

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

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

State	Colorado
Demonstration name	Expanding the Substance Use Disorder Continuum of Care
Approval period for section 1115 demonstration	12/31/2025
SUD demonstration start date^a	01/01/2021
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	01/01/2021
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	Under this demonstration, the State expects to achieve the following: Objective 1. Increase rates of identification, initiation, and engagement in treatment. Objective 2. Increase adherence to and retention in treatment. Objective 3. Reductions in overdose deaths, particularly those due to opioids. Objective 4. Reduce utilization of emergency department and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services. Objective 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate. Objective 6. Improved access to care for physical health conditions among beneficiaries.
SUD demonstration year and quarter	SUD DY1Q2 report
Reporting period	04/01/2021 – 06/30/2021

^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

Colorado continues to show its commitment to the health and wellbeing of citizens, including those with substance use disorders, by ensuring continued access to services during the COVID-19 Public Health Emergency. The State has leveraged its Marijuana Tax Revenue to expand access to the continuum of substance abuse services, from outpatient services in frontier areas to inpatient services for both women and men. Additionally, these funds have provided training for providers on best practices from trauma informed care to the use of SBIRT interventions. The State has also utilized telehealth to deliver services to ensure the health and safety of providers and individuals.

The State has also continued to support recovery and prevention. MAT availability has expanded to jails. Education and outreach has expanded to schools as well as to other populations, including Latinx and LGBTQIA+ through the Lift the Label campaign. In addition to services, Colorado has supported recovery through assistance with housing, both through Oxford Houses and other recovery oriented housing in the community.

Colorado also continues efforts to monitor treatment and recovery efforts through the Health IT system. The State expanded its bed tracker system to include mental health and substance use disorder treatment beds in order to more quickly link individuals to services. An RFP was also issued and vendor system demonstrations researched to upgrade the current system for better analytics to include capturing social determinants of health.

Finally, the State has continued to support providers in utilization of ASAM criteria, SBIRT tools, and other SUD related best practices through office hours, provider bulletins, and through its website and Post Award forums. The Regional Accountable Entities (RAEs) have also offered ongoing support and technical assistance in conjunction with support from the Office of Behavioral Health (OBH). Technical assistance and support should continue throughout the lifecycle of the demonstration as the State and providers continue to build on the current system to achieve long term improvements of benefit to all Colorado citizens.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Colorado Expanding the Substance Use Disorder Continuum of Care

Performance metrics and the Part A will be submitted after CMS approves the monitoring protocol.

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:			No changes expected for the duration of the design.
1.2.1.i. The target population(s) of the demonstration			No changes expected for the duration of the design.
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			No changes expected for the duration of the design.
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			No changes expected for the duration of the design.
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		
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:			The Marijuana Tax Revenue funded two new programs, Grand Junction and the Circle program. The Grand Junction facility continued to improve its Prior Authorization and UM practices to minimize vacancies. They also adjusting the program model. As the agency also has a Women's Recovery Center on the same campus
2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Colorado Expanding the Substance Use Disorder Continuum of Care

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)			<p>that can serve women and women with children while meeting the needs of those with co-occurring disorders, the Circle program switched to an all-male facility. This was to better align bed capacity in these two residential units with community need based on waitlist data. The Office of Behavioral Health (OBH) will continue to monitor to ensure there is not a large increase in women requiring care.</p> <p>The program in Larimer County also made an adjustment to their license to be licensed for ASAM 3.5 in addition to 3.7, making them a viable option for a broader spectrum of patients. Even with this change, the provider's census remained low. Other uses of this funding was used to help either Community Mental Health Centers (CMHCs) or SUD providers to expand their capacity to provide co-occurring services. One CMHC in SW Colorado continued to support Integrated Dual Disorder Treatment, an evidence-based model. A specialty SUD provider in southern Colorado maintained their capacity to provide services to clients with co-occurring needs by supporting retention of licensed clinicians and psychiatrists and providing tailored programming to address both their SUD and mental health needs. These services began being offered face-to-face as vaccination rates increased. Remote options continued during this time period.</p> <p>Crossroads Turning Point, another Circle program listed above, saw a major uptick in severe cases of substance use and mental health disorders. They were able to</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Colorado Expanding the Substance Use Disorder Continuum of Care

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>expand services to patients with complex needs, and increase treatment availability through implementation of effective treatment modalities. Treatment is trauma informed and patients are able to experience a wide array of services based on individual need. The service array includes family therapy and couples counseling. San Luis Valley Behavioral Health Group also developed a system to provide treatment services in this underserved area of the State. Teletherapy was successfully implemented, potentially increasing the availability of services in the future as well as throughout COVID-19.</p> <p>Finally, Marijuana Tax Revenue has bolstered recovery support services with 20 unique programs including recovery homes and peer support programs. Six residential providers have been able to expand access to care, providing bed space to members of their communities to accommodate SUD treatment. Rural outpatient services have expanded in frontier communities. At least one provider has been able to expand withdrawal management services within rural communities like Bent, Crowley, Kiowa, and Baca counties. The workforce has expanded for rural communities as well, increasing the expertise and training levels of staff.</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Colorado Expanding the Substance Use Disorder Continuum of Care

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1			No changes expected for the duration of the design.
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:			Colorado expects to utilize a monthly provider bulletin to communicate changes, hold provider open office hours on a bi-weekly basis, and put out a SUD newsletter monthly.
3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
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			The RAEs continue to utilize ASAM criteria in their utilization management of SUD services.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Colorado Expanding the Substance Use Disorder Continuum of Care

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			
<p>4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3</p> <p><i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i></p>	X		
4.2 Implementation update			
<p>4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards</p>	X		
<p>4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.</p>	X		
<p>4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site</p>			Nine Residential SUD Treatment facilities offering access to MAT renewed their license within Q2.
<p>4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3</p>	X		
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
<p>5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4</p>	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Colorado Expanding the Substance Use Disorder Continuum of Care

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			Colorado's OBH finalized the online Capacity Registry by enhancing the existing EMResource platform, used by Colorado hospitals and nursing homes for capacity tracking. This centralized tracking registry will be updated with timely capacity information. In particular, the Behavioral Health Capacity Registry will track availability for mental health and SUD treatment beds, and whether licensed Opioid Treatment Programs are accepting new clients. The updated system went live April 1, 2021, and daily updates are scheduled to begin July 1, 2021.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
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			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Colorado Expanding the Substance Use Disorder Continuum of Care

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD</p>			<p>Utilizing Marijuana Tax Revenue, Diversus Health, a provider in Colorado Springs, held multiple trainings for providers and other community partners on SBIRT training, as well as several Train the Trainer sessions. Participants completed surveys about the training, and survey results demonstrated that providers found the subject matter useful for practice. This time frame focused more on SBIRT training. Signal, another provider, also utilized Marijuana Tax Revenue funds to support 11 unique programs in training and performing SBIRT screening and referrals.</p> <p>In addition, 12 unique programs supporting MAT expansion to jail based programs, primary care and in-home inductions. In the realm of prevention Managed Service Organizations (MSOs) have supported school based programs and adolescent screenings.</p> <p>The Lift the Label campaign is also working to lift the stigma against addiction by featuring the stories of real Coloradoans who have struggled with addiction. The campaign is expanding based on the positive feedback received about this campaign, with new stories in response to focus group research done on how to better reach the Black/African American, Latinx, and LGBTQIA+ communities with this messaging. The Coloradans added speak to the experience of being a member of these communities and how it has impacted their treatment and/or recovery, to further break down the stigma associated with addiction.</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Colorado Expanding the Substance Use Disorder Continuum of Care

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.ii. Expansion of coverage for and access to naloxone			The State's Drug Utilization Review (DUR) program has been informing providers of how they compare in Medicaid opioid prescribing patterns to those of their peers performing this function. This essentially involves sending educational letters to enrolled providers with these comparative opioid prescribing statistics. Overall, this seems to be going well, as high dose or "high risk" opioid utilization and prescribing has decreased. The DUR Board's function is to review the State's proposed educational intervention strategies, such as this letter, to provide recommendations or feedback to the State.
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			Increasing access to effective SUD services has been a key effort around the funding provided to OBH and the MSOs through the Marijuana Tax Revenue. MSOs has been able to implement several unique care coordination programs, including support of a DANSR program in the 18th judicial district, navigation and coordination for SUD clients from detox, emergency rooms, and general levels of care.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Colorado Expanding the Substance Use Disorder Continuum of Care

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Colorado's MSOs offer rental support to any Oxford House or Colorado Association of Recovery Residence certified recovery residence for people with opioid or stimulant use histories. All RCOS began delivering services and have served over 700 people in the quarter.
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:			Colorado plans to update data systems in the future, looking at standardizing current data requirements and workflows throughout the State to determine how to build a better system. The State identified that better tools are needed to analyze and ensure members are referred to appropriate services, including a referral system to allow members to find services more easily.
8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			The State also plans for the updated system to use enhanced data to include social determinants of health for all members, including those with SUD.
			In DY1Q2, the State created an RFP to select a vendor to update the current data system. The State also conducted research on vendors' demonstrations. The State's goal is to have the vendor assigned and the new system implemented and being utilized by DY1Q4.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Colorado Expanding the Substance Use Disorder Continuum of Care

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			OBH is investigating monitoring tools that monitor recovery rather than symptom severity. “Healthy Day” surveys are continuing to be used. The State is generating ideas to revamp and integrate improved tools.
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			In an effort to develop the Health IT infrastructure/capabilities, the state created an architectural design on flow of data between offices and Health Information Exchanges.
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			At this time, the State’s goal is to have Health IT fully implemented within three years.
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	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.	X	
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
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.	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:	X	
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Colorado Expanding the Substance Use Disorder Continuum of Care

Prompts	State has no update to report (Place an X)	State response
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	
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.	X	
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	X	
13. Other demonstration reporting		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Colorado Expanding the Substance Use Disorder Continuum of Care

Prompts	State has no update to report (Place an X)	State response
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:	X	
13.1.3.i. The schedule for completing and submitting monitoring reports		
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	X	
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.		<p>The State of Colorado held two post award forums.</p> <ul style="list-style-type: none"> • The State posted the Notice of Post Award Forum on the Colorado Department of Health Care and Policy SUD webpage. • The State offered two opportunities for public commentary and participation at these forums on May 20, 2021 at 12:30–2:00 pm and May 26, 2021 at 6:00–7:30 pm. • The first forum was a virtual format and the second was an in-person State of Colorado Medical Assistance and Services Advisory Council meeting. • During the Post Award Forums, the Department received comments and answered questions regarding:

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Colorado Expanding the Substance Use Disorder Continuum of Care

Prompts	State has no update to report (Place an X)	State response
		<ul style="list-style-type: none">o How SUD treatment providers may contact RAEso SUD provider listso Future public forums and opportunities for providing commentso Rates and reimbursement for providing SUD treatmento Ascertaining providers' Medicaid ID numberso Monitoring and evaluating the 1115 SUD demonstrationo Treatment authorizationso RAE contracting processes <ul style="list-style-type: none">● The State used the forums to announce that by the end of Q2, the State had 28 unique provider agencies across 58 locations enrolled.● The State also utilized the forums to highlight the work of RAEs. RAEs have been instrumental in the ongoing practice of process improvement. Since the implementation of the benefit, RAEs have been responsive to provider feedback and nimble in making system enhancements to improve the provider and member experience. This has included streamlining documentation requirements of providers, creating toolkits and learning opportunities for providers, and offering individualized support, meeting as often as weekly with providers upon request.
14. Notable state achievements and/or innovations		
14.1 Narrative information		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Colorado Expanding the Substance Use Disorder Continuum of Care

Prompts	State has no update to report (Place an X)	State response
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.”