

The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support Utah’s retrospective reporting of monitoring data for its section 1115 substance use disorder (SUD) demonstration. The state should use this customized template to report on retrospective metric trends as requested in the Monitoring Report Instructions (p. 12 of Version 3.0). This template was customized for retrospective reporting in the following ways:

- *Added footnote C to the title page in section 1*
- *The table in section 3 (Narrative information on implementation, by milestone and reporting topics) has been modified to ask the state to report general trends for each Milestone, rather than changes (+ or -) greater than 2 percent for each metric.*
- *The prompts in section 3 that requested implementation updates were removed.*
- *Section 4 (Narrative information on other reporting topics) has been removed entirely.*

1. Title page for the state’s SUD demonstration or the SUD component of the broader demonstration

CMS has pre-populated the title page for the state (see blue text). The state should review the pre-populated text and confirm that it is accurate. Definitions for certain rows are below the table.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Utah 1115 Primary Care Network Demonstration Waiver

State	<i>Utah</i>
Demonstration name	<i>Utah 1115 Primary Care Network Demonstration Waiver</i>
Approval period for section 1115 demonstration	<i>11/01/2017-06/30/2022</i>
SUD demonstration start date^a	<i>11/01/2017</i>
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>11/09/2017</i>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<i>The SUD demonstration goals and objectives are to provide a broad continuum of care to Utah’s Medicaid beneficiaries who have a SUD, which will improve the quality, care and health outcomes for all Utah Medicaid state plan beneficiaries and Targeted Adults in the demonstration. The SUD program will contribute to a comprehensive statewide strategy to combat prescription drug abuse and opioid use disorders and will expand the SUD benefits package to cover short-term residential services to all Medicaid enrollees.</i>
SUD demonstration year and quarter^c	<i>SUD DY1Q2 – DY3Q3</i>
Reporting period^c	<i>10/01/2017-03/31/2020</i>

^a **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b **Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

^c **SUD demonstration year and quarter, and reporting period.** The demonstration year, quarter, and calendar dates associated with the monitoring reports in which the metric trends would have been reported according to the reporting schedule in the state’s approved monitoring protocol. For example, if the state’s first monitoring report after monitoring protocol approval is its SUD DY2Q2 monitoring report, the retrospective reporting period is considered SUD DY1Q2 through SUD DY2Q1. The SUD DY1Q1 reporting period is not listed because metrics data are reported with a one-quarter lag.

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information of metrics trends from the retrospective reporting period. The recommended word count is 500 words or less.

Since the authorization of the Utah 1115 Primary Care Network Demonstration Waiver for Substance Use Disorder (SUD) treatment in residential facilities, a critical gap in care for many Utah beneficiaries has been addressed. Because of this authorization, many individuals who may not have been able to access SUD services are able to do so, and have been able to engage in Medication Assisted Treatment (MAT) services that are critical in addressing the opioid epidemic throughout the state.

During the retrospective reporting period, the overall metric trends signified an increase in all areas of Substance Use Disorder (SUD) services for Utah Medicaid beneficiaries. Increases were significant in the number of beneficiaries accessing SUD services, the number of SUD providers, the number of MAT providers, the number of beneficiaries who were engaged in early intervention services, and pharmacotherapy services.

While the increases in these areas were consistent throughout the majority of the reporting period, there is a significant increase in beneficiary enrollment and service engagement in April 2019. At that time, the State of Utah expanded Medicaid eligibility up to 95% FPL, and an overall increase in beneficiaries was notable throughout. The State fully expanded Medicaid eligibility to 133% FPL in January 2020. Following the implementation of Adult Expansion Medicaid and the resulting enrollment increase, Medicaid continued to see growth consistently in all areas.

In March of 2020, there is slight decrease in enrollment and utilization of services. At this time, many urban and rural areas of the state ended in-person services due to the COVID-19 pandemic and many of the services offered were transitioned to telehealth services. Despite the many changes in the delivery of services, the numbers for beneficiaries in relation to SUD services have returned to an increasing trend.

3. Narrative information on implementation, by milestone and reporting topic

The state should provide a general summary of metric trends by milestone and reporting topic for the entire retrospective reporting period. In these general summaries, the state should discuss any relevant trends that the data shows related to each milestone or reporting topic, including trends in state-specific metrics.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends related to assessment of need and qualification for SUD services		All Metrics	The metric trends related to assessment of need and qualification for SUD services increased in a pattern that reflected the Medicaid population growth. There is a slight uptick between March and April of 2019 that reflects when Utah expanded enrollment up to 95% FPL. Due to the implementation of Adult Expansion Medicaid, there was a growth in beneficiary enrollment, receipt of SUD services, and recorded SUD diagnosis. Data recorded in February and March of 2020 reflect the onset of restrictions due to COVID-19 and account for the slight decreases in numbers across the data set.
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Utah 1115 Primary Care Network Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
2.1.1 The state reports the following metric trends related to Milestone 1		# 6: Any SUD Treatment #7 Early Intervention	<p>Throughout the retro reporting period, the increase in beneficiary enrollment and engagement in SUD treatment services consistently increased. As noted above, the larger increase in numbers in April 2019 are attributed to Medicaid expanding to 95% increase in FPL.</p> <p>Out of all of the programs that saw increases in utilization of services, early intervention services (codes associated with SBIRT) saw some of the largest growth. This program increased significantly in April 2019 during the initiation of Adult Expansion Medicaid and has continued to increase throughout the reporting periods.</p> <p>Data recorded in February and March of 2020 reflect the onset of restrictions due to COVID-19 and account for the slight decreases in numbers across the data set.</p>
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends related to Milestone 2	X		The state does not have any metrics to report.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Utah 1115 Primary Care Network Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends related to Milestone 3 <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X		The state has not identified any metrics for Milestone 3.
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends related to Milestone 4		#13 SUD Provider Availability #14 SUD Provider Availability-MAT	Utah has seen growth in numbers for both general SUD providers and MAT specific providers. As Utah’s Medicaid population continues to grow so does the number of providers available to treat the continual and consistent increase in beneficiaries.
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Utah 1115 Primary Care Network Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
6.1 The state reports the following metric trends related to Milestone 5		All Metrics	Utah saw an increase in opioid initiation and engagement. Other initiation and engagement metrics remain steady. Of particular note, in the continuity of pharmacotherapy for opioid use disorder annual counts, there is a substantial increase in the denominator over the reported years. Although it is a positive that many new beneficiaries are utilizing MAT services, it is a goal of the state to improve upon the number of beneficiaries who are continually receiving MAT services for 180 days. Identifying trends for the Use of Opioids at High Dosage in Persons Without Cancer metric was not possible due to changes in the reporting guidelines. It was changed from a rate to a percentage and again changed from 120 MME to 90 MME. A trend cannot be observed due to the changes in data reporting.
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends related to Milestone 6		#17(1): Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence #17(2): Follow-up after Emergency Department Visit for Mental Illness	The 7-day and 30-day mental health follow up after an ED visit saw a large increase from year 1 to year 2 due to a change in reporting guidance. Additional codes were allowed on the second and third year which accounted for the increase from the first year. Despite the change in allowed codes, the 7-day and 30-day substance use disorder follow up after an ED visits increased yearly.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Utah 1115 Primary Care Network Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends related to its health IT metrics		Q1: Project ECHO – Opioid, Addiction & Pain ECHO Q2: Online Provider Directories Q3: MAT Continuity Models	Q1: The State had problems in collecting data from the partner agency, Project ECHO, due to change in staff at Project ECHO. Only data from the third year could be obtained for the reporting period. This issue has been corrected and future data should be available for use. Q2: For every year, 100% of the PMHPs had online provider directories; however, external audits have revealed errors and inaccurate information in the posted directories. A few of the PMHPs have received corrective action plans to correct information on their websites. The State will continue to work with the PMHPs and the external auditor to improve the data in the online provider directories. Q3: The State has produced draft reports with MAT information for the purposes of getting feedback and gathering requirements for a dashboard. However, no modules have been built yet.
9. Other SUD-related metrics			
9.1 Metric trends			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Utah 1115 Primary Care Network Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
9.1.1 The state reports the following metric trends related to other SUD-related metrics		All Metrics	<p>For Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries the trend mirrors many of the other metrics, with a sharp increase when Adult Expansion Medicaid was implemented, and then a decrease with the onset of COVID-19.</p> <p>Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries saw a sharp increase in April of 2019 this was due to the implementation of Adult Expansion Medicaid.</p> <p>Other changes were in Overdose Deaths (count) and the Overdose Deaths (rate) metrics. Both of these metrics increased in the third year due to Medicaid Adult Expansion. Beneficiaries included in this metric are individuals who were last enrolled with Medicaid up to one year before their death; this metric design does not indicate if the beneficiary was actively enrolled in Medicaid at their time of death. Due to this metric design, numbers may be inflated for the total number of overdose deaths for Medicaid beneficiaries.</p>

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Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
Utah 1115 Primary Care Network Demonstration Waiver

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