

1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration

State	<i>New Hampshire</i>
Demonstration name	<i>New Hampshire Substance Use Disorder (SUD) Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver</i>
Approval period for section 1115 demonstration	<i>07/10/2018 – 06/30/2023</i>
SUD demonstration start date^a	<i>July 10, 2018</i>
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>Enter SUD demonstration implementation date (MM/DD/YYYY).</i>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<p><i>The goal of this demonstration is for NH to maintain critical access to opioid use disorder (OUD) and other substance use disorder (SUD) services and continue delivery system improvements for these services to provide more coordinated and comprehensive OUD/SUD treatment for Medicaid beneficiaries.</i></p> <p><i>During the demonstration, New Hampshire seeks to achieve the following:</i></p> <ol style="list-style-type: none"> <i>1. Increased rates of identification, initiation, and engagement in treatment.</i> <i>2. Increased adherence to and retention in treatment.</i> <i>3. Reductions in overdose deaths, particularly those due to opioids.</i> <i>4. Reduced utilization of emergency departments and inpatient hospital settings for treatment where utilization is preventable or medically appropriate through improved access to other continuum of care services.</i> <i>5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.</i> <i>6. Improved access to care for physical health conditions among Medicaid beneficiaries.</i>
SUD demonstration year and quarter	<i>DY3, Q2</i>
Reporting period	<i>10/1/2020 – 12/31/2020</i>

^a **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is

considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

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

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.

The COVID-19 pandemic has caused a significant decrease in both inpatient and outpatient utilization of SUD services in 2020. The State continues to monitor the impact of COVID in 2021.

The Department began working with Unite Us on an electronic resource and referral system. This project will be rolled out with the Doorways (NH's SUD hubs) and other SUD providers initially as well as community-based supports addressing social determinants of health. Later phases will include other program areas.

Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries decreased 6% from DY2Q3 to DY2Q4 in total ED utilization. The decrease is the desired directionality in the demonstration protocols.

Please note trends identified in the Part B Monitoring report represent the most current data reported per New Hampshire's CMS approved monitoring protocols, which may not align with the data period in the Part B Monitoring Report.

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services	X		
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		<i>*EXAMPLE: The state is expanding the clinical criteria to include X diagnoses</i>
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		<i>*EXAMPLE: The state projects an x% increase in beneficiaries with a SUD diagnosis due to an increase in the FPL limits which will be effective on X date.</i>
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		7,8,9,10,11	<ul style="list-style-type: none"> • <i>Measure 7 - While Early Intervention services decreased over 30% from DY2Q3 to DY2Q4 the variance represents small numbers (n<100) and DY2Q4 represents the beginning of New Hampshire's stay at home order as a result of the public health emergency (PHE). New Hampshire will continue to monitor the service going forward to see the impacts of PHE and efforts of telehealth to address service gaps.</i> • <i>Measure 8 - While Outpatient services decreased 4.7% from DY2Q3 to DY2Q4 the period marks the beginning of New Hampshire's stay at home order as a result of the public health emergency (PHE). New Hampshire will continue to monitor the service going forward to see the impacts of PHE and efforts of telehealth to address service gaps.</i> • <i>Measure 9 - Intensive Outpatient services increased 2.8% from DY2Q3 to DY2Q4 which is the desired directionality in the demonstration monitoring protocols.</i> • <i>Measure 10 – While residential Inpatient SUD services decreased 19.9% from DY2Q3 to DY2Q4 the period marks the beginning of New Hampshire's stay at home order as a result of the public health emergency (PHE). New Hampshire will continue to</i>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p><i>monitor the service going forward to see the impacts of PHE and efforts of telehealth to address service gaps.</i></p> <ul style="list-style-type: none"> • <i>Measure 11 - While Withdrawal Management services decreased 35% from DY2Q3 to DY2Q4 the variance represents small numbers (n<100) and DY2Q4 marks the beginning of New Hampshire's stay at home order as a result of the public health emergency (PHE). New Hampshire will continue to monitor the service going forward to see the impacts of PHE and efforts of telehealth to address service gaps.</i> • <i>Measure 12 - Medication Assisted Treatment services increased 9.1% from DY2Q3 to DY2Q4, which is the desired directionality in the demonstration monitoring protocols.</i>
2.2 Implementation update			
<p>2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)</p>			<p><i>The Department began working with Unite Us on an electronic resource and referral system. This project will be rolled out with the Doorways (NH's SUD hubs) and other SUD providers initially as well as community-based supports addressing social determinants of health. Later phases will include other program areas.</i></p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			<i>NH continues to offer a variety of training and technical assistance resources to improve the utilization of American Society of Addiction Medicine (ASAM) criteria in patient placement decisions.</i>
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			<i>NH is working with ASAM around their new requirements for utilization of the ASAM criteria and how these will be implemented in NH.</i>
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			<i>NH is working with ASAM around their new requirements for utilization of the ASAM criteria and how these will be implemented in NH.</i>
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	X		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone			<i>NH continued distribution of Naloxone kits to varied community based providers both directly involved with</i>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<i>substance misuse as well as those who are likely to have contact with individuals in need of Naloxone.</i>
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries’ transition from residential and inpatient facilities to community-based services and supports	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X	N/A	
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:			<i>As noted in Sec. 2.2.1.i, NH implemented a closed loop referral system in December that will eventually roll out across the system of care and began with a focus on SUD providers and the NH Doorways access points. While Medicaid beneficiaries are included in the roll out, there</i>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			<i>are no Medicaid funds being used for the implementation. Additional details about the rollout and the impact on SUD services, providers and beneficiaries utilizing the system for the first quarter of CY2021.</i>
How health IT is being used to treat effectively individuals identified with SUD			
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD			<i>During this past quarter, New Hampshire selected a vendor from a Request for Proposal (RFP) to produce a clinical alert system. The scope of the contract is currently under negotiation, which includes the timeframe for implementing the clinical alerts that will be reported in DY3,Q3.</i>
8.2.1.iii. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels			<i>See 8.2.1 above</i>
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
<i>9. Other SUD-related metrics</i>			
<i>9.1 Metric trends</i>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		23, 32	<p><i>Measure 23 - Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries decreased 6% from DY2Q3 to DY2Q4 in total ED utilization. The decrease is the desired directionality in the demonstration protocols.</i></p> <p><i>Measure 32 - Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD increased 4.1% from DY1 to DY2, which is the desired directionality in the demonstration monitoring protocols.</i></p>
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		<p><i>The State submitted an amendment to this Demonstration on August 21st related to the prospective adjustment to Budget Neutrality limits and corrective action thereto. The State is now awaiting CMS' action on the amendment that is subject to CMS's internal decision processes.</i></p>

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Prompts	State has no update to report (Place an X)	State response
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		<i>COVID-19 continues to have a significant impact on all aspects of SUD treatment. Including, but not limited to, timely access to and provision of services.</i>
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	

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Prompts	State has no update to report (Place an X)	State response													
11.2.3 The state is working on other initiatives related to SUD or OUD		<i>NH continues to work on multiple initiatives related to SUD in general and OUD in particular, such as our Doorways model and Naloxone distribution.</i>													
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X														
12. SUD demonstration evaluation update															
12.1 Narrative information															
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		<i>The RFP-2021-DMS-01-SUBST was released on January 2021, with bids due back to the Department by February 16th. Further details on the RFP process will be provided in the next monitoring report.</i>													
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs		<i>As noted in previous reports, the release of this RFP had been impacted by the need to procure high-priority COVID-19 contracts and was not posted until January 5, 2021. Relatedly, the mid-point assessment report due date has been pushed to December 31, 2021 as approved by CMS.</i>													
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		<table border="1"> <thead> <tr> <th data-bbox="1119 1040 1667 1079">Deliverable</th> <th data-bbox="1667 1040 1906 1079">Due Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="1119 1079 1667 1118">1. DRAFT SUD Interim Evaluation Report</td> <td data-bbox="1667 1079 1906 1118">6/20/2022</td> </tr> <tr> <td data-bbox="1119 1118 1667 1180">2. FINAL SUD Interim Evaluation Report</td> <td data-bbox="1667 1118 1906 1180">No later than 9/30/2022</td> </tr> <tr> <td data-bbox="1119 1180 1667 1242">3. DRAFT SUD Summative Evaluation Report</td> <td data-bbox="1667 1180 1906 1242">12/30/2024</td> </tr> <tr> <td data-bbox="1119 1242 1667 1304">4. FINAL SUD Summative Evaluation Report</td> <td data-bbox="1667 1242 1906 1304">No later than 3/28/2025</td> </tr> <tr> <td data-bbox="1119 1304 1667 1401">5. FINAL & APPROVED SUD Summative Evaluation Report posted to the DHHS website</td> <td data-bbox="1667 1304 1906 1401">30 days after CMS Approval</td> </tr> </tbody> </table>		Deliverable	Due Date	1. DRAFT SUD Interim Evaluation Report	6/20/2022	2. FINAL SUD Interim Evaluation Report	No later than 9/30/2022	3. DRAFT SUD Summative Evaluation Report	12/30/2024	4. FINAL SUD Summative Evaluation Report	No later than 3/28/2025	5. FINAL & APPROVED SUD Summative Evaluation Report posted to the DHHS website	30 days after CMS Approval
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13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	X	<i>N/A for this monitoring report period.</i>
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if	X	

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broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		

*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

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