

**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.

State	Montana
Demonstration name	<i>Healing and Ending Addiction through Recovery and Treatment Demonstration</i>
Approval period for section 1115 demonstration	07/01/2022-06/30/2027
SUD demonstration start date^a	07/01/2022
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	07/01/2022
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<ul style="list-style-type: none"> • <i>Increased rates of identification, initiation, and engagement for SUD;</i> • <i>Increased adherence to and retention in treatment;</i> • <i>Reductions in overdose deaths, particularly those due to Opioids;</i> • <i>Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;</i> • <i>Fewer readmissions to the same or higher level of care where readmission is preventable or medically inappropriate; and</i> • <i>Improved access to care for physical health conditions among beneficiaries with SUD</i>
SUD demonstration year and quarter	<i>SUD DY1Q3 monitoring report</i>
Reporting period	1/01/2023-3/31/2023

^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 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.

^b **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 Healing and Ending Addiction through Recovery and Treatment (HEART) demonstration waiver is a critical component support the expansion of Montana’s behavioral health continuum of care. The state is committed to expanding coverage and access to prevention, crisis intervention, treatment, and recovery services through the HEART Initiative. The State did not propose changes to Medicaid eligibility standards with this waiver. The State applied for the waiver to authorize additional health care services to Medicaid beneficiaries, ages 18 to 64 years old with a substance use disorder (SUD) or severe mental illness (SMI).

The approval of the waiver on July 1, 2022, authorized expenditure authority allowing federal reimbursement for Medicaid services provided to short-term residents of Institutions of Mental Disease (IMD) obtaining treatment for SUD. During Demonstration Year 1, Quarter 3 Montana added one more facility under this authority:

- Rimrock is in Billings, MT. Their facility is licensed for 40 residential beds (ASAM 3.5 - Clinically Managed High Intensity Residential Services).
- Badlands Treatment Center is in Glendive, MT. This facility is licensed for 32 residential beds (ASAM 3.5 - Clinically Managed High Intensity Residential Services).
- Recovery Centers of Montana Cramer Creek is in Clinton, MT. This facility of licensed for 77 residential beds (ASAM 3.5 Clinically Managed High Intensity Residential Services).

Recovery Centers of Montana Cramer Creek started providing treatment in Demonstration Year 1, Quarter 3 (January 2023).

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.		Metric #5: Medicaid Beneficiaries Treated in an IMD for SUD	The state saw 376 individuals served in SUD IMDs in DY1, Q3, which is a 272% increase from Q2. This was expected as the 3 rd SUD IMD began operation in last quarter with all SUD IMD providing treatment to individuals.
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.a The target population(s) of the demonstration	X		<i>*EXAMPLE:</i> <i>The state is expanding the clinical criteria to include # diagnoses</i>
1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		<i>*EXAMPLE: The state projects an #% increase in beneficiaries with a SUD diagnosis due to an increase in the FPL limits which will be effective on MM/DD/YYYY.</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		

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.	X	Metric #13: SUD Provider Availability	
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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)	X		
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.	X		

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.		Metric Q3: How is information technology being used to effectively monitor “recovery” supports and services for individuals identified with SUD?	The state saw inconsistent numbers of prior authorizations for SUD levels of care. The addition of Recovery Centers of Montana, as well as another facility at the end of March, cause the numbers continue to fluctuate, continuing inconsistency. This was the second complete quarter with utilization management in place since waiver approval and the state will need subsequent quarters to determine trends.
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.a Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			The state saw an inconsistent number of approved prior authorizations for ASAM 3.1 with 39 prior authorizations in January, 60 in February, and 67 prior authorizations in March 2023. This is the second complete quarter with utilization review in place since waiver approval and the state will need subsequent quarters to determine a trend. The state saw a large increase in approved prior authorizations for ASAM 3.5 with 605 in January, 618 in February, and 764 in March 2023 for ASAM 3.5. This is expected with Q2 being the second complete quarter with utilization review in place since the waiver approval.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

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. 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.	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.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			The state’s Office of Inspector General (OIG) oversees licensing process for SUD residential facilities. The OIG began performing renewal site surveys for existing facilities under new administrative rules that aligned SUD facility licensure with the ASAM Criteria.

<p>4.2.1.b Review process for residential treatment providers' compliance with qualifications</p>			<p>The OIG has not yet reviewed all existing SUD facilities under these new rules, but the OIG has found the following during Q3.</p> <p>One ASAM 3.1 facility with core issues that required a corrective action plan including:</p> <ul style="list-style-type: none"> • Staff Training: pertaining to blood and air-borne pathogens and crisis prevention and de-escalation techniques and documentation the staff members passed a competency-based assessment upon completing staff training. • Clinical Requirements: Client treatment plans lacking names of treatment team members who are involved in the client's treatment, and the client's individualized strengths, and the client's level of functioning that will indicate when a service is no longer needed. Client treatment plans not signed and dated by client and treatment team members. Clients' treatment plans and plan reviews did not include written documentation of the progress being made toward the goals and objectives that resulted in either an amended treatment plan or a statement of continued appropriateness of the existing plan. Client #3's continuing care plan at discharge did not contain the following information: The contact information of licensed health care providers who conducted evaluations and treatment, the community substance use treatment provider's contact name, contact number, and time and date of an initial appointment, the health care follow-up including provider's contact name, contact number, and initial appointment (if necessary), the name and contact number of the client's recovery supports,
---	--	--	---

			<p>a description of the clients purposed housing and employment plan, the medical, dental, and psychiatric care received during placement, the signature of the client, and written documentation a copy of the continuing care plan at discharge was given to the client at the time of discharge from the facility.</p> <ul style="list-style-type: none"> • Client Record Contents: Client #1 and #2's records did not contain the following: - Signed documentation the client was informed of federal confidentiality requirements and received a copy of the client notice as required in ARM 37.106.1416, - A voluntary consent to treatment signed and dated by the client or legal guardian, and - Progress notes which documented the progress being made towards the treatment plan goals and objectives. • Medication Storage and Administration: Medications were found unsecured in the upstairs resident bedroom. Client #1 and #2's medication administration record did not document the following: - The medication dose, and - The name of the staff member who assisted in the self-administration of the medication. • Quality Management: The facility did not have written documentation they had developed, implemented and written a continuous quality improvement plan organization wide. • Facility Requirements: (1) Combustibles (5 large cases of toilet paper) were being stored within 3 feet of the heating mechanism. (2) The ceiling light fixture located above the foosball table was not equipped with a cover. (3) The
--	--	--	--

			<p>exterior egress exit stairs located on the lower level of the facility had a live electrical line covered in conduit running across the top of the stair/sidewalk area on the ground.</p> <ul style="list-style-type: none"> ASAM 3.1 CLINICALLY MANAGED LOW INTENSITY RESIDENTIAL (ADULT OR ADOLESCENT) SUBSTANCE: The program did not have on-site awake staff. <p>One ASAM 3.5 facilities with core issues that required a corrective action plan.</p> <ul style="list-style-type: none"> Staff: Staff #1, #2, #3 and #4's personnel records did not contain a written statement signed by the staff members acknowledging they had read and understand the mandatory reporting requirements for abuse, neglect, exploitation and serious incidents. (1) Staff #1's personnel record did not contain the following information: - A criminal history background information check, - A Montana Child Protective Services check, - A resume or job application, and - A copy of a current job description. (2) Staff #2, #3, and #4's personnel records did not contain a Montana Child Protective Services check. Clinical Requirements: Treatment plans missing signatures of the client's legal guardian and the interdisciplinary treatment team members. Plans at discharge missing information: - The reason for discharge, - A written summary of services provided, - The contact information of licensed health care professions who conducted evaluations and treatment on the client, - A written summary of the health care follow-up needed including provider's contact name and contact number, and initial appointment, - The
--	--	--	---

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>name and contact number of the client's recovery supports, - A written description of the medical, dental, and psychiatric care received during placement, - The signature of the client, and - Written documentation a copy of the continuing care plan was given to the client and, if applicable, the client's legal guardian/parent, representative or guardian at the time of discharge.</p> <ul style="list-style-type: none"> • Adolescent Facilities: (1) The program did not have a least one staff member present in each cabin housing adolescents at night. - This surveyor was informed by the provider, staff and clients that staff are not present in the cabins all night. It was reported that staff perform periodic checks on the clients through the windows several times at night and physically walk into the cabin at least two times per night to physically check on the clients. • Care Management: The program did not have written documentation they had implemented a Care Management Program for clients. <p>The providers have submitted acceptable plans of corrections to OIG and their licenses have been renewed.</p>
4.2.1.c 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		

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 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
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1.1 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.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.b Expansion of coverage for and access to naloxone			<p>Montana has a standing order for Naloxone issued pursuant to the Help Save Lives from Overdose Act. Montana Code Annotated Title 50, Chapter 32, Part 6. The new order, effective January 1, 2023, is to aid persons experiencing an opioid-related overdose by facilitating the distribution of the opioid antagonist naloxone to eligible recipients in Montana. A suspected opioid-related overdose can be reversed, and death prevented by timely administration of the opioid antagonist naloxone.</p> <p>Eligible recipients can order naloxone directly from the DPHHS dedicated website www.naloxone.mt.gov and find additional information for community organizations that offer the medication.</p> <p>The Montana Public Health Institute began tracking Naloxone kits ordered through Montana’s streamlined distribution process with Ridgeway Pharmacy, online at www.naloxone.mt.gov. The state distributed 5,943 kits during Q3.</p>
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
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		

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			
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		
8.2 Implementation update			
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	X		
8.2.1.c How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
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	X		
8.2.1.e Other aspects of the state’s health IT implementation milestones	X		
8.2.1.f The timeline for achieving health IT implementation milestones	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.g 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		
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.	X		
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.		The state has submitted a revised budget neutrality for SUD IMD based on numbers served through Q1, Q2, and Q3. Please note that the addition of the Recovery Centers of Montana Cramer Creek numbers was added to the previous quarter’s budget neutrality. Quarter 2 numbers should have been: <ul style="list-style-type: none"> • Exp: 316 • STP: 136 The state continues to coordinate with CMS on additional revisions to the BN regarding pending components (contingency management, tenancy support, CJ involved populations) of the waiver.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality.		The state is expecting approval of additional components of the waiver in subsequent quarters of DY1.

Prompts	State has no update to report (place an X)	State response
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 Monitoring Report Instructions for more detail.	X	
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.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.c Partners involved in service delivery	X	

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.	X	
11.2.3 The state is working on other initiatives related to SUD or OUD.		The state continues to utilize SOR funding to address OUD. The state is distributing Naloxone kits, working with five fully operational MOUD treatment providers, and working to develop the Montana’s National Alliance for Recovery Residences (NARR) affiliate.
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	

Prompts	State has no update to report (place an X)	State response
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 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 state is submitted the SUD Evaluation Plan to CMS for review on 12/28/22. The state has been informed that feedback would be provided by the end of April 2023. To date, we are still awaiting feedback.
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.	X	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		The state is submitted the SUD Evaluation Plan to CMS for review on 12/28/22 as required in the STCs. The state has been informed that feedback would be provided by the end of April 2023. To date, we are still awaiting feedback.

Prompts	State has no update to report (place an X)	State response
13. Other SUD 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.a The schedule for completing and submitting monitoring reports	X	
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	

Prompts	State has no update to report (place an X)	State response
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.		The state recently compiled the results of the fiscal year 2022 (July 1, 2021- June 30, 2022) Adult Mental Health Satisfaction surveys. The Montana Adult Consumer Satisfaction Scores are as follows: Perception of Access to MH Services – 90% Perceptions of Quality and Appropriateness of MH Services – 85% Perceptions of Treatment Outcomes of MH Services – 66% Perceptions of Participation in Treatment Planning – 85% Perceptions of General Satisfaction with MH Services – 66% Perceptions of Social Connectedness – 70% Perceptions of Improved Functioning due to MH Services – 68%
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 monitoring report.	X	

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.		The state’s administrative rules (licensing and Medicaid services) for SUD levels of care were updated to align with the current version of The ASAM Criteria effective October 1, 2022. There are 18 ASAM 3.1 facilities, 19 ASAM 3.5 facilities, and 4 ASAM 3.7 facilities that will now be held to standards described in The ASAM Criteria. The state streamlined the SUD state approval process to streamline the process for individual Licensed Addictions Counselors wishing to be state approved and enroll in Medicaid. This was effective October 1, 2022 and during DY1 Q3, three individual LAC applied and were approved.

*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.”*