

**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	Virginia
Demonstration name	<i>Building and Transforming Coverage, Services, and Supports for a Healthier Virginia</i>
Approval period for section 1115 demonstration	01/01/2020-12/31/2024
SUD demonstration start date^a	12/15/2016
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	04/01/2017
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<ul style="list-style-type: none"> • <i>Increase rates of identification, initiation, and engagement in treatment;</i> • <i>Increase adherence to and retention in treatment;</i> • <i>Reduce overdose deaths, particularly those due to opioids;</i> • <i>Reduce utilization of emergency departments and inpatient hospital settings through</i> • <i>improved access to a continuum of care services;</i> • <i>Reduce preventable readmissions to the same or higher level of care;</i> • <i>and</i> • <i>Improve access to care for physical health conditions among beneficiaries.</i>
SUD demonstration year and quarter	<i>SUD DY6Q3 Monitoring Report</i>
Reporting period	10/01/2022-12/31/2022

^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.

DMAS continues to support efforts related to promoting emergency department bridge clinics. On October 18, 2022, DMAS met with the Virginia Department of Health (VDH) concerning the Virginia Code Section § 32.1-127.27 which addresses emergency department protocols for substance use disorder (SUD) admissions. DMAS and VDH discussed steps for the state agencies to support members presenting to emergency departments with a SUD event. DMAS also participated with the Central Virginia Overdose Hospital Integration Committee meeting in October 2022. The goal of this group is to identify barriers to Emergency Departments treating overdoses and referrals to treatment as well as better integration of Peer Recovery Support Specialists.

DMAS facilitated the Medicaid Peer Recovery Support Services Symposium on October 17, 2022. The symposium was held to promote the Medicaid Peer benefit for members with substance use disorders and/or mental health diagnoses. There has been increased interest in the Peer benefit due to the support from the Governor and the General Assembly through increased reimbursement rates effective July 2022. DMAS and the Department of Behavioral Health and Developmental Services (DBHDS) invited several key stakeholders who presented to promote the use of Peers in various Medicaid funded service settings. There was a total of 478 individuals who participated in this event.

Other efforts to promote the Peer benefit included DMAS meeting with several stakeholders in October 2022 to discuss their questions around participating in the Medicaid network for Peer Services. Of significance, DMAS met with a Peer Run Organization (PRO) who is the first PRO to attempt enrolling with Medicaid along with a licensed Medicaid provider to access the Medicaid Peer benefit. DMAS is supporting this PRO in working with the DMAS provider enrollment contractor to help navigate this process, as this is the first time for a PRO to pursue enrolling with Medicaid.

Activities supporting access to medications for opioid use disorder (MOUD) included DMAS completing 8 Preferred Office Based Addition Treatment application reviews during this reporting period and approved 3 applications. There was a total of 199 approved sites at the end of this reporting period. DMAS was also invited to participate at the upcoming Virginia

Association for Pharmacists Conference in February 2023 to support access to MOUD, particularly Suboxone access at local pharmacies. DMAS is working with the Pharmacy unit to prepare for this presentation.

DMAS met with the leadership for the Virginia Opioid Abatement Authority (OAA) to share outcomes and lessons learned from the ARTS benefit as well as current priorities of the agency around SUD, including the emergency bridge clinic work and peer recovery support services. DMAS met with the OAA and several state agencies under Health and Human Services to learn more about options for State agencies to apply for use of these funds in 2023.

Lastly, DMAS presented on the ARTS benefit in December 2022 at the Virginia Housing Alliance conference. The goal was to education housing providers about the ARTS benefit for members with SUD.

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.	X		
1.2 Implementation update			
1.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.a The target population(s) of the demonstration	X		
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.	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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<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>6, 7, 8, 9, 10</p>	<p>Metric #6: Any SUD Treatment – increased 1.79% from prior quarter.</p> <p>Metric #7: Early Intervention – increased 23.88% from prior quarter. Increases are expected but overall billing is low so minor changes result in larger percentage changes.</p> <p>Metric #8: Outpatient Services – increased 1.26% from prior quarter.</p> <p>Metric #9: Intensive Outpatient and Partial Hospitalization Services – increased 1.66%.</p> <p>Metric #10: Residential and Inpatient Services – increased 3.44%. This is expected as we are still seeing increases in Medicaid member eligibility and expect to see increases of members being identified with SUD and engaging in SUD treatment.</p> <p>Metric #11: Withdrawal Management – Increased 12.12%. This is expected as we are still seeing increases in Medicaid member eligibility and expect to see increases of members being identified with SUD and engaging in SUD treatment.</p> <p>Metric #12: MAT - Increased 3.40%. This is expected as we are still seeing increases in Medicaid member eligibility and expect to see increases of members being identified with SUD and engaging in SUD treatment.</p>
<p>2.2 Implementation update</p>			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<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>			<p>DMAS is working with the External Quality Review Organization (EQRO) to develop specifications for performance measures using administrative data for the evaluation of DMAS’ ARTS benefit. There are eight measures that have been developed including access to SUD and related care. These will be presented in the future to the managed care quality collaborative workgroup to share results and identify areas for improvement.</p>
<p>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</p>	X		
<p>2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.</p>	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.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
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			DMAS has worked with the Department of Behavioral Health and Developmental Services (DBHDS) to promote the American Society of Addiction Medicine (ASAM) clinical trainings that DBHDS is funding. These will occur in the Spring/Summer 2023.
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	X		
4.2.1.b Review process for residential treatment providers' compliance with qualifications	X		
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			

<p>6.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.</p>		<p>15, 18, 20, 21</p>	<p>Metric 15:</p> <ul style="list-style-type: none"> • Initiation of AOD Treatment - Alcohol abuse or dependence – Increased 2.72% • Initiation of AOD Treatment - Other drug abuse or dependence – Increased 61.91% • Initiation of AOD Treatment - Total AOD abuse of dependence – Decreased -2.09% • Engagement of AOD Treatment - Alcohol abuse or dependence – Increased 57.39% • Engagement of AOD Treatment - Opioid abuse or dependence – Increased 8.72% • Engagement of AOD Treatment - Other drug abuse or dependence – Increased 54.10% • Engagement of AOD Treatment - Total AOD abuse of dependence – Increased 15.67% <p>The larger % changes to these measures are a result from updating the coding logic used to calculate these metrics impacting: Place of Service; Inpatient stays and ED visits occurring on the same day; including individuals eligible for emergency services only; and coding for the dates of service.</p> <p>Metric 18: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) [PQA, NQF #2940; Medicaid Adult Core Set]: Decreased -25.40%. Analyzing the data by NDC determined that the most prescribed medications in both comparison years were oxycodone oral tablets, and that high dose prescriptions of these medications dropped between 20-75 percent from 2020 to 2021. When analyzed by month, a clear reduction in prescription count was identified between the two calendar years for these most prescribed</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>medications including: oxycodone hydrochloride 20 MG Oral Tablet. The average monthly count for prescriptions in 2020 is 78.33 and in 2021 is 49.17.</p> <p>Metric 20: Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP) [PQA, NQF #2951]: Increased 100%. This is due to the rate changing from 0.01 to 0.02 from CY 2020 to CY 2021. This is not expected with the CDC Guidance on Prescribing Opioids for pain management and will continue to monitor.</p> <p>Metric 21: Concurrent Use of Opioids and Benzodiazepines (COB-AD) [PQA, NQF #3389; Medicaid Adult Core Set]: Decreased -3.27%. This is expected to see a reduction of co-prescribing of these medications per the Board of Medicine.</p>
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		
6.2.1.b 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		

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.		17(1), 17(2)	<ul style="list-style-type: none"> • 17(1) Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days): Increased 29.36%. • 17(1) Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days): Increased 22.15%. • 17(2) Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days): Increased 13.53%. • 17(2) Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days): Increased 10.22% <p>The larger % changes to these measures are a result from updating the coding logic used to calculate these metrics impacting: Place of Service; Inpatient stays and ED visits occurring on the same day; including individuals eligible for emergency services only; and coding for the dates of service.</p>
7.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.			DMAS continues to work with the MCOs to improve transitions of care including working with emergency department care coordination and Bridge Clinics. DMAS also continues to work with Department of Corrections to improve access to care with members re-entering into the community.
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.		Q1, Q2, Q3	<p>Q1 Count of members who receive a SUD Treatment service within 30 days of transition FROM a Justice AC – increased 157.14% (increase of 176 members), from previous quarter. DMAS expects to see an increase as we are prioritizing this population during this time period.</p> <p>Q2 Count of SUD Services with a TELEHEALTH Modifier (GQ, GT) – Decreased -5.94% (decrease of 2,144 members) from previous quarter. DMAS is monitoring the use of telehealth for service delivery since the impact of COVID-19 pandemic may impact individuals seeking services in-person.</p> <p>Q3 Number of Peer Recovery Specialists registered with the Virginia Board of Counseling, Department of Health Professions – decreased -3.32% (decrease of 15 individuals). We are expecting increases however this reflects a small number of peers not re-registering with the Board of Counseling during this service during this time period.</p>
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		

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		24, 33, 34	Metric #24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries: Decreased -11.36%. This is expected to decrease with the availability of community based treatment services. Metric #33 Grievances Related to SUD Treatment Services: Decreased -77.78% (difference of 63 cases). Metric #34 Appeals Related to SUD Treatment Services: Increased 70.49% (difference of 43 cases).
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.		DMAS is up to date with budget neutrality reports and have shown neutral budget.
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 Monitoring Report Instructions for more detail.		The state is continuing to monitor the impacts of COVID-19. The unwinding of the federal public health emergency and the end of the continuous coverage requirement, will have an impact on members diagnosed as well as engaged in treatment.
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)		DMAS will be implementing a new managed care benefit, Cardinal Care in the next year. This is combining the two current managed care contracts. DMAS anticipates no interruptions to care.
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.		Virginia is experiencing a behavioral health workforce shortage, not only for substance use disorders but also mental health. The administration is collaborating efforts to address this for the Commonwealth.
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	

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.		DMAS has contracted with Virginia Commonwealth University for the independent evaluation. Deliverables are on target.
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.		No anticipated barriers to meet the reporting deadlines.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		The midpoint assessment has been extended and is currently pending CY2021 annual metrics to be completed.

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	
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.		See Part A for updates on Grievances and Appeals numbers. Virginia Commonwealth University finalized the member survey report and results are included. The comprehensive report has been shared with CMS.

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 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.	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:
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