

1. Title Page for the State’s SUD Demonstration or SUD Components of Broader Demonstration

State	Ohio.
Demonstration name	Ohio Section 1115 Substance Use Disorder Waiver Demonstration.
Approval date for demonstration	09/24/2019
Approval period for SUD	10/01/2019 - 09/30/2024.
Approval date for SUD, if different from above	N/A
Implementation date of SUD, if different from above	N/A.
SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives	<p>During the 1115 SUD Demonstration waiver period Ohio expects to achieve the following goals:</p> <ol style="list-style-type: none"> 1. Increased rates of identification, initiation, and engagement in treatment for SUD; 2. Increased adherence to and retention in treatment; 3. Reductions in overdose deaths, particularly those due to opioids; 4. Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services; 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and 6. Improved access to care for physical health conditions among beneficiaries with SUD.

2. Proposed Modifications to SUD Narrative Information on Implementation, by Milestone or Reporting Topic

Summary of proposed modification	Related metric (if any)	Justification for modification
1. Assessment of Need and Qualification for SUD Services		
Expanded SUD diagnosis list	#3, #4, #5	The state is expanding the SUD diagnosis list to include unspecified substance use disorder and remission. These additional diagnoses will better capture stages of SUD treatment.
Addition of billing Provider Type 95 to SUD service definition	#3, #4	The state adds claims with a billing provider type (PT) 95 and any SUD diagnosis to the SUD service criteria. PT 95 represents SUD treatment programs in OH, and by definition their services are related to SUD.
Expanded MAT definition	#3, #4	<p>The state adds three NDC codes (00781723864, 47781035703, 62175045832) regularly used in OH for pharmacy-dispensed buprenorphine MAT. These three NDC codes represent approximately 3% of OH buprenorphine scripts. The state will continue to review prescribing data for additional NDC codes, and report those codes to CMS when needed.</p> <p>The state adds four HCPCS codes for office-administered Medication Assisted Treatment: T1502, S5000, S5001, J8499. Without these codes, the number of beneficiaries counted as receiving office-administered buprenorphine-based products is underreported (by 23% during SFY19).</p> <ul style="list-style-type: none"> - HCPCS codes S5000 and S5001 (buprenorphine or buprenorphine/naloxone) must be billed by a PT 95. - HCPCS code T1502 must be billed by a PT 95 or with a buprenorphine or buprenorphine/naloxone NDC (OH revised list, see above). - HCPCS code J8499 must be billed with a buprenorphine, buprenorphine/naloxone, or naltrexone NDC (OH revised list, see above).
Modified Residential Treatment definition	#5	<p>The state adds claims with HCPCS codes H2034 and H2036 and a primary SUD diagnosis as residential treatment services. These codes are a primary way that OH providers bill residential treatment.</p> <p>Most OH residential treatment is billed on professional medical and outpatient claims, which lack admission and discharge dates. OH will combine professional medical and outpatient claims with up to a two (2) day break for the same patient and billing provider. For example, if the end date of the</p>

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		first claim is December 18, and the start date of the next claim is on or before December 21 with the same patient and billing provider, the claims will be combined as a single stay. This gap will permit accurate counting of discharges since some OH residential treatment providers do not bill Saturday/Sunday.
<input checked="" type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)		
Expanded SUD diagnosis list	#6, #7, #8, #9, #10, #11, #36	The state is expanding the SUD diagnosis list to include unspecified use disorder and remission. These additional diagnoses will better capture stages of SUD treatment.
Expanded MAT definition	#6, #12	<p>The state adds three NDC codes (00781723864, 47781035703, 62175045832) regularly used in OH for pharmacy-dispensed buprenorphine MAT. These three NDC codes represent approximately 3% of OH buprenorphine scripts. The state will continue to review prescribing data for additional NDC codes, and report those codes to CMS when needed.</p> <p>The state adds four HCPCS codes for office-administered Medication Assisted Treatment: T1502, S5000, S5001, J8499. Without these codes, the number of beneficiaries counted as receiving office-administered buprenorphine-based products is underreported (by 23% during SFY19).</p> <ul style="list-style-type: none"> - HCPCS codes S5000 and S5001 (buprenorphine or buprenorphine/naloxone) must be billed by a PT 95. - HCPCS code T1502 must be billed by a PT 95 or with a buprenorphine or buprenorphine/naloxone NDC (OH revised list, see above). - HCPCS code J8499 must be billed with a buprenorphine, buprenorphine/naloxone, or naltrexone NDC (OH revised list, see above).

Summary of proposed modification	Related metric (if any)	Justification for modification
Modified Residential Treatment definition	#6, #10, #36	<p>The state adds claims with HCPCS codes H2034 and H2036 and a primary SUD diagnosis as residential treatment services. These codes are a primary way that OH providers bill residential treatment.</p> <p>Most OH residential treatment is billed on professional medical and outpatient claims, which lack admission and discharge dates. OH will combine professional medical and outpatient claims with up to a two (2) day break for the same patient and billing provider. For example, if the end date of the first claim is December 18, and the start date of the next claim is on or before December 21 with the same patient and billing provider, the claims will be combined as a single stay. This gap will permit accurate counting of discharges since some OH residential treatment providers do not bill Saturday/Sunday.</p>
Addition of billing Provider Type 95 to SUD service definition	#6	The state adds claims with a billing provider type (PT) 95 and any SUD diagnosis to the SUD service criteria. PT 95 represents SUD treatment programs in OH, and by definition their services are related to SUD.
Adjustments to Metric #8 Outpatient Services definition	#8	<p>The state adds claims with a billing provider type (PT) 95 and any SUD diagnosis, that are not otherwise captured in Metrics #7, #9, and #10, to the Metric #8 Outpatient Services definition. PT 95 represents SUD treatment programs in OH, and by definition their services are related to SUD.</p> <p>The state excludes HCPCS code H2036 (<u>IAD Stand Alone OP + IET Stand Alone Visits</u>) from Metric #8 because it represents residential treatment in OH. These services will be counted in Metric #10.</p>
Adjustment to Metric #9 Intensive Outpatient and Partial Hospitalization Services definition	#9	The state counts only claims with HCPCS code H0015 with any SUD diagnosis as Intensive Outpatient and Partial Hospitalization services per OH billing practice. All other SUD outpatient and professional medical services are considered Outpatient Services (Metric #8) if they are not captured by Metric #7 or Metric #10.
<input checked="" type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		

Summary of proposed modification	Related metric (if any)	Justification for modification
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SUD Monitoring Report Template (Narrative Information on Implementation)</i>		
<i>[Add rows as needed]</i>		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input checked="" type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SUD Monitoring Report Template (Narrative Information on Implementation)</i>		
<i>[Add rows as needed]</i>		
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<input checked="" type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		

Summary of proposed modification	Related metric (if any)	Justification for modification
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)		
Use of claims to supplement provider file for counting SUD providers	#13	The state will supplement provider enrollment files with data from administrative claims to identify providers who rendered services included in Metric #6 (including state modifications) to count the number of current SUD providers. The state's requested modifications to Metric #6 include expanded SUD and MAT definitions, the addition of PT 95 with any SUD diagnosis, and H2034/H2036 with primary SUD diagnosis for residential treatment. The method of Metric #6 will be applied to all months contained within the Metric #13 measurement period. The resulting list of providers will be combined with provider enrollment files, and providers will be deduplicated by NPI.
Expanded buprenorphine MAT definition	#14	<p>The state adds three NDC codes (00781723864, 47781035703, 62175045832) regularly used in OH for pharmacy-dispensed buprenorphine MAT. These three NDC codes represent approximately 3% of OH buprenorphine scripts. The state will continue to review prescribing data for additional NDC codes, and report those codes to CMS when needed.</p> <p>The state adds four HCPCS codes for office-administered Medication Assisted Treatment: T1502, S5000, S5001, J8499. Without these codes, the number of beneficiaries counted as receiving office-administered buprenorphine-based products is underreported (by 23% during SFY19).</p> <ul style="list-style-type: none"> - HCPCS codes S5000 and S5001 (buprenorphine or buprenorphine/naloxone) must be billed by a PT 95. - HCPCS code T1502 must be billed by a PT 95 or with a buprenorphine or buprenorphine/naloxone NDC (OH revised list, see above). - HCPCS code J8499 must be billed with a buprenorphine or buprenorphine/naloxone NDC (OH revised list, see above).
Add metric to track naltrexone prescribers	S1	The state adds an annual metric to report the number of naltrexone providers. Methodology mirrors Metric #14 but is for naltrexone providers, defined as providers writing at least one script with naltrexone NDC code (OH revised set) or rendering provider on office-administered claim (HCPCS codes J2315, J8499 with naltrexone NDC in OH revised list).
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6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)		
Expanded SUD diagnosis list	#15	The state is expanding the SUD diagnosis list to include unspecified use disorder and remission. These additional diagnoses will better capture stages of SUD treatment.
Expanded MAT definition	#15, #22	<p>The state adds three NDC codes (00781723864, 47781035703, 62175045832) regularly used in OH for pharmacy-dispensed buprenorphine MAT. These three NDC codes represent approximately 3% of OH buprenorphine scripts. The state will continue to review prescribing data for additional NDC codes, and report those codes to CMS when needed.</p> <p>The state adds four HCPCS codes for office-administered Medication Assisted Treatment: T1502, S5000, S5001, J8499. Without these codes, the number of beneficiaries counted as receiving office-administered buprenorphine-based products is underreported (by 23% during SFY19).</p> <ul style="list-style-type: none"> - HCPCS codes S5000 and S5001 (buprenorphine or buprenorphine/naloxone) must be billed by a PT 95. - HCPCS code T1502 must be billed by a PT 95 or with a buprenorphine or buprenorphine/naloxone NDC (OH revised list, see above). - HCPCS code J8499 must be billed with a buprenorphine, buprenorphine/naloxone, or naltrexone NDC (OH revised list, see above).
Implement OH modifier rules to accurately capture MAT take home doses.	#22	The state adds OH-specific modifier rules on HCPCS codes T1502 (buprenorphine) and H0020 (methadone) to correctly calculate days' supply for take-home MAT doses. Dates of service on the office-administered MAT claim often do not accurately represent days covered for these codes, so the modifier rules are necessary. HF or no modifier = Daily; TV = 7 days; UB = 14 days; TS = 21 days; HG = 28 days.
<input checked="" type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		

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7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)		
Expanded SUD diagnosis list	#17 (1)	The state is expanding the SUD diagnosis list to include unspecified use disorder and remission. These additional diagnoses will better capture stages of SUD treatment.
<input checked="" type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		
8. SUD Health Information Technology (Health IT)		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SUD Monitoring Report Template (Narrative Information on Implementation)</i>		
<i>[Add rows as needed]</i>		
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<input checked="" type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		
9. Other SUD-related Metrics		
Expanded SUD diagnosis list	#23, #24, #25, #28, #30, #32	The state is expanding the SUD diagnosis list to include unspecified use disorder and remission. These additional diagnoses will better capture stages of SUD treatment.
Expanded MAT definition	#28, #30	The state adds three NDC codes (00781723864, 47781035703, 62175045832) regularly used in OH for pharmacy-dispensed buprenorphine MAT. These three NDC codes represent approximately 3% of

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		<p>OH buprenorphine scripts. The state will continue to review prescribing data for additional NDC codes, and report those codes to CMS when needed.</p> <p>The state adds four HCPCS codes for office-administered Medication Assisted Treatment: T1502, S5000, S5001, J8499. Without these codes, the number of beneficiaries counted as receiving office-administered buprenorphine-based products is underreported (by 23% during SFY19).</p> <ul style="list-style-type: none"> - HCPCS codes S5000 and S5001 (buprenorphine or buprenorphine/naloxone) must be billed by a PT 95. - HCPCS code T1502 must be billed by a PT 95 or with a buprenorphine or buprenorphine/naloxone NDC (OH revised list, see above). - HCPCS code J8499 must be billed with a buprenorphine, buprenorphine/naloxone, or naltrexone NDC (OH revised list, see above).
Addition of billing Provider Type 95 to SUD service definition	#28, #30	The state adds claims with a billing provider type (PT) 95 and any SUD diagnosis to the SUD service criteria. PT 95 represents SUD treatment programs in OH, and by definition their services are related to SUD.
Removal of H2036 from <u>IAD Stand-Alone Outpatient Value Set</u>	#28, #30	The state excludes H2036 from <u>IAD Stand-Alone Outpatient Value Set</u> because this code is used as residential treatment in OH.
Adjustment to Intensive Outpatient and Partial Hospitalization Services definition	#28, #30	Restrict Intensive Outpatient and Partial Hospitalization services to claims with HCPCS code H0015 (with or without TG modifier) and any SUD diagnosis. This code represents IOP/PH services per OH billing practice. Remove other IOP/PH criteria <u>IAD Stand-Alone IOP/PH Value Set</u> , <u>Visit Setting Unspecified with Partial Hospitalization POS Value Set</u> , and <u>Visit Setting Unspecified with Community Mental Health Center Value Set</u> .
Modified Residential Treatment definition	#28, #30	<p>The state adds claims with HCPCS codes H2034 and H2036 and a primary SUD diagnosis as residential treatment services. These codes are a primary way that OH providers bill residential treatment.</p> <p>Most OH residential treatment is billed on professional medical and outpatient claims, which lack admission and discharge dates. OH will combine professional medical and outpatient claims with up to a two (2) day break for the same patient and billing provider. For example, if the end date of the first claim is December 18, and the start date of the next claim is on or before December 21 with the</p>

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		same patient and billing provider, the claims will be combined as a single stay. This gap will permit accurate counting of discharges since some OH residential treatment providers do not bill Saturday/Sunday.
Include Metric #4 modifications in Metric #30 denominator	#30	The state will retain all approved Metric #4 modifications when calculating the denominator for Metric #30 to maintain consistency.
Add discharges from Residential Treatment to numerator criteria	#32	The state adds beneficiaries with a residential treatment discharge in the measurement period as numerator compliant for preventive care during the measurement period. Residential Treatment will be defined as in Metric #10 Step 1 (including OH modifications). Preventive care is part of the residential treatment package in Ohio.
Add state-constructed metric for the number of urine drug screens per 1,000 Medicaid beneficiaries with SUD diagnosis	S2	The state adds a metric for the number of urine drug screens (HCPCS code H0048; each claim line represents 1 drug screen) per 1,000 Medicaid beneficiaries with an SUD diagnosis. Only paid claims will be used. The denominator will be calculated by identifying paid claims with any SUD diagnosis (OH expanded list) during the same measurement period, and determining the number of unique beneficiaries (de-duplicated) with SUD diagnoses. The results will be converted to a rate per 1,000 beneficiaries. The metric will be calculated monthly and reported quarterly (as with Metrics #6-12).
<input checked="" type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
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10. Budget Neutrality		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SUD Monitoring Report Template (Narrative Information on Implementation)</i>		
[Add rows as needed]		

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11. SUD-Related Demonstration Operations and Policy		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SUD Monitoring Report Template (Narrative Information on Implementation)</i>		
<i>[Add rows as needed]</i>		
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<input checked="" type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		
12. SUD Demonstration Evaluation Update		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SUD Monitoring Report Template (Narrative Information on Implementation)</i>		
<i>[Add rows as needed]</i>		

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<input checked="" type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		
13. Other Demonstration Reporting		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SUD Monitoring Report Template (Narrative Information on Implementation)</i>		
[Add rows as needed]		
<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.		
<input checked="" type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).		
14. Notable State Achievements and/or Innovations		
<i>Provide a brief description of any changes or modifications the state expects to make in its narrative reporting, relative to the expectations described in the SUD Monitoring Report Template (Narrative Information on Implementation)</i>		
[Add rows as needed]		

Summary of proposed modification	Related metric (if any)	Justification for modification
		<input type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.
		<input checked="" type="checkbox"/> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).

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3. Acknowledgement of Budget Neutrality Reporting-

The state has reviewed the Budget Neutrality workbook provided by the project officer and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (no modifications).

4. Retrospective reporting

If a state's monitoring protocol is approved after its first quarterly monitoring report submission date, the state should report data to CMS retrospectively for any prior quarters of SUD demonstration implementation. States are expected to submit retrospective metrics data in the state's second monitoring report submission after monitoring protocol approval, or propose an alternative plan for reporting retrospectively on its SUD 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 the state's demonstration through the end of the current reporting period. The state should report this information in Part B of its report submission (Table 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 (for example, unlike other monitoring report submissions, the state is not required to describe all metrics changes (+ or - greater than 2 percent). Rather, the assessment is an opportunity for states to provide context for its retrospective metrics data, to support CMS's review and interpretation. For example, consider a state that submits data showing an increase in the number of medication assisted treatment (MAT) providers (Metric #14) over the course of the retrospective reporting period. The state may decide to highlight this trend to CMS in Part B of its report (under Milestone 4) by briefly summarizing the trend and providing context that during this period, the state implemented a grant that supported training for new MAT providers throughout the state.

The state will report retrospectively for any quarters prior to monitoring protocol approval as described above, in the state's second monitoring report submission after protocol approval.

The state proposes an alternative plan to report retrospectively for any quarters prior to monitoring protocol approval: *Insert narrative description of proposed alternative plan for retrospective reporting. State should provide justification for its proposed alternative plan.*

5. Reporting SUD Demonstration Metrics and Narrative Information

The state should review the guidance in Appendix A of the instructions document in order to attest it will follow CMS's guidance on reporting metrics and narrative information, or propose any deviations. The state should complete Table A below to reflect its proposed reporting schedule for the duration of its SUD demonstration approval period.

The state has completed the table below according to the guidance in Appendix A of the instructions document and attests to reporting metrics and narrative information in its quarterly and annual reports according as described.

The state has reviewed Appendix A of the instructions document and completed the table below with the following deviations: *Insert narrative description of proposed changes to reporting. State should provide justification for any proposed deviation.*

Table A. Ohio reporting in quarterly and annual monitoring reports

Dates of reporting quarter	SUD DY	Report due (per STCs schedule)	Measurement period associated with SUD information in the report, by reporting category
10/1/2019 – 12/31/2019	DY1Q1	2/29/2020	<i>Protocol in development</i>
1/1/2020 – 3/31/2020	DY1Q2	5/30/2020	<ul style="list-style-type: none"> • Narrative information for SUD DY1Q2 • Other monthly and quarterly metrics for SUD DY1Q1
4/1/2020 – 6/30/2020	DY1Q3	8/29/2020	<ul style="list-style-type: none"> • Narrative information for SUD DY1Q3 • Other monthly and quarterly metrics for SUD DY1Q2
7/1/2020 – 9/30/2020	DY1Q4	12/29/2020	<ul style="list-style-type: none"> • Narrative information for SUD DY1Q4 • Other monthly and quarterly metrics for SUD DY1Q3 • Annual metrics that are established quality measures for CY 2019
10/1/2020 – 12/31/2020	DY2Q1	3/1/2021	<ul style="list-style-type: none"> • Narrative information for SUD DY2Q1 • Other monthly and quarterly metrics for SUD DY1Q4 • Other annual metrics for SUD DY1
1/1/2021 – 3/31/2021	DY2Q2	5/30/2021	<ul style="list-style-type: none"> • Narrative information for SUD DY2Q2 • Other monthly and quarterly metrics for SUD DY2Q1
4/1/2021 – 6/30/2021	DY2Q3	8/29/2021	<ul style="list-style-type: none"> • Narrative information for SUD DY2Q3 • Other monthly and quarterly metrics for SUD DY2Q2

Dates of reporting quarter	SUD DY	Report due (per STCs schedule)	Measurement period associated with SUD information in the report, by reporting category
7/1/2021 – 9/30/2021	DY2Q4	12/29/2021	<ul style="list-style-type: none"> • Narrative information for SUD DY2Q4 • Other monthly and quarterly metrics for SUD DY2Q3 • Annual metrics that are established quality measures for CY 2020
10/1/2021 – 12/31/2021	DY3Q1	3/1/2022	<ul style="list-style-type: none"> • Narrative information for SUD DY3Q1 • Other monthly and quarterly metrics for SUD DY2Q4 • Other annual metrics for SUD DY2
1/1/2022 – 3/31/2022	DY3Q2	5/30/2022	<ul style="list-style-type: none"> • Narrative information for SUD DY3Q2 • Other monthly and quarterly metrics for SUD DY3Q1
4/1/2022 – 6/30/2022	DY3Q3	8/29/2022	<ul style="list-style-type: none"> • Narrative information for SUD DY3Q3 • Other monthly and quarterly metrics for SUD DY3Q2
7/1/2022 – 9/30/2022	DY3Q4	12/29/2022	<ul style="list-style-type: none"> • Narrative information for SUD DY3Q4 • Other monthly and quarterly metrics for SUD DY3Q3 • Annual metrics that are established quality measures for CY 2021
10/1/2022 – 12/31/2022	DY4Q1	3/1/2023	<ul style="list-style-type: none"> • Narrative information for SUD DY4Q1 • Other monthly and quarterly metrics for SUD DY3Q4 • Other annual metrics for SUD DY3
1/1/2023 – 3/31/2023	DY4Q2	5/30/2023	<ul style="list-style-type: none"> • Narrative information for SUD DY4Q2 • Other monthly and quarterly metrics for SUD DY4Q1

Dates of reporting quarter	SUD DY	Report due (per STCs schedule)	Measurement period associated with SUD information in the report, by reporting category
4/1/2023 – 6/30/2023	DY4Q3	8/29/2023	<ul style="list-style-type: none"> • Narrative information for SUD DY4Q3 • Other monthly and quarterly metrics for SUD DY4Q2
7/1/2023 – 9/30/2023	DY4Q4	12/29/2023	<ul style="list-style-type: none"> • Narrative information for SUD DY4Q4 • Other monthly and quarterly metrics for SUD DY4Q3 • Annual metrics that are established quality measures for CY 2022
10/1/2023 – 12/31/2023	DY5Q1	2/29/2024	<ul style="list-style-type: none"> • Narrative information for SUD DY5Q1 • Other monthly and quarterly metrics for SUD DY4Q4 • Other annual metrics for SUD DY4
1/1/2024 – 3/31/2024	DY5Q2	5/30/2024	<ul style="list-style-type: none"> • Narrative information for SUD DY5Q2 • Other monthly and quarterly metrics for SUD DY5Q1
4/1/2024 – 6/30/2024	DY5Q3	8/29/2024	<ul style="list-style-type: none"> • Narrative information for SUD DY5Q3 • Other monthly and quarterly metrics for SUD DY5Q2
7/1/2024 – 9/30/2024	DY5Q4	12/29/2024	<ul style="list-style-type: none"> • Narrative information for SUD DY5Q4 • Other monthly and quarterly metrics for SUD DY5Q3 • Annual metrics that are established quality measures for CY 2023

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