Medicaid Section 1115 SUD Demonstration Monitoring Protocol
State New Hampshire
Demonstration Name Substance Use Disorder Treatment and Recovery Access 11-W-00321/1
Submitted on 5/13/2019

State will report (Y/N)	Reporting priority	#	Metric name	Metric description	Data source	Measurement period	Reporting frequency	Baseline Reporting Period (MM/DD/YYYY--MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)	Explanation of any deviations from the CMS-provided specifications (different data source, definition, codes, target population, etc.)	Demonstration Year (DY) and Quarter(Q) in which reporting will begin (Format: DY1Q3)	Explanation of any plans to phase in reporting over time
Assessment of need and qualification for SUD treatment services														
Y	Required	3	Medicaid Beneficiaries with SUD Diagnosis (monthly)	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 11 months before the measurement period	Claims	Month	Quarterly	07/01/2018-06/30/2019	increase	increase	N	1- NH does not have access and cannot provide subpopulation breakouts by criminal justice status; however, will research the feasibility of obtaining criminal justice data and report on the feasibility in a future report to CMS. 2- NH will determine subpopulation categories based on beneficiary characteristics as of the last day of the data period	DY1Q4	Ongoing NH will report quarterly measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes to the reporting schedule. NOTE: Since the initial submission of the SUD IMD 1115a Protocol A, NH has experienced delays to the reporting infastructure for SUD. For reporting submitted on 9/30/2019, NH will include data for reporting period DY1Q1 - DY1Q2
Y	Required	4	Medicaid Beneficiaries with SUD Diagnosis (annually)	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 12 months before the measurement period	Claims	Year	Annually	07/01/2018-06/30/2019	increase	increase	N		DY2Q2	Ongoing NH will report annual measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes the reporting schedule
Y	Required	5	Medicaid Beneficiaries Treated in an IMD for SUD	Number of beneficiaries with a claim for residential treatment for SUD in an IMD during the reporting year	Claims	Year	Annually	07/01/2018-06/30/2019	increase	increase	N		DY2Q2	Ongoing NH will report annual measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes the reporting schedule
Milestone 1: Access to critical levels of care for OUD and other SUDs														
Y	Required	6	Any SUD Treatment	Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period	Claims	Month	Quarterly	07/01/2018-06/30/2019	increase	increase	N	1- NH does not have access and cannot provide subpopulation breakouts by criminal justice status; however, will research the feasibility of obtaining criminal justice data and report on the feasibility in a future report to CMS. 2- NH will determine subpopulation categories based on beneficiary characteristics as of the last day of the data period	DY1Q4	Ongoing NH will report quarterly measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes to the reporting schedule. NOTE: Since the initial submission of the SUD IMD 1115a Protocol A, NH has experienced delays to the reporting
Y	Required	7	Early Intervention	Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period	Claims	Month	Quarterly	07/01/2018-06/30/2019	increase	increase	N	1- NH does not have access and cannot provide subpopulation breakouts by criminal justice status; however, will research the feasibility of obtaining criminal justice data and report on the feasibility in a future report to CMS. 2- NH will determine subpopulation categories based on beneficiary characteristics as of the last day of the data period	DY1Q4	Ongoing NH will report quarterly measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes to the reporting schedule. NOTE: Since the initial submission of the SUD IMD 1115a Protocol A, NH has experienced delays to the reporting
Y	Required	8	Outpatient Services	Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period	Claims	Month	Quarterly	07/01/2018-06/30/2019	increase	increase	N	1- NH does not have access and cannot provide subpopulation breakouts by criminal justice status; however, will research the feasibility of obtaining criminal justice data and report on the feasibility in a future report to CMS. 2- NH will determine subpopulation categories based on beneficiary characteristics as of the last day of the data period	DY1Q4	Ongoing NH will report quarterly measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes to the reporting schedule. NOTE: Since the initial submission of the SUD IMD 1115a Protocol A, NH has experienced delays to the reporting
Y	Required	9	Intensive Outpatient and Partial Hospitalization Services	Number of unique beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period	Claims	Month	Quarterly	07/01/2018-06/30/2019	increase	increase	N	1- NH does not have access and cannot provide subpopulation breakouts by criminal justice status; however, will research the feasibility of obtaining criminal justice data and report on the feasibility in a future report to CMS. 2- NH will determine subpopulation categories based on beneficiary characteristics as of the last day of the data period	DY1Q4	Ongoing NH will report quarterly measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes to the reporting schedule. NOTE: Since the initial submission of the SUD IMD 1115a Protocol A, NH has experienced delays to the reporting
Y	Required	10	Residential and Inpatient Services	Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period	Claims	Month	Quarterly	07/01/2018-06/30/2019	increase	increase	N	1- NH does not have access and cannot provide subpopulation breakouts by criminal justice status; however, will research the feasibility of obtaining criminal justice data and report on the feasibility in a future report to CMS. 2- NH will determine subpopulation categories based on beneficiary characteristics as of the last day of the data period	DY1Q4	Ongoing NH will report quarterly measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes to the reporting schedule. NOTE: Since the initial submission of the SUD IMD 1115a Protocol A, NH has experienced delays to the reporting infastructure for SUD. For reporting submitted on 9/30/2019, NH will include data for reporting period DY1Q1 - DY1Q2
Y	Required	11	Withdrawal Management	Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period	Claims	Month	Quarterly	07/01/2018-06/30/2019	increase	increase	N	1- NH does not have access and cannot provide subpopulation breakouts by criminal justice status; however, will research the feasibility of obtaining criminal justice data and report on the feasibility in a future report to CMS. 2- NH will determine subpopulation categories based on beneficiary characteristics as of the last day of the data period	DY1Q4	Ongoing NH will report quarterly measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes to the reporting schedule. NOTE: Since the initial submission of the SUD IMD 1115a Protocol A, NH has experienced delays to the reporting infastructure for SUD. For reporting submitted on 9/30/2019, NH will include data for reporting period DY1Q1 - DY1Q2
Y	Required	12	Medication Assisted Treatment	Number of beneficiaries who have a claim for MAT for SUD during the measurement period	Claims	Month	Quarterly	07/01/2018-06/30/2019	increase	increase	N	1- NH does not have access and cannot provide subpopulation breakouts by criminal justice status; however, will research the feasibility of obtaining criminal justice data and report on the feasibility in a future report to CMS. 2- NH will determine subpopulation categories based on beneficiary characteristics as of the last day of the data period	DY1Q4	Ongoing NH will report quarterly measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes to the reporting schedule. NOTE: Since the initial submission of the SUD IMD 1115a Protocol A, NH has experienced delays to the reporting infastructure for SUD. For reporting submitted on 9/30/2019, NH will include data for reporting period DY1Q1 - DY1Q2
Y	Required	36	Average Length of Stay in IMDs	The average length of stay for beneficiaries discharged from IMD residential treatment for SUD	Claims; State-specific IMD database	Year	Annually	07/01/2018-06/30/2019	decrease	decrease	N		DY2Q2	Ongoing NH will report annual measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes the reporting schedule
Milestone 2: Use of evidence-based, SUD-specific patient placement criteria														
There are no CMS-provided metrics related to milestone 2.														
Milestone 3: Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities														
There are no CMS-provided metrics related to milestone 3.														
Milestone 4: Sufficient provider capacity at critical levels of care including for medication assisted treatment for OUD														
Y	Required	13	SUD Provider Availability	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period	Provider enrollment database; Claims	Year	Annually	07/01/2018-06/30/2019	increase	increase	N		DY2Q2	
Y	Required	14	SUD Provider Availability - MAT	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period and who meet the standards to provide buprenorphine or methadone as part of MAT	Provider enrollment database; Claims; SAMHSA datasets	Year	Annually	07/01/2018-06/30/2019	increase	increase	N		DY2Q2	
Milestone 5: Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD														
Y	Required	15	Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET) [NCQA; NQF #0004; Medicaid Adult Core Set]	1. Initiation of AOD Treatment—percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or MAT within 14 days of the diagnosis 2.Engagement of AOD Treatment—percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit	Claims	Year	Annually	01/01/2018-12/31/2018	increase	increase	N		DY2Q2	The Adult Core Set measures require 12 months of work following the end of the data period prior to submitting to CMS. Activities include claims run out, collecting and aggregating data from NH Managed Care Organizations as well as validating and analyzing data
Y	Required	18	Use of Opioids at High Dosage in Persons Without Cancer [PQA, NQF #2940; Medicaid Adult Core Set]	Rate per 1,000 beneficiaries age 18 and older included in the denominator without cancer who received prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalents for 90 consecutive days or longer. Patients in hospice are also excluded.	Claims	Year	Annually	01/01/2018-12/31/2018	decrease	decrease	N	1- NH excludes duals from CMS adult core set measures	DY2Q2	The Adult Core Set measures require 12 months of work following the end of the data period prior to submitting to CMS. Activities include claims run out, collecting and aggregating data from NH Managed Care Organizations as well as validating and analyzing data
Y	Required	21	Concurrent Use of Opioids and Benzodiazepines [PQA]	Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Patients with a cancer diagnosis or in hospice are excluded.	Claims	Year	Annually	01/01/2018-12/31/2018	decrease	decrease	N	1- NH will exclude duals from this measure	DY2Q2	The measure requires 12 months of work following the end of the data period prior to submitting to CMS. Activities include claims run out, collecting and aggregating data from NH Managed Care Organizations as well as validating and analyzing data
Y	Required	22	Continuity of Pharmacotherapy for Opioid Use Disorder [RAND; NQF #3175]	Percentage of adults in the denominator with pharmacotherapy for OUD who have at least 180 days of continuous treatment	Claims	Year	Annually	01/01/2019-12/31/2019	increase	increase	Y	1- NH will exclude duals from this measure	DY3Q2	NH requires the Department's Managed Care Organizations to calculate measure #22 and the first year data period data will be available is Calendar Year 2019. Measure #22 requires 12 months of work following the end of the data period prior to submitting to CMS. Activities include claims run out, collecting and aggregating data from NH Managed Care Organizations as well as validating and analyzing data
Milestone 6: Improved care coordination and transitions between levels of care														
Y	Required	17	Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence§ [NCQA; NQF #2605; Medicaid Adult Core Set]	Percentage of ED visits for beneficiaries who have a principal diagnosis of mental illness or AOD abuse or dependence and who had a follow-up visit for mental illness or AOD. Four rates are reported: **Percentage 1.** Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). **Percentage 2.** Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) **Percentage 3.** Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness or AOD within 30 days of the ED visit (31 total days) **Percentage 4.** Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness or AOD within 7 days of the ED visit (8 total days)	Claims	Year	Annually	01/01/2018-12/31/2018	increase	increase	N	1- NH excludes duals from CMS adult core set measures	DY2Q2	The Adult Core Set measures require 12 months of work following the end of the data period prior to submitting to CMS. Activities include claims run out, collecting and aggregating data from NH Managed Care Organizations as well as validating and analyzing data
SUD health information technology (SUD health IT) (Insert at least one selected metric per key health IT question 1-3. See instructions document for further guidance.)														
Y	Required	S1	*Providers Utilization of the NH Prescription Drug Monitoring Program (PDMP)*	The quarterly number of providers who are querying patients using the PDMP.	Board of Pharma	Quarterly	Quarterly	07/01/2018-06/30/2019	increase	increase			DY1Q2	Data is provided by the NH Board of Pharmacy to the Department. As requested by CMS, the Department anticipates being able to submit reporting to CMS within 60 days of the end of the measurement period for quarterly reports and 90 days for semi-annual reports. Due to the condensed timeframes, NH will have limited ability to investigate and report details about trends related to the most current HIT data
Y	Required	S2	*Provider Utilization of "Prescriber Report Cards"*	Percentage of "Prescriber Report Cards" sent electronically to providers that are opened	Board of Pharma	Semi-Annually	Semi-Annually	07/01/2019-06/30/2020	increase	increase			DY2Q1	(1) Data is provided by the NH Board of Pharmacy to the Department. As requested by CMS, the Department anticipates being able to submit reporting to CMS within 60 days of the end of the measurement period for quarterly reports and 90 days for semi-annual reports. Due to the condensed timeframes, NH will have limited ability to investigate and report details about trends related to the most current HIT data. (2) CMS requested additional information on the content and format. NH will provide detail in a future report, once the template has been finalized
Y	Required	S3	*Production of SUD based "Clinical Alerts" (PDMP)*	Total number of "Clinical Alerts" sent electronically by the PDMP to providers.			Quarterly	07/01/2019-06/30/2020	increase	increase			DY2Q1	As requested by CMS, the Department anticipates being able to submit reporting to CMS within 60 days of the end of the measurement period for quarterly reports and 90 days for semi-annual reports. Due to the condensed timeframes, NH will have limited ability to investigate and report details about trends related to the most current HIT data. (2) CMS asked for additional information on the clinical alerts that are being generated. At this time the alerts are designed to capture: • The number and % of patients that had an opioid prescription with a daily dosage ≥ than 100 MME out of all patients in the PDMP > 90 days (this may require including data from the last quarter of 2017) • The number and % of patients that had an opioid prescription with a daily dosage ≥ than 100 MME out of all patients with an opioid prescription in the PDMP ≥ 90 days) – might require including data from the last quarter of 2017) • The number and % of patients out of all patients in the PDMP that concurrently had an opioid and benzodiazepine prescription (it would be even better if it only counted individuals that that met this criteria ≥ 90 days – this might require including data from the last quarter of 2017) • The number and % of patients out of all patients with an opioid prescription in the PDMP that concurrently had an opioid and benzodiazepine prescription ≥ 90 days – might require including data from the last quarter of 2017
Other SUD-related metrics														
Y	Required	23	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period	Claims	Month	Quarterly	07/01/2018-06/30/2019	decrease	decrease	N	1- NH does not have access and cannot provide subpopulation breakouts by criminal justice status; however, will research the feasibility of obtaining criminal justice data and report on the feasibility in a future report to CMS. 2- NH will determine subpopulation categories based on beneficiary characteristics as of the last day of the data period	DY1Q4	Ongoing NH will report quarterly measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes to the reporting schedule. NOTE: Since the initial submission of the SUD IMD 1115a Protocol A, NH has experienced delays to the reporting infastructure for SUD. For reporting submitted on 9/30/2019, NH will include data for reporting period DY1Q1 - DY1Q2
Y	Required	24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	Total number of inpatient stays per 1,000 beneficiaries in the measurement period	Claims	Month	Quarterly	07/01/2018-06/30/2019	decrease	decrease	N	1- NH does not have access and cannot provide subpopulation breakouts by criminal justice status; however, will research the feasibility of obtaining criminal justice data and report on the feasibility in a future report to CMS. 2- NH will determine subpopulation categories based on beneficiary characteristics as of the last day of the data period	DY1Q4	Ongoing NH will report quarterly measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes to the reporting schedule. NOTE: Since the initial submission of the SUD IMD 1115a Protocol A, NH has experienced delays to the reporting infastructure for SUD. For reporting submitted on 9/30/2019, NH will include data for reporting period DY1Q1 - DY1Q2
Y	Required	25	Readmissions Among Beneficiaries with SUD	The number of acute inpatient stays among beneficiaries with SUD during the measurement period followed by an acute readmission within 30 days.	Claims	Year	Annually	07/01/2018-06/30/2019	decrease	decrease	N	1- NH does not have access and cannot provide subpopulation breakouts by criminal justice status; however, will research the feasibility of obtaining criminal justice data and report on the feasibility in a future report to CMS. 2- NH will determine	DY2Q2	Ongoing NH will report annual measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes the
Y	Required	26	Overdose Deaths (count)	Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).	State data on cause of death	Year	Annually	07/01/2018-06/30/2019	decrease	decrease	TBD	TBD	TBD	New Hampshire has been working to link Office of the Medical Examiner's Data with Medicaid Claims data since 2017. The anticipated date of the linkage system to be complete is late 2019. Once the linkage is complete, New Hampshire can clarify the degree of matching or deviations with the CMS specifications, as well as provide CMS with a regular reporting schedule
Y	Required	27	Overdose Deaths (rate)	Rate of overdose deaths during the measurement period among adult Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).	State data on cause of death	Year	Annually	07/01/2018-06/30/2019	decrease	decrease	TBD	TBD	TBD	New Hampshire has been working to link Office of the Medical Examiner's Data with Medicaid Claims data since 2017. The anticipated date of the linkage system to be complete is late 2019. Once the linkage is complete, New Hampshire can clarify the degree of matching or deviations with the CMS specifications, as well provide CMS with a regular reporting schedule
Y	Required	32	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period.	Claims	Year	Annually	07/01/2018-06/30/2019	increase	increase	Y	N/A	DY2Q2	Ongoing NH will report annual measures 8 months after the end of the data period. The delay will include 7 months for data calculation and claims run out. The results will be reported 1 month later, which is the next scheduled report for CMS. NH is not requesting changes the reporting schedule