
2026 CMS External Quality Review (EQR) Protocols

September 22, 2026

Presented by:

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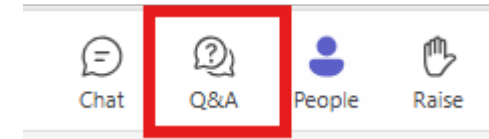
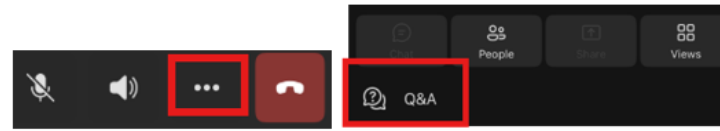
Carrie Hanlon and Amanda Paige Burns, Center for Medicaid and CHIP Services,
Division of Quality, Evaluation & Health Outcomes



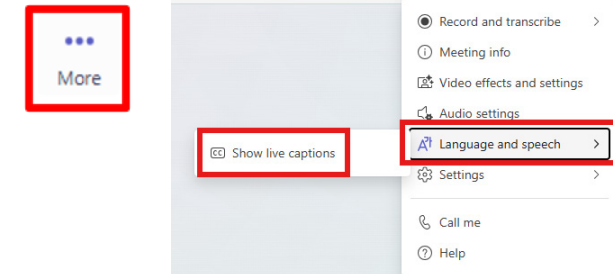
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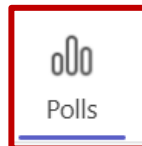
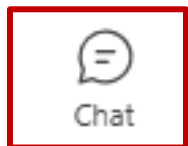


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Poll: Who's In Attendance?

1. What type of organization do you represent?

- A. Medicaid and CHIP program
- B. Managed care plan
- C. External Quality Review Organization (EQRO)
- D. Centers for Medicare & Medicaid Services (CMS)
- E. Other



2. What is the primary focus of your role?

- A. Managed care contracting and oversight
- B. QI projects
- C. Both
- D. Other

3. How long have you been working on/with Medicaid/CHIP programs?

- A. < 5 years
- B. 5–10 years
- C. 10–20 years
- D. > 20 years



Agenda

- **CMS Welcome**
- **EQR of Medicaid and CHIP Managed Care**
- **Updated Protocols: What's New?**
- **Deep Dive Into New Protocols 10 and 11**
- **Q&A**

CMS Welcome

Carrie Hanlon

Technical Director, Managed Care Quality
Division of Quality, Evaluation & Health Outcomes
Center for Medicaid and CHIP Services



CMS EXTERNAL QUALITY REVIEW (EQR) PROTOCOLS

EQR of Medicaid and CHIP Managed Care

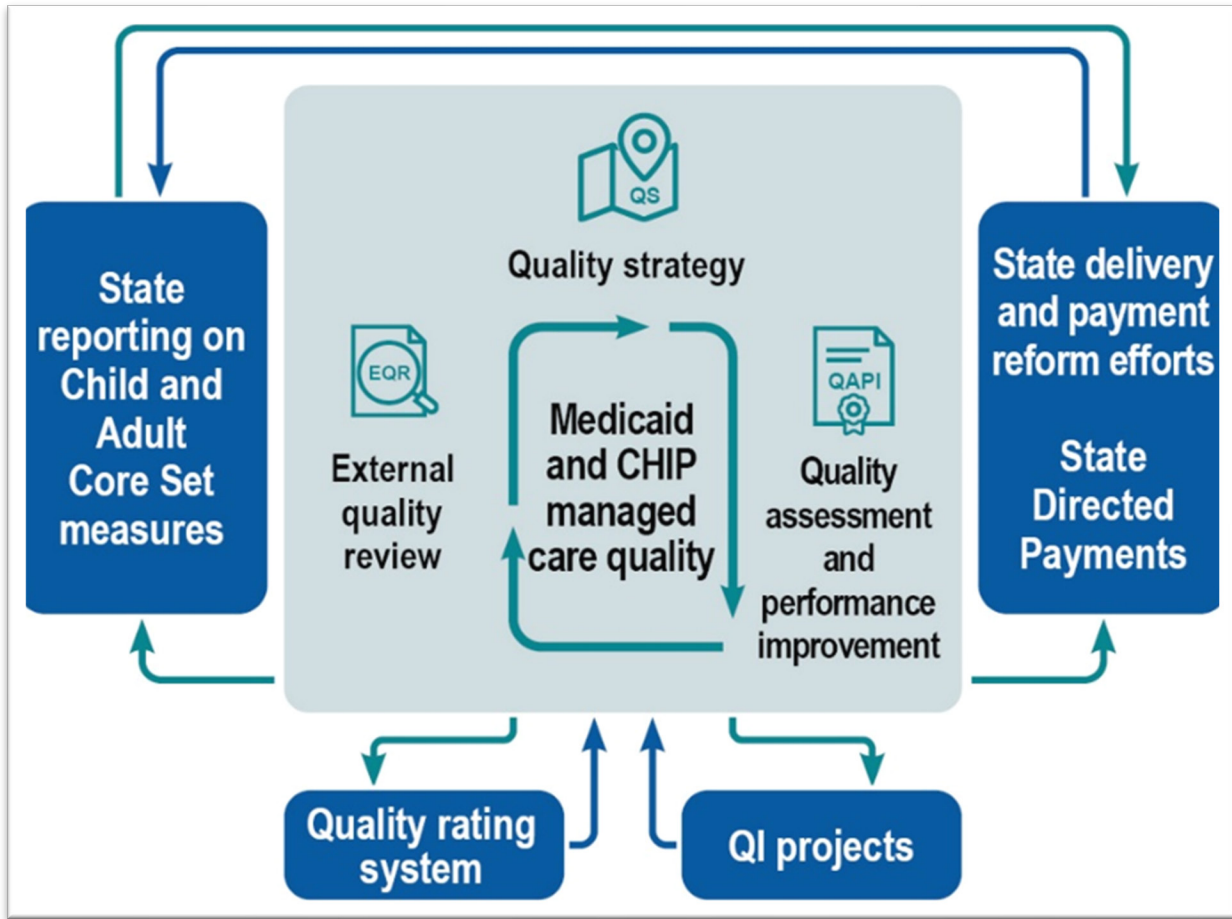


EQR and EQR-Related Activities



- **What is EQR?** The analysis and evaluation of the quality, timeliness, and access to services provided by managed care plans (MCPs).
- **Who must conduct EQR?** States contracting with Medicaid and/or CHIP MCPs.
- **What are EQR-related activities?** Activities that generate the information used in the annual EQR. They may be conducted by the state, its agent that is not an MCP, or a qualified External Quality Review Organization (EQRO).
 - Regardless of who conducts the EQR-related activities, the EQRO is responsible for reviewing the results and producing the annual EQR technical report.

EQR Context



- EQR is one part of a broader managed care quality (MCQ) framework.
- EQR findings should inform the state's quality strategy, quality assurance and performance improvement (QAPI) activities, and quality improvement initiatives.
- The 2026 Protocols strengthen these connections and make EQR findings more actionable.

Mandatory and Optional EQR Activities

There are four required EQR-related activities; the remaining activities are optional and may be used to address state priorities.



Performance Measurement

★ Validation of Performance Measures (Protocol 2)

Calculation of Additional Performance Measures (Protocol 7)

Administration or Validation of Quality of Care Surveys (Protocol 6)

Assist with the Quality Ratings for MAC QRS (Protocol 10)

Validation of MCP Encounter Data (Protocol 5)

Assisting with Evaluation of Managed Care QSs, SDPs, and ILOSs (Protocol 11)



Performance Improvement

★ Validation of PIPs (Protocol 1)

Implementation of Additional PIPs (Protocol 8)

Conducting Focus Studies of Health Care Quality (Protocol 9)



MCP Oversight & Compliance

★ Review of Compliance with Medicaid and CHIP Managed Care Regulations (Protocol 3)

★ Validation of Network Adequacy (Protocol 4)



Mandatory EQR activity

Note: See acronyms on slide 41.

EQR Protocols

- The EQR Protocols provide a common framework for conducting EQR-related activities, promoting consistency and reliability across states.
- They provide:
 -  **Detailed methods** for conducting EQR-related activities
 -  **Practical tools**, including templates, worksheets, data collection instruments
- Together, the Protocols help states and EQROs produce findings that support oversight, quality improvement, and better outcomes for Medicaid and CHIP beneficiaries.

2026 EQR Protocols: What's New?

2026 EQR Protocols

- CMS updates the EQR Protocols at least every three years to ensure they remain current and responsive to evolving program needs.
- The 2026 Protocols build on the 2023 version by:



Reflecting changes in federal regulations



Clarifying expectations based on CMS's review of annual EQR technical reports



Addressing questions raised by states and EQROs

Aligning with the 2024 Managed Care Final Rule

- To align with the 2024 Medicaid and CHIP Managed Care Access, Finance, and Quality Final Rule, the Protocol updates guidance clarifying that:



EQR of primary care case management entities (PCCM entities) is **optional** and at the state's discretion.



EQR technical reports must include **outcomes data** and **results from quantitative assessments** conducted as part of the EQR



States must maintain at least **five years** of EQR technical reports on their public website.



States must **notify CMS** when posting new EQR technical reports

Timing and Data Period Requirements

- **2024 Final Rule clarifies two key timing requirements for mandatory activities:**
 - **Period for conducting EQR activities:** Must be conducted within the 12 months preceding the posting of the report
 - **Data period subject to review:** Must reflect the most recently completed contract year or calendar year closest to the start of the EQR activity

New Worksheets and Reporting Tools

- To improve compliance with reporting requirements, CMS added new worksheets throughout the Protocols.
- To help ensure that EQR technical reports contain critical cross-cutting information, CMS included a new appendix.



Five new worksheets across Protocols 1, 2, and 3



New appendix includes approaches for sharing information about MCPs and a checklist to support states in reviewing to ensure that all required components are included

New 2026 Optional Protocols: Protocols 10 and 11

Protocol 10: Assist with the Quality Ratings for Medicaid and CHIP Quality Rating System (MAC QRS)

Why a New Optional Protocol?

- **Upcoming federal requirement:** By **December 31, 2028**, states that contract with MCPs must establish a Medicaid and CHIP Quality Rating System (MAC QRS).
- **What is MAC QRS?** A state-run public website that provides quality information about MCPs to empower beneficiaries and those who care for them to make choices about their health care and to increase transparency into plan performance.
- **Protocol 10** provides guidance for implementing MAC QRS, including:



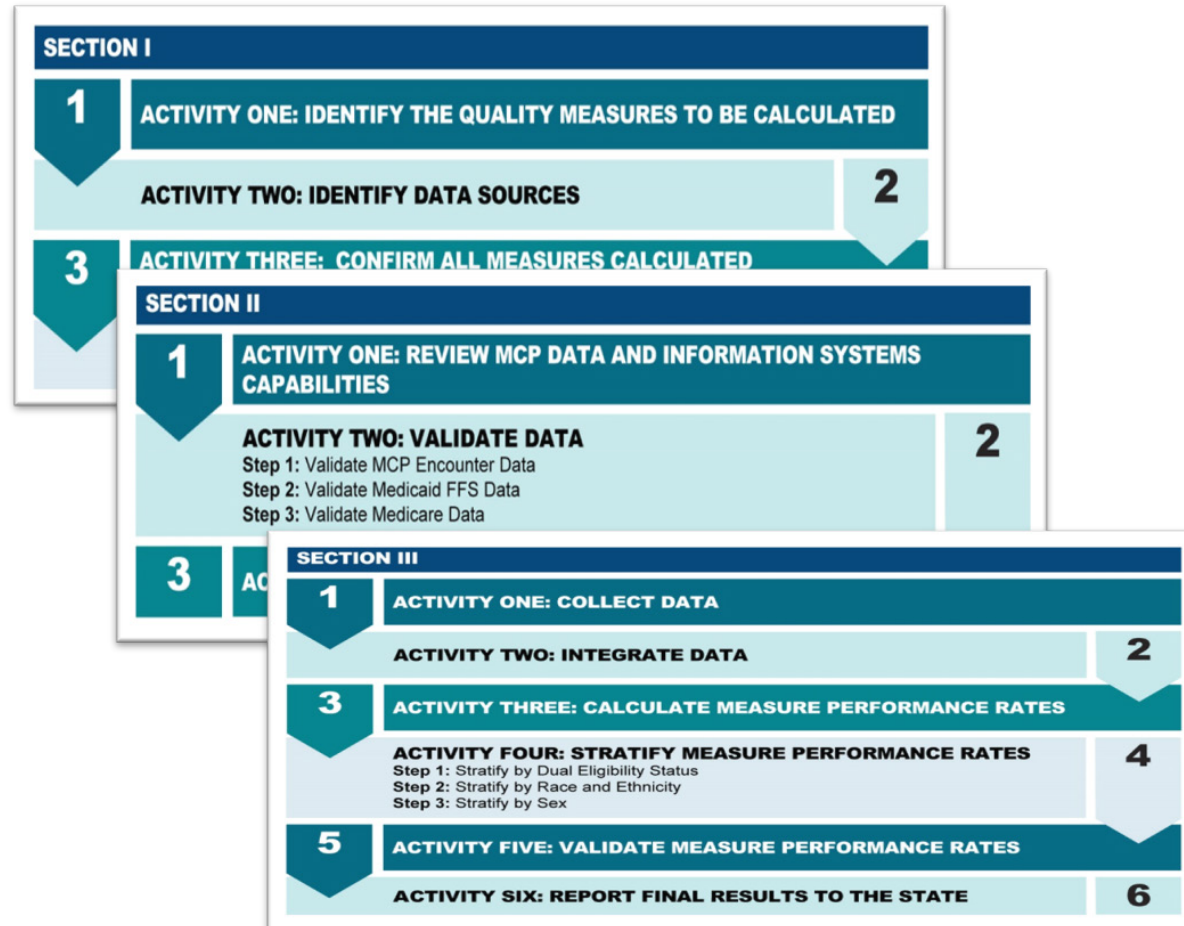
Data validation



Calculating measure performance rates



Protocol 10 Structure



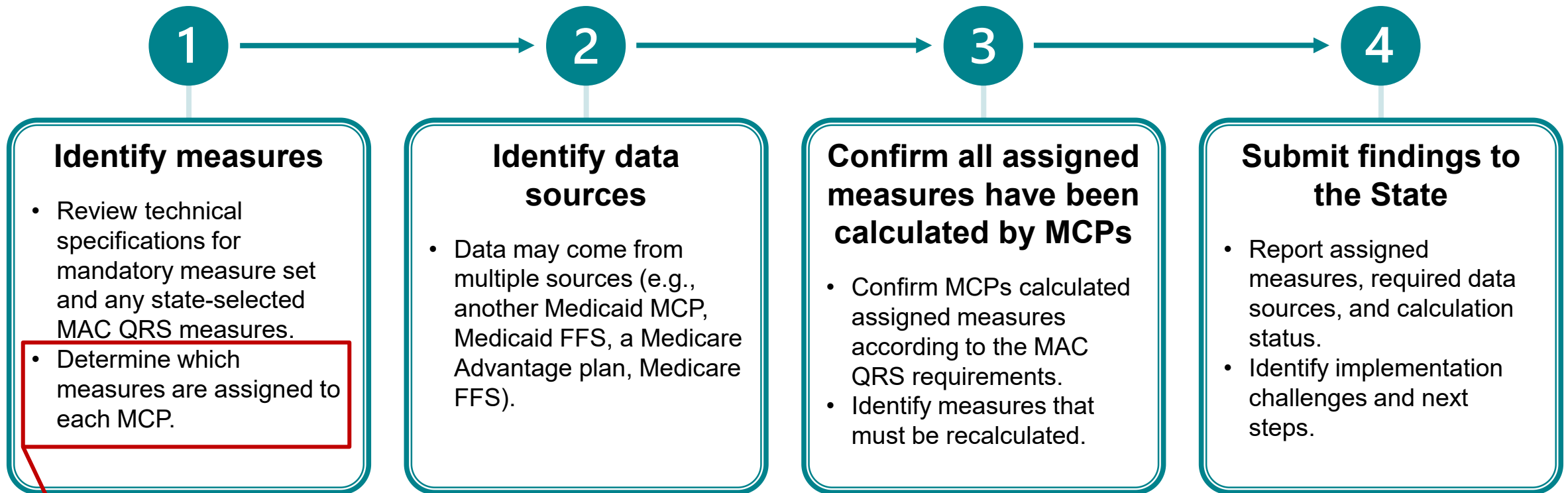
- Protocol 10 is organized around three sections that guide states and EQROs through activities to assist with MAC QRS quality ratings, including the calculation of the measure performance rates
 - **Section I:** Identify MAC QRS measures that must be calculated and data sources
 - **Section II:** Validate data
 - **Section III:** Calculate and report results

Protocol 10 in Context

- **Protocol 10 applies to all MAC QRS quality measures, including:**
 - Mandatory MAC QRS measures
 - Additional state-selected MAC QRS measures
- **Protocol 10 leverages existing EQR protocols by using established methods for:**
 - Data collection
 - Data validation
 - Measure calculation



Section I: Preparing for MAC QRS EQR Activities



Note: MAC QRS measures must be calculated at the plan-program level.

Activity I.1: Identify the Quality Measures to be Calculated

- MAC QRS quality measures must be calculated and displayed at the plan-program level.
- An MCP receives a separate quality rating for each managed care program in which it participates.
- During this activity, the state determines which MAC QRS measures apply to each MCP. The EQRO may assist by providing information needed for the state to make the determinations.
- **Protocol 10 Worksheet 10.1** provides a template for assigning MAC QRS Measures to MCPs.



CMS published an additional TA resource on this topic, available at:
<https://www.medicaid.gov/media/207131>.



Section II: Validating MAC QRS Data

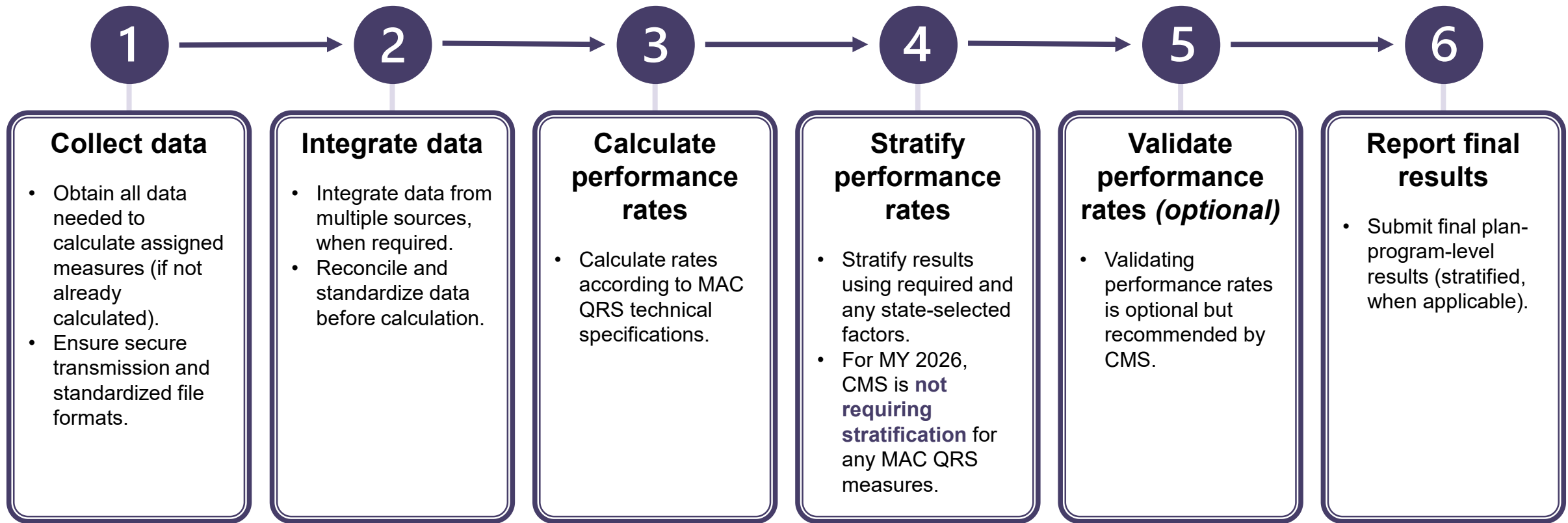
- **Many MAC QRS mandatory measures can be calculated using data from the MCP being assessed. Others may require data from other sources.**
 - All data, regardless of the source, must be validated.
- **Protocol 10 Section II includes guidance, best practices, and considerations for validating MCP encounter data, Medicaid FFS data, and Medicare data.**

Upon completing the activities in Section II, the EQRO submits a report to the state.

The report should:

- Summarize key validation findings, including major data quality issues and challenges.
- Describe each MCP's capabilities and readiness for data integration, as applicable.
- Identify issues that should be addressed before proceeding to MAC QRS measure calculation.

Section III: Calculate MAC QRS Measure Performance Rates



The MAC QRS MY 2027 Mandatory Measure Set Update shares CMS guidance for current and future stratification reporting requirements, found here:

<https://www.medicaid.gov/medicaid/quality-of-care/downloads/my2027-tech-res-manual.pdf>.

Protocol 10 Includes 3 Worksheets

- 1 Worksheet 10.1 – Assigning MAC QRS Measures to MCPs**  Identifies and documents which MAC QRS measures are assigned to which MCP.
- 2 Worksheet 10.2 – MAC QRS Data Requirements Template**  Identifies the data sources required to calculate each measure.
- 3 Worksheet 10.3 – MAC QRS Measure Reporting Requirements Template**  Documents reporting requirements for each MAC QRS measure.

Protocol 11:
Assisting with Evaluation of Managed Care Quality
Strategies, State Directed Payments (SDPs), and
In Lieu of Services and Settings (ILOSs)

Why a New Optional Protocol?

- **Federal requirement:** CMS requires states to evaluate their managed care quality strategies (QSs), state directed payments (SDPs), and in lieu of services and settings (ILOSs).
- **Protocol 11** provides guidance for ensuring these evaluations are robust and meaningful.



What are QS, SDPs, and ILOS?

QSs are a state's framework for assessing and improving the quality of its Medicaid and CHIP managed care programs.



SDPs are payment arrangements in which states direct managed care expenditures related to provider payment, and are generally designed to advance quality, access, and value.¹



ILOS are services or settings that may be provided as a substitute for covered state plan services when medically appropriate and cost effective.²

Notes:

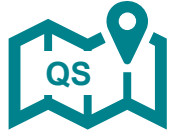
¹ 42 CFR 438.6(c)).

² 42 CFR 438.3(e)(2).



Three Evaluation Types

- Each evaluation type has a distinct focus and research question.



QS evaluations assess progress toward statewide quality goals.



SDP evaluations measure the degree to which the SDP result in achievement of stated goals and objectives in the evaluation plan.¹



ILOS evaluations assess the impact of ILOSs on cost and utilization of State plan services or settings, quality of care, and access to care.²

Notes:

¹ 42 CFR 438.6(c)(2)(v).

² 42 CFR 438.16(e).

One Framework

Protocol 11 provides a common framework to assist states in answering:



Did the initiative achieve its goals?



Did quality improve?

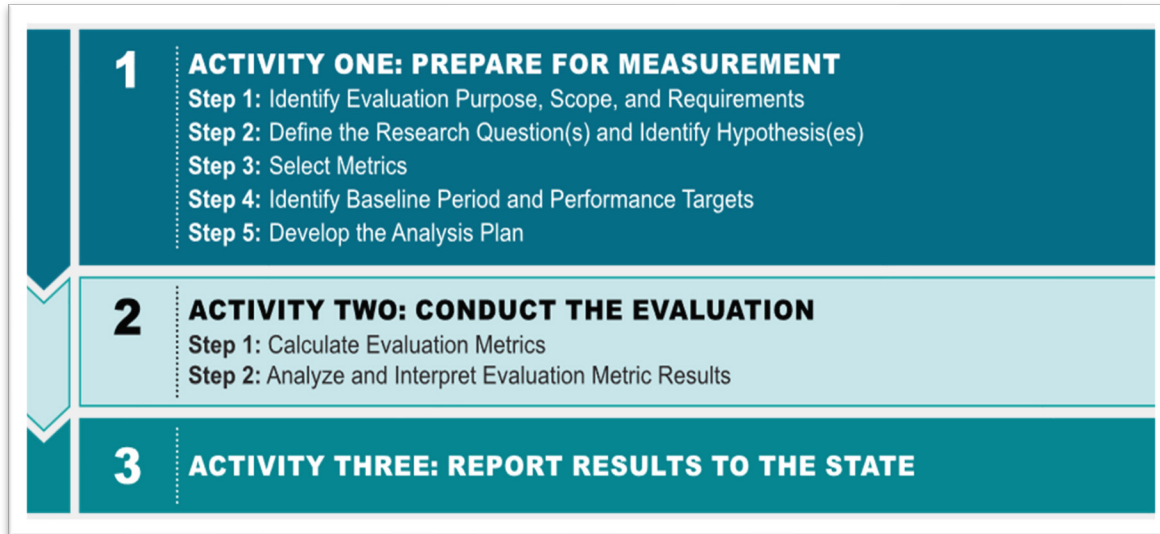


Were there differences across populations?



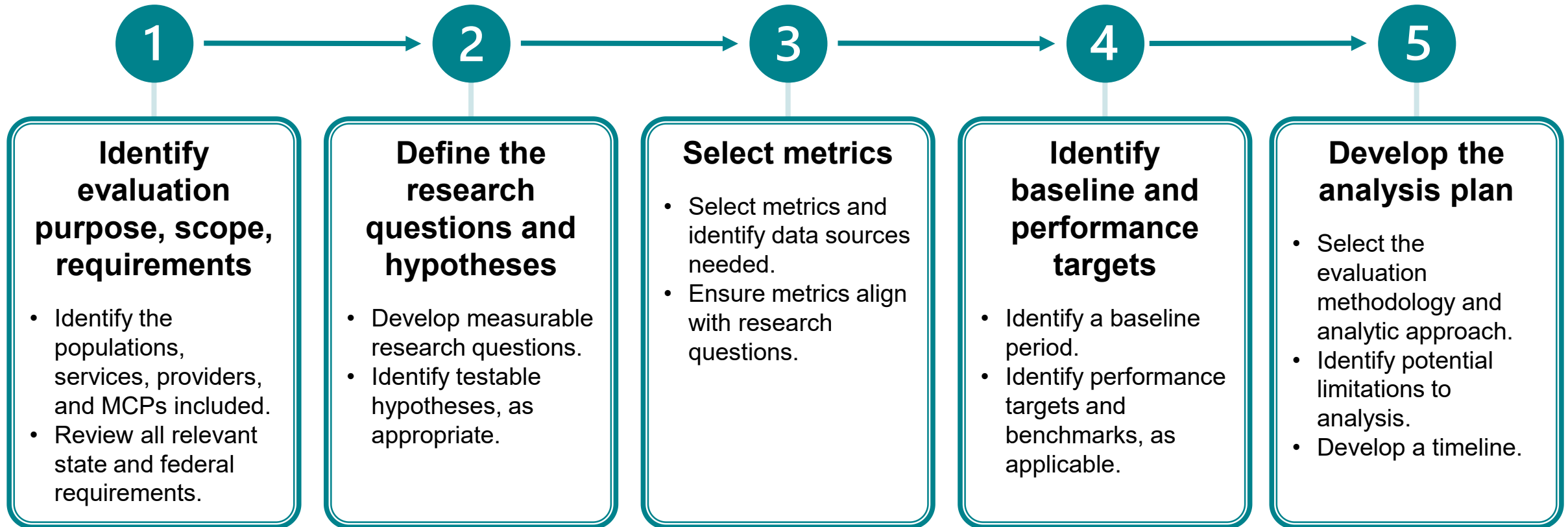
What should change moving forward?

Protocol 11 Structure



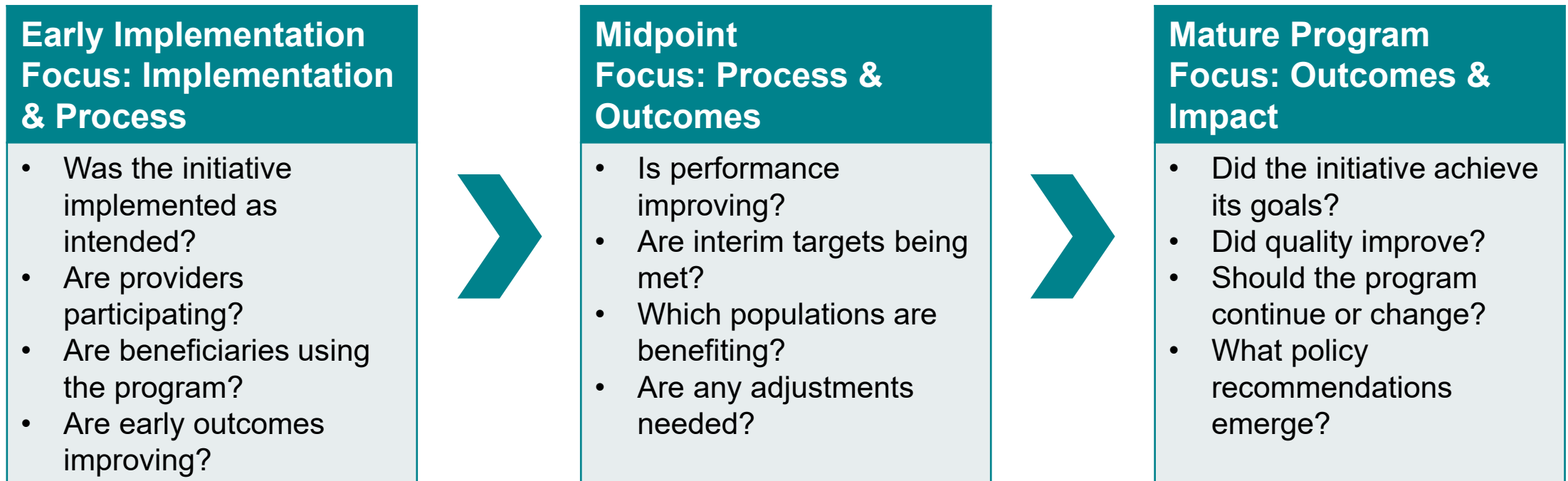
- Protocol 11 uses the same evaluation process for Qs, SDPs, and ILOS.
- It is organized into three activities:
 - **Activity 1:** Prepare for the evaluation.
 - **Activity 2:** Conduct the evaluation.
 - **Activity 3:** Report findings to the state.
- Each activity includes considerations specific to Qs, SDPs, and ILOS, as appropriate

Activity 1: Develop an Evaluation Plan



Evaluations Should Evolve Over Time

Activity 1 helps EQROs develop an evaluation plan that evolves as initiatives mature—from implementation to long-term outcomes.



Activity 2: Conduct the Evaluation

1

Calculate evaluation metrics

- Collect data from all defined sources.
- Validate data to ensure accuracy, completeness, and reliability.
- Calculate performance metrics using approved specifications.
- Document any data quality limitations.

2

Analyze and interpret results

- Answer evaluation's research questions.
- Compare results with targets and benchmarks.
- Examine trends and subgroup differences.
- Assess whether observed changes are attributable to the intervention.
- Identify opportunities for program improvement.



Goal: Generate actionable findings and recommendations, rather than simply reporting performance.

Activity 3: Report Results to the State

- Evaluation reports should clearly communicate what was evaluated, what was found, and what should happen next.
- Reporting requirements vary by evaluation type; states must ensure evaluation reports meet applicable requirements.
- When EQR supports QS, SDP, or ILOS evaluations, the annual EQR technical report should:



Reference and link to the stand-alone publicly available report.



Include EQRO recommendations based on the evaluation.



Summarize key findings and results.



Describe any implications for program changes or improvements, as applicable

Protocol 11 Includes 7 Worksheets

- 1 Worksheet 11.1 – Evaluation Setup**
Defines the evaluation purpose, scope, requirements, and populations included.
- 2 Worksheet 11.2 – Evaluation Metric Identification Template**
Links research questions to evaluation metrics.
- 3 Worksheet 11.3 – Evaluation Metrics, Baseline, and Performance Targets**
Documents baseline values and performance targets for each evaluation metric.
- 4 Worksheet 11.4 – Analysis Plan Template**
Documents the evaluation design, subgroup analyses, and anticipated limitations.
- 5 Worksheet 11.5 – Evaluation Timeline**
Organizes milestones, responsibilities, and key evaluation deliverables.
- 6 Worksheet 11.6 – Checklist for Evaluation Report**
Ensures the evaluation report includes all required components.
- 7 Worksheet 11.7 – Evaluation Performance Metric Results Template**
Organizes findings, methods, and key conclusions for reporting.

Q&A

Poll: Looking Forward

- 1. Do you anticipate that your organization will use the new Protocol 10 or Protocol 11?**
 - A. Yes
 - B. No
 - C. Not sure yet
- 2. Are there any topics related to the EQR protocols that we did not cover today on which you would like additional information or technical assistance?**
 - *Please use the Q&A feature to submit your answer!*

Resources

- 2026 EQR Protocols: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-eqr-protocols.pdf>.
- Summary of Updates: <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care-quality/2026-EQR-Protocols-Updates.pdf>.

Questions and Technical Assistance

- For any additional questions or to request technical assistance related to the 2026 EQR Protocols, please contact ManagedCareQualityTA@cms.hhs.gov.

THANK YOU!



Appendix A: Acronyms

EQR	External Quality Review
EQRO	External Quality Review Organization
ILOS	In Lieu of Services and Settings
MAC QRS	Medicaid and CHIP Quality Rating System
MCP	Managed Care Plan
MCQ	Managed Care Quality
MY	Measurement Year
PCCM Entity	Primary Care Case Management Entity
PIP	Performance Improvement Project
QS	Quality Strategy
QAPI	Quality Assurance and Performance Improvement
QI	Quality Improvement
QM	Quality Measurement
SDP	State Directed Payment