

**Medicaid Section 1115 Substance Use Disorder Demonstrations  
Monitoring Report Template**

*Note: PRA Disclosure Statement to be added here*

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

*The title page is a brief form that the state completed as part of its monitoring protocol. The title page will be populated with the information from the state’s approved monitoring protocol. The state should complete the remaining two rows. Definitions for certain rows are below the table.*

<b>State</b>	Wisconsin.
<b>Demonstration name</b>	BadgerCare Reform
<b>Approval period for section 1115 demonstration</b>	10/31/2018-12/31/2024
<b>SUD demonstration start date<sup>a</sup></b>	10/31/2018
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	10/31/2018
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	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.
<b>SUD demonstration year and quarter</b>	DY4Q1
<b>Reporting period</b>	1/1/2024 – 3/31/2024

<sup>a</sup> **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 December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

<sup>b</sup> **Implementation date of SUD demonstration:** The date the state began claiming or will begin 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.

Opioid settlement dollars continue to be used to offset room and board costs for members with OUD via grant funding opportunities to counties and tribal nations. However, lack of funding for room and board continues to be a barrier to member access for individuals affected by other forms of SUD.

Wisconsin provided an onboarding and orientation meeting to one new agency in Q3, 2023. Wisconsin also responded to provider requests for technical assistance regarding clinical documentation required to substantiate level of care and length of stay, as well as coordination of mental health and SUD treatment.

**Please Note:** The State of Wisconsin will be reporting trends for measurement period 7/1/2023 – 9/30/2023 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
<b>1. Assessment of need and qualification for SUD services</b>				
<b>1.1 Metric trends</b>				
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</i>	Metric #3: For measurement period of 7/1/2023 to 9/30/2023, the unique quarterly total number of beneficiaries who receive MAT or a SUD related treatment service decreased from 76013 to 73758. This represents roughly a 3% change in beneficiaries from the previous quarter. The counts for months July – September respectively are, 67153, 65991 and 64679. This represents a ~1.7 % change from July to August and a 2% change from August to September. This quarter represents the beginning of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.
<b>1.2 Implementation update</b>				
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
1.2.1.a	The target population(s) of the demonstration			
1.2.1.b	The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
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.			

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		

<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>Metric #6: For measurement period of 7/1/2023 to 9/30/2023, the unique quarterly total number of beneficiaries who receive any SUD treatment service, facility claim, or pharmacy claim decreased from 40147 to 38446. This represents a 4.4% change in beneficiaries from the previous quarter. The counts for months July - September respectively are, 25348, 26134, and 24569. This represents a 3.1 % (July to August) and 6% (August to September) change from month to month. This quarter represents the beginning of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.</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 54 to 56. This represents a 3.6% change from the previous quarter. The counts for months July – September respectively are, 13, 28 and 23. This represents a 115% (July to August) and a 21.7% (August to September) change from month to month. This quarter represents the beginning of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.</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) decreased from 29867 to 28573. This represents an 4.5% change from the previous quarter. The counts for months July - September respectively are, 17571, 18866 and 17349. This represents a 7.4% (July to August) and a 8.7% (August to September) change from month to month. This quarter represents the beginning of the public health emergency unwinding, where states</p>
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			<p>were actively reassessing eligibility status and this may impact enrollment.</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) decreased from 973 to 886. This represents a 9.8% change from the previous quarter. The counts for months July - September respectively are, 463, 417 and 396. This represents a 9.9% (July to August) and 5.3% (August to September) change from month to month. This quarter represents the beginning of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.</p> <p>Metric #10: The unique quarterly total number of beneficiaries who use residential and/or inpatient services for SUD increased from 2386 to 2502. This represents a 4.6% change from the previous quarter. The counts for months (July – September) respectively are, 1007, 1035 and 866. This represents an 2.8% (July to August) and a 19.52% (August to September) change from month to month. This quarter represents the beginning of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.</p> <p>Metric #11: The unique quarterly total number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) increased from 1416 to 1712. This represents a 17.3% change from the previous quarter. The counts for months July - September respectively are, 692, 651, and 542. This represents 5.9% change (July to August) and a 20.1 change from August to September. This quarter represents the beginning of the public health emergency</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>unwinding, where states were actively reassessing eligibility status and this may impact enrollment.</p> <p>Metric #12: The unique quarterly total number of beneficiaries who had a claim for MAT for SUD decreased from 16873 to 16853. This represents a less than 0.5% change from the previous quarter. The counts for months July – September respectively are, 13887, 13952 and 13563. This represents 0.5% (July to August) and 2.9% (August to September) change from month to month. This quarter represents the beginning of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.</p>
<b>2.2 Implementation update</b>			
<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.a 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>	X		



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[State name – *automatically populated*] [Demonstration name – *automatically populated*]

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

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>				
<b>3.1 Metric trends</b>				
3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X		
<b>3.2. Implementation update</b>				
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
3.2.1.a	Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
3.2.1.b	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.			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.  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.			
<b>4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
4.2.1.b Review process for residential treatment providers' compliance with qualifications			
4.2.1.c 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.			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.	X		
<b>5.2 Implementation update</b>			
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 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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			
6.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.		Metrics# 23	Metric# 23: For measurement period of 7/1/2023 to 9/30/2023, the unique quarterly total number of beneficiaries who had an emergency department visit for SUD increased from 8974 to 9167. This represents a 2% change in beneficiaries from the previous quarter. The counts for months July – September respectively are, 5074, 4987 and 4476. This represents a 1.7% (July to August) and 10.2% (August to September) change from month to month. This quarter represents the beginning of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.
<b>6.2 Implementation update</b>			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
6.2.1.b 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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>				
<b>7.1 Metric trends</b>				
7.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.	X		
<b>7.2 Implementation update</b>				
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	SUD health information technology (health IT)		
8.1	Metric trends		

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 07/1/2023 to 09/30/2023, the total number of active prescribers, dispensers &amp; delegates as of the last day each month July - September respectively are 1023,1111 and 982. This represents an 12% (July to August) and 8.3% (August to September) change from month to month.</p> <p>For measurement period of 07/1/2023 to 09/30/2023, the total number of checks made by all prescribers, dispensers and delegates during that quarter is 2408671. The counts for months July - September respectively are 730858, 818824, and 751167. This represents a 11.9% (July to August) and an 8.3% (August to September) change from month to month.</p> <p>Metric# Q2: For measurement period of 07/1/2023 to 09/30/2023, the number of High-Intensity RSUD PAs real-time approved during this quarter is 530. The counts for months July - September respectively are, 146, 198 and 186. This represents a 35.6% (July to August) and 0.1% (August to September) change from month to month.</p> <p>For measurement period of 07/1/2023 to 09/30/2023, the number of Low-Intensity RSUD 4 PAs real-time approved during this quarter is 144. The counts for months July - September respectively are, 59, 48 and 37. This represents a 18.6% (July to August) and 22.9% (August to September) change from month to month.</p>
<p><b>8.2 Implementation update</b></p>			



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.a How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
8.2.1.b How health IT is being used to treat effectively individuals identified with SUD			
8.2.1.c How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD			
8.2.1.d 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.e Other aspects of the state’s health IT implementation milestones			
8.2.1.f The timeline for achieving health IT implementation milestones			
8.2.1.g 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		
<b>9. Other SUD-related metrics</b>			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>9.1 Metric trends</b>			
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	Metric #24: For measurement period of 7/1/2023 to 9/30/2023, the unique quarterly total number of beneficiaries who had an inpatient stay for SUD increased from 5251 to 5474. This represents a 4.2% change from the previous quarter. The counts for months July - September respectively are, 2293, 2292 and 2023. There's approximately no change (July to August) and 11.7% (August to September) change from month to month. This quarter represents the beginning of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.
<b>9.2 Implementation update</b>			
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
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		
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.		
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality.		

Prompts	State has no update to report (place an X)	State response
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
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 Monitoring Report Instructions for more detail.		
<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		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.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)		
11.2.1.c Partners involved in service delivery		

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[State name – *automatically populated*] [Demonstration name – *automatically populated*]

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.

Prompts	State has no update to report (place an X)	State response
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report 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.		

Prompts	State has no update to report (place an X)	State response
<b>13. Other SUD demonstration reporting</b>		
<b>13.1 General reporting requirements</b>		
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.a 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.b The content or completeness of submitted monitoring reports and/or future monitoring reports		
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.		
13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.		

Prompts	State has no update to report (place an X)	State response
<b>13.2 Post-award public forum</b>		
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 monitoring report.		



Prompts	State has no update to report (place an X)	State response
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
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 9/30/2023, over 7900 beneficiaries had approved prior authorizations for residential SUD treatment. Additionally, 8470 beneficiaries received at least 361,253 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:

*Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*

*The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”*