed

quarterly metric

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

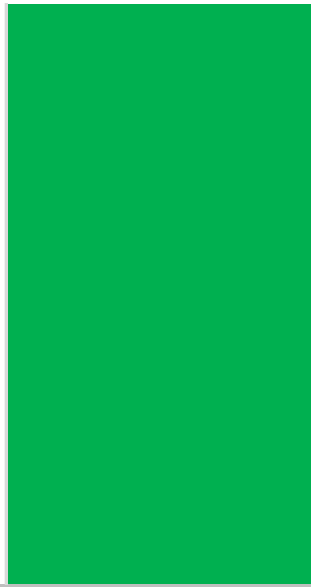
Milestone 5

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) ^b
<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
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Claims	Y
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Claims	Y
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Claims	Y
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Claims	Y
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Claims	Y
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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

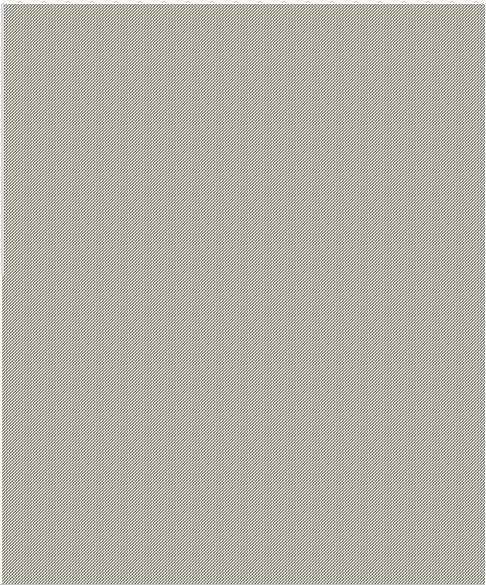
Claims

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



<p style="text-align: center;">Deviations from CMS-provided technical specifications manual in approved protocol</p>	<p style="text-align: center;">Technical specifications manual version</p>
<p><i>EXAMPLE:</i> The Department will use state-defined procedure codes (list specific codes) to calculate this metric.</p>	<p><i>EXAMPLE:</i> Version 3.0</p>
<p>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.</p>	<p style="background-color: yellow;">Version 3.0</p>

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.

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Version 3.0

Version 3.0

Version 3.0

Version 3.0

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Version 3.0

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Version 3.0

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.

Version 3.0

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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Version 3.0

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Reporting issue (Y/N) (further describe in SUD reporting issues tab)	Measurement period (month, quarter, year ^c)	Dates covered by measurement period (MM/DD/YYYY- MM/DD/YYYY)
<i>EXAMPLE:</i> Y	<i>EXAMPLE:</i> Month 1 <i>EXAMPLE:</i> Month 2 <i>EXAMPLE:</i> Month 3	<i>EXAMPLE:</i> 07/01/2018-7/31/2018 <i>EXAMPLE:</i> 08/01/2018-08/31/2018 <i>EXAMPLE:</i> 09/01/2018-09/30/2018
N	Month 1	
	Month 2	
	Month 3	
	Month 1	
	Month 2	
	Month 3	
	Month 1	
	Month 2	10/01/2018-10/31/2018
	Month 3	11/01/2018-11/30/2018
		12/01/2018-12/31/2018

Year

Year



Month 1

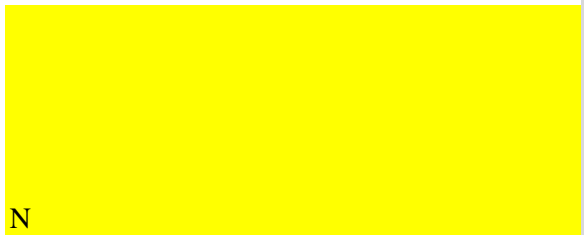
10/01/2018-10/31/2018

Month 2

11/01/2018-11/30/2018

Month 3

12/01/2018-12/31/2018



Month 1

10/01/2018-10/31/2018

Month 2

11/01/2018-11/30/2018

Month 3

12/01/2018-12/31/2018



Month 1

10/01/2018-10/31/2018

Month 2

11/01/2018-11/30/2018

Month 3

12/01/2018-12/31/2018



Month 1

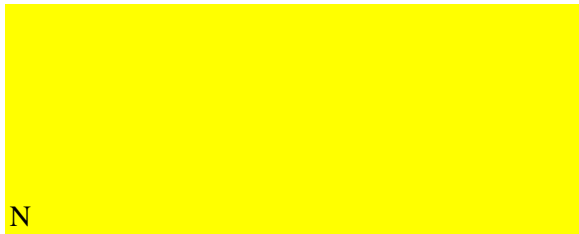
10/01/2018-10/31/2018

Month 2

11/01/2018-11/30/2018

Month 3

12/01/2018-12/31/2018



Month 1

10/01/2018-10/31/2018
11/01/2018-11/30/2018
12/01/2018-12/31/2018

Month 2

Month 2

Month 3



Month 1

10/01/2018-10/31/2018
11/01/2018-11/30/2018
12/01/2018-12/31/2018

Month 2

Month 2

Month 3



Month 1

10/01/2018-10/31/2018
11/01/2018-11/30/2018
12/01/2018-12/31/2018

Month 2

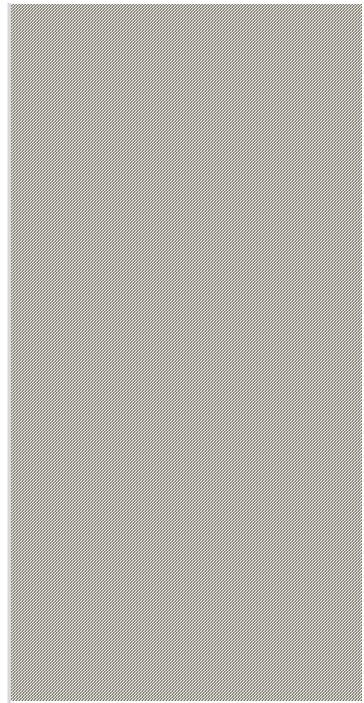
Month 2

Month 3

Year

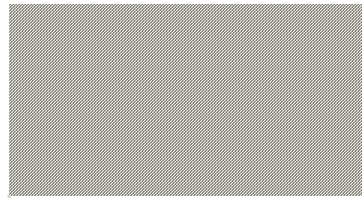
Year

Year



Year

Year



Year



Year

Year

Year

Year

Year

Month 1



Month 2

Month 3

10/01/2018-10/31/2018

11/01/2018-11/30/2018

12/01/2018-12/31/2018

N

Month 1

10/01/2018-10/31/2018

Month 2

11/01/2018-11/30/2018

Month 3

12/01/2018-12/31/2018

Year

Year

Year

Year

Year

Year

Year

Year

Quarter

Quarter

Quarter

Year

Year

Year

Year



Demonstration			
Demonstration denominator	Demonstration numerator or count	Demonstration rate/percentage ^d	Age < 18 denominator
	<i>EXAMPLE:</i> 100		
	<i>EXAMPLE:</i> 100		
	<i>EXAMPLE:</i> 100		
	9952		
	10086 9989		

4352

4349

4086

3045

3043

2929

2717

2698

2561

82

76

72

661

622

618

56

42

54

1544

1581

1470



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2.527254523

175375

267404

641

2.397121958

174107

264533

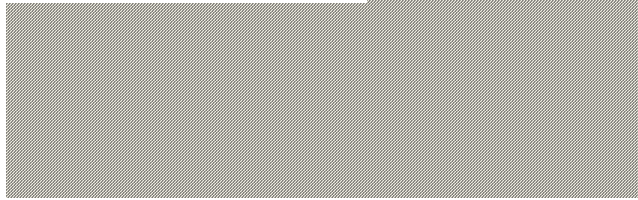
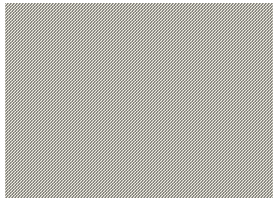
662

2.502523315

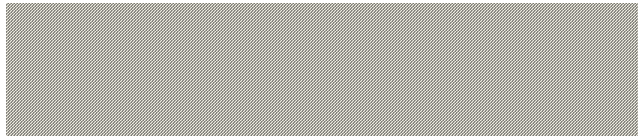
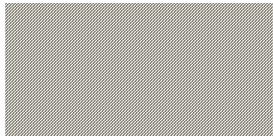
171772

268671	307	1.142661471	175375
267404	289	1.080761694	174107
264533	315	1.19077771	171772

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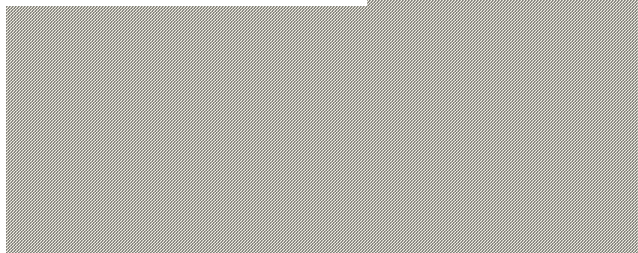
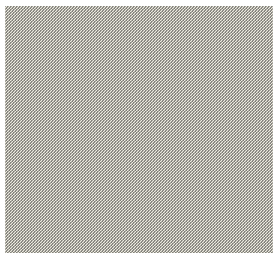
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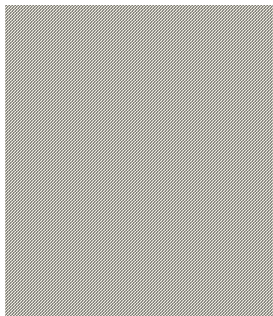
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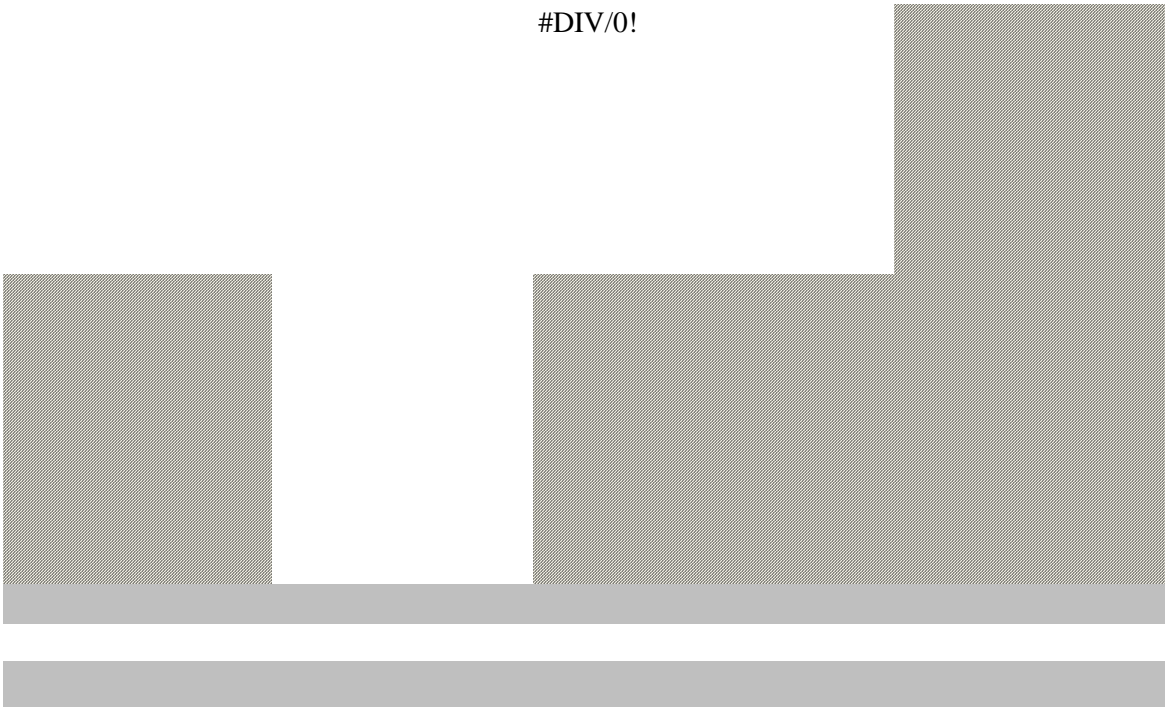
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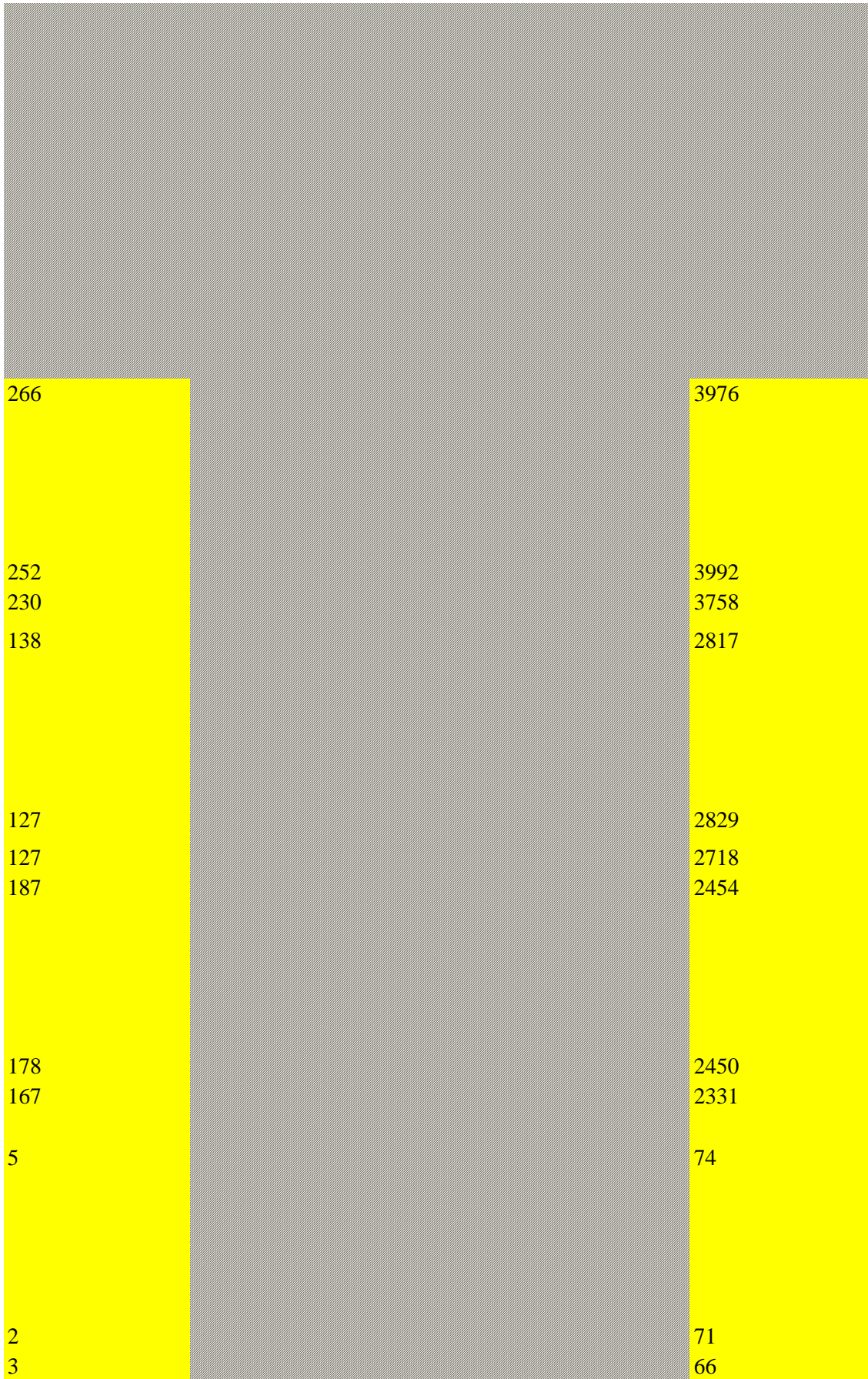
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Age < 18		Age 18-64	
Age < 18 numerator or count	Age <18 rate/percentage ^d	Age 18-64 denominator	Age 18-64 numerator or count
<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
650			8808
645			8955
623			8867



49

50

42

0

0

0

3

4

4

609

570

573

56

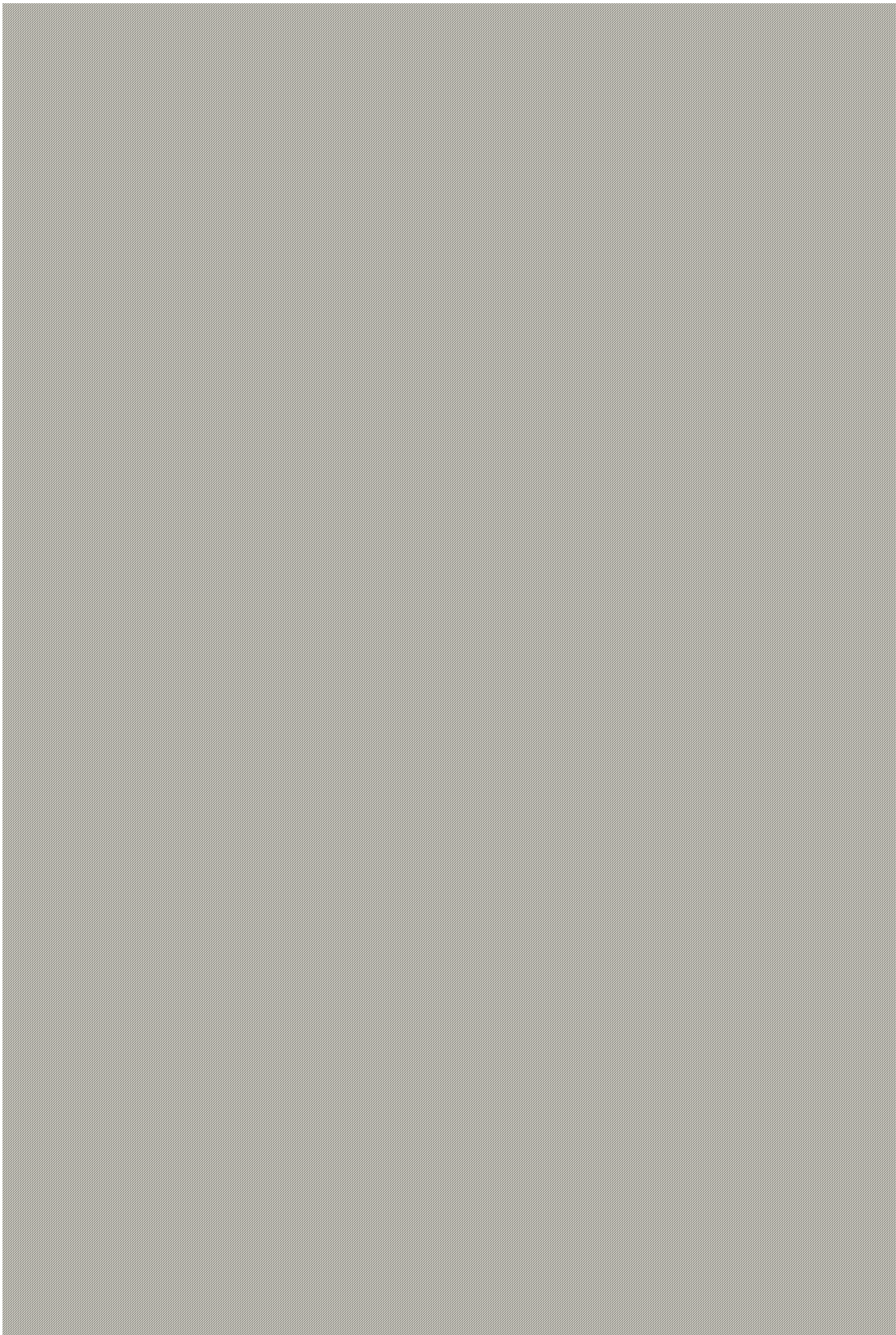
42

51

1523

1558

1448



33	0.188168211	79114	615
25	0.143589861	79057	588
18	0.104790071	78493	610

0	0	79114	283
3	0.017230783	79057	263
3	0.017465012	78493	292

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Age 18-64 rate/percentage ^d	Age 65+		
	Age 65+ denominator	Age 65+ numerator or count	Age 65+ rate/percentage ^d
		<i>EXAMPLE:</i>	
		<i>EXAMPLE:</i>	
		<i>EXAMPLE:</i>	
		494	
		486 499	

110

105

98

90

87

84

76

70

63

3

3

3

3

2

3

0

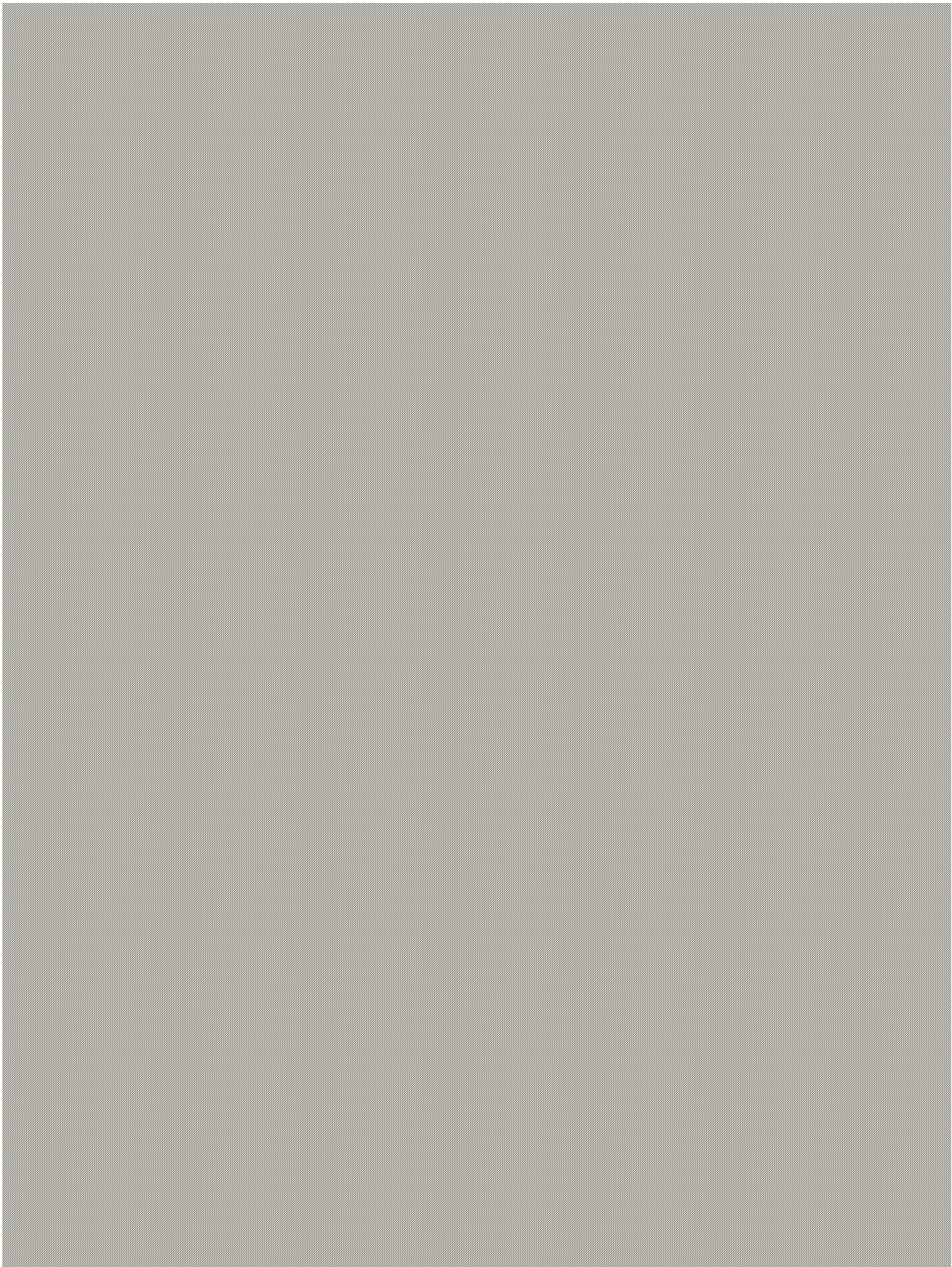
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3

18

19

18





7.773592537	14182	31	2.185869412
7.437671553	14240	28	1.966292135
7.771393627	14268	34	2.382954864

3.577116566

14182

24

1.692285996

3.326713637

14240

23

1.615168539

3.72007695

14268

20

1.401738155

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Dual eligible (Medicare-Medicaid eligible)			Medicaid on	
Dual eligible (Medicare-Medicaid eligible) denominator	Dual eligible (Medicare-Medicaid eligible) numerator or count	Dual eligible (Medicare-Medicaid eligible) rate/percentage ^d	Medicaid only denominator	Medicaid only numerator or count
	<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
	<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
	<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
	1959			7993
	1937 1939			8149 8050

571

3781

518

3831

478

3608

341

2704

311

2732

305

2624

376

2341

347

2351

327

2234

17

65

16

60

13

59

29

632

12

610

13

605

5

51

8

34

8

46

97

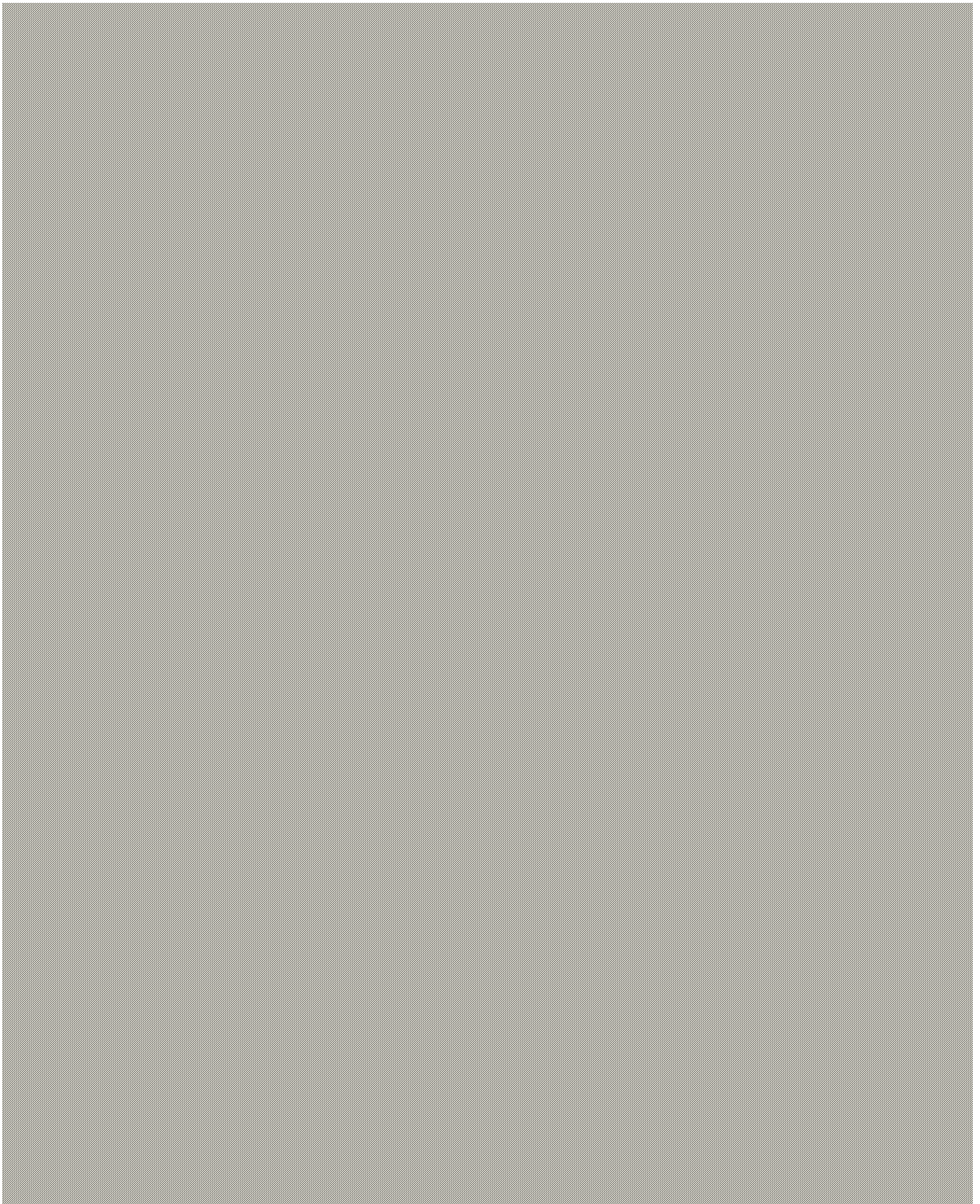
1447

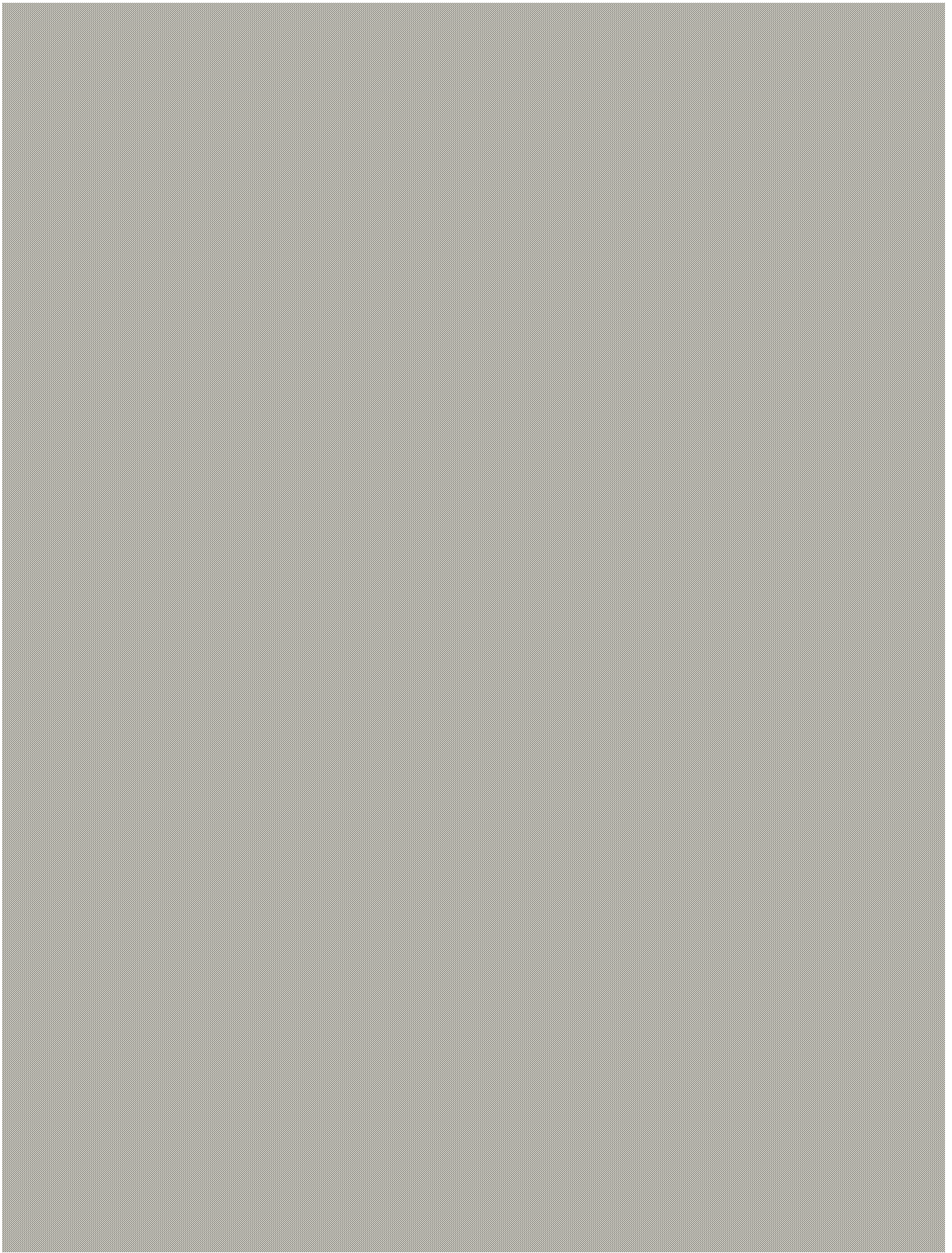
92

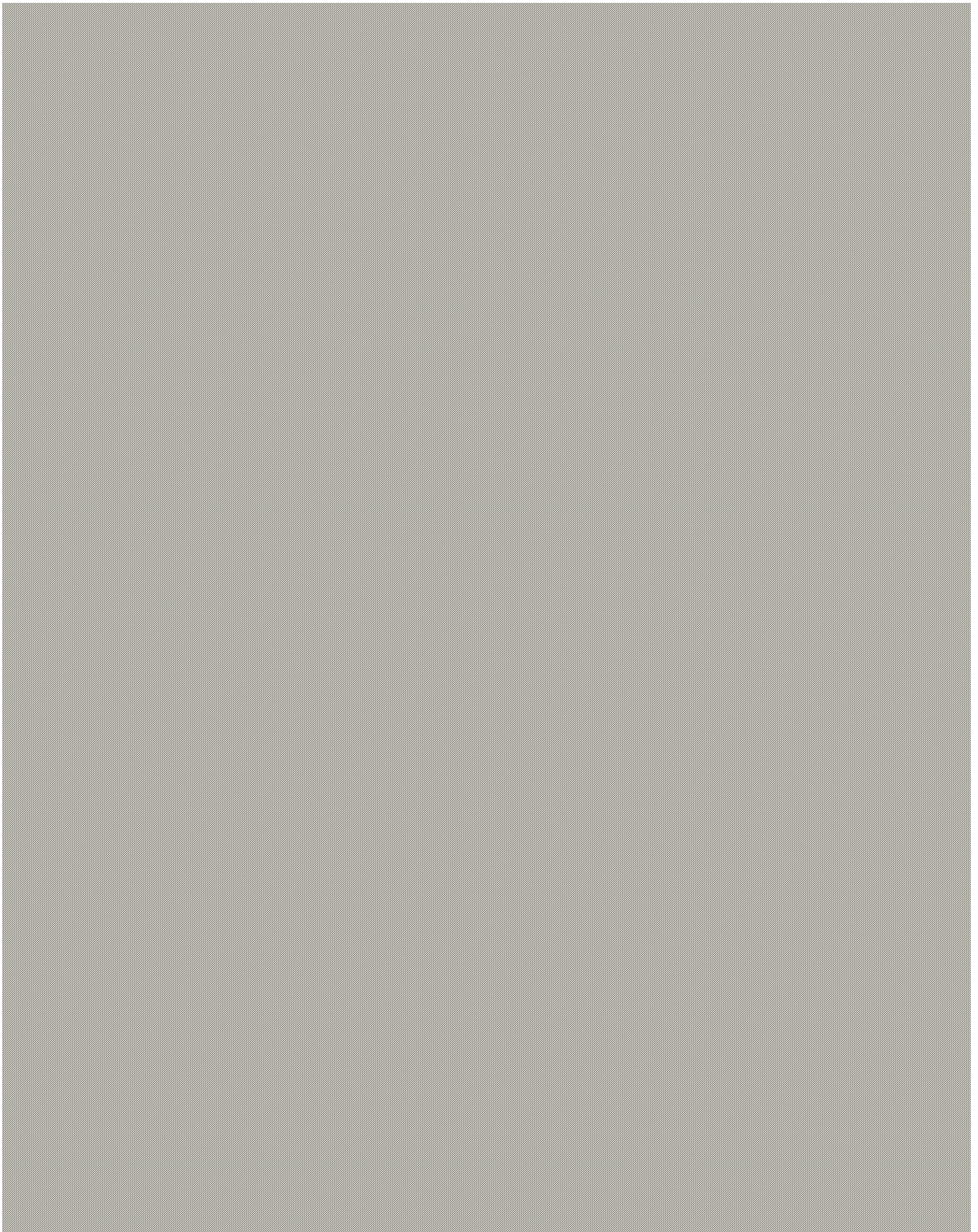
1489

86

1384









ly Medicaid only rate/percentage ^d	Pregnant		
	Pregnant denominator	Pregnant numerator or count	Pregnant rate/percentage ^d
		<i>EXAMPLE:</i>	
		<i>EXAMPLE:</i>	
		<i>EXAMPLE:</i>	
		387	
		381 368	

214

209

192

89

85

80

156

148

140

6

7

7

22

20

23

1

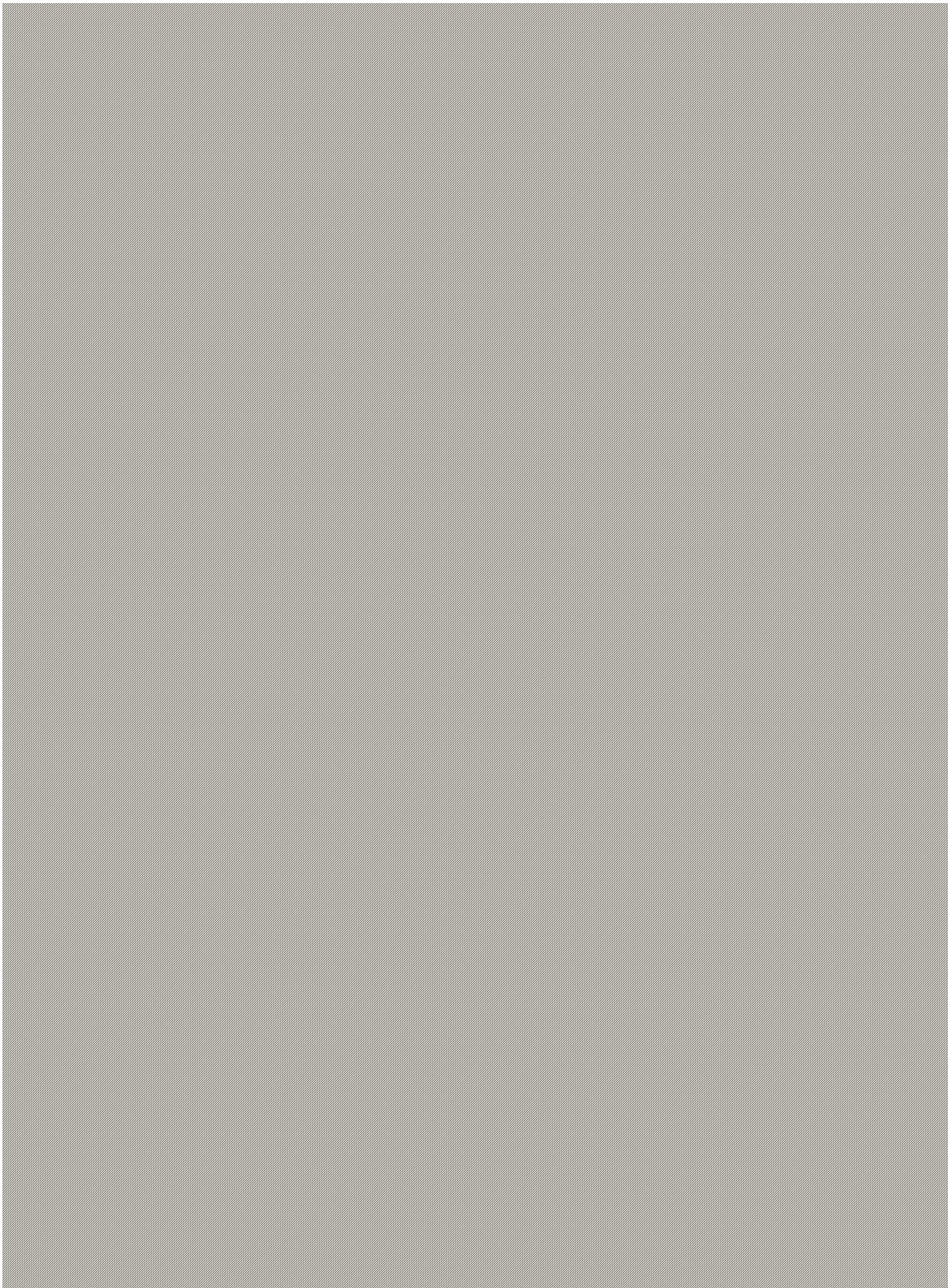
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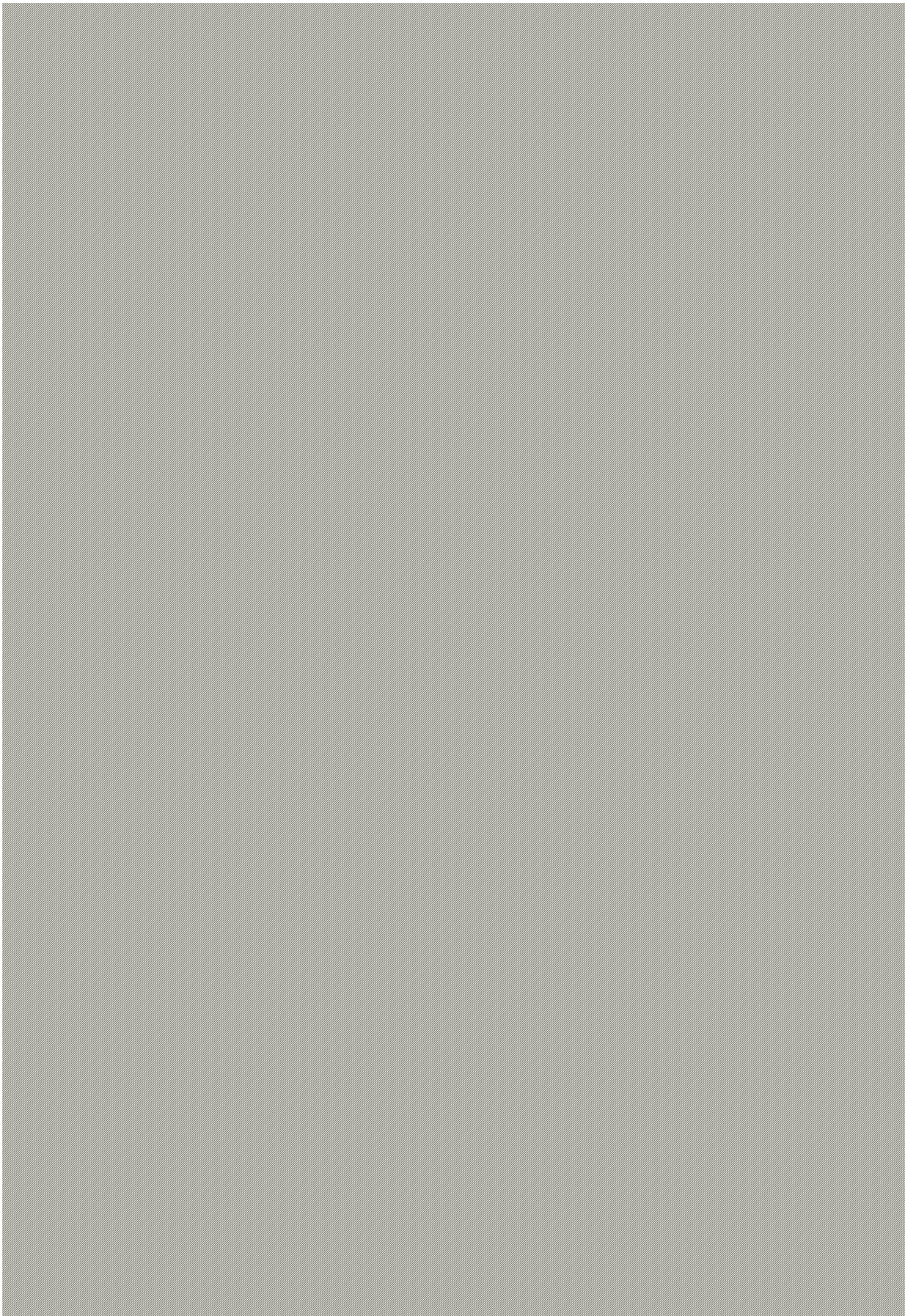
2

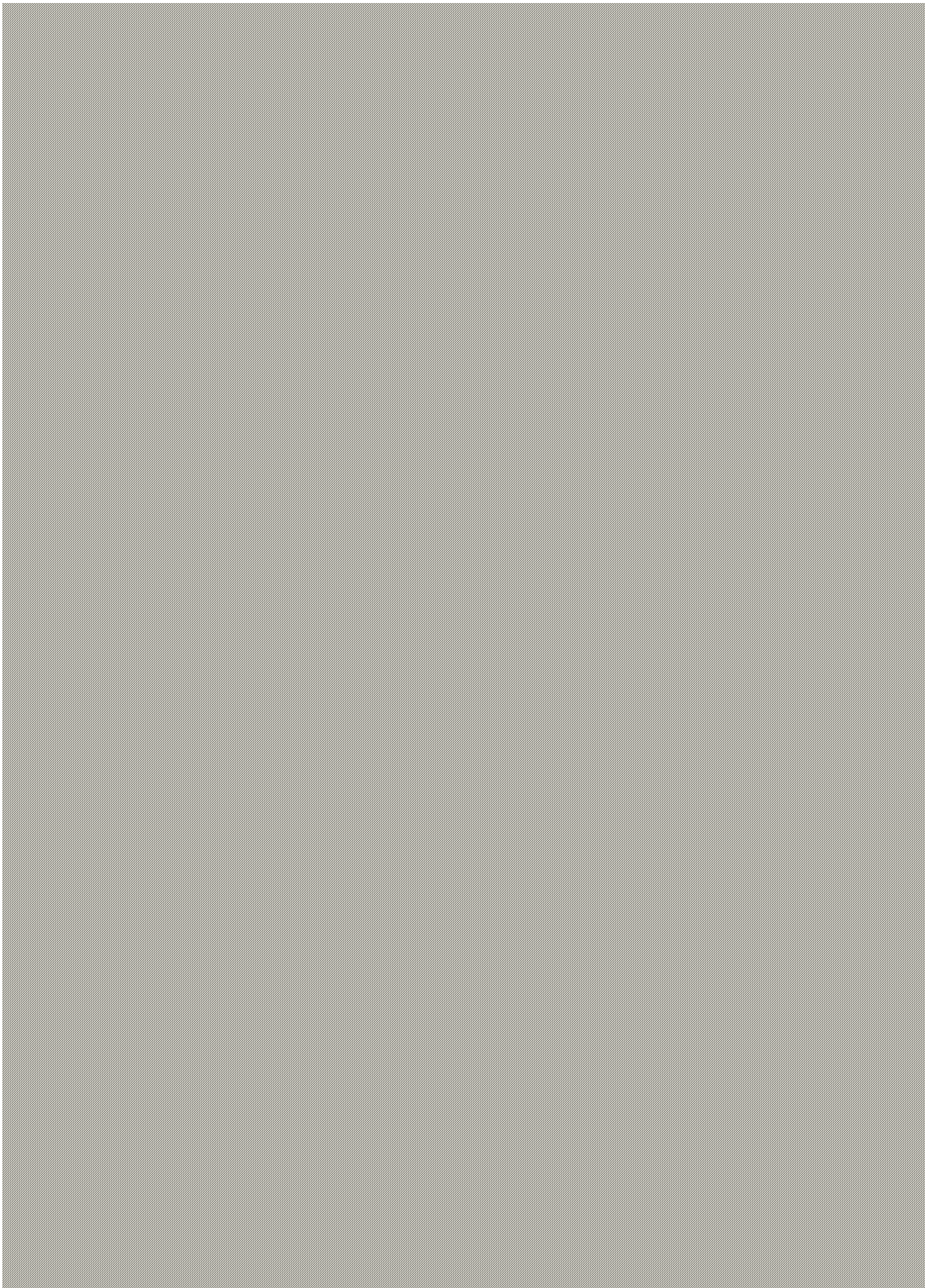
91

95

83









Not pregnant			Criminally inv	
Not pregnant denominator	Not pregnant numerator or count	Not pregnant rate/percentage ^d	Criminally involved denominator	Criminally involved numerator or count
	<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
	<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
	<i>EXAMPLE:</i>			<i>EXAMPLE:</i>
	9565			
	9705 9621			

4138

4140

3894

2956

2958

2849

2561

2550

2421

76

69

65

639

602

595

55

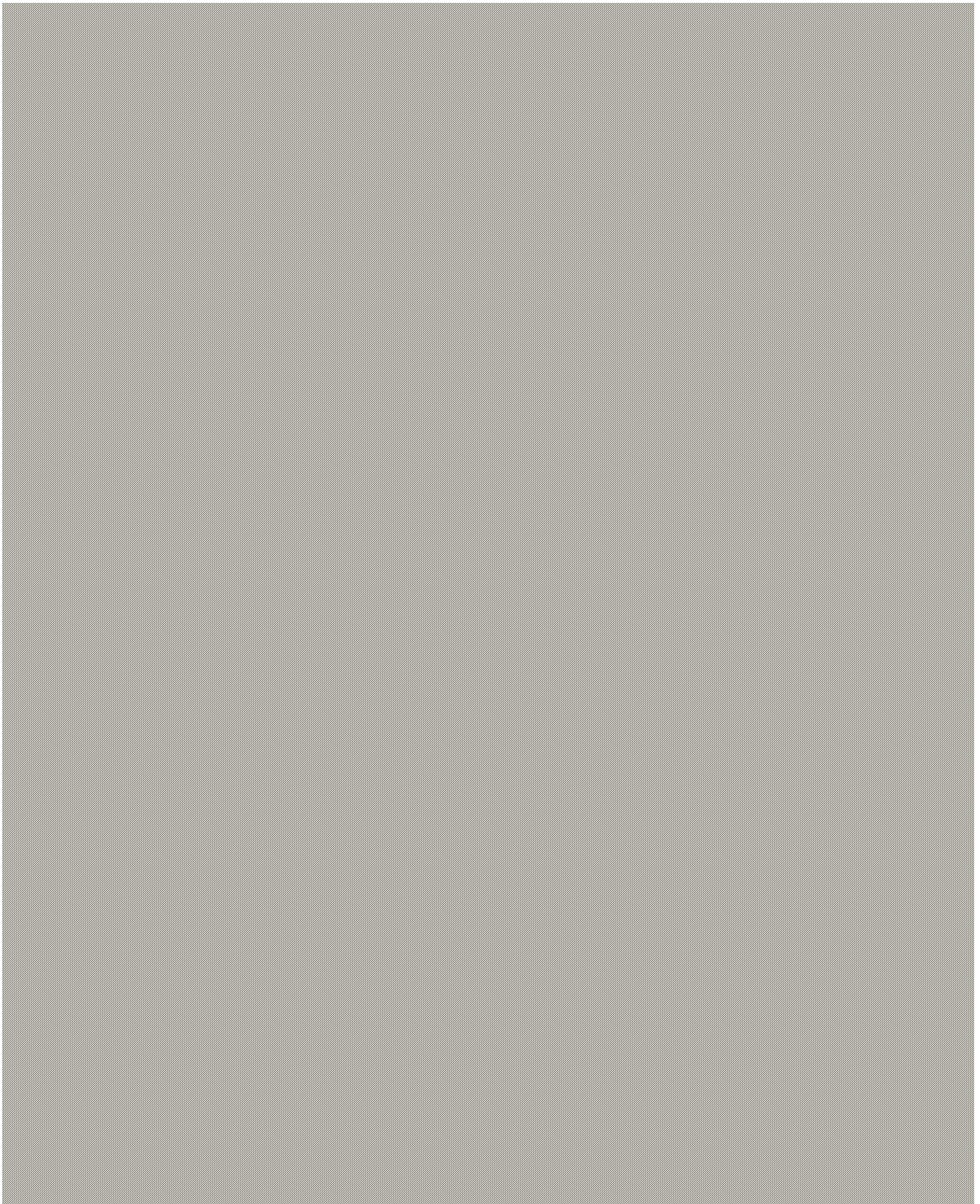
39

52

1453

1486

1387

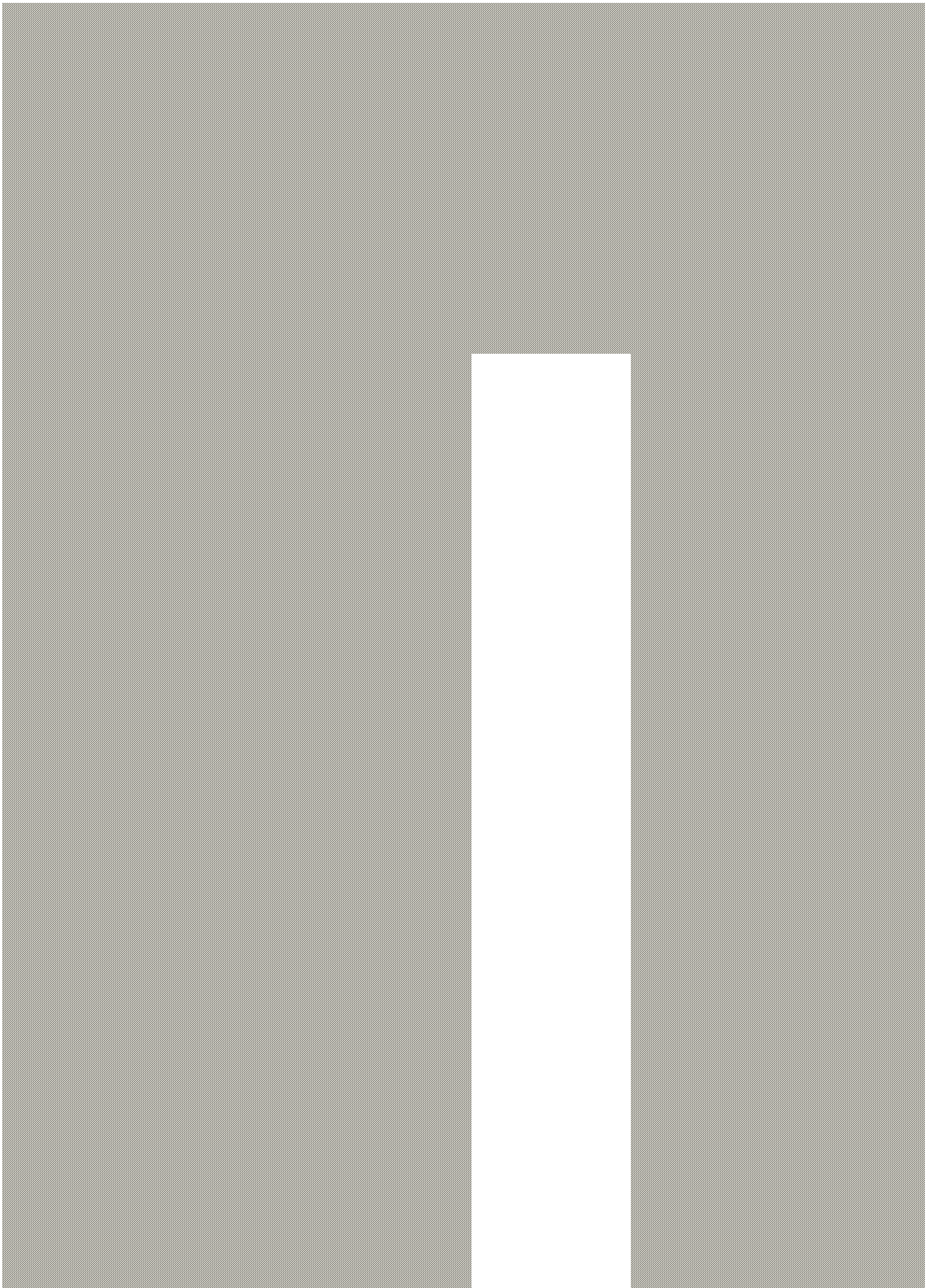


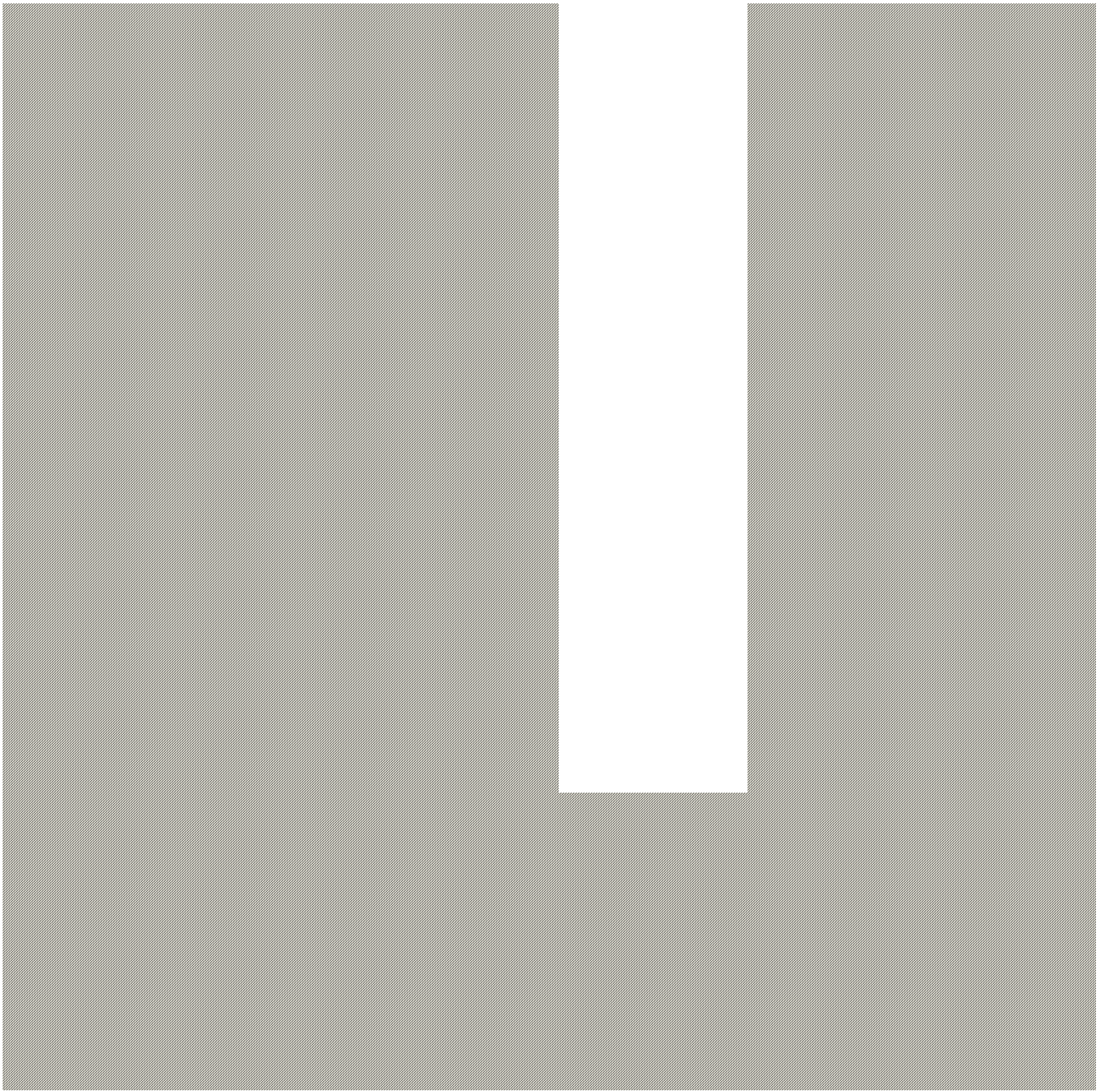


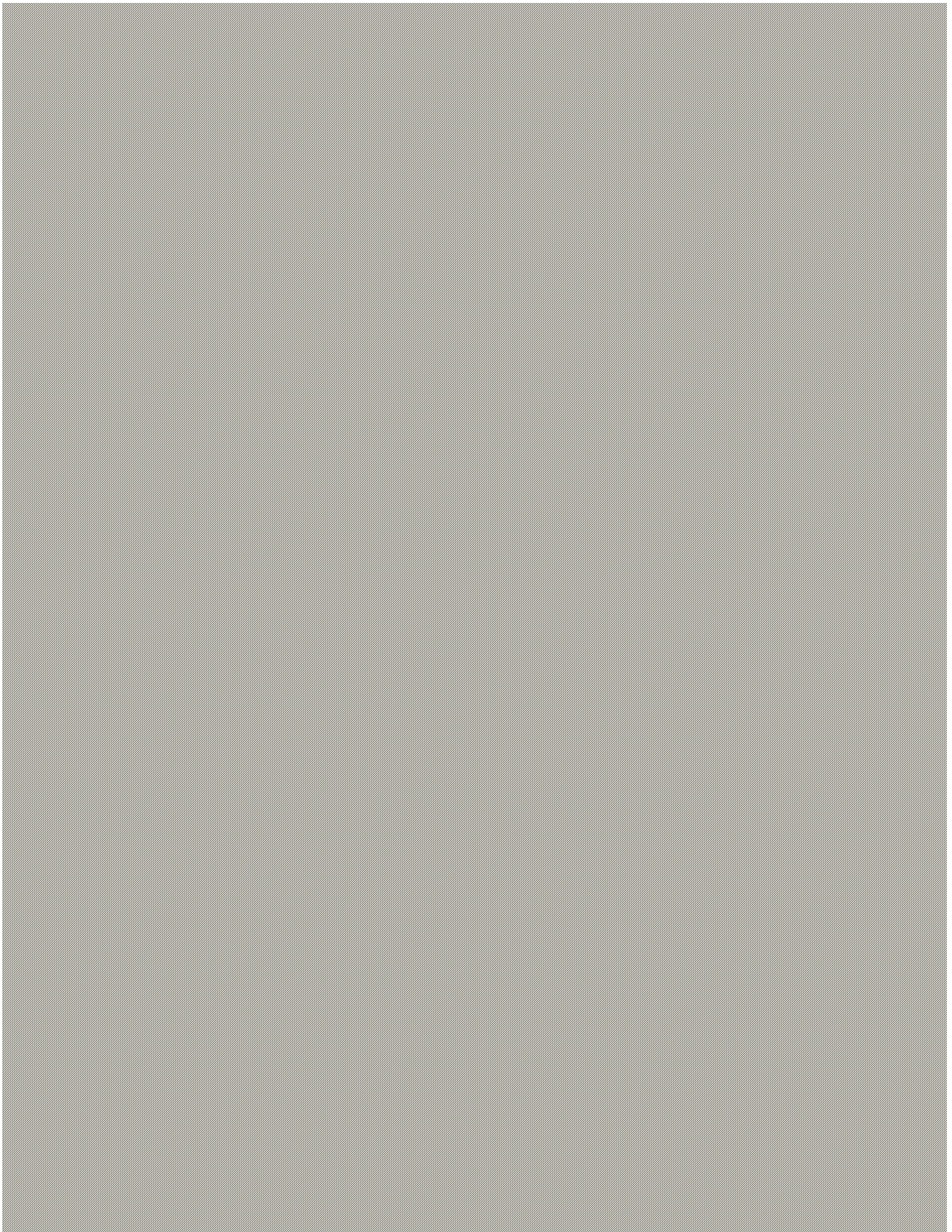


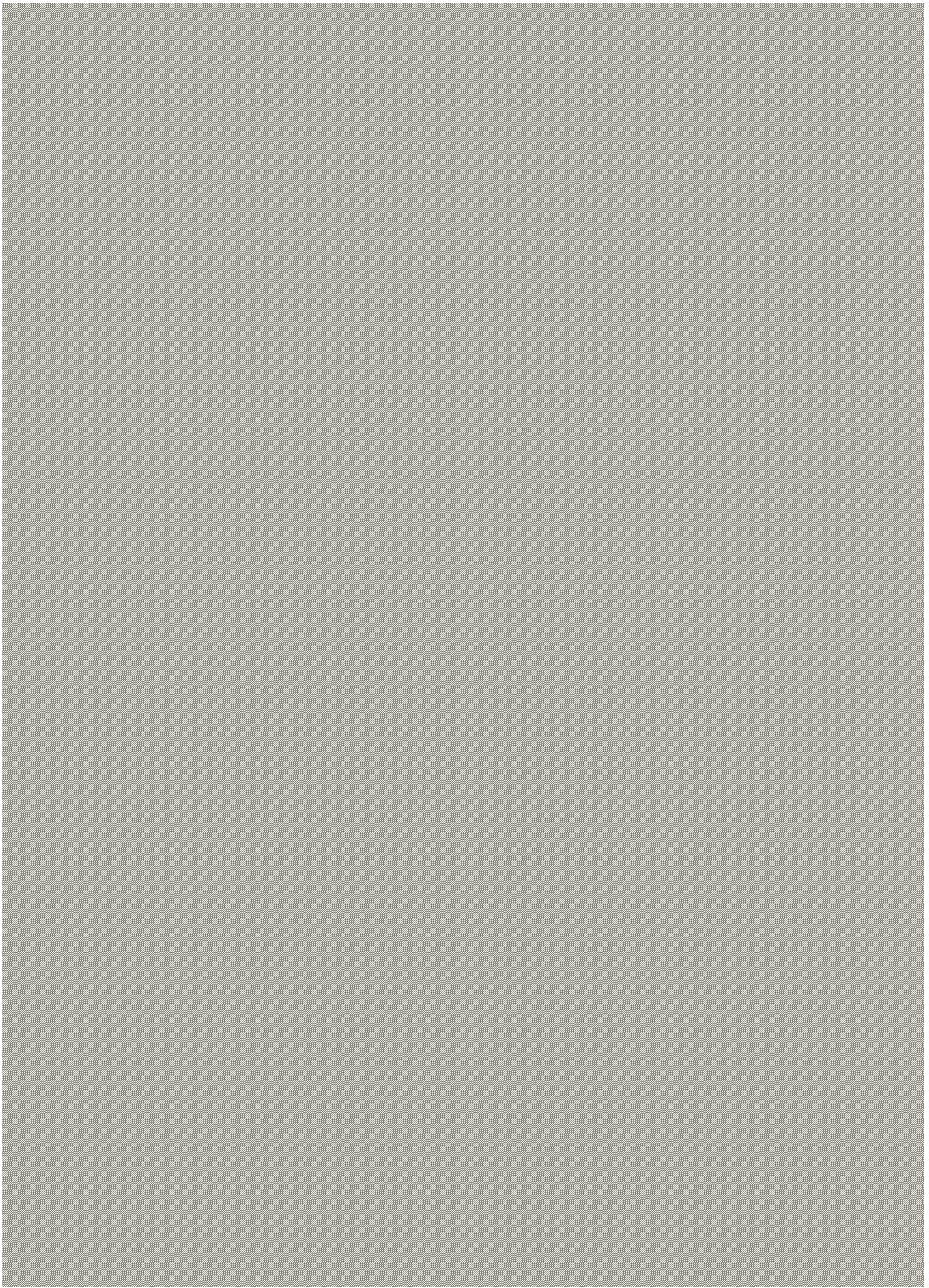


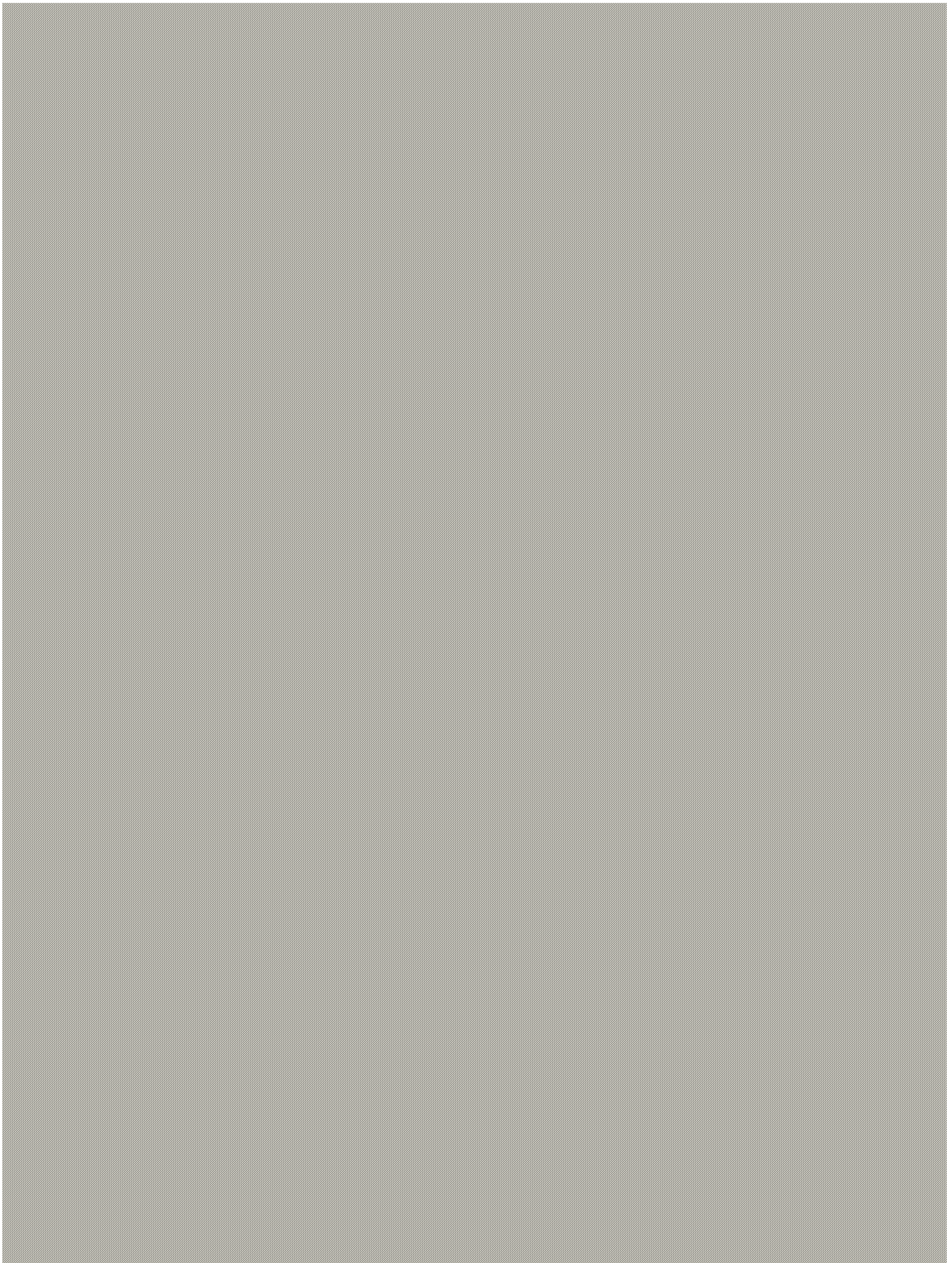
Criminally involved rate/percentage ^d	Not criminally involved		
	Not criminally involved denominator	Not criminally involved numerator or count	Not criminally involved rate/percentage ^d
		<i>EXAMPLE:</i>	
		<i>EXAMPLE:</i>	
		<i>EXAMPLE:</i>	





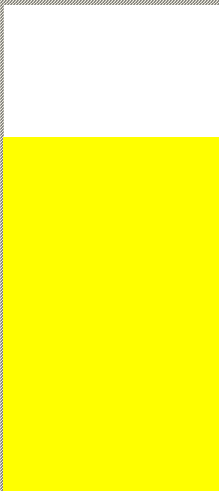


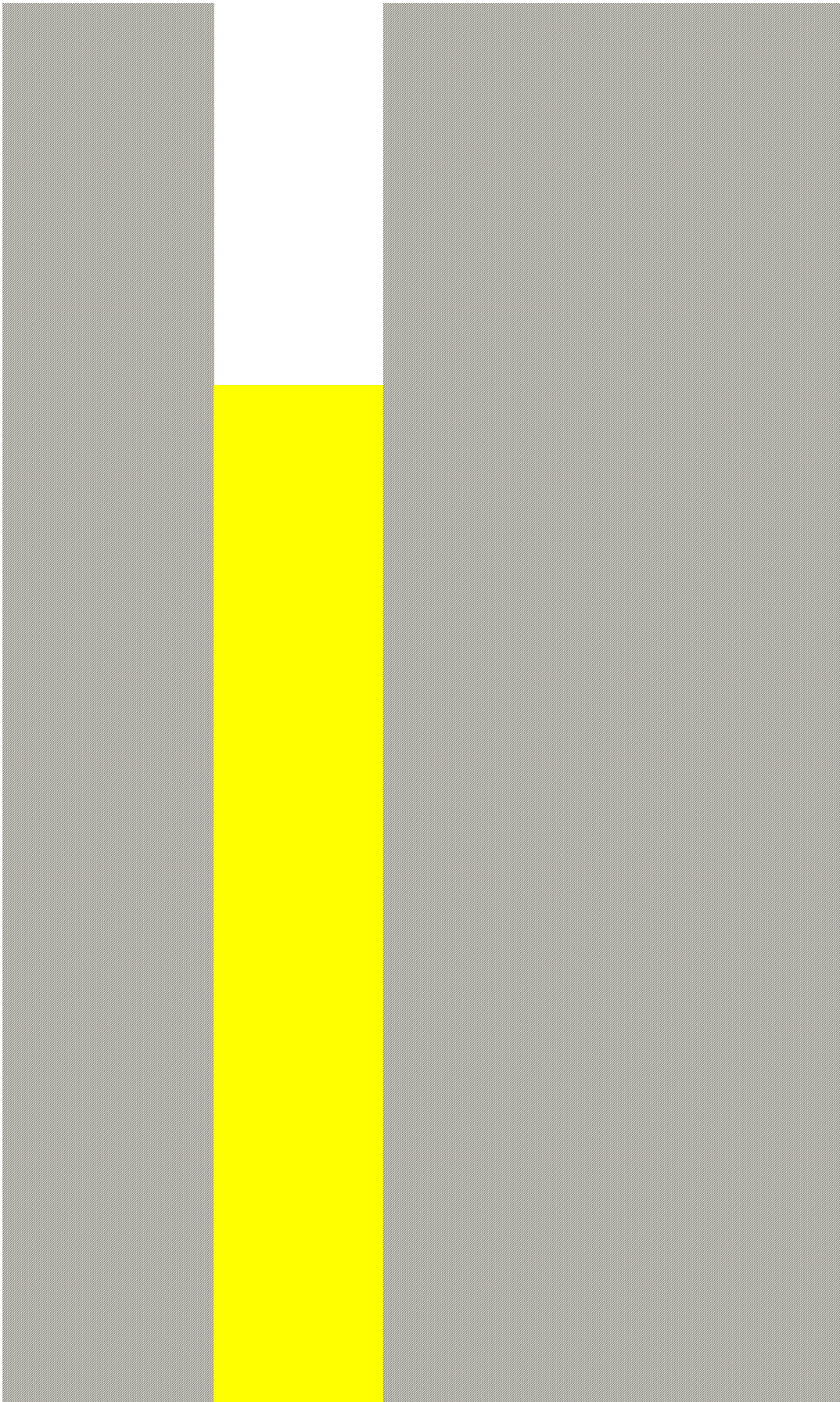


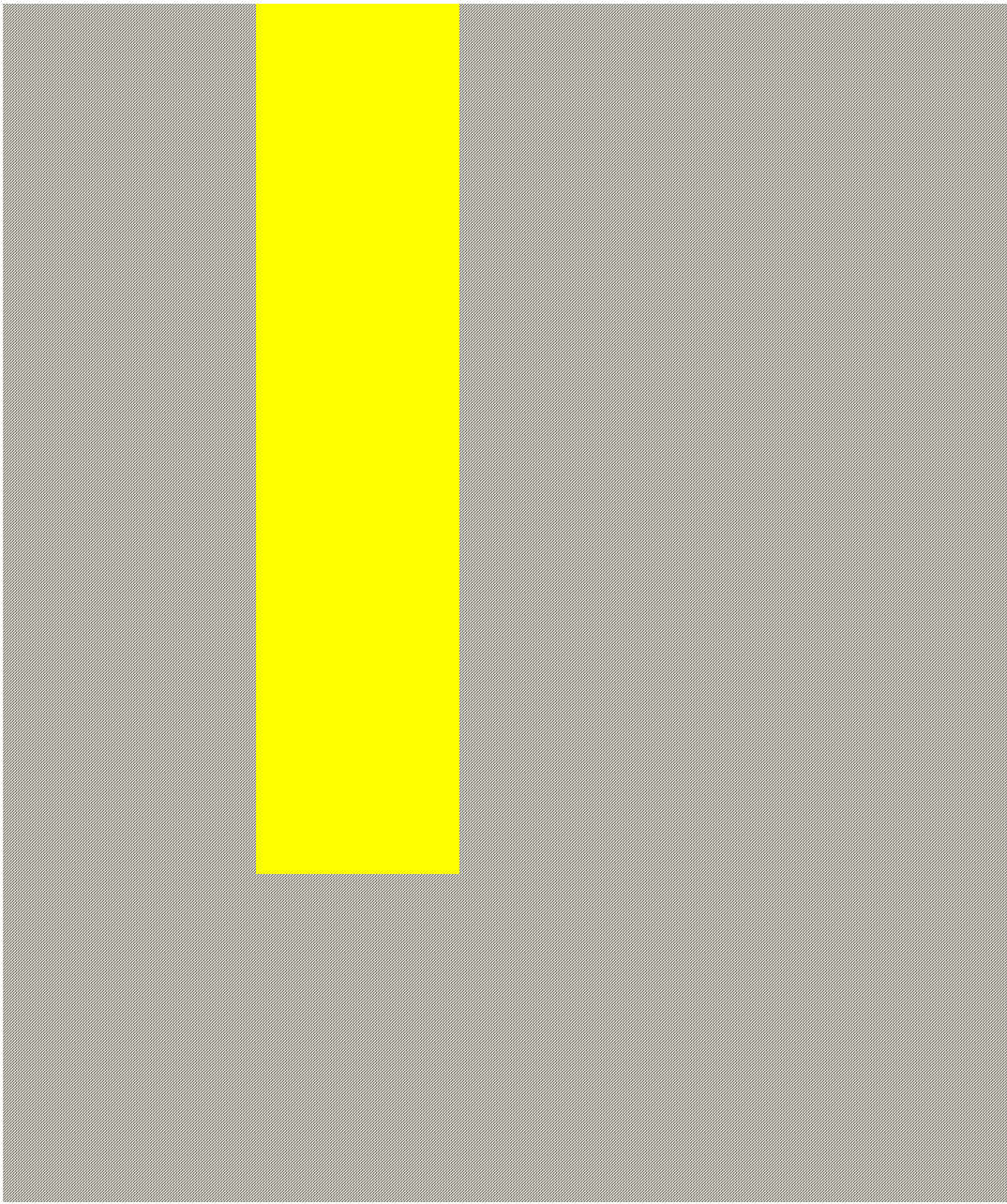


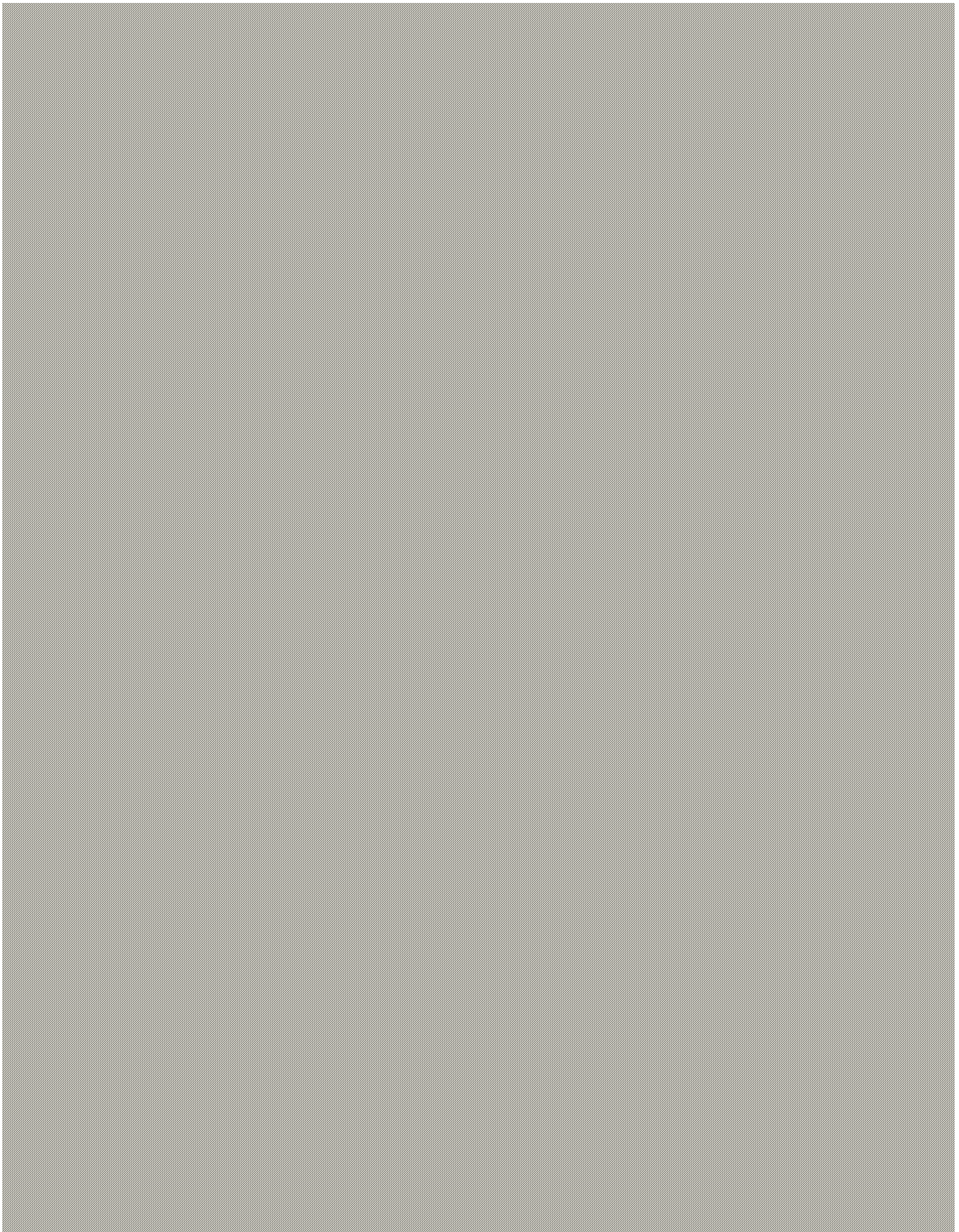


OUD subpopulation			<i>[State-specific subpop</i>	
OUD subpopulation denominator	OUD subpopulation numerator or count	OUD subpopulation rate/percentage ^d	<i>[State-specific subpopulation]</i> denominator	<i>[State-specific subpopulation]</i> numerator or count
			EXAMPLE:	
			EXAMPLE:	
			EXAMPLE:	







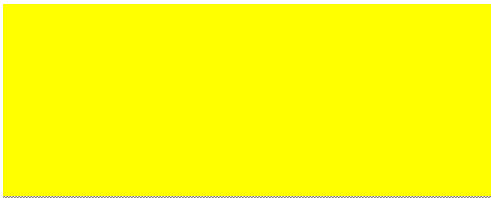




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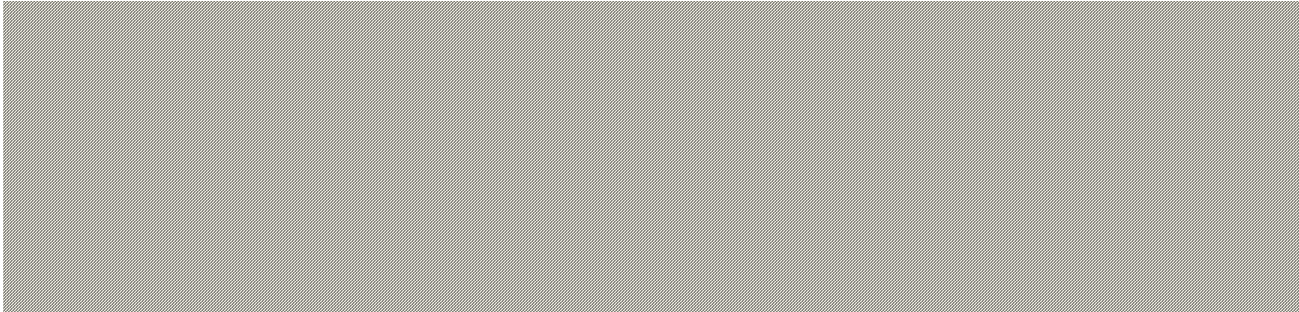
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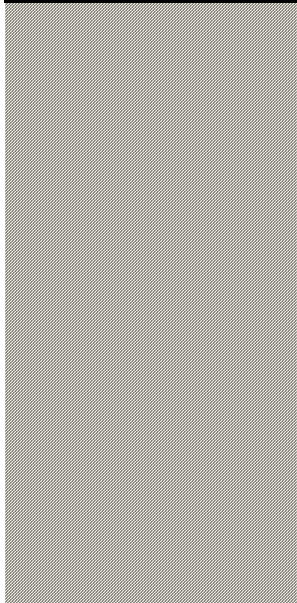
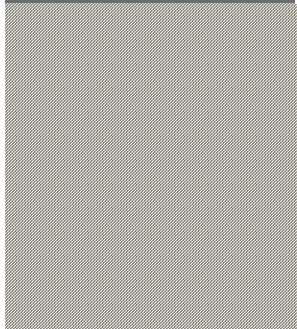
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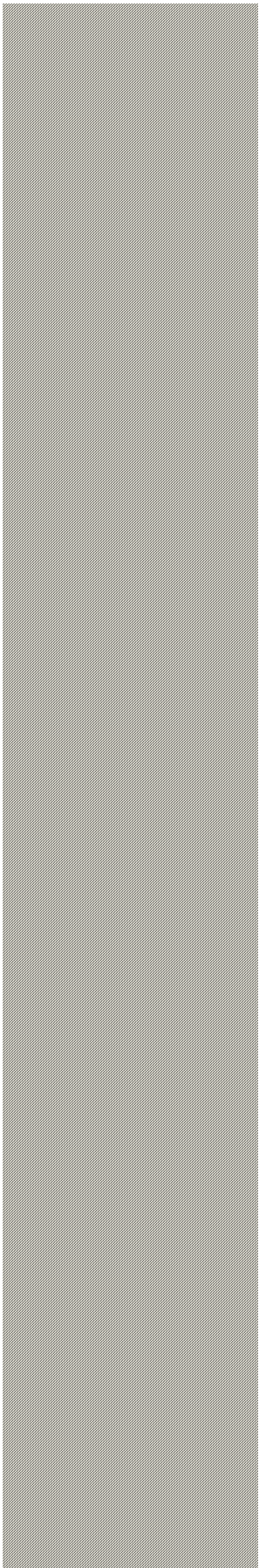


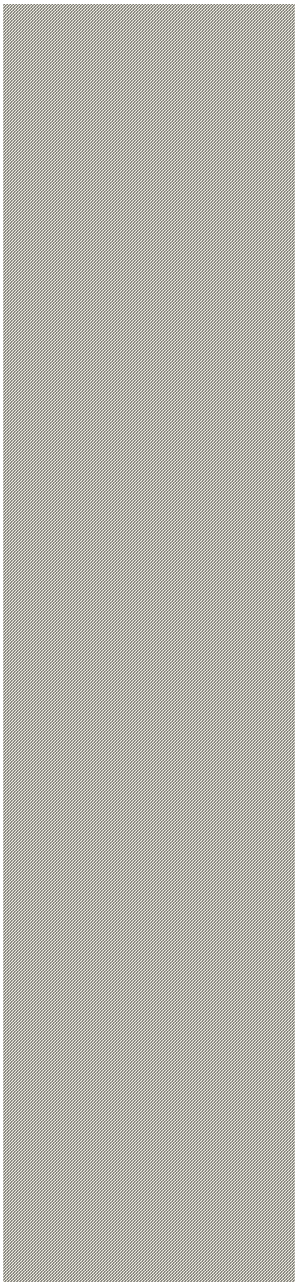


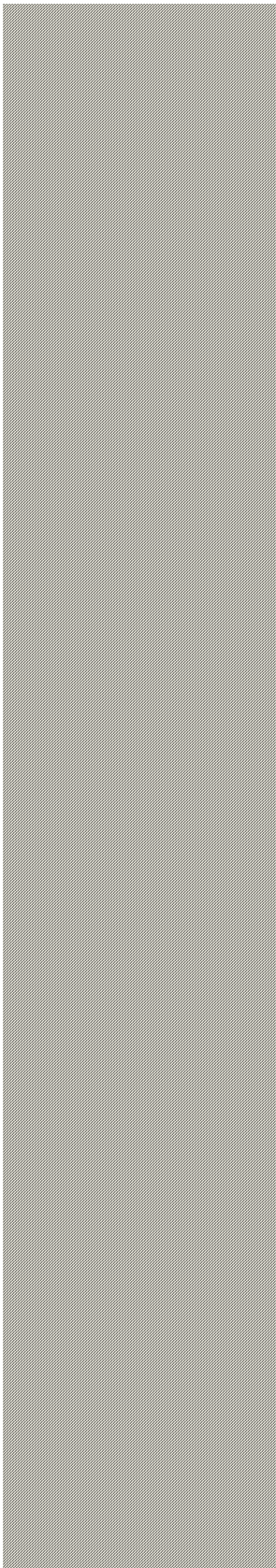
ulation] ^{d,e}

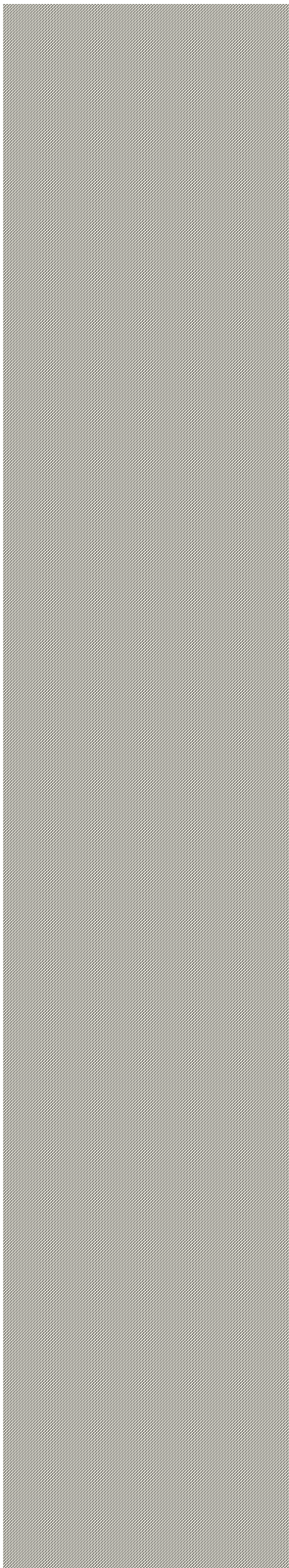
[State-specific
subpopulation]
rate/percentage ^d











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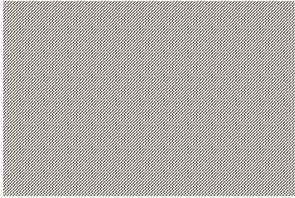
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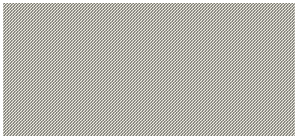
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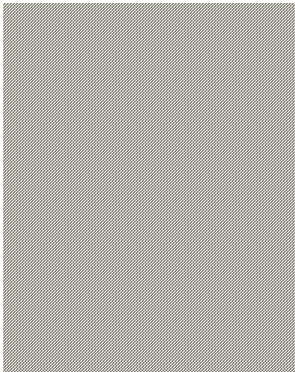


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