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

State	West Virginia
Demonstration name	West Virginia Continuum of Care for Medicaid Enrollees with Substance Use Disorders
Approval period for section 1115 demonstration	01/01/2018 – 12/31/2022
SUD demonstration start date[a]	01/01/2018
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	01/14/2018
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	Under this demonstration, the State expects to achieve the following to promote the objectives of Title XIX: • Improve quality of care and population health outcomes for Medicaid enrollees with SUD • Increase enrollee access to and utilization of appropriate SUD treatment services based on the American Society of Addiction Medicine (ASAM®) Criteria • Decrease medically inappropriate and avoidable utilization of high-cost emergency department (ED) and hospital services by enrollees with SUD • Improve care coordination and care transitions for Medicaid enrollees with SUD
SUD demonstration year and quarter	DY3 Q4/Annual
Reporting period	10/01/2021 – 12/31/2020 (Q4) 01/01/2020 – 12/31/2020 (Annual)

[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

DY3 Q4

During DY3 Q4, BMS focused first on members' and providers' safety and access to services during the COVID-19 public health emergency (PHE). BMS continued requesting weekly reports from residential adult services (RAS) facilities and crisis stabilization units (CSUs) regarding COVID-19 disruptions. BMS also continued to provide enhanced behavioral health provider reimbursement rates to support providers and used the West Virginia Bureau for Behavioral Health (BBH) helpline to monitor reports of facility disruptions related to the COVID-19 PHE.

Additionally, BMS prepared to begin Peer Recovery Support Specialist (PRSS) enrollment with individual National Provider Identifiers (NPIs) in January 2021. This enrollment process will support program integrity and help BMS better serve members.

DY3 (Annual)

Throughout DY3, a primary focus for BMS was supporting providers and members in maintaining safety protocols and sustaining SUD treatment services during the COVID-19 PHE. The PHE affected numerous aspects of waiver operations, from admissions to opportunities for public forums. BMS' efforts to adapt to the PHE have included the following:

- Initiating weekly updates from approved RAS/CSU facilities regarding COVID-19 disruptions to assess bed availability.
- Working with SUD RAS providers to create and implement internal protocols concerning admissions and discharges from SUD RAS levels of care (LOCs).
- Temporarily permitting greater use of telehealth or telephonic modalities when needed to render services.
- Temporarily suspending the counseling/therapy requirements regarding Medication Assisted Treatment (MAT) services.
- Pausing on-site reviews (and, therefore, new bed approvals) during DY3 Q2. On-site reviews resumed in DY3 Q3.
- Submitting a COVID-19 1115 waiver to CMS aiming to provide additional supports for current 1115 SUD waiver members and providers during the PHE.
- Increasing reimbursement rates to better support providers' efforts to serve members during the PHE.

In addition to responding to the PHE, BMS focused on three 1115 SUD Waiver initiatives during DY3:

- Exploring purchasing license subscriptions for tools intended to help providers determine and authorize the American Society of Addiction Medicine (ASAM®) LOC, as well as tools to help the State monitor and manage programs of care; specifically, real-time monitoring and dashboard reporting of available inpatient beds located in hospitals, psychiatric residential treatment facilities (PRTFs), and residential facilities.

- Expanding access to services through improving provider capacity, as seen in increased RAS beds and PRSS. BMS approved an additional 350 RAS beds in 2020, starting with 740 total approved beds and ending with 1,090 total approved beds. BMS approved an additional 599 PRSS in 2020, starting with 349 PRSS and ending with 948 PRSS.

- Developing PRSS policy changes in response to concerns about PRSS qualifications, best practices, and program integrity. These changes shift from the current BMS certification process to the West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP) Peer Recovery Certification and allow a transition period from October 1, 2020 – September 30, 2022, during which both the BMS certification and WVCBAPP certification will be reimbursable credentials.

The West Virginia University (WVU) evaluation team's DY3 Evaluation Update reported positive provider responses to PRSS in a survey, with "unanimous support" for PRSS and a "strong desire" to increase PRSS availability. BMS is considering this finding, as well as other data from the WVU team and monitoring report metrics, while planning DY4 priorities.

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		1, 2, 3	The State's quarterly metrics reporting below analyzes each change greater than 2 percent related to assessment of need and qualification for SUD services. The percent change is calculated in comparison with DY3 Q2 data. 1: Assessed for SUD Treatment Needs Using a Standardized Screening Tool • **Change:** +15.5% • **Comments:** It seems likely this metric was affected by the PHE. 2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis • **Change:** +20.5% • **Comments:** The monitoring protocol targeted an increase for this metric. It is possible this metric was affected by the PHE, with some members newly initiating SUD treatment/diagnosis after reduced demand for (and availability of) services at the start of the PHE. 3: Medicaid Beneficiaries with SUD Diagnosis (Monthly) • **Change:** -5.0% • **Comments:** The monitoring protocol targeted a decrease in this metric. It is possible this metric was affected by the PHE, with fewer members accessing services overall (despite the increase in Metric 2). Alternatively, this metric could reflect a sustained decrease in Medicaid

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			beneficiaries with a SUD diagnosis as seen in the retrospective report.
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	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	X		

<table>
<tr><th>Prompt</th><th>State has no trends/update to report (place an X)</th><th>Related metric(s) (if any)</th><th>State response</th></tr>
<tr><td colspan="4">2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</td></tr>
<tr><td colspan="4">2.1 Metric trends</td></tr>
<tr><td>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</td><td></td><td>6, 7, 8, 9, 10, 11, 12</td><td>The State’s quarterly metrics reporting below analyzes each change greater than 2 percent related to Milestone 1. The percent change is calculated in comparison with DY3 Q2 data.
6: Any SUD Treatment
Change: +7.8%
Comments: The monitoring protocol targeted an increase for this metric.
7. Early Intervention
Change: +19.9%
Comments: The monitoring protocol targeted an increase for this metric. It seems likely this metric was affected by the COVID-19 PHE, with additional beneficiaries seeking services as the PHE progressed.
8. Outpatient Services
Change: +8.1%
Comments: The monitoring protocol targeted an increase for this metric. It seems likely this metric was affected by the COVID-19 PHE, particularly given additional flexibilities such as telehealth permitting audio appointments.
10. Residential and Inpatient Services
Change: +12.8%
Comments: The monitoring protocol targeted an increase for this metric. It seems likely this metric was affected by the COVID-19 PHE,</td></tr>
</table>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			with additional beneficiaries seeking services as the PHE progressed. 11. Withdrawal Management • **Change:** +5.1% • **Comments:** The monitoring protocol targeted an increase for this metric. It seems likely this metric was affected by the COVID-19 PHE, with additional beneficiaries seeking services as the PHE progressed. 12. MAT • **Change:** +8.1% • **Comments:** The monitoring protocol targeted an increase for this metric. It seems likely this metric was affected by the COVID-19 PHE, particularly given additional flexibilities such as telehealth permitting audio appointments.
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.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-	X		

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			**DY3 (Annual)** The State researched subscription tools to help providers determine the ASAM® LOC and help the State manage and monitor bed availability, State Opioid Response (SOR) Grant Government Performance and Results Act (GPRA) Reporting, and Prevention. Although the tool procurement and implementation timeline has been impacted by the COVID-19 PHE, the State has developed competitive procurement bidding documents and anticipates releasing the bid in the near future.
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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.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.	X		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			**DY3 Q4** During DY3 Q4, some providers experienced increased COVID-19 cases in facilities. BMS supported providers and members by advising on discharge decisions for COVID-19 positive cases, communicating with managed care organizations (MCOs) regarding medical necessity, and promoting safe transitions into the community. **DY3 (Annual)** In DY3 Q1, providers experienced more PHE disruptions on a case-by-case basis (e.g., beds/equipment required for COVID-19 support, staffing shortages, and/or isolation protocols, reduced beds, staggered admissions, admissions for jail-released referrals only, or admissions placed on hold). Between March 30, 2020, and April 2, 2020, all new RAS admissions and discharges were on hold prior to clarifications from the recovery community providers that accepted individuals stepping down from RAS settings. In DY3 Q2, the State paused on-site reviews (and, therefore, new bed approvals). Reviews and approvals resumed in DY3 Q3.
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 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		
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.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	X		
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
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	X		
8.2.1.iv. Other aspects of the state's health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.vi. Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
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		23, 24	23. Emergency Department Utilization for SUD per 1,000 Beneficiaries • **Change:** +11.8% • **Comments:** The monitoring protocol targeted a decrease in this metric. BMS observed that many members appeared to pause emergency department (ED) visits during DY3 Q2 as the PHE began and resumed more ED visits during DY3 Q3, potentially resulting in this increase compared to DY3 Q2 data. 24. Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries • **Change:** +5.4% • **Comments:** The monitoring protocol targeted a decrease in this metric. It seems likely this metric was affected by the COVID-19 PHE.
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			Please see update for Section 9.1.1 above.

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.	X	
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

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 report template instructions for more detail.		**DY3 Q4** In DY3 Q4, BMS prepared to begin PRSS enrollment with individual NPIs in January 2021. BMS aims to have all PRSS enrolled by the end of DY4 Q2. This change will result in stronger PRSS qualifications to better serve members and allow BMS to improve program integrity by identifying which PRSS rendered services. The State has continued efforts to expand access to services through improving provider capacity and flexibility. As of December 23, 2020, the State has 1,090 RAS beds in 67 programs (an increase of 180 beds since DY3 Q3). Of the 1,090 approved RAS beds, 686 are flexible capacity beds that can offer either 3.1 or 3.5 LOC services. The State has also approved and certified 948 PRSS who can render services to Medicaid members, an increase of 177 PRSS since DY3 Q3. **DY3 (Annual)** The State has developed PRSS policy changes to shift from the current BMS certification process to the WVCBAPP Peer Recovery Certification. The State has also continuously increased RAS, flex bed, and PRSS availability as much as possible within PHE constraints.
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	

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	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		**DY3 Q4** The WVU evaluation team analyzed Medicaid claims data from an anonymous comparison state and began preparing its semiannual presentation to be held in February 2021. The team performed the following analyses in preparation: updated West Virginia Medicaid claims analyses, waiver cost analyses, results from analyses on the comparison state's data, and emerging themes and qualitative results from the provider focus groups held during the fall of 2020. **DY3 (Annual)** The WVU evaluation team received CMS approval of the revised evaluation plan on May 29, 2020. The evaluation team received all Medicaid claims data from West Virginia for years 2016 – 2018 and obtained all originally requested Medicaid claims data from an anonymous comparison state during Q3. The evaluation team provided its semiannual presentation in August 2020. The team also conducted six focus groups with SUD treatment providers, with a total of 22 participants from 6 SUD treatment facilities.

Prompts	State has no update to report (Place an X)	State response
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 WVU team provided another semiannual presentation in February 2021. This presentation included Medicaid claims and cost analyses, as well as initial themes from a qualitative analysis of focus group data. The team did not experience timeline delays or barriers in achieving the goals and timeframes agreed to in the STCs.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		Semiannual Presentation – February 26, 2021 Interim Evaluation Report – February 2022
13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation		BMS' submission of its DY3 Q3 report and retrospective report was delayed from November 29, 2020, to March 31, 2021. This delay, as agreed upon between BMS and CMS, occurred due to incorporating CMS feedback and revised templates. BMS is submitting the DY3 Q3 and retrospective reports at the same time as this DY3 annual report. BMS currently anticipates no issues in submitting timely demonstration deliverables after March 31, 2021.

Prompts	State has no update to report (Place an X)	State response
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.		Due the ongoing COVID-19 PHE, BMS' spring and fall provider workshops—its usual public forum—were not held in person. The MCOs provided online presentations on December 15 – 17, 2020, for providers and addressed questions and concerns, including content regarding PRSS prior authorization protocols. Per 42 CFR 431.428(a)(5), BMS will report annually on any grievances and appeals from beneficiaries during the reporting year. During DY3, BMS did not receive any SUD waiver beneficiary grievances or appeals.
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.	X	

*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."