Medicaid Section 1115 SUD Demonstration Mor State Demonstration Name	Dring Protocol - Planned metrics       Michigan         Michigan's 1115 Behavioral Health Demonstration       Image: Constraint of the second se														
Submitted on	04/23/2020 Standard inform	formation on CMS-provided metrics				Baseline, annual g	oals, and demonstration target	Alignment with CMS-provided	echnical specifications			Initial reporting date			
								Attest that planned							
# Metric name	Milestone or r Metric description topic	or reporting pic Metric type	Reporting Data category source	Measurement Reporting Repo period frequency prio		Baseline Reporting Period (MM/DD/YYYY- -MM/DD/YYYY) A	Overall demonstration nual goal target	reporting matches the CMS-provided specification (Y/N)	Explanation of any deviations from the CMS-provided specifications (different data source, definition, codes, targ population, etc.)		tric metric will be submitted (I	ormat: which the metric will be reported	State plans to phase in reporting (Y/N)	Explanation of any plans to phase in repor	ing over time
Assessed for SUD Treatment Needs Using a Star Screening Tool	Assessment of ne	of need and For SUD CMS-constructed Other		eview or Month Quarterly Recommen											
2 Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period but not in the three months before the measurement period       Assessment of ne qualification for Superior Superi	For SUD CMS-constructed Other	ther monthly and narterly metric	Month Quarterly Recommen	led										
3 Medicaid Beneficiaries with SUD Diagnosis (mor	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the qualification for Superscript period	of need and For SUD CMS-constructed Other	ther monthly and arterly metric Claims	Month Quarterly Required											
4 Medicaid Beneficiaries with SUD Diagnosis (ann	Image: Supervise during the service dur	of need and		Year Annually Required	Y	10/01/2019 - 09/30/2020 Increas		Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/			
5 Medicaid Beneficiaries Treated in an IMD for SU	Number of beneficiaries with a claim for residential or inpatient treatment for SUD in IMDs       Assessment of not subject to a claim for subj		ther annual metric Claims	Year Annually Required	Y	10/01/2019 - 09/30/2020 Increas	e Increase	Y		10/01/2019 - 09/30/2020	DY2 Q1 Report	02/28/	/2021 N		
6 Any SUD Treatment	Ouring the measurement period       treatment service         Number of beneficiaries enrolled in the measurement period receiving any SUD treatment       Milestone 1	vices	ther monthly and Claims	Month Quarterly Required	Y	10/01/2019 - 09/30/2020 Increas	e Increase	Y		10/01/2019 - 09/30/2020	DY2 Q1 Report	02/28			
7 Early Intervention	service, facility claim, or pharmacy claim during the measurement period       Innestone 1         Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period       Milestone 1	quar	ther monthly and uarterly metric Claims	Month Quarterly Required	Y Y	10/01/2019 - 09/30/2020         Increas           10/01/2019 - 09/30/2020         Increas	e Increase Increase	Y Y		10/01/2019 - 12/31/2019 10/01/2019 - 12/31/2019	DY1 Q2 Report DY1 Q2 Report	05/30,			
8 Outpatient Services	Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable Milestone 1 patients) during the measurement period	ICMS-constructed	ther monthly and narterly metric Claims	Month Quarterly Required	Y	10/01/2019 - 09/30/2020 Increas	Increase	Υ		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/	'2020 N		
9 Intensive Outpatient and Partial Hospitalization Se	Number of unique beneficiaries who used intensive outpatient and/or partial hospitalization	IUMS-constructed	ther monthly and larterly metric	Month Quarterly Required	Y	10/01/2019 - 09/30/2020 Increas	Increase	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30	/2020 N		
10 Residential and Inpatient Services	Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period       Milestone 1         Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use withdrawal management services (such as outpatient, Number of beneficiaries who use services (such as outpatient, Number of beneficiaries who use services (such as outpatient, Number of beneficiaries who use services (such as outpatient, Number of beneficiaries who use services (such as outpatient, Number of beneficiaries who use services (such as outpatient, Number of beneficiaries who use services (such as outpatient, Number of beneficiaries (such as outpatient)) <td>CMS-constructed quar</td> <td>ther monthly and arterly metric Claims</td> <td>Month Quarterly Required</td> <td>Y</td> <td>10/01/2019         09/30/2020         Increas           10/01/2019         09/30/2020         Increas</td> <td>e Increase</td> <td>Y</td> <td></td> <td>10/01/2019 - 12/31/2019</td> <td>DY1 Q2 Report DY1 Q2 Report</td> <td>05/30/</td> <td></td> <td></td> <td></td>	CMS-constructed quar	ther monthly and arterly metric Claims	Month Quarterly Required	Y	10/01/2019         09/30/2020         Increas           10/01/2019         09/30/2020         Increas	e Increase	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report DY1 Q2 Report	05/30/			
11     Withdrawal Management       12     Medication Assisted Treatment	Number of beneficiaries who use windrawar management services (such as outpatient, inpatient, or residential) during the measurement period       Milestone 1         Number of beneficiaries who have a claim for MAT for SUD during the measurement       Milestone 1	CMS-constructed quar	ther monthly and uarterly metric Claims ther monthly and Claims	Month Quarterly Required Month Quarterly Required	Y	10/01/2019 - 09/30/2020         Increas           10/01/2019 - 09/30/2020         Increas	Increase	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/			
36 Average Length of Stay in IMDs	period         The average length of stay for beneficiaries discharged from IMD inpatient or residential treatment for SUD during the measurement period	CMS-constructed Othe	Claims: State-spe	ecific Year Annually Required	Y		onsistent Stay Consistent	Y		10/01/2019 - 09/30/2020	DY1 Q2 Report DY2 Q1 Report	02/28/			
13 SUD Provider Availability	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period       Milestone 4         The number of providers who were enrolled in Medicaid and qualified to deliver SUD       Milestone 4	CMS-constructed Othe	database; Claims Provider enrollme	ent Year Annually Required	Y	10/01/2019 - 09/30/2020 Increas	Increase	Y		10/01/2019 - 09/30/2020	DY2 Q1 Report	02/28	/2021 N		
14 SUD Provider Availability - MAT	services during the measurement period and who meet the standards to provide Milestone 4 buprenorphine or methadone as part of MAT	CMS-constructed Othe		; Year Annually Required	Y	10/01/2019 - 09/30/2020 Increas	Increase	Y		10/01/2019 - 09/30/2020	DY2 Q1 Report	02/28	/2021 N		
	<ul><li>Percentage of beneficiaries with a new episode of alcohol or other drug (AOD)AOD abuse or dependence who received the following:</li><li>Initiation of AOD Treatment—percentage of beneficiaries who initiated treatment through</li></ul>														
Initiation and Engagement of Alcohol and Other Treatment (IET-AD)	an innotiont AOD admission, outpatient visit, intensive outpatient encounter or partial	Established quality Ann	nnual metric that is an												
15 [NCQA; NQF #0004; Medicaid Adult Core Set; A measure]	biggement of AOD Treatment apercentage of beneficianes who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or	measure	nnual metric that is an tablished quality measure	Year Annually Required											
	dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.														
Use of Opioids at High Dosage in Persons Witho	Cancer (OHD- Verage daily dosage greater than or equal to 90 morphine milligram equivalents (MME) Milestone 5	Established quality Ann	nnual metric that is an tablished quality measure		Y	1/1/2019 - 12/31/2019 Increas	e Increase	Y		01/01/2019-12/31/2019	DY2 Q1 Report	02/28	/2021 N		
18 AD) [PQA, NQF #2940; Medicaid Adult Core Set]	over a period of 90 days or more. Beneficiaries with a cancer diagnosis or in hospice are excluded.	ineasure esta		Year Annually Required	Y	1/1/2019 - 12/31/2019 Decreas	e Decrease	Y		01/01/2019-12/31/2019	DY2 Q1 Report	02/28,	/2021 N		
19 Use of Opioids from Multiple Providers in Person [PQA; NQF #2950]	Without CancerThe percentage of individuals $\geq 18$ years of age who received prescriptions for opioids from $\geq 4$ prescribers AND $\geq 4$ pharmacies within $\leq 180$ days.Milestone 5	Established quality Ann measure esta	nnual metric that is an tablished quality measure	Year Annually Recommen	led N										
20 Use of Opioids at High Dosage and from Multiple Persons Without Cancer [PQA, NQF #2951]	Providers in The percentage of individuals $\geq 18$ years of age who received prescriptions for opioids with an average daily dosage of $\geq 90$ morphine milligram equivalents (MME) AND who received Milestone 5 prescriptions for opioids from $\geq 4$ prescribers AND $\geq 4$ pharmacies.	Established quality Ann measure esta	nnual metric that is an tablished quality measure	Year Annually Recommen	led N										
21 Concurrent Use of Opioids and Benzodiazepines [PQA]	COB-AD)Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Patients with a cancer diagnosis or in hospice are excluded.Milestone 5		nnual metric that is an tablished quality measure	Year Annually Required	Y	1/1/2019 - 12/31/2019 Decreas	e Decrease	Υ		01/01/2019-12/31/2019	DY2 Q1 Report	02/28	/2021 N		
22 Continuity of Pharmacotherapy for Opioid Use E [USC; NQF #3175]	order Percentage of adults in the denominator with pharmacotherapy for OUD who have at least 180 days of continuous treatment Milestone 5	Established quality Ann measure esta	nnual metric that is an tablished quality measure	Year Annually Required	v	1/1/2018 - 12/31/2019 Increas	e Increase	v		01/01/2018-12/31/2019	DY2 Q1 Report	02/28	/2021 N		
SUB-3 Alcohol and Other Drug Use Disorder Tr	SUB-3 rate: Patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use														
16 Disorder Treatment at Discharge [Joint Commission; NQF #1664]	Dther Drug Use       disorder, OR who receive or refuse a referral for addictions treatment.       Milestone 6         SUB-3a rate: Patients who are identified with alcohol or drug disorder who receive a       Milestone 6	Established quality Ann measure estab	nnual metric that is an tablished quality measure claims	eview or Year Annually Recommen	led										
	prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment. <sup>b</sup> Percentage of ED visits for beneficiaries who have a principal diagnosis of AOD abuse or				N										
Follow-up after Emergency Department Visit for Drug Dependence (FUA-AD)	dependence and who had a follow-up visit with a corresponding principal diagnosis for														
17(1) [NCQA; NQF #2605; Medicaid Adult Core Set; measure] <sup>b</sup>	- Percentage of ED visits for AOD abuse or dependence for which the beneficiary received Milestone 6 follow-up within 7 days of the ED visit (8 total days).	Established quality Ann measure estab	nnual metric that is an tablished quality measure	Year Annually Required											
	- Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).				Y	1/1/2019 - 12/31/2019 Increas	Increase	Υ		01/01/2019-12/31/2019	DY2 Q1 Report	02/28	/2021 N		
Follow-up after Emergency Department Visit for (FUM-AD)	Antal Illness Percentage of ED visits for beneficiaries who have a principal diagnosis of mental illness and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported:														
17(2) [NCQA; NQF #2605; Medicaid Adult Core Set; measure] <sup>c</sup>	<ul> <li>- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).</li> <li>- Percentage of ED visits for mental illness for which the beneficiary received follow-up</li> </ul>	Established quality Ann measure estat	nnual metric that is an tablished quality measure	Year Annually Required											
	within 30 days of the ED visit (31 total days)	State identified Out	ther annual metric State PDMP Data		Y	1/1/2019 - 12/31/2019         Increas           10/01/2019 - 09/30/2020         Increas	e Increase	Y		<b>01/01/2019-12/31/2019</b> 10/01/2019 - 09/30/2020	DY2 Q1 Report	02/28/02/28			
Q1     PDMP Checking by Providers       Q2     Consent Management	Total number of Medicaid providers registered in Michigan's PDMPHealth ITTotal number of PIHP regions utilizing e-consent management for information sharing. There are 10 PIHPs (each is its own designated region) in Michigan.Health IT	State-identified Other	ther annual metric State PDWP Data ther annual metric Provider Attestati		Y	10/01/2019 - 09/30/2020         Increas           10/01/2019 - 09/30/2020         Increas	e Increase			10/01/2019 - 09/30/2020	DY2 Q1 Report	02/28			
Q3 Care Management	Creation of a care coordination module with SUD data within Michigan's CareConnect 360, which is a repository of beneficiary claims/encounter/diagnostic information. Upon creation, the total number of PIHPs utilizing the care coordination module for quality	State-identified Othe	ther annual metric Provider Attestati	ion Year Annually Required											
23 Emergency Department Utilization for SUD per Beneficiaries	management and planning purposes.       management and planning purposes.         000 Medicaid       Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period       Other SUD-relate	elated metrics CMS-constructed Other quar	ther monthly and arterly metric Claims	Month Quarterly Required	Y Y	10/01/2019 - 09/30/2020       Increas         10/01/2019 - 09/30/2020       Decreas	e Increase Decrease	Y		10/01/2019 - 09/30/2020 10/01/2019 - 12/31/2019	DY2 Q1 Report DY1 Q2 Report	02/28, 05/30,			
24 Inpatient Stays for SUD per 1,000 Medicaid Ben		elated metrics CMS-constructed quar	ther monthly and uarterly metric	Month Quarterly Required	Y	10/01/2019 - 09/30/2020 Decreas	e Decrease	Y		10/01/2019 - 12/31/2019	DY1 Q2 Report	05/30/	/2020 N		
25 Readmissions Among Beneficiaries with SUD	The rate of all-cause readmissions during the measurement period among beneficiaries with SUD-relate SUD.	elated metrics CMS-constructed Othe	ther annual metric Claims	Year Annually Required	Y	10/01/2019 - 09/30/2020 Decreas	e Decrease	Υ		10/01/2019 - 09/30/2020	DY2 Q1 Report	02/28/	2021 N		
26 Overdose Deaths (count)	Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit	elated metrics CMS-constructed Othe	ther annual metric death	se of Year Annually Required											
	opioid). Rate of overdose deaths during the measurement period among adult Medicaid beneficiaries		ther oppual matric	ise of	Y	10/01/2019 - 09/30/2020 Decreas	e Decrease	Y		10/01/2019 - 09/30/2020	DY2 Q1 Report	02/28/	2021 N		
27 Overdose Deaths (rate)	living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).		ucam	Annually Required	Y dad N	10/01/2019 - 09/30/2020 Decreas	e Decrease	Y		10/01/2019 - 09/30/2020	DY2 Q1 Report	02/28	/2021 N		
28     SUD Spending       29     SUD Spending Within IMDs	Total Medicaid SUD spending on residential or inpatient treatment within IMDs during the Other SUD-related	elated metrics CMS-constructed Other elated metrics CMS-constructed Other	ther annual metric Claims	Year     Annually     Recomment       Year     Annually     Recomment	led N										
30         Per Capita SUD Spending           31         Per Capita SUD Spending Within IMDs           Access to Preventive/ Ambulatory Health Service	Per capita SUD spending during the measurement period         Other SUD-relate           Per capita SUD spending within IMDs during the measurement period         Other SUD-relate           for Adult         The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive         Other SUD-relate	elated metrics CMS-constructed Other elated metrics CMS-constructed Other Established quality Ann	ther annual metric Claims	YearAnnuallyRecommentYearAnnuallyRecomment	N.T.										
32 Medicaid Beneficiaries with SUD (AAP) [Adjustemeasure]	HEDIS The percentage of Medical beneficialities with SOD who had an anouncery of preventive Other SUD-relate care visit during the measurement period that are related to SUD.	measure esta	tablished quality measure	Year Annually Required	Y	1/1/2019 - 12/31/2019 Increas	Increase	Y		01/01/2019-12/31/2019	DY2 Q1 Report	02/28	2021 N		
33Grievances Related to SUD Treatment Services34Appeals Related to SUD Treatment Services	treatment services Other SUD-relate		rievances and appeals Administrative rearrievances and appeals Administrative rearrievances and appeals		IN										
35 Critical Incidents Related to SUD Treatment Serv	treatment services	elated metrics CMS-constructed Grie	rievances and appeals Administrative rec	cords Quarter Quarterly Recommen	led N										
Follow-up after Emergency Department Visit	Percentage of ED visits for beneficiaries who have a principal diagnosis of AOD abuse or dependence and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported:								Following careful review of the code sets used in this measure a						
S.1 Other Drug Dependence (FUA-AD) [NCQA; NQF #2605; Medicaid Adult Core Se	Adjusted - Percentage of ED visits for AOD abuse or dependence for which the beneficiary received Other SUD-relate	elated metrics State-identified Othe	ther annual metric Claims	Year Annually Recommen	led				the MDHHS reporting rules for SUD services, additional HCPCS of were added to the list of qualified follow-up services: H0006, H0 H0012, H0018 (except when reported with PO modifier), H0019,	0010, ,					
HEDIS measure]b	<ul><li>follow-up within 7 days of the ED visit (8 total days).</li><li>Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).</li></ul>				Y	1/1/2019 - 12/31/2019 Increas	Increase	Ν	H0038 (except when reported with no modifier), H0049 and H00		DY2 Q1 Report				
	Percentage of ED visits for beneficiaries who have a principal diagnosis of mental illness and who had a follow-up visit with a corresponding principal diagnosis for mental illness.								Following careful review of the code sets used in this measur and the MDHHS reporting rules for SUD services, additional HCPCS codes were added to the list of qualified follow up	re l					
S.2 Follow-up after Emergency Department Visit Illness (FUM-AD) [NCQA; NQF #2605; Medicaid Adult Core Se	Adjusted Two rates are reported: - Percentage of ED visits for mental illness for which the beneficiary received follow-up Other SUD-related	elated metrics State-identified Other	ther annual metric Claims	Year Annually Recommen	ded				HCPCS codes were added to the list of qualified follow-up services: H0006, H0010, H0012, H0018 (except when reported PO modifier), H0019, H0038 (except when reported with no	d with					
HEDIS measure]c	<ul> <li>within 7 days of the ED visit (8 total days).</li> <li>Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)</li> </ul>				Y	1/1/2019 - 12/31/2019 Increas	Increase	Ν	modifier), H0049 and H0050.	01/01/2019-12/31/2019	DY2 Q1 Report				
<sup>a</sup> There are no CMS-provided metrics related to milestone 2	milestone 3.														