Medicaid Section 1115 SUD Demonstration Monitoring Protocol	Named metrics
State	Michigan
Demonstration Name	Michigan's 1115 Behavioral Health Demonstration
Submitted on	06/23/2020

Standard information on CMS-provided metrics / Baseline, annual goals, and demonstration target / Alignment with CMS-provided technical specifications / Initial reporting date

#	Metric name	Metric description	Milestone or reporting topic	Metric type	Reporting category	Data source	Measurement period	Reporting frequency	Reporting priority	State will report (Y/N)	Baseline Reporting Period (MM/DD/YYYY - MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)	Explanation of any deviations from the CMS-provided specifications	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)	Name of first report in which the metric will be reported	Submission date of first report	State plans to phase in reporting (Y/N)	Explanation of any phase in reporting over time
1	Assessed for SUD Treatment Needs Using a Standardized Screening Tool	Number of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement period	Assessment of need and qualification for SUD treatment services	CMS-constructed	Other monthly and quarterly metric	Medical record review or Claims	Month	Quarterly	Recommended										
2	Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period but not in the three months before the measurement period	Assessment of need and qualification for SUD treatment services	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Recommended	N										
3	Medicaid Beneficiaries with SUD Diagnosis (monthly)	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 11 months before the measurement period	Assessment of need and qualification for SUD treatment services	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Recommended	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/2020	N	
4	Medicaid Beneficiaries with SUD Diagnosis (annually)	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 12 months before the measurement period	Assessment of need and qualification for SUD treatment services	CMS-constructed	Other annual metric	Claims	Year	Annually	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 09/30/2020	DY2 Q2 Report	02/28/2021	N	
5	Medicaid Beneficiaries Treated in an IMD for SUD	Number of beneficiaries with a claim for residential or inpatient treatment for SUD in IMDs during the measurement period	Assessment of need and qualification for SUD treatment services	CMS-constructed	Other monthly and quarterly metric	Claims	Year	Annually	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 09/30/2020	DY2 Q2 Report	02/28/2021	N	
6	Any SUD Treatment	Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/2020	N	
7	Early Intervention	Number of beneficiaries who used early intervention services (such as prevalent codes associated with SBIRT) during the measurement period	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/2020	N	
8	Outpatient Services	Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or enhanced enhancement therapies, step down care, and monitoring for stable patients) during the measurement period	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/2020	N	
9	Intensive Outpatient and Partial Hospitalization Services	Number of unique 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	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/2020	N	
10	Residential and Inpatient Services	Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/2020	N	
11	Withdrawal Management	Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/2020	N	
12	Medication Assisted Treatment	Number of beneficiaries who have a claim for MAT for SUD during the measurement period	Milestone 1	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/2020	N	
36	Average Length of Stay in IMDs	The average length of stay for beneficiaries discharged from IMD inpatient or residential treatment for SUD during the measurement period	Milestone 1	CMS-constructed	Other annual metric	Claims; State-specific IMD database	Year	Annually	Required	Y	10/01/2019 - 09/30/2020	Stay Consistent	Stay Consistent	Y		10/01/2019 - 09/30/2020	DY2 Q2 Report	02/28/2021	N	
13	SUD Provider Availability	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period	Milestone 4	CMS-constructed	Other annual metric	Provider enrollment database; Claims; SAMHSA datasets	Year	Annually	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 09/30/2020	DY2 Q2 Report	02/28/2021	N	
14	SUD Provider Availability - MAT	The number of providers who were enrolled in Medicaid and qualified to provide buprenorphine or methadone as part of MAT	Milestone 4	CMS-constructed	Other annual metric	Provider enrollment database; Claims; SAMHSA datasets	Year	Annually	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 09/30/2020	DY2 Q2 Report	02/28/2021	N	
15	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure]	Percentage of beneficiaries with a new episode of alcohol or other drug (AOD)AOD abuse or dependence who received the following...	Milestone 5	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Required	Y	1/1/2019 - 12/31/2019	Increase	Increase	Y		01/01/2019-12/31/2019	DY2 Q1 Report	02/28/2021	N	
18	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) [PQA; NQF #2940; Medicaid Adult Core Set]	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.	Milestone 5	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Required	Y	1/1/2019 - 12/31/2019	Decrease	Decrease	Y		01/01/2019-12/31/2019	DY2 Q1 Report	02/28/2021	N	
19	Use of Opioids from Multiple Providers in Persons Without Cancer [PQA; NQF #2950]	The percentage of individuals ≥18 years of age who received prescriptions for opioids from ≥4 prescribers AND ≥4 pharmacies within ≤180 days.	Milestone 5	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Recommended	N										
20	Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer [PQA; NQF #2951]	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 ≥4 prescriptions for opioids from ≥4 prescribers AND ≥4 pharmacies.	Milestone 5	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Recommended	N										
21	Concurrent Use of Opioids and Benzodiazepines (COB-AD) [PQA]	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.	Milestone 5	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Required	Y	1/1/2019 - 12/31/2019	Decrease	Decrease	Y		01/01/2019-12/31/2019	DY2 Q1 Report	02/28/2021	N	
22	Continuity of Pharmacotherapy for Opioid Use Disorder [URC; NQF #3175]	Percentage of adults in the denominator with pharmacotherapy for OUD who have at least 180 days of continuous treatment	Milestone 5	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Required	Y	1/1/2019 - 12/31/2019	Increase	Increase	Y		01/01/2019-12/31/2019	DY2 Q1 Report	02/28/2021	N	
16	SUB-I Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge [Joint Commission; NQF #1664]	SUB-1 rate: 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. ...	Milestone 6	Established quality measure	Annual metric that is an established quality measure	Medical record review or Claims	Year	Annually	Recommended	N										
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]	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)	Milestone 6	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Required	Y	1/1/2019 - 12/31/2019	Increase	Increase	Y		01/01/2019-12/31/2019	DY2 Q1 Report	02/28/2021	N	
17(2)	Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF #2605; Medicaid Adult Core Set; Adjusted HEDIS measure]	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)	Milestone 6	Established quality measure	Annual metric that is an established quality measure	Claims; PSIMP Data	Year	Annually	Required	Y	1/1/2019 - 12/31/2019	Increase	Increase	Y		01/01/2019-12/31/2019	DY2 Q1 Report	02/28/2021	N	
Q1	PDMP Checking by Providers	Total number of Medicaid providers registered in Michigan's PDMP	Health IT	State-identified	Other annual metric	State PDMP Data	Year	Annually	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 09/30/2020	DY2 Q2 Report	02/28/2021	N	
Q2	Consent Management	Total number of PSMP regions utilizing a consent management for information sharing. There are 10 PSMPs (each is its own designated region) in Michigan.	Health IT	State-identified	Provider Attestation		Year	Annually	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 09/30/2020	DY2 Q2 Report	02/28/2021	N	
Q3	Care Management	Creation of a care coordination module with SUD data within Michigan's CareConnect 360, which is a repository of beneficiary claims/encounter/diagnostic information. Upon creation, the total number of PSMPs utilizing the care coordination module for quality measurement and planning purposes.	Health IT	State-identified	Provider Attestation		Year	Annually	Required	Y	10/01/2019 - 09/30/2020	Increase	Increase	Y		10/01/2019 - 09/30/2020	DY2 Q2 Report	02/28/2021	N	
23	Emergency Department Utilization for SUD per 1,000 Beneficiaries	Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period	Other SUD-related metric	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	Y	10/01/2019 - 09/30/2020	Decrease	Decrease	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/2020	N	
24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	Total number of inpatient stays per 1,000 beneficiaries in the measurement period	Other SUD-related metric	CMS-constructed	Other monthly and quarterly metric	Claims	Month	Quarterly	Required	Y	10/01/2019 - 09/30/2020	Decrease	Decrease	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/2020	N	
25	Readmissions Among Beneficiaries with SUD	The rate of all-cause readmissions during the measurement period among beneficiaries with SUD.	Other SUD-related metric	CMS-constructed	Other annual metric	Claims	Year	Annually	Required	Y	10/01/2019 - 09/30/2020	Decrease	Decrease	Y		10/01/2019 - 09/30/2020	DY2 Q2 Report	02/28/2021	N	
26	Overdose Deaths (count)	Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).	Other SUD-related metric	CMS-constructed	Other annual metric	State data on cause of death	Year	Annually	Required	Y	10/01/2019 - 09/30/2020	Decrease	Decrease	Y		10/01/2019 - 09/30/2020	DY2 Q2 Report	02/28/2021	N	
27	Overdose Deaths (rate)	Rate of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).	Other SUD-related metric	CMS-constructed	Other annual metric	State data on cause of death	Year	Annually	Required	Y	10/01/2019 - 09/30/2020	Decrease	Decrease	Y		10/01/2019 - 09/30/2020	DY2 Q2 Report	02/28/2021	N	
28	SUD Spending	Total Medicaid SUD spending during the measurement period	Other SUD-related metric	CMS-constructed	Other annual metric	Claims	Year	Annually	Recommended	N										
29	SUD Spending Within IMDs	Total Medicaid SUD spending on residential or inpatient treatment within IMDs during the measurement period	Other SUD-related metric	CMS-constructed	Other annual metric	Claims	Year	Annually	Recommended	N										
30	Per Capita SUD Spending	Per capita SUD spending during the measurement period	Other SUD-related metric	CMS-constructed	Other annual metric	Claims	Year	Annually	Recommended	N										
31	Per Capita SUD Spending Within IMDs	Per capita SUD spending within IMDs during the measurement period	Other SUD-related metric	CMS-constructed	Other annual metric	Claims	Year	Annually	Recommended	N										
32	Access to Preventive/ Ambulatory Health Services for Adult Beneficiaries with SUD [AAP] [Adjusted HEDIS measure]	The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period	Other SUD-related metric	Established quality measure	Annual metric that is an established quality measure	Claims	Year	Annually	Recommended	Y	1/1/2019 - 12/31/2019	Increase	Increase	N		01/01/2019-12/31/2019	DY2 Q1 Report	02/28/2021	N	
33	Grievances Related to SUD Treatment Services	Number of grievances filed during the measurement period that are related to SUD treatment services	Other SUD-related metric	CMS-constructed	Grievances and appeals	Administrative records	Quarter	Quarterly	Recommended	N										
34	Appeals Related to SUD Treatment Services	Number of appeals filed during the measurement period that are related to SUD treatment services	Other SUD-related metric	CMS-constructed	Grievances and appeals	Administrative records	Quarter	Quarterly	Recommended	N										
35	Critical Incidents Related to SUD Treatment Services	Number of critical incidents filed during the measurement period that are related to SUD treatment services	Other SUD-related metric	CMS-constructed	Grievances and appeals	Administrative records	Quarter	Quarterly	Recommended	N										
8.1	Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) [NCQA; NQF #2605; Medicaid Adult Core Set; Adjusted HEDIS measure]b	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)	Other SUD-related metric	State-identified	Other annual metric	Claims	Year	Annually	Recommended	Y	1/1/2019 - 12/31/2019	Increase	Increase	N	Following careful review of the code sets used in this measure and the MDHHS reporting rules for SUD services, additional HCPCS codes were added to the list of qualified follow-up services: H0006, H0018, H0012, H0018 (except when reported with PO modifier), H0019, H0020 (except when reported with no modifier), H0049 and H0050.	01/01/2019-12/31/2019	DY2 Q1 Report			
8.2	Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF #2605; Medicaid Adult Core Set; Adjusted HEDIS measure]b	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)	Other SUD-related metric	State-identified	Other annual metric	Claims	Year	Annually	Recommended	Y	1/1/2019 - 12/31/2019	Increase	Increase	N	Following careful review of the code sets used in this measure and the MDHHS reporting rules for SUD services, additional HCPCS codes were added to the list of qualified follow-up services: H0006, H0012, H0018 (except when reported with PO modifier), H0019, H0020 (except when reported with no modifier), H0049 and H0050.	01/01/2019-12/31/2019	DY2 Q1 Report			

There are no CMS-provided metrics related to milestone 2 or milestone 3.