

The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support Indiana’s retrospective reporting of monitoring data for its section 1115 substance use disorder (SUD) demonstration. The state should use this customized template to report on retrospective metric trends as requested in the Monitoring Report Instructions (p. 12 of Version 3.0). This template was customized for retrospective reporting in the following ways:

- *Added footnote C to the title page in section 1*
- *The table in section 3 (Narrative information on implementation, by milestone and reporting topics) has been modified to ask the state to report general trends for each Milestone, rather than changes (+ or -) greater than 2 percent for each metric.*
- *The prompts in section 3 that requested implementation updates were removed.*
- *Section 4 (Narrative information on other reporting topics) has been removed entirely.*

1. Title page for the state’s SUD demonstration or the SUD component of the broader demonstration

CMS has pre-populated the title page for the state (see blue text). The state should review the pre-populated text and confirm that it is accurate. Definitions for certain rows are below the table.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Indiana Healthy Indiana Plan

State	<i>Indiana</i>
Demonstration name	<i>Healthy Indiana Plan</i>
Approval period for section 1115 demonstration	<i>02/01/2018 – 12/31/2020</i>
SUD demonstration start date^a	<i>02/01/2018</i>
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>02/01/2018</i>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<p><i>All Medicaid beneficiaries in Indiana will continue to have access to all current mental health and SUD benefits. In addition, all beneficiaries, ages 21 through 64 will have access to expanded covered services provided while residing in an Institution for Mental Diseases (IMD) for SUD short-term residential stays. The SUD program will allow beneficiaries with SUD to access benefits that include SUD residential treatment, crisis stabilization and withdrawal management services provided in IMDs, which would otherwise be excluded from federal reimbursement. Goals include:</i></p> <ol style="list-style-type: none"> <i>1. Increased rates of identification, initiation, and engagement in treatment;</i> <i>2. Increased adherence to and retention in treatment;</i> <i>3. Reductions in overdose deaths, particularly those due to opioids;</i> <i>4. Reduced utilization of emergency departments and inpatient settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;</i> <i>5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and</i> <i>6. Improved access to care for physical health conditions among beneficiaries</i>
SUD demonstration year and quarter^c	<i>SUD DY2Q4 – SUD DY3Q2</i>
Reporting period^c	<i>10/01/2019 – 06/30/2020</i>

^a **SUD 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 time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD 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 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b Implementation date of SUD demonstration: The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

^c SUD demonstration year and quarter, and reporting period. The demonstration year, quarter, and calendar dates associated with the monitoring reports in which the metric trends would have been reported according to the reporting schedule in the state’s approved monitoring protocol. For example, if the state’s first monitoring report after monitoring protocol approval is its SUD DY2Q2 monitoring report, the retrospective reporting period is considered SUD DY1Q1 through SUD DY2Q1.

2. Executive summary

The retrospective SUD DY2 Q4 through SUD DY3 Q2 report includes global and Indiana-specific changes to the monitoring metrics. The results presented are based on version 3 of the CMS technical specifications. Monitoring metrics are reported based on the most recent CMS guidance to account for data lag (e.g., monthly measures reported with one quarter lag). This report also includes additional Managed Care Entity (MCE) SUD encounter data, including cost (i.e., actual MCE provider payment) data. Given that these factors resulted in meaningful changes in some measures, it may not be appropriate to compare to previous quarters. The results shown here should be considered a more appropriate baseline when examining changes.

The retrospective SUD DY2 Q4 through SUD DY3 Q2 report, per CMS specifications, includes monthly, quarterly metrics and annual metrics reported as specified for dates of service 10/1/2019 through 06/30/2020. Given the changes in the monitoring specifications and underlying data as reported, some annual trends may be spurious and therefore are not reported in the narrative Part B report. In these instances, trends will be presented in the Summative Evaluation.

Trends remain consistent with previous reporting. The number of beneficiaries with a SUD diagnosis continues to rise. Along with the rise in need for access to care, there are an increasing number of SUD providers and treatments being provided. The number of SUD-related inpatient stays per 1,000 beneficiaries is decreasing, which is a promising outcome, although the number of SUD-related ED visits is not.

3. Narrative information on implementation, by milestone and reporting topic

The state should provide a general summary of metric trends by milestone and reporting topic for the entire retrospective reporting period. In these general summaries, the state should discuss any relevant trends that the data shows related to each milestone or reporting topic, including trends in state-specific metrics.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends related to assessment of need and qualification for SUD services		<u>SUD DY2 Q4 – DY3 Q2:</u> #2, #3	<u>SUD DY2 Q4:</u> The quarterly average of number of monthly beneficiaries with newly initiated SUD treatment grew 8% on average between the first and third reporting quarters. The quarterly average of number of monthly beneficiaries with a SUD diagnosis grew 3% on average between the first and third reporting quarters.
		<u>SUD DY3 Q1:</u> #4	<u>SUD DY3 Q1:</u> Annually, the number of beneficiaries with SUD grew 19% between CY2018 and CY2019.
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends related to Milestone 1		<u>SUD DY2 Q4 – DY3 Q2:</u> #6-#12	The quarterly average of number of monthly beneficiaries receiving any SUD treatment grew 7% on average between the first and third reporting quarters to 36,010 (average of months in the DY3 Q2 report). Outpatient services increased by 13% to 22,336; medication assisted treatment (MAT) also increased by 10% in the same period to 19,280. Intensive outpatient/partial hospitalization grew by 31% but remains small relative to other services at 512 (average of months in the DY3 Q2 report). Withdrawal Management increased by 13% to 977. Residential/inpatient services increased by 13%.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Indiana Healthy Indiana Plan

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
		<u>SUD DY3 Q2:</u> #22	The rate of continuity of pharmacotherapy use increased by 50% between preliminary 2018 estimates and revised 2019 rates.
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends related to Milestone 2		<u>SUD DY3 Q1:</u> #5, #36	Trends are not reported because preliminary 2018 estimates are invalid. Trends will be included in the Summative Evaluation.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Indiana Healthy Indiana Plan

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends related to Milestone 3 <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X		
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends related to Milestone 4		<u>SUD DY3 Q1:</u> #13, #14	SUD provider availability increased by 9% between preliminary 2018 estimates and revised 2019 rates. MAT provider availability increased by 18%.
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends related to Milestone 5		<u>SUD DY2 Q4 – DY3 Q2:</u> #23 <u>SUD DY3 Q2:</u> #18-#21	The quarterly average of the number of monthly ED visits for SUD per 1,000 decreased by only -1%, on average between the first and third reporting quarters to 6.01 (average rate of monthly rates in the DY3 Q2 report). Trends are not reported for annual metrics because the preliminary CY 2018 baselines are not valid. Trends will be included in the Summative Evaluation.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Indiana Healthy Indiana Plan

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends related to Milestone 6		<u>SUD DY3 Q1:</u> #25 <u>SUD DY3 Q2:</u> #15, #17	Trends are not reported for annual metrics because the preliminary CY 2018 baselines are not valid. Trends will be included in the Summative Evaluation.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Indiana Healthy Indiana Plan

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends related to its health IT metrics		S.1 Number of prescribers accessing INSPECT	<p><u>SUD DY2 Q4</u>: Data for Metric #S1 is now available. During DY5 Q3, the number of registered prescribers who accessed INSPECT rose from 16,838 (DY5 Q2) to 17,406, a 3.4% increase since the prior reporting period. Since DY4, the number of prescribers accessing INSPECT increased from 10,145 to 17,406, a 58.3% overall increase during the demonstration.</p> <p><u>SUD DY3 Q1</u>: During SUD DY2 Q4, the number of registered prescribers who accessed INSPECT rose from 17,406 to 17,792, a 2.2% increase since the prior reporting period. Since SUD DY1, the number of prescribers accessing INSPECT increased from 10,145 to 17,792, a 60.5% overall increase during the demonstration.</p> <p><u>SUD DY3 Q2</u>: During SUD DY3 Q1, the number of registered prescribers who accessed INSPECT rose from 17,792 to 18,701, a 5.1% increase since the prior reporting period. Since SUD DY1, the number of prescribers accessing INSPECT increased from 10,145 to 18,701, a 65.6% overall increase during the demonstration.</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Indiana Healthy Indiana Plan

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
		S.2 Number of patient requests made into INSPECT	<p><u>SUD DY2 Q4:</u> During SUD DY2 Q3, the number of patient requests made by registered prescribers into the state’s prescription drug monitoring system, INSPECT, increased from more than 4.5 million to more than 4.7 million. This is an 2.7% increase in the number of prescribers accessing patient prescription histories from INSPECT during the prior reporting period.</p> <p><u>SUD DY3 Q1:</u> During SUD DY2 Q4, the number of patient requests made by registered prescribers into the state’s prescription drug monitoring system, INSPECT, increased from more than 4.7 million to more than 4.8 million. This is an 2.7% increase in the number of prescribers accessing patient prescription histories from INSPECT during the prior reporting period.</p> <p><u>SUD DY3 Q2:</u> During SUD DY3 Q1, the number of patient requests made by registered prescribers into the state’s prescription drug monitoring system, INSPECT, decreased from more than 4.8 million to more than 3.1 million. This is an 35.8% decrease in the number of prescribers accessing patient prescription histories from INSPECT during the prior reporting period, which began in February and continued through March of the reporting period.</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Indiana Healthy Indiana Plan

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
		S.3 Number of hospitals that have integrated INSPECT into their health care system's electronic health record	<p><u>SUD DY2 Q4</u>: During SUD DY2 Q3, the number of hospitals that have integrated INSPECT into their health care system's electronic health record (EHR) increased from 98 to 108, at 10.2% increase since the prior reporting period. Since SUD DY1, the number of hospitals that have integrated INSPECT into their health care system EHR has increased from 8 to 108, which is 62.8% of the 172 total registered Indiana hospitals.</p> <p><u>SUD DY3 Q1</u>: During SUD DY2 Q4, the number of hospitals that have integrated INSPECT into their health care system's electronic health record (EHR) increased from 108 to 118, at 9.3% increase since the prior reporting period. Since SUD DY1, the number of hospitals that have integrated INSPECT into their health care system EHR has increased from 8 to 118, which is 68.6% of the 172 total registered Indiana hospitals.</p> <p><u>SUD DY3 Q2</u>: During SUD DY3 Q1, the number of hospitals that have integrated INSPECT into their health care system's electronic health record (EHR) increased from 118 to 122, at 3.4% increase since the prior reporting period. Since SUD DY1, the number of hospitals that have integrated INSPECT into their health care system EHR has increased from 8 to 122, which is 70.9% of the 172 total registered Indiana hospitals.</p>
9. Other SUD-related metrics			
9.1 Metric trends			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Indiana Healthy Indiana Plan

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
9.1.1 The state reports the following metric trends related to other SUD-related metrics		<u>SUD DY2 Q4:</u> #24, #33, #34 <u>SUD DY3 Q1:</u> #26, #28-#31, <u>SUD DY2 Q4:</u> #32-#34	<p>The quarterly average of number of monthly inpatient stays for SUD per 1,000 decreased by-7% on average between the first and third reporting quarters to a rate of 4.93 (average rate of months in the DY3Q2 report).</p> <p>Trends are not reported for annual metrics because the preliminary CY 2018 baselines are not valid. Trends will be included in the Summative Evaluation.</p>

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