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**State Demonstrations Group**

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**JUL 23 2019**

Dear Ms. Lindeblad:

Thank you to you and your staff for your work on the substance use disorder (SUD) monitoring protocol, which is a component of the state's section 1115(a), titled "Medicaid Transformation Project" ("MTP") (Project No. 11-W-00030/1). The draft SUD monitoring protocol submitted to Centers for Medicare & Medicaid Services (CMS) on June 20, 2019 has been found to fulfill the requirements set forth in the Special Term and Conditions (STC), section IX—and State Medicaid Director Letter SMD #17-003, "Strategies to Address the Opioid Epidemic."

The SUD monitoring protocol is approved for the period starting with the date of this approval letter through December 30, 2021—and is hereby incorporated into the demonstration STCs as Attachment L (see attached). Per 42 CFR 431.424(c), the approved SUD monitoring protocol may now be posted to your state's Medicaid website.

If you have any questions, please contact your CMS project officer, Mr. Eli Greenfield. Mr. Greenfield is available to answer any questions concerning your section 1115(a) demonstration and his contact information is as follows:

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Official communication regarding official matters should be simultaneously sent to Mr. Greenfield and Mr. David Meacham, Deputy Director, Division of Medicaid Field Operations (DMFO) West in our Regional Operations Group (ROG). Mr. Meacham's contact information is as follows:

Mr. David Meacham  
Deputy Director, Division of Medicaid Field Operations West  
Centers for Medicare & Medicaid Services  
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Seattle, WA 98104  
Telephone: (206) 615-2356  
E-mail: David.Meacham@cms.hhs.gov

We look forward to our continued partnership on the Medicaid Transformation Project section 1115(a) demonstration.

Sincerely,



Angela D. Garner  
Director  
Division of System Reform Demonstrations

Enclosure

cc: David Meacham, Deputy Director, DMFO West, ROG  
Elizabeth Conklin, CMS State Lead, DMFO West, ROG

# Attachment L: Monitoring Metric Supplemental Information

## Medicaid Section 1115 SUD Demonstration Monitoring Protocol – Additional Information to Support Monitoring Metric Specifications

*Revised and Resubmitted June 20, 2019*

### Background and Introduction

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The State will leverage three different analytic teams to produce the required metric reporting. These analytic teams include the Department of Social and Health Services Research and Data Analysis Division, the Health Care Authority's Analytics, Research, and Measurement team, and the Health Care Authority's Division of Behavioral Health and Rehabilitation. Between the three analytic teams, the State has an extensive existing data infrastructure that the State intends to leverage for the CMS reporting requirements. This existing infrastructure currently completes reporting for various entities, including the Adult and Child Common Measure Set and substance use disorder related Substance Abuse Mental Health Services Administration (SAMHSA) reporting. This analytic infrastructure also supports a number of ongoing activities in the realm of health care transformation. These include, but are not limited to, Washington's movement towards the integration of behavioral and physical health care and all three initiatives of the initial Medicaid Transformation Project (Transformation through Accountable Communities of Health, Long-Term Services and Supports of the Aging Population, and Foundational Community Support Services).

The State analytic teams have reviewed the CMS provided specifications and reporting procedures. Per the instructions in the Monitoring Protocol, the State will explain any deviations from the CMS-provided specifications that are needed to match the health care context and data infrastructure within Washington State. The State created this attachment to minimize duplication of explanation of requested modifications which apply to multiple metrics, and to provide details on state-specified metrics that would not fit within the given metric workbook template.

The State thanks CMS for the opportunity to align the specifications with the State's health care context, data infrastructure, and existing 1115(a) demonstration. We welcome any questions or concerns from CMS regarding these requests.

### Overview of 1115 SUD Demonstration Monitoring Metrics

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This section describes the data sources the State will be drawing on, how the State will align the Substance Use Disorder (SUD) measurement periods with the State's broader 1115(a) demonstration reporting cycle, and will note the reporting level for all metrics.

#### Description of Data Sources

**Integrated Client Databases.** SUD demonstration monitoring metric production will use the integrated administrative data maintained in the Department of Social and Health Services Integrated Client Databases (ICDB). The ICDB was explicitly designed to support quasi-experimental evaluation of health and social service interventions in Washington State, and has been widely used in evaluation studies published in peer-reviewed journals<sup>1</sup> and for the production of performance and monitoring measures.

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<sup>1</sup> For a recent example, see Jingping Xing, Candace Goehring and David Mancuso. Care Coordination Program For Washington State Medicaid Enrollees Reduced Inpatient Hospital Costs Care Coordination Program For Washington State. Health Affairs, 34, no.4 (2015):653-661.

The underlying reporting arrays are regularly updated to align with State requirements. The State has analyzed completion factors based on the historical encounter data submitted to the State's MMIS by contracted MCOs responsible for SUD services. This completion factor analysis indicates that fewer than 90% of ultimately accepted encounters are uploaded and successfully accepted into the MMIS by five months from the month the service was provided to the client. Reporting with a 90-day lag would result in an even greater systematic undercount of services provided in the most recent reporting period. The State believes that reporting information that is known to be undercounted will negatively impact the IMD waiver program. The State requests a 6-month reporting lag to allow for reporting of information that is more complete. Even with the proposed 6-month reporting lag, we recommend provisions for updating information previously reported with more complete data when it becomes available.

The State also requests the ability to calculate the monthly metrics once per quarter. Per CMS' technical assistance document Reporting 1115 SUD Demonstration Monitoring Metrics "...if a state submits data on a quarterly basis, the submission should contain three monthly values for each monthly metric, each produced at the same time relative to their measurement periods." However, the underlying production schedule for the State's analytic environment is quarterly. The State is unable to change the global production cycle and fundamental infrastructure to accommodate this monitoring expectation. In addition, some of the data necessary for the monthly metrics is updated quarterly and would not be up to date for two months of each quarter. For example, information needed for the criminal justice involvement submetrics is received on a quarterly basis from the Washington State Identification System arrest database maintained by the Washington State Patrol. The State understands that part of CMS' reasoning for producing the monthly metrics at the same time relative to their measurement periods is due to the dynamic nature of Medicaid data. Observing a 6-month reporting lag mitigates this impact.

***Death Certificate Data.*** The Washington State Department of Health maintains the death certificate data received from the Center for Health Statistics. The Health Care Authority's Analytics, Research, and Measurement team will work with the death certificate data for the two fatal overdose metrics. However, death certificate data is not finalized until Q4 in the year following the measurement year. For example, death certificate data for 2017 was not finalized until October 2018. This will result in additional lag time in reporting for the two fatal overdose metrics that require this data.

## **Measurement Period**

Per CMS's instructions and in alignment with the Special Terms and Conditions (STCs) 72, 74, and the Schedule of State Deliverables for the Demonstration Period (XIII), Washington will align the reporting cycles for the SUD Demonstration Amendment with the broader section 1115(a) demonstration quarterly and annual reporting cycles. Table 1 shows the current reporting cycle to the broader section 1115(a) demonstration.

Aligning to this reporting cycle will require a small modification to the measurement periods in the technical specification document. The effective date of the Washington SUD demonstration is July 17, 2018. However, to align with this reporting structure, we will use July 1, 2018 as the start date for the measurement periods. This does not change the effective date of the demonstration. Washington is in favor of this modification, as it closely aligns with our current data infrastructure and reporting processes. For example, Medicaid enrollment is verified monthly in Washington, and thus all eligibility requirements will need to be based around calendar months.

TABLE 1.

**Washington’s 1115(a) Waiver Quarterly and Annual Reporting Cycle**

Quarter/Annual Report Cycle	MTP Reporting Period	Report Due Date
DY2 Q4 (Annual Report DY2)	Jan 2018 – Dec 2018	03/01/2019
DY3 Q1	Jan 2019 – March 2019	06/03/2019
DY3 Q2	April 2019 – June 2019	09/03/2019
DY3 Q3	July 2019 – Sept 2019	12/02/2019
DY3 Q4 (Annual Report DY3)	Jan 2019 – Dec 2019	03/02/2020
DY4 Q1	Jan 2020 – March 2020	06/01/2020
DY4 Q2	April 2020 – June 2020	09/01/2020
DY4 Q3	July 2020 – Sept 2020	12/01/2020
DY4 Q4 (Annual Report DY4)	Jan 2020 – Dec 2020	03/01/2021
DY5 Q1	Jan 2021 – March 2021	06/01/2021
DY5 Q2	April 2021 – June 2021	09/01/2021
DY5 Q3	July 2021 – Sept 2021	12/01/2021
Final Report	Jan 2021 – Dec 2021	06/30/2022

In addition, this also aligns with reporting cycles for other related SUD projects and the Washington State fiscal year. The modified measurement periods for the monthly, quarterly, and annual metrics are described next and in the table below.

- For metrics with a monthly measurement period, the first monthly measurement period is the month the SUD demonstration began – July 1, 2018 to July 31, 2018. The second month is August 1, 2018 to August 31, 2018, and so forth.
- For metrics with a quarterly measurement period, the first quarter of the demonstration is the first three months of the demonstration – July 1, 2018 to September 30, 2018.
- For the CMS-constructed metrics with an annual measurement period, the first annual measurement period is the first twelve months of the demonstration – July 1, 2018 to June 30, 2019.
- For the established quality measures, the first annual measurement period is the calendar year in which the demonstration began – January 1, 2018 to December 31, 2018.

As previously discussed with CMS, the State believes setting the baseline to the year prior to the change in authorizing expenditure authority is needed to appropriately set demonstration targets, annual goals, and to ultimately respond to the demonstration hypothesis specific to the SUD amendment (STC 111e). Thus, the State requests to define the baseline year as July 1, 2017 – June 30, 2018 for the CMS-constructed metrics and January 1, 2018 – December 31, 2017 for the established quality measures.

The State will begin reporting after a monitoring protocol has been agreed upon by the State and CMS, and sufficient time is provided to implement the metric specifications as stated in the agreed upon monitoring protocol. The requested reporting schedule in Table 2 below may change depending on when the monitoring protocol is approved. The reporting schedule also specifies a baseline reporting period of July 1, 2017 – June 30, 2018 for CMS constructed metrics and January 1 – December 31, 2017 for established quality measures. In addition, Table 2 employs the 6-month reporting lag that is necessary for the State to submit data that does not substantially undercount the number of services provided.

TABLE 2.

**Proposed Reporting Schedule for Washington Metrics for SUD Demonstration**

Dates of reporting quarter	WA's SUD DY: Jul 1 – Jun 30	WA's broader 1115 DY: Jan 1 – Dec 31 (type of report)	Report due (per STCs schedule)	SUD metrics included in report	Reporting period(s) for SUD metrics in a given report†
Jul – Sept 2018	DY1 Q1	DY2 Q3 (quarterly)	12/1/2018	No SUD metrics reported. Monitoring protocol under development.	N/A
Oct – Dec 2018	DY1 Q2	DY2 Q4 (annual)	3/1/2019	No SUD metrics reported. Monitoring protocol under development.	N/A
Jan – Mar 2019	DY1 Q3	DY3 Q1 (quarterly)	6/1/2019	No SUD metrics reported. Monitoring protocol under development.	N/A
Apr – Jun 2019	DY1 Q4	DY3 Q2 (quarterly)	9/1/2019	No SUD metrics reported. Metric specifications being implemented by State.	N/A
Jul – Sept 2019	DY2 Q1	DY3 Q3 (quarterly)	12/1/2019	(1) Monthly metrics (2) CMS defined metrics* (3) Established quality metrics	(1) July 2017 – March 2019 (2) July 2017 – June 2018 (3) January – December 2017 January – December 2018
Oct – Dec 2019	DY2 Q2	DY3 Q4 (annual)	3/1/2020	(1) Monthly metrics (2) CMS defined metrics	(1) April – June 2019 (2) July 2018 – June 2019
Jan – Mar 2020	DY2 Q3	DY4 Q1 (quarterly)	6/1/2020	(1) Monthly metrics	(1) July – September 2019
Apr – Jun 2020	DY2 Q4	DY4 Q2 (quarterly)	9/1/2020	(1) Monthly metrics (2) Established quality metrics	(1) October – December 2019 (2) January – December 2019
Jul – Sept 2020	DY3 Q1	DY4 Q3 (quarterly)	12/1/2020	(1) Monthly metrics	(1) January – March 2020
Oct – Dec 2020	DY3 Q2	DY4 Q4 (annual)	3/1/2021	(1) Monthly metrics (2) CMS defined metrics	(1) April – June 2020 (2) July 2019 – June 2020
Jan – Mar 2021	DY3 Q3	DY5 Q1 (quarterly)	6/2/2021	(1) Monthly metrics	(1) July – September 2020
Apr – Jun 2021	DY3 Q4	DY5 Q2 (quarterly)	9/1/2021	(1) Monthly metrics (2) Established quality metrics	(1) October – December 2020 (2) January – December 2020
Jul – Sept 2021	DY4 Q1	DY3 Q3 (quarterly)	12/1/2021	(1) Monthly metrics	(1) January – March 2021
Oct – Dec 2021**	DY4 Q2	DY5 Q4 (annual)	3/1/2022	(1) Monthly metrics (2) CMS defined metrics	(1) April – June 2021 (2) July 2020 – June 2021

\*Given the additional delay in complete death certificate data, reporting on Metric #26 and Metric #27 (overdose death count and rate) will be delayed by one year. Baseline information will be available for the Annual Report DY3, Year 1 information will be available for Annual Report DY4, etc. Additional information about this delay is describes in the next section.

\*\*SUD Demonstration ends on December 31, 2021. Data from July 1, 2021 to December 31, 2021 will not be available before the final annual report is due to CMS.

†For reporting periods with multiple types of SUD metrics, the list number corresponds with the SUD metric list number in the prior column. For example, in DY2 Q1, the monthly metrics will be reported for the July 2017 through March 2019 time period. The CMS defined metrics will be reported for the July 2017 to June 2018 time period, and so forth.

**Reporting Level**

For each metric, the demonstration population is defined as the whole state. In addition, the State's SUD amendment is not focused on a particular geographic area or a specific subpopulation of Medicaid beneficiaries. Thus, per previous conversations with CMS, the State will not be reporting a separate model population.

## Reporting 1115 SUD Demonstration Monitoring Metrics Defined by CMS

This section defines the subpopulations for metric reporting and provides additional information about the State’s approach to metric calculation and reporting.

### Subpopulation Definitions

- Age (children <18, adults 18-64, and older adults 65+): Age will be determined as of the first day of the measurement period. This is consistent with CMS provided instructions.
- Dual-eligible status (Medicaid only or Medicare-Medicaid eligible): Dual eligibility will be determined as of the first day of the measurement period. This is consistent with CMS provided instructions.
- Pregnancy status (yes, no): Pregnancy will be determined as of the first day of the measurement period. This is consistent with CMS provided instructions.
- Criminal Justice Status: The State will use data in the ICDB from the Washington State Identification System arrest database maintained by the Washington State Patrol. An individual will be counted as “criminally involved” during the measurement period if they were arrested in the reference month or within the prior 6 months. An individual will be counted as “not criminally involved” during the measurement period if they were not arrested in the reference month or within the prior 6 months.
- OUD Diagnosis: The State will use an existing definition of OUD diagnosis which closely aligns with the HEDIS 2018 Opioid Abuse and Dependence value set. The OUD\_Narrow\_Flag in the ICDB incorporates the same codes as HEDIS 2018 Opioid Abuse and Dependence value set and one additional code, F1121 Opioid dependence, in remission. The OUD\_Narrow\_Flag has been used in a variety of research studies and reporting contexts and more appropriately reflects Washington State’s approach to identifying those who may need or benefit from treatment for opioid use disorder under this SUD amendment and other opioid related initiatives within the state. In addition, the number of unique individuals who are captured in the ICDB OUD\_Narrow\_Flag and not the HEDIS 2018 Opioid Abuse and Dependence Value Set is minimal. Table 4 below shows the number of unduplicated persons in each time frame who would be included in the HEDIS 2018 value set versus the ICDB OUD\_narrow\_flag in three time periods.

Table 4.

#### Unique Persons Counted in HEDIS vs. ICDB OUD Value Set Over Time.

Unique Persons Counted In:	Jan 2016	Jan 2017	Jan 2018
HEDIS 2018 Opioid Abuse and Dependence Value Set	16,151	20,290	22,202
ICDB OUD_Narrow_Flag	16,495	20,715	22,917
Difference	344	425	715

### Metric Calculation and Reporting

As CMS noted, Medicaid data is dynamic prior to reaching a data maturity threshold. For Washington State, that threshold is six-months. Observing a six-month data lag allows the State to represent the most complete data set for the measurement period. Any data lag less than six-months will result in potentially incomplete data and misrepresentative metric results. In addition, the six-month data lag allows for the inclusion of up to date information from data sources that are updated on a quarterly

cadence, such as the Washington State Identification System arrest database, which the State will be using to define the “criminally involved” subpopulation as noted above.

Using a six-month data lag also allows the State to leverage the existing quarterly performance measurement processes to calculate the required metrics. Thus, required monthly reporting will be calculated at the same time once per quarter. All the data will be, at a minimum, matured to six-months thus minimizing the likelihood of any variability due to data completeness.

## **Metric Specifications**

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This section provides additional detail on a subset of metric specifications. Other metric specification modifications are noted in the Monitoring Protocol 1115 SUD Metrics Workbook.

### **Metric #9: Intensive Outpatient and Partial Hospitalization Services**

The State recommends dropping this metric as a required reporting metric. At this time, intensive outpatient services are not reported as a distinct type of service in the State’s administrative data system. Thus, services that other states may identify as intensive outpatient services appear as outpatient services in Washington’s data infrastructure. In addition, Washington does not provide partial hospitalization services and the provision of this service is not included in the STCs. The current Service Encounter Reporting Instructions (SERI v2019-1 effective July 1, 2019) does not contain codes for intensive outpatient services and/or partial hospitalizations for substance use disorder and no data is available to report on this metric.

The State updated the monitoring protocol to indicate a deviation from the technical specifications for Metric #8 (Outpatient Services).

### **Metric #18 and #21: PQA Metric Alignment with Medicaid Transformation Project 3A Performance Metrics**

The State recommends using the Bree Collaborative metrics that are currently being used in the CMS approved project toolkit as pay-for-performance metrics<sup>2</sup> and in the Washington Statewide Common Measure Set<sup>3</sup> in lieu of the PQA stewarded metrics #18 and #21. Specifically, the Bree Collaborative metrics “Patients Prescribed High-Dose Chronic Opioid Therapy” and “Patients Prescribed Concurrent Opioids and Sedatives” are pay-for-performance metrics for Project, 3A: Addressing the Opioid Use Public Health Crisis, which is a required project for all Accountable Communities of Health (ACH). These two metrics are similar, but not identical, to Metric #18 (Use of Opioids at High Dosage in Persons Without Cancer) and Metric #21 (Concurrent Use of Opioids and Benzodiazepines).

The Dr. Robert Bree Collaborative (Bree Collaborative) was established by the Washington State Legislature in 2011 to identify ways to improve health care in Washington State. A diverse group of stakeholders are appointed by the Governor that represent all aspects of the Washington health care system<sup>4</sup>. Each year, the Bree Collaborative forms expert workgroups on health care service areas in need of improvement. In July of 2017, the Bree Collaborative put forth a set of opioid prescribing guidelines<sup>5</sup>

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<sup>2</sup> CMS approved Medicaid Transformation Project Toolkit is available at <https://www.hca.wa.gov/assets/program/project-toolkit-approved.pdf>

<sup>3</sup> For more information about the Statewide Common Measure Set, see <https://www.hca.wa.gov/about-hca/healthier-washington/performance-measures>

<sup>4</sup> For more information about the Bree Collaborative, see <http://www.breecollaborative.org/about/>.

<sup>5</sup> The full set of opioid prescribing guidelines from the Bree Collaborative is available at <http://www.breecollaborative.org/wp-content/uploads/Bree-Opioid-Prescribing-Metrics-Final-2017.pdf>



to assist providers in understanding prescribing practices and the impact of the opioid epidemic across the state. Drawing on the extensive subject matter expert review the Bree Collaborative incorporated into their development of these metrics, two of these metrics are included in Initiative 1 of the Medicaid Transformation Project (Transformation through Accountable Communities of Health).

In addition, Washington is one of a few states that have developed a Statewide Common Measure Set as a foundation for health care accountability and performance measurement. Bree opioid prescribing metrics have been added to the Common Measure Set to improve measurement of progress toward healthier outcomes. As such, stakeholders across the state are already familiar with the Bree Collaborative metrics.

The proposed measures thus represent a carefully developed and reviewed set of metrics that provide essential information about opioid use in the State in the context of larger efforts to address substance use disorder and improve health among State residents. The use of Bree metrics in this context would help the State to further align opioid-related projects within the state.

There are differences between the details of the PQA measures and the measures the State proposes to use. The State feels these differences potentially make the State's measures more informative and applicable to the Washington health care context:

- The State's measures include prescribing to children.
  - Most opioid prescriptions are not for children but they are at particularly high risk for dependence and other complications when they are prescribed.
- PQA's measure for concurrent use of opioids and other drugs includes only benzodiazepines as additional drugs. The State's measure includes other sedatives such as barbiturates and muscle relaxants (carisoprodol [Soma]), and commonly prescribed sleep aids such as eszopiclone (Lunesta), suvorexant (Belsomra), zaleplon (Sonata), and zolpidem (Ambien).
  - These drugs were included in the State's proposed measure after extensive clinical consideration of which drugs presented heightened risks when used with opioids.
- The State's measures will capture some problematic opioid usage that could be missed in the PQA approach.
  - The PQA measure may omit prescriptions that fit the measure definitions but bridge the end and beginning of two measurement years.
- The State's measures include a two-year lookback window (measurement year and the year prior to the measurement year) rather than a one-year lookback for cancer diagnoses.
  - The longer lookback allows for more complete information about cancer status
- While the State's recommended high dosage measure can be used to report usage at the 120 MED level, the State recommends adopting the 90 MED threshold recommended by CDC and in accordance with the 2019 PQA specification update.

Overall, use of the Bree specified measures in lieu of the PQA metrics will allow the State to provide enhanced information that will coordinate well with the State's other efforts to address substance use disorder and improve population health. Detailed specifications of the two Bree measures are below.

#### **Patients Prescribed Chronic Concurrent Opioids and Sedatives**

**Metric Description:** Percent of Medicaid beneficiaries prescribed chronic opioids and a concurrent chronic sedative prescription, among beneficiaries prescribed chronic opioids. The Bree Collaborative

recommends quarterly reporting. All qualifying observations for a given quarter count towards the overall, annual estimate for the measurement year. This means that an individual who meets the eligibility criteria and has at least 60 days supply of opioids and has a concurrent sedative prescription in two calendar quarters in the measurement year will contribute 2 qualifying observations to each metric threshold calculation.

Definition of terms used in this metric:

- *Days Supply in Quarter:* The number of days each prescription should last (days supply) is generally provided for each prescription. Days supply is calculated at the pharmacy by dividing the number of units (e.g., tablets, capsules, patches) dispensed by the maximum number of units to be used in one day. The total days supply is the sum of the days supply from all opioid prescriptions prescribed during the calendar quarter, including overlapping prescriptions (and includes days that may extend into the next calendar quarter).
- *Chronic Opioid Prescription:* ≥60 days supply of opioids prescribed in the calendar quarter.
- *Chronic Concurrent Opioid and Sedative Prescription:* ≥60 days supply of opioids prescribed and ≥60 days supply of sedatives prescribed in the same calendar quarter.

**Data Source:** Medicaid claims/encounter and enrollment data.

**Identification Window:** Four quarters that comprise the measurement year.

Eligible Population	
Age	All ages.
Gender	N/A
Minimum Medicaid enrollment	3 out of 3 months for each qualifying quarter.
Allowable gap in Medicaid enrollment	None within each qualifying quarter.
Medicaid enrollment anchor date	N/A
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

**Denominator:** Medicaid beneficiaries who meet the above eligibility criteria, with a ≥60 days supply of opioids in the calendar quarter.

*Required exclusions for denominator.*

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
  - o Beneficiaries in hospice care.
  - o Beneficiaries with a cancer diagnosis.
  - o All prescriptions for buprenorphine are excluded.

**Numerator:** Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator. Medicaid beneficiaries who meet the above eligibility criteria and prescribed ≥60 days

supply of opioids and prescribed  $\geq 60$  days supply of sedative hypnotics, benzodiazepines, carisoprodol, and/or barbiturates in the same calendar quarter (note: these sedative classes are updated frequently).

Sedative Classes	Generic Names
Benzodiazepines	<ul style="list-style-type: none"> <li>- Alprazolam</li> <li>- Chlordiazepoxide</li> <li>- Clonazepam</li> <li>- Clorazepate</li> <li>- Diazepam</li> <li>- Estazolam</li> <li>- Flurazepam</li> <li>- Lorazepam</li> <li>- Midazolam</li> <li>- Oxazepam</li> <li>- Quazepam</li> <li>- Temazepam</li> <li>- Triazolam</li> </ul>
Barbiturates	<ul style="list-style-type: none"> <li>- Butabarbital</li> <li>- Butalbital</li> <li>- Mephobarbital</li> <li>- Phenobarbital</li> <li>- Secobarbital</li> </ul>
Skeletal muscle relaxants	<ul style="list-style-type: none"> <li>- Carisoprodol</li> </ul>
Non-benzodiazepine hypnotic	<ul style="list-style-type: none"> <li>- Chloral hydrate</li> <li>- Eszopiclone</li> <li>- Meprobamate</li> <li>- Suvorexant</li> <li>- Zalelon</li> <li>- Zolpidem</li> </ul>

*Required exclusions for numerator.*

- All prescriptions for buprenorphine are excluded.

**Patients Prescribed High-Dose Chronic Opioid Therapy**

**Metric Description:** Percent of Medicaid beneficiaries prescribed chronic opioid therapy greater than or equal to 90mg morphine equivalent dosage in a quarter. The Bree Collaborative metric is based on quarterly reporting. All qualifying observations for a given quarter count towards the overall, annual estimate for the measurement year. This means that an individual who meets the eligibility criteria and has at least 60 days supply of opioids in three calendar quarters in the measurement year will contribute 3 qualifying observations to each metric threshold calculation.

Definition of terms used in this metric:

- *Days Supply in Quarter:* The number of days each prescription should last (days supply) is generally provided for each prescription. Days supply is calculated at the pharmacy by dividing the number of units (e.g., tablets, capsules, patches) dispensed by the maximum number of units to be used in one day. The total days supply is the sum of the days supply from all opioid

prescriptions prescribed during the calendar quarter, including overlapping prescriptions (and includes days that may extend into the next calendar quarter).

- *Chronic Opioid Prescription*:  $\geq 60$  days supply of opioids prescribed in the calendar quarter.
- *Average Morphine Equivalent Dose (MED) per day, inclusive of overlapping opioid prescriptions*: The MED for each prescription is calculated by multiplying the number of units prescribed by the strength per unit and then multiplying by the conversion factor (see list of conversion factors). The total MED is the sum of the MED from all opioid prescriptions prescribed during the calendar quarter, including overlapping prescriptions (and includes MED that may extend into the next calendar quarter). The total MED of all opioids is divided by 90 days to produce the average MED per day value.

**Data Source:** Medicaid claim/encounter and enrollment data.

**Identification Window:** Four quarters that comprise the measurement year.

Eligible Population	
Age	All ages.
Gender	N/A
Minimum Medicaid enrollment	3 out of 3 months for each qualifying quarter.
Allowable gap in Medicaid enrollment	None within each qualifying quarter.
Medicaid enrollment anchor date	N/A
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

**Denominator:** Medicaid beneficiaries who meet the above eligibility criteria, with a  $\geq 60$  days supply of opioids in the calendar quarter.

*Required exclusions for denominator.*

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
  - o Beneficiaries in hospice care.
  - o Beneficiaries with a cancer diagnosis.
  - o All prescriptions for buprenorphine are excluded.

**Numerator:** Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator and greater than or equal to 90mg morphine equivalent dosage in a quarter.

*Morphine Equivalent Dosage Conversion Factors:* The MED for each prescription is calculated by multiplying the number of units prescribed by the strength per unit and then multiplying by the conversion factor. The total MED is the sum of the MED from all opioid prescriptions prescribed during the calendar quarter, including overlapping prescriptions (and includes MED that may extend into the next calendar quarter). The total MED of all opioids is divided by 90 days. Conversion factors are updated by the [Washington State Agency Medical Directors' Group](#).

Opioid Prescriptions	Conversion Factor
Belladonna alkaloids/opium alkaloids	1
Butorphanol tartrate	7
Codeine	0.15
Dihydrocodeine	0.25
Fentanyl buccal, sublingual or lozenge	0.13
Fentanyl film or oral spray	0.18
Fentanyl nasal spray	0.16
Hydrocodone	1
Hydromorphone	4
Levomethadyl acetate hydrochloride	8
Levorphanol tartrate	11
Meperidine hydrochloride	0.1
Methadone, 1 – 20 mg/day	4
Methadone, 21 – 40 mg/day	8
Methadone, 41 – 60 mg/day	10
Methadone ≥61 – 80 mg/day	12
Morphine	1
Oxycodone	1.5
Oxymorphone	3
Pentazocine	0.37
Propoxyphene	0.23
Tapentadol	0.4
Tramadol	0.1

*Required exclusions for numerator.*

- All prescriptions for buprenorphine are excluded.

### **Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder**

The State would like to modify the specifications provided for this measure to ensure internal measure consistency and broader consistency with the other measures reported in this monitoring protocol and the Washington health care context.

- Use the OUD\_Narrow\_Flag (as described in the subpopulation definition section above) to identify opioid use disorder.
- Limit the continuation of pharmacotherapy metric to users of Buprenorphine and Buprenorphine-Naloxone combination therapy for opioid use disorder. This will exclude users of other therapy, such as Naltrexone and Methadone. The State's billing data does not account for all of the services delivered that are necessary to compute this measure. Pharmacy claims are more comprehensive and reflect more accurate service delivery in Washington State.
- The State is able to identify those who receive Methadone. However, the billing practices do not allow for the calculation of days covered by Methadone administration (unlike Buprenorphine and Buprenorphine combination medications). This is a requirement for the calculation of this metric. Based on the State's proposal of including only those who are prescribed Buprenorphine and Buprenorphine combination medications as pharmacotherapy for an opiate use disorder, approximately 60% of those receiving treatment will be captured. The State does not expect that the excluded services would be substantially affected by the demonstration.
- Restrict the measurement year to a 12 month period (rather than two years), but allow for identification of opioid use disorder with a two year look back window (measurement year and year prior to measurement year). This will facilitate the identification of a more stable population and decrease the likelihood of missing qualifying instances of treatment due to attrition of Medicaid enrollees.

The State also notes inconsistencies in how the measure is calculated based on the CMS supplied description of the numerator/denominator (percent of adults with pharmacotherapy for opioid use disorder who have at least 180 days of continuous treatment) and the final metric calculation directions (dividing the numerator by the denominator for *each unit of measurement*). The final metric calculation instructions appears to result in a proportion of days covered metric (similar to the HEDIS Anti-depression Medication Management metric). The State will use the initial description and calculate the percentage of adults with pharmacotherapy for opioid use disorder who have at least 180 days of continuous treatment.

## HIT Metric Specifications

During the initial review of the monitoring protocol by CMS, some concerns were noted about the selected HIT metrics. Per the conversation the State had with ONC and CMS staff on May 1, 2019 from 1-2pm PST, the State has not made any modifications to the HIT metrics as submitted with the initial Monitoring Protocol.

**Q1: Statewide Fatal Drug Overdose.** The State considered the sample metrics provided by CMS, including sample metrics related to use of the Prescription Drug Monitoring Program (PDMP) and selected the metric on statewide fatal drug overdoses (including submetrics all opioids, heroin, prescription opioids, and synthetic opioids). This metric (and submetrics) will be reported to CMS and displayed using the public-facing, technology-enabled PDMP dashboard. The CMS report and PDMP dashboard will be used to monitor whether fatal drug overdoses (including by type of drug) are slowing.

**Metric Description:** Number of fatal drug overdoses in the state of Washington, not restricted to Medicaid beneficiaries. Submetrics are reported for the following types of drugs: all opioids, heroin, prescription opioids (excluding synthetic opioids), and synthetic opioids (not methadone).

**Data Source:** Department of Health death certificate data.

**Identification Window:** Measurement year (July 1 – June 30 of relevant year)

Eligible Population	
Age	All Ages
Gender	N/A
Minimum Medicaid enrollment	N/A – measure is not restricted to Medicaid beneficiaries
Allowable gap in Medicaid enrollment	N/A – measure is not restricted to Medicaid beneficiaries
Medicaid enrollment anchor date	N/A – measure is not restricted to Medicaid beneficiaries
Medicaid benefit and eligibility	N/A – measure is not restricted to Medicaid beneficiaries

**Statewide Fatal Drug Overdoses:** Information on the underlying cause of death is extracted from death certificates for deaths that occurred in the relevant measurement period.

All drugs is defined by the following ICD-10 codes as underlying cause of death:

- X40-X44: Accidental poisonings by drugs.
- X60-X64: Intentional self-poisoning by drugs.
- X85: Assault by drug poisoning.
- Y10-Y14: Drug poisoning of undetermined intent.

**Statewide Fatal Drug Overdoses – All Opioids:** Information on the underlying cause of death is extracted from death certificates for deaths that occurred in the relevant measurement period.

All opioids is defined by the following ICD-10 codes in the multiple causes of death field:

- T40.0 (Opium)
- T40.1 (Heroin)
- T40.2 (Natural and Semi-synthetic opioids)
- T40.3 (Methadone)
- T40.4 (Synthetic opioids, other than methadone)
- T40.6 (Other and Unspecified narcotics)

**Statewide Fatal Drug Overdoses – Heroin:** Information on the underlying cause of death is extracted from death certificates for deaths that occurred in the relevant measurement period.

Heroin is defined by the following ICD-10 codes in the multiple causes of death field:

- T 40.1 (Heroin)

**Statewide Fatal Drug Overdoses – Prescription Opioids (excluding synthetic opioids):** Information on the underlying cause of death is extracted from death certificates for deaths that occurred in the relevant measurement period.

Prescription opioids is defined by the following ICD-10 codes in the multiple causes of death field:

- T40.2 (Natural and Semi-synthetic opioids)
- T40.3 (Methadone)

**Statewide Fatal Drug Overdoses – Synthetic Opioids (Not Methadone):** Information on the underlying cause of death is extracted from death certificates for deaths that occurred in the relevant measurement period.

Synthetic opioids (not methadone) is defined by the following ICD-10 codes in the multiple causes of death field:

- T40.4 (Synthetic opioids, other than methadone)

**Q2: Substance Use Disorder Treatment Penetration Rate.** After reviewing the list of sample metrics provided by CMS, the State was concerned about the limitations and uncertainties in technology adoption by providers treating individuals with SUD (e.g., limited use of close loop referral services, lack of an electronic consent management system, limitations and variations in provider/resource directories). Thus, the State is proposing a metric that relies on the use of electronic claims/encounter data to identify individuals with a SUD treatment need who received a qualifying SUD service.

**Metric Description:** Percent of Medicaid beneficiaries aged 12 and older with a substance use disorder treatment need identified within the past two years, who received at least one qualifying substance use disorder treatment during the measurement year.

**Data Source:** Administrative data.

**Identification Window:** Measurement year and the year prior to the measurement year.

Eligible Population	
Age	Age 12 and older. Age is as of the last day of the measurement year.
Gender	N/A
Minimum Medicaid enrollment	Measurement year. Enrollment must be continuous.
Allowable gap in Medicaid enrollment	One gap of one month during the measurement year.
Medicaid enrollment anchor date	Last day of measurement year.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

**Denominator:** Medicaid beneficiaries, aged 12 and older on the last day of the measurement year, with a substance use disorder treatment need identified in either the measurement year or the year prior to the measurement year.

Substance use disorder treatment need is identified by the occurrence of any of the following in the identification window:

1. Diagnosis of a drug or alcohol use disorder in any health service event (SUD-Tx-Pen-Value-Set-1)
2. Receipt of brief intervention (SBIRT) services (SUD-Tx-Pen-Value-Set-4)
3. Receipt of medically managed detox services (SUD-Tx-Pen-Value-Set-5)
4. Receipt of a substance use disorder treatment service meeting numerator criteria:
  - a. Procedure and DRG codes indicating receipt of inpatient/residential, outpatient, or methadone OST: SUD-Tx-Pen-Value-Set-2



- b. NDC codes indicating receipt of other forms of medication assisted treatment for SUD: SUD-Tx-Pen-Value-Set-3
- c. Outpatient encounters meeting procedure code and primary diagnosis criteria: SUD-Tx-Pen-Value-Set-6.xls: procedure code in SUD-Tx-Pen-Value-Set-6 AND primary diagnosis code in SUD-Tx-Pen-Value-Set-1
- d. Outpatient encounters meeting taxonomy and primary diagnosis criteria: billing or servicing provider taxonomy code in SUD-Tx-Pen-Value-Set-7 AND primary diagnosis code in SUD-Tx-Pen-Value-Set-1

*Value sets required for the denominator.*

Name	Value Set
SUD-Tx-Pen- Value-Set-1	All value sets are available upon request.
SUD-Tx-Pen-Value-Set-2	
SUD-Tx-Pen-Value-Set-3	
SUD-Tx-Pen-Value-Set-4	
SUD-Tx-Pen-Value-Set-5	
SUD-Tx-Pen-Value-Set-6	
SUD-Tx-Pen-Value-Set-7	

**Numerator:** Include in the numerator all individuals receiving at least one substance use disorder treatment service meeting at least one of the following criteria in the 12-month measurement year:

- 1. Procedure and DRG codes indicating receipt of inpatient/residential, outpatient, or methadone OST: SUD-Tx-Pen-Value-Set-2
- 2. NDC codes indicating receipt of other forms of medication assisted treatment for SUD: SUD-Tx-Pen-Value-Set-3
- 3. Outpatient encounters meeting procedure code and primary diagnosis criteria:
  - a. Procedure code in SUD-Tx-Pen-Value-Set-6 AND
  - b. Primary diagnosis code in SUD-Tx-Pen-Value-Set-1
- 4. Outpatient encounters meeting taxonomy and primary diagnosis criteria:
  - a. Billing or servicing provider taxonomy code in SUD-Tx-Pen-Value-Set-7 AND
  - b. Primary diagnosis code in SUD-Tx-Pen-Value-Set-1

*Value sets required for the numerator.*

Name	Value Set
SUD-Tx-Pen- Value-Set-1	All value sets are available upon request.
SUD-Tx-Pen-Value-Set-2	
SUD-Tx-Pen-Value-Set-3	
SUD-Tx-Pen-Value-Set-6	
SUD-Tx-Pen-Value-Set-7	

**Q3: Foundational Community Supports Beneficiaries with Inpatient or Residential Substance Use Disorder Service.** After reviewing the list of sample metrics provided by CMS, as with metric Q2, the State was concerned about the limitations and uncertainties in technology adoption by providers treating individuals with SUD (e.g., lack of use of shared care plans, lack of connectivity between correctional health systems and community-based providers, limitations and variations in

provider/resource directories). Thus, the State focused on developing a metric that links delivery of recovery supports provided through the Foundational Community Supports (FCS) program (implemented as part of the Medicaid Transformation Program) to persons who had received SUD services in an inpatient or residential treatment facility. The metric relies on the use of electronic eligibility and claims/encounter data.

**Metric Description:** Percent of Foundational Community Supports (FCS) eligible Medicaid beneficiaries, age 18 and older, with a substance use disorder related inpatient or residential treatment stay within the past two years, who enrolled in at least one FCS service during the measurement year.

**Data Source:** Administrative data.

**Identification Window:** Measurement year and the year prior to the measurement year.

Eligible Population	
Age	Age 18 and older. Age is as of the last day of the measurement year.
Gender	N/A
Minimum Medicaid enrollment	Measurement year. Enrollment must be continuous.
Allowable gap in Medicaid enrollment	One gap of one month during the measurement year.
Medicaid enrollment anchor date	Last day of measurement year.
Medicaid benefit and eligibility	Beneficiaries who qualify for Medicaid in any of the following categories: Categorically Needy Blind/Disabled, Categorically Needy Aged, Categorically Needy Apple Health for Workers with Disabilities (HWD), Categorically Needy Pregnant Women, Affordable Care Act Expansion Adults, Categorically Needy Family Medical, Categorically Needy Children, Children's Health Insurance Program (CHIP), Categorically Needy Children- Foster Care between 18 to 26 Years of Age

**Denominator:** Medicaid beneficiaries, who meet the eligibility requirements as stated above, with a substance use disorder related inpatient or residential treatment stay within the measurement year or the year prior to the measurement year.

**Numerator:** Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator. Include in the numerator all individuals who ever enrolled in at least one FCS service during the measurement year.