### **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-25-26 Baltimore, Maryland 21244-1850



# **State Demonstrations Group**

July 22, 2025

Dana Flannery Medicaid Director, Medical Assistance Division New Mexico Human Services Department State Capitol Room 400 Santa Fe, NM 87501

### Dear Director Flannery:

The Centers for Medicare & Medicaid Services (CMS) accepts the Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) Monitoring Protocol, which was required by the Special Terms and Conditions (STC), specifically, STC #15.5 "Monitoring Protocol" of New Mexico's section 1115 demonstration, "Turquoise Care Medicaid 1115 Demonstration" (Project No: 11W 00285/6), effective through December 31, 2029. As noted in CMS's letter to the state on June 25, 2025, CMS is redesigning its demonstration monitoring approach to reduce state burden, promote effective and efficient information sharing, and enhance CMS's oversight of program integrity by reducing variation in information reported to CMS. As part of this redesign, CMS no longer requires the submission of Monitoring Protocols, as the relevant information will now be submitted as part of the Annual Monitoring Report. Therefore, CMS accepts the state's submission from March 31, 2025 and revised on June 30, 2025. CMS appreciates the state's commitment to monitoring expectations outlined in the STCs and will use the submitted Monitoring Protocol to support the state's transition to Monitoring Redesign.

The Monitoring Protocol will be posted to Medicaid.gov under the demonstration's administrative record. In accordance with STC #16.11, the approved SMI/SED Monitoring Protocol may now be posted to your state's Medicaid website.

We look forward to our continued partnership on the New Mexico Turquoise Care Medicaid 1115 Demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

DANIELLE Digitally signed by DANIELLE DALY -S

Date: 2025.07.22
08:54:02 -04'00'

Danielle Daly Director Division of Demonstration Monitoring and Evaluation

cc: Dana Brown, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

What follows are the planned metrics and reporting schedule tabs from the SMI/SED workbook (Part A)

Medicald Section 1115 SMENED Demonstrations Monitoring Protocol (Part A) - Planned metrics (Version 3.0 State New Mexico

Demonstration Name New Mexico Turquoise Can

Table: Serious Mental Illness and Serious Emotional Disturbance Planned Metri

.

						_		_									
											Busiles revied		Aftest that planned reporting matches the CMS-presided technics	Explanation of any deviations from the CMS-provided technical		SMESED meniteding report in which metric will be abased in	
	Metric name	Metric description	Milestone or reporting topic		Reporting	Data source	Measurement 1	Reporting	Reporting priority	State will report	(MMDD/YYY- MMDD/YYYY- Ameni coal	Overall demonstration	specifications manual	specifications manual or other considerations (different data source, definition, codes, target population, etc.)**	State plans to phase in reporting (VN)	(Format DYFQ#; e.g. DY103)	Explanation of any plans to phase in reporting over time
EXAMPLE: 20	EXAMPLE: Beneficiaries With SMI-SED Treated in an IMD for	EXMIPLE: Number of heneficiaries in the demonstration population who have a claim for	EXAMPLE: Milestone 3	EXAMPLE: CMS-contracted	EXAMPLE: Other annual	EXAMPLE: Claims	EXAMPLE: EX	CAMPLE: neuelly	EXAMPLE: Required	EXAMPLE:	EXAMPLE: EXAMPLE: 01.01/2020-12/31/2020 Sucreme	EXAMPLE: Consistent	EXAMPLE:	EXMPLE: The Description will use state-defined procedure codes (list specific	EXAMPLE: Y	EXAMPLE: DESQI	EXAMPLE: The demonstration size will be updating its EHR during the start of the demonstration. We
(Do not delete or edit this raw)	Mental Health	inpatient or residential treatment for mental health in an IMD during the reporting year			metrics									coder) to calculate this metric.			plan to plane in reporting after the system update has been completed by mid to late 2021 (D12).
2	Use of First-Line Psychosocial Care for Children and Adelescents on Antipsychotics (APP-CII)	Percentage of children and adolescents ago: 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line	Milotone 1	Established quality	Annual metrics that are an established	Claims	Year As	nually	Required	Y	1/01/2023 - 12/31/2023 Increase	Increase	Y		N		
		watnest			quality measure									New Mexico will use state defined diagnosis codes and procedure codes. See "New Mexico Additions to Value Sens."			
+	30-Day Ali-Cause Unplanted Readmission Following Psychiatric Hospitalization in an Innation Psychiatric		Milestone 2	Established quality measure	Annual metrics that are an ortablished	Claims	Year As	nuly	Required	Y	1/91/2023 - 12/31/2023 Decrease	Decrease	Y		N		
	Facility (IPT)	The measurement period used to identify cases in the measure population is 12 meeths from January 1 through December 31.			quality measure												
4	Medication Continuation Following Inpution	This recurrer success whether resorbisted residents admitted to us invation	Minton ?	Emblished andry	Annual matrice the	China	Year As	wante	Rominal	ly.	1/01/2023 - 12/31/2023 Increase	Increase	v		s s		
ľ	Psychiatric Discharge	psychiatric facility (IPF) for major depressive disorder (MDD), schirophrenia, or bisolar disorder (Bod s provention for evidence-based modiration within 2 days reto		measure	are an established quality measure			,	Augusu	ľ	100303-12713027   100000		ľ		*		
7	Follow-up After Hospitalization for Mental Illness:	This measure assesses whether psychiatric patients admitted to an inpatient psychiatric facility (IPF) for major depressive disorder (MDD), exhizephoratis, or hispland-disorder fixed a practycing for evolution-based medication within 2 days prior to discharge and 20 days pseed-discharge. Pateromago of discharges for Childran ages 6 to 17 who were hospitalized for	Milotone 2	Established quality	Annual metrics tha	Claims	Year As	nuly	Required	Y	1/91/2023 - 12/31/2023   Increase	Increase	Y		N		
	Follow-up After Hospitalization for Mental Illness: Ages 6 to 17 (FUII-CII)	Solinasian visit with a montal health neurifor. Two rates are reported:		measure	are an established quality measure			.									
		Percentage of discharges for which the child received follow-up within 50 days after discharge     Percentage of discharges for which the child received follow-up within 7 days after															
	Follow-up After Hospitalization for Mental History Age							ssully	Remind		1/01/2023 - 12/31/2023 Bacrosse			New Mexico will use state defined diagnosis codes, procedure codes, and provider types. See "New Mexico Additions to Value Sens."			
*	18 and Older (PUH-AD)	percentage of discharges for beneficiaries age 18 and older who were hospitalized for restment of selected mental fileses or intentional self-harm diagnoses and who had a follow-up visit with a mental health newsider. Two ranse are resorted:	Macdone 2	Established quality measure	Annual metrics that are an established quality measure	I N. IMINE	Year A	is any	Kaquesa	ľ	1902025 - 12512025 Indiana	Bicrosc	ľ		*		
					quan) mann												
		<ul> <li>Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge</li> </ul>												New Mexico will use state defined diagnosis codes, procedure codes, and provider types. See "New Mexico Additions to Value Sens."			
9	Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 and Older (FUA-AD)	*Parcettage of discharges for which the heneficiary received follow-up within 30 days what discharges for which the heneficiary received follow-up within 7 days after discharge of discharges of which the heneficiary received follow-up within 7 days after discharge. Parcettage of emergency dispersion (III) within the heseficiaries ago 18 and older with a primary disposit of alcohol or other drug (ACD) shows dependence who had a follow-up visit for ACD abuse or dependence. Two rates are reported:	Milosone 2	Established quality measure	Annual metrics that are an established	Claims	Year As	nually	Required	Y	1/91/2023 - 12/31/2023 Bacrosse	Increase	Y		N		
		a follow-up visit for AOD abuse or dependence. Two rates are repented:  • Percentage of ED visits for AOD abuse or dependence for which the beneficiary			quality measure												
		received follow-up within 30 days of the ED visit  Percentage of ED visits for AOD abuse or dependence for which the beneficiary															
10	Follow-Up After Emergency Department Visit for Montal Binosc Age 18 and Older (FUM-AD)	*Principality of ED value for AGD about or expendence for which the beneficiary method of Sun-part of the ED value in Contract of the ED value or expendence for which the beneficiary succeived follow-up within 2 days of the ED value or expendence follow-up within 2 days of the ED value. Processings of energynery department (ED) value for beneficiaries ago EB and obtain with a primary deposits of mountain filtons or intentional self-barra and who had a wide approach of the ED value.	Milotone 2	Emblished quality measure	Annual metrics that are an established	Claims	Year As	nuly	Required	Υ	1/91/2023 - 12/31/2023   Increase	Increase	v		N		
	Methal Black: Age 18 and Older (FCM-AD)	with a premary diagnosis of mental mass or intermedial sett-marri, and who had a follow-up visit for mental illness. Two rates are reported: • Percentage of ED visits for mental illness for which the beneficiary received follow-		measure	quality measure												
		up within 50 days of the ED visit												New Mexico will use state defined diagnosis codes and procedure			
11	Montal Health Services Utilization - Insurient	<ul> <li>p within 7 days of the ID visit.</li> <li>Number of beneficiaries in the demonstration population who use inputing services.</li> </ul>	Minton: 1	CMS-constructed	Other monthly and	China	Month Or	uarterly	Required	ly.	3/01/2023-5/31/2024 Decrease	Downer	v	codes. See "New Mexico Additions to Value Sets."  New Mexico will use state defined diagnosis codes. See "New Mexico	s s		
14	Montal Health Services Utilization - Intensive	soluted to mental health during the measurement period.  Number of heneficiaries in the demonstration nonethrino who used intensive	Milotope 3	CMS-constructed	quarterly metrics Other monthly and	Claims	1 1	uarterly	Required	Y	3/91/2023-5/31/2024 Increase	Increase	ly .	Additions to Value Sets."	N N		
	Outpatient and Partial Hospitalization				quarterly metrics									New Mexico will use state defined diagnosis codes, procedure codes, and provider types. See "New Mexico Additions to Value Sets."			
15	Monal Health Services Utilization - Outpatient	measurement period  Number of beneficiaries in the demonstration population who used outparient services pelated to mental health during the measurement period	Milotone 3	CMS-constructed	Other monthly and quarterly metrics	Claims	Mouth Qu	uarticity	Required	Y	3/01/2023-5/31/2024 Increase	Increase	Y	New Mexico will use state defined diagnosis codes and provider types. See "New Mexico Additions to Value Sets."	N		
16	Mental Health Services Utilization - IID  Mental Health Services Utilization - Telebrath	Number of beneficiaries in the dimensional population who used companion survices related to month health during the measurement period.  Number of beneficiaries in the dimensional period to use emergency department exercises for mental health during the measurement period.  Number of beneficiaries in the dimensional population who used talchealth survices.	Milotone 3	CMS-constructed	quarterly metrics Other monthly and quarterly metrics	Claims	Mouth Qu	uarticity	Required Required	Y	3/01/2023-5/31/2024 Decrease 3/01/2023-5/31/2024 Recrease	Decrease	Y	New Marcice will use state defined diagnosis codes, procedure codes, and previder pregs. See "New Modes Additions to Videa Sem." New Marcice will use state defined diagnosis codes and previder types. See "New Modes Additions to Videa Sem." New Marcice will use state defined diagnosis codes and previder types. See "New Modes Additions to Videa Sem." New Marcice will use state defined diagnosis codes and previder types. See "New Modes Additions to Videa Sem." New Marcice will use state defined diagnosis codes. See "New Modes Sem."	N		
17	Montal Health Services Utilization - Telehealth Montal Health Services Utilization - Any Services	Number of beneficiaries in the demonstration population who used telehealth services related to mental health during the measurement period. Number of beneficiaries in the demonstration population who used any services	Milotone 3	CMS-constructed	Other monthly and quarterly metrics Other monthly and	Claims	Month Qu	uarterly uarterly	Required Required	Y	3/01/2023-5/31/2024 Becrosse 3/01/2023-5/31/2024 Becrosse	Increase	Y	New Mexico will use state defined diagnosis codes. See "New Mexico Additions to Value Sets."	N		
18	Mettal Health Services Children - Ady Services	related to mental health during the measurement period	Macdate 3	C M5-constructed	quarterly metrics	C. Indian	Manage Q	uatory	карина	ľ		Bictone	ľ	New Mexico will use state defined diagnosis codes, procedure codes, and provider types. See "New Mexico Additions to Value Sets."	*		
19u	Average Length of Stay in IMDs	Average length of stay (ALOS) for beneficiaries with SMI discharged from an inpution or residential stay in an IMD. Three rates are reported:  *ALOS for all IMDs and populations  *ALOS among short-term stays (loss than or equal to 60 days)	Milotone 3	CMS-constructed	Other annual	Claims State-apprish	Year As	nually	Required	Y	3/91/2023-2/26/2024 Stabillina	Stabilize	Y	and provide types. Are view about remarks of value area.	N		
		ALOS for all IMDs and populations     ALOS among short-term stays (loss than or equal to 60 days)				IMD database								New Mexico will use state defined diagnosis codes. See "New Mexico			
196	Average Length of Stay in IMDs (IMDs receiving FFE	P Average length of stay (ALOS) for beneficiaries with SMI discharged from an	Milotone 3	CMS-constructed	Other annual	Claims	Year As	nually	Required	Y	3/91/2023-2/26/2024 Stabiliza	Stabilize	Y	Additions to Value Sets."	N		
	only)	inputient or residential stay in an IMD receiving federal financial participation (FFP). Three rates are reported:			metrics	State-specific IMD database											
		ALOS for all DMDs and populations     ALOS among short-term stays (loss than or equal to 60 days)												New Mexico will use state defined diagnosis codes. See "New Mexico			
20	Beneficiaries With SMESED Treated in an IMD for Montal Health	<ul> <li>ALOS among long-term stays (ground than 60 days)</li> <li>Number of beneficiaries in the demonstration population who have a chim for inpution or reidential renament for mental health in an IMD during the reporting</li> </ul>	Milotone 3	CMS-constructed	Other annual metrics	Claims	Year As	nually	Required	Y	3/01/2023-2/26/2024 Decrease	Decrease	Y	Additions to Value Sets."  New Mexico will use state defined diagnosis codes. See "New Mexico	N		
21		year	Minton: 4	CMS-constructed	Other monthly and	China	Month Or	uatorly	Required	ly.	3/01/2023-5/31/2024 Increase	Increase	v	Additions to Value Sets."	s s		
22	Court of Beneficiaries With SMI SED (annually)	Number of restrictives in the devinentation population shalling the intensational partial and/or in the 11 months before the measurement period. Number of beneficiaries in the demonstration population shalling the measurement partial and/or in the 12 months before the measurement period. Purcorrange of beneficiaries ages 18 to 75 with a softwar mental fluous and diabetes (type 1 and type 2) who had hemoglobal Act (ERbAct) in poor control(+ 9.0%)	Milotone 4	CMS-constructed	quarterly metrics Other annual	Claims	Year As	nuly	Required	Y	3/91/2023-2/26/2024 Increase	Increase	Y	Additions to Value Sets."  New Mexico will use wate defined procedure codes. See "New Mexico Additions to Value Sets."	N		
23	Diabetes Care for People with Serious Mental Illness:	period and/or in the 12 months before the measurement period.  Percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes.	Milotone 4	Established quality	metrics Annual metrics tha	Claims	Year As	nually	Required	Y	1/91/2023 - 12/31/2023   Consistent	Decrease	Y	Additions to Value Sets."	N		
	Hemoglobin Ale (BBALe) Poor Control (+9.0%) (HPCMI-AD)	(type 1 and type 2) who had hemoglobin ALc (HbALc) in poor control (> 9.0%)		measure	are an established quality measure	Medical records								New Mexico will use state defined procedure codes. See "New Mexico			
26	Access to Preventive/Ambulatory Health Services for Medicaid Beneficiaries With SMI	The percentage of Modicaid beneficiaries age 18 years or older with SMI who had an ambulatory or preventive care visit during the measurement period	Milotone 4	Established quality measure	Annual metrics that are an established	Claims	Year As	nually	Required	Y	1/01/2023 - 12/31/2023 Becrease	Increase	Y	Additions to Value Sets."	N		
				measure	quality measure									New Mexico will use state defined diagnosis codes. See "New Mexico Additions to Value Sets."			
29	Metabolic Monitoring for Children and Adolescents on Antisynchotics	Percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:	Milotone 4	Established quality measure	Annual metrics tha are an established	Claims	Year As	nully	Required	Y	1/01/2023 - 12/31/2023 Increase	Increase	Y	PARESTON OF VARIOUS ACC.	N		
		Percentage of children and adolescents on antipsychotics who received blood glacose testing			quality measure												
		Percentage of children and adolescents on antipsychotics who received cholesterol testing															
		<ul> <li>Percentage of children and adolescents on antipsychotics who received blood glacose and cholescend testing</li> </ul>															
30	Follow-Up Case for Adult Medicaid Beneficiance Wh are Newly Prescribed an Antipsychotic Medication		Milotone 4	Established quality measure	Annual metrics that are an established	Claims	Year As	somby	Required	Y	1/01/2023 - 12/31/2023 Becrease	Increase	Y		N		
		sage 18 years and older, and completed a follow-up visit with a provider with prescribing authority within four mode CR does of reservoirsies of an autimorphotic medicarion.			quality measure												
32	Total Costs Associated With Montal Health Services Among Beneficiaries With SMI SED - Not Inputient	receive (28 days) of prescription of an antipoychotic medication.  The sum of all Medicaid spending for mental health services not in inpution or residential sertings during the measurement period.	Other SMISED	CMS-constructed	Other annual	Claims	Year As	south	Required	Y	3/01/2023-2/28/2024 Increase	Increase	Y	New Mexico will use state defined diagnosis codes, procedure codes,	N		
33	Among menericarus with SMI Still - Not inputed or Residential Total Costs Associated With Mental Health Services	reconcentae serrange channing the measurement period.  The sum of all Medicaid costs for mental health services in inpution or residential.	Other SMI/SED	CMS-constructed	Other annual	Claims	Year As	namely .	Required	l Y	3/01/2023-2/28/2024 Increase	Increase	ly ly	and provider types. See "New Mexico Additions to Value Sets."	N		
	Among Beneficiaries With SMI SED - Inputient or Residential  Per Corta Costs Associated With Mental Health	settings during the measurement period	metrics		metrics	_						_		New Mexico will use state defined diagnosis codes, procedure codes, and provider types. See "New Mexico Additions to Value Sets."			
34		For capita costs for non-inputient, non-nesidential services for mental health, among beneficiaries in the demonstration population during the measurement period	Other SMI/SED metrics	CMS-constructed	Other annual metrics	Claims	Year As	nually	Required	Y	3/91/2023-2/20/2024 Decourse	Decrease	Y		N		
35	Repairer or Residential Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED -	Per capita costs for imparient or residential services for mental health among beneficiaries in the demonstration population during the measurement period	Other SMI/SED	CMS-constructed	Other annual	Claims	Year As	nually	Required	Y	3/01/2023-2/28/2024 Consiston	Consistent	Y	<del>                                     </del>	N	-	
14	Services Among Beneficiaries With SMISED - Impatient or Residential Grievances Related to Services for SMISED	beneficiaries in the demonstration population during the measurement period. Number of grievances filed during the measurement period that are related to services	metics	CMF	metrics Grievances and	Manager -	Owner or	uarterly	Remind		3/01/2023-5/31/2024 Decrease	Down	l.		lu-		
17	Appeals Related to Services for SMISED  Appeals Related to Services for SMISED	for SMISED  Number of appeals filed Agrice the measurement period that are related to applying	Other SMI/SED metrics Other SMI/SED	CMS-constructed	appeals Grinnsons and	Administrative records Administrative	1. 1.	uarterly uarterly	Required Required		3/01/2023-5/31/2024 Decrease 3/01/2023-5/31/2024 Decrease	Document	ľ		**************************************		
38	Opposite Residents Related to Services for SME/SED	for SMESED	metrics	CMS-constructed	appeals Grievances and	neconds Administrative	1. 1.	uatorly	Required	r Y	3/01/2023-5/31/2024 December 3/01/2023-5/31/2024 December	Decrease	l'	-	N N		
39	Total Costs Associated With Treatment for Montal Beath in an IMD Among Beneficiaries With	ventures of critical incidents must clump the measurement period that are related to services for SMI/SED.  Tend Medicaid costs for beneficiaries in the demonstration population who had claim for inputient or residential treatment for mental health in an IMD during the reporting	metrics Other SMI/SED	CMS-constructed	appeals Other annual	records Claims	Year As	nually	Required	Y	3/91/2023-2/25/2024 Bronuss	Increase	y v	+	N	-	
	SMISED				metrics									New Mexico will use state defined diagnosis codes and provider types. See "New Mexico Additions to Value Sen."			
40	Per Capita Costs Associated With Treatment for Moral Health in an IMD Among Beneficiaries With	For capita Medicaid costs for baseficiaries in the demonstration population who had claims for inputions or residential trustment for montal health in an IMD during the	Other SMI/SID metrics	CM5-constructed	Other annual metrics	Claims	Year As	nuly	Required	Y	3/01/2023-2/28/2024 Decrease	Decrease	Y	New Mexico will not other defined discrease codes and receiver tones	N		
Q1	SMISED  SMIssion of total behavioral health organizations connected to 1889	suporting year All organizations subscribed to receive or transmit data to the state's HIII about	Health IT	State-specific	Other annual	1	Year As	nually	Required	Y	3/01/2023-2/28/2024 Increase	Increase		See "New Mexico Additions to Value Sets."	N		
Q2	Connected to HIII.  Number of behavioral health providers carefied	seporting year. All organizations subscribed to receive or transmit data to the state's BBE about partiant states, bed availability, etc. Behavioral health proteins encoded in the state's Modicaid provider directory and edgible to provide behavioral health services.	Health IT	State-specific	metrics Other annual		Year As	nually	Required	Y	3/91/2023-2/25/2024 Recrease	Increase			N		
os	in/managed in the state's Medicaid provider directory.  Number of connections to services itselemals or	eligible to provide behavioral health services.  The number of referrals made throughout the state via calls to the state's 988 system.	Health IT	State-spacific	Other annual	-	Year a	namily	Remind	v v	3/01/2023-2/28/2024 Encrease	Increase			No.		
1	information about availbale providen/agencies)				metrics							_					
State-specific metrics (Innert raw(s) for any ad-	fational state-specific metrics by right-clicking on res	s 50 and adecting Theory											·/////////////////////////////////////		1		

# Medicaid Section 1115 SMI/SED Demonstrations Monitoring Protocol (Part A) - Reporting schedule (Version 3.0) State New Mexico Demonstration Name New Mexico Turquoise Care

#### Instructions:

(1) In the reporting periods input table (Table 1), use the prompt in column A to enter the requested information in the corresponding row of column B. All monitoring r should use the format MM/DDYYYY with no spaces in the cell. The information entered in these cells will auto-populate the SMUSED demonstration reporting schedule to be accurately under-populated.

(2) Review the state's reporting schedule in the SMUSED demonstration reporting schedule table (Table 2). For each of the reporting categories listed in column F, select whether the state plans to report according to the standard reporting schedule. If a state's planned reporting does not match the standard reporting schedule for any quarte deviations in column I, "Explanation for deviations (if column H="Y")" and use column J, "Proposed deviation in measurement period from standard reporting schedule overwrite the standard schedule (column G). All other columns are locked for editing and should not be altered by the state.

Table 1. Serious Mental Illness and Serious Emotional Disturbance Reporting Periods Input Table

	Demonstration reporting periods/dates
Dates of first SMI/SED demonstration year:	
Start date (MM/DD/YYYY)	3/1/2023
End date (MM/DD/YYYY)	2/28/2024
Dates of first quarter of the baseline	
period for CMS-constructed metrics:	
Reporting period (SMI/SED DY	
and Q)	
(Format DY#Q#; e.g., DY1Q1)	DY1Q1
Start date (MM/DD/YYYY) <sup>a</sup>	3/1/2023
End date (MM/DD/YYYY)	5/31/2023
Broader section 1115 demonstration	
reporting period corresponding with	
the first SMI/SED reporting quarter,	
if applicable. If there is no broader	
demonstration, fill in the first	
SMI/SED reporting period.	
(Format DY#Q#; e.g., DY3Q1)	DY5Q2
First SMI/SED monitoring report due date (per STCs)	
(MM/DD/YYYY)	7/30/2023
First SMI/SED monitoring report in	7/30/2023
which the state plans to report annual	
metrics that are established quality	
measures (EQMs):	
Baseline period for EQMs	
(Format CY#; e.g., CY2019)	CY2023
SMI/SED DY and Q associated	
with monitoring report	pyzos
(Format DY#Q#; e.g., DY1Q1) SMI/SED DY and O start date	DY2Q1
SMI/SED DY and Q start date (MM/DD/YYYY)	1/1/2023
SMI/SED DY and Q end date	1/1/2023
(MM/DD/YYYY)	12/31/2023
Dates of last SMI/SED reporting	
quarter:	
Start date (MM/DD/YYYY)	10/1/2029
End date (MM/DD/YYYY)	12/31/2029



Table 2. Serious Mental II	lness and Serious Emotiona	l Disturbance Demonstratio	n Reporting Schedule						
		Monitoring report due	Broader section 1115 reporting period, if applicable; else SMI/SED reporting			For each reporting category, measurement period for which information is captured in monitoring report per standard reporting	Deviation from standard		Proposed deviation in measurement period from standard reporting
SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	(per STCs) (MM/DD/YYYY)	period (Format DY#Q#; e.g., DY1Q3)	SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)	Reporting category	schedule (Format DY#Q#; e.g., DY1Q3) <sup>b</sup> SMI/SED	reporting schedule (Y/N)	Explanation for deviations (if column H="Y")	schedule in column G (Format DY#Q#; e.g., DY1Q3)
3/1/2023	5/31/2023	7/30/2023	DY5Q2	DYIQI	Narrative information	DYIQI	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DYIQI	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics				
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
6/1/2023	8/31/2023	10/30/2023	DY5Q3	DY1Q2	Narrative information	DY1Q2	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DY1Q2	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics	DYIQI	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual availability assessment			7. 5, to be reported redospectively.	
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
9/1/2023	11/30/2023	2/28/2024	DY5Q4	DY1Q3	Narrative information	DY1Q3	Y	Per monitoring protocol instructions p. 22,	
					Grievances and appeals	DY1Q3	Y	v. 3, to be reported retrospectively.  Per monitoring protocol instructions p. 22,	
					Other monthly and quarterly metrics	DY1Q2	Y	v. 3, to be reported retrospectively.  Per monitoring protocol instructions p. 22,	
					1 1	51.42		v. 3, to be reported retrospectively.	
					Annual availability assessment  Annual metrics that are established quality				
					measures	DY1Q0-4			
					Other annual metrics				
12/1/2023	2/29/2024	4/29/2024	DY6Q1	DY1Q4	Narrative information	DY1Q4	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DY1Q4	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics	DY1Q3	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual availability assessment	AA1	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual metrics that are established quality	N/A		v. 3, to be reported retrospectively.	
					measures Other annual metrics				
								Per monitoring protocol instructions p. 22,	
3/1/2024	5/31/2024	7/30/2024	DY6Q2	DY2Q1	Narrative information	DY2Q1	Y	v. 3, to be reported retrospectively.	
					Grievances and appeals	DY2Q1	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics	DY1Q4	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics	DYI	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
6/1/2024	8/31/2024	10/30/2024	DY6Q3	DY2Q2	Narrative information	DY2Q2	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DY2Q2	Y	Per monitoring protocol instructions p. 22,	
					Other monthly and quarterly metrics	DY2Q1	Y	v. 3, to be reported retrospectively.  Per monitoring protocol instructions p. 22,	
							ļ.	v. 3, to be reported retrospectively.	
					Annual availability assessment Annual metrics that are established quality				
					measures	N/A			
					Other annual metrics		I	I	

3

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)		Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) <sup>b</sup> SMI/SED	Deviation from standard reporting schedule (Y/N)	Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)
9/1/2024	11/30/2024	2/28/2025	DY6Q4	DY2Q3	Narrative information	DY2Q3	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DY2Q3	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics	DY2Q2	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual availability assessment				
					Annual metrics that are established quality measures	DY2Q1-4			
					Other annual metrics				
12/1/2024	2/28/2025	4/29/2025	DY7Q1	DY2Q4	Narrative information	DY2Q4	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Grievances and appeals	DY2Q4	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Other monthly and quarterly metrics	DY2Q3	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual availability assessment	AA2	Y	Per monitoring protocol instructions p. 22, v. 3, to be reported retrospectively.	
					Annual metrics that are established quality measures	N/A			
					Other annual metrics		İ		
3/1/2025	5/31/2025	7/30/2025	DY7Q2	DY3Q1	Narrative information	DY3Q1			
					Grievances and appeals	DY3Q1			
					Other monthly and quarterly metrics	DY2Q4			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics	DY2			
6/1/2025	8/31/2025	10/30/2025	DY7Q3	DY3Q2	Narrative information	DY3Q2			
					Grievances and appeals	DY3Q2	ĺ		
					Other monthly and quarterly metrics	DY3Q1	ĺ		
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics		i		

Tubic 21 Scribus Michigan	mess and serious Emotiona	. Distarbunce Demonstrut	on reporting beneaute						
SMI/SED reporting quarter start date (MM/DD/YYYY)	: SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period if applicable; else SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)		Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) <sup>b</sup> SMI/SED	Deviation from standard reporting schedule (Y/N)	Explanation for deviations (if column H="Y")	Proposed deviation in measurem period from standard reportin schedule in column G (Format DY#Q#; e.g., DY1Q3
/1/2025	11/30/2025	2/28/2026	DY7Q4	DY3Q3	Narrative information	DY3Q3			
					Grievances and appeals	DY3Q3			
					Other monthly and quarterly metrics	DY3Q2			
					Annual availability assessment				
					Annual metrics that are established quality measures	DY3Q1-4			
					Other annual metrics				
/1/2025	2/28/2026	4/29/2026	DY8Q1	DY3Q4	Narrative information	DY3Q4			
					Grievances and appeals	DY3Q4			
					Other monthly and quarterly metrics	DY3Q3			
					Annual availability assessment	AA3			
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
/1/2026	5/31/2026	7/30/2026	DY8Q2	DY4Q1	Narrative information	DY4Q1			
					Grievances and appeals	DY4Q1			
					Other monthly and quarterly metrics	DY3Q4			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics	DY3			
/1/2026	8/31/2026	10/30/2026	DY8O3	DY4Q2	Narrative information	DY4Q2			
				,	Grievances and appeals	DY4Q2			
					Other monthly and quarterly metrics	DY4Q1			
					Annual availability assessment	<u> </u>			
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
1/2026	11/30/2026	2/28/2027	DY8Q4	DY4Q3	Narrative information	DY4Q3			
					Grievances and appeals	DY4Q3			
					Other monthly and quarterly metrics	DY4Q2			
					Annual availability assessment	,			
					Annual metrics that are established quality measures	DY4Q1-4			
					Other annual metrics				

Table 2. Serious M	citai iiiicss and Scrious Emotiona	i Distui bance Demonstrati	on reporting senedule						
SMI/SED reporting quarter (MM/DD/YYYY)	er start date SMI/SED reporting quarter end date () (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period if applicable; else SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)		Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) <sup>b</sup> SMI/SED	Deviation from standard reporting schedule (Y/N)	Explanation for deviations (if column H="Y")	Proposed deviation in measuremen period from standard reporting schedule in column G (Format D\#Q#; e.g., DY1Q3)
12/1/2026	2/28/2027	4/29/2027	DY9Q1	DY4Q4	Narrative information	DY4Q4			
					Grievances and appeals	DY4Q4			
					Other monthly and quarterly metrics	DY4Q3			
					Annual availability assessment	AA4			
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
3/1/2027	5/31/2027	7/30/2027	DY9Q2	DY5Q1	Narrative information	DY5Q1			
					Grievances and appeals	DY5Q1			
					Other monthly and quarterly metrics	DY4Q4			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics	DY4			
6/1/2027	8/31/2027	10/30/2027	DY9Q3	DY5Q2	Narrative information	DY5Q2			
					Grievances and appeals	DY5Q2			
					Other monthly and quarterly metrics	DY5Q1			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
9/1/2027	11/30/2027	2/28/2028	DY9Q4	DY5Q3	Narrative information	DY5Q3			
					Grievances and appeals	DY5Q3			
					Other monthly and quarterly metrics	DY5Q2			
					Annual availability assessment				
					Annual metrics that are established quality measures	DY5Q1-4			
					Other annual metrics				

SMI/SED reporting quarter start date (MM/DD/YYYY)	SMI/SED reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period if applicable; else SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)	SMI/SED reporting period (Format DY#Q#; e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) <sup>b</sup> SMUSED	Deviation from standard reporting schedule (Y/N)	Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)
12/1/2027	2/29/2028	4/29/2028	DY10Q1	DY5Q4	Narrative information	DY5Q4			
					Grievances and appeals	DY5Q4			
					Other monthly and quarterly metrics	DY5Q3			
					Annual availability assessment	AA5			
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				
3/1/2028	5/31/2028	7/30/2028	DY10Q2	DY6Q1	Narrative information	DY6Q1			
					Grievances and appeals	DY6Q1			
					Other monthly and quarterly metrics	DY5Q4			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics	DY5			
6/1/2028	8/31/2028	10/30/2028	DY10Q3	DY6Q2	Narrative information	DY6Q2			
					Grievances and appeals	DY6Q2			
					Other monthly and quarterly metrics	DY6Q1			
					Annual availability assessment				
					Annual metrics that are established quality measures	N/A			
					Other annual metrics				

\*SMISED demonstration start date: For monitoring gurpouse, CMS defines the start date of the demonstration as the effective date is desired in the state's STCs at the time of SMISED demonstration approval row cample, if the state's STCs at the time of SMISED demonstration approval row cample, if the state's STCs at the time of SMISED demonstration approval are considered as the state of the demonstration species, the effective date is distinct from the approval date of a demonstration, that is, in considered to be the first day the state may begin in SMISED demonstration. In many cases, the effective date is distinct from the approval as excitors in 118 demonstration becomes required as excitors as excitorable, and the state of January 1, 2021 for the new demonstration period. In many cases, the effective date as differed from the date as state begins implementing its demonstration to generate an accumite reporting schedule," the start date as listed in Table 1 of the "SMISED demonstration begins on any day often than the first day of the month, the state's SMISED demonstration begins on any day often than the first day of the month, the state should isn't start of the month, the state should isn't start of the month, the state should isn't start of the month in which the effective date is listed as January 15, 2020, the state should indicate "0.101/2020" as the start date in Table 1 of the "SMISED reporting schedule" and the state's smill reporting schedule, and the smill report of the month in which the effective date is listed as January 15, 2020, the state should indicate "0.101/2020" as the start date in Table 1 of the "SMISED reporting schedule" and the smill report of the month in which the effective date is listed as January 15, 2020, the state should indicate "0.101/2020" as the start date in Table 1 of the "SMISED reporting schedule" and the smill report of the month in which the effective date is listed as January 15, 2020, the state should indicate "0.101/2020" as the start date in Table 1 of the "S

<sup>b</sup> The auto-populated reporting schedule in Table 2 outlines the data the state is expected to report for each SMI/SED demonstration year and quarter. However, the state is not expected to begin reporting any metrics data until after protocol approval. The state should see Section B of the Monitoring Report Instructions for more information on retrospective reporting of data following protocol approval.

AA# refers to the Annual Assessment of the Availability of Mental Health Services ("Annual Availability Assessment") and the SMI/SED DY1). Data in each Annual Availability Assessment will be submitted with the state's approved monitoring report for SMI/SED DY1). Data in each Annual Availability Assessment should be reported as of the month and day indicated in the state's approved monitoring protocol. If the state cannot submit its Annual Availability Assessments when it submits its annual monitoring reports, it should propose and describe a reporting deviation in Columns G and H.

# Medicaid Section 1115 Serious Mental Illness and Serious Emotional Disturbance Demonstrations Monitoring Protocol Template

1. Title page for the state's serious mental illness and serious emotional disturbance (SMI/SED) demonstration or the SMI/SED component of the broader demonstration

The state should complete this title page as part of its SMI/SED monitoring protocol. This form should be submitted as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are provided below the table.

State	New Mexico
Demonstration name	Medicaid Section 1115 SMI/SED Demonstration Monitoring Protocol
Approval period for section 1115 demonstration	03/28/2023-12/31/2029
SMI/SED demonstration start date <sup>a</sup>	03/28/2023- 12/31/2029
Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date <sup>b</sup>	TBD
SMI/SED (or if broader demonstration, then SMI/SED-related)	During the demonstration period, the state seeks to achieve the following SMI/SED goals:
demonstration goals and objectives	1. Reduced utilization and lengths of stay in emergency departments (Eds) among Medicaid beneficiaries with SMI or SED while awaiting mental health treatment in specialized settings;
	2. Reduced preventable readmissions to acute care hospitals and residential settings;
	3. Improved availability of crisis stabilization services including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs and psychiatric hospitals and residential treatment settings throughout the state;
	4. Improved access to community-based services to address the chronic mental health care needs of beneficiaries with SMI or SED including through increased integration of primary and behavioral health care; and
	5. Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.

<sup>&</sup>lt;sup>a</sup> **SMI/SED demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at the time of SMI/SED demonstration approval. For example, if the state's STCs at the time of SMI/SED demonstration approval note that the SMI/SED demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SMI/SED demonstration. Note that the effective date is considered to be the first day the state may begin its SMI/SED demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021

for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

<sup>&</sup>lt;sup>b</sup> **Implementation date of SMI/SED demonstration:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

# 2. Acknowledgement of narrative reporting requirements

☑ The state has reviewed the narrative questions in the <u>Monitoring Report Template</u> provided by CMS and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested narrative information (with no modifications).

# 3. Annual Assessment of the Availability of Mental Health Services reporting

The state will use data as of the following month and day of each calendar year to conduct its Annual Assessment of the Availability of Mental Health Services: *Insert month and day as of which the state will report availability data*.

# 4. Acknowledgement of budget neutrality reporting requirements

The state has reviewed the Budget Neutrality Workbook and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (with no modifications).

# 5. Retrospective reporting

The state is not expected to submit metrics data until after monitoring protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to monitoring protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

For a state that has monitoring protocols approved after one or more initial quarterly monitoring report submissions, it should report metrics data to CMS retrospectively for any prior quarters (Qs) of the section 1115 SMI/SED demonstration that precede the monitoring protocol approval date. A state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in its second monitoring report submission that contains metrics. The retrospective report for a state with a first SMI/SED demonstration year (DY) of less than 12 months should include data for any baseline period Qs preceding the demonstration, as described in Part A of the state's monitoring protocol. (See Appendix B of the Monitoring Protocol Instructions for further instructions on determining baseline periods for first SMI/SED DYs that are less than 12 months). If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retrospectively on its SMI/SED demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of its demonstration through the end of the current reporting period. The state should report this information in Part B of its report submission (Section 3. Narrative information on implementation, by milestone and

reporting topic). This general assessment is not intended to be a comprehensive description of every trend observed in metrics data. Unlike other monitoring report submissions, for instance, the state is not required to describe all metrics changes (+ or - greater than 2 percent). Rather, the assessment is an opportunity for the state to provide context for its retrospective metrics data and to support CMS's review and interpretation of these data. For example, consider a state that submits data showing an increase in the utilization of telehealth services for mental health (Metric #17) over the course of the retrospective reporting period. The state may decide to highlight this trend to CMS in Part B of its monitoring report (under Milestone 3) by briefly summarizing the trend and providing context that, during this period, the state implemented a grant to improve access to mental health treatment in rural areas through the use of telemedicine.

For further information on how to compile and submit a retrospective report, the state should review Section B of the Monitoring Report Instructions document.

- ☐ The state will report retrospectively for any Qs prior to monitoring protocol approval as described above, in the state's second monitoring report submission that contains metrics after protocol approval.
- ☐ The state proposes an alternative plan to report retrospectively for any Qs prior to monitoring protocol approval: *Insert narrative description of proposed alternative plan for retrospective reporting. Regardless of the proposed plan, retrospective reporting should include retrospective metrics data and a general assessment of metric trends for the period. The state should provide justification for its proposed alternative plan.*

Note: PRA Disclosure Statement to be added here

New Mexico Additions to Value Sets

#2, #7, #8, #10, #13, #21, #22, #23: BH Outpatient Value set: Added H0030, S9482, H2012, H2033, 90832, 90835, 90837, 90846, 90847, G0443, H0050, G0493, H0038, T1001, 90791

#7, #8, #10, #14, #15, #16, #17, #18, #19a, #19b, #20, #26, #32, #33, #39, #40: Mental Health Diagnosis: Added F01.5, F01.50, F01.51, F02, F02.8, F02.80, F02.81, F03, F04, F05, F06, F06.0, F06.1, F06.2, F06.3, F06.30, F06.31, F06.32, F06.34, F06.4, F06.8, F07, F07.0, F07.8, F07.81, F07.89, F07.9, F09, F20, F30.1, F31.1, F31.3, F31.6, F32, F33.4, F34, F40.2, F40.21, F40.23, F40.24, F40.29, F41, F43.2, F44.8, F45.4, F51.0, F54, F55, F55.0, F55.1, F55.21, F55.3, F55.4, F55.8, F60.8, F63, F63.8, F65, F65.5, F65.8, F68, F68.1, F70, F71, F72, F73, F78, F79, F81, F81.8, F84, F90, F91, F95, F98, F98.2, L98.1, N94.3

#7, #8, #15, #16, #18, #32, Mental Health Provider: Added provider type-specialty: 301-026, 301-47, 302-026, 302-047, 431, 438, 444-244, 317-059, 316-097, 443, 436, 445-087, 445-086, 305, 433, 432, 446, 313-194, 313-193, 313-195

#9: IET Visits Group 1: Added 90846, H2019

#13: IP Stay: Added 1003

#14, Partial Hospitalization or Intensive OP: Added 97530

#14: BH Provider Group 1: Added codes, 433, 432, 446, 313, 201, 221, 203, 443, 431, 438, 435, 436, 444, 440, 316, 301-26, 302-28

#15, #18, #33: MPT Stand Alone Outpatient Group 1: Added H2012, H2033, 90832, 90834, 90837, 90846, 90847

#18, #32 MPT/IOP/PH Group 1: Added S0201, S9480

#33: Substituted "MPT Stand Alone Outpatient Group 1" for the instructions requesting "Stand Alone Outpatient Group 1", as there was no Stand Alone OP Group 1 in either My 2021 HEDIS value sets or My 2016 HEDIS value set

#33: Added 4 revenue codes to instructions for residential in step 2: 0114, 0124, 0116, 0169