

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
Louisiana Substance Use Disorder 1115 Demonstration
Demonstration Year 2 – February 1, 2019 – January 31, 2020
DY2 Q1 Report – January 1 – March 31, 2019
Submitted on May 30, 2019

State	Louisiana
Demonstration Name	Healthy Louisiana Substance Use Disorder 1115 Demonstration
Approval Date	February 1, 2018
Approval Period	February 1, 2018 – December 31, 2022
SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives	<p>The goal of this demonstration is for Louisiana to maintain critical access to opioid use disorder (OUD) and other substance use disorder (SUD) services and continue delivery system improvements for these services to provide more coordinated and comprehensive OUD/SUD treatment for Medicaid beneficiaries. This demonstration will provide the state with authority to provide high-quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as an Institution for Mental Diseases (IMD). It will also build on the state's existing efforts to improve models of care focused on supporting individuals in the community and home, outside of institutions and strengthen a continuum of SUD services based on the American Society of Addiction Medicine (ASAM) criteria or other comparable nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines.</p> <p>During the demonstration period, Louisiana seeks to achieve the following:</p> <ul style="list-style-type: none">• Increase enrollee access to and utilization of appropriate OUD/SUD treatment services based on the ASAM Criteria;• Decreased use of medically inappropriate and avoidable high-cost emergency department and hospital services by enrollees with OUD/SUD;• Increased initiation of follow-up after discharge from emergency department for alcohol or other drug dependence; and• Reduced readmission rates for OUD/SUD treatment.

2. Executive Summary

Louisiana received approval of the Healthy Louisiana OUD/SUD 1115 demonstration waiver on February 1, 2018. In DY2 Q1 (January 2019 – March 2019), the state published final rules to align the appropriate governing authority documents to the 1115 waiver STCs. The Bureau of Health Services Financing (Medicaid) issued a Request for Proposals (RFP) to obtain competitive proposals from qualified managed care organizations (MCO) to provide high quality healthcare services statewide to Medicaid enrollees in the Louisiana Medicaid managed care program.

Louisiana submitted a revised Monitoring Protocol based on CMS technical specifications and a revised Evaluation Design, and then received feedback from CMS within the quarter. Revisions on these deliverables will be due in DY2 Q2.

CMS advised Louisiana that submission of the data workbook is pending approval of the monitoring protocol. Therefore, the DY2 Q1 Monitoring Report does not include a completed Part A, the SUD Metrics Workbook, and any corresponding metric trends analysis is pending.

3. Narrative Information on Implementation, by Reporting Topic

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any changes or does the state expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?			
Are there any other anticipated program changes that may impact metrics related to assessment of			

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need and qualification for SUD services? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
2.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically			

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supervised withdrawal management)? b. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs?			
Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
<input type="checkbox"/> The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
3.2.2 Implementation Update			

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<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none">a. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria?b. Implementation of a utilization management approach to ensure:<ul style="list-style-type: none">i. Beneficiaries have access to SUD services at the appropriate level of care?ii. Interventions are appropriate for the diagnosis and level of care?iii. Use of independent process for reviewing placement in residential treatment settings?			
Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the state is reporting such metrics)? If so, please describe these changes.			

- The state has no implementation updates to report for this reporting topic.

4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)

4.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.

- The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.

- The state is not reporting any metrics related to this reporting topic.

4.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:

- a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards?
- b. State review process for residential treatment providers' compliance with qualifications standards?
- c. Availability of medication assisted treatment at residential treatment

DY1Q4

In DY1Q4, the state published a Notice of Intent to promulgate rules related to the 1115 Waiver and requirements on residential treatment facilities related to access to MAT. The final rule was published in DY2 Q1.

In DY2 Q1, the LDH Medicaid office published a Request for Proposals (RFP) to obtain competitive proposals from qualified managed care organizations (MCO) to provide high quality healthcare services statewide to Medicaid enrollees in the Louisiana Medicaid managed care program. The model contract included provisions related to access to MAT.

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facilities, either on-site or through facilitated access to services off site?			
Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities (if the state is reporting such metrics)? If so, please describe these changes.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
5.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to planned activities to			

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assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?			
Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
6.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or			

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does the state expect to make any changes to: a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD? b. Expansion of coverage for and access to naloxone?			
Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
7.2.2 Implementation Update			

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Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?			
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			A general update on the Health IT Plan and data for DY2Q1 is included in Attachments A1-DY2-Q1 and A2-DY1-Q1. Proposed health IT metrics addressing the three key health IT questions were included in LA's draft monitoring protocol. Louisiana will begin reporting these metrics following approval of the Monitoring Protocol.
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
11.2.2 Implementation Update			
Compared to the demonstration design and operational details			

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<p>outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none">a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?b. How health IT is being used to treat effectively individuals identified with SUD?c. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD?d. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels?e. Other aspects of the state’s health IT implementation milestones?f. The timeline for achieving health IT implementation milestones?g. Planned activities to increase use and functionality of the			
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state's prescription drug monitoring program?			
Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such metrics)? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
9.2.2 Implementation Update			
Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
10.2 Budget Neutrality			
10.2.1 Current status and analysis			

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Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.			Budget neutrality for DY1 is reported in the attached document entitled “Budget Neutrality Workbook DY2Q1. As specified in document released by CMS “Guidance on 1115 SUD Monitoring Metrics Reporting_04192019”, claims-based data for DY2Q1 will capture data from DY1Q4 to allow an additional quarter for claims lag. Also, since providers are allowed one year to submit claims following date of service, data previously reported may be adjusted for claims captured after the initial reporting period. We continue to see higher than projected enrollment (member months [MM]), which appears to be the result of higher expansion participation in the waiver than Louisiana experienced in the first six months of expansion rollout. The BN projections limited us to using only the first six months of Expansion experience, but now LA is experiencing the program after full ramp-up. Further analysis of data supports this as a driver of the increased MM counts as more than three quarters (76.7%) of MMs reported during DY1 were members of the expansion group. The state will continue to monitor these caseload trends moving forward.
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
10.2.2 Implementation Update			
Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could			

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positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does the state expect to make any changes to: <ol style="list-style-type: none">a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?b. Delivery models affecting demonstration participants (e.g. Accountable Care			

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Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?			
Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?			
What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?	DY1Q4		<p>LDH has received several federal grants to respond to the opioid epidemic, including the State Opioid Response Grant awarded by SAMHSA. Louisiana is implementing the Hub and Spoke model to increase access to MAT, which will complement the action steps outlined in the implementation plan.</p> <p>Louisiana partnered with Shatterproof, a national non-profit, to be one of five pilot states in developing an SUD treatment provider rating system. The Shatterproof initiative complements the SUD demonstration in efforts to improve quality of SUD treatment services. Increasing access to MAT for opioid use disorder is a focus of the Shatterproof initiative and corresponds to the Demonstration waiver.</p>
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
12.1 SUD Demonstration Evaluation Update			
12.1.1 Narrative Information			
Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the			

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demonstration. See report template instructions for more details.			
Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.			In DY2 Q1, Louisiana revised the draft Evaluation Design based on CMS feedback. CMS sent additional feedback before the end of the quarter, and the revisions are due back to CMS by May 25, 2019.
List anticipated evaluation-related deliverables related to this demonstration and their due dates.			Evaluation Design, May 25, 2019 Interim Evaluation Report, Dec 31, 2021 Summative Evaluation Report, June 30, 2024
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic..			
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
Have there been any changes in the state's implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?			
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?			
Compared to the details outlined in the STCs and the monitoring			

protocol, has the state formally requested any changes or does the state expect to formally request any changes to: a. The schedule for completing and submitting monitoring reports? b. The content or completeness of submitted reports? Future reports?			
Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.			
13.1.2 Post Award Public Forum			
If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.			

14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

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State Louisiana
 Demonstration Name Healthy Louisiana Substance Use Disorder 1115 Demonstration
 Demonstration Year DY2
 Calendar Dates for Demonstration Year 02/01/2019 - 01/31/2020
 Reporting Period Q1
 Calendar Dates for Reporting Period 02/01/2019 - 04/30/2019
 Submitted on 05/30/2019

Substance Use Disorder (SUD) Metrics^a

#	Metric name	Metric description	Data source
Assessment of need and qualification for SUD treatment services			
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	Medical record review or claims
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	Claims
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	Claims
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	Claims
5	Medicaid Beneficiaries Treated in an IMD for SUD	Number of beneficiaries with a claim for residential treatment for SUD in an IMD during the reporting year	Claims
Milestone 1: Access to critical levels of care for OUD and other SUDs			
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	Claims

7	Early Intervention	Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period	Claims
8	Outpatient Services	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	Claims
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	Claims
10	Residential and Inpatient Services	Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period	Claims
11	Withdrawal Management	Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period	Claims
12	Medication Assisted Treatment (MAT)	Number of beneficiaries who have a claim for MAT for SUD during the measurement period	Claims
36	Average Length of Stay in IMDs	The average length of stay for beneficiaries discharged from IMD residential treatment for SUD	Claims; State-specific IMD database

Milestone 2: Use of evidence-based, SUD-specific patient placement criteria

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

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Milestone 3: Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities

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

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Milestone 4: Sufficient provider capacity at critical levels of care including for medication assisted treatment for OUD

13	SUD Provider Availability	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period	Provider enrollment database; Claims
14	SUD Provider Availability - MAT	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	Provider enrollment database, SAMHSA datasets

Milestone 5: Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD

		There are two percentages. Percentage of beneficiaries with a new episode of (AOD) abuse or dependence who received the following: --
15	Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET) [NCQA; NQF #0004; Medicaid Adult Core Set]	Percentage 1. 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 Percentage 2. 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
18	Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer [PQA; NQF #2951]	Rate per 1,000 beneficiaries age 18 and older included in the denominator without cancer who received prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalents for 90 consecutive days or longer. Patients in hospice are also excluded.
19	Use of Opioids from Multiple Providers in Persons Without Cancer [PQA; NQF #2950]	Rate per 1,000 beneficiaries included in the denominator without cancer who received prescriptions for opioids from four or more prescribers and four or more pharmacies.
20	Use of Opioids at High Dosage from Multiple Providers in Persons Without Cancer [PQA, NQF #2951]	Rate per 1,000 beneficiaries included in the denominator without cancer who received prescriptions for opioids greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer, and from four or more prescribers and four or more pharmacies.
21	Concurrent Use of Opioids and Benzodiazepines [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.
22	Continuity of Pharmacotherapy for Opioid Use Disorder [RAND; NQF #3175]	Percentage of adults in the denominator with pharmacotherapy for OUD who have at least 180 days of continuous treatment

Milestone 6: Improved care coordination and transitions between levels of care

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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]

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.

Medical record review or claims

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.

Medical record review or claims

Percentage of ED visits for beneficiaries who have a principal diagnosis of mental illness or AOD abuse or dependence and who had a follow-up visit for mental illness or AOD. Four rates are reported:

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Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence§
 [NCQA; NQF #2605; Medicaid Adult Core Set]

Percentage 1. Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).

Claims

Percentage 2. Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).

Claims

Percentage 3. Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness or AOD within 30 days of the ED visit (31 total days)

Claims

Percentage 4. Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness or AOD within 7 days of the ED visit (8 total days)

Claims

SUD health information technology (SUD health IT)

Insert selected metric(s) related to key health IT question 1

Insert selected metric(s) related to key health IT question 2

Insert selected metric(s) related to key health IT question 3

Other SUD-related metrics

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Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries

Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period

Claims

Inpatient Stays for SUD per 1,000

Total number of inpatient stays per 1,000 beneficiaries in the measurement

24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	Total number of inpatient stays per 1,000 beneficiaries in the measurement period	Claims
25	Readmissions Among Beneficiaries with SUD	The number of acute inpatient stays among beneficiaries with SUD during the measurement period followed by an acute readmission within 30 days.	Claims
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).	State data on cause of death
27	Overdose Deaths (rate)	Rate of overdose deaths during the measurement period among adult 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).	State data on cause of death
28	SUD Spending	Total Medicaid SUD spending during the measurement period.	Claims
29	SUD Spending within IMDs	Total Medicaid SUD spending on residential treatment within IMDs during the measurement period	Claims
30	Per Capita SUD Spending	Per capita SUD spending during the measurement period	Claims
31	Per Capita SUD Spending within IMDs	Per capita SUD spending within IMDs during the measurement period	Claims
32	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period.	Claims
33	Grievances Related to SUD Treatment Services	Number of grievances filed during the measurement period that are related to SUD treatment services	Administrative records
34	Appeals Related to SUD Treatment Services	Number of appeals filed during the measurement period that are related to SUD treatment services	Administrative records
35	Critical Incidents Related to SUD Treatment Services	Number of critical incidents filed during the measurement period that are related to SUD treatment services	Administrative records

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

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

^c If applicable. See CMS-provided technical specifications.

^d Enter any new models that will be reported after column AR; create new columns as needed

Checks:

Numerator in #27 should equal the numerator in #26.

Denominator in #30 should equal the numerator in #4.

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.

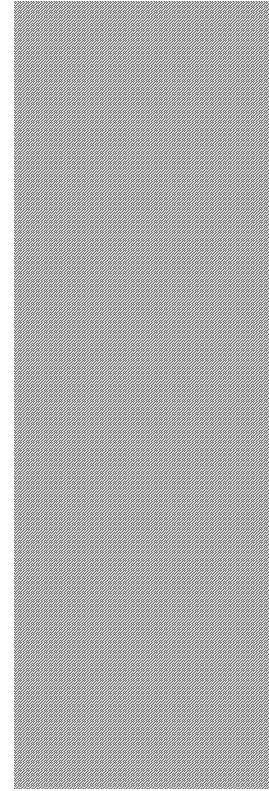
Counts for a subpopulation (e.g. pregnant, not pregnant) should sum approximately to counts for the overall demonstration.

Attest that reporting matches CMS-provided specification (Y/N)	Describe any deviations from CMS-provided measure specifications	Reporting issue (Y/N) (further describe in data and reporting issues tab)	Measurement period (month, quarter, year ^b)	Demonstration	
				Denominator	Numerator or count
			Month 1		
			Month 2		
			Month 3		
			Month 1		
			Month 2		
			Month 3		
			Month 1		
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			Month 3		
			Year		
			Year		
			Month 1		
			Month 2		
			Month 3		

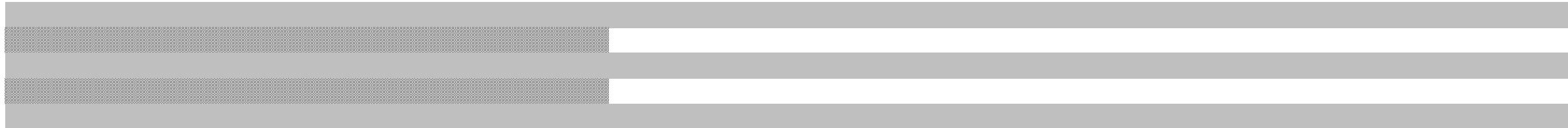
Month 1
Month 2
Month 3
Month 1
Month 2

Month 3
Month 1
Month 2

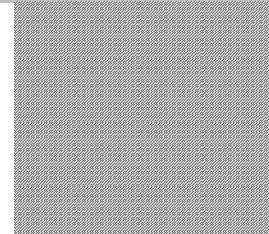
Month 3
Month 1
Month 2
Month 3
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Month 2
Month 3
Month 1
Month 2
Month 3



Year



Year



Year

Year

Year

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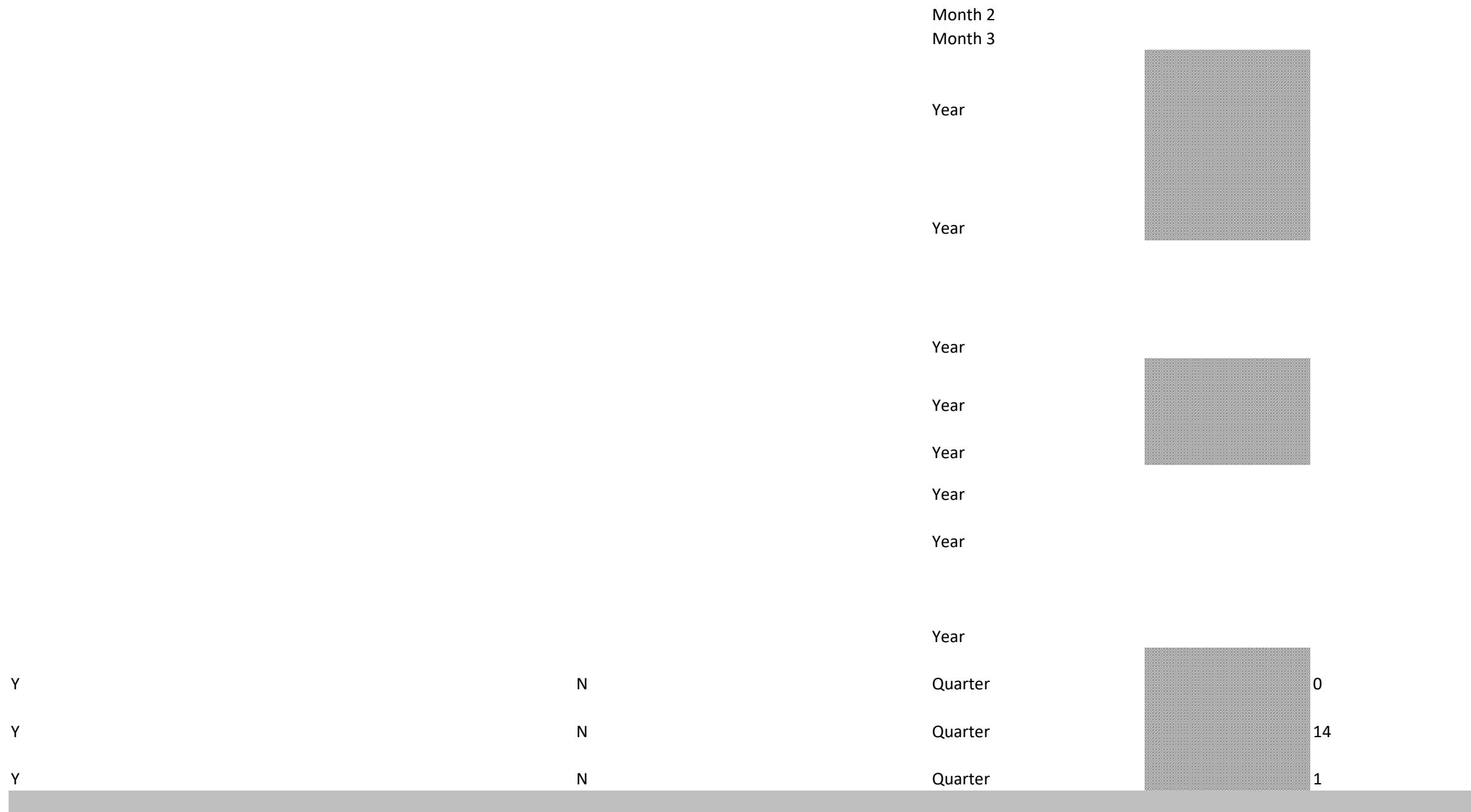


Month 1

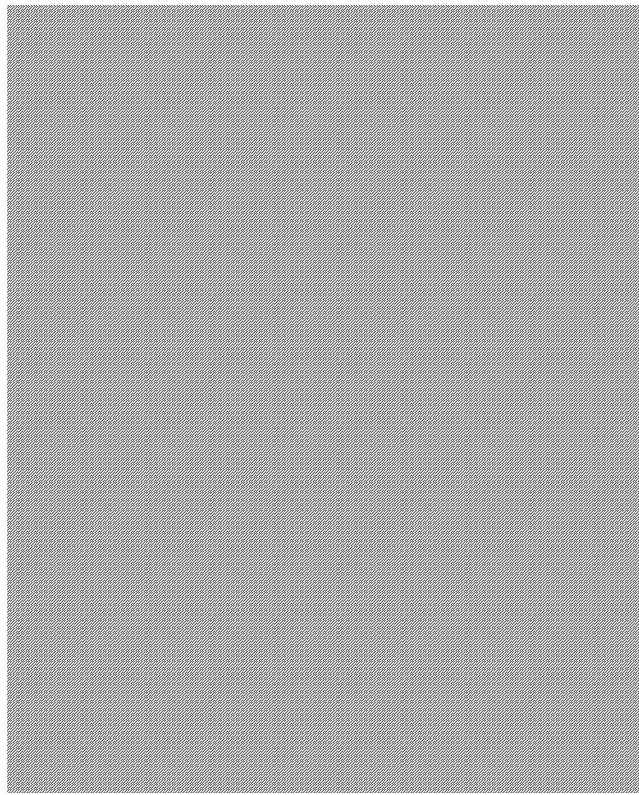
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Month 3

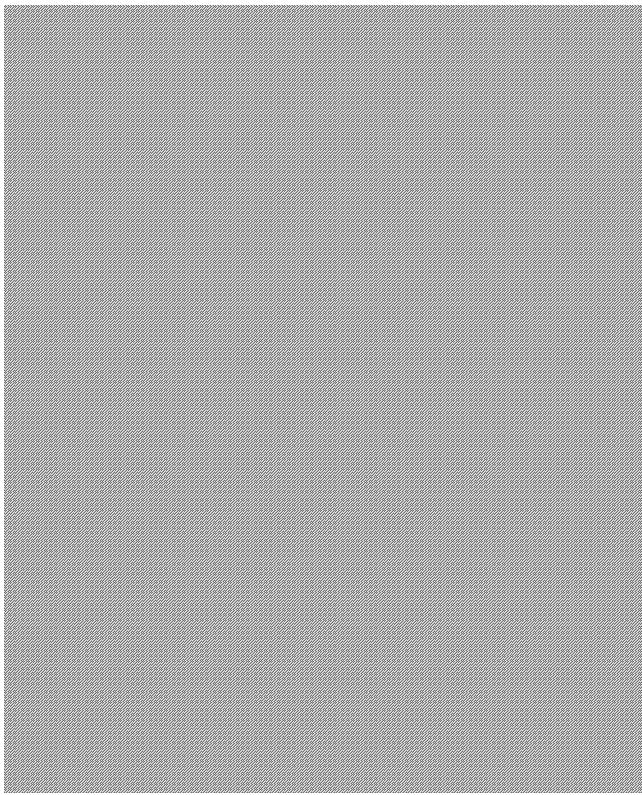
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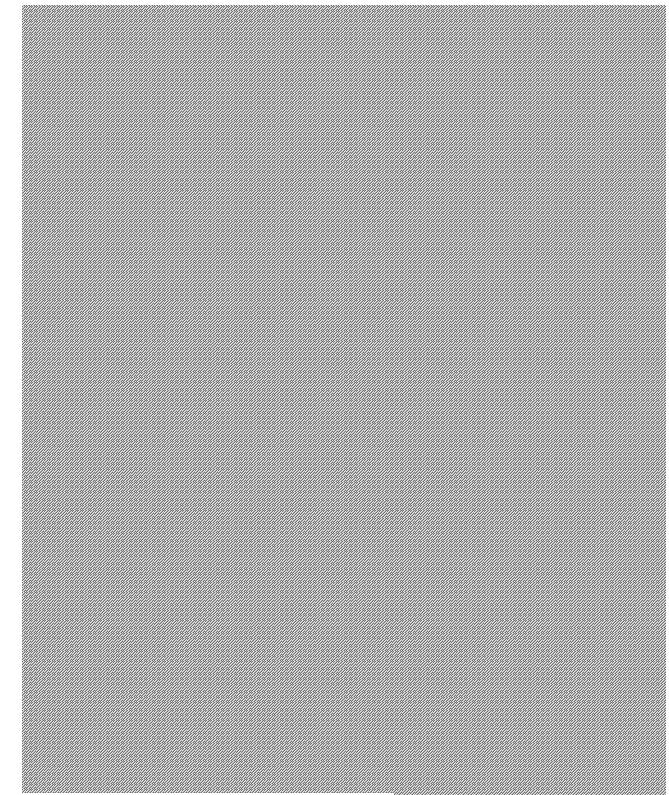
		Model ^d		OUD subpopulation			
Rate/Percentage ^c	Denominator	Numerator or count	Rate/Percentage ^c	Denominator	Numerator or count	Rate/Percentage ^c	Denominator



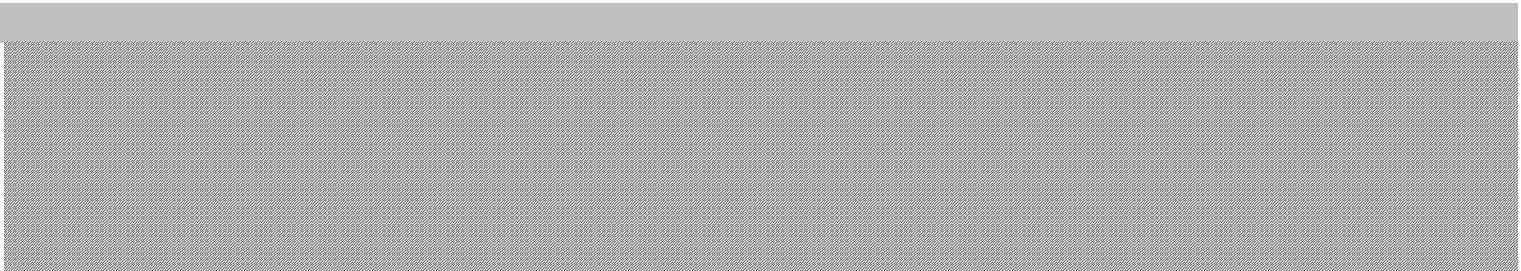
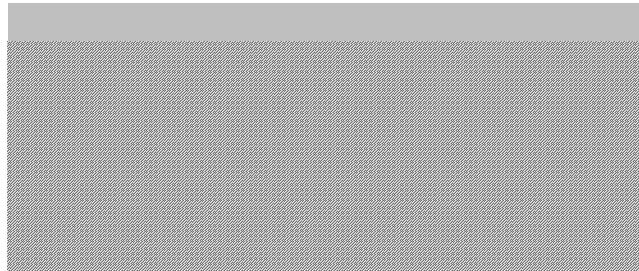
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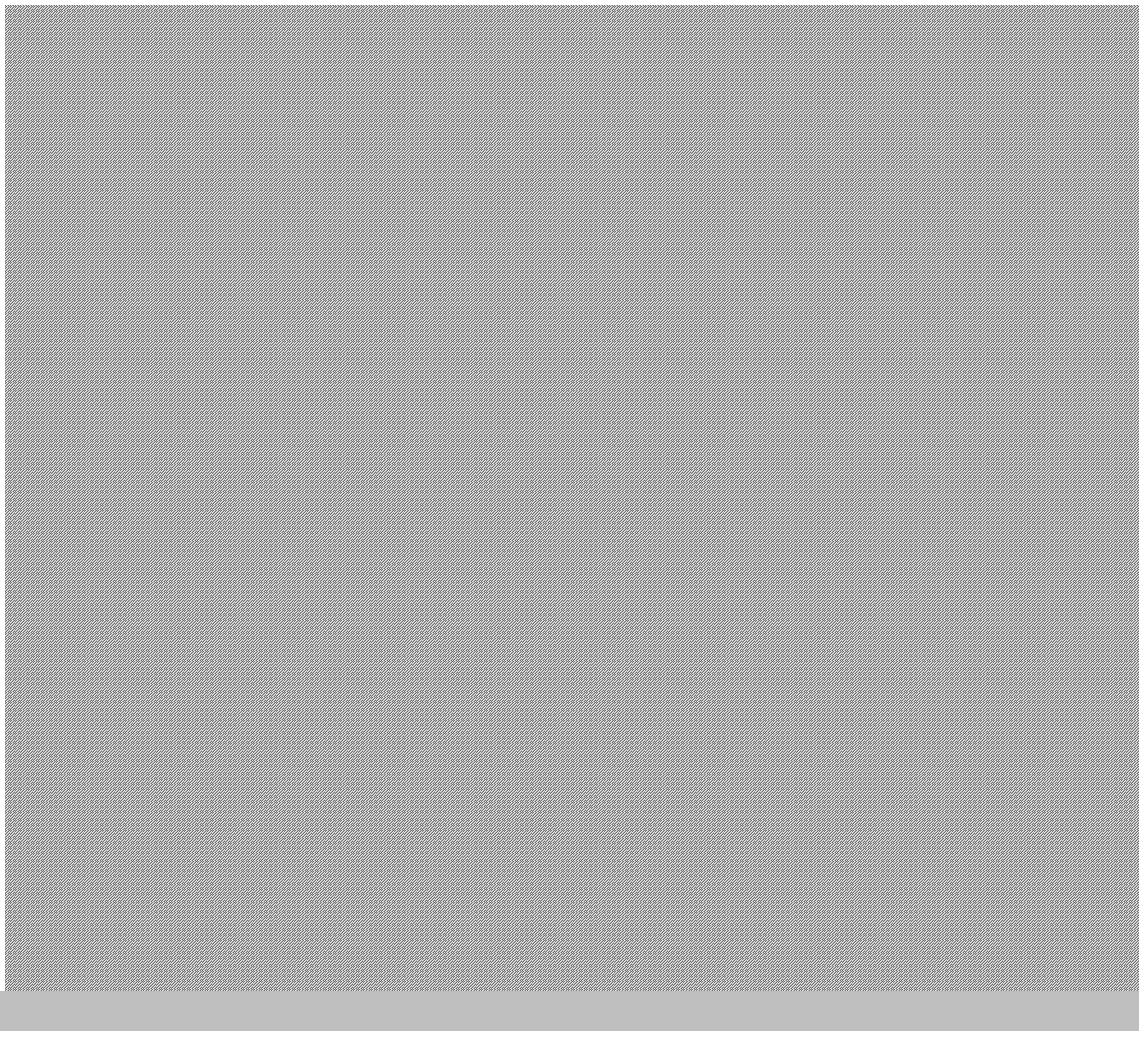
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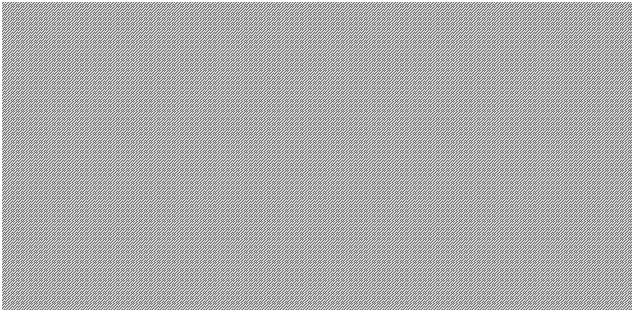


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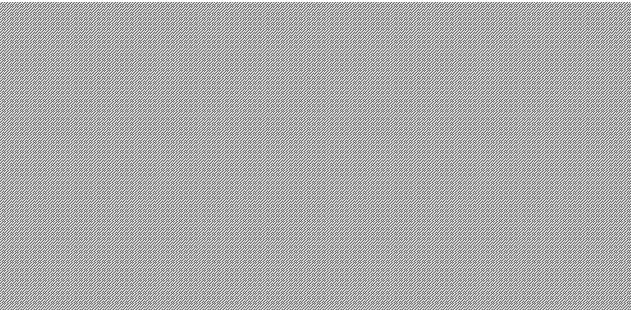
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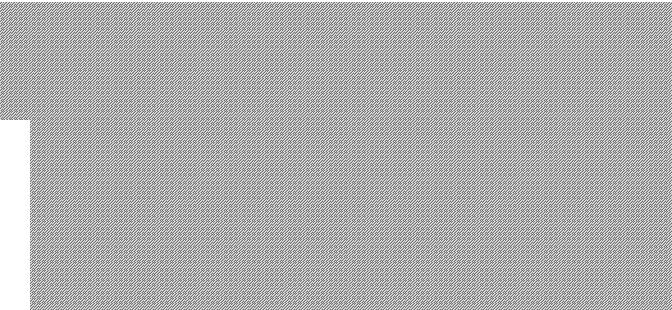
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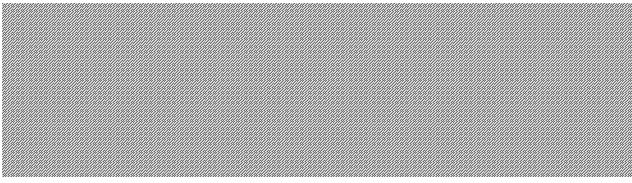
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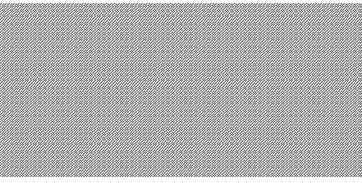
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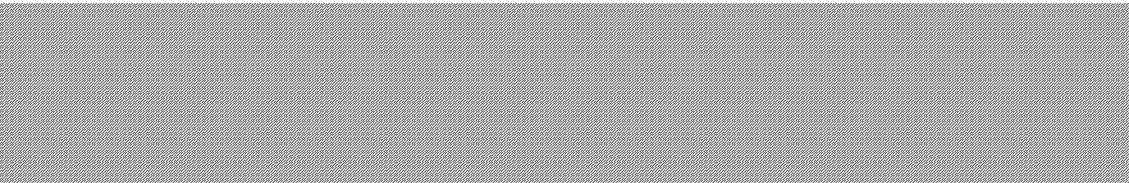
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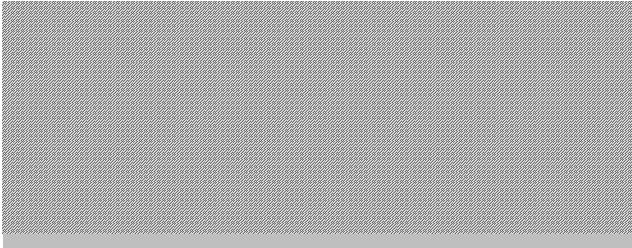
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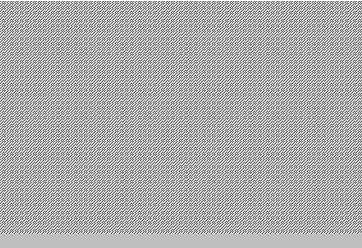
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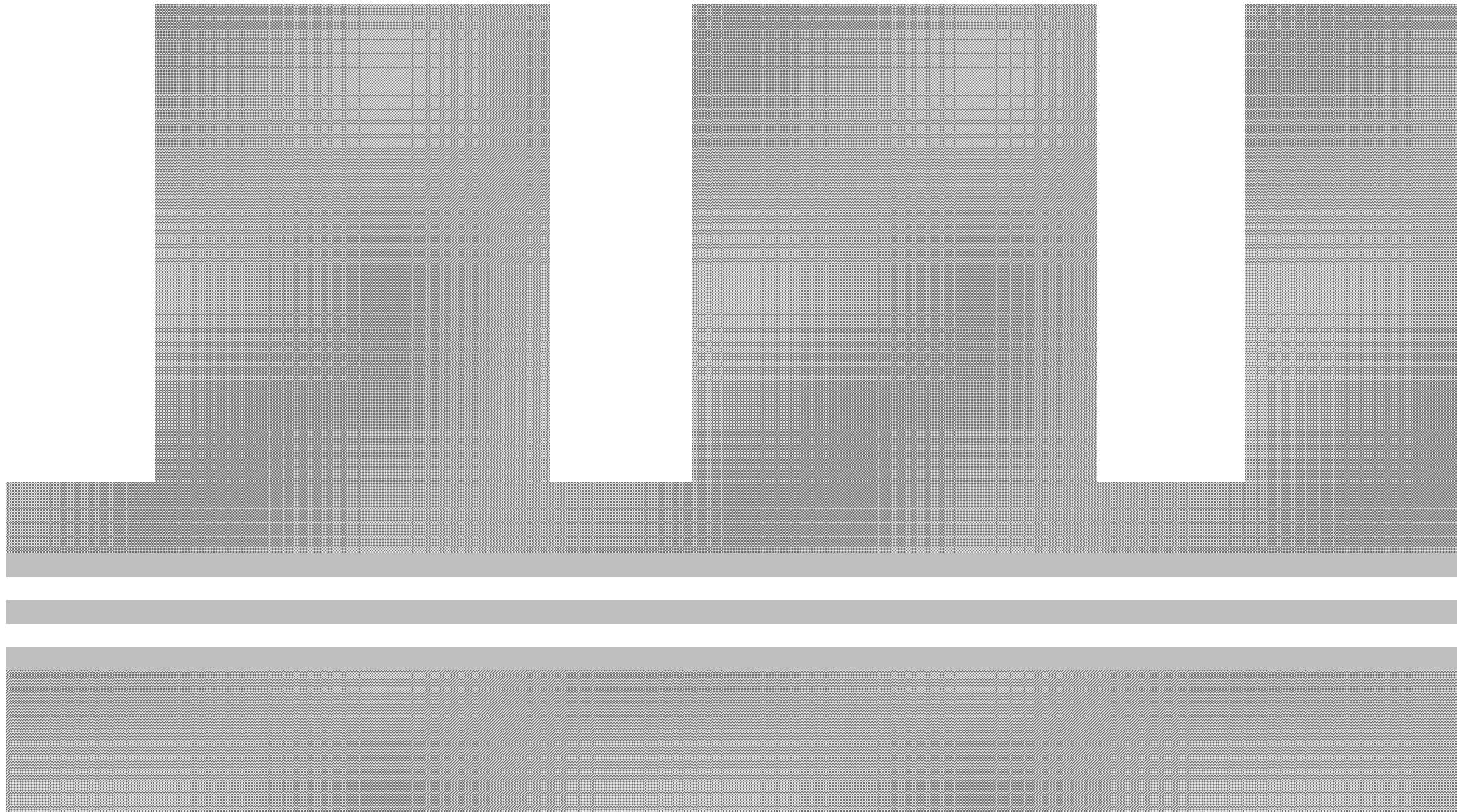


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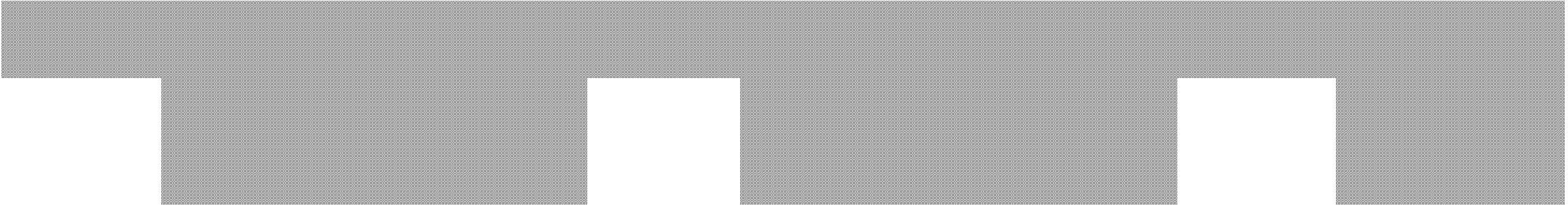


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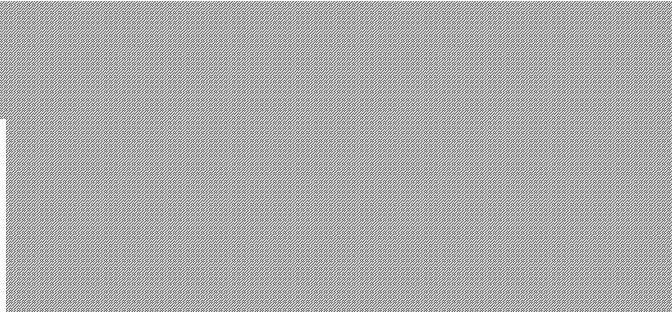
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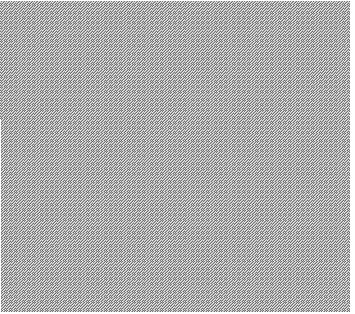
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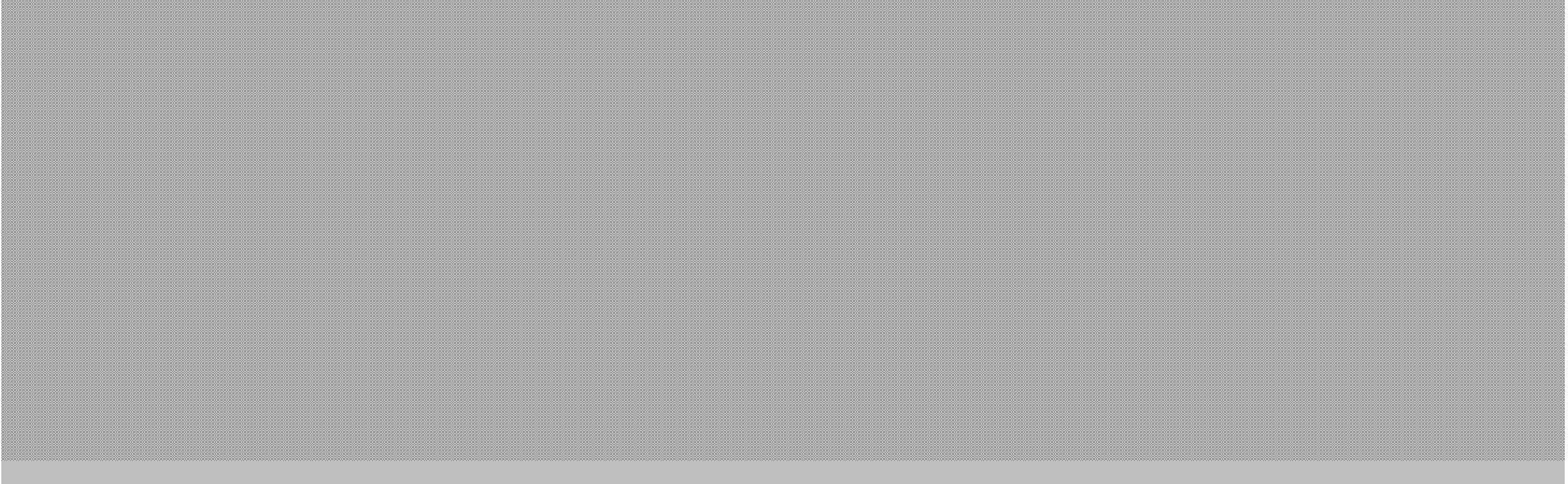
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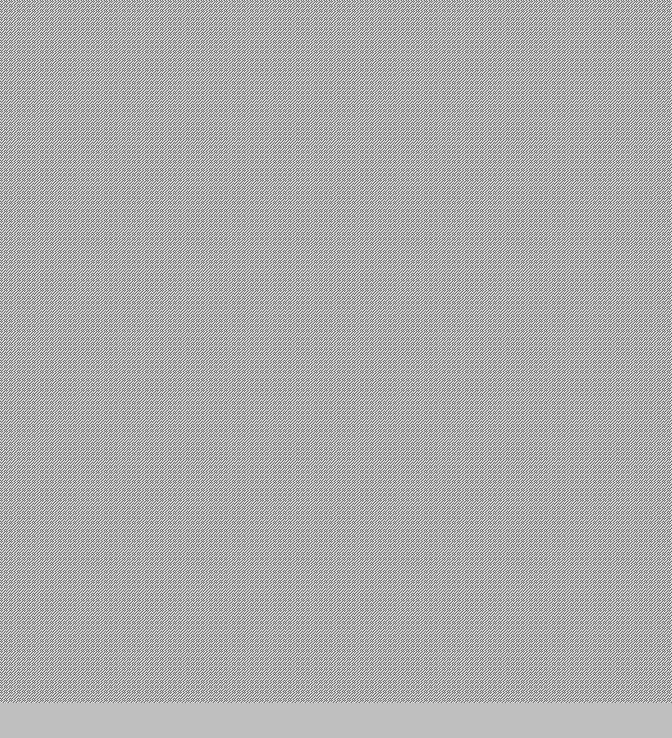
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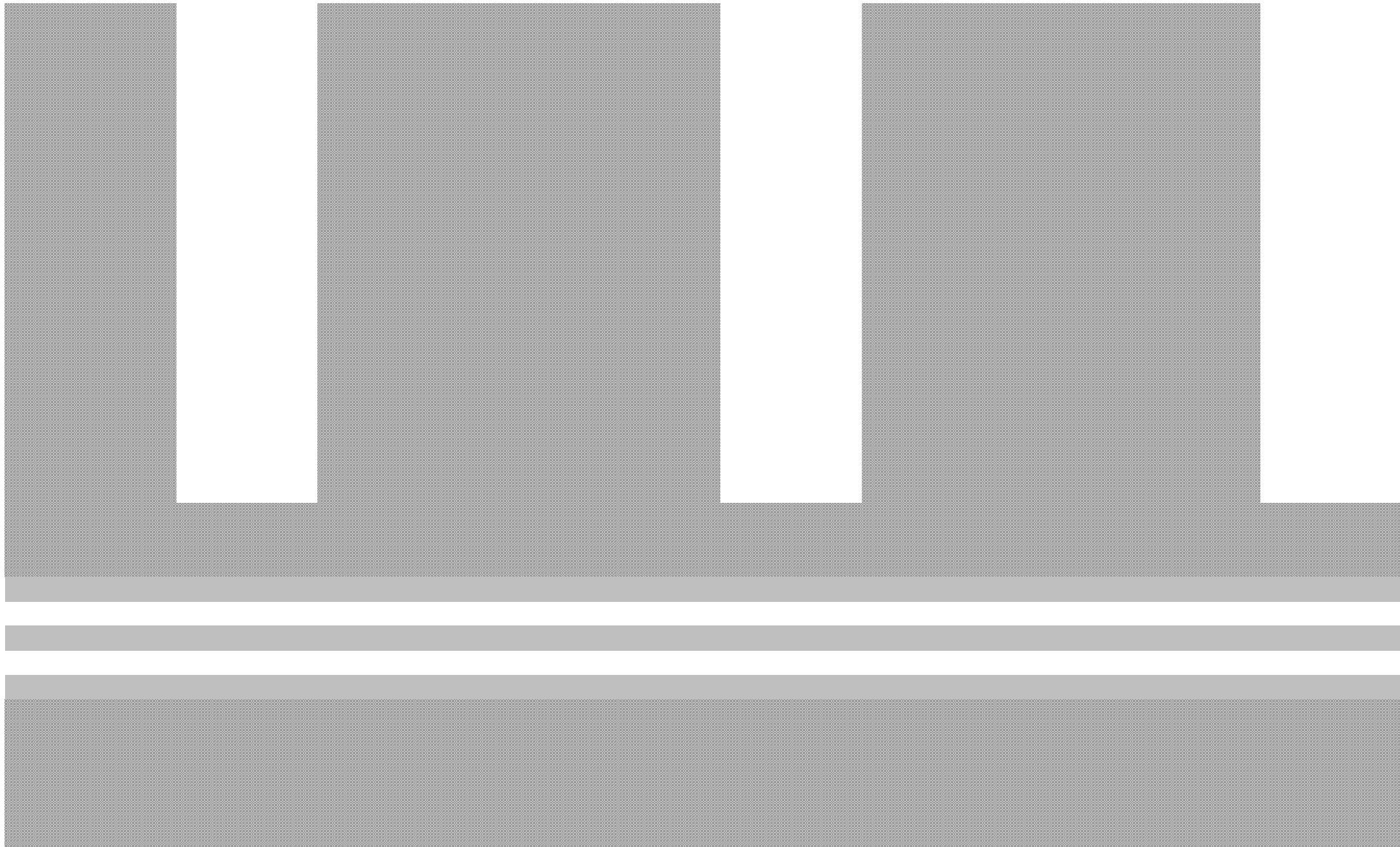
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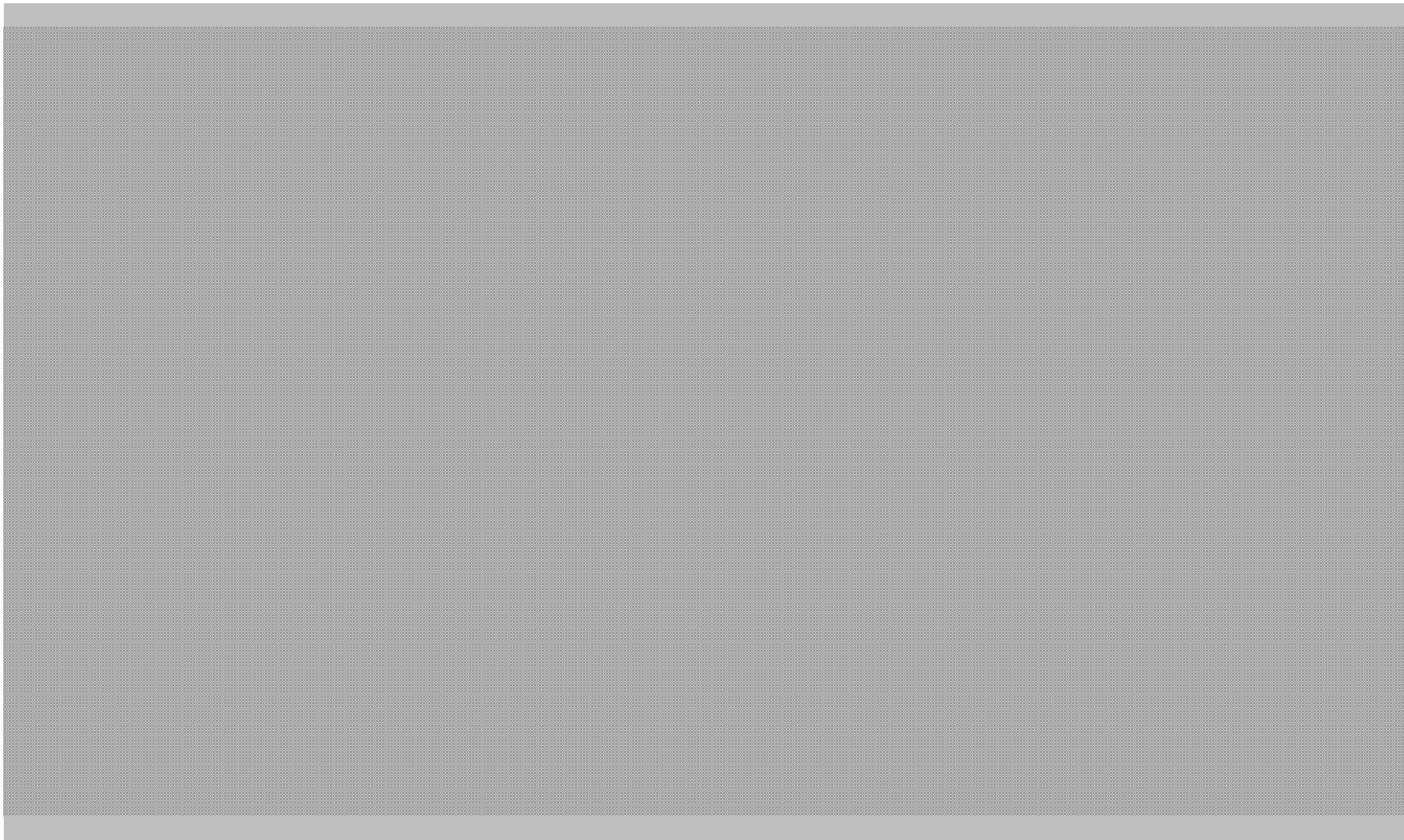


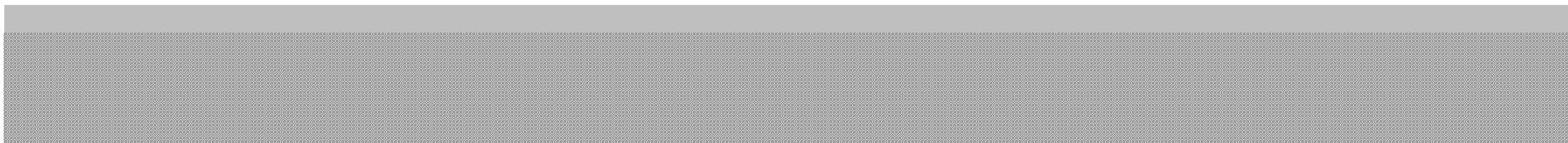
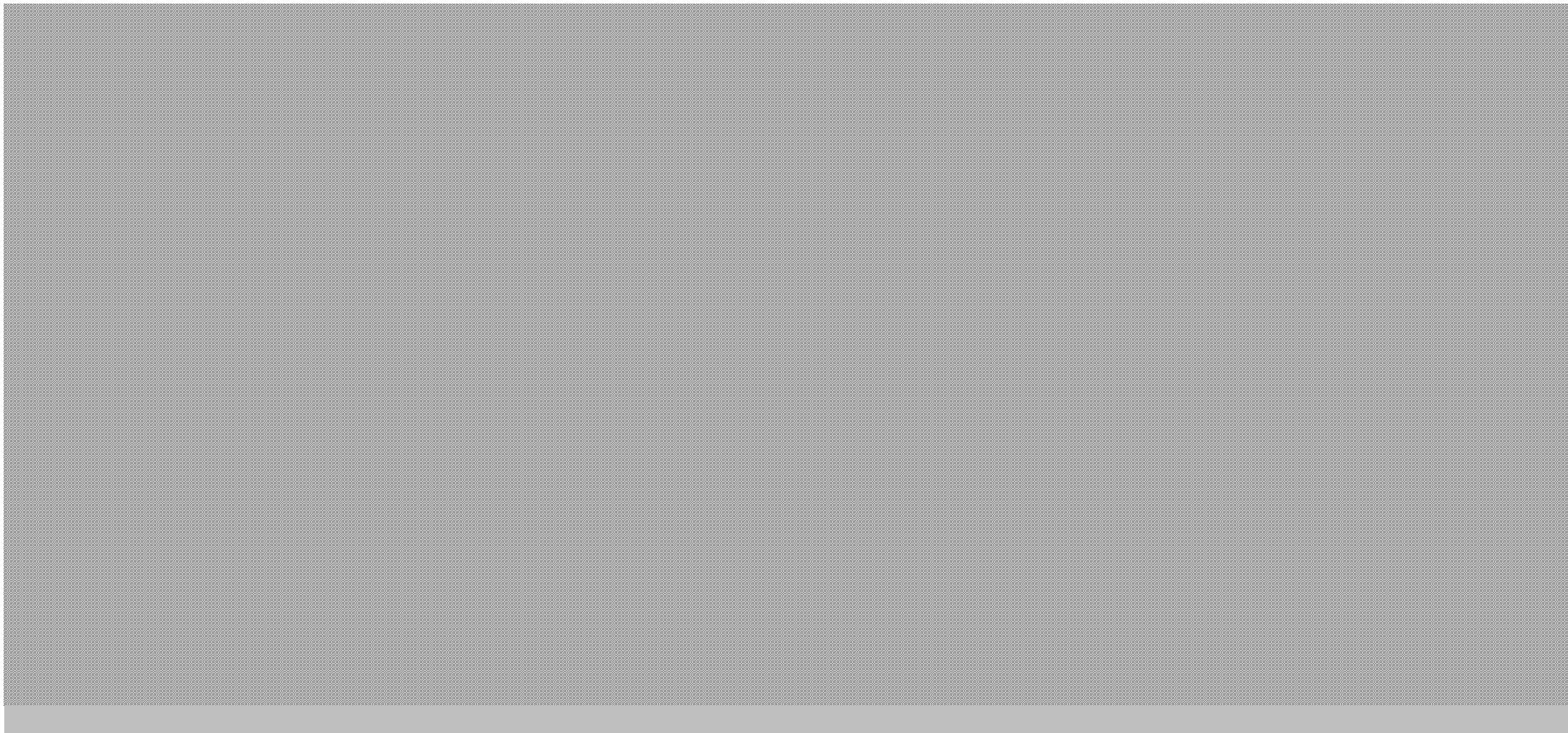
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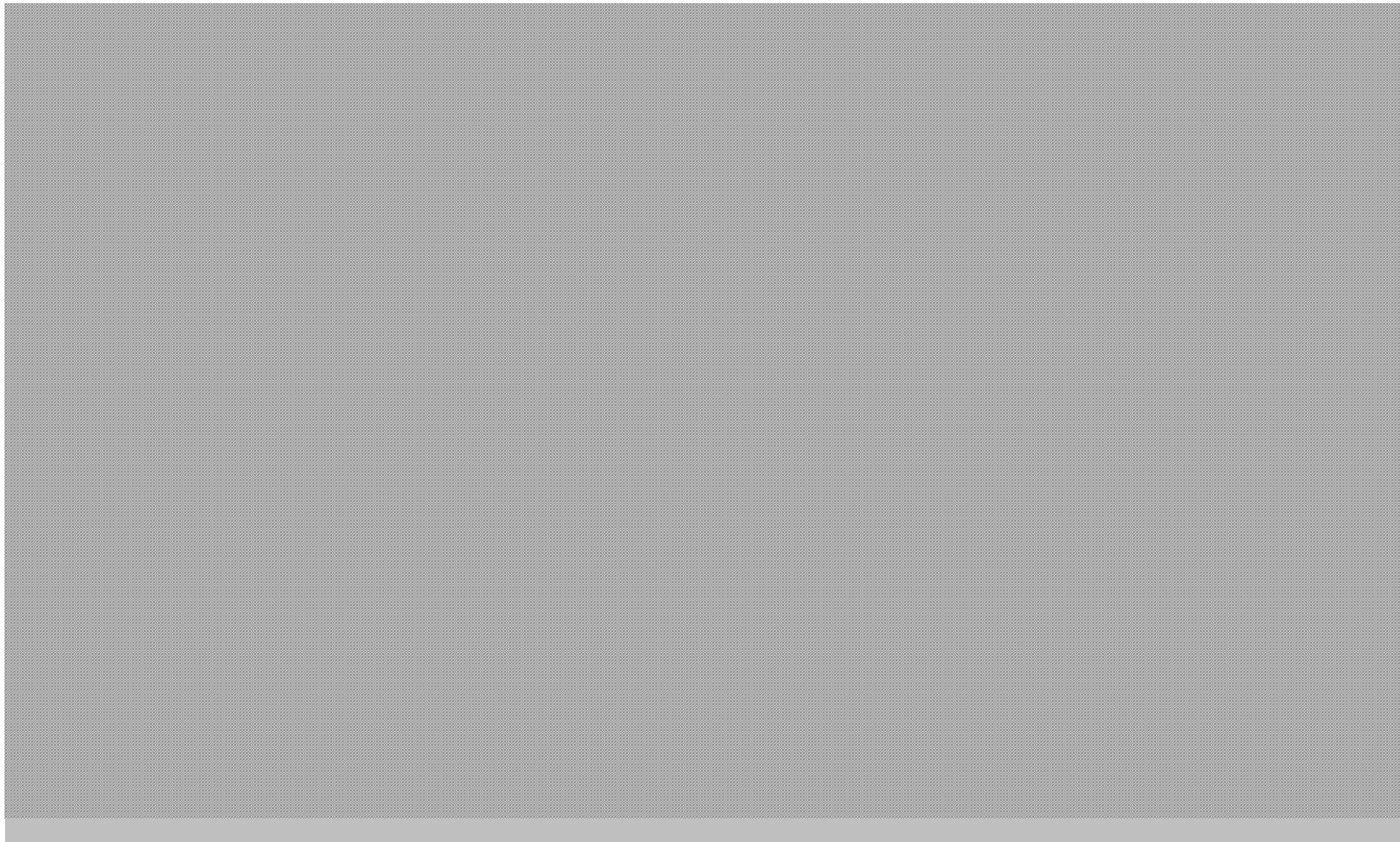


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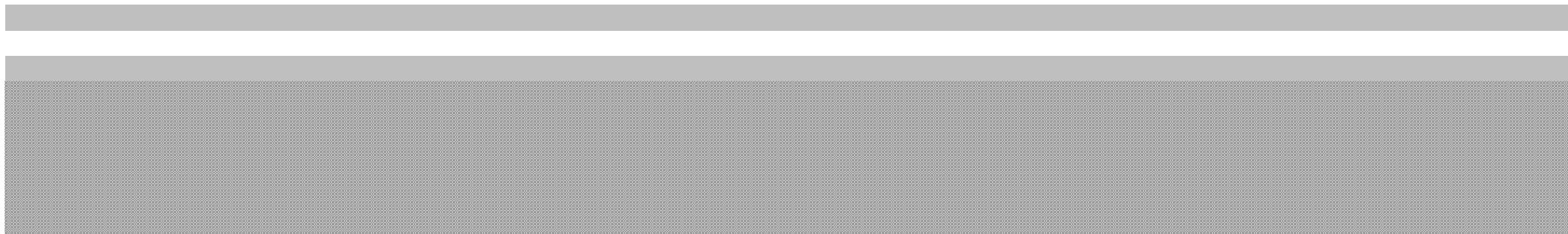
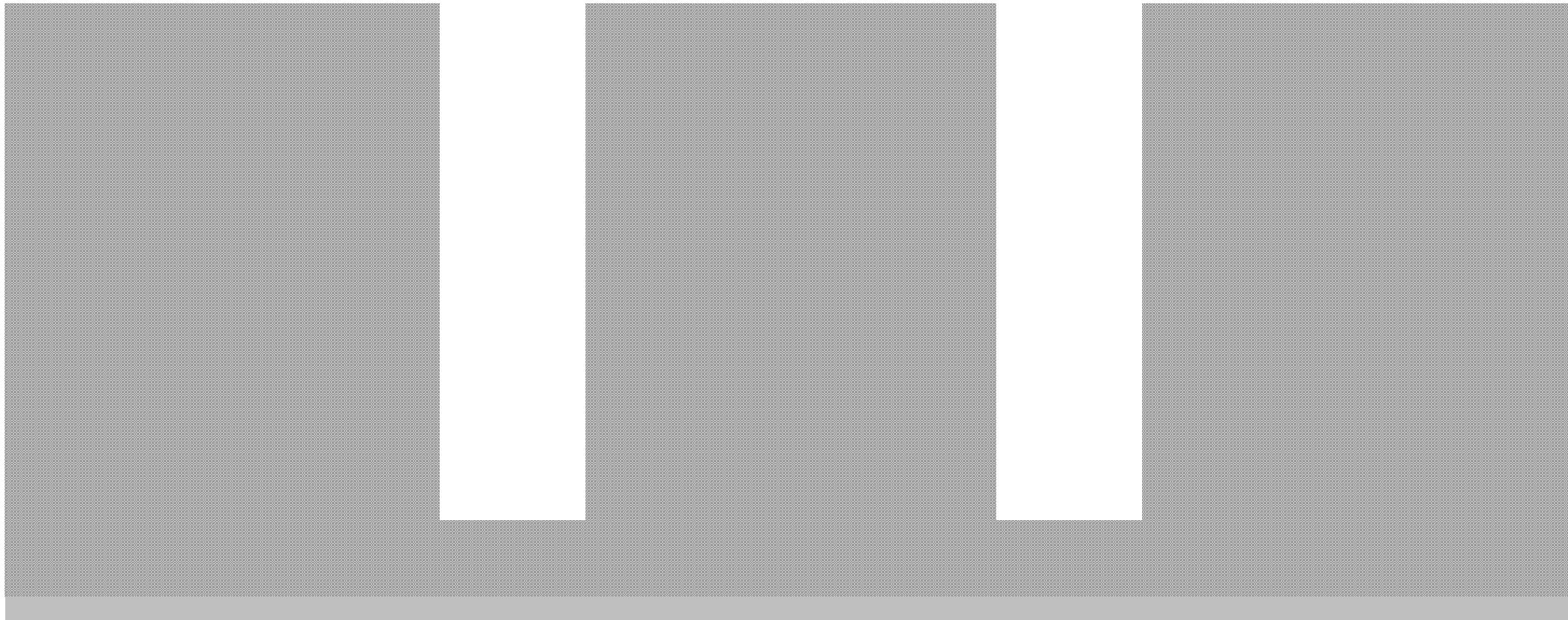


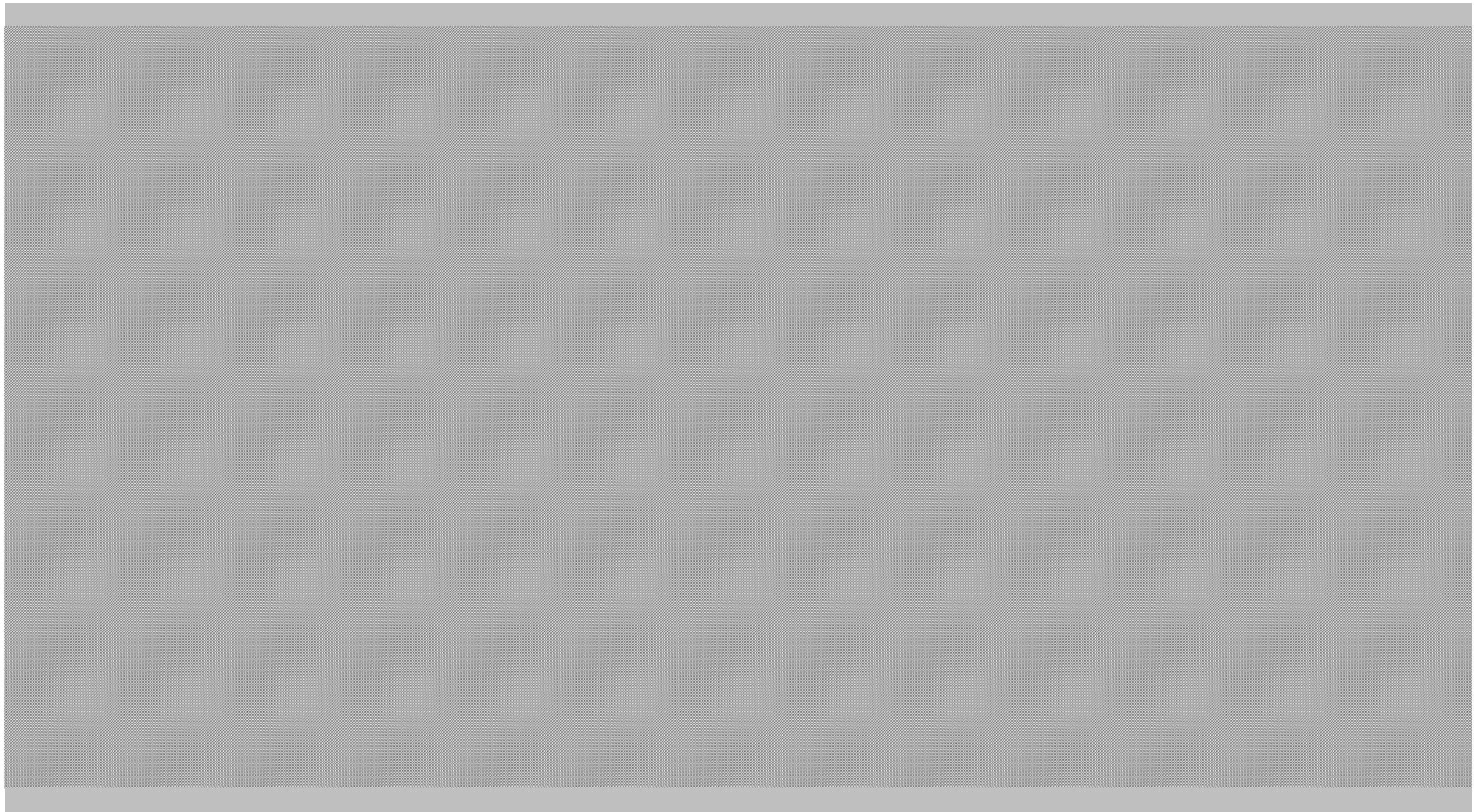


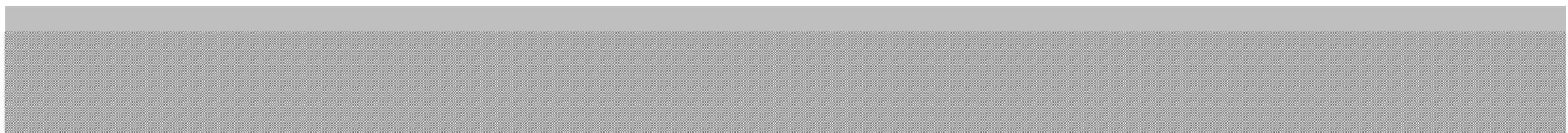
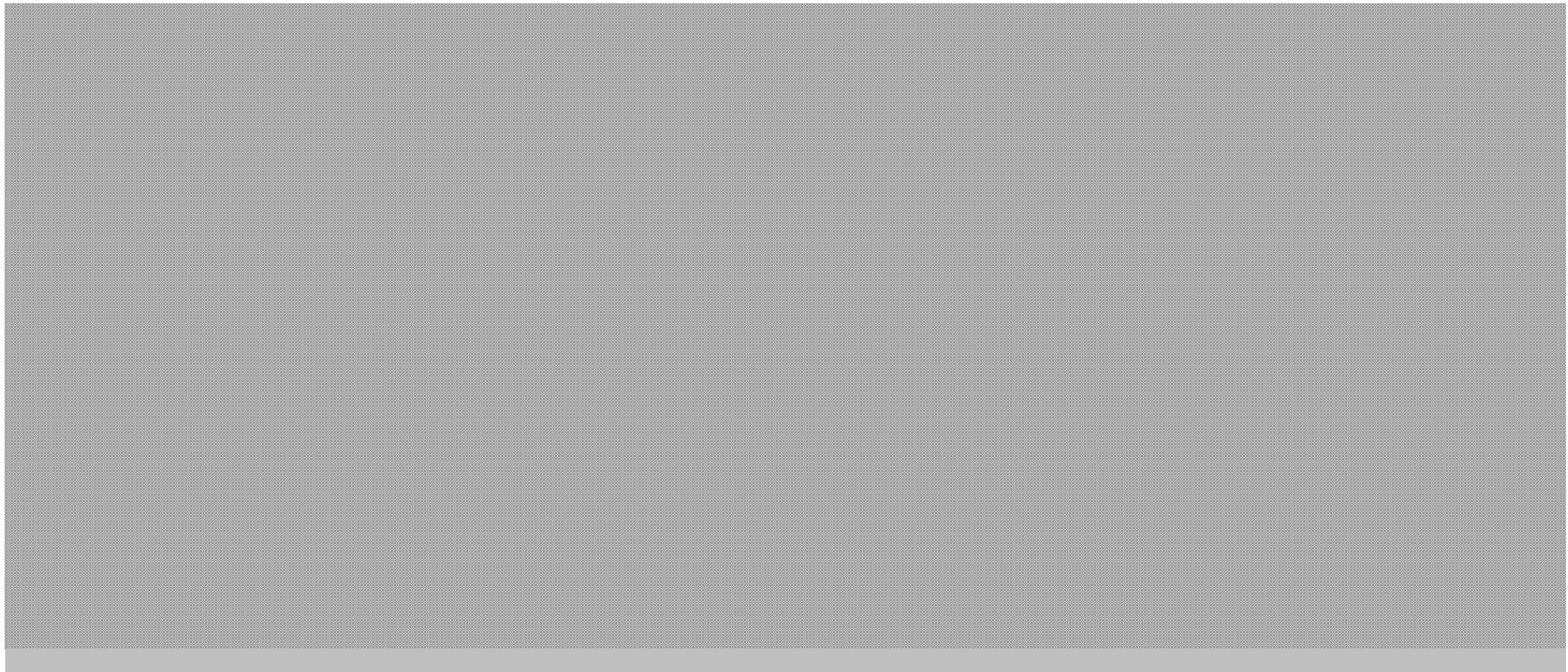


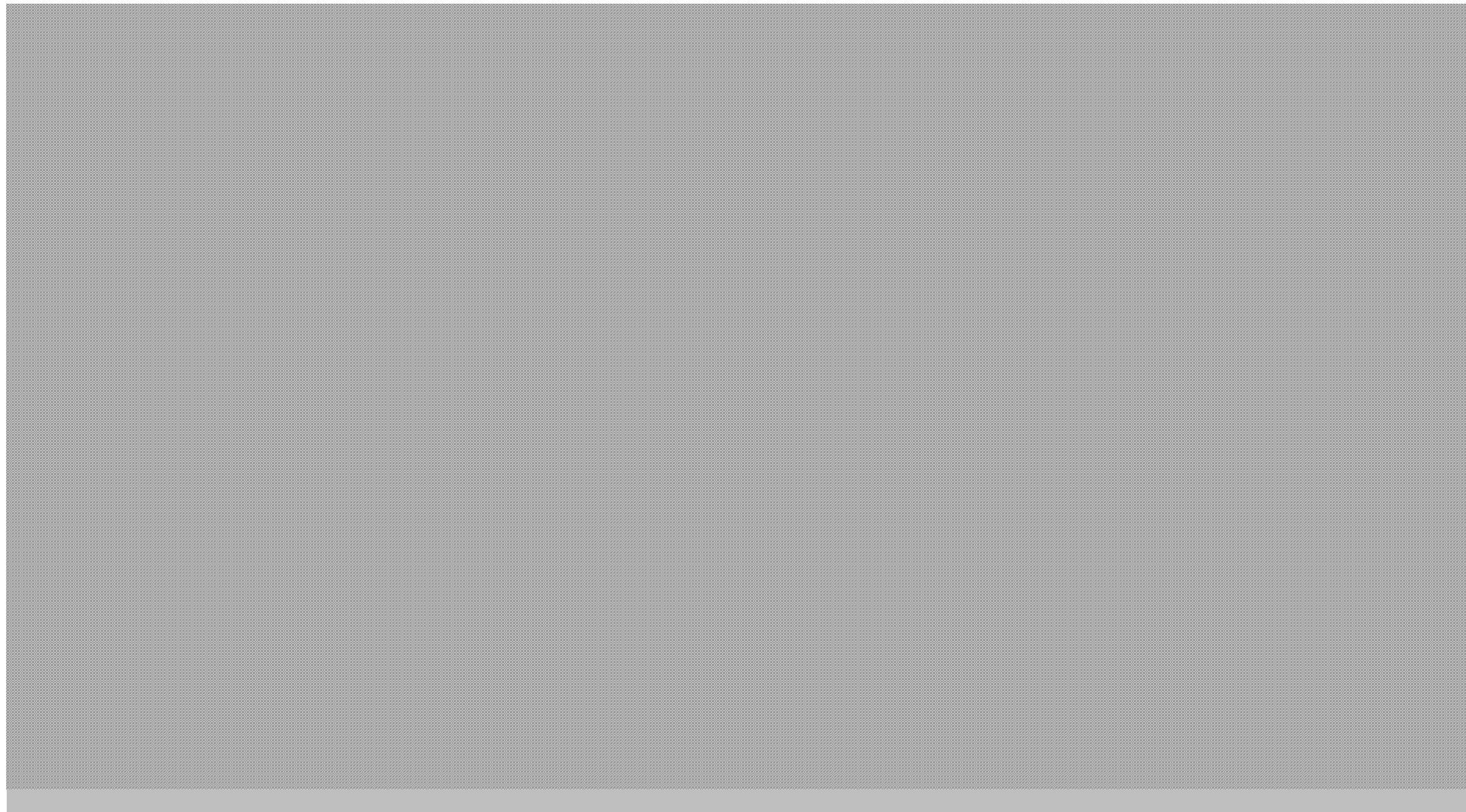


Rate/Percentage ^c	Denominator	Not pregnant		Denominator	Criminally involved		Denominator
		Numerator or count	Rate/Percentage ^c		Numerator or count	Rate/Percentage ^c	









Not criminally involved		New model ^d		
Numerator or count	Rate/Percentage ^c	Denominator	Numerator or count	Rate/Percentage ^c



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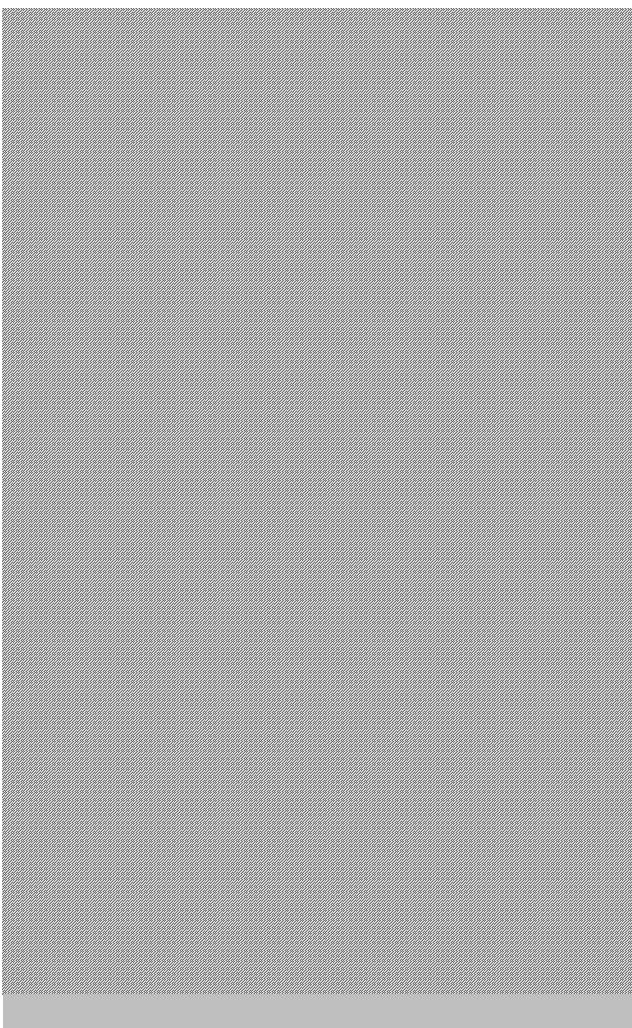
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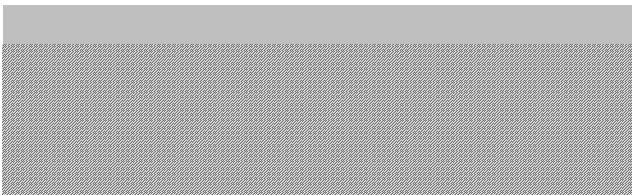
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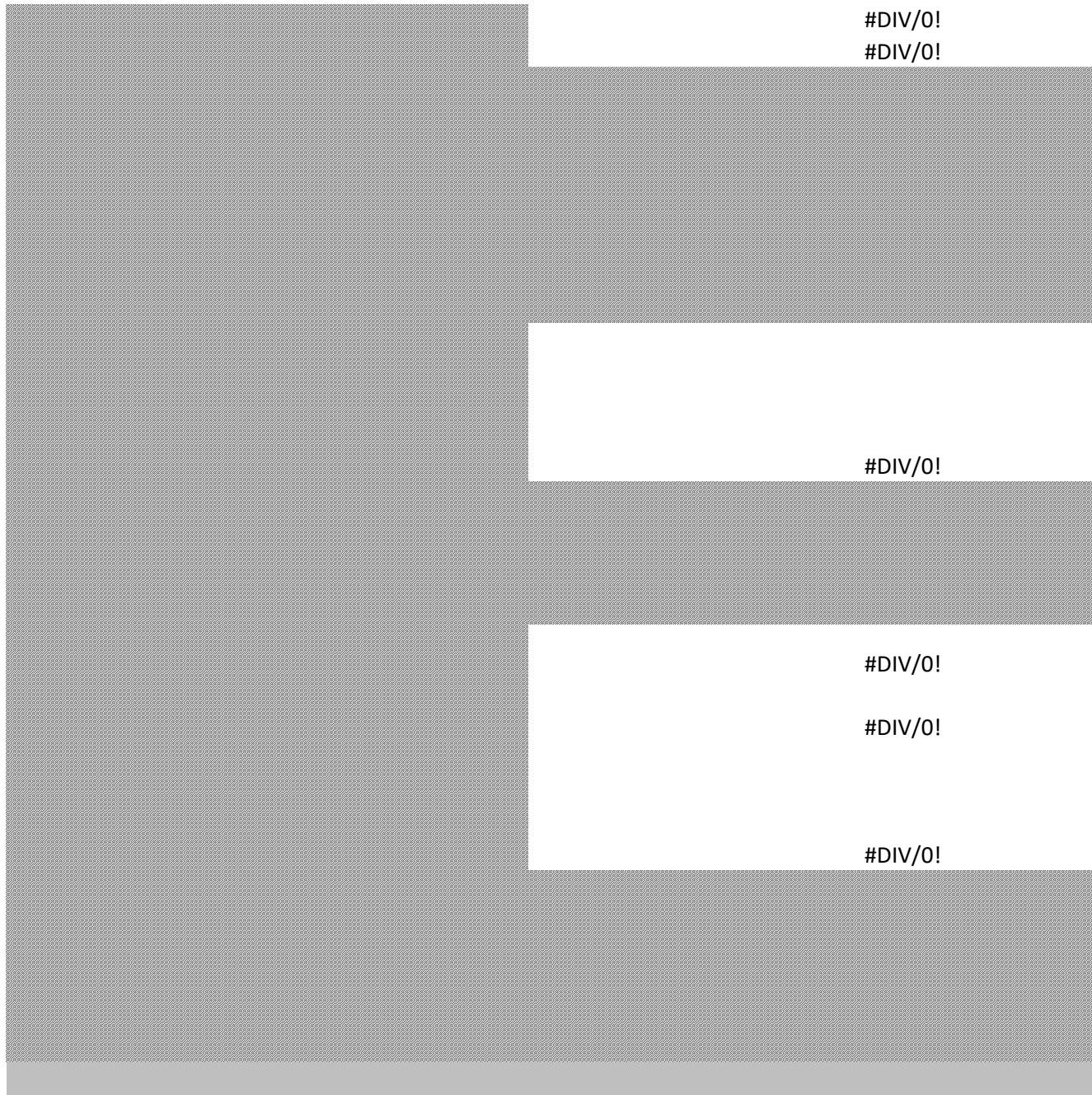


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Medicaid Section 1115 SUD Demonstration Monitoring Protocol

State Louisiana

Demonstration Name Healthy Louisiana Substance Use Disorder 1115 Demonstration

Submitted on 24-May-19

State will report (Y/N)	Reporting priority	#	Metric name
Assessment of need and qualification for SUD treatment services			

N Recommended 1 Assessed for SUD Treatment Needs Using a Standardized Screening Tool

Y Recommended 2 Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis

Y Required 3 Medicaid Beneficiaries with SUD Diagnosis (monthly)

Y Required 4 Medicaid Beneficiaries with SUD Diagnosis (annually)

Y Required 5 Medicaid Beneficiaries Treated in an IMD for SUD

Milestone 1: Access to critical levels of care for OUD and other SUDs

Y Required 6 Any SUD Treatment

Y Required 7 Early Intervention

Y	Required	8 Outpatient Services
Y	Required	9 Intensive Outpatient and Partial Hospitalization Services
Y	Required	10 Residential and Inpatient Services
Y	Required	11 Withdrawal Management
Y	Required	12 Medication Assisted Treatment
Y	Required	36 Average Length of Stay in IMDs

Milestone 2: Use of evidence-based, SUD-specific patient placement criteria

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

Milestone 3: Use of nationally recognized SUD-specific program standards to set provider qualifications for resid

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

Milestone 4: Sufficient provider capacity at critical levels of care including for medication assisted treatment for

Required	13 SUD Provider Availability
Required	14 SUD Provider Availability - MAT

Milestone 5: Implementation of comprehensive treatment and prevention strategies to address opioid abuse an

			Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)
Y	Required	15	[NCQA; NQF #0004; Medicaid Adult Core Set]
Y	Required	18	Use of Opioids at High Dosage in Persons Without Cancer [PQA, NQF #2940; Medicaid Adult Core Set]
N	Recommended	19	Use of Opioids from Multiple Providers in Persons Without Cancer [PQA; NQF #2950]
N	Recommended	20	Use of Opioids at High Dosage from Multiple Providers in Persons Without Cancer [PQA, NQF #2951]
Y	Required	21	Concurrent Use of Opioids and Benzodiazepines [PQA]
Y	Required	22	Continuity of Pharmacotherapy for Opioid Use Disorder [RAND; NQF #3175]

Recommended 16 SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge [Joint Commission; NQF #1664]

N

Required 17 Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence§ [NCQA; NQF #2605; Medicaid Adult Core Set]

Y

SUD health information technology (SUD health IT) (Insert at least one selected metric per key health IT question)

Required Q1 *S.1a Percentage of eligible physicians with access to the PMP*

Y

S.1b PMP utilization by physicians

Y

Required Q2 *S.2 Emergency department admit, discharge, transfer (ADT) data sharing*

Y

Required Q3 *S.3 Corrections and care delivery systems connections*

Y

Other SUD-related metrics

Y	Required	23	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries
Y	Required	24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries
Y	Required	25	Readmissions Among Beneficiaries with SUD
Y	Required	26	Overdose Deaths (count)
	Required	27	Overdose Deaths (rate)
Y	Recommended	28	SUD Spending
N	Recommended	29	SUD Spending Within IMDs
N	Recommended	30	Per Capita SUD Spending
N	Recommended	31	Per Capita SUD Spending Within IMDs
Y	Required	32	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD
Y	Recommended	33	Grievances Related to SUD Treatment Services
Y	Recommended	34	Appeals Related to SUD Treatment Services
Y	Recommended	35	Critical Incidents Related to SUD Treatment Services



Metric description	Data source	Measurement period	Reporting frequency	Baseline Reporting Period (MM/DD/YYYY--MM/DD/YYYY)
Number of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement period	Medical record review or claims	Month	Quarterly	
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	Claims	Month	Quarterly	02/01/2018 - 01/31/2019
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	Claims	Month	Quarterly	02/01/2018 - 01/31/2019
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	Claims	Year	Annually	02/01/2018 - 01/31/2019
Number of beneficiaries with a claim for residential treatment for SUD in an IMD during the reporting year	Claims	Year	Annually	02/01/2018 - 01/31/2019
Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period	Claims	Month	Quarterly	02/01/2018 - 01/31/2019
Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period	Claims	Month	Quarterly	02/01/2018 - 01/31/2019

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	Claims	Month	Quarterly	02/01/2018 - 01/31/2019
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	Claims	Month	Quarterly	02/01/2018 - 01/31/2019
Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period	Claims	Month	Quarterly	02/01/2018 - 01/31/2019
Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period	Claims	Month	Quarterly	02/01/2018 - 01/31/2019
Number of beneficiaries who have a claim for MAT for SUD during the measurement period	Claims	Month	Quarterly	02/01/2018 - 01/31/2019
The average length of stay for beneficiaries discharged from IMD residential treatment for SUD	Claims; State-specific IMD database	Year	Annually	02/01/2018 - 01/31/2019

Residential treatment facilities

OUD

The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period	Provider enrollment database; Claims	Year	Annually	02/01/2018 - 01/31/2019
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	Provider enrollment database; Claims; SAMHSA datasets	Year	Annually	02/01/2018 - 01/31/2019

d OUD

1. 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				
2. 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				01/01/2018 - 12/31/2018
Rate per 1,000 beneficiaries age 18 and older included in the denominator without cancer who received prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalents for 90 consecutive days or longer. Patients in hospice are also excluded.	Claims	Year	Annually	01/01/2018 - 12/31/2018
Rate per 1,000 beneficiaries included in the denominator without cancer who received prescriptions for opioids from four or more prescribers and four or more pharmacies.	Claims	Year	Annually	
Rate per 1,000 beneficiaries included in the denominator without cancer who received prescriptions for opioids greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer, and from four or more prescribers and four or more pharmacies.	Claims	Year	Annually	
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.	Claims	Year	Annually	01/01/2018 - 12/31/2018
Percentage of adults in the denominator with pharmacotherapy for OUD who have at least 180 days of continuous treatment	Claims	Year	Annually	01/01/2018 - 12/31/2018

SUB-3 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.

SUB-3a rate: 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 mental illness or AOD abuse or dependence and who had a follow-up visit for mental illness or AOD. Four rates are reported:

Percentage 1. 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 2. 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 3. Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness or AOD within 30 days of the ED visit (31 total days)

Percentage 4. Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness or AOD within 7 days of the ED visit (8 total days)

1 1-3. See instructions document for further guidance.)

	Claims	Year	Annually	01/01/2018 - 12/31/2018
Percentage of eligible physicians with active access privileges to the PMP	LA Board of Pharm	Monthly	Quarterly	02/01/2018 - 01/31/2019

Number of inquiries to the AWARxE™ system made by physicians with active access privileges	LA Board of Pharm	Monthly	Quarterly	02/01/2018 - 01/31/2019
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Number of EDs providing ADT information to the state	LaEDIE	Monthly	Quarterly	02/01/2018 - 01/31/2019
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Percentage of incarcerated individuals who are Medicaid eligible that are enrolled with a MCC	Enrollment Broker	Monthly	Quarterly	02/01/2018 - 01/31/2019
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Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period	Claims	Month	Quarterly	02/01/2018 - 01/31/2019
Total number of inpatient stays per 1,000 beneficiaries in the measurement period	Claims	Month	Quarterly	02/01/2018 - 01/31/2019
The number of acute inpatient stays among beneficiaries with SUD during the measurement period followed by an acute readmission within 30 days.	Claims	Year	Annually	01/01/2018 - 12/31/2018
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).	State data on cause of death	Year	Annually	01/01/2018 - 12/31/2018
Rate of overdose deaths during the measurement period among adult 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).	State data on cause of death	Year	Annually	01/01/2018 - 12/31/2018
Total Medicaid SUD spending during the measurement period.	Claims	Year	Annually	
Total Medicaid SUD spending on residential treatment within IMDs during the measurement period	Claims	Year	Annually	
Per capita SUD spending during the measurement period	Claims	Year	Annually	
Per capita SUD spending within IMDs during the measurement period	Claims	Year	Annually	
The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period.	Claims	Year	Annually	01/01/2018 - 12/31/2018
Number of grievances filed during the measurement period that are related to SUD treatment services	Administrative records	Quarter	Quarterly	02/01/2018 - 01/31/2019
Number of appeals filed during the measurement period that are related to SUD treatment services	Administrative records	Quarter	Quarterly	02/01/2018 - 01/31/2019
Number of critical incidents filed during the measurement period that are related to SUD treatment services	Administrative records	Quarter	Quarterly	02/01/2018 - 01/31/2019



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 (different data source, definition, codes, target population, etc.)	Demonstration Year (DY) and Quarter(Q) in which reporting will begin (Format: DY1Q3)
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increase	increase	Y	DY2Q2
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increase	increase	Y	DY2Q2
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increase	increase	Y	DY2Q2
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increase	increase	Y	DY2Q2
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increase	increase	Y	DY2Q2
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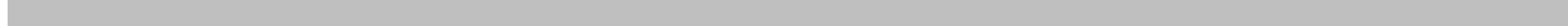
increase increase Y DY2Q2

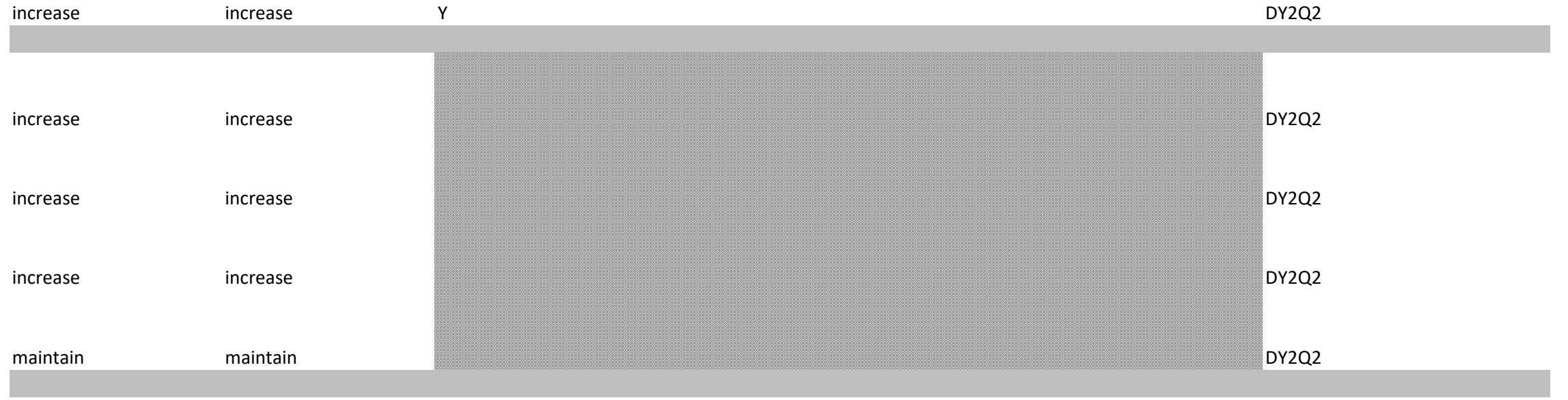
increase increase Y DY2Q2

decrease decrease Y DY2Q2

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decrease	decrease	Y	DY2Q2
decrease	decrease	Y	DY2Q2
decrease	decrease	Y	DY2Q2
decrease	decrease	Y	DY2Q2
decrease	decrease	Y	DY2Q2
increase	increase	Y	DY2Q2
decrease	decrease	Y	DY2Q2
decrease	decrease	Y	DY2Q2
decrease	decrease	Y	DY2Q2



Explanation of any plans to phase in reporting over time

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Medicaid Section 1115 SUD Demonstration Monitoring Report

State Louisiana
 Demonstration Name Healthy Louisiana Substance Use Disorder 1115 Demonstration
 Demonstration Year DY2
 Calendar Dates for Demonstration Year 02/01/2019 - 01/31/2020
 Reporting Period Q1
 Calendar Dates for Reporting Period 02/01/2019 - 04/30/2019
 Submitted on 43615

Metric(s) impacted	Summary of issue	Date and report in which issue was first reported	Estimated number of impacted beneficiaries
Assessment of need and qualification for SUD services			
EXAMPLE 1: Assessed for SUD treatment needs	EXAMPLE Difficulty with collecting data for X metric (i.e., lack of EHR data or need for hybrid data)	EXAMPLE 9/1/17; DY 2 Qtr. 3	EXAMPLE 75000

[Add rows as needed]

The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Milestone 1: Access to critical levels of care for OUD and other SUDs

[Add rows as needed]

The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Milestone 2: Use of evidence-based, SUD-specific patient placement criteria

[Add rows as needed]

The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Milestone 3: Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities

[Add rows as needed]

- The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Milestone 4: Sufficient provider capacity at critical levels of care including for medication assisted treatment for OUD

[Add rows as needed]

- The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Milestone 5: Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD

[Add rows as needed]

- The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Milestone 6: Improved care coordination and transitions between levels of care

[Add rows as needed]

- The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

SUD health information technology (SUD health IT)

[Add rows as needed]

- The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Other SUD-related metrics

[Add rows as needed]

- The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

^aThe state should also use this column to provide updates on any data or reporting issues described in previous reports. When applicable, the state should note when issues are resolved. If an issue was noted as resolved in the pre

Known or suspected cause(s) of issue (if applicable)	Remediation plan and timeline for resolution (if applicable)/status update if issue previously reported ^o
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<i>EXAMPLE</i> <i>Demonstration site in process of updating EHR, to be completed X date</i>	<i>EXAMPLE</i> <i>Currently reporting X measure by deviating from current metric specifications in order to adhere to demonstration reporting requirement</i>
--	--

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

vious report, it should not be reported in the current report.

Version 2.0 does not change the metrics for reporting or substantively modify their content.

Version 2.0 updates the original metrics workbook in the following ways:

- Renumbers metrics using consecutive numbers
- Updates titles of metrics 5, 22 and 23
- Edits descriptions of metrics 2, 3, 4, 5, 6, 12, 17, 18, 19, 22, 23, 24, 25, 34
- Updates subpopulations for reporting under metrics 6, 7, 8, 9, 10, 11, 12 and 23
- Clarifies data source for metrics 1, 16, 34
- Adds footnote "d" of the Metrics Reporting tab, instructing users to add columns as necessary to report on additional models
- Removes metrics formerly named 26 and 27, which are not yet included in reporting

Version 3.0 updates metrics workbook 2.0 in the following ways:

- Adds two recommended metrics for reporting: 'Use of Opioids from Multiple Providers in Persons Without Cancer' (metric 19) and 'Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer' (metric 20)
- Renumbers current metrics 21-36 to accommodate addition
- Edits description of metric 3, 'Medicaid Beneficiaries with SUD Diagnosis (monthly)', to reflect a lookback period of 11 months
- Reformats headers on all tabs so column A = label and column B = user entry
- Reformats Baseline Reporting Period to MM/DD/YYYY on monitoring protocol tab
- Updates column N title on monitoring protocol tab to 'Demonstration Year (DY) and Quarter(Q) in which reporting will begin (Format: DY1 Q3)
- Edits footnote "a" of the metrics reporting tab, instructing users to create a new metrics report for each reporting quarter
- Edits footnote "d" of the metrics reporting tab, instructing users to enter any new models that will be reported after column AR
- Adds columns AS, AT, and AU for state-identified models on the metrics reporting tab
- Changes the name of the "metrics reporting" tab to the "metrics report" tab
- On the metrics report tab, edits "numerator" headers to "numerator or count"

Version 3.1 updates metrics workbook 3.0 in the following ways:

- Assigns metric IDs Q1, Q2, Q3 to the SUD health information technology (SUD health IT) section on the Monitoring protocol tab
- Adds data validation checks to ensure numerator and denominator values are numeric values
- Locks down the Monitoring protocol, Metrics report and Data and reporting issues tabs

'Providers in Persons Without Cancer' (metric 20)

1115 SUD Health IT Plan – DY 2 Quarter 1 Update

As of May 31, 2019, the state provides the following updates to activities and metrics appearing in the approved HIT Plan. Updates are included in Attachments A1 and A2 included with the report's submission. Data and updates to process measures following submission of this report will be communicated to CMS during future monthly phone calls and quarterly reports.

1. Pg 2 - The state should provide CMS with an analysis of the current status of its health IT infrastructure/"ecosystem" to assess its readiness to support PDMP interoperability. Once completed, the analysis will serve as the basis for the health IT functionalities to be addressed over the course of the demonstration – or the assurance described above.
[No change] The State is contracting with an independent consulting firm to identify best practices in HIE assessment. We anticipate the final report will be completed in late June 2019, and the capabilities assessment should begin before the end of September 2019.
2. Pg 3 – Process measure: Status of contracting as reported by Board of Pharmacy.
The Board of Pharmacy and the Office of Public Health's grant has been received and they are currently working to integrate the PDMP into EHRs throughout the state. The Medicaid HIT department met with the Board of Pharmacy on May 24, 2019 and will reconvene within the next few weeks to identify needs, if any, related to any future or ongoing projects.
3. Pg 4 – Process measure: Convene stakeholder group quarterly to develop connectivity plan around PMP into HIE or EHR. Attach minutes.
No update at this time.
4. Pg 5 – Process measure: Regular updates at quarterly Board of Pharmacy meetings. Attach minutes.
No update at this time.
5. Pg 5 – Process measure: Continue ad hoc meetings with CMS and ONC for IAPD guidance to enhance PMP connectivity in either HIE or EHR.
Meetings will be requested as necessary.
6. Pg 5 – Process measure: Presented to PMP Advisory Council on 1/10/18. Represent a plan proposal to Advisory Council or Board of Pharmacy as follow-up to garner stakeholder support in prep for 2019 session.
No update at this time.
7. Pg 6 – Process measure: During procurement of data warehousing module under modernization, set capability for data match.
No update at this time. The development of this RFP has not started.
8. Pg 6 – Process measure: During procurement of pharmacy module, create reporting relationship and data feed into warehousing module.
No update at this time. The development of this RFP has not started.
9. Pg 8 – Process measure: Re-procure managed care contracts on timeline.

[No change] The Medicaid Managed Care Organization RFP was released February 25, 2019. The anticipated date for the new MCO contracts to be operational is 1/1/2020.

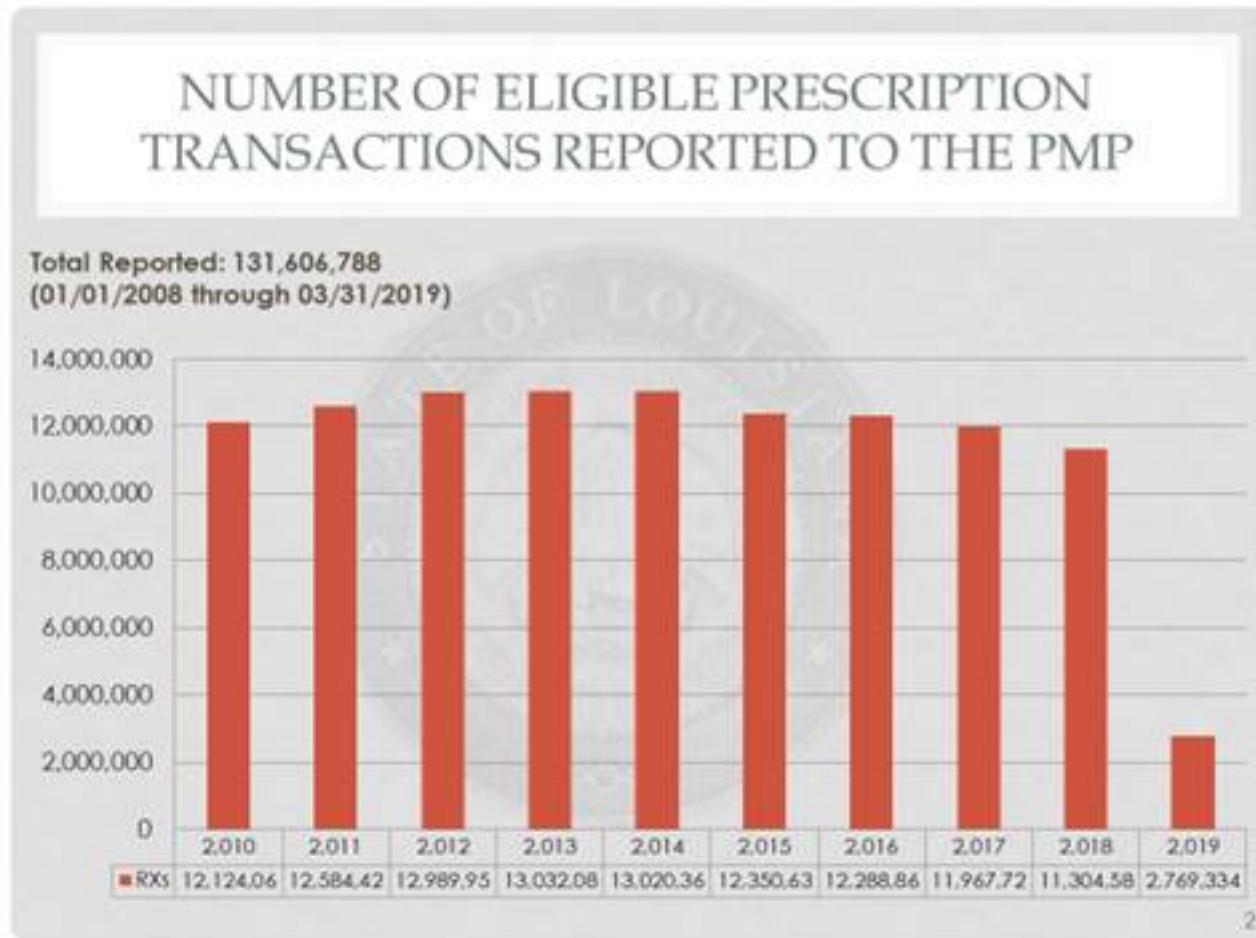
10. Pg 9 – Process measure: Presented to PMP Advisory Council on 1/10/18. Represent a plan to Advisory Council or Board of Pharmacy as follow-up to garner stakeholder support in prep for 2019 session.
No updates at this time.
11. Pg 9 – Process measure: If legislation does not proceed, we will pursue alternative data tracking internal to Medicaid.
No updates at this time.
12. Pg 9/10 – Medicaid data measures
 - a. Opioid prescription utilization trend (recipients, drug name, amount, payments)
 - b. Opioid prescription utilization trend in naïve patients (recipients, drug name, amount, payments)

See attachment A2-DY2-Q1 HIT. This file contains updated data through April 30, 2019.

13. Pg 10 – PMP data measures:
- User statistics by provider type

PMP User Stats for 2018Q3 (01/01/2019 - 03/31/2019)				
PMP Role Title - Healthcare Provider	Number of Providers <u>Eligible</u> for PMP Access (as of 03/31/2019)	Number of Providers with PMP <u>Active</u> Access Privileges (as of 03/31/2019)	Number of PMP Requests by Providers through <u>AWARxE™</u> During 2019Q1	Number of PMP Requests by Providers through <u>GATEWAY™</u> During 2019Q1
Physician (MD, DO)	13,047	8,748	373,300	1,483,241
Nurse Practitioner (APRN)	3,322	2,575	88,031	60,903
Dentist (DDS)	2,226	1,525	5,479	22
Physician Assistant (PA)	895	668	27,013	7,354
Optometrist (OD)	359	155	15	0
Podiatrist (DPM)	163	112	348	0
Medical Psychologist (MP)	91	81	4,708	0
Medical Intern/Resident	1,157	1,017	2,763	288
Prescriber's Delegate	NA	2,239	199,711	NA
Pharmacist (PST)	8,894	4,189	504,328	349,849
Pharmacist's Delegate	NA	854	38,361	NA
Totals	30,154	22,163	1,244,057	1,901,657

b. Eligible transactions reported to PMP



c. Prescriber and Pharmacists

No update at this time.

14. Pg 10 – Process measure: Timeline and progress on RFP re-procurement
Progress: The RFP was released February 25, 2019 with a proposal due date of April 29, 2019.
15. Pg 10 – Process measure: Decide which HIE technology will be utilized as an ADT feed.
[No change] Currently, ADT feeds are being handled by the Louisiana Emergency Department Information Exchange (LaEDIE) run by the Louisiana Health Care Quality Forum (LHCQF). There are several organizations within the state that are developing their own ADT feed system. This section will be updated when we receive more information.
16. Pg 10 – Process measure: Establish quarterly standing report for MCOs
[No change] We have a draft report that has not been approved by Medicaid leadership or been sent to the MCOs. (Side note: I am still trying to confirm whether this is necessary given the report I receive daily from LaEDIE that includes a listing of all ADT feeds from the previous day.)
17. Pg 10 – Data measure – How many ADT feeds are fed at different locations across the state by MCO and providers
Currently, there are 57 hospitals actively providing feeds to LaEDIE. The system provides a daily export to the five Healthy Louisiana MCOs based on their patient lists. The MCOs use this data to provide case management to their recipients.
18. Pg 11 - Data measure: Opioid naïve utilization trend monthly report (compare to cancer/palliative care Rx baseline)
Report included in the attached Excel spreadsheet (Monthly Tracking Impact of 7-day Opioid Quantity Limit and Utilization.xlsx).

Extra Board of Pharmacy Information:

The PMP AWARxE system is available to Healthcare Providers throughout the state. AWARxE is an online system that provides medication safety information and helps raise awareness of the dangers of abusing and misusing medications. The system also assists in pharmacy reporting and offers accessibility to data from different states. Number of requests per month is available if needed.

The Ochsner Health System, Lafayette General, Wal-Mart, Kroger and several physicians throughout the state have connected to the PMP Gateway, which allows access to PDMP data via the EHR or pharmacy management systems. Number of requests per month is available if needed.

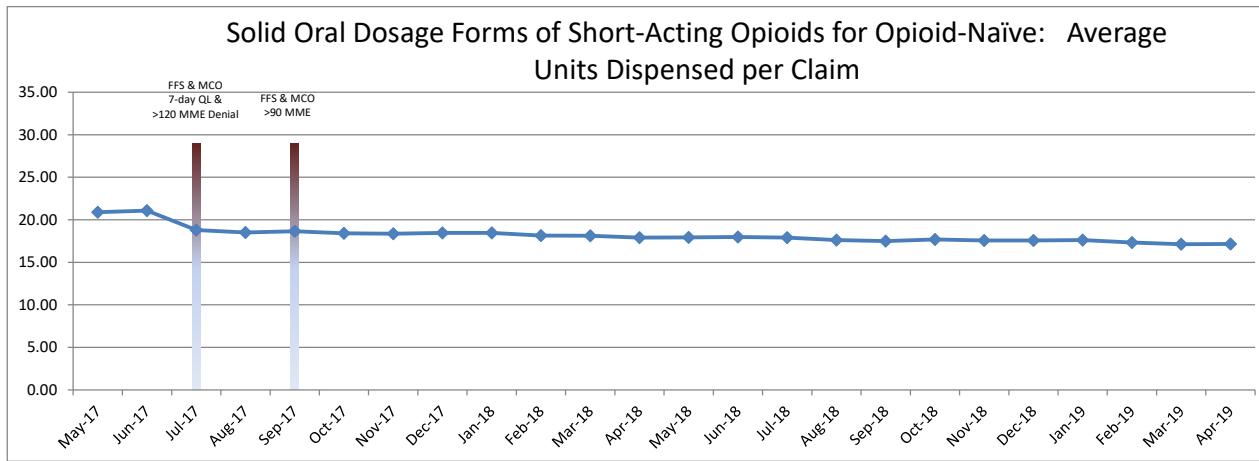
Monthly Review of the Impact of the Short-Acting Opioid 7-Day Quantity Limit Policy (Opioid-Naïve Recipients)

Notes:

- 1 The 7-day quantity limit for solid oral dosage forms of short-acting opioids became effective for recipients enrolled in either a Healthy Louisiana MCO plan or Fee for Service on July 10, 2017. This policy applied only to claims/encounters for recipients who were considered opioid-naïve. If the 90-day period prior to an opioid claim/encounter did not include any other opioid claim/encounter, recipients were considered opioid-naïve. When establishing the look back period, day 1 was the date of service of the claim/encounter. Monthly review is performed after the data from MARS Data Warehouse (MDW) is updated to include the previous month.
- 2 This review included paid and adjusted claims/encounters for the short-acting opioids that are included in the 7-day quantity limit policy with dates of service in the previous 24-month period. (May 1, 2017 through April 30, 2019)
- 3 For any particular recipient, this analysis included only those claims/encounters for further evaluation where no previous short-acting or long-acting opioid claim/encounter was identified in the 90-day period before the claim/encounter was submitted.
- 4 Recipients diagnosed with cancer and/or in palliative care at any point in the 24-month review period or in the previous 12 months (May 1, 2016 through April 30, 2019) were excluded from this review. ICD-9 and ICD-10 diagnosis codes associated with medical claims/encounters were included. Lab claims/encounters were excluded.
- 5 Since this review includes only opioid naïve recipients who have not had another opioid prescription in the previous 90 days, the claim count and the unduplicated recipient counts by month are the same.
- 6 Utilization counts for the most current 12-month period are subject to change as claims and encounters with dates of service within the previous 12 months are submitted, paid, or adjusted and subsequently uploaded to the MDW. The results in the last three months of this study are particularly limited by an insufficient lag time.
- 7 Reported payment amounts do not include any potential rebate.

Utilization of Solid Oral Dosage Forms of Short-Acting Opioids in Opioid Naïve Recipients

Date of Service Month-Year	Claim Count	Unduplicated Recipient Count	Payments	Total Units Dispensed	Total Days' Supply	Average Units Dispensed per Claim	Average Days' Supply per Claim
May-17	23,153	23,153	\$151,679	483,877	131,596	20.90	5.68
Jun-17	23,342	23,342	\$155,892	492,136	133,091	21.08	5.70
Jul-17	21,299	21,299	\$141,132	400,514	105,981	18.80	4.98
Aug-17	22,430	22,430	\$162,082	415,458	106,419	18.52	4.74
Sep-17	21,910	21,910	\$127,939	408,539	107,243	18.65	4.89
Oct-17	22,479	22,479	\$127,393	413,909	108,157	18.41	4.81
Nov-17	20,787	20,787	\$115,250	381,583	99,647	18.36	4.79
Dec-17	19,388	19,388	\$106,537	357,960	93,718	18.46	4.83
Jan-18	21,625	21,625	\$122,679	399,234	104,786	18.46	4.85
Feb-18	19,766	19,766	\$105,253	358,786	92,869	18.15	4.70
Mar-18	21,416	21,416	\$110,583	388,083	100,388	18.12	4.69
Apr-18	21,540	21,540	\$112,687	385,553	100,425	17.90	4.66
May-18	21,565	21,565	\$116,099	386,913	100,614	17.94	4.67
Jun-18	20,975	20,975	\$112,277	377,067	98,405	17.98	4.69
Jul-18	21,405	21,405	\$122,180	383,103	100,696	17.90	4.70
Aug-18	22,599	22,599	\$138,080	397,947	104,425	17.61	4.62
Sep-18	19,917	19,917	\$116,341	348,496	91,909	17.50	4.61
Oct-18	21,130	21,130	\$125,271	373,801	98,118	17.69	4.64
Nov-18	19,273	19,273	\$113,952	338,792	89,480	17.58	4.64
Dec-18	18,410	18,410	\$108,649	323,595	85,384	17.58	4.64
Jan-19	21,442	21,442	\$111,124	377,749	99,826	17.62	4.66
Feb-19	18,758	18,758	\$93,092	324,892	84,336	17.32	4.50
Mar-19	19,676	19,676	\$96,130	337,054	88,202	17.13	4.48
Apr-19	13,936	13,936	\$71,492	239,065	62,829	17.15	4.51



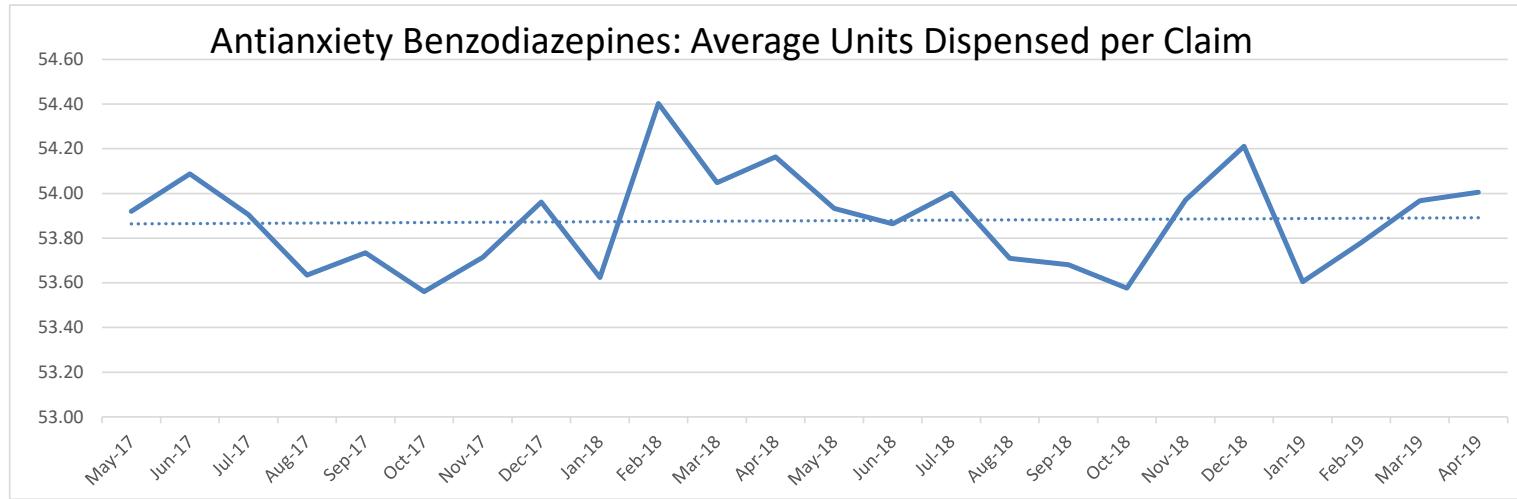
Monthly Review of Antianxiety Benzodiazepine Utilization

Notes:

- 1 Monthly review of benzodiazepine use for anxiety is performed after the MARS Data Warehouse (MDW) is updated to include data from the previous month.
- 2 This review identified paid and adjusted claims/encounters in the MDW for benzodiazepines with dates of service in the previous 24-month period. (May 1, 2017 through April 30, 2019)
- 3 For clonazepam, clorazepate and diazepam, claims/encounters for recipients diagnosed with seizure disorder at any point in the 24-month review period or in the previous 12 months (May 1, 2016 through April 30, 2019) were excluded from this review. ICD-9 and ICD-10 diagnosis codes associated with medical claims/encounters were included. Lab claims/encounters were excluded.
- 4 Utilization counts for the most current 12-month period are subject to change as claims and encounters with dates of service within the previous 12 months are submitted, paid, or adjusted and subsequently uploaded to the MDW. The results in the last three months of this study are particularly limited by an insufficient lag time.
- 5 Reported payment amounts do not include any potential rebate.

Utilization of Benzodiazepines Used in the Treatment of Anxiety

Date of Service Month-Year	Claim Count	Unduplicated Recipient Count	Payments	Total Units Dispensed	Total Days' Supply	Average Units Dispensed per Claim	Average Days' Supply per Claim
May-17	32,331	28,989	\$233,609	1,743,298	850,068	53.92	26.29
Jun-17	32,077	29,165	\$229,378	1,734,980	843,343	54.09	26.29
Jul-17	31,085	28,745	\$224,842	1,675,668	818,311	53.91	26.32
Aug-17	32,619	29,638	\$257,879	1,749,517	857,555	53.63	26.29
Sep-17	30,578	28,381	\$233,731	1,643,083	805,239	53.73	26.33
Oct-17	31,545	28,876	\$235,120	1,689,574	831,636	53.56	26.36
Nov-17	31,140	28,616	\$230,181	1,672,665	823,689	53.71	26.45
Dec-17	30,016	27,846	\$221,680	1,619,707	796,907	53.96	26.55
Jan-18	30,918	28,205	\$240,886	1,657,942	821,399	53.62	26.57
Feb-18	26,660	25,197	\$192,192	1,450,379	716,588	54.40	26.88
Mar-18	27,831	25,641	\$197,090	1,504,219	745,841	54.05	26.80
Apr-18	28,169	26,219	\$206,926	1,525,751	755,398	54.16	26.82
May-18	29,447	26,775	\$222,255	1,588,184	788,431	53.93	26.77
Jun-18	28,019	26,085	\$213,934	1,509,222	748,429	53.86	26.71
Jul-18	28,728	26,372	\$221,922	1,551,333	767,395	54.00	26.71
Aug-18	29,859	27,029	\$232,500	1,603,724	796,573	53.71	26.68
Sep-18	26,722	25,261	\$204,965	1,434,466	712,744	53.68	26.67
Oct-18	29,461	26,660	\$224,139	1,578,428	785,328	53.58	26.66
Nov-18	28,104	25,963	\$213,945	1,516,794	753,008	53.97	26.79
Dec-18	26,937	25,095	\$213,131	1,460,279	721,107	54.21	26.77
Jan-19	29,607	27,046	\$220,857	1,587,074	791,099	53.60	26.72
Feb-19	26,654	25,255	\$198,746	1,433,447	712,195	53.78	26.72
Mar-19	27,821	25,945	\$207,692	1,501,448	744,999	53.97	26.78
Apr-19	20,693	19,785	\$165,344	1,117,534	553,524	54.01	26.75



DY1

Month	Member Months	Total Payments
201802	1,897	\$981,760.84
201803	2,101	\$1,097,828.54
201804	2,141	\$1,122,859.97
Q1	6,139	\$ 3,202,449.35
201805	2,170	\$1,137,959.71
201806	2,170	\$1,142,530.42
201807	2,261	\$1,168,413.86
Q2	6,601	\$ 3,448,903.99
201808	2,350	\$1,227,701.19
201809	2,197	\$1,155,202.69
201810	2,297	\$1,206,265.27
Q3	6,844	\$ 3,589,169.15
201811	2,060	\$1,107,678.50
201812	2,116	\$1,162,645.39
Q4*	4,176	\$2,270,323.89

* DY1Q4 contains only two months of enrollment and expenditure data due to waiver effective date of 2/1/18.

DY2

Month	Member Months	Total Payments
Q1	0	\$ -
Q2	0	\$ -
Q3	0	\$ -
Q4	0	\$ -

DY3

Month	Member Months	Total Payments
Q1	0	\$ -

Q2 0 \$ -

Q3 0 \$ -

Q4 0 \$ -

DY4

Month Member Months Total Payments

Q1 0 \$ -

Q2 0 \$ -

Q3 0 \$ -

Q4 0 \$ -

DY5

Month Member Months Total Payments

Q1 0 \$ -

Q2 0 \$ -

Q3 0 \$ -

Q4 0 \$ -

PROJECTION

	BASE YEAR DY00	TREND RATE	DEMONSTRATION YEARS (DY)					Total
			DY1	DY2	DY3	DY4	DY5	
ELIGIBLE MEMBER MONTHS	5,866	N/A	9,116	9,436	9,766	10,108	10,461	
PMPM COST	\$620.53	5.1%	\$688.29	\$723.39	\$760.28	\$799.05	\$839.80	
TOTAL EXPENDITURE			\$6,274,780	\$6,825,585	\$7,424,741	\$8,076,479	\$8,785,456	\$37,387,041

ACTUAL

	BASE YEAR DY00	TREND RATE	DEMONSTRATION YEARS (DY)					Total
			DY1*	DY2	DY3	DY4	DY5	
ELIGIBLE MEMBER MONTHS	5,866	N/A	23,760					
PMPM COST	\$620.53	5.1%	\$526.55					
TOTAL EXPENDITURE			\$12,510,846					

* Per the Special Terms and Conditions (47.e), DY1 contains only eleven months of enrollment and expenditure data due to waiver effective date of 2/1/18.