

2026 CMS External Quality Review (EQR) Protocols Webinar Transcript

September 22, 2026, 3:00 - 4:00 PM ET

Hannah Klukoff

Hi everybody. My name is Hannah Klukoff, and I am pleased to welcome you to the webinar to introduce the 2026 CMS External Quality Review Protocols. Before we get started today, we want to cover a few technical instructions.

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If you have any technical issues during today's meeting, please send a message through the Q&A function located at the top of your screen. The chat is disabled for this meeting. Please use the Q&A feature if you need support. To view answers to questions you have submitted through Q&A, please click "my posts" located below the "ask a question" box. A response will appear under your question. Closed captioning is available. To enable closed captioning, click on the "more" tab in the upper right corner. Then press "language and speech" and "show live captions." You can also click "alt + shift + c" on your keyboard to enable closed captioning.

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Next, we would like to learn a little bit more about you all. In a few seconds you should see a poll with three questions asking about yourself. Please let us know what type of organization you represent, what the primary focus of your role is, and how long you've been working on or with Medicaid and CHIP programs. You may see the poll pop up in a window in front of the screen. If you want to close this pop-up version, the poll is still available in the chat window, or in the polls window available at the top of your screen near the Q&A. Please take a moment to respond as we get started.

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Now I'd like to briefly go over our agenda for today. We'll start with welcoming remarks from CMS, followed by an overview of external quality review in Medicaid and CHIP and some context for the Protocols. My colleague, Katie Kleeberger, will then review some of the key updates CMS has made to the Protocols since the 2023 release. Next, Amanda Paige Burns from CMS will provide an overview of the new Protocol 10, which was developed to assist states and their partners with the quality ratings for the Medicaid and CHIP Quality Rating System. Carrie Hanlon will then discuss the new Protocol 11, which provides guidance on the evaluation of managed care quality strategies, state directed payments and in lieu of services and settings. Finally, we will

open the floor for Q&A. Although this session is at the end, we encourage everyone to submit questions as they come to you throughout the presentation.

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With that I will hand it over to Carrie Hanlon for welcoming remarks. Carrie, I'll turn it over to you and you should be able to unmute yourself.

Carrie Hanlon

Great, thank you Hannah. Hi everyone and I want to thank you, Hannah, Katie, Natasha and colleagues for your work with us to produce this update. I'm Carrie Hanlon, I'm the Technical Director for Managed Care Quality in the Division of Quality and Health Outcomes.

As many of you probably know, CMS updates the external quality review or EQR Protocols about every three years in alignment with the Paperwork Reduction Act. The EQR Protocols are intended to support states and their partners, including external quality review organizations and managed care plans in ensuring quality, access, and timeliness in Medicaid and CHIP managed care. We want states and CMS to get the most of our collective investment in EQR. So, we encourage states and their partners to consider how to make EQR as valuable as possible. CMS's vision is that EQR supports the provision of actionable information to drive quality improvement rather than serving as a check-the-box compliance activity.

This update to the Protocols includes changes aligned with these goals. For example, a new optional Protocol for states to leverage their external quality review organizations to design and implement meaningful evaluations of the impact of state directed payments. CMS takes a continuous quality improvement approach to EQR and we're always interested to hear from states and other Medicaid and CHIP managed care quality partners about how we can improve EQR to deliver more value.

To that end, I also want to hear how CMS can be of assistance in implementing the 2026 EQR Protocols, so please do share your questions, whether live during today's event or at any time by contacting the CMS managed care quality team mailbox. Your feedback will inform our future technical assistance and next steps. Thank you.

Hannah Klukoff

Thank you so much, Carrie.

Next slide please.

I will now get us started with a brief overview of external quality review, or EQR, of Medicaid and CHIP managed care.

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EQR is the analysis and evaluation of quality, timeliness, and access to services provided by managed care plans to Medicaid and CHIP beneficiaries. All states that contract with managed care organizations, prepaid inpatient health plans, or prepaid ambulatory health plans as part of their Medicaid or CHIP programs must conduct EQR.

Throughout this webinar and the Protocols themselves, you will hear the term EQR-related activities. EQR-related activities are activities that generate the information used in the annual EQR. There is some latitude for who may conduct these activities. EQR-related activities may be conducted by the state, its agent - as long as it is not a managed care plan, or a qualified external quality review organization, or EQRO. Regardless of who conducts these activities, the EQRO is responsible for reviewing the results and producing the annual EQR technical report.

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EQR is not intended to happen in a silo. It is one part of a broader managed care quality framework, alongside states' quality strategies, managed care plans' quality assurance and performance improvement or QAPI programs, and other quality improvement efforts. These activities are interconnected and EQR findings and recommendations inform states' quality strategies, QAPI activities, and other quality improvement efforts. The 2026 Protocols strengthen these connections and place greater emphasis on helping states make EQR findings more actionable.

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There are 11 EQR-related activities, spanning performance measurement, performance improvement, and managed care plan oversight and compliance. Four EQR-related activities are required. The validation of performance measures, the subject of Protocol 2; the validation of performance improvement projects, or PIPs, the subject of Protocol 1; review of compliance with Medicaid and CHIP managed care regulations, Protocol 3; and validation of network adequacy, Protocol 4. The remaining seven activities are optional and may be used to address state priorities. The two new Protocols, Protocol 10 and Protocol 11 are also both optional activities.

Next slide please.

The main goal of the EQR Protocols is to provide a common framework for conducting EQR-related activities and promoting consistency and reliability across states for both mandatory and optional activities. The Protocols provide detailed and scientifically appropriate methods for conducting EQR-related activities and practical tools to support states, including templates, worksheets, and data collection instruments. The Protocols help states and EQROs produce findings that support oversight, quality improvement, and ultimately better outcomes for Medicaid and CHIP beneficiaries.

Next slide please.

Now I will pass it to my colleague Katie Kleeberger to review some of the key updates made in the 2026 EQR Protocols.

Katie Kleeberger

Thanks Hannah. CMS updates the EQR Protocols at least every three years, which provides an opportunity not only to keep them current with federal requirements, but also to incorporate what CMS has learned from states and EQROs' experience implementing the Protocols. The 2026 update, CMS drew on regulatory changes since 2023, its review of annual EQR technical reports, and questions and feedback from states and EQROs. Over the next few slides, I'll highlight some of the key changes that resulted from that process.

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There are several updates to align with the 2024 Medicaid and CHIP Managed Care Access, Finance, and Quality Final Rule. One change relates to the scope of EQR. States now have discretion over whether to conduct EQR of primary care case management entities or PCCM entities. The final rule also strengthens requirements for EQR technical reports. Reports must include outcomes data and results from quantitative assessments conducted as part of the EQR, and there are new requirements intended to support access to these reports. States must maintain at least five years of EQR technical reports on their public websites and notify CMS when new reports are posted.

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The 2024 final rule also clarifies two key timing requirements for mandatory EQR-related activities: when the activities are conducted and what data they review. First, activities included in an annual EQR technical report must be conducted within the 12 months preceding the report's posting date. Second, the data reviewed must reflect the most recently completed contract year or calendar year closest to the start of the EQR activity.

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The 2026 Protocols also include several new tools designed to help make the guidance easier to apply and support more complete and consistent reporting. CMS added five new worksheets across Protocols 1, 2, and 3, to provide additional structure for conducting and documenting those activities. CMS also added a new appendix focused on the EQR technical report, including approaches for presenting information about managed care plans and a checklist states can use to make sure required components are included.

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Finally, the updated 2026 EQR Protocols include two new Protocols: Protocol 10 and Protocol 11. I will now pass it over to Amanda Paige Burns to talk through the new optional Protocol 10.

Amanda Paige Burns

Good afternoon, everyone. I am Amanda Paige Burns and I am the Lead for the Medicaid and CHIP Quality Rating System, in the Division of Quality and Health Outcomes here at CMS. Today I will walk through the new optional Protocol 10, which was developed to support states with the quality ratings for the MAC QRS.

Next slide. As many of you know, states that contract with managed care plans must establish a MAC QRS by December 31, 2028. For some context, a MAC QRS is the state-run public website that provides quality-related information about managed care plans to empower beneficiaries and those who care for them to make informed choices about their health care. The MAC QRS also aims to increase transparency and to help improve plan performance. The new Protocol 10 provides implementation guidance for states and their EQROs related to data validation and calculating measure performance rates for the MAC QRS.

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Protocol 10 is organized into three sections, which are meant to guide states and EQROs through the activities that are necessary to produce MAC QRS quality ratings, including the calculation of measure performance rates. In the next few slides, we'll dive into more detail, but at a high level, section one provides guidance related to identifying which MAC QRS measures must be calculated and which data sources will be necessary to do so. Section two focuses on validating the data, which is a regulatory requirement for the MAC QRS. Section three includes guidance for calculating measure performance rates and reporting results.

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The activities and steps outlined in Protocol 10 apply to all MAC QRS quality measures. This includes applicable measures from the MAC QRS mandatory measure set and any additional measures a state may choose to include. Many of the activities we mentioned, data collection, validation and measure calculation, should sound very familiar to you in the context of the Protocols. Protocol 10 leverages several existing protocols to avoid duplication of these activities where appropriate.

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The steps in section one of Protocol 10 are intended to help states and EQROs ensure they know which measures they will need to calculate for the MAC QRS, which data sources will be needed to do so and confirm whether any of this work has been completed as part of another EQR-related activity so as to avoid any unnecessary duplication of efforts. We will dive a little deeper on the next slide, but it is worth noting

that a defining characteristic of the MAC QRS is that quality ratings must be calculated and displayed at the plan-program level. So, a major focus of section one is ensuring states are properly prepared to calculate measure performance rates according to MAC QRS requirements.

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As I just mentioned, MAC QRS quality measures must be calculated and displayed at the plan-program level. What this means is that a managed care plan receives a separate quality rating for each managed care program in which it participates. For example, a state may operate one managed care program for the general child population and another specifically for children with disabilities. A managed care organization could operate plans in both programs. In this case, states would need to display two distinct quality ratings, one for the plan in the program for the general child population and another for the program for children with disabilities.

During this first activity of the Protocol, the state determines which MAC QRS measures apply to each managed care plan. The state's EQRO may assist by providing needed information, but the state must make the final determination. Protocol 10 includes Worksheet 10.1, which is a template for assigning MAC QRS measures to managed care plans. CMS has also published a TA resource on this topic, available at the link on the slide, as well as in the chat.

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Section two of Protocol 10 focuses on the requirement that all data used to calculate the measure performance rate for MAC QRS mandatory measures must be validated. Many MAC QRS mandatory measures can be calculated using data only from the managed care plan that is being rated. However, some measures may require data from other sources, such as other managed care plans, Medicare, or fee-for-service. This section includes guidance, best practices and considerations for validating data from all of these diverse data sources.

Something important to highlight about this section of Protocol 10 is that while it may seem like a more interim section, we strongly recommend the EQRO submit a report to the state summarizing key validation findings and flagging any major data quality issues or challenges, describing each managed care plans capabilities and readiness for data integration, and identifying any other issues that may need to be addressed before proceeding to measure calculation.

Next slide.

The third section of Protocol 10 focuses on collecting and integrating all necessary data and calculating measure performance rates for all MAC QRS measures. For measurement year 2026 mandatory measures, which are the measures states must display by December 31, 2028, CMS is not requiring stratification. However, states may choose to stratify any measures displayed in their MAC QRS and Protocol 10 lays out

guidance and best practices for stratifying by common factors, like sex, race, or ethnicity. CMS may require stratification of mandatory measures in the future and updates about stratification requirements and other guidance can be found in the annual MAC QRS mandatory measure set update.

The measurement year 2027 measure update, which is the most current and includes mandatory measures that must be displayed by December 31, 2029, was posted to Medicaid.gov at the end of July and can be found at the link on this slide as well as in the chat. Validating performance rates after they have been calculated is not a requirement for any MAC QRS measure. However, it is a quality measurement best practice and CMS recommends states follow the guidance outlined in Protocol 2 if the state chooses to validate its MAC QRS quality measure performance rates. Finally, EQROs should submit final plan-program level results in a report to the state.

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CMS developed three worksheets to accompany Protocol 10. These worksheets are designed to help states and EQROs identify and document which MAC QRS measures are assigned to each managed care plan, identify the data sources required to calculate each measure, and document reporting requirements for each MAC QRS measure.

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Thank you and now my colleague Carrie Hanlon will provide an overview of Protocol 11.

Carrie Hanlon

Thanks Amanda Paige. So as Amanda Paige mentioned I am going to highlight Protocol 11, which is the new optional protocol related to assisting with the evaluation of managed care quality strategies, state directed payments, and in lieu of services and settings.

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Quality strategies, state directed payments, and in lieu of services and settings are all levers that states really should use to improve quality of care and Medicaid and CHIP managed care. The federal requirement that states evaluate their managed care quality strategies, state directed payments and in lieu of services and settings is not new. However, the 2024 final rule called for the development of a new optional EQR protocol to provide guidance to ensure that these evaluations are robust and meaningful.

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Quality strategies, state directed payments, and in lieu of services and settings are each their own unique quality improvement lever. Therefore, the evaluation of each one must have a distinct research question and focus. Quality strategy evaluations assess progress towards statewide managed care quality goals. SDP evaluations measure the degree to which the state directed payment results in the achievement of specific stated

goals and objectives in the evaluation plan. Notably, these goals and objectives must also align with the state's quality strategy. ILOS evaluations assess the impact of the ILOS on cost and utilization and quality of and access to care.

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Despite three different types of evaluations, Protocol 11 provides a common and consistent framework to assist states in answering the following questions about their quality improvement initiatives. Did the initiative achieve its goals? Did quality improve? Were there differences across populations? And finally, what should change moving forward?

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Protocol 11 is organized into three activities, which describe evaluation processes and best practices applicable to quality strategy, SDP, and ILOS evaluations. We'll dive into each one in more detail in the next few slides, but at a high level, these activities are: preparing for the evaluation, conducting the evaluation, and reporting findings to the state. Each activity includes considerations and specific examples for each kind of evaluation as applicable and appropriate.

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No matter which quality initiative is the subject of evaluation, a solid evaluation plan is the foundation for a robust analysis. States and EQROs should identify the purpose and scope of the evaluation and make sure to review all relevant state and federal requirements. Protocol 11, activity 1, provides guidance and best practices for defining research questions and hypotheses, selecting appropriate evaluation metrics, and identifying applicable baseline periods and performance targets. The Protocol also presents considerations for realistic potential limitations to consider when developing an evaluation plan.

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Protocol 11, activity 1, also helps states and EQROs develop an evaluation plan that evolves as quality initiatives mature. The goal is to develop an evaluation that can answer questions that are most relevant depending on the stage of the initiative. For example, the evaluation of an initiative in the early implementation stage may focus on markers of successful implementation and participation from providers or the intended beneficiary population. An evaluation of an initiative that is further along may focus on any early performance improvement, interim performance targets, and small adjustments. An evaluation of a mature program may focus on goal achievement, quality improvement, or recommended policy changes. Evaluation plans should be appropriate for the type of evaluation being conducted, but also the context of the evaluation itself.

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Protocol 11, activity 2, provides guidance and considerations for putting the evaluation plan into action, calculating evaluation metrics, and analyzing and interpreting results. Because the goal is to generate actionable findings and recommendations, CMS strongly encourages states and EQROs to include in their analyses whether observed trends and changes are attributable to the intervention and to identify what this could mean for program improvement.

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As always, states and EQROs should maintain consistent, clear communication throughout the evaluation process. This includes in the final report to the state. Although reporting requirements vary by evaluation type, if the EQRO supports the state in any of these evaluations, the annual EQR technical report should include a reference and link to the standalone report where it is publicly available, a summary of key findings and results, EQRO recommendations based on the evaluation, and a description of any implications for program changes or improvements as applicable.

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Included throughout Protocol 11 are seven worksheets to support states and EQROs with various evaluation activities. These include evaluation setup, identifying appropriate evaluation metrics, identifying baselines and performance targets, setting up an analysis plan, laying out an evaluation target, ensuring the evaluation report has all necessary elements, and a suggested template for reporting performance metric results.

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And with that, I will hand things back to Hannah for our Q&A.

Hannah Klukoff

Thank you so much, Carrie. For the Q&A session, CMS will be responding to questions received through the Teams Q&A feature. If you have a question, please submit it through the Q&A function at the top of your screen. I'm going to go ahead and get us started with the first question, which is: Will the slides be available after the webinar? The answer is yes. The slides, the webinar recording, and the transcript will be available on Medicaid.gov shortly, and CMS will also send around an email to all registrants when those materials become available.

Okay, Carrie, it looks like next question is going to be a question for you about the timing requirements for the mandatory activities and related timing considerations. Carrie, if you'd want to speak to that?

Carrie Hanlon

Sure. There are two related timing considerations. First, the EQR activity period. Mandatory activities must be conducted during the 12 months preceding the finalization of the annual EQR report. So for example, if a state finalizes its EQR technical report in

March 2027, the mandatory activities included in that report should have been conducted between April 2026 and March 2027. Second, the data period being assessed. The data reviewed should reflect the most recently completed contract year or calendar year that is closest to the start of the EQR activity.

For example, if an EQR activity begins in May 2026 and the state operates its managed care contracts on a July-to-June contract year, a compliance review might use the most recently completed contract year, July 2024 through June 2025, because that's the most recent complete contract year available at the start of the activity. For measures that are reported on a calendar year basis, such as many HEDIS measures, the appropriate period could instead be calendar year 2025. The key is really to use the most recent complete and appropriate 12-month data period for the activity being conducted.

Hannah Klukoff

Great, thank you Carrie. Okay, it looks like the next question is about managed care plans conducting activities for the MAC QRS quality ratings. And if they are doing so, what is the role of the EQRO? I will pass to Amanda Paige to take that one.

Amanda Paige Burns

Thanks Hannah. Yes. So managed care plans may support the production of MAC QRS quality ratings by collecting necessary data and calculating measure performance rates. But keep in mind that activities conducted by managed care plans are not eligible for FFP under the EQR-related activity. Remember that validating the QRS data is required under MAC QRS regulations, and health plans may not perform the validation of mandatory measure data. For the role of the EQRO, the EQRO may calculate the measure rates and/or independently validate the underlying data and calculations. And that would include when integrating data from multiple sources is complex.

Hannah Klukoff

Thanks Amanda Paige. Okay, it looks like this next question is going to be for Carrie. Could you explain a little bit more about the data required in the annual technical report for quantitative PIP analysis?

Carrie Hanlon

Sure. For PIPs, the annual technical report should include the data the EQRO used to assess the PIP methodology, validate the analysis, and evaluate the PIP's overall impact. This often includes MCO plan-reported targets and achieved performance data.

Hannah Klukoff

Great. Okay, and then the next question is: when do states need to start using the 2026 EQR Protocols?

Carrie Hanlon

The 2026 Protocols are available now and states have one year after publication to begin implementation of the new reporting requirements. In particular, the new outcomes and quantitative results requirements must be reflected in the EQR technical reports due April 30th, 2028.

Hannah Klukoff

Thanks Carrie. Okay, it looks like our next one might be for Amanda Paige. For MAC QRS, data must be validated but is it optional to validate the measure performance rates?

Amanda Paige Burns

That is correct. For MAC QRS, the underlying data used to calculate all quality measures, regardless of the source, must be validated. Validation of the resulting measure performance rates is not required for MAC QRS, but we do encourage that as a quality measurement best practice.

Hannah Klukoff

Thank you, APB. Okay. A question about Protocol 11- does every state direct payment require an evaluation under Protocol 11?

Carrie Hanlon

Protocol 11 is an optional EQR-related activity, so no. States should continue to follow any applicable federal evaluation requirements for their specific state directed payment. Protocol 11 just provides a framework that states may use when seeking EQRO or other eligible entity support for an SDP or other evaluation.

Hannah Klukoff

Great. Thank you. Okay. Next question for Amanda Paige. For Protocol 10, states need to report results at the plan- and program-level, is that correct? And then how does this shake out for states with multiple plans and multiple programs?

Amanda Paige Burns

Yes, that is correct. States need to report results at the plan-program level. What that means is that if you have a single program and there are five plans that offer services through that program, each of those plans will receive a result or a measure performance rating for each of the measures that are applicable to those plans. And then the second part, if you have a single health plan that is participating in two programs, then that plan would receive measure ratings for the MAC QRS mandatory measures that are applicable in those two programs. So, what that would look like is

that the measure rates for one program would only include the enrollees for that plan that receive services through that program. And then the same for the next one.

Hannah Klukoff

Great. Thank you, Amanda Paige. Okay, we have another question about the link to the five added worksheets.

Carrie Hanlon

This is Carrie. So, the worksheets are integrated into the full EQR Protocols. There is also a separate zip file that is just of the worksheets and they're organized by Protocol. We can put those links in the chat.

Hannah Klukoff

Thank you. Okay. Alrighty, we're going to do another one about Protocol 11, Carrie. Does Protocol 11 establish specific measures that states must use for evaluations?

Carrie Hanlon

No. Protocol 11 doesn't establish a single required set of measures for every evaluation. The measures and other indicators used should be appropriate to the evaluation questions, the population or program being evaluated, and the outcomes associated with those.

Hannah Klukoff

Thank you. Okay and this one is related. Can one evaluation address multiple state directed payments?

Carrie Hanlon

Yes, in some circumstances. When multiple SDPs are closely related or designed to work together, states may be able to evaluate them through a single evaluation. For example, a state might have separate behavioral SDPs for inpatient and outpatient services that are intended to work together, that could be evaluated as part of a broader behavioral health strategy. The evaluation should still be designed to assess the goals and effects of each SDP and should clearly identify any important differences in their populations, implementation, or outcomes.

Hannah Klukoff

Okay. This one is going to be for Amanda Paige, it's semi-related to the previous question about the role of the EQRO. So, you mentioned that states must make the final determination about which measures apply to which managed care plans. Are there any other limitations to who can perform certain EQR-related activities related to the MAC QRS?

Amanda Paige Burns

Yes. There are some limitations and if you look at the Protocols on page 384 we have a little chart that kind of lays out the rules that may be played by the state, the managed care plans, and the EQRO. And it is really just that the managed care plans are not permitted to do the validation of the data or if a state chooses to validate the measure performance rates the validating of those rates. Hannah, did I get all the question?

Hannah Klukoff

Yes.

Amanda Paige Burns

Okay.

Hannah Klukoff

Alright, let's do a process one for Carrie: how are states expected to notify CMS when their new EQR technical reports are posted?

Carrie Hanlon

States should notify CMS by reaching out via email to ManagedCareQualityTA@cms.hhs.gov, that's our managed care quality team mailbox. And states should email that mailbox within 14 days of posting their EQR technical report, and it should include a link to the publicly available report. States often attach copies, which is fine, but we do need a link to where it is posted on the states' website.

Hannah Klukoff

Great. Thank you. Alright, Amanda Paige we've got a couple MAC QRS ones coming your way. Is CMS prescriptive about how the EQRO validates the data underlying the MAC QRS measure calculations?

Amanda Paige Burns

The Protocols provide guidance on this process, and they show how you can leverage other EQR protocols to support that process.

Hannah Klukoff

So, I think the overall answer is, the Protocols provide guidance and best practices for this and there's no one way to validate underlying data for MAC QRS measures that wouldn't also apply to best practices for other quality measurement. Does that sound accurate to you Amanda Paige?

Amanda Paige Burns

Yes, thank you Hannah.

Hannah Klukoff

Okay. And it seems like there's a little bit of confusion related to the previous question about whether a managed care plan can report the MAC QRS measure rates that will be published on the QRS state website, and the EQRO's role and the managed care plan's role.

Amanda Paige Burns

Yes. So, in terms of whether the managed care plan can report the measure rates that will be published, yes, they can calculate the measures and report those to the state. And that can be used to create what is included in the MAC QRS. But they cannot validate the underlying data, we consider them to have a conflict of interest in terms of the validation of the data.

Hannah Klukoff

Let's do one more for Carrie. If an optional protocol was not performed in the current year, should it be left out of the annual technical report on the prior evaluation?

Carrie Hanlon

So EQR technical reports should include findings from activities that were conducted during the 12 months preceding the release of the report. So, if an optional activity wasn't conducted or wasn't completed during that period, it may be omitted from the report. The EQRO should report the findings in the technical report for the year in which the optional activity is completed.

Hannah Klukoff

Okay, and this is a related data timing question: do all EQR activities have to use the same data year?

Carrie Hanlon

We gave an example earlier where, depending on the measures that are used, the timing may be different across activities. I'll see if Katie wants to add any more to that.

Katie Kleeberger

Thanks Carrie. We expect the states to use whatever data period makes the most sense for the activities. So, in a report, if the PIPs, for example, are running on the contract year but the performance measures the state is validating are HEDIS measures and run on the calendar year, it would be acceptable to use those two

separate measurement periods. But the measurement period should be consistent within an activity.

Hannah Klukoff

Thanks Katie. Okay. This is also a Protocol 11 question for Carrie. And that is, will the new evaluation protocol help states comply with new evaluation requirements?

Carrie Hanlon

Protocol 11 provides an overview of applicable requirements and practical guidance for conducting evaluations, but the main focus of is providing a framework for conducting robust, meaningful and methodologically appropriate evaluations rather than to serve as a compliance tool. So, our recommendation is to use the protocol in conjunction with the information that you receive with the quality improvement initiative that you're evaluating and any applicable federal regulations.

Hannah Klukoff

Okay. And here's a last question about Protocol 11. How is quality strategy evaluation different from QAPI activities and the annual EQR, is there overlap between these activities?

Carrie Hanlon

So yes, there is overlap and CMS encourages states to think of these as complementary parts of the same quality improvement cycle, rather than separate exercises. The quality strategy establishes the state's overall managed care quality goals and priorities. QAPI translates those priorities into plan level activities like performance measures and PIPs, and external quality review provides an independent assessment of plan performance and validates measures and PIPs. For a quality strategy evaluation, the focus is on overall strategy and progress toward goals. Many states already report on quality strategy progress through their annual EQR, and Protocol 11 provides a framework for bringing the pieces together from design to the overall assessment of a strategy.

States don't need to recreate work that is already happening, so leverage QAPI and EQR findings to assess progress toward quality strategy goals and use that information to inform future quality priorities and activities. The other thing I will mention is, there's no need to repeat information that's already posted, for example, in a separate document from the EQR annual technical report. We want to make sure that critical information is included, but it is acceptable to link to a separate report as long as that report is publicly available and accessible on the state's website.

Hannah Klukoff

Thank you, Carrie. Okay. One more for Amanda Paige. To further clarify the validation of data for Protocol 10: is validation of data required if the managed care plan is only using its own data for calculation, or only needed if they're using data from other sources, for example, other managed care plans or Medicaid fee-for-service?

Amanda Paige Burns

So, the MAC QRS validation requirement applies to all data that's necessary to calculate MAC QRS measures. So that would include data from the rated MCP, as well as data from other managed care plans, fee-for-service, or Medicare. But you may want to take a look at the final rule or Protocol 2, which can be leveraged to support the validation.

Hannah Klukoff

Okay. Carrie: can CMS clarify whether every EQR activity must follow the same data period for every EQR activity.

Carrie Hanlon

Right. So, no, the activity period and the data period are related but distinct, the appropriate data period might differ depending on the timing of the activity and the states contract, or calendar year structure. So, they don't have to follow the same data period.

Hannah Klukoff

Thanks Carrie. Okay. And one last one for Amanda Paige before I think we're going to be at time. I also want to acknowledge that we are getting quite a few questions through the Q&A and thank you so much, we really appreciate all of your engagement here. We are taking all of these questions back so if we do not get to them now, we will certainly follow back up with you about your questions and follow-up questions. So, this last question for Amanda Paige is, can an managed care plan's data be reported in the MAC QRS if their external auditor, for example HEDIS, validates their data?

Amanda Paige Burns

Yes. Data validated by an external auditor can be used to calculate ratings published in the states MAC QRS.

Hannah Klukoff

Thank you so much Amanda Paige. So, we are getting close to time, so that's going to be our last question. Let's go ahead and move on to the next slide please. As we wrap up this introduction to the updated 2026 EQR Protocols, we would like to get a sense of

what would be most helpful for states and their partners moving forward. So, please answer this first question using the poll that will appear momentarily. Similar to the poll at the beginning of the meeting, it may appear as a pop-up window, which you can feel free to close out of. And you can find the poll in the chat or in the polls section at the top of your screen. And then for the second question here we would like to know if there any EQR-related topics that we didn't cover today that you might like to hear about in the future. Please answer the second question using the Q&A feature located at the top of your screen, the same way you've been sending in questions.

The 2026 EQR Protocols are now available on Medicaid.gov linked on this slide and in the Q&A. You can also find the summary of updates document that provides a description of changes that we made to each protocol. And I think as Carrie mentioned there are also standalone versions of all of the worksheets for each protocol, including the newly developed ones, available for download separate from the Protocols themselves on Medicaid.gov. These slides, as well as the recording and the transcript from today's webinar will also be available on Medicaid.gov shortly, and we will send around an announcement when those have been posted.

Next slide please.

And then finally if there any additional questions or you would like to contact CMS to request technical assistance related to the 2026 EQR Protocols, please contact ManagedCareQualityTA@cms.hhs.gov. Thank you all so much for your participation in today's webinar. We will give everyone a minute more to let us know what additional EQR-related topics are of interest. Thank you all so much for participating and sharing all your great questions with us. Have a wonderful rest of your week.