

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

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	<i>Wisconsin.</i>
Demonstration name	<i>BadgerCare Reform</i>
Approval period for section 1115 demonstration	<i>10/31/2018-12/31/2023</i>
SUD demonstration start date^a	<i>10/31/2018</i>
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>10/31/2018</i>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<i>Increased rates of identification, initiation, and engagement in SUD treatment, increased adherence to and retention in treatment, fewer readmissions to the same or higher level of care where admissions is preventable, reduction in overdose deaths, reduced inappropriate utilization of emergency departments and inpatient hospital settings via improved access to other SUD continuum of care services.</i>
SUD demonstration year and quarter	<i>DY2Q3</i>
Reporting period	<i>07/1/2022 – 09/30/2022</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 State of Wisconsin was approved for the extension and amendment of the Badger Care Reform Waiver as of October 31, 2018, authorizing the Wisconsin Division of Medicaid Services to operate the Badger Care Reform services through December 31, 2023. The new residential substance use disorder (SUD) treatment benefit was developed under this section 1115 demonstration waiver, allowing Wisconsin Medicaid to claim federal funding for residential SUD services provided in IMD settings.

The Wisconsin Medicaid residential SUD treatment benefit launched February 1, 2021. Treatment services are available to members of all ages who are enrolled in a full-benefit Medicaid plan and who are pursuing recovery from one or more SUDs. Residential SUD treatment is reimbursed only for services delivered in facilities certified by the Wisconsin Division of Quality Assurance as medically monitored treatment (Wis. Admin. Code DHS 75.11) or transitional treatment (Wis. Admin. Code DHS 75.14). The residential SUD treatment benefit does not include coverage in non-treatment residential settings, such as sober living homes, recovery residences, or community arrangements.

The policy team continues to focus on providing technical assistance to individual providers, providing training and support related to the use of American Society of Addiction Medicine (ASAM) program standards, onboarding new providers, and ensuring that members are accessing treatment. The state continues to explore options for funding room and board costs associated with the service, which has been identified as a barrier to member access. Some opioid settlement dollars have been used to offset room and board costs for members with OUD, however, alcohol abuse remains the leading reason for treatment. As of May 9, 2022, over 3800 members had approved prior authorizations for residential SUD treatment. As of May 9, 2022, the residential SUD treatment benefit had one denied prior authorization, no appeals, and no grievances filed.

Please Note: The State of Wisconsin will be reporting trends for measurement period 01/1/2022 – 03/31/2022 in this report. This is based on the 6 months approved claims lag by CMS for all planned metrics. We will provide a unique quarterly trend count and month to trend where applicable.

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		<i>Metric# 3-4</i>	Metric #3: For measurement period of 01/01/2022 to 03/31/2022, the unique quarterly total number of beneficiaries who receive MAT or a SUD related treatment service increased from 76116 to 76616. This represents a less than a 1% change in beneficiaries from the previous quarter. The counts for months January - March respectively are, 69736, 69759 and 69863. This represents a ~1% change from month to month.
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		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			
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		

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			

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<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</p>		<p><i>Metrics# 6-12, 22</i></p>	<p>Metric #6: For measurement period of 01/1/2022 to 03/31/2022, the unique quarterly total number of beneficiaries who receive any SUD treatment service, facility claim, or pharmacy claim increased from 38104 to 38706. This represents a 1.6% change in beneficiaries from the previous quarter. The counts for months January - March respectively are, 25230, 24806 and 26335. This represents a 1.7% (January to February) and a less than 6.2% (February to March) change from month to month.</p> <p>Metric #7: The unique quarterly total number of beneficiaries who receive used early intervention services (such as procedure codes associated with SBIRT) increased from 31 to 57. This represents an 84% change from the previous quarter. The counts for months January - March respectively are, 20, 16 and 23. This represents a 20% (January to February) and 44% (February to March) change from month to month.</p> <p>Metric #8: The unique quarterly total number of beneficiaries who receive outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) increased from 28758 to 29846. This represents a 3.8% change from the previous quarter. The counts for months January - March respectively are, 18698, 18487 and 19595. This represents a 1% (January to February) and a less than 6% (February to March) change from month to month.</p> <p>Metric #9: The unique quarterly total number of beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) increased from 930 to 1029. This represents a 10.6% change from the previous quarter. The counts for months January - March respectively are, 471, 486 and 556. This represents a 3% (January to February) and 14.4% (February to March) change from month to month.</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>Metric #10: The unique quarterly total number of beneficiaries who use residential and/or inpatient services for SUD decreased from 2347 to 2222. This represents a 5% change from the previous quarter. The counts for months (January – March) respectively are, 782, 789 and 970. This represents a less than 1% (January to February) and a 23% (February to March) change from month to month.</p> <p>Metric #11: The unique quarterly total number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) decreased from 1328 to 1324. This represents a less than 1% change from the previous quarter. The counts for months January - March respectively are, 454, 455 and 552. This represents a less than 1% (January to February) and 21.3% (February to March) change from month to month.</p> <p>Metric #12: The unique quarterly total number of beneficiaries who had a claim for MAT for SUD increased from 16133 to 16208 This represents a less than 1% change from the previous quarter. The counts for months January - March respectively are, 13277, 13264 and 13638. This represents a ~1% (January to February) and a 2.8% (February to March) change from month to month.</p> <p>Metric# 22: For measurement period of 01/1/2022 to 12/31/2022, Percentage of adults 18 years of age and older with pharmacotherapy for OUD who have at least 180 days of continuous treatment is 40%.</p>
2.2 Implementation update			

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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 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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)	X		
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			
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		
3.2.1 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	X		
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			
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		
4.2.1 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	X		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			
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
5.1 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			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5</p>		<p>Metrics# 18, 21, 23</p>	<p>Metric# 18: For measurement period of 01/1/2022 to 12/31/2022, the percentage of beneficiaries age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded is 23%.</p> <p>Metric# 21: For measurement period of 01/1/2022 to 12/31/2022, the percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded is 11%.</p> <p>Metric# 23: For measurement period of 01/1/2022 to 03/31/2022, the unique quarterly total number of beneficiaries who had an emergency department visit for SUD decreased from 8665 to 8430. This represents a 2.7% change in beneficiaries from the previous quarter. The counts for months January - March respectively are, 3204, 3067 and 3534. This represents a 4.3% (January to February) and 15.2% (February to March) change from month to month.</p>
<p>6.2 Implementation update</p>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			
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			

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<p>7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6</p>		<p>Metric #17(1), 17(2), 15</p>	<p>Metric# 17(1): For measurement period of 01/1/2021 to 12/31/2021:</p> <ul style="list-style-type: none"> • The Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) is 50.3%. • The Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days) is 39.3%. <p>Metric# 17(2): For measurement period of 01/1/2021 to 12/31/2021:</p> <ul style="list-style-type: none"> • Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) is 81.1%. • Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days) is 75.2% <p>Metric# 15: Percentage of beneficiaries age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ul style="list-style-type: none"> • Initiation of AOD Treatment—percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis • Engagement of AOD Treatment—percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit <ol style="list-style-type: none"> 1. Initiation of AOD Treatment - Alcohol abuse or dependence is 42% 2. Initiation of AOD Treatment - Opioid abuse or dependence is 55%.
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			3. Initiation of AOD Treatment - Other drug abuse or dependence is 40%. 4. Initiation of AOD Treatment - Total AOD abuse of dependence is 41% 5. Engagement of AOD Treatment - Alcohol abuse or dependence is 13% 6. Engagement of AOD Treatment - Opioid abuse or dependence is 27% 7. Engagement of AOD Treatment - Other drug abuse or dependence is 11%. 8. Engagement of AOD Treatment - Total AOD abuse of dependence is 14%.
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			
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			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics</p>		<p>Metrics# Q1 and Q2</p>	<p>Metric# Q1: For measurement period of 01/1/2022 to 03/31/2022, the total number of active prescribers, dispensers & delegates as of the last day each month January - March respectively are, 402,329 and 381. This represents a 18% (January to February) and 16% (February to March) change from month to month.</p> <p>For measurement period of 01/1/2022 to 03/31/2022, the total number of checks made by all prescribers, dispensers and delegates during that quarter is 2137786. The counts for months January - March respectively are, 699255,668272 and 770259. This represents a 4% (January to February) and 15% (February to March) change from month to month.</p> <p>Metric# Q2: For measurement period of 01/1/2022 to 03/31/2022, the number of High-Intensity RSUD PAs real-time approved during this quarter is 704. The counts for months January - March respectively are, 234, 208 and 262. This represents a 11% (January to February) and 26% (February to March) change from month to month.</p> <p>For measurement period of 01/1/2022 to 03/31/2022, the number of Low-Intensity RSUD PAs real-time approved during this quarter is 175. The counts for months January - March respectively are, 54, 64 and 57. This represents a 18.5% (January to February) and 11% (February to March) change from month to month.</p>
<p>8.2 Implementation update</p>			

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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 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
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			
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			
8.2.1.iv. Other aspects of the state’s health IT implementation milestones			
8.2.1.v. The timeline for achieving health IT implementation milestones			
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program			
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			

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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		Metric# 24, 32	<p>Metric #24: For measurement period of 01/1/2022 to 03/31/2022, the unique quarterly total number of beneficiaries who had an inpatient stay for SUD decreased from 5322 to 5037. This represents a 5.3% change from the previous quarter. The counts for months January - March respectively are, 1902, 1885 and 2213. This represents a Less than 1% (January to February) and 17.4% (February to March) change from month to month.</p> <p>Metric #32: For measurement period of 01/1/2021 to 12/31/2021, the percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period is 92.41%.</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		

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Prompts	State has no update to report (Place an X)	State response
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.		
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality		
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.		To comply with the requirements related to enhanced FMAP authorized by the Families First Coronavirus Response Act, for this second quarter, the State of Wisconsin has maintained eligibility for individuals who may have been determined ineligible for Medicaid, except for individuals who voluntarily declined benefits or who are no longer residents of Wisconsin.
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:		The State of Wisconsin originally planned to launch the benefit through the managed care system. Based on input from stakeholders and further consideration by the policy team, the benefit launched on 2/1/2021 as a fee-for-service benefit.
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)		
11.2.1.iii. Partners involved in service delivery		

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Prompts	State has no update to report (Place an X)	State response
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		
11.2.3 The state is working on other initiatives related to SUD or OUD		Separate from this demonstration project, the state launched a pilot SUD health home project as of 7/1/2021. The pilot program is geographically limited to 8 counties and 4 tribes.
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)		Some members receiving SUD health home services via the pilot may be referred for residential SUD treatment, which may modestly increase treatment utilization and compliance. Health home services and residential SUD treatment are non-duplicative.
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.		The evaluation of Wisconsin’s Medicaid § 1115 waiver proceeds according to the workplan but has required various adjustments due to the COVID-19 pandemic. The Wisconsin Medicaid program, with the federal and state public health emergency (PHE), delayed or suspended several of the provisions attached to the waiver. As well, the circumstances of the PHE have required other adjustments to data collection.
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		The evaluation of Wisconsin’s Medicaid § 1115 waiver proceeds according to the workplan but has required various adjustments due to the COVID-19 pandemic. The Wisconsin Medicaid program, with the federal and state public health emergency (PHE), delayed or suspended several of the provisions attached to the waiver. As well, the circumstances of the PHE have required other adjustments to data collection.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		

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Prompts	State has no update to report (Place an X)	State response
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		
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		
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		The state of Wisconsin plans to submit the required metrics as agreed upon in the SUD monitoring protocol.
13.1.3.ii. The content or completeness of submitted reports and/or future reports		
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation		
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.		

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Prompts	State has no update to report (Place an X)	State response
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 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.		During the period of 1/1/2021 and 03/31/2022, over 3500 beneficiaries had approved prior authorizations for residential SUD treatment. Additionally, 3833 beneficiaries received at least 135,503 days of treatment.

*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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