

NEVADA SUBSTANCE USE DISORDER DATA BOOK

October 2019 – March 2021



Department of Health and Human Services

Division of Health Care Financing and Policy

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This report was created by the Department of Health and Human Services (DHHS) Director’s Office of Analytics on behalf of the Department of Health Care Financing and Policy (DHCFP). Unless otherwise noted, all data are extracted from the Medicaid data warehouse.

Note: All claims data is based on date of service, not when the payment was made for the service. The financial information in reports executed in Paid mode generally do not change except when claims are recycled and adjusted due to internal business practices, policy changes, and/or manual financial adjustments.

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Background and Purpose

On October 26, 2017, the United States Secretary of Health and Human Services declared a national public health emergency for opioid and other substance use disorders. In October 2018, a bipartisan effort to address the country’s opioid and substance use epidemic became public law. The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act aims to support communities affected by increasing support to standardize the delivery of addiction medicine; expand access to high-quality, evidence-based care; and implement innovative approaches to address the economic and workforce related impacts of substance use disorders.

The Nevada Division of Health Care Financing and Policy (DHCFP) was awarded \$1,684,013 through Section 1003 SUPPORT Act Planning Grant. In addition, Nevada was selected to receive one of five competitive 1003 SUPPORT Act Post-Planning grant awards for September 2021 through September 2024.

On behalf of the Nevada Division of Health Care Financing and Policy (DHCFP), the Nevada Department of Health and Human Services (DHHS) Director’s Office of Analytics (OOA) has produced a series of reports to evaluate substance use disorder (SUD) patterns and behaviors occurring within the Nevada Medicaid population.

Key Terms

TERM	DEFINITION
MEMBERS	Persons who are eligible and enrolled into any Medicaid plan type.
SUBSTANCE USE DISORDER (SUD)	Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain. It is considered both a complex brain disorder and a mental illness. Addiction is the most severe form of a full spectrum of substance use disorders, and is a medical illness caused by repeated misuse of a substance or substances.
ICD-10	(International Classification of Diseases, Tenth Revision, Clinical Modification) is a system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care in the United States.
NDC	The national drug code (NDC) is a unique product identifier used in the United States for drugs intended for human use.
CPT	Current Procedural Terminology (CPT) is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations.
MEDICATION-ASSISTED TREATMENT (MAT)	The use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorder.
FEE FOR SERVICE (FFS)	Nevada Medicaid sets rates and pays providers directly for services provided to recipients. A fee for service rate is reimbursement for specific services provided, like an office visit or lab test. These payments are made after the service is provided to the recipient.

TERM	DEFINITION
	FFS is available to people who live outside urban counties or members who are aged, blind, and/or disabled.
MANAGED CARE ORGANIZATION (MCO)	Medicaid managed care plans are paid a per member per month contracted rate (capitated rate) based on client demographics, projected utilization, and plan administrative costs. Monthly capitated payments are made to the Managed Care Organizations (MCOs) in advance, creating a pool of funds from which the MCO reimburses for provided services and uses to cover administrative costs. Managed care is only available in urban Clark and Washoe counties.

Methodology

The Nevada Substance Use Disorder Databook is divided into six chapters designed to cover relevant topical areas in which SUD outcomes derived from claims data can be evaluated.

The metrics are categorized by Assessment of Need and Qualifications for SUD Services, Nevada Medicaid Member SUD services, Medication Assisted Treatment provider capacity for Opioid Use Disorder (OUD), Utilization of SUD Treatment Services, Care Coordination, and transitions between levels of care and other SUD analysis. The reports contained in this data book have been designed to monitor the objectives of Nevada Medicaid’s SUPPORT Grant team and uses vetted methodology from various resources including the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Core Set of Behavioral Health Measures from CMS. Unless specifically noted, these reports are primarily based on ICD-10 diagnosis codes and CPT codes which identify behavioral health and substance use diagnoses and services.

The period covered in this issue of the SUD Databook is October 1, 2019, through March 31, 2021. Data are aggregated by federal fiscal year (FFY) quarters. Due to claims lag, the data is extracted at least six months past the time range of the study.

Table A: Reporting Time-Period

<i>Federal Fiscal Year (FFY)</i>	<i>Quarter</i>	<i>Time-Period</i>
<i>2020</i>	Q1	October 1, 2019 – December 31, 2019
	Q2	January 1, 2020 – March 31, 2020
	Q3	April 1, 2020 – June 30, 2020
	Q4	July 1, 2020 – September 30, 2020
<i>2021</i>	Q1	October 1, 2020 – December 31, 2020
	Q2	January 1, 2021 – March 31, 2021

In March of 2020, Nevada declared a State of Emergency in response to the COVID-19 pandemic. The state of emergency required a strict lock down of many services offered to the public. While essential health care services were permitted to stay open, health care providers had to adjust the delivery of health care services. Routine patient services were postponed or cancelled during this time. During this lock down period, special cause variation can be seen in many of the metrics evaluated in this report.

Key Findings

Nevada Medicaid is the largest healthcare payor in the state, covering about one in four lives. The eligibility requirements for Medicaid are mostly income based; a family or household must fall at or below 250% of the current federal poverty level. During the time-period studied in this data book, Nevada Medicaid enrollment grew from 713,639 members to 835,492 members, a 17% increase. The number of members who were identified with having a SUD treatment or diagnosis decreased two percent (-2%) during this same time-period. It may be too soon to draw conclusions from this pattern, as the time-period covered in this report is limited to just over one year of claims data and occurs at the on-set and duration of the COVID-19 pandemic response campaign.

- The total number of newly initiated SUD treatment and/or diagnosis increased from 22,856 members in Q1 FFY2020 to 27,492 members in Q2 FFY2021. A twenty percent change increase (+20%).
- There was an eighteen percent change decrease (-18%) in member utilization of behavioral health related emergency department services. The most dramatic decrease occurs from FFY2021 Q1 to FFY2021 Q2.
- The gap between members who are diagnosed with SUD and who receive treatment for SUD shows a slight improvement of 1.3% by decreasing from 31.5% in Q1 FFY2020 to 30.2% in Q2 FFY 2021 (statewide unique counts). The counties with the largest treatment gap in Q2 FFY2021 include Eureka, Humboldt, Lander, Mineral, and Nye counties.
- The gap between SUD providers enrolled and SUD providers enrolled, and servicing members is at 85.2% in Q2 FFY2021. Counties with the greatest gaps include Eureka and Storey County, both of which do not have a single provider servicing members. Due the unique geography of Nevada, it is common for people living in rural and frontier towns to commute for services. However, this does present an additional barrier.
- The number of members receiving inpatient hospital services for mental and behavioral disorders drops about eight percent (-8%) from 3,668 to 3,366 (-302) members in the quarter immediately following the declaration of the COVID-19 pandemic. During this same time-period, the average length of stay for members discharged from institutions for mental health increased from 17 days to 24 days.
- The average per capita spend across all quarters for FFS members is \$87, and for MCO members is \$42. The FFS population is less than 30% of the Medicaid population but has a much higher per capita spend.
- The number of providers offering MAT services increases 12% from quarter 1 FFY2019 to quarter 3 FFY2021. The most dramatic change is shown from quarter 3 FFY 2020 to quarter 4 FFY 2020 as the number of providers increases from 600 to 648, an 8% rise.
- There is a 754% percent change increase in telehealth utilization from Q1 FFY2020 to Q2FFY2021.

For inquiries regarding this data book or any other topic related data requests, please email the DHHS Director's Office of Analytics at data@dhhs.nv.gov. This SUD Data book and future updates will be posted to the DHCFFP website, SUPPORT Act webpage as well as the Office of Analytics website.

A - Assessment of Need and Qualification for Substance Use Disorder (SUD) Treatment Services

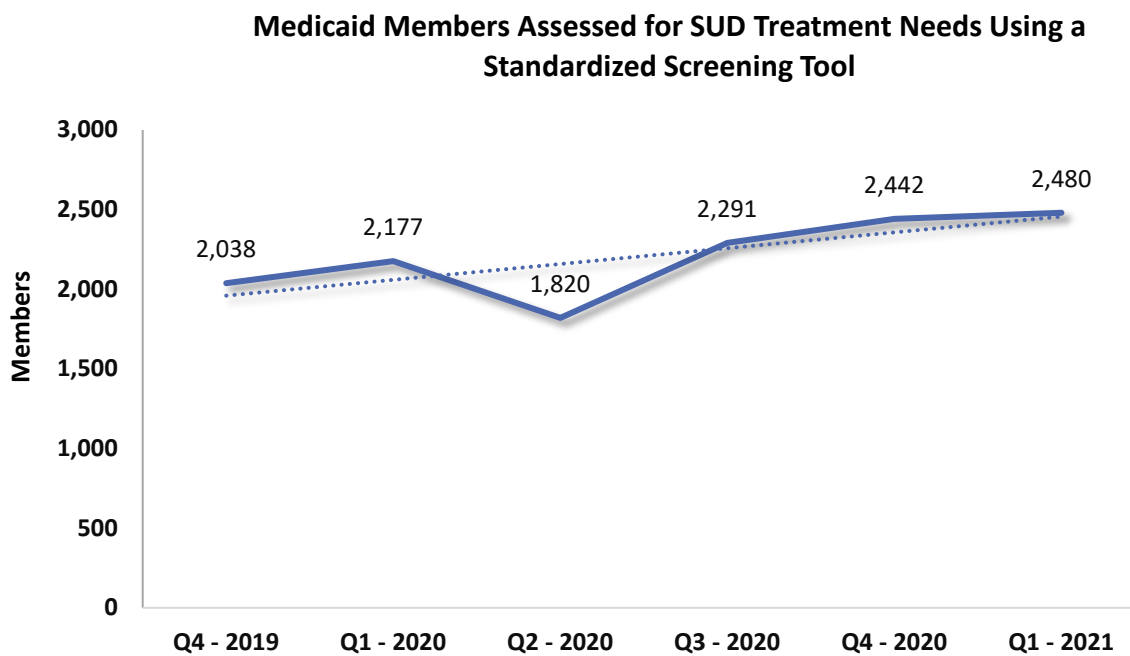
A1: Medicaid Members Assessed for Substance Use Disorder (SUD) Treatment Needs Using a Standardized Screening Tool

Table A1: Members Using Standardize Screening Tool

The table and chart below show the quarter over quarter percent change of members who were assessed for SUD using a standardized screening tool. The trend line shows an increase occurring.

Quarter	Total Patients	% Change From Prior Quarter
10/01/19 - 12/31/19	2,038	-
01/01/20 - 03/31/20	2,177	6.8%
04/01/20 - 06/30/20	1,820	-16.4%
07/01/20 - 09/30/20	2,291	25.9%
10/01/20 - 12/31/20	2,442	6.6%
01/01/21 - 03/31/21	2,480	1.6%

Chart A1: Members Using Standardize Screening Tool



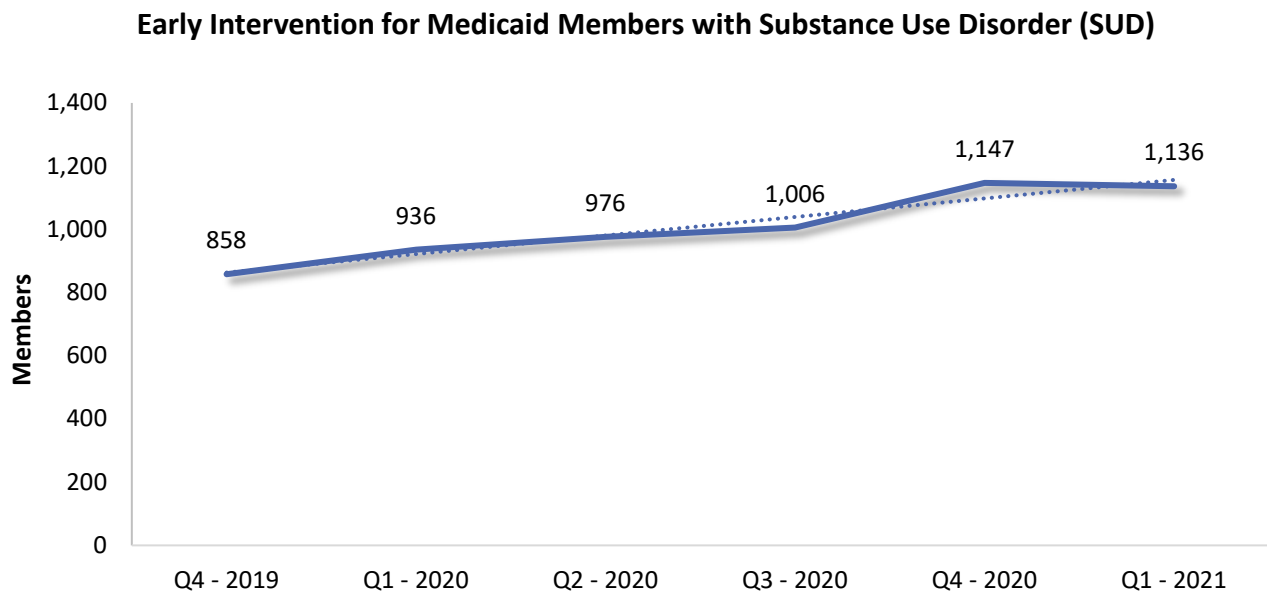
A2: Early Intervention for Medicaid Members with Substance Use Disorder (SUD)

Early intervention identifies the underlying issues and triggers, which allow addiction to flourish and takes measures to prevent its growth. Intervening early assists with establishing healthy coping skills, a sense of confidence and self-worth, which minimizes the need or want to use drugs or alcohol. Drug and alcohol intervention is successful in treating individuals who are dependent on one or more substances. These data represent the number of members with an SUD diagnosis code and an early intervention treatment code.

Table A2: Members with SUD diagnosis who receive early intervention

Quarter	Total Patients	% Change
10/01/19 - 12/31/19	858	-
01/01/20 - 03/31/20	936	9.1%
04/01/20 - 06/30/20	976	4.3%
07/01/20 - 09/30/20	1,006	3.1%
10/01/20 - 12/31/20	1,147	14.0%
01/01/21 - 03/31/21	1,136	-1.0%

Chart A2: Trend of members with SUD diagnosis who receive early intervention



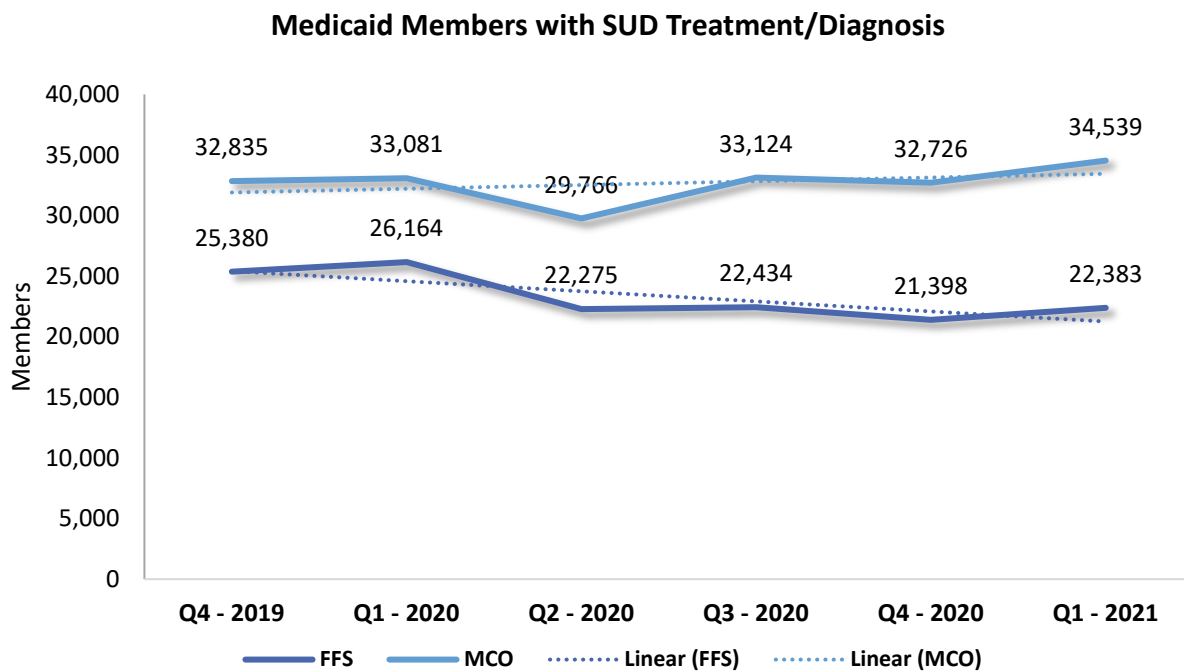
Early intervention is defined by diagnosis codes starting with F1, G31, G62, I42, K29, K70, T40, T42, T43 and Procedure Code = 99408, 99409, G0396, G0397, H0049, H0050.

A3: Medicaid Members with Substance Use Disorder (SUD) Treatment/Diagnosis

Table A3: Number of Members Diagnosed with SUD by Plan Type

Quarter	Total Patients		% Change From Prior Quarter	
	FFS	MCO	FFS	MCO
10/01/19 - 12/31/19	25,380	32,835	-	-
01/01/20 - 03/31/20	26,164	33,081	3.1%	0.7%
04/01/20 - 06/30/20	22,275	29,766	-14.9%	-10.0%
07/01/20 - 09/30/20	22,434	33,124	0.7%	11.3%
10/01/20 - 12/31/20	21,398	32,726	-4.6%	-1.2%
01/01/21 - 03/31/21	22,383	34,539	4.6%	5.5%

Chart A3: Number of Members Diagnosed with SUD by Plan Type

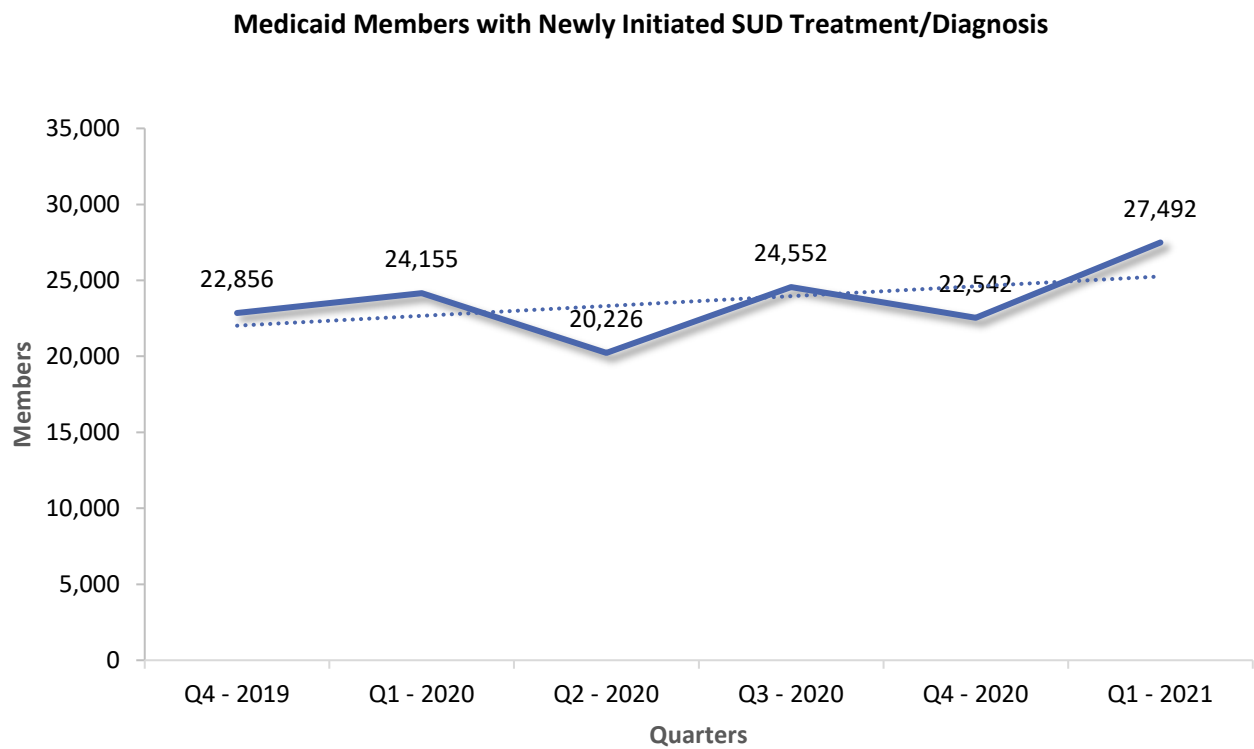


A4: Medicaid Members with Newly Initiated Substance Use Disorder (SUD) Treatment/Diagnosis

Table A4: Members with Newly Initiated SUD Treatment and/or Diagnosis

Quarter		
10/01/19 - 12/31/19	22,856	-
01/01/20 - 03/31/20	24,155	5.7%
04/01/20 - 06/30/20	20,226	-16.3%
07/01/20 - 09/30/20	24,552	21.4%
10/01/20 - 12/31/20	22,542	-8.2%
01/01/21 - 03/31/21	27,492	22.0%

Chart A4: Members with Newly Initiated SUD Treatment and/or Diagnosis

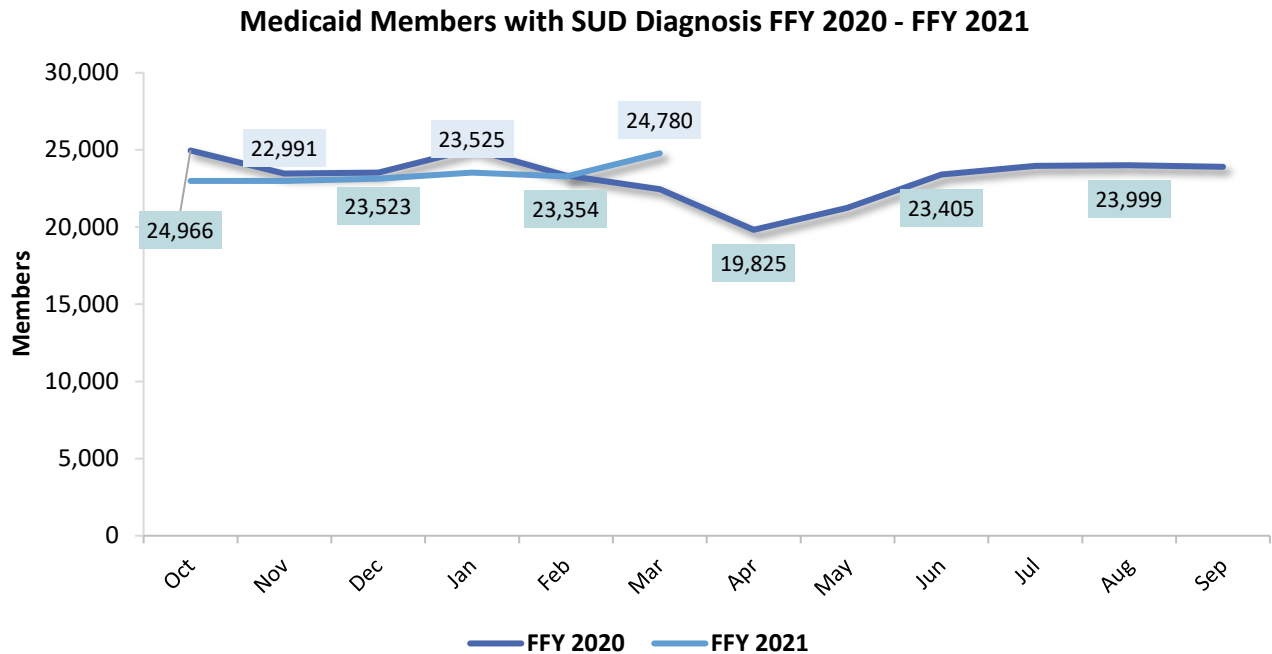


A5: Medicaid Members with Substance Use Disorder (SUD) Diagnosis by Month and Year

Table A5: Members with SUD by Month and Year

Month	Total Patients	% Change From Prior Month	Month	Total Patients	% Change From Prior Month
-	24,966	-	Oct - 20	24,137	-
Nov - 19	23,459	-6.0%	Nov - 20	22,991	-4.7%
-	23,523	0.3%	Dec - 20	23,136	0.6%
Jan - 20	25,057	6.5%	Jan - 21	23,525	1.7%
-	23,354	-6.8%	Feb - 21	23,278	-1.0%
Mar - 20	22,450	-3.9%	Mar - 21	24,780	6.5%
-	19,825	-11.7%	Apr - 21		
May - 20	21,255	7.2%	May - 21		
-	23,405	10.1%	Jun - 21		
Jul - 20	23,971	2.4%	Jul - 21		
-	23,999	0.1%	Aug - 21		
Sep - 20	23,906	-0.4%	Sep - 21		

Chart A5: Members with SUD by Month and Year



A6 – Gap in Medicaid Members Treatment and Recovery Services

The number of Medicaid Members diagnosed with substance use disorder (SUD) compared with the number of Members diagnosed with SUD who received treatment and recovery services

Table A6.1: Gap in Treatment and Recovery Services, Quarter 1, FFY2020
10/01/2019 - 12/31/2019

Member Residency County	FFS Diagnosed Members	MCO Diagnosed Members	FFS & MCO (Unique) Diagnosed Members	FFS Treated Members	MCO Treated Members	FFS & MCO (Unique)	FFS Gap	MCO Gap	FFS & MCO (Unique) Gap
Carson City	1,535	93	1,606	1,072	76	1,132	30.2%	18.3%	29.5%
Churchill	650	36	678	336	26	357	48.3%	27.8%	47.3%
Clark	14,445	27,775	40,272	9,991	19,158	28,059	30.8%	31.0%	30.3%
Douglas	469	20	486	326	15	339	30.5%	25.0%	30.2%
Elko	720	19	737	344	15	359	52.2%	21.1%	51.3%
Esmeralda	9	1	10	3	1	4	66.7%	0.0%	60.0%
Eureka	12	0	12	8	0	8	33.3%	NA	33.3%
Humboldt	255	5	260	93	5	97	63.5%	0.0%	62.7%
Lander	69	2	71	24	2	26	65.2%	0.0%	63.4%
Lincoln	57	11	68	26	9	35	54.4%	18.2%	48.5%
Lyon	1,077	64	1,129	676	46	713	37.2%	28.1%	36.8%
Mineral	137	4	139	67	3	70	51.1%	25.0%	49.6%
Nye	1,516	112	1,606	1,293	73	1,352	14.7%	34.8%	15.8%
Pershing	139	5	142	41	3	43	70.5%	40.0%	69.7%
Storey	21	7	28	13	7	20	38.1%	0.0%	28.6%
Washoe	3,104	5,275	7,897	1,761	3,637	5,198	43.3%	31.1%	34.2%
White Pine	138	7	144	53	4	57	61.6%	42.9%	60.4%
Out of State	235	24	257	167	20	185	28.9%	16.7%	28.0%
Unknown	1	0	1	0	0	0	100.0%	NA	100.0%
Total (Unique)	24,589	33,460	55,543	16,294	23,100	38,054	33.7%	31.0%	31.5%

SUD Diagnosis is defined by ICD-10 Diagnosis Codes starting with F1, Mental and behavioral disorders due to psychoactive substance use, or ICD-10 Diagnosis Codes starting with G31, G62, I42, K29, K70, T40, T42, or T43, for drug poisoning. Data include Nevada Medicaid and Nevada Check Up enrollees. SUD services are defined by CPT/HCPCS Procedure Codes or Nordin Revenue Codes in conjunction with a SUD diagnosis, National Drug Codes (NDC) and SUD Provider Type codes. The time is based on the first date of service reported on the claim. Member counts are unique; however, if a person was covered by FFS and MCO or moved among counties during the indicated time period, they were counted one time under each program or each county. Gap is the percentage of members who were diagnosed with SUD but didn't receive treatment or recovery services.

Table A6.2: Gap in Treatment and Recovery Services, Quarter 2, FFY2020
01/01/2020 - 03/31/2020

Member Residency County	FFS Diagnosed Members	MCO Diagnosed Members	FFS & MCO (Unique) Diagnosed Members	FFS Treated Members	MCO Treated Members	FFS & MCO (Unique)	FFS Gap	MCO Gap	FFS & MCO (Unique) Gap
Carson City	1,541	92	1,606	1,128	69	1,183	26.8%	25.0%	26.3%
Churchill	680	32	701	371	23	391	45.4%	28.1%	44.2%
Clark	15,065	26,961	39,449	10,142	18,936	27,824	32.7%	29.8%	29.5%
Douglas	466	16	479	313	11	322	32.8%	31.3%	32.8%
Elko	732	27	752	374	18	387	48.9%	33.3%	48.5%
Esmeralda	9	1	10	7	1	8	22.2%	0.0%	20.0%
Eureka	10	0	10	7	0	7	30.0%	NA	30.0%
Humboldt	263	11	271	104	7	110	60.5%	36.4%	59.4%
Lander	79	3	81	34	3	35	57.0%	0.0%	56.8%
Lincoln	64	14	78	30	6	36	53.1%	57.1%	53.8%
Lyon	1,047	46	1,085	706	29	729	32.6%	37.0%	32.8%
Mineral	157	6	160	91	5	94	42.0%	16.7%	41.3%
Nye	1,429	77	1,492	1,248	59	1,297	12.7%	23.4%	13.1%
Pershing	157	5	162	48	5	53	69.4%	0.0%	67.3%
Storey	26	7	32	16	6	21	38.5%	14.3%	34.4%
Washoe	3,412	5,147	7,851	1,835	3,593	5,204	46.2%	30.2%	33.7%
White Pine	136	7	142	65	7	71	52.2%	0.0%	50.0%
Out of State	129	16	142	88	6	93	31.8%	62.5%	34.5%
Unknown	0	0	0	0	0	0	NA	NA	NA
Total (Unique)	25,402	32,468	54,503	16,607	22,784	37,865	34.6%	29.8%	30.5%

SUD Diagnosis is defined by ICD-10 Diagnosis Codes starting with F1, Mental and behavioral disorders due to psychoactive substance use, or ICD-10 Diagnosis Codes starting with G31, G62, I42, K29, K70, T40, T42, or T43, for drug poisoning. Data include Nevada Medicaid and Nevada Check Up enrollees. SUD services are defined by CPT/HCPCS Procedure Codes or Nordin Revenue Codes in conjunction with a SUD diagnosis, National Drug Codes (NDC) and SUD Provider Type codes. The time period is based on the first date of service reported on the claim. Member counts are unique; however, if a person was covered by FFS and MCO or moved among counties during the indicated time period, they were counted one time under each program or each county. Gap is the percentage of members who were diagnosed with SUD but didn't receive treatment or recovery services.

Table A6.3: Gap in Treatment and Recovery Services, Quarter 3, FFY2020
04/01/2020 - 06/30/2020

Member Residency County	FFS Diagnosed Members	MCO Diagnosed Members	FFS & MCO (Unique) Diagnosed Members	FFS Treated Members	MCO Treated Members	FFS & MCO (Unique)	FFS Gap	MCO Gap	FFS & MCO (Unique) Gap
Carson City	1,397	66	1,452	949	44	988	32.1%	33.3%	32.0%
Churchill	559	30	582	282	20	301	49.6%	33.3%	48.3%
Clark	13,993	24,139	35,702	9,213	17,542	25,713	34.2%	27.3%	28.0%
Douglas	422	16	432	281	11	289	33.4%	31.3%	33.1%
Elko	665	17	677	338	13	349	49.2%	23.5%	48.4%
Esmeralda	4	2	6	3	1	4	25.0%	50.0%	33.3%
Eureka	11	0	11	5	0	5	54.5%	NA!	54.5%
Humboldt	264	9	270	99	5	102	62.5%	44.4%	62.2%
Lander	46	1	46	21	1	21	54.3%	0.0%	54.3%
Lincoln	55	8	63	24	6	30	56.4%	25.0%	52.4%
Lyon	865	47	906	585	35	617	32.4%	25.5%	31.9%
Mineral	117	10	125	59	9	66	49.6%	10.0%	47.2%
Nye	1,245	59	1,294	1,039	40	1,075	16.5%	32.2%	16.9%
Pershing	148	2	149	43	2	45	70.9%	0.0%	69.8%
Storey	11	4	15	6	4	10	45.5%	0.0%	33.3%
Washoe	2,841	4,486	6,769	1,458	3,308	4,580	48.7%	26.3%	32.3%
White Pine	123	5	127	59	3	61	52.0%	40.0%	52.0%
Out of State	41	4	45	30	4	34	26.8%	0.0%	24.4%
Unknown	0	0	0	0	0	0	NA	NA	NA
Total (Unique)	22,807	28,905	48,671	14,494	21,048	34,290	36.4%	27.2%	29.5%

SUD Diagnosis is defined by ICD-10 Diagnosis Codes starting with F1, Mental and behavioral disorders due to psychoactive substance use, or ICD-10 Diagnosis Codes starting with G31, G62, I42, K29, K70, T40, T42, or T43, for drug poisoning. Data include Nevada Medicaid and Nevada Check Up enrollees. SUD services are defined by CPT/HCPCS Procedure Codes or Nordin Revenue Codes in conjunction with a SUD diagnosis, National Drug Codes (NDC) and SUD Provider Type codes. The time period is based on the first date of service reported on the claim. Member counts are unique; however, if a person was covered by FFS and MCO or moved among counties during the indicated time period, they were counted one time under each program or each county. Gap is the percentage of members who were diagnosed with SUD but didn't receive treatment or recovery services.

Table A6.4: Gap in Treatment and Recovery Services, Quarter 4, FFY2020
07/01/2020 - 09/30/2020

Member Residency County	FFS Diagnosed Members	MCO Diagnosed Members	FFS & MCO (Unique) Diagnosed Members	FFS Treated Members	MCO Treated Members	FFS & MCO (Unique)	FFS Gap	MCO Gap	FFS & MCO (Unique) Gap
Carson City	1,428	76	1,486	990	49	1,030	30.7%	35.5%	30.7%
Churchill	616	26	635	331	23	352	46.3%	11.5%	44.6%
Clark	14,650	27,636	39,839	9,408	19,665	28,176	35.8%	28.8%	29.3%
Douglas	452	18	465	319	14	329	29.4%	22.2%	29.2%
Elko	736	17	749	379	14	389	48.5%	17.6%	48.1%
Esmeralda	7	3	10	4	1	5	42.9%	66.7%	50.0%
Eureka	15	0	15	7	0	7	53.3%	NA	53.3%
Humboldt	337	9	345	111	5	116	67.1%	44.4%	66.4%
Lander	77	1	78	33	1	34	57.1%	0.0%	56.4%
Lincoln	67	9	75	25	5	30	62.7%	44.4%	60.0%
Lyon	1,012	46	1,049	665	32	692	34.3%	30.4%	34.0%
Mineral	173	9	179	86	9	93	50.3%	0.0%	48.0%
Nye	1,336	61	1,380	1,113	49	1,146	16.7%	19.7%	17.0%
Pershing	153	2	155	47	2	49	69.3%	0.0%	68.4%
Storey	14	7	21	11	5	16	21.4%	28.6%	23.8%
Washoe	3,067	5,173	7,594	1,552	3,649	4,991	49.4%	29.5%	34.3%
White Pine	117	3	120	65	2	67	44.4%	33.3%	44.2%
Out of State	12	2	14	10	0	10	16.7%	100.0%	28.6%
Unknown	5	0	5	2	0	2	60.0%	NA	60.0%
Total (Unique)	24,272	33,095	54,208	15,156	23,522	37,528	37.6%	28.9%	30.8%

SUD Diagnosis is defined by ICD-10 Diagnosis Codes starting with F1, Mental and behavioral disorders due to psychoactive substance use, or ICD-10 Diagnosis Codes starting with G31, G62, I42, K29, K70, T40, T42, or T43, for drug poisoning. Data include Nevada Medicaid and Nevada Check Up enrollees. SUD services are defined by CPT/HCPCS Procedure Codes or Nordin Revenue Codes in conjunction with a SUD diagnosis, National Drug Codes (NDC) and SUD Provider Type codes. The time period is based on the first date of service reported on the claim. Member counts are unique; however, if a person was covered by FFS and MCO or moved among counties during the indicated time period, they were counted one time under each program or each county. Gap is the percentage of members who were diagnosed with SUD but didn't receive treatment or recovery services.

Table A6.5: Gap in Treatment and Recovery Services, Quarter 1, FFY2021
10/01/2020 - 12/31/2020

Member Residency County	FFS Diagnosed Members	MCO Diagnosed Members	FFS & MCO (Unique) Diagnosed Members	FFS Treated Members	MCO Treated Members	FFS & MCO (Unique)	FFS Gap	MCO Gap	FFS & MCO (Unique) Gap
Carson City	1,368	54	1,410	975	41	1,009	28.7%	24.1%	28.4%
Churchill	590	31	616	321	23	339	45.6%	25.8%	45.0%
Clark	14,778	27,085	38,794	9,724	19,017	27,110	34.2%	29.8%	30.1%
Douglas	483	9	490	323	8	330	33.1%	11.1%	32.7%
Elko	692	21	705	340	18	354	50.9%	14.3%	49.8%
Esmeralda	6	1	6	3	0	3	50.0%	100.0%	50.0%
Eureka	16	0	16	8	0	8	50.0%	NA	50.0%
Humboldt	303	11	308	100	8	104	67.0%	27.3%	66.2%
Lander	68	1	69	24	0	24	64.7%	100.0%	65.2%
Lincoln	55	6	60	20	4	23	63.6%	33.3%	61.7%
Lyon	945	41	970	646	30	667	31.6%	26.8%	31.2%
Mineral	138	7	142	66	3	69	52.2%	57.1%	51.4%
Nye	1,317	66	1,365	1,131	48	1,163	14.1%	27.3%	14.8%
Pershing	140	1	141	52	1	53	62.9%	0.0%	62.4%
Storey	20	4	21	10	3	12	50.0%	25.0%	42.9%
Washoe	3,244	5,232	7,555	1,610	3,732	5,002	50.4%	28.7%	33.8%
White Pine	122	5	126	67	3	69	45.1%	40.0%	45.2%
Out of State	12	0	12	9	0	9	25.0%	NA	25.0%
Unknown	159	2	159	98	2	98	38.4%	0.0%	38.4%
Total (Unique)	24,419	32,562	52,907	15,504	22,927	36,404	36.5%	29.6%	31.2%

SUD Diagnosis is defined by ICD-10 Diagnosis Codes starting with F1, Mental and behavioral disorders due to psychoactive substance use, or ICD-10 Diagnosis Codes starting with G31, G62, I42, K29, K70, T40, T42, or T43, for drug poisoning. Data include Nevada Medicaid and Nevada Check Up enrollees. SUD services are defined by CPT/HCPCS Procedure Codes or Nordinian Revenue Codes in conjunction with a SUD diagnosis, National Drug Codes (NDC) and SUD Provider Type codes. The time period is based on the first date of service reported on the claim. Member counts are unique; however, if a person was covered by FFS and MCO or moved among counties during the indicated time period, they were counted one time under each program or each county. Gap is the percentage of members who were diagnosed with SUD but didn't receive treatment or recovery services.

Table A6.6: Gap in Treatment and Recovery Services, Quarter 2, FFY2021
01/01/2021 - 03/31/2021

Member Residency County	FFS Diagnosed Members	MCO Diagnosed Members	FFS & MCO (Unique) Diagnosed Members	FFS Treated Members	MCO Treated Members	FFS & MCO (Unique)	FFS Gap	MCO Gap	FFS & MCO (Unique) Gap
Carson City	1,424	59	1,457	1,026	36	1,051	27.9%	39.0%	27.9%
Churchill	525	27	545	327	18	341	37.7%	33.3%	37.4%
Clark	19,097	28,014	39,636	13,120	19,921	28,072	31.3%	28.9%	29.2%
Douglas	475	10	483	329	5	333	30.7%	50.0%	31.1%
Elko	753	22	767	377	17	387	49.9%	22.7%	49.5%
Esmeralda	8	1	9	4	1	5	50.0%	0.0%	44.4%
Eureka	20	0	20	7	0	7	65.0%	NA	65.0%
Humboldt	307	9	312	127	7	131	58.6%	22.2%	58.0%
Lander	67	3	69	31	0	31	53.7%	100.0%	55.1%
Lincoln	58	8	64	30	3	32	48.3%	62.5%	50.0%
Lyon	982	47	1,008	652	35	672	33.6%	25.5%	33.3%
Mineral	137	3	139	67	1	68	51.1%	66.7%	51.1%
Nye	1,365	59	1,395	1,151	49	1,175	15.7%	16.9%	15.8%
Pershing	107	4	108	45	3	46	57.9%	25.0%	57.4%
Storey	15	5	17	13	4	15	13.3%	20.0%	11.8%
Washoe	4,106	5,496	7,802	2,094	3,948	5,236	49.0%	28.2%	32.9%
White Pine	133	3	135	76	1	77	42.9%	66.7%	43.0%
Out of State	8	0	8	3	0	3	62.5%	NA	62.5%
Unknown	340	19	346	242	16	246	28.8%	15.8%	28.9%
Total (Unique)	29,809	33,744	54,120	19,645	24,026	37,784	34.1%	28.8%	30.2%

SUD Diagnosis is defined by ICD-10 Diagnosis Codes starting with F1, Mental and behavioral disorders due to psychoactive substance use, or ICD-10 Diagnosis Codes starting with G31, G62, I42, K29, K70, T40, T42, or T43, for drug poisoning. Data include Nevada Medicaid and Nevada Check Up enrollees. SUD services are defined by CPT/HCPCS Procedure Codes or Nordin Revenue Codes in conjunction with a SUD diagnosis, National Drug Codes (NDC) and SUD Provider Type codes. The time period is based on the first date of service reported on the claim. Member counts are unique; however, if a person was covered by FFS and MCO or moved among counties during the indicated time period, they were counted one time under each program or each county. Gap is the percentage of members who were diagnosed with SUD but didn't receive treatment or recovery services.

B - Sufficient Provider Capacity

B1: Substance Use Disorder (SUD) and Medication Assisted Treatment Service Providers

Table B1.1: SUD Service Providers

Quarter		
10/01/19 - 12/31/19	26,620	-
01/01/20 - 03/31/20	27,822	4.5%
04/01/20 - 06/30/20	27,991	0.6%
07/01/20 - 09/30/20	28,223	0.8%
10/01/20 - 12/31/20	28,619	1.4%
01/01/21 - 03/31/21	28,576	-0.2%

Chart B1.1: SUD Service Providers

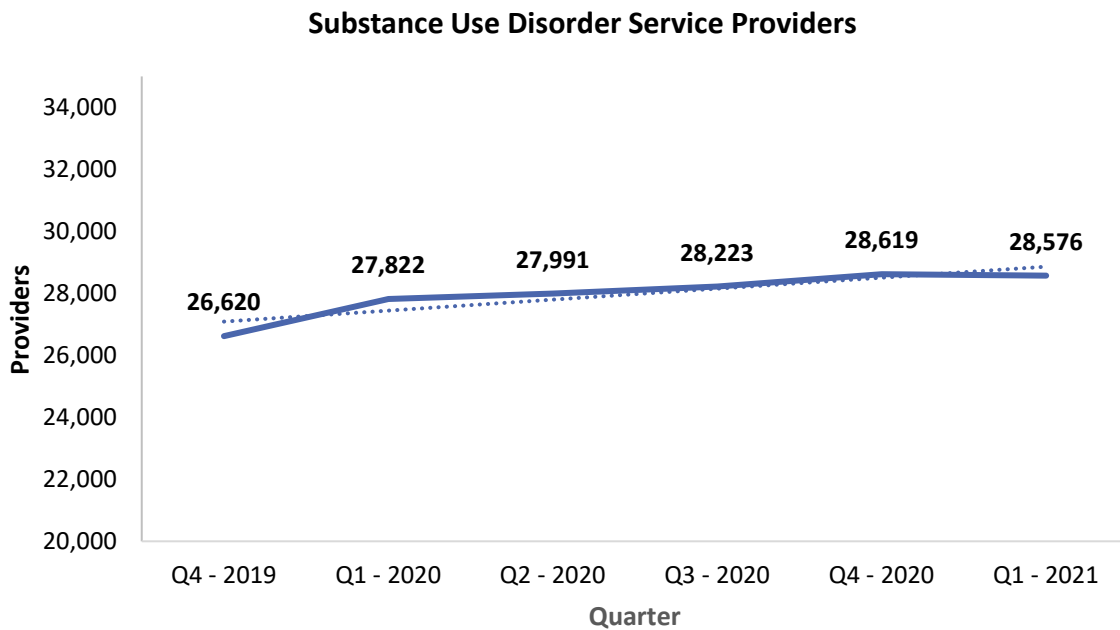
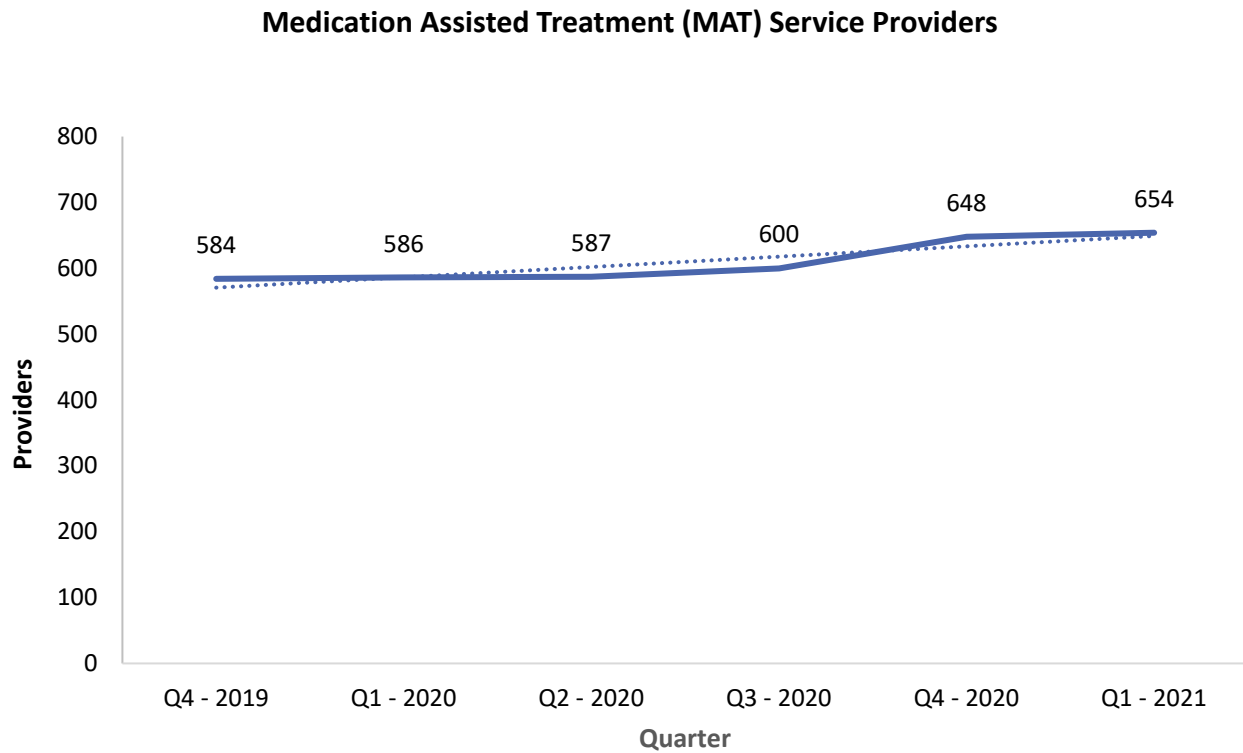


Table B1.2: Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) Providers

Quarter		
10/01/19 - 12/31/19	584	
01/01/20 - 03/31/20	586	0.3%
04/01/20 - 06/30/20	587	0.2%
07/01/20 - 09/30/20	600	2.2%
10/01/20 - 12/31/20	648	8.0%
01/01/21 - 03/31/21	654	0.9%

Chart B1.2: Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) Providers



B2: Substance Use Disorder (SUD) and Medication Assisted Treatment (MAT) by Provider Type and County

B2 Table: Enrolled SUD and MAT Provider Counts by Provider Type and County, FFY 2020 and 2021

Provider Type	Provider County	Q1 FFY2020	Q2 FFY2020	Q3 FFY2020	Q4 FFY2020	Q1 FFY2021	Q2 FFY2021
011 Hospital Inpatient	Carson City	1	1	1	1	1	1
	Clark	25	27	28	28	28	27
	Elko	1	1	1	1	1	1
	Washoe	5	5	5	5	5	5
	Out of State	179	184	182	184	188	181
	Total	211	218	217	219	223	215
012 Hospital Outpatient	Carson City	1	1	1	1	1	1
	Churchill	1	1	1	1	1	1
	Clark	28	28	28	28	29	30
	Douglas	1	1	1	1	1	1
	Elko	1	1	1	1	1	1
	Humboldt	1	1	1	1	1	1
	Lander	1	1	1	1	1	1
	Lincoln	1	1	1	1	1	1
	Lyon	1	1	1	1	1	1
	Mineral	1	1	1	1	1	1
	Nye	1	1	1	1	1	1
	Pershing	1	1	1	1	1	1
	Washoe	5	5	5	5	6	6
	White Pine	1	1	1	1	1	1
	Out of State	245	256	235	241	233	227
	Total	290	301	280	286	280	275
013 Psychiatric Hospital Inpatient	Clark	9	9	9	9	9	9
	Washoe	3	3	3	3	3	3
	Out of State	6	7	9	10	9	9
Total	18	19	21	22	21	21	
014 Behavioral Health Outpatient Treatment	Carson City	72	73	69	75	73	70
	Churchill	14	14	14	14	14	14
	Clark	3,537	3,644	3,710	3,848	3,870	3,786
	Douglas	28	28	26	26	26	30
	Elko	16	19	19	20	23	23
	Humboldt	3	3	3	3	3	3
Lander	3	3	2	2	2	2	

Provider Type	Provider County	Q1 FFY2020	Q2 FFY2020	Q3 FFY2020	Q4 FFY2020	Q1 FFY2021	Q2 FFY2021
	Lincoln	1	1	1	1	1	1
	Lyon	36	37	34	35	34	34
	Mineral	1	1	1	1	1	1
	Nye	69	70	69	70	68	64
014 Behavioral Health Outpatient Treatment	Pershing	3	3	1	1	1	1
	Storey	2	2	2	2	2	1
	Washoe	880	901	920	962	974	931
	White Pine	13	13	13	13	13	12
	Out of State	6	10	12	17	18	22
	Total	4,684	4,822	4,896	5,090	5,123	4,995
017 Special Clinics†	Carson City	8	9	9	9	9	8
	Churchill	2	2	2	2	2	2
	Clark	70	72	73	75	72	70
	Douglas	2	2	2	2	2	2
	Elko	7	7	7	7	7	7
	Humboldt	1	1	1	1	1	1
	Lander	1	1	1	1	1	1
	Lyon	2	2	2	2	2	2
	Nye	5	5	5	5	5	5
	Storey	1	1	1	1	1	1
	Washoe	33	35	36	36	35	36
	Out of State	4	4	4	4	4	5
	Total	136	141	143	145	141	140
020 Physician M.D. Osteopath D.O.	Carson City	253	253	257	260	264	265
	Churchill	62	63	64	66	66	64
	Clark	5,371	5,422	5,480	5,620	5,663	5,645
	Douglas	72	69	70	70	68	68
	Elko	140	139	141	146	145	140
	Eureka	3	3	3	3	3	3
	Humboldt	44	46	49	51	52	54
	Lander	9	9	9	9	9	9
	Lincoln	5	5	5	5	5	5
	Lyon	24	24	23	23	23	23
	Mineral	11	11	12	12	12	12
	Nye	81	84	84	85	81	80
	Pershing	9	9	9	9	9	9
	Washoe	1,507	1,535	1,557	1,626	1,641	1,635
	White Pine	44	44	44	45	45	43
	Out of State	8,017	8,285	8,525	9,013	9,161	9,125

Provider Type	Provider County	Q1 FFY2020	Q2 FFY2020	Q3 FFY2020	Q4 FFY2020	Q1 FFY2021	Q2 FFY2021
024 Advanced Practice Registered Nurses	Carson City	87	88	87	95	96	99
	Churchill	4	4	4	4	4	4
	Clark	1,288	1,362	1,416	1,491	1,552	1,599
	Douglas	15	15	15	16	16	16
	Elko	24	27	28	29	29	28
	Eureka	1	1	1	1	1	1
	Humboldt	8	11	11	12	13	14
	Lander	6	6	6	6	7	7
	Lincoln	1	1	1	1	1	1
	Lyon	7	7	6	6	6	7
	Mineral	5	5	5	5	5	5
	Nye	23	24	27	28	30	31
	Pershing	1	1	1	1	1	1
	Washoe	365	373	373	390	401	408
	White Pine	5	5	5	5	4	4
	Out of State	1,008	1,079	1,122	1,203	1,247	1,284
Total		2,848	3,009	3,108	3,293	3,413	3,509
026 Psychologist	Carson City	14	15	16	17	17	16
	Clark	140	146	148	153	159	163
	Elko	2	2	2	2	2	2
	Lyon	1	2	2	2	2	2
	Washoe	59	60	62	65	65	67
	Out of State	93	98	99	102	99	102
Total		309	323	329	341	344	352
063 Residential Treatment Centers (RTC)	Clark	3	3	3	4	4	4
	Douglas	1	1	1	1	1	1
	Lyon	1	1	1	1	1	1
	Nye	1	1	1	1	1	1
	Washoe	2	2	2	4	4	4
	Out of State	37	36	41	41	42	40
Total		45	44	49	52	53	51
074 Nurse Midwife	Carson City	0	0	0	1	1	1
	Clark	0	0	0	13	13	13
	Washoe	0	0	0	4	4	4
	Out of State	0	0	0	53	53	56
Total		0	0	0	71	71	74
077 Physician Assistant	Carson City	43	42	43	43	43	46
	Churchill	9	9	9	9	9	8
	Clark	640	671	677	683	681	696
	Douglas	13	15	14	15	15	15

Provider Type	Provider County	Q1 FFY2020	Q2 FFY2020	Q3 FFY2020	Q4 FFY2020	Q1 FFY2021	Q2 FFY2021
	Elko	24	23	25	25	25	26
	Humboldt	2	2	2	3	3	3
	Lander	1	1	1	1	1	1
	Lincoln	4	4	4	4	4	4
	Lyon	9	9	9	9	8	8
	Mineral	9	9	10	10	10	11
	Nye	9	9	9	9	9	10
	Pershing	2	2	2	2	2	2
	Storey	1	1	1	1	1	1
	Washoe	186	187	186	186	197	200
	White Pine	1	1	1	1	2	2
	Out of State	581	614	643	673	711	731
	Total	1,534	1,599	1,636	1,674	1,721	1,764
082 Behavioral Health Rehabilitative Treatment	Clark	78	75	67	77	70	66
	Elko		2	1			
	Nye	1	1	1	1	1	1
	Washoe	69	75	74	73	70	66
	Total	148	153	143	151	141	133
TOTAL		25,875	26,630	27,154	28,387	28,778	28,709

†017 Special Clinics includes the following provider specialties: 171 - Methadone, 215 - Substance Abuse Agency Model (SAAB), 181 - Federally Qualified Health Center (FQHC), 188 - Certified Community Behavioral Health Clinics (CCBHC).

B3: Gap in Provider Capacity

The Gap in Provider Capacity is defined as the percentage of enrolled substance use disorder (SUD) providers who did not provide SUD services.

Chart B3: Gap in Provider Capacity, Statewide

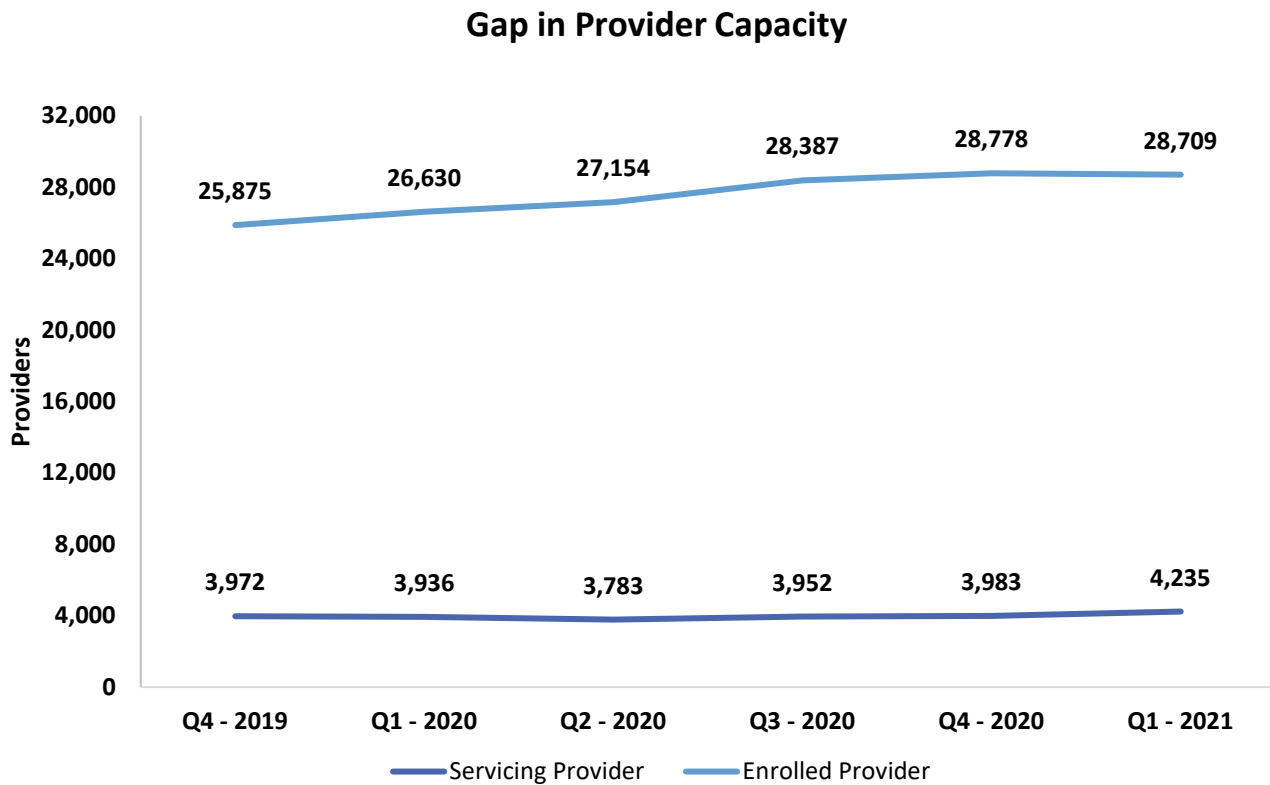


Table B3.1: Gap in Provider Capacity by County, FFY 2020

Provider County	Federal Fiscal Year 2020											
	Q1			Q2			Q3			Q4		
	Enrolled	Servicing	Gap	Enrolled	Servicing	Gap	Enrolled	Servicing	Gap	Enrolled	Servicing	Gap
Carson City	479	141	70.6%	482	148	69.3%	483	148	69.4%	502	147	70.7%
Churchill	92	19	79.3%	93	21	77.4%	94	17	81.9%	96	17	82.3%
Clark	11,189	2,822	74.8%	11,459	2,771	75.8%	11,639	2,664	77.1%	12,029	2,747	77.2%
Douglas	132	23	82.6%	131	25	80.9%	129	22	82.9%	131	29	77.9%
Elko	215	31	85.6%	221	42	81.0%	225	36	84.0%	231	34	85.3%
Eureka	4	1	75.0%	4		100.0%	4		100.0%	4	1	75.0%
Humboldt	59	6	89.8%	64	4	93.8%	67	7	89.6%	71	5	93.0%
Lander	21	1	95.2%	21	3	85.7%	20	1	95.0%	20		100.0%

Provider County	Q1			Q2			Q3			Q4		
	Enrolled	Servicing	Gap	Enrolled	Servicing	Gap	Enrolled	Servicing	Gap	Enrolled	Servicing	Gap
Lincoln	12	3	75.0%	12	2	83.3%	12	3	75.0%	12	2	83.3%
Lyon	81	20	75.3%	83	19	77.1%	78	12	84.6%	79	13	83.5%
Mineral	27		100.0%	27	4	85.2%	29	2	93.1%	29	5	82.8%
Nye	190	55	71.1%	195	62	68.2%	197	54	72.6%	200	54	73.0%
Pershing	16	1	93.8%	16	3	81.3%	14	1	92.9%	14	2	85.7%
Storey	4	1	75.0%	4	1	75.0%	4	1	75.0%	4	1	75.0%
Washoe	3,114	735	76.4%	3,181	705	77.8%	3,223	679	78.9%	3,359	698	79.2%
White Pine	64	9	85.9%	64	9	85.9%	64	6	90.6%	65	7	89.2%
Out of State	10,176	104	99.0%	10,573	117	98.9%	10,872	130	98.8%	11,541	190	98.4%
TOTAL	25,875	3,972	84.6%	26,630	3,936	85.2%	27,154	3,783	86.1%	28,387	3,952	86.1%

Table B3.2: Gap in Provider Capacity by County, FFY 2021

Federal Fiscal Year 2021												
Provider County	Q1			Q2			Q3			Q4		
	Enrolled	Servicing	Gap	Enrolled	Servicing	Gap	Enrolled	Servicing	Gap	Enrolled	Servicing	Gap
Carson City	505	147	70.9%	507	143	71.8%						
Churchill	96	15	84.4%	93	17	81.7%						
Clark	12,150	2,788	77.1%	12,108	2,916	75.9%						
Douglas	129	29	77.5%	133	29	78.2%						
Elko	233	35	85.0%	228	41	82.0%						
Eureka	4		100.0%	4		100.0%						
Humboldt	73	7	90.4%	76	7	90.8%						
Lander	21	1	95.2%	21	1	95.2%						
Lincoln	12	2	83.3%	12	2	83.3%						
Lyon	77	11	85.7%	78	13	83.3%						
Mineral	29	4	86.2%	30	3	90.0%						
Nye	196	59	69.9%	193	64	66.8%						
Pershing	14	3	78.6%	14	1	92.9%						
Storey	4	1	75.0%	3		100.0%						
Washoe	3,405	725	78.7%	3,365	762	77.4%						
White Pine	65	7	89.2%	62	4	93.5%						
Out of State	11,765	152	98.7%	11,782	236	98.0%						
TOTAL	28,778	3,983	86.2%	28,709	4,235	85.2%						

†Servicing provider county information is based on performing providers' county on claims. If performing

C - Utilization of Substance Use Disorder (SUD) Treatment Services

C1 – SUD Services by Category – Members

Table C1: SUD Services by Category – Members

Service Category	Quarter	FFS Members	MCO Members	FFS % Change	MCO % Change
Physicians' services	10/01/19 - 12/31/19	9,939	12,655	-	-
	01/01/20 - 03/31/20	10,207	12,627	2.7%	-0.2%
	04/01/20 - 06/30/20	8,994	11,668	-11.9%	-7.6%
	07/01/20 - 09/30/20	9,266	13,429	3.0%	15.1%
	10/01/20 - 12/31/20	8,734	13,537	-5.7%	0.8%
	01/01/21 - 03/31/21	8,919	14,363	2.1%	6.1%
Services provided by other licensed practitioners	10/01/19 - 12/31/19	583	513	-	-
	01/01/20 - 03/31/20	611	512	4.8%	-0.2%
	04/01/20 - 06/30/20	563	508	-7.9%	-0.8%
	07/01/20 - 09/30/20	614	512	9.1%	0.8%
	10/01/20 - 12/31/20	590	524	-3.9%	2.3%
	01/01/21 - 03/31/21	583	518	-1.2%	-1.1%
Diagnostic and rehabilitative services	10/01/19 - 12/31/19	3,422	5,673	-	-
	01/01/20 - 03/31/20	3,245	6,342	-5.2%	11.8%
	04/01/20 - 06/30/20	2,061	4,730	-36.5%	-25.4%
	07/01/20 - 09/30/20	1,603	5,196	-22.2%	9.9%
	10/01/20 - 12/31/20	1,384	4,829	-13.7%	-7.1%
	01/01/21 - 03/31/21	1,474	5,853	6.5%	21.2%
Inpatient services	10/01/19 - 12/31/19	3,983	4,922	-	-
	01/01/20 - 03/31/20	4,115	4,906	3.3%	-0.3%
	04/01/20 - 06/30/20	3,715	4,820	-9.7%	-1.8%
	07/01/20 - 09/30/20	3,829	5,066	3.1%	5.1%
	10/01/20 - 12/31/20	3,557	4,727	-7.1%	-6.7%
	01/01/21 - 03/31/21	3,536	5,071	-0.6%	7.3%
Outpatient hospital services	10/01/19 - 12/31/19	11,378	11,307	-	-
	01/01/20 - 03/31/20	12,086	11,622	6.2%	2.8%
	04/01/20 - 06/30/20	10,223	10,275	-15.4%	-11.6%
	07/01/20 - 09/30/20	10,270	11,213	0.5%	9.1%
	10/01/20 - 12/31/20	9,723	10,724	-5.3%	-4.4%
	01/01/21 - 03/31/21	10,464	11,353	7.6%	5.9%
Prescription drugs	10/01/19 - 12/31/19	309	519	-	-
	01/01/20 - 03/31/20	353	300	14.2%	-42.2%
	04/01/20 - 06/30/20	368	196	4.2%	-34.7%
	07/01/20 - 09/30/20	423	172	14.9%	-12.2%
	10/01/20 - 12/31/20	428	165	1.2%	-4.1%
	01/01/21 - 03/31/21	420	169	-1.9%	2.4%
Nurse practitioner services	10/01/19 - 12/31/19	485	335	-	-
	01/01/20 - 03/31/20	526	344	8.5%	2.7%

Chart C1.1: SUD Services – Physicians

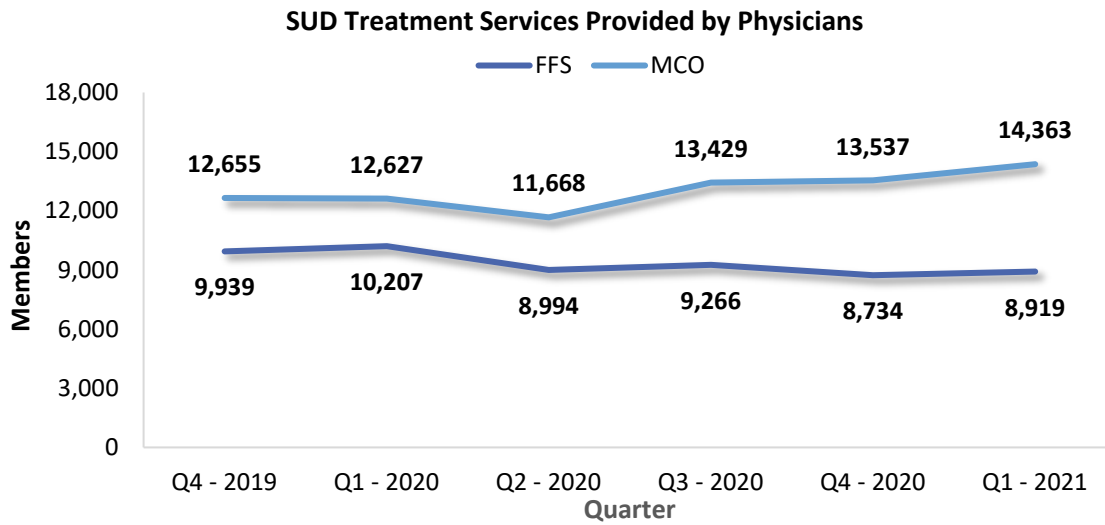


Chart C1.2: SUD Services – Other Licensed Practitioners

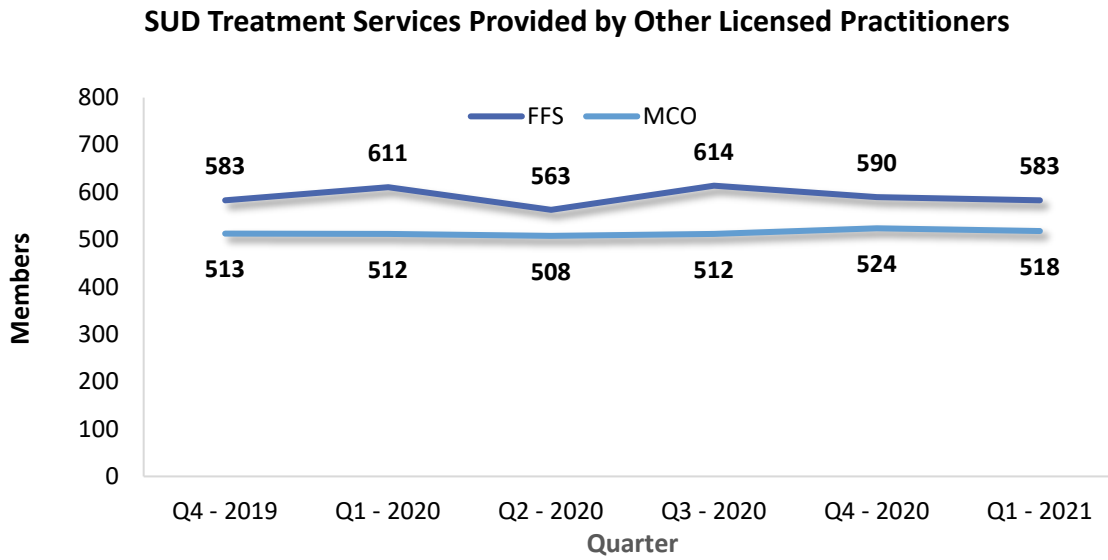


Chart C1.3: SUD Services – Diagnostic and Rehabilitative Services

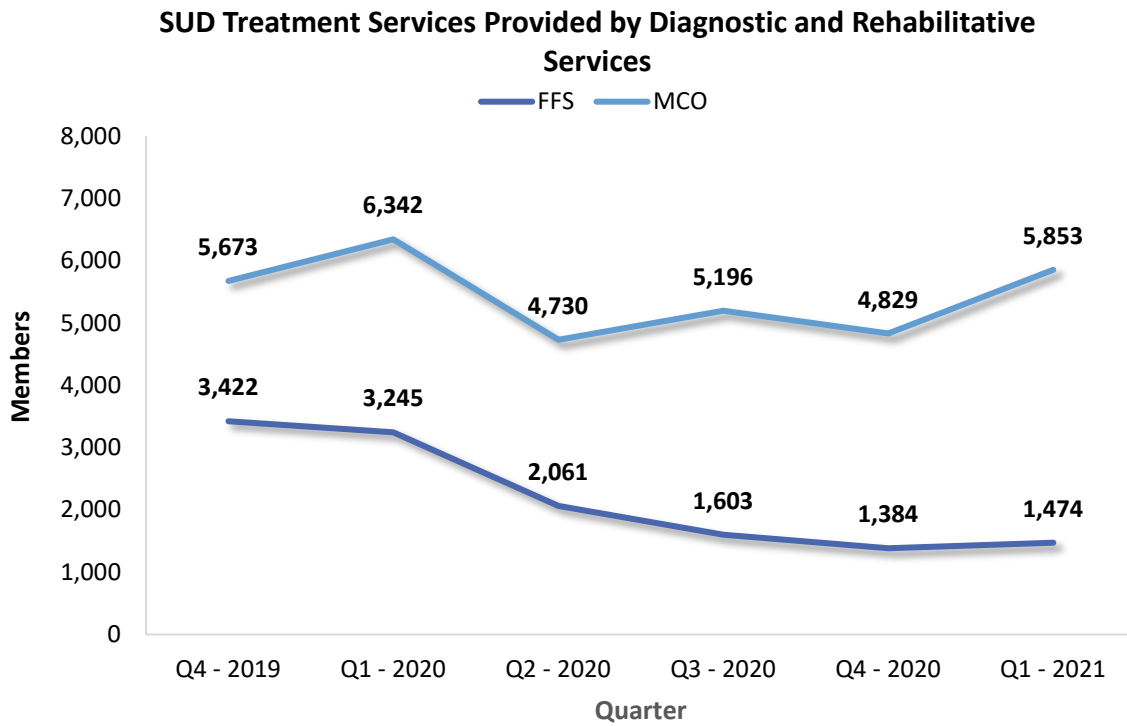


Chart C1.4: SUD Services – Inpatient Services

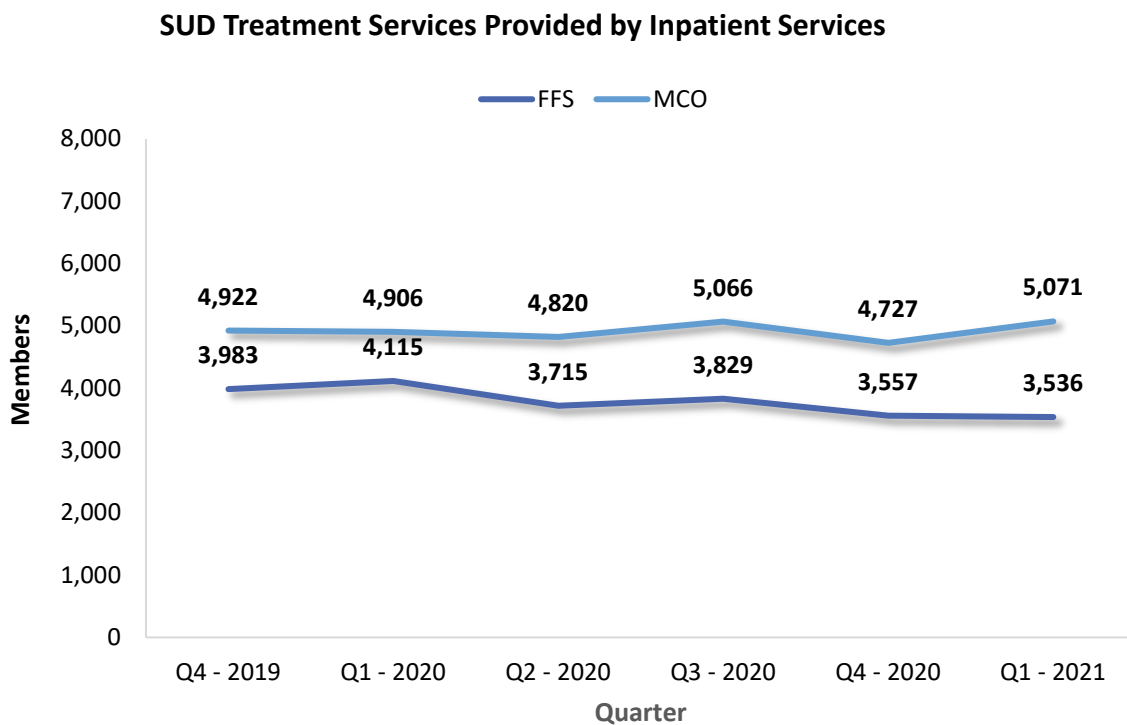


Chart C1.5: SUD Services – Outpatient Services

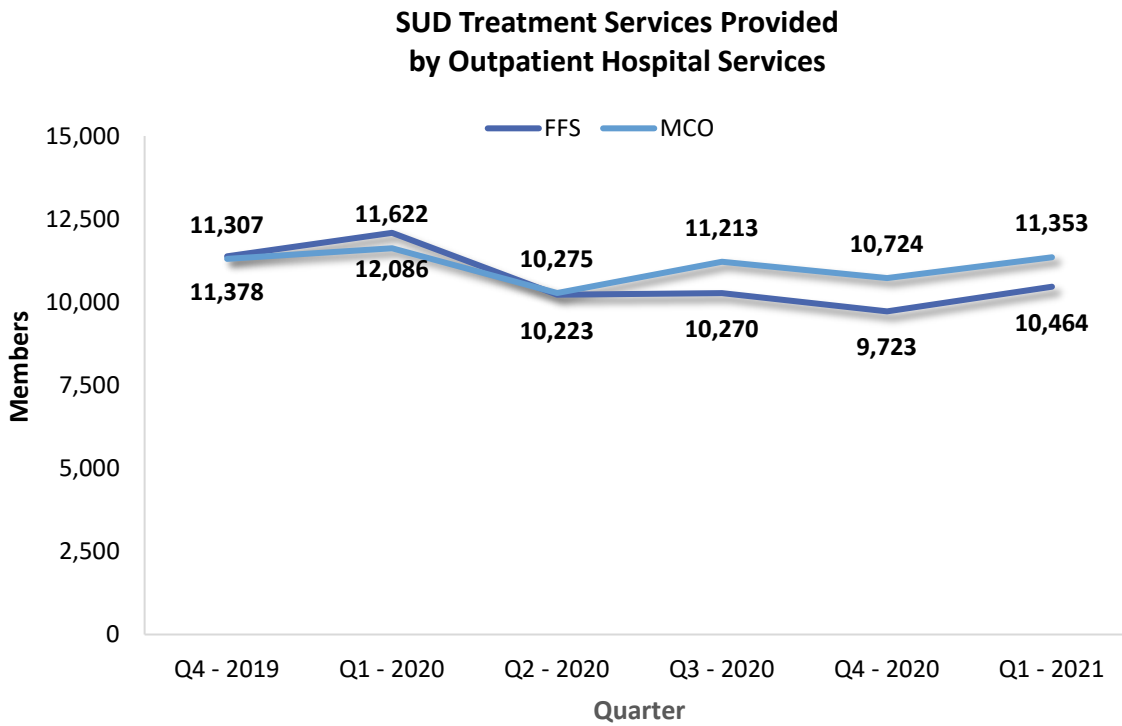


Chart C1.6: SUD Services – Prescription Drugs Services

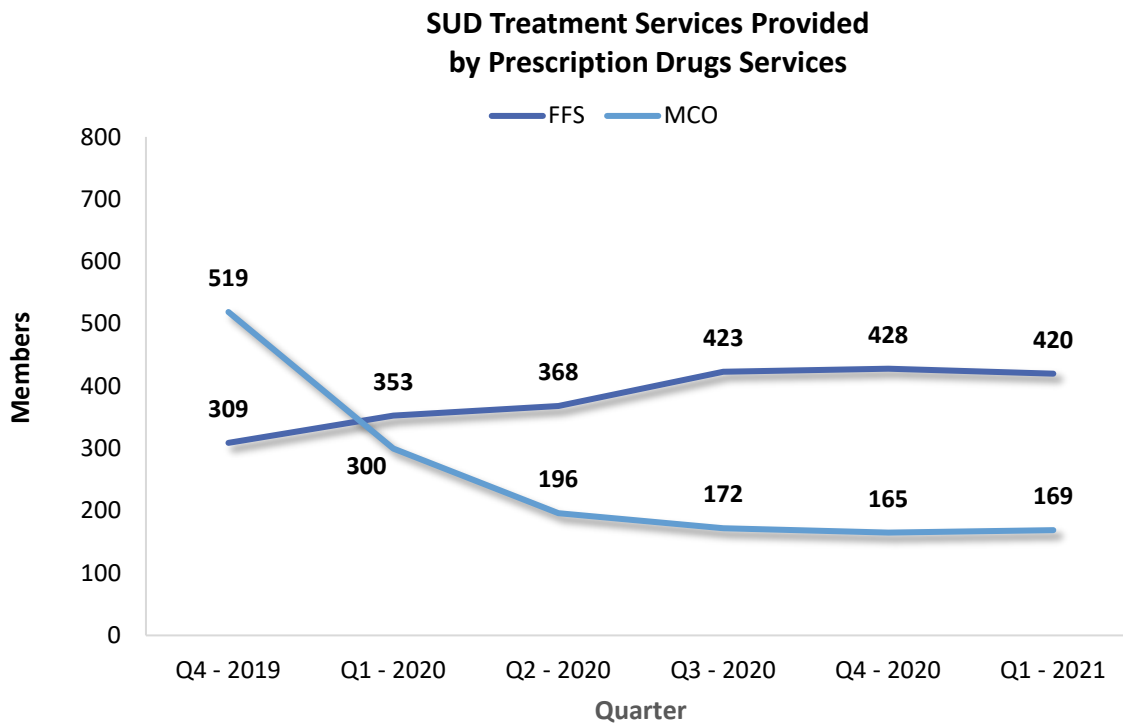


Chart C1.7: SUD Services – Nurse Practitioner Services

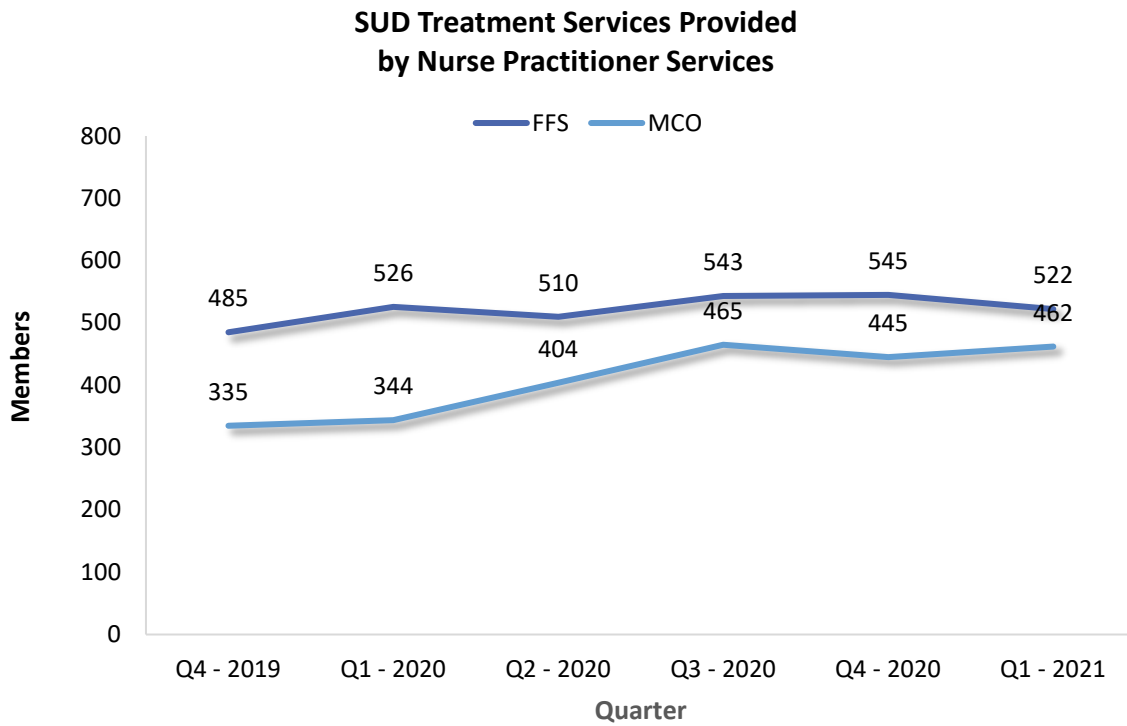


Chart C1.8: SUD Services – Nurse Practitioner Services

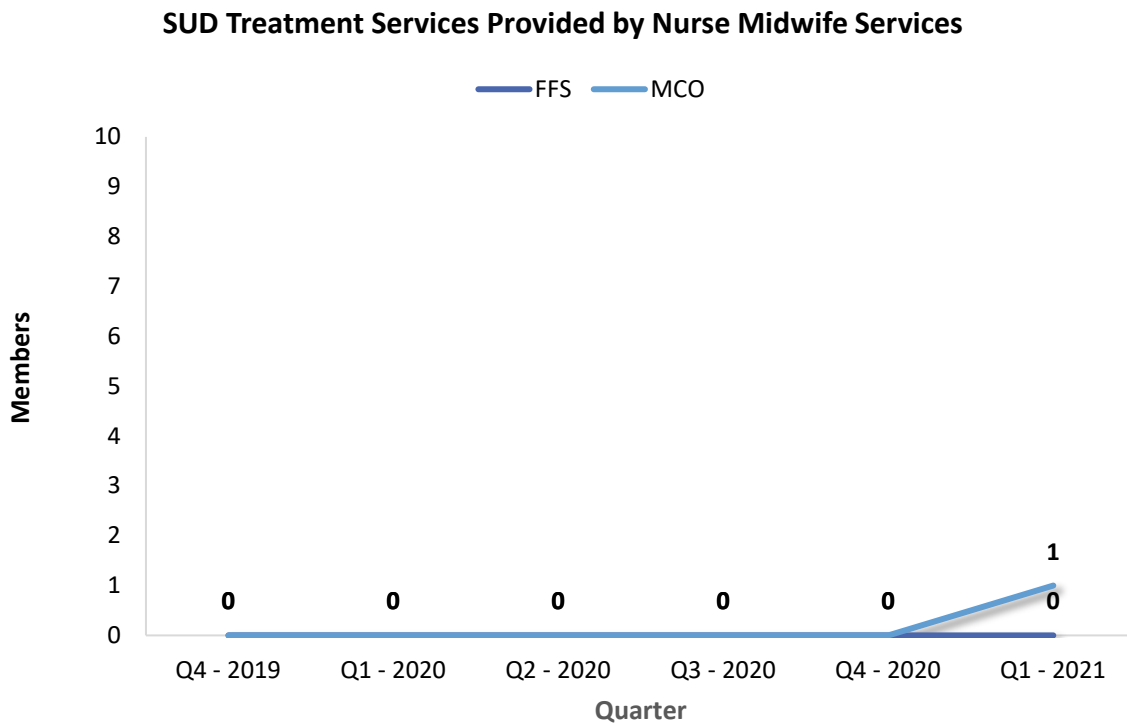


Chart C1.9: SUD Services – Preventative Services

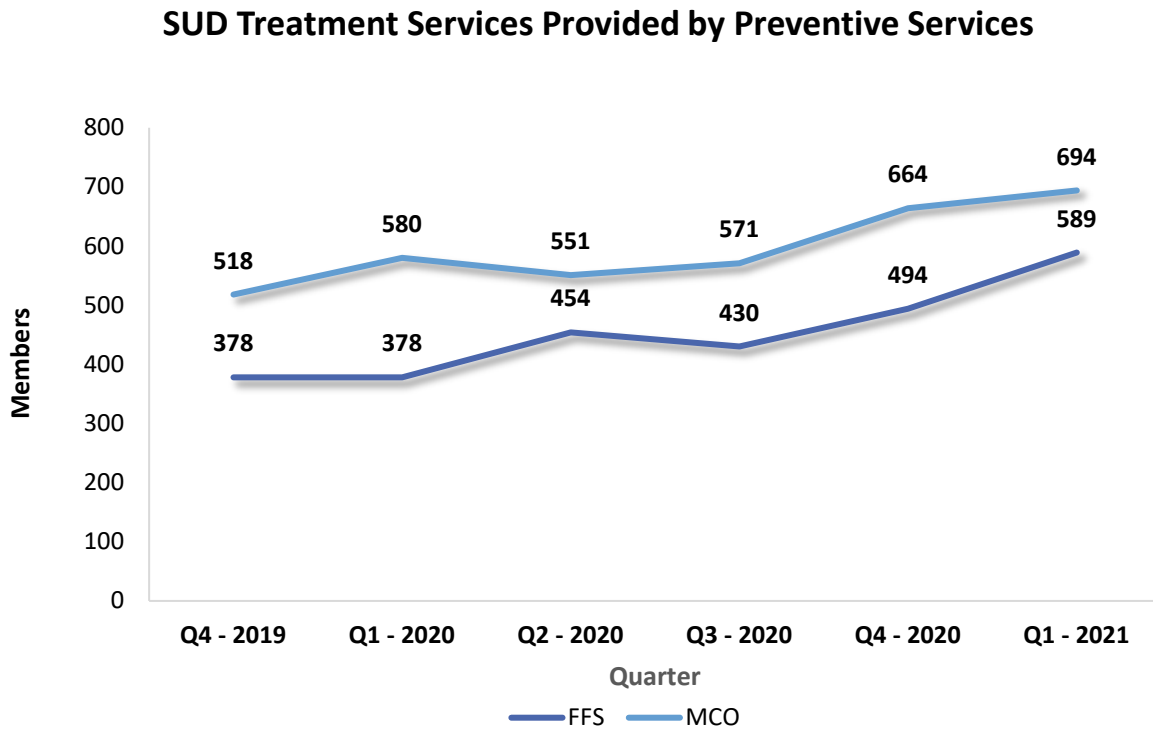


Chart C1.10: SUD Services – Clinic Services

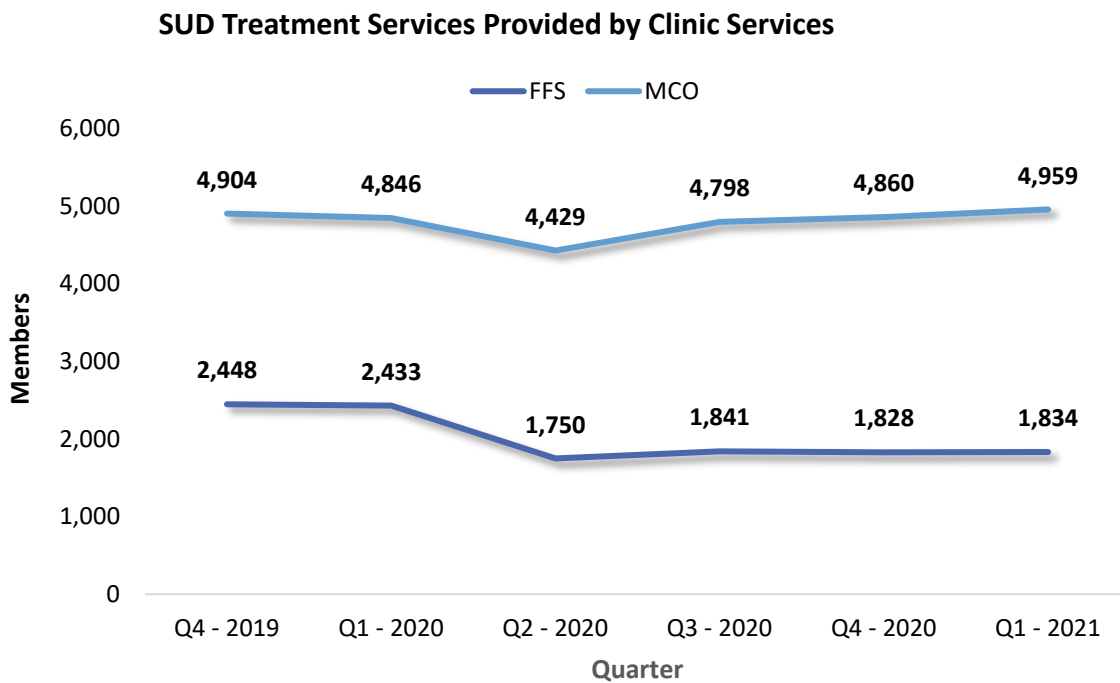
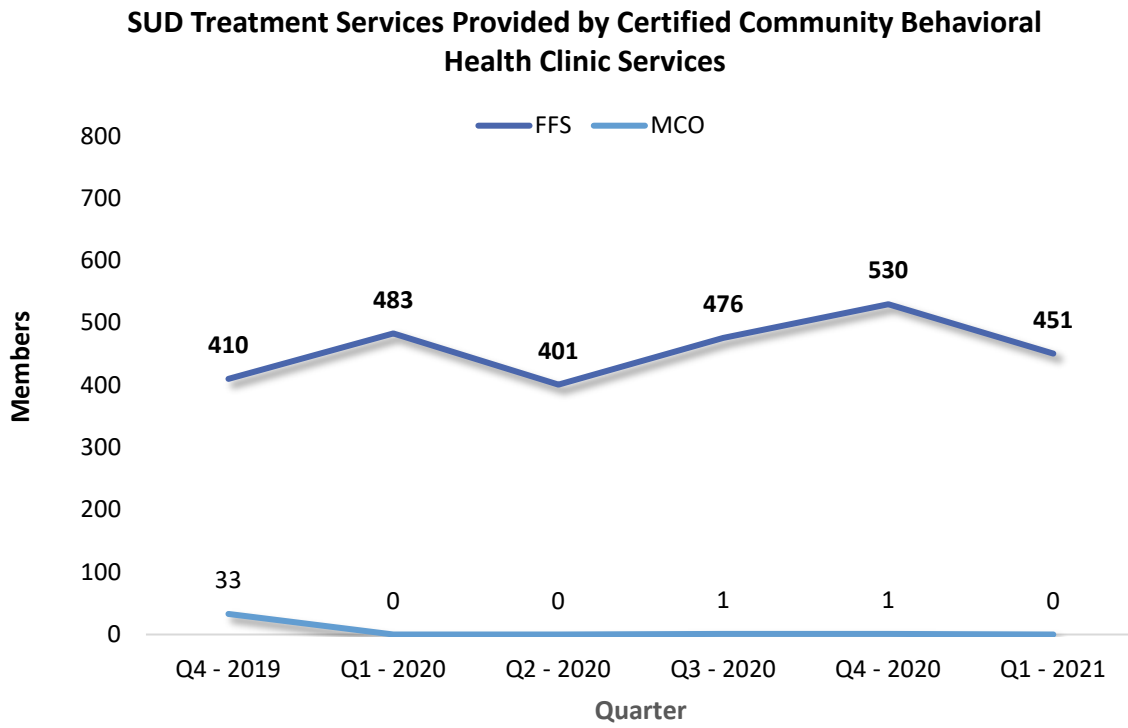


Chart C1.11: SUD Services – Certified Community Behavioral Health Clinic Services



C2 – Screening with Brief Intervention and Referral to Treatment (SBIRT) Data

The quantity represents billed quantity of services and does not reflect the quantity of services paid by the state. Paid Amount is based on amount indicated at detail level of the claim and represents net payment after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted. All paid claims that indicate CPT/HCPCS Procedure Codes 99408, 99409, H0049 have been used for this analysis to identify SBIRT services.

Table C2: 99408: Screening with Brief Intervention (15-30 minutes)

Quarter	County	FFS Quantity	FFS Paid Amount	MCO Quantity	MCO Paid Amount	Quantity
1/1/2020-3/31/2020	CLARK	18	\$618	16	\$370	34
	WASHOE	1	\$23	-	-	1
	RURAL	-	-	-	-	-
	TOTAL	19	\$641	16	\$370	35
4/1/2020-6/30/2020	CLARK	28	\$1,153	40	\$1,358	68
	WASHOE	-	-	1	\$34	1
	RURAL	-	-	-	-	-
	TOTAL	28	\$1,153	41	\$1,392	69
7/1/2020- 9/30/2020	CLARK	28	\$1,113	23	\$581	51
	WASHOE	1	\$34	-	-	1
	RURAL	5	\$188	-	-	5
	TOTAL	34	\$1,336	23	\$581	57
10/1/2020-12/31/2020	CLARK	31	\$1,090	11	\$83	42
	WASHOE	1	\$23	2	\$46	3
	RURAL	20	\$794	-	-	20
	TOTAL	52	\$1,907	13	\$129	65
1/1/2021-3/31/2021	CLARK	26	\$922	7	\$170	33
	WASHOE	7	\$172	3	\$92	10
	RURAL	11	\$481	-	-	11
	TOTAL	44	\$1,575	10	\$262	54

Chart C2.1: 99408: Serving Quantity for Screening with Brief Intervention (15-30 minutes)

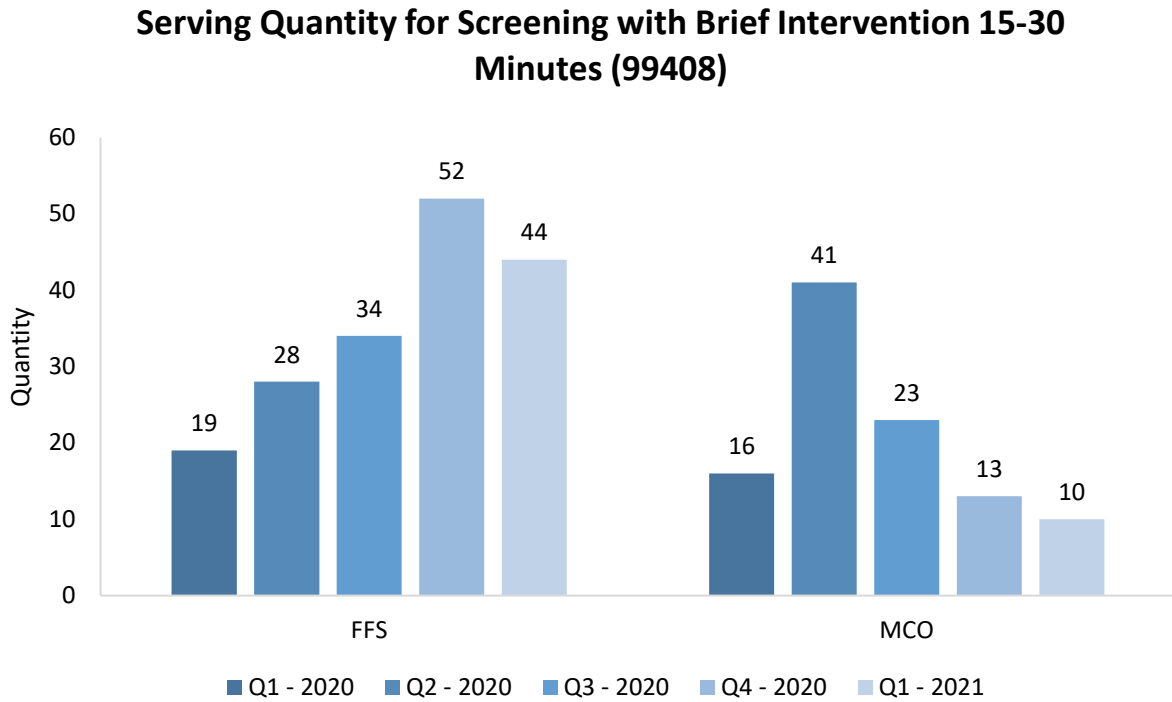


Chart C2.2: 99408: Paid Amount for Screening with Brief Intervention (15-30 minutes)

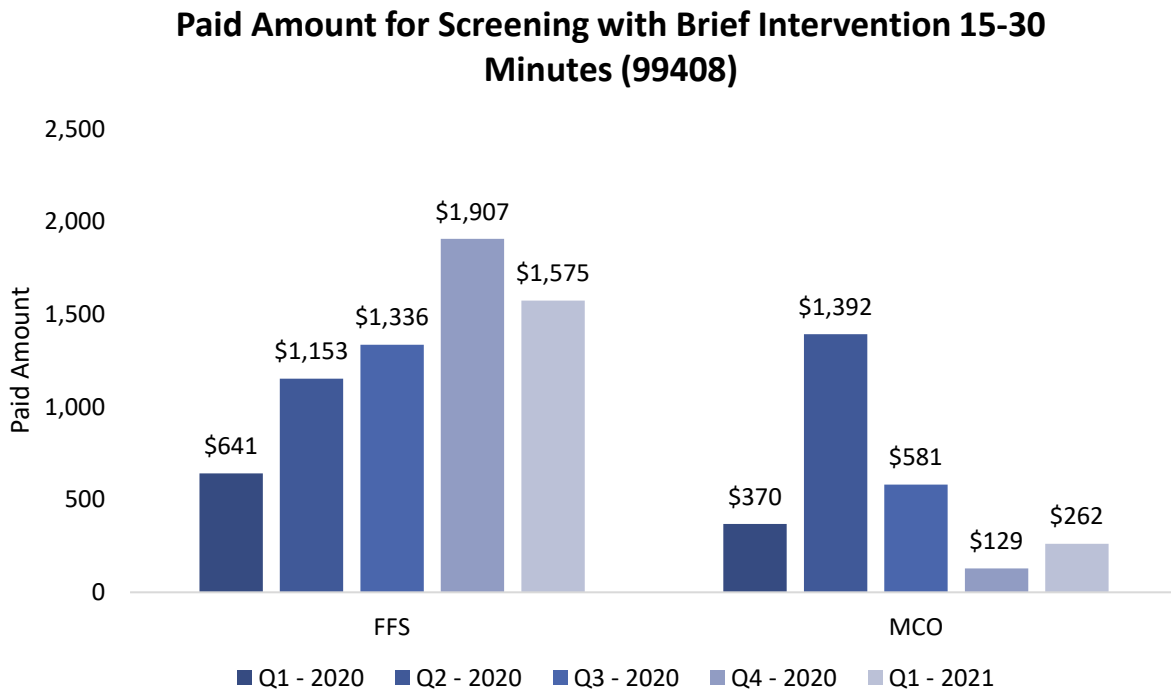


Table C2.3: 99409: Screening with Brief Intervention (30+ minutes)

Quarter	County	FFS Quantity	FFS Paid Amount	MCO Quantity	MCO Paid Amount	Total Quantity
1/1/2020-3/31/2020	CLARK	166	\$10,011	1	\$60	167
	WASHOE	-	-	-	-	-
	RURAL	-	-	-	-	-
	TOTAL	166	\$10,011	1	\$60	167
4/1/2020-6/30/2020	CLARK	103	\$6,244	-	-	103
	WASHOE	-	-	-	-	-
	RURAL	2	\$133	-	-	2
	TOTAL	105	\$6,377	0	\$0	105
7/1/2020- 9/30/2020	CLARK	95	\$5,777	-	-	95
	WASHOE	-	-	-	-	-
	RURAL	-	-	-	-	-
	TOTAL	95	\$5,777	0	\$0	95
10/1/2020-12/31/2020	CLARK	221	\$13,515	-	-	221
	WASHOE	-	-	-	-	-
	RURAL	1	\$67	-	-	1
	TOTAL	222	\$13,582	0	\$0	222
1/1/2021-3/31/2021	CLARK	144	\$8,735	-	-	144
	WASHOE	-	-	-	-	-
	RURAL	3	\$200	-	-	3
	TOTAL	147	\$8,934	0	\$0	147

Chart C2.3: 99409 Screening with Brief Intervention (30+ minutes)

Serving Quantity for Screening with Brief Intervention 30+ Minutes (99409)

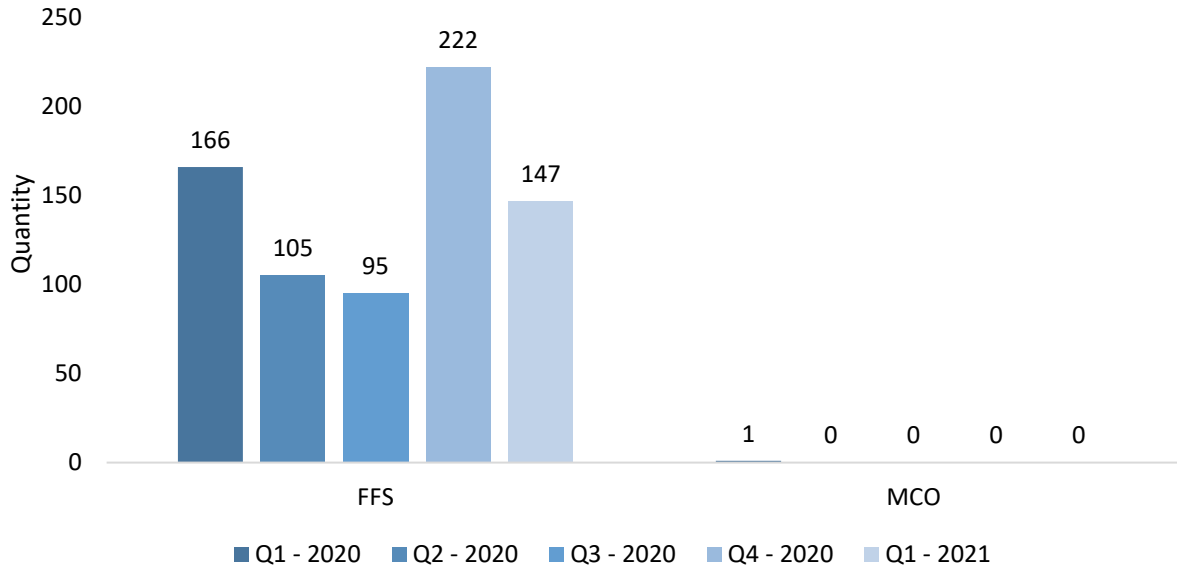


Chart C2.4: 99409 Paid Amount for Screening with Brief Intervention

Paid Amount for Screening with Brief Intervention 30+ Minutes (99409)

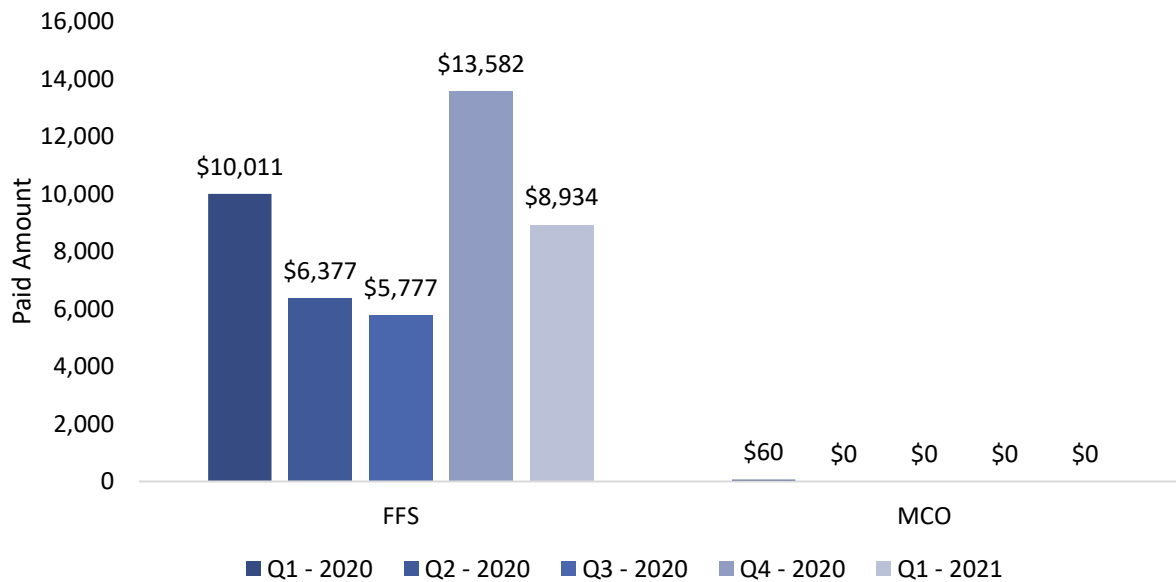


Table C2.4: H0049 Alcohol/Drug Screening

Quarter	County	FFS Quantity	FFS Paid Amount	MCO Quantity	MCO Paid Amount	Total Quantity
1/1/2020-3/31/2020	CLARK	119	\$1,160	983	\$8,655	1,102
	WASHOE	343	\$3,275	688	\$6,678	1,031
	RURAL	141	\$965	1	\$10	142
	TOTAL	603	\$5,401	1,672	\$15,344	2,275
4/1/2020-6/30/2020	CLARK	128	\$1,248	963	\$8,668	1,091
	WASHOE	357	\$3,414	564	\$5,474	921
	RURAL	480	\$4,208	-	-	480
	TOTAL	965	\$8,870	1,527	\$14,142	2,492
7/1/2020- 9/30/2020	CLARK	140	\$1,365	1,147	\$10,219	1,287
	WASHOE	355	\$3,265	511	\$4,972	866
	RURAL	275	\$1,960	-	-	275
	TOTAL	770	\$6,590	1,658	\$15,191	2,428
10/1/2020-12/31/2020	CLARK	169	\$1,636	1,153	\$10,398	1,322
	WASHOE	394	\$3,693	774	\$7,203	1,168
	RURAL	848	\$6,321	-	-	848
	TOTAL	1,411	\$11,649	1,927	\$17,601	3,338
1/1/2021-3/31/2021	CLARK	155	\$1,511	1,347	\$11,440	1,502
	WASHOE	318	\$3,081	824	\$7,202	1,142
	RURAL	773	\$6,609	-	-	773
	TOTAL	1,246	\$11,201	2,171	\$18,642	3,417

Chart C2.5: H0049 Alcohol/Drug Screening, Quantity

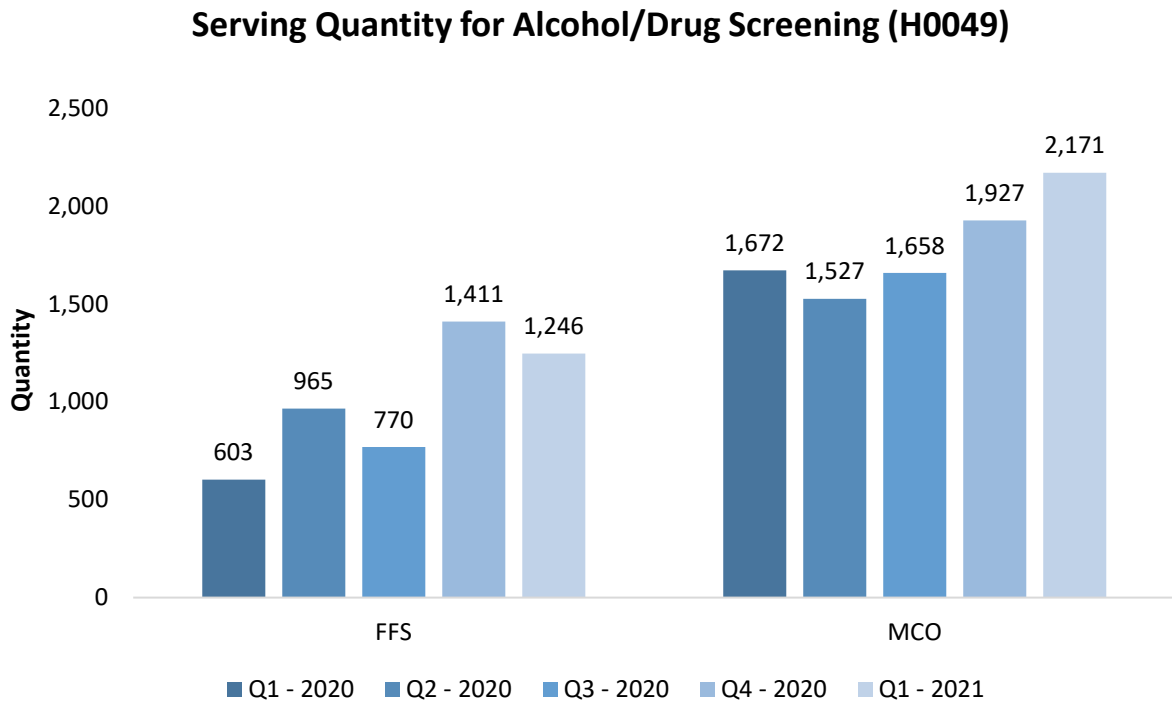
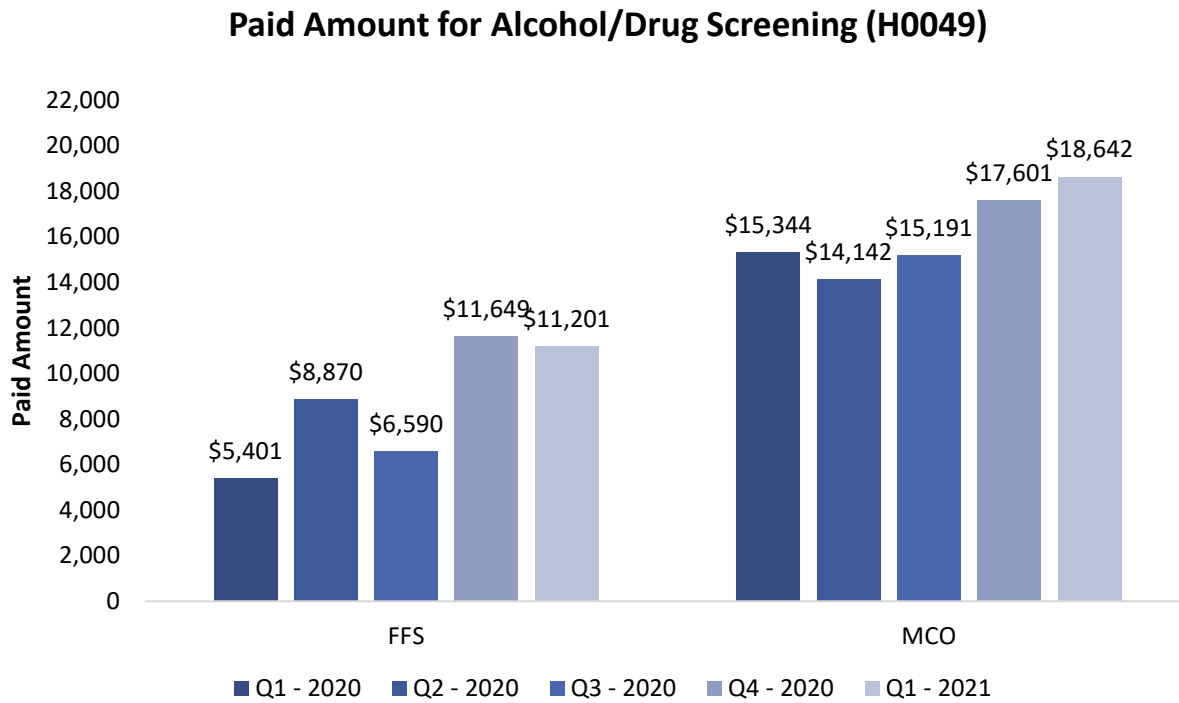


Chart C2.6: H0049 Alcohol/Drug Screening, Paid Amount



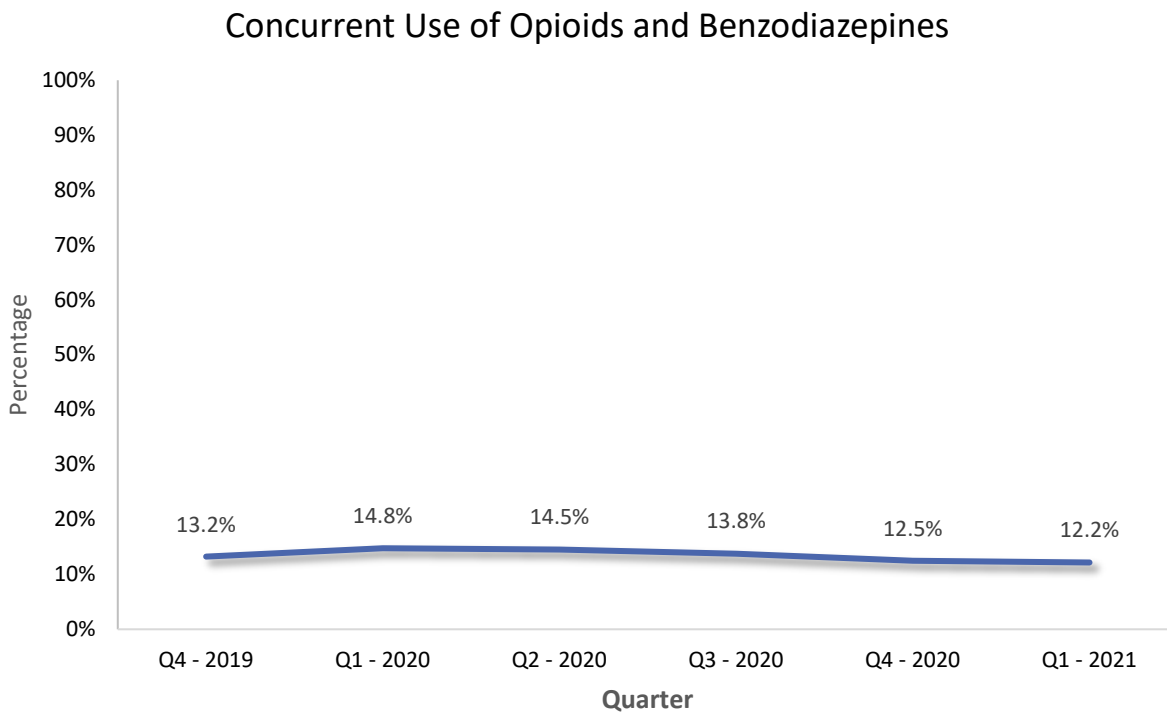
C3 – Concurrent Prescription of Opioids and Benzodiazepines

The percentage represents the number of members with a concurrent prescription of opioids and benzodiazepine for 30 or more consecutive days during the quarter. Members are 18 years or older and do not have a diagnosis of cancer and are not in hospice.

Table C3: Concurrent Prescription of Opioids and Benzodiazepines

Quarter	Numerator	Denominator	%	% Change from Prior
10/01/19 - 12/31/19	2,219	16,796	13.2%	-
01/01/20 - 03/31/20	2,645	17,919	14.8%	11.7%
04/01/20 - 06/30/20	2,559	17,646	14.5%	-1.8%
07/01/20 - 09/30/20	2,302	16,693	13.8%	-4.9%
10/01/20 - 12/31/20	2,096	16,796	12.5%	-9.5%
01/01/21 - 03/31/21	2,105	17,303	12.2%	-2.5%

Chart C3: Concurrent Prescription of Opioids and Benzodiazepines



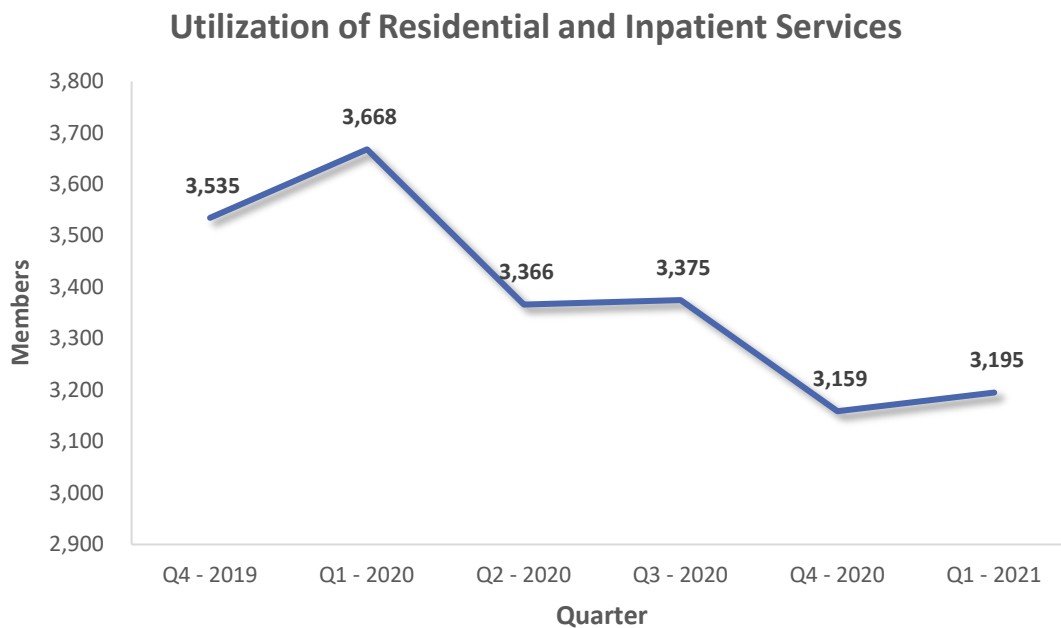
C4 – Residential and Inpatient Services

The members included in the table and chart below have a diagnosis code of a mental and behavioral disorders due to psychoactive substance use and had treatment under provider types 11 (Hospital Inpatient), 13 (Psychiatric Hospital, Inpatient), and 63 (Residential Treatment Centers).

Table C4: Residential and Inpatient Services

Quarter	Total Members	% Change From Prior Quarter
10/01/19 - 12/31/19	3,535	-
01/01/20 - 03/31/20	3,668	3.8%
04/01/20 - 06/30/20	3,366	-8.2%
07/01/20 - 09/30/20	3,375	0.3%
10/01/20 - 12/31/20	3,159	-6.4%
01/01/21 - 03/31/21	3,195	1.1%

Chart C4: Residential and Inpatient Services



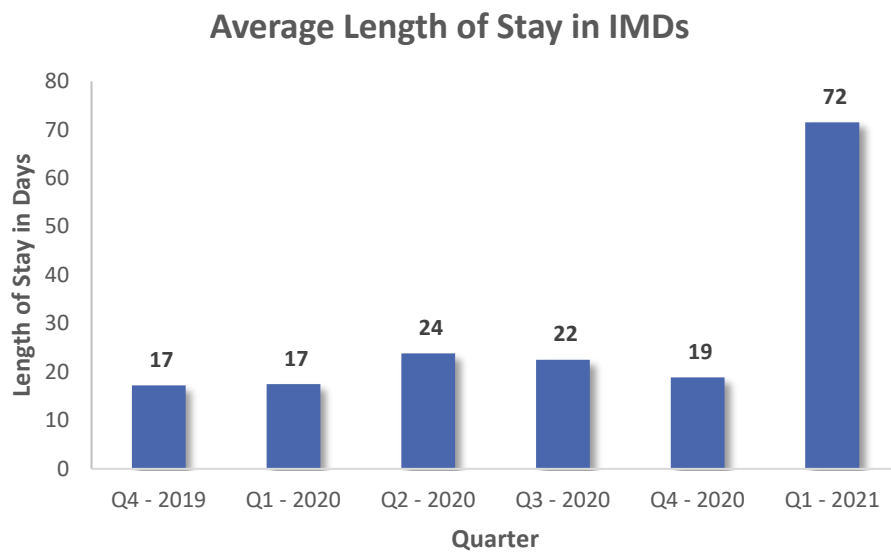
C5 – Average Length of Stay in Institutions for Mental Disease (IMDs)

A member is included in this count if their date of discharge matches the time-period assessed. The number of days stayed in the IMD is based on the difference of days from the admission to the discharge date. Members could have more than one stay during a time-period. Please note, several members with long stays were discharged in quarter one 2021, driving up the average length of stay.

Table C5: Average Length of Stay in IMD

Quarter	Average in Days	% Change From Prior Quarter
10/01/19 - 12/31/19	17	-
01/01/20 - 03/31/20	17	1.6%
04/01/20 - 06/30/20	24	36.4%
07/01/20 - 09/30/20	22	-5.7%
10/01/20 - 12/31/20	19	-16.0%
01/01/21 - 03/31/21	72	278.5%

Chart C5: Average Length of Stay in IMD



C6 – Intensive Outpatient and Partial Hospitalization Services and Withdrawal Management Services

Table C6.1: Intensive Outpatient and Partial Hospitalization Services

Quarter	FFS Total Members	MCO Total Members	FFS % Change	MCO % Change
10/01/19 - 12/31/19	443	414	-	-
01/01/20 - 03/31/20	449	558	1%	35%
04/01/20 - 06/30/20	293	478	-35%	-14%
07/01/20 - 09/30/20	277	564	-5%	18%
10/01/20 - 12/31/20	244	609	-12%	8%
01/01/21 - 03/31/21	222	670	-9%	10%

Chart C6.1: Intensive Outpatient and Partial Hospitalization Services

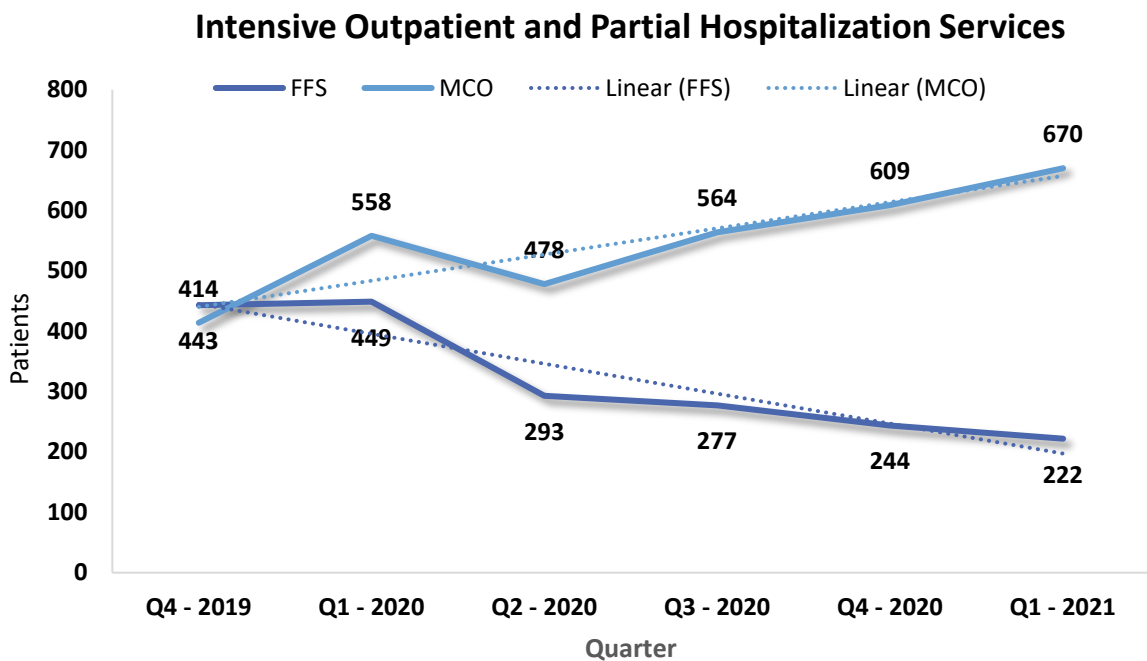
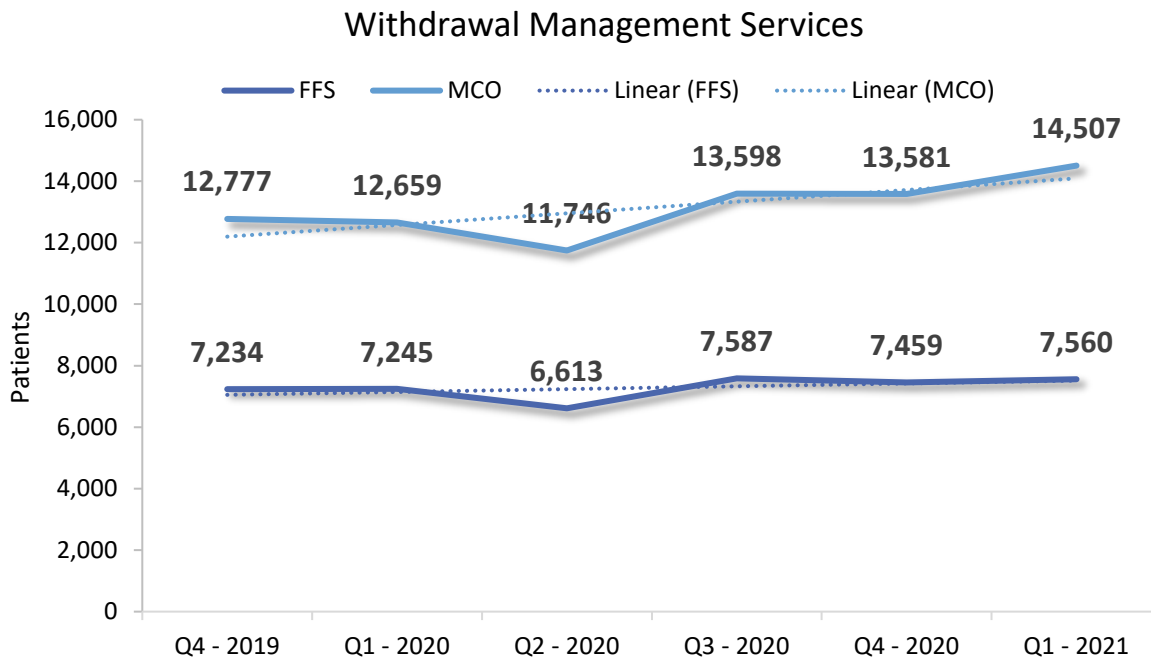


Table C6.2: Withdrawal Management Services

Quarter	FFS Total Members	MCO Total Members	FFS % Change	MCO % Change
10/01/19 - 12/31/19	7,234	12,777	-	-
01/01/20 - 03/31/20	7,245	12,659	0%	-1%
04/01/20 - 06/30/20	6,613	11,746	-9%	-7%
07/01/20 - 09/30/20	7,587	13,598	15%	16%
10/01/20 - 12/31/20	7,459	13,581	-2%	0%
01/01/21 - 03/31/21	7,560	14,507	1%	7%

Chart C6.2: Withdrawal Management Services



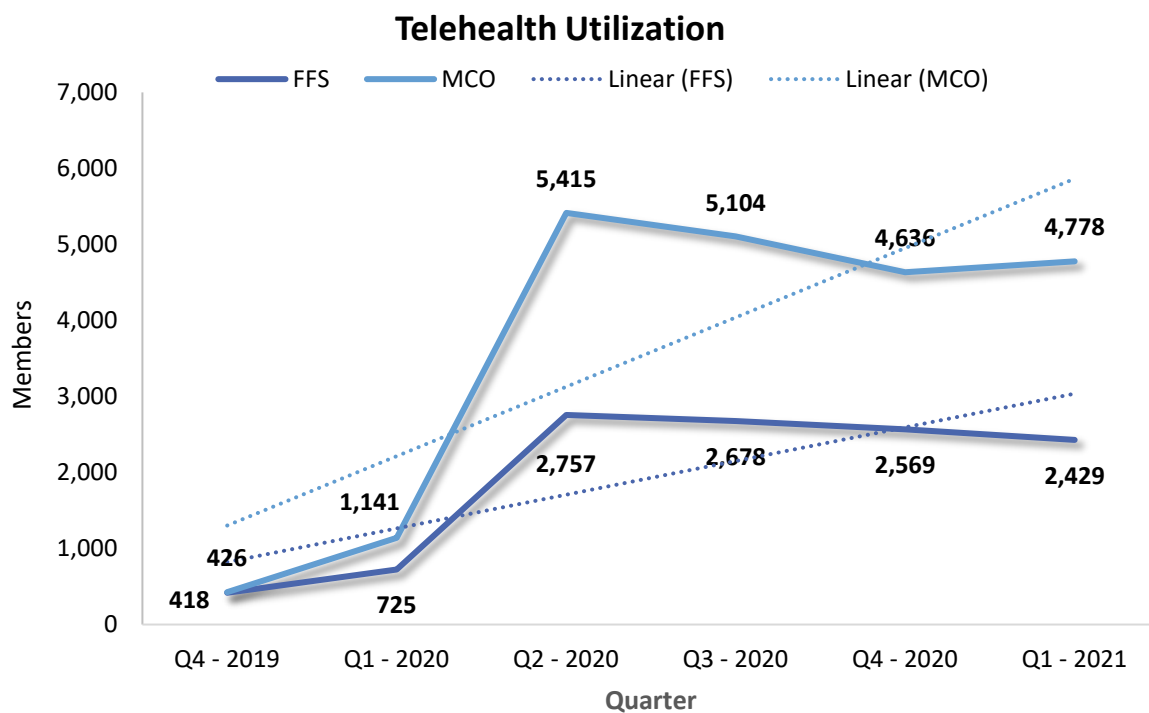
C7 – Telehealth Utilization

The member counts represented in the table and chart below are the number of members with a SUD diagnosis and a telehealth claim (via CPT) within the given time-period. Please notice the dramatic increase in telehealth utilization which occurs because of the COVID-19 pandemic.

Table C.7: Telehealth

Quarter	FFS Total Members	MCO Total Members	FFS % Change	MCO % Change
10/01/19 - 12/31/19	418	426	-	-
01/01/20 - 03/31/20	725	1,141	73%	168%
04/01/20 - 06/30/20	2,757	5,415	280%	375%
07/01/20 - 09/30/20	2,678	5,104	-3%	-6%
10/01/20 - 12/31/20	2,569	4,636	-4%	-9%
01/01/21 - 03/31/21	2,429	4,778	-5%	3%

Chart C.7: Telehealth



C8 – Prior Authorization for Level 1 Behavioral Health and Substance Abuse Outpatient Services and Member Reconsideration Report

Prior Authorization (PA) data are for Provider Type 17 and Specialty Code 215 (Substance Abuse Agency Model) – Level 1 Behavioral Health and Substance Abuse Outpatient Services.

Table C8: Prior Authorization Status

Quarter	Approved PA	Denied PA	Approved % Change	Denied % Change	Overturn PA	Upheld PA	Overturn % Change	Upheld % Change
10/01/19 - 12/31/19	4,358	958	-	-	9	8	-	-
01/01/20 - 03/31/20	3,877	640	-11%	-33%	0	0	-100%	-100%
04/01/20 - 06/30/20	2,534	500	-35%	-22%	0	1	-	-
07/01/20 - 09/30/20	2,783	506	10%	1%	2	3	-	200%
10/01/20 - 12/31/20	2,893	605	4%	20%	0	0	-100%	-100%
01/01/21 - 03/31/21	2,969	468	3%	-23%	1	1	-	-

Chart C8.1: Prior Authorization Status

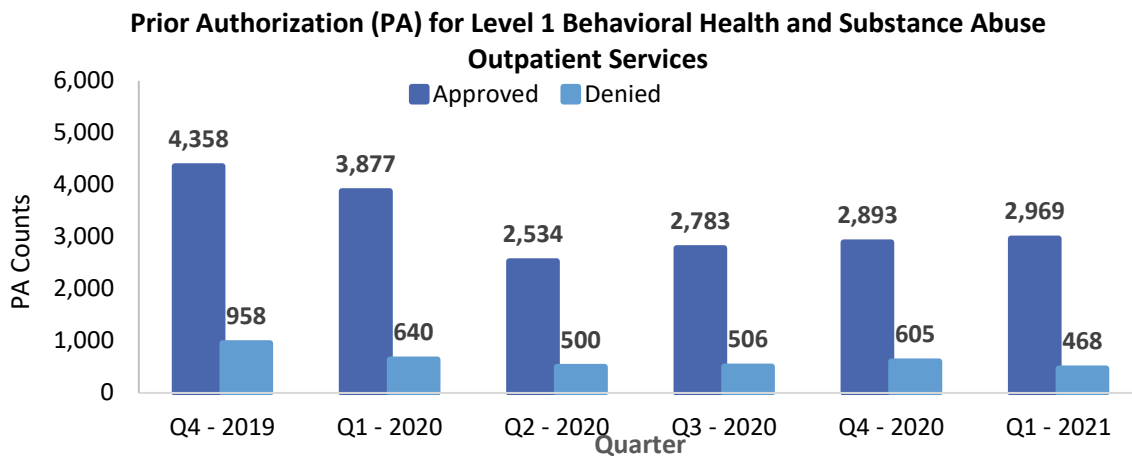
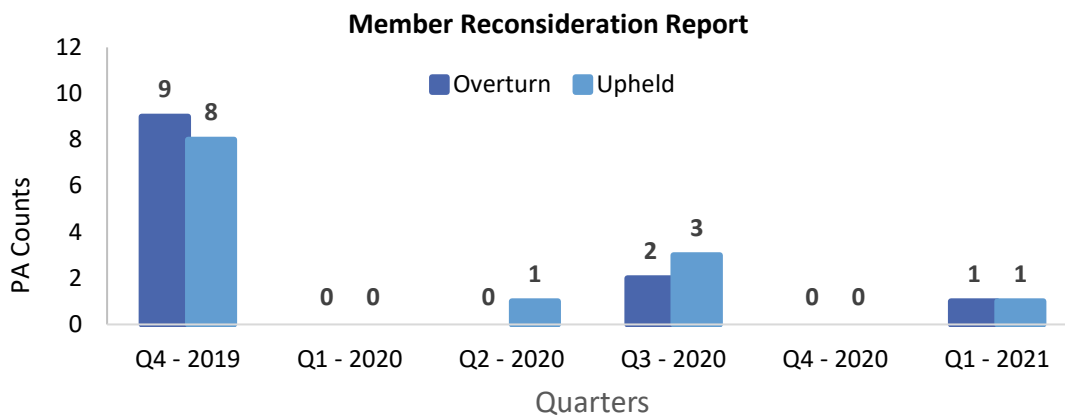


Chart C8.2: Member Reconsideration Report



D: Improved Care Coordination and Transitions Between Levels of Care

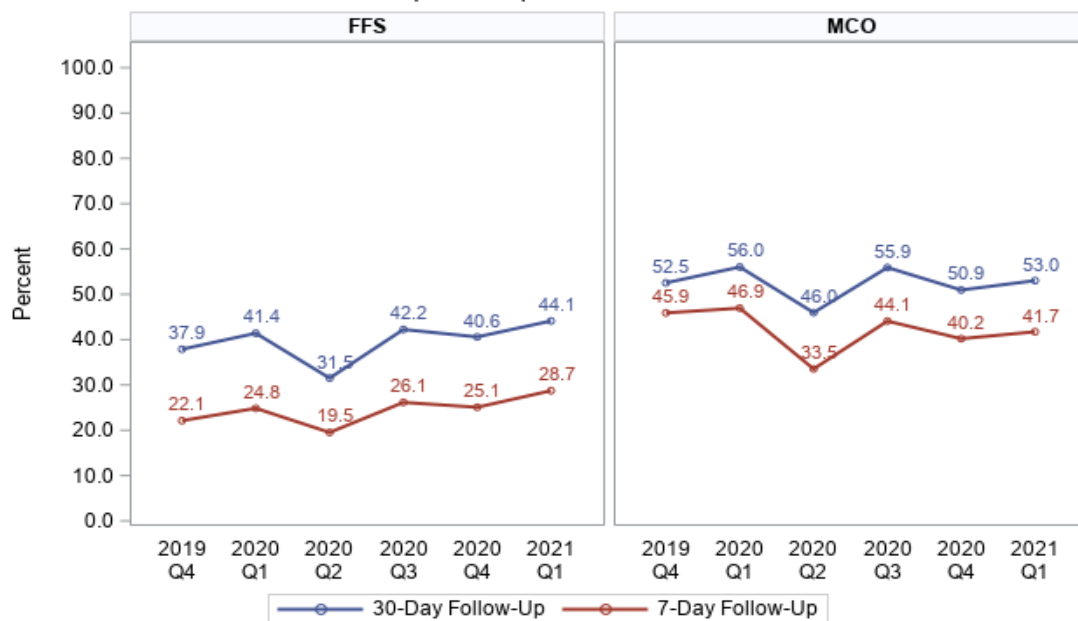
D1: Follow-Up After Emergency Department Visit for Mental Illness or Alcohol or Other Drug (AOD) Abuse or Dependence

The table and figure below show the percentage of Emergency Department (ED) visits for members aged 6+ with a primary diagnosis of mental illness, who had an outpatient visit, an intensive outpatient encounter or a partial hospitalization for mental illness. Two rates are reported: (1) percentage of ED visits for which the consumer received a follow-up within 30 days of the ED visit; and (2) percentage of ED visits for which the consumer received a follow-up within 7 days of the ED visit.

Table D1: Follow-Up After Emergency Department Visit for Mental Illness or Alcohol or Other Drug (AOD) Abuse or Dependence

Quarter	FFS 7-Day Follow-up	FFS 30-Day Follow-Up	MCO 7-Day Follow-up	MCO 30-Day Follow-Up	7-Day Follow-up	30-Day Follow-Up
10/01/19 - 12/31/19	22.10%	37.90%	45.90%	52.50%	37.20%	47.20%
01/01/20 - 03/31/20	24.80%	41.40%	46.90%	56.00%	38.90%	50.70%
04/01/20 - 06/30/20	19.50%	31.50%	33.50%	46.00%	28.40%	40.70%
07/01/20 - 09/30/20	26.10%	42.20%	44.10%	55.90%	37.00%	50.50%
10/01/20 - 12/31/20	25.10%	40.60%	40.20%	50.90%	34.00%	46.70%
01/01/21 - 03/31/21	28.70%	44.10%	41.70%	53.00%	34.80%	48.20%

Figure D1: Follow-up After Emergency Department Visit for Mental Illness



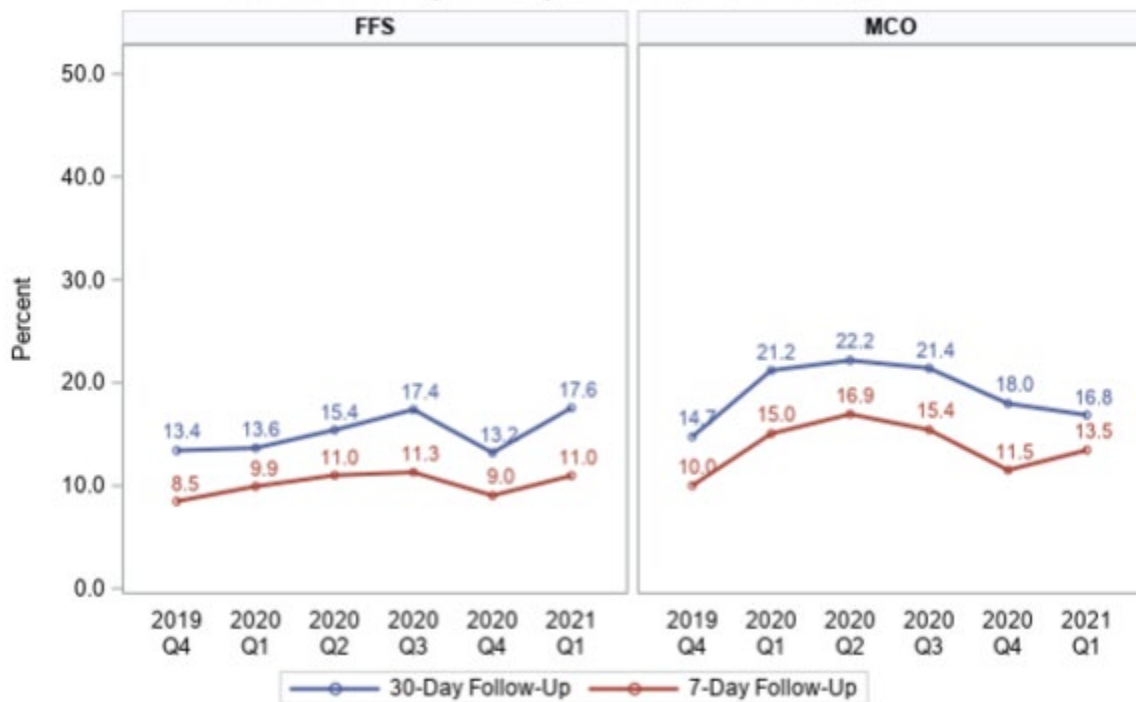
D2: Follow-Up After Emergency Department Visit for Alcohol or Other Drug (AOD) Abuse or Dependence

The table and figure below show the percentage of Emergency Department (ED) visits for members 13 years of age and older with a primary diagnosis of alcohol or other drug (AOD) dependence, who had an outpatient visit, an intensive outpatient encounter or a partial hospitalization for AOD. Two rates are reported: (1) percentage of ED visits for which the consumer received a follow-up within 30 days of the ED visit; and (2) percentage of ED visits for which the consumer received a follow-up within 7 days of the ED visit.

Table D2: Follow-Up After Emergency Department Visit for Alcohol or Other Drug (AOD) Abuse or Dependence

Quarter	FFS 7-Day Follow-up	FFS 30-Day Follow-Up	MCO 7-Day Follow-up	MCO 30-Day Follow-Up	7-Day Follow-up	30-Day Follow-Up
10/01/19 - 12/31/19	8.50%	13.40%	10.00%	14.70%	9.50%	14.30%
01/01/20 - 03/31/20	9.90%	13.60%	15.00%	21.20%	13.50%	18.90%
04/01/20 - 06/30/20	11.00%	15.40%	16.90%	22.20%	14.90%	19.90%
07/01/20 - 09/30/20	11.30%	17.40%	15.40%	21.40%	14.20%	20.20%
10/01/20 - 12/31/20	9.00%	13.20%	11.50%	18.00%	10.70%	16.40%
01/01/21 - 03/31/21	11.00%	17.60%	13.50%	16.80%	12.40%	17.10%

Figure D2: Follow-Up After Emergency Department Visit for Alcohol or Other Drug (AOD) Abuse or Dependence



E: Other Substance Use Disorder (SUD) Related Metrics

E1 – Emergency Department Utilization for Substance Use Disorder (SUD) per 1,000 Medicaid Members

Table E1: Emergency Department Utilization for Substance Use Disorder (SUD) per 1,000 Medicaid Members

Quarter	FFS	MCO
10/01/19 - 12/31/19	424.4	468.6
01/01/20 - 03/31/20	400.5	458.4
04/01/20 - 06/30/20	384.5	428.0
07/01/20 - 09/30/20	374.9	432.0
10/01/20 - 12/31/20	366.3	419.0
01/01/21 - 03/31/21	352.1	408.4

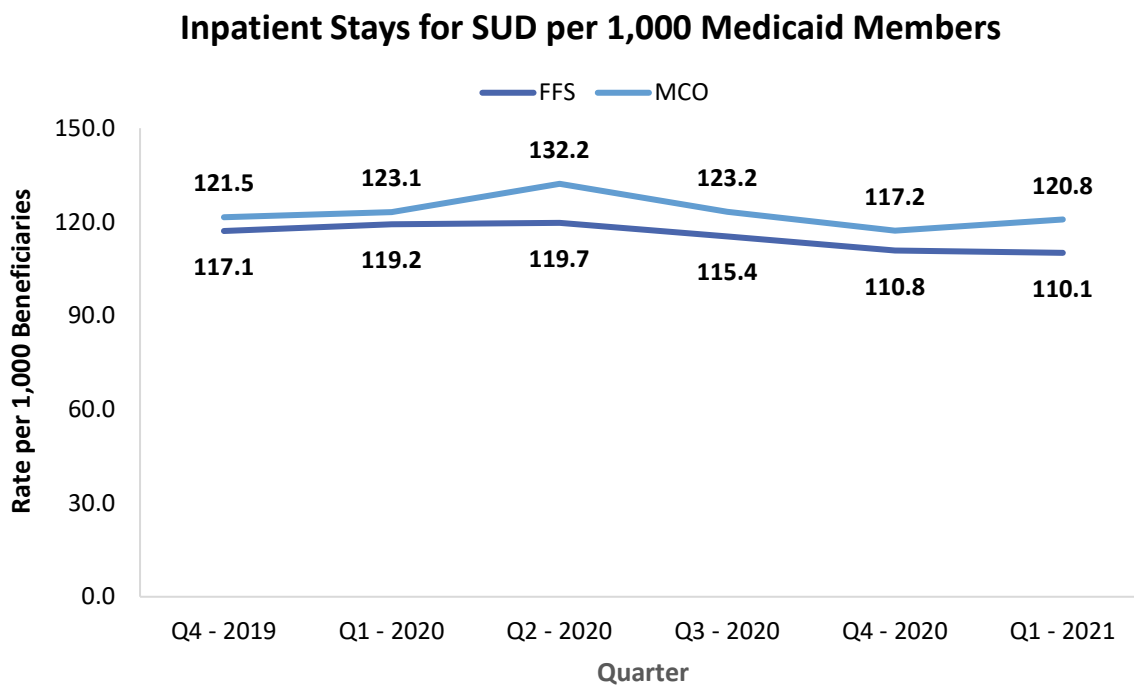
Chart E1: Emergency Department Utilization for Substance Use Disorder (SUD) per 1,000 Medicaid Members

E2 – Inpatient Stays for Substance Use Disorder (SUD) per 1,000 Medicaid Members

Table E2: Inpatient Stays for Substance Use Disorder (SUD) per 1,000 Medicaid Members

Quarter	FFS	MCO
10/01/19 - 12/31/19	117.1	121.5
01/01/20 - 03/31/20	119.2	123.1
04/01/20 - 06/30/20	119.7	132.2
07/01/20 - 09/30/20	115.4	123.2
10/01/20 - 12/31/20	110.8	117.2
01/01/21 - 03/31/21	110.1	120.8

Chart E2: Inpatient Stays for Substance Use Disorder (SUD) per 1,000 Medicaid Members

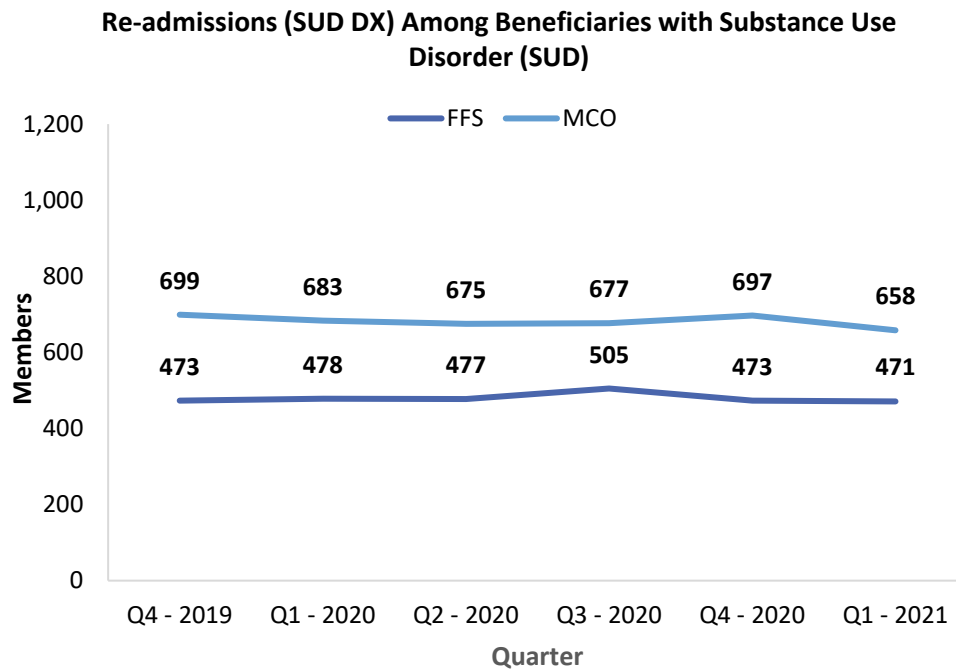


E3(a) – Re-admissions (SUD Diagnosis) Among Members with SUD

Table E3: Re-admissions (SUD Diagnosis) Among Members with SUD

Quarter	FFS Total Members	MCO Total Members	FFS % Change	MCO % Change
10/01/19 - 12/31/19	568	842	-	-
01/01/20 - 03/31/20	572	819	1%	-3%
04/01/20 - 06/30/20	571	787	0%	-4%
07/01/20 - 09/30/20	606	809	6%	3%
10/01/20 - 12/31/20	569	825	-6%	2%
01/01/21 - 03/31/21	570	804	0%	-3%

Chart 3: Re-admissions (SUD Diagnosis) Among Members with SUD

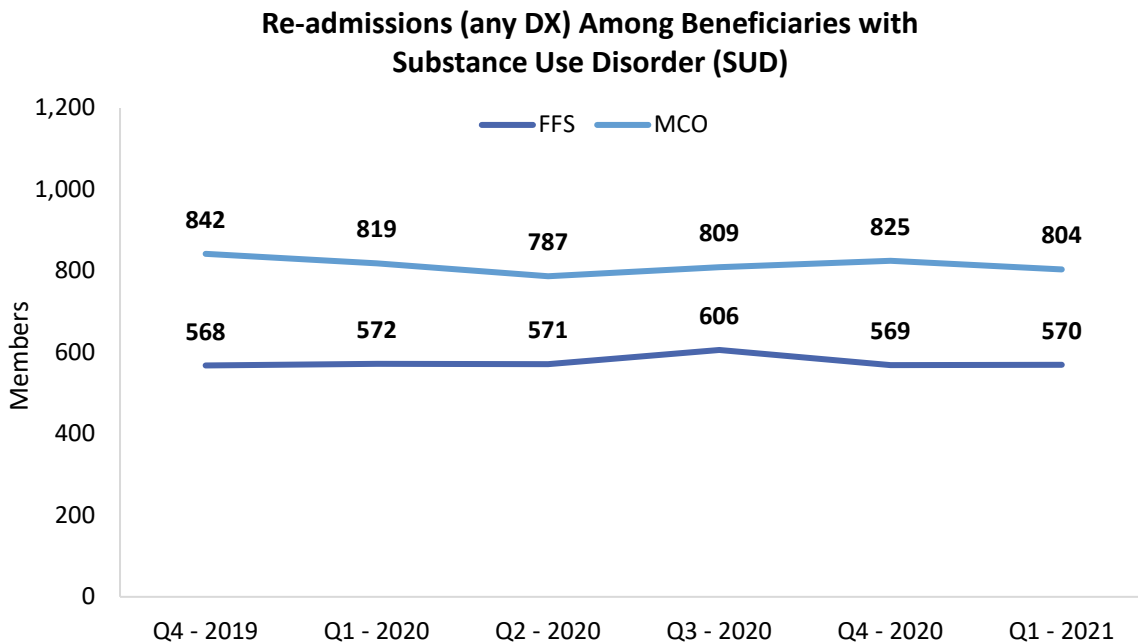


E3(b) – Re-admissions (any Diagnosis) Among Members with SUD

Table E3: Re-admissions (any Diagnosis) Among Members with SUD

Quarter	FFS Total Members	MCO Total Members	FFS % Change	MCO % Change
10/01/19 - 12/31/19	568	842	-	-
01/01/20 - 03/31/20	572	819	1%	-3%
04/01/20 - 06/30/20	571	787	0%	-4%
07/01/20 - 09/30/20	606	809	6%	3%
10/01/20 - 12/31/20	569	825	-6%	2%
01/01/21 - 03/31/21	570	804	0%	-3%

Chart E3: Re-admissions (any Diagnosis) Among Members with SUD

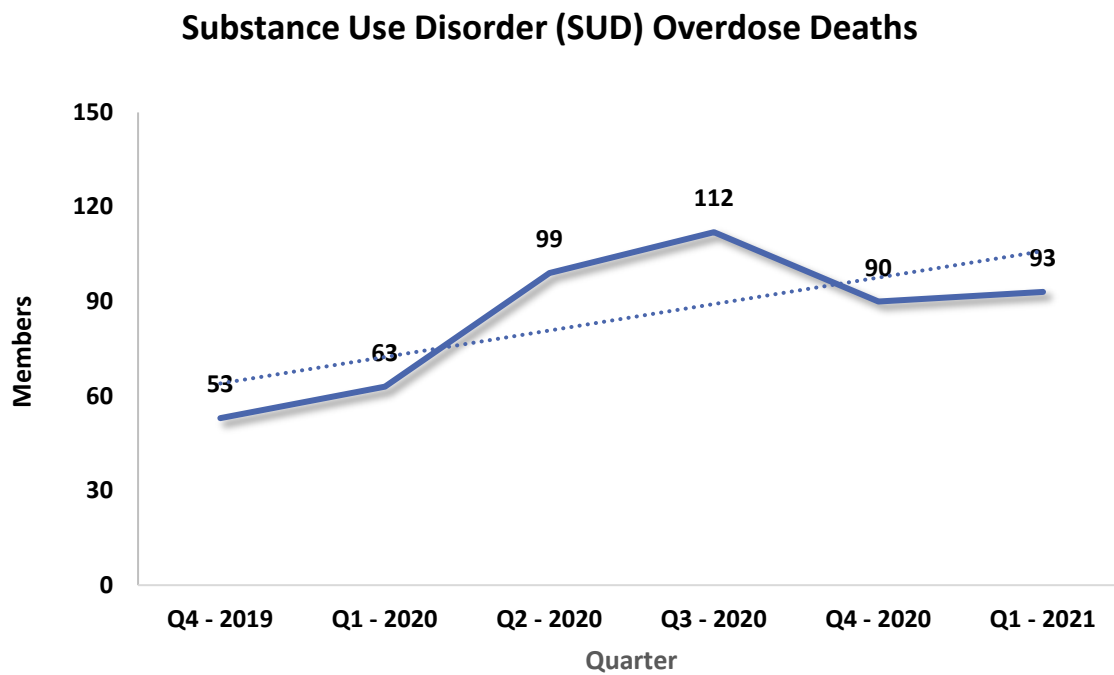


E4 – SUD Overdose Deaths

Table E4: SUD Overdose Deaths

Quarter	Total Patients	% Change From Prior Quarter
10/01/19 - 12/31/19	53	-
01/01/20 - 03/31/20	63	19%
04/01/20 - 06/30/20	99	57%
07/01/20 - 09/30/20	112	13%
10/01/20 - 12/31/20	90	-20%
01/01/21 - 03/31/21	93	3%

Chart E4: SUD Overdose Deaths

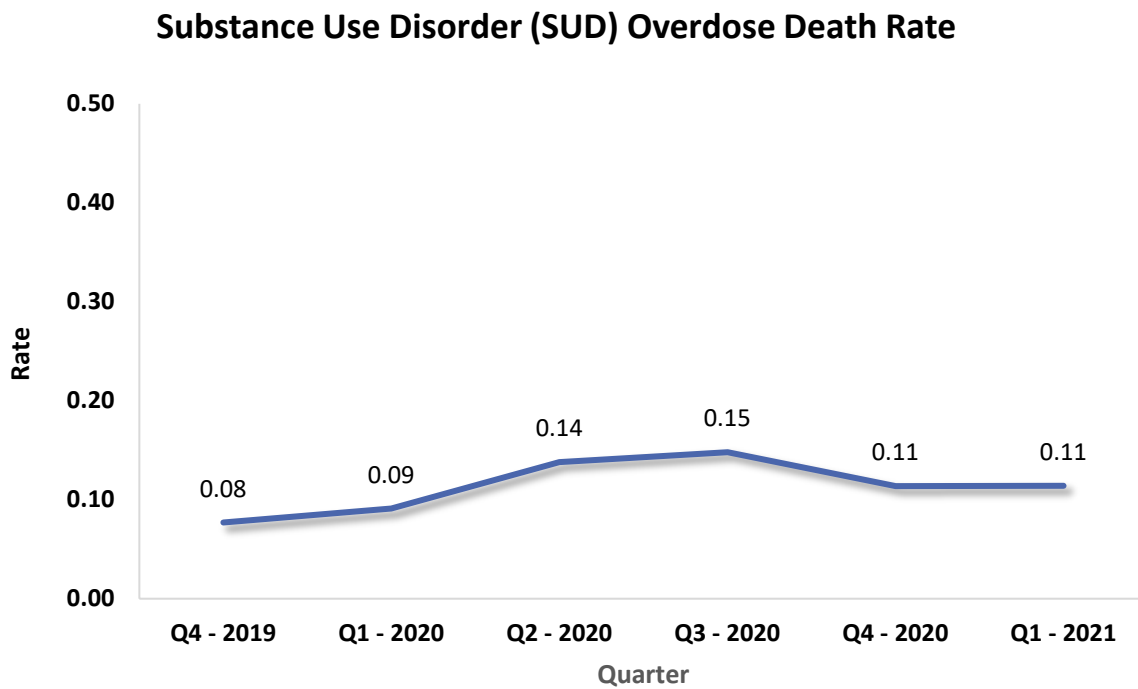


E5 – SUD Overdose Death Rate

Table E5: SUD Overdose Death Rate

Quarter	Rate
-	
01/01/20 - 03/31/20	0.09
-	
07/01/20 - 09/30/20	0.15
-	
01/01/21 - 03/31/21	0.11

Chart E5: SUD Overdose Death Rate

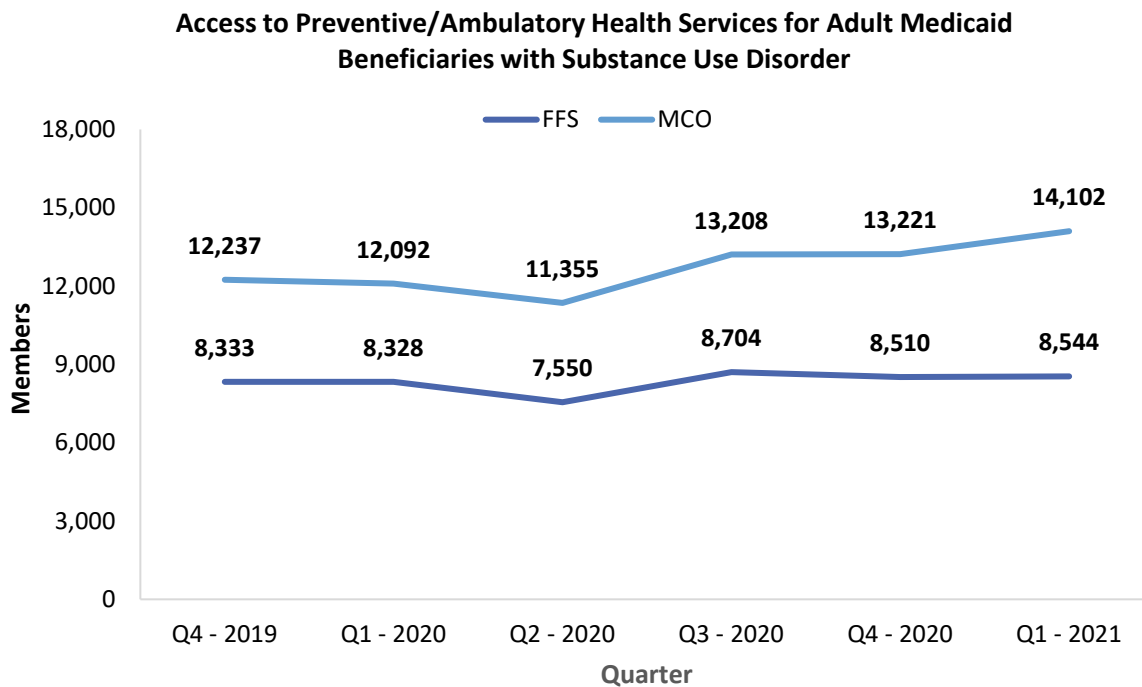


E6 – Access to Preventive/Ambulatory Health Services for Adult Medicaid Members with SUD

Table E6: Access to Preventive/Ambulatory Health Services for Adult Medicaid Members with SUD

Quarter	FFS Total Members	MCO Total Members	FFS % Change	MCO % Change
10/01/19 - 12/31/19	8,333	12,237	-	-
01/01/20 - 03/31/20	8,328	12,092	0%	-1%
04/01/20 - 06/30/20	7,550	11,355	-9%	-6%
07/01/20 - 09/30/20	8,704	13,208	15%	16%
10/01/20 - 12/31/20	8,510	13,221	-2%	0%
01/01/21 - 03/31/21	8,544	14,102	0%	7%

Chart E6: Access to Preventive/Ambulatory Health Services for Adult Medicaid Members with SUD

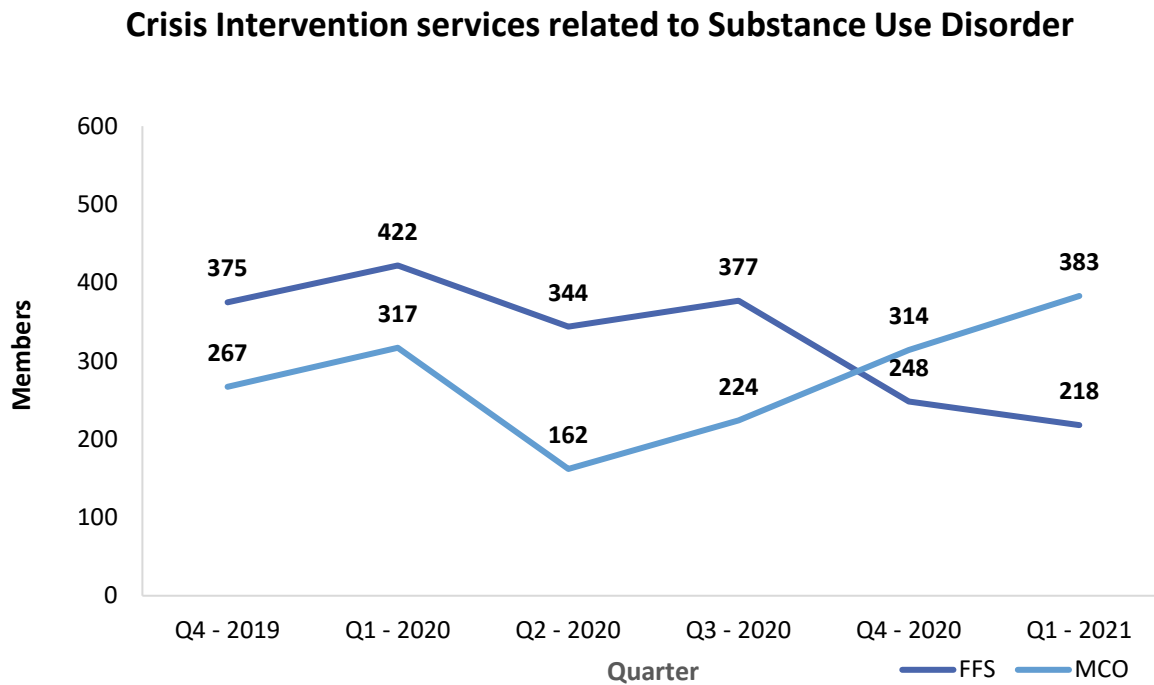


E7 – Crisis Intervention Services Related to SUD

Table E7: Crisis Intervention Services Related to SUD

Quarter	FFS Total Members	MCO Total Members	FFS % Change	MCO % Change
10/01/19 - 12/31/19	375	267	-	-
01/01/20 - 03/31/20	422	317	13%	19%
04/01/20 - 06/30/20	344	162	-18%	-49%
07/01/20 - 09/30/20	377	224	10%	38%
10/01/20 - 12/31/20	248	314	-34%	40%
01/01/21 - 03/31/21	218	383	-12%	22%

Chart E7: Crisis Intervention Services Related to SUD



F: Financial

This section of the data book covers the spend and utilization by members diagnosed with SUD during the given time-period. The first area presented are the caseload actuals. From quarter 1 of FFY 2020 to quarter 2 FFY 2021 Medicaid caseload increased 17%. Please consider this increase when evaluating spend and utilization.

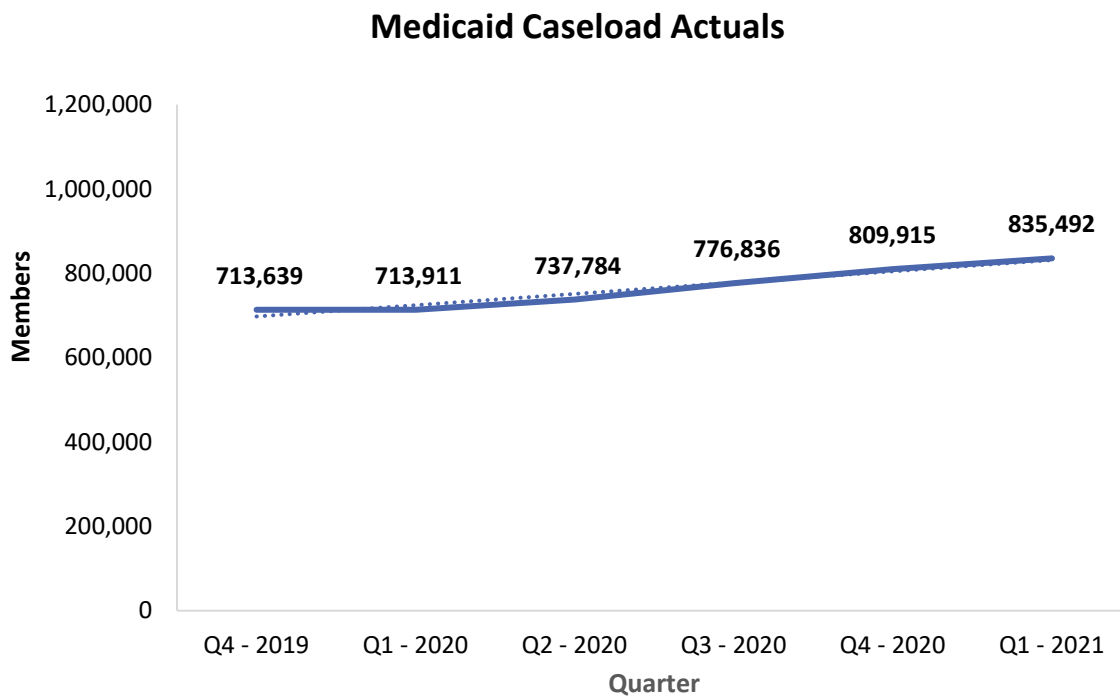
F1 – Medicaid Caseload Actuals

Caseload represents the number of members enrolled in any Medicaid plan for at least one day.

Table F1: Medicaid Caseload Actuals

Quarter	Medicaid Members	% Change from Prior Quarter
10/01/19 - 12/31/19	713,639	-
01/01/20 - 03/31/20	713,911	0%
04/01/20 - 06/30/20	737,784	3%
07/01/20 - 09/30/20	776,836	5%
10/01/20 - 12/31/20	809,915	4%
01/01/21 - 03/31/21	835,492	3%

Chart F1: Medicaid Caseload Actuals



F2 – Substance Use Disorder (SUD) Spending

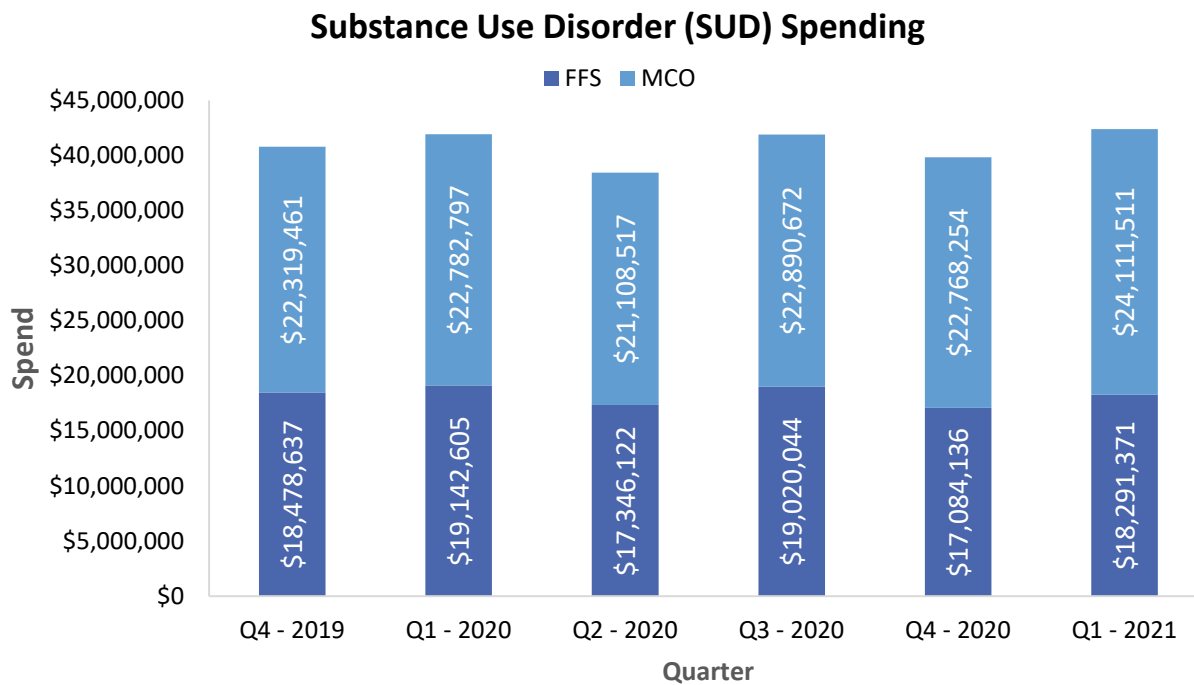
SUD spending for Medicaid Members is the paid amount for claims with principle or secondary ICD-10 diagnosis codes claims with listed National Drug Codes (NDC) that indicate SUD for any unique member.

Table F2: Substance Use Disorder (SUD) Spending by Plan Type

Quarter	FFS Spend	MCO Spend*	FFS % Change	MCO % Change
10/01/19 - 12/31/19	\$18,478,637	\$22,319,461	-	-
01/01/20 - 03/31/20	\$19,142,605	\$22,782,797	4%	2%
04/01/20 - 06/30/20	\$17,346,122	\$21,108,517	-9%	-7%
07/01/20 - 09/30/20	\$19,020,044	\$22,890,672	10%	8%
10/01/20 - 12/31/20	\$17,084,136	\$22,768,254	-10%	-1%
01/01/21 - 03/31/21	\$18,291,371	\$24,111,511	7%	6%

*All MCO paid amounts are multiplied by 1.1 to report the actual amount spent by State.

Chart F2: Substance Use Disorder (SUD) Spending by Plan Type



F3 – Per Capita Substance Use Disorder (SUD) Spending (per Enrollee)

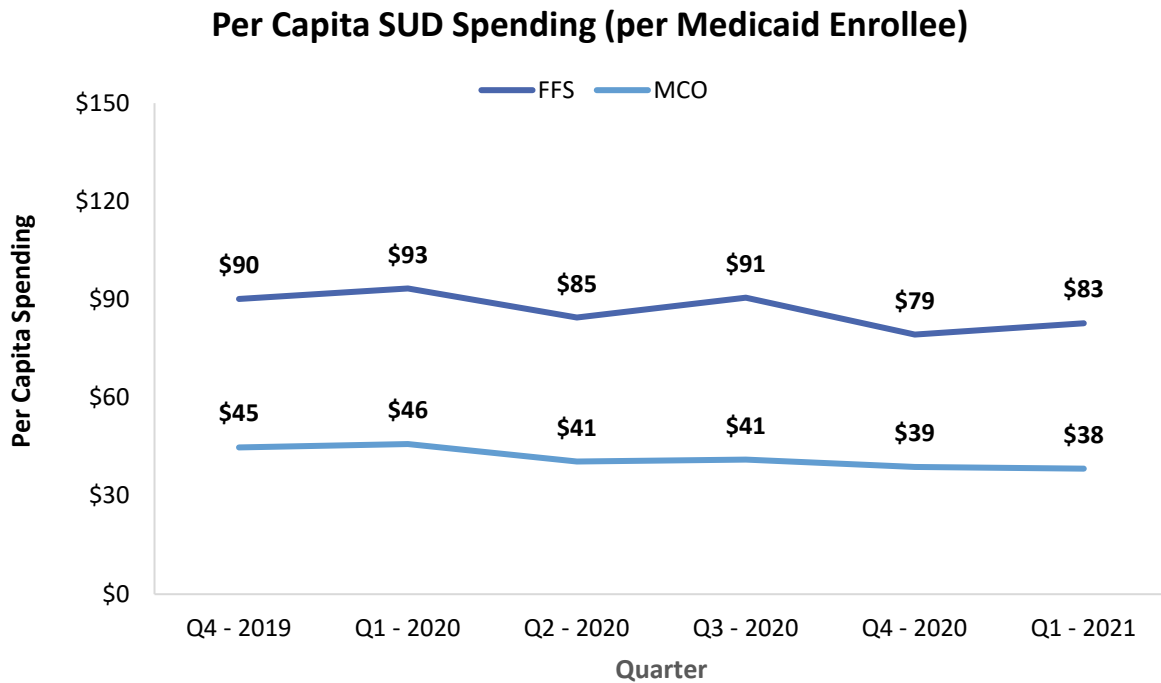
Per capita spend is defined as the total quarterly spend divided by the total number of enrollees by plan type. Per capita spend for both FFS and MCO decreases from FFY2020 to FFY2021

Table F3: Per Capita SUD Spend

Quarter	FFS Spend	MCO Spend*	FFS % Change	MCO % Change
10/01/19 - 12/31/19	\$90	\$45	-	-
01/01/20 - 03/31/20	\$93	\$46	4%	2%
04/01/20 - 06/30/20	\$85	\$41	-9%	-12%
07/01/20 - 09/30/20	\$91	\$41	7%	2%
10/01/20 - 12/31/20	\$79	\$39	-12%	-5%
01/01/21 - 03/31/21	\$83	\$38	4%	-1%

*SUD spending per Medicaid enrollee

Chart F3: Per Capita SUD Spend



F4 – Per Capita Substance Use Disorder (SUD) Spending Within Institutions for Mental Disease (IMDs) (per Enrollee)

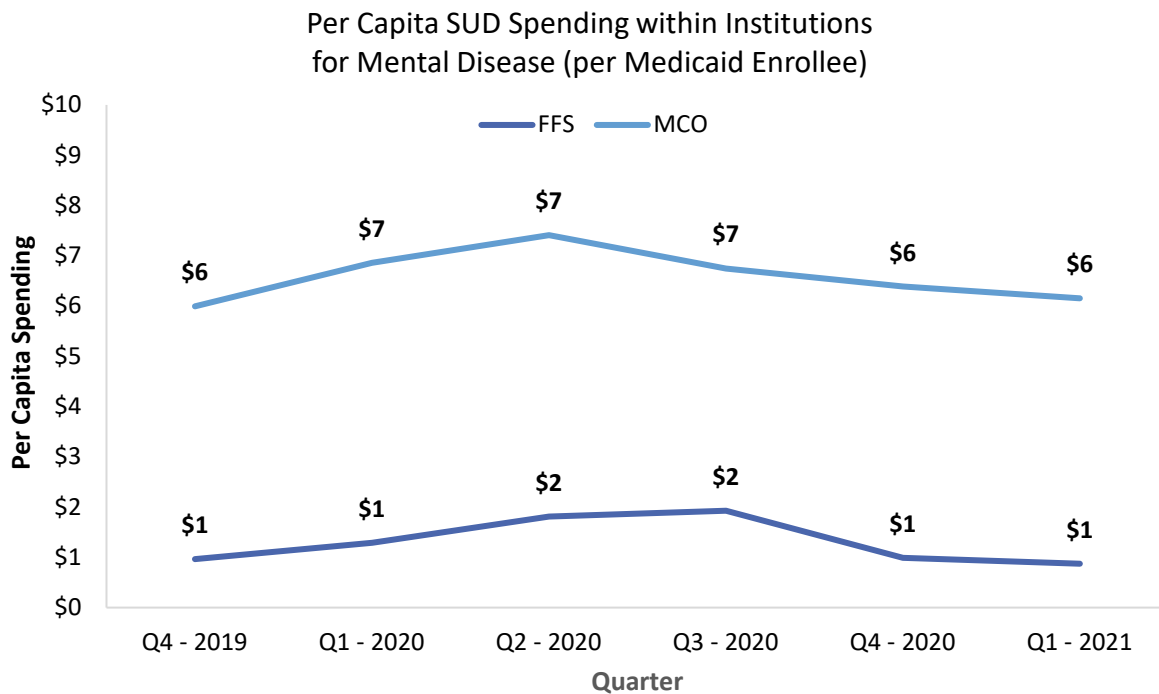
SUD spending for Medicaid Members is the paid amount for claims with principal or secondary ICD-10 Diagnosis Code or claims with listed National Drug Codes (NDC) that indicate a member has been diagnosed with SUD and has claims for IMDs.

Table F4: Per Capita SUD Spending within IMDs

Quarter	FFS Spend	MCO Spend*	FFS % Change	MCO % Change
10/01/19 - 12/31/19	\$0.97	\$5.99	-	-
01/01/20 - 03/31/20	\$1.29	\$6.86	33%	14%
04/01/20 - 06/30/20	\$1.81	\$7.41	41%	8%
07/01/20 - 09/30/20	\$1.93	\$6.75	6%	-9%
10/01/20 - 12/31/20	\$0.99	\$6.39	-49%	-5%
01/01/21 - 03/31/21	\$0.87	\$6.16	-12%	-4%

*SUD spending within IMDs per Medicaid enrollee

Chart F4: Per Capita SUD Spending within IMDs



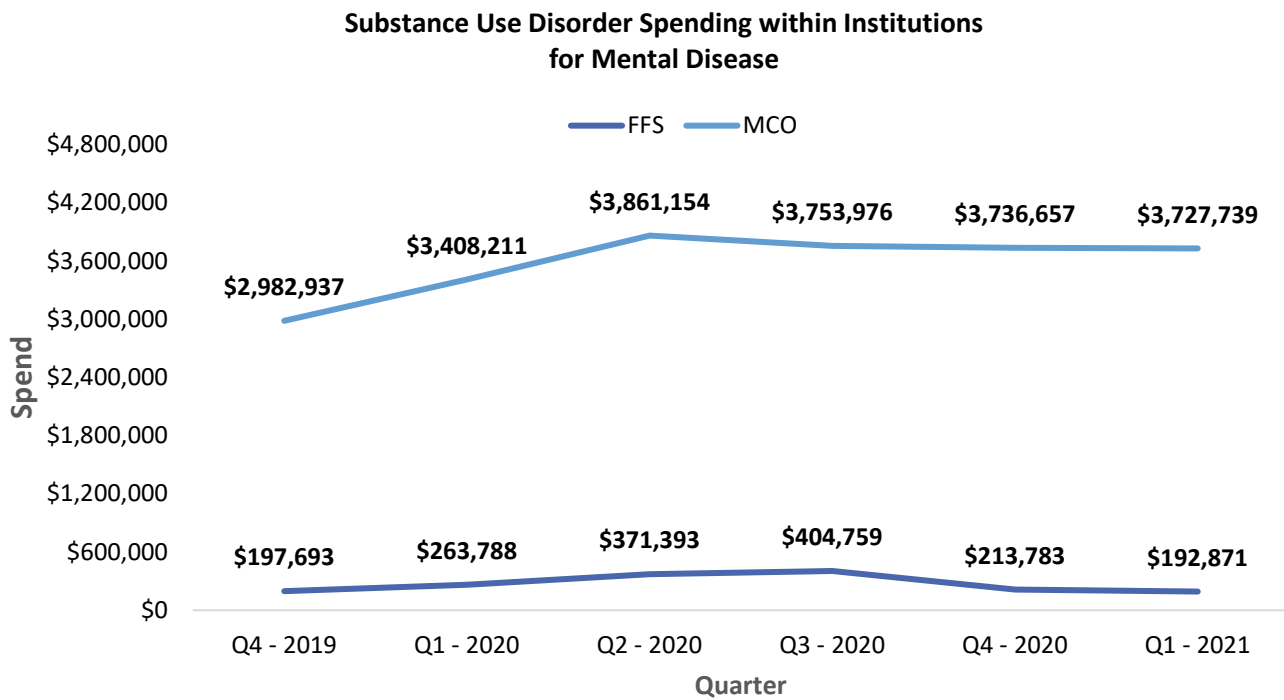
F5 - SUD Spending within Institutions for Mental Disease (total)

Table F5: IMD Spend

Quarter	FFS Spend	MCO Spend*	FFS % Change	MCO % Change
10/01/19 - 12/31/19	\$197,693	\$2,982,937	-	-
01/01/20 - 03/31/20	\$263,788	\$3,408,211	33%	14%
04/01/20 - 06/30/20	\$371,393	\$3,861,154	41%	13%
07/01/20 - 09/30/20	\$404,759	\$3,753,976	9%	-3%
10/01/20 - 12/31/20	\$213,783	\$3,736,657	-47%	0%
01/01/21 - 03/31/21	\$192,871	\$3,727,739	-10%	0%

*All MCO paid amounts are multiplied by 1.1 to report the actual amount spent by State.

Chart F5: IMD Spend



F6 – Medication Assisted Treatment (MAT) Spending

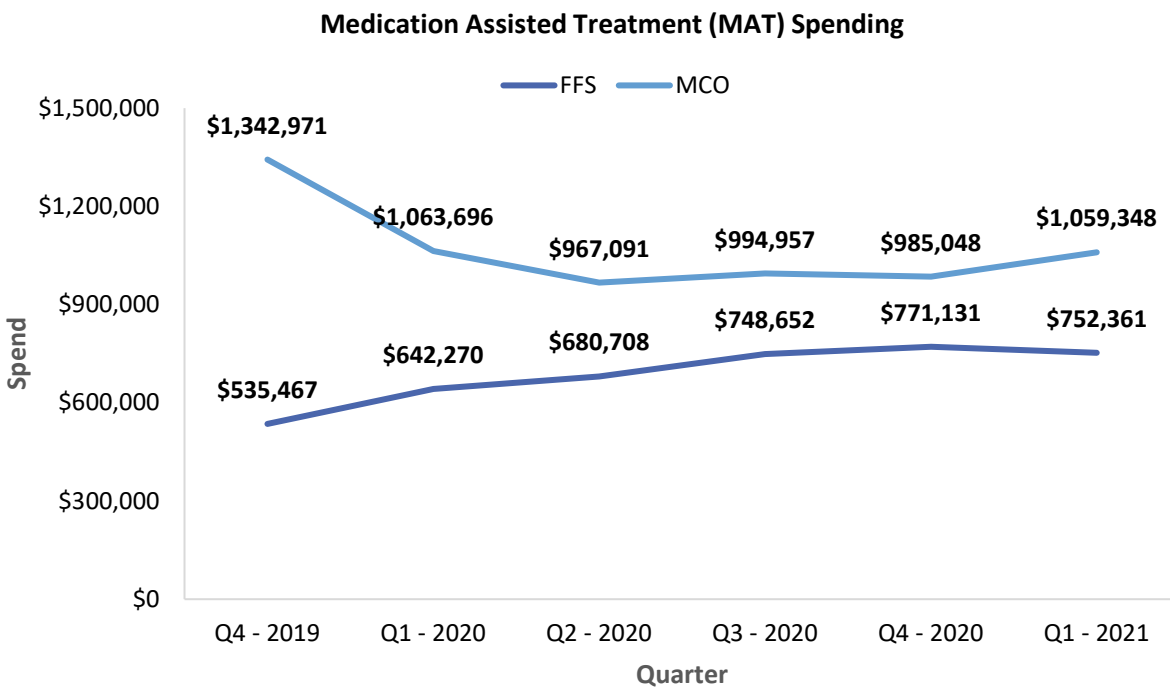
The table and chart below show the total spend by plan type for MAT services provided to Medicaid members during the given time-periods.

Table F6: Medication Assisted Treatment (MAT) Spending

Quarter	Total Spend		% Change	
	FFS	MCO*	FFS	MCO
10/01/19 - 12/31/19	\$535,467	\$1,342,971	-	-
01/01/20 - 03/31/20	\$642,270	\$1,063,696	20%	-21%
04/01/20 - 06/30/20	\$680,708	\$967,091	6%	-9%
07/01/20 - 09/30/20	\$748,652	\$994,957	10%	3%
10/01/20 - 12/31/20	\$771,131	\$985,048	3%	-1%
01/01/21 - 03/31/21	\$752,361	\$1,059,348	-2%	8%

*All MCO Net Payments are multiplied by 1.1 to report the actual amount spent by State.

Chart F6: Medication Assisted Treatment (MAT) Spending

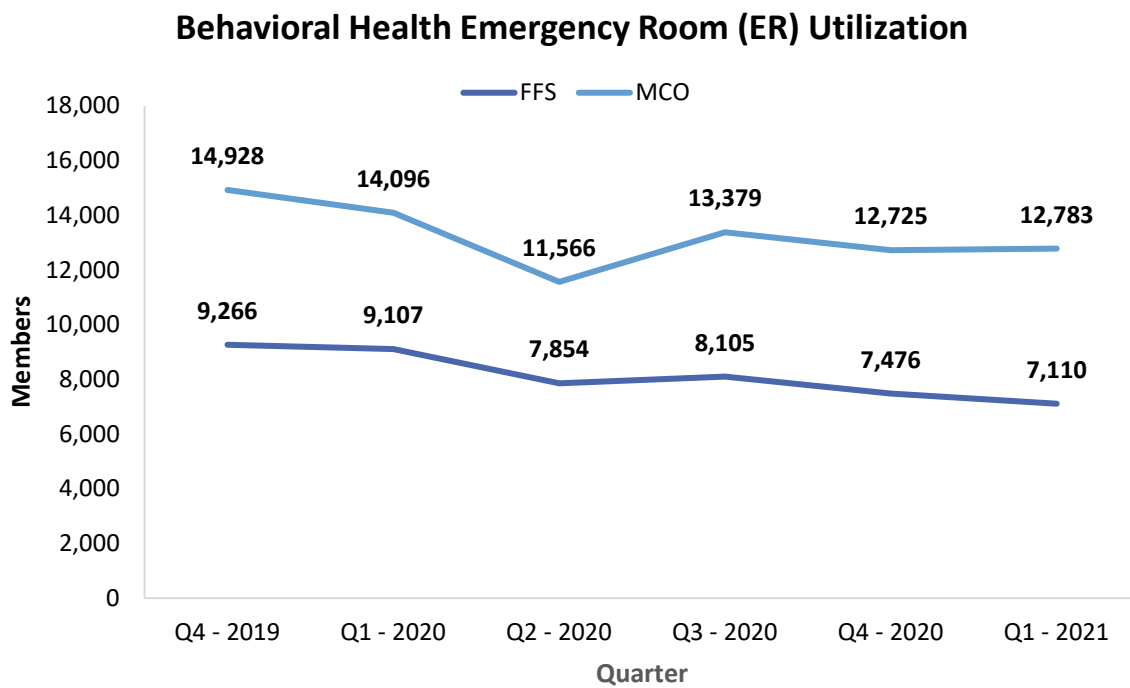


F7 – Behavioral Health Emergency Room (ER) Utilization

Table F7: Behavioral Health Emergency Room (ER) Utilization

Quarter	FFS Total Members	MCO Total Members	FFS % Change	MCO % Change
10/01/19 - 12/31/19	9,266	14,928	-	-
01/01/20 - 03/31/20	9,107	14,096	-2%	-6%
04/01/20 - 06/30/20	7,854	11,566	-14%	-18%
07/01/20 - 09/30/20	8,105	13,379	3%	16%
10/01/20 - 12/31/20	7,476	12,725	-8%	-5%
01/01/21 - 03/31/21	7,110	12,783	-5%	0%

Chart F7: Behavioral Health Emergency Room (ER) Utilization



Appendix

Technical Notes

A – Assessment of Need and Qualifications for SUD Treatment Services

Item	Description	Notes
A1	Medicaid Members Assessed for SUD Treatment Needs Using a Standardized Screening Tool	From the DDM - Diagnosis code starts with F1, G31, G62, I42, K29, K70, T40, T42, T43 and Procedure Code = H0002, H0049
A2	Early Intervention Services	From the DDM - Diagnosis code starts with F1, G31, G62, I42, K29, K70, T40, T42, T43 and Procedure Code = 99408, 99409, G0396, G0397, H0049, H0050
A3	Medicaid Members with SUD Treatment/Diagnosis	QPR Table iii column C & D Total
A4	Medicaid Members with Newly Initiated SUD Treatment/Diagnosis	QPR Table iii column E Total
A5 and A6	Medicaid Members with SUD Diagnosis and Treatment (Monthly & Annually)	DDM - Diagnosis code starts with F1, G31, G62, I42, K29, K70, T40, T42, T43 and Procedure Code = 80305-80307, 90785, 90791-90792, 90832-90840, 90846-90849, 90853, 99201-99205, 99211-99220, 99241-99245, 99281-99285, 99291-99292, 99354, 99355, 99408, 99409, G0396, G0397, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H00020, H0033, H0034, H0035, H0038, H0047, H0049, H0050, H2011, J0571, J0572, J0573, J0574, Q3014, S9480 or Revenue codes = acute inpatient revenue codes listed in the report tech notes.

B – Sufficient Provider Capacity

Item	Description	Notes
B1	Substance Use Disorder (SUD) Provider Availability	QPR Table iii column F Total
B2	Substance Use Disorder (SUD) Provider Availability - MAT	QPR Table iii column G Total
B3	SUD and MAT Providers - by Provider Type and County	QPR Table iii column F by Provider Type and County, column G by Provider Type and County
Other Notes	Gap in Provider Capacity	Gap between number of enrolled SUD providers (QPR Table iii column F) and number of servicing SUD providers (QPR Table iii column C/D). Servicing provider county information is based on performing provider's county. If performing provider county is missing, billing provider's county is gathered as servicing provider's county.

C – Utilization of SUD Treatment Services

Item	Description	Notes
C1	SUD Services by Category - Members	QPR Table iii column C & D
C2	Screening, Brief Intervention and Referral to Treatment (SBIRT) Utilization	DDM - Procedure Codes = 99408, 99409, H0049
C3	Concurrent Use of Opioids and Benzodiazepines (national metrics)	Percentage of Members aged 18 and older with concurrent use of prescription opioids and benzodiazepines. Members with a cancer diagnosis or in hospice are excluded.
C4	Residential and Inpatient Services	Number of Members with a claim for residential treatment for SUD in an IMD during the reporting year
C5	Average Length of Stay in IMDs	The average length of stay for Members discharged from IMD residential treatment for SUD.
C6a	Intensive Outpatient and Partial Hospitalization Services	DDM - Diagnosis code starts with F1, G31, G62, I42, K29, K70, T40, T42, T43 and Procedure Code = H0015, H0035, S9480.
C6b	Withdrawal Management	DDM - Diagnosis code starts with F1, G31, G62, I42, K29, K70, T40, T42, T43 and Procedure Code = 99201-99205, 99211-99215 or Revenue codes = 0116, 0126, 0136, 0156.
C7	Telehealth Utilization	DDM - Diagnosis code starts with F1, G31, G62, I42, K29, K70, T40, T42, T43 and Procedure Code = 98966, 99441-99444, G0425-G0427, G0406-G0408, Q3014, T1014 or Place of Service = 02 or Any Procedure Modifier = 95 or G0 or GQ or GT.
C8	Prior Authorization	DDM - Provider Type 17 and Specialty code -215 and Procedure codes = 90785, 90791, 90792, 90832-90834, 90386-90840, 90846, 90847, 90849, 90853, 99201-99205, 99211-99215, 99218-99220, 99401, 99406-99409, H0001, H0002, H0005, H0007, H0020, H0034, H0038, H0047, H0049, H2011.

D – Improved Care Coordination and Transition Between Levels of Care

Item	Description	Notes
D1 and D2	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 Members 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 which the beneficiary received a follow-up visit for mental illness within 7 days of the ED visit (8 total days). Percentage 2. Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness within 30 days of the ED visit (31 total days).

Item	Description	Notes
		<p>Percentage 3. Percentage of ED visits for which the beneficiary received a follow-up visit for AOD within 7 days of the ED visit (8 total days).</p> <p>Percentage 4. Percentage of ED visits for which the beneficiary received a follow-up visit for AOD within 30 days of the ED visit (31 total days).</p>

E – Other SUD-Related Metrics

Item	Description	Notes
E1	Emergency Department Utilization for SUD per 1,000 Medicaid Members	DDM - Diagnosis code starts with F1, G31, G62, I42, K29, K70, T40, T42, T43 and Procedure Codes = 99281- 99285, 99291, 99292 or Revenue code = 0450-0459, Place of Service 23 or Any Procedure Modifier = 'ET'.
E2	Inpatient Stays for SUD per 1,000 Medicaid Members (no ER)	DDM – Diagnosis code starts with F1, G31, G62, I42, K29, K70, T40, T42, T43 and Revenue code =0110, 0111, 0113, 0117, 0118, 0119, 0120, 0121, 0123, 0127, 0128, 0129, 0130, 0131, 0133, 0137, 0138, 0139, 0140, 0141, 0143, 0147, 0148, 0149, 0150, 0151, 0153, 0157, 0158, 0159, 0200, 0201, 0202, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0214, 0219, 0114, 0116, 0124, 0126, 0134, 0136, 0114, 0146, 0154, 0156, 0204.
E3(a) and E3(b)	Readmissions (SUD DX) Among Members with SUD and Readmissions (any other DX) Among Members with SUD	The number of acute inpatient stays among Members with SUD during the measurement period followed by an acute readmission for SUD DX G3(a) or any DX G3(b) within 30 days. DDM – Diagnosis code starts with F1, G31, G62, I42, K29, K70, T40, T42, and Revenue Code = 0110, 0111, 0113, 0117, 0118, 0119, 0120, 0121, 0123, 0127, 0128, 0129, 0130, 0131, 0133, 0137, 0138, 0139, 0140, 0141, 0143, 0147, 0148, 0149, 0150, 0151, 0153, 0157, 0158, 0159, 0200, 0201, 0202, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0214, 0219, 0114, 0116, 0124, 0126, 0134, 0136, 0144, 0146, 0154, 0156, 0204.
E4	SUD Overdose Deaths (count)	Number of overdose deaths during the measurement period among Medicaid Members 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, accidental vs. intentional).
E5	SUD Overdose Deaths (rate)	Rate of overdose deaths during the measurement period among adult Medicaid Members 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, accidental vs. intentional).

Item	Description	Notes
E6	Access to Preventive/Ambulatory Health Services for Adult Medicaid Members with SUD	DDM - Diagnosis code starts with F1, G31, G62, I42, K29, K70, T40, T42, T43 and Procedure codes listed in the tech notes of the report.
E7	Critical Incidents Related to SUD Treatment Services	DDM - Procedure Codes = H0007 or (Diagnosis code starts with F1, G31, G62, I42, K29, K70, T40, T42, T43 and Procedure codes = H2011.

F – Financial

Item	Description	Notes
F1	Medicaid Caseload Actuals	Data Provided by Henry Agbewali from OOA.
F2	SUD Spending (total)	SUD spending for Medicaid Members is the paid amount for claims with principal or secondary diagnosis codes beginning with F1, G31, G62, I42, K29, K70, T40, T42, T43 or claims with National Drug Codes (NDC) in 000540818813, 00054018913, 00093572056, 00093572156, 00228315403, 00228315473, 00228315503, 00228315573, 00406192303, 00406192403, 12496120801, 12496120803, 12496121201, 12496120203, 12496127802, 12496128302, 12496130602, 12496131002, 1659066605, 1659006630, 16590066705, 16590066730, 16590066790, 23490927003, 23490927006, 23490927009, 35356000407, 35356000430, 4291017430, 42291017530, 43063018407, 43063018430, 49999039507, 49999039515, 49999039530, 49999063830, 49999063930, 50383028793, 50383029493, 52959030430, 52959074930, 53217013830, 54123011430, 54123091430, 54123092930, 54123095730, 54123098630, 54569549600, 54569549600, 54569573900, 54569573901, 54569573902, 54569639900, 54569640800, 54868570700, 54868570701, 54868570702, 54868570703, 54868570704, 54868575000, 55045378403, 55700014730, 55700018430, 55887031204, 55887031215, 59385001201, 59385001230, 59385001401, 59385001430, 59385001601, 59385001630, 63629402801, 63629403401, 63629403402, 636293403, 63629409201, 63874108403, 63874108503, 63874117303, 63874117403, 65162041503, 65162041503, 65162041603, 66336001530, 66336001630, 68071138003, 68071151003, 68258299903, 63459030042, 65757030001
F3	Per Capita SUD Spending (per enrollee)	SUD spending per Medicaid enrollee during the measurement period
F4	Per Capita SUD Spending within Institutions for Mental Disease (per enrollee)	SUD spending within (current IMDs per Medicaid enrollee during the measurement period (will change after 1115 waiver implementation)
F5	SUD Spending within Institutions for Mental Disease (total)	SUD spending within Institution for Mental Disease (IMD) during the measurement period. SUD spending for Medicaid Members is captured using the same criteria as

Item	Description	Notes
		measurement H6. IMDs are identified by the following criteria: Managed Care Organization (MCO) – psychiatric hospital, inpatient, (PT13) and Residential Treatment Center (PT 63); Fee for Service (FFS) – Psychiatric hospital, inpatient (PT 13) with revenue codes 0114, 0116, 0118, 0124, 0126, 0128, 0134, 0136, 0138, 0144, 0146, 0148, 0154, 0156, 0158, 0204; Residential treatment center (PT 63) with revenue codes 0100, 0183
F6	MAT Spending	DDM - Diagnosis code starts with F11 and Procedure codes, NDC codes, Provider Specialty codes are listed in the tech notes of the report.
F7	Behavioral Health ER Utilization (FFS & MCO)	DDM - Diagnosis code starts with F1, F5, F6, F90, F91, F92, F93, F94, F95, F96, F97, F98 and Revenue code = 0450-0459, or Place of Service = 23.