INVESTING IN HEALTH OUTCOMES

Illustrative purposes only: Please note that sample entries, action items, targets, and timelines are illustrative only and do not establish CMS expectations or benchmarks for participating States. Illustrative examples are subject to applicable federal and State requirements and any required CMS approvals. Participation in the Pledge and use of this action plan template are voluntary.

Action Plan

State: _____

ASPIRATIONAL GOALS

Based on a categorization of existing quality measures, please use the template below to indicate aspirational goals of embedding outcomes-oriented measures into your Medicaid and CHIP program.

Outcome-Oriented Measures Today (%)	5-Year Aspiration (%)
50%	90%

SAMPLE

QUALITY STRATEGY ALIGNMENT

Where applicable, a State's Medicaid and CHIP Quality Strategy may be one vehicle for incorporating relevant pledge activities. Please use the template below to spell out your next update cycle.

Quality Strategy Last Updated	Next Update Cycle
2023	2026 (aligned with the State's next scheduled quality strategy review and update, as applicable; may consider incorporating pledge-aligned outcome-oriented measures and dQM roadmap)

UPCOMING PROCUREMENT CYCLES

A State's contracts (e.g., MCO contracts, EQRO contracts, measure vendor / analytics contracts) are important tools to help advance meaningful progress on health outcomes as well as burden reduction. Please use the template below to track your upcoming contract cycles and the potential opportunity for each. If a State decides to share beyond CMS and the State, please refrain from including nonpublic, sensitive, or confidential information.

Procurement / Contract	Next Cycle Date	Potential opportunity
Managed care contract	January 2029	Embed outcome-oriented measures and VBP / withhold provisions; align reporting to streamlined measure set
EQRO contract	July 2027	Revise EQRO deliverables to prioritized outcome-oriented measures and dQM validation support
Measure vendor contract	July 2028	Update measure vendor contract to ensure alignment across FFS and managed care delivery systems

QUALITY MEASURE REPORTING ALIGNMENT AND BURDEN REDUCTION

Prior to advancing financial accountability, States may first take stock of measures across their programs to determine how these measures are being used in a variety of contexts for the Medicaid and CHIP program. Please use the template below to put together commitments and deliverables / target dates focused on priority quality measures.

Proposed Action Items	Deliverable / Milestone	Target Date
Conduct a comprehensive inventory of quality measures currently reported across MCO contracts, EQRO deliverables, SPAs, 1115 monitoring and evaluation reporting, and HEDIS / CAHPS submissions.	Completed measure inventory and use-case crosswalk	January 2027
Convene a cross-agency workgroup (managed care contracting, clinical, quality, behavioral health, and IT / data) to review the inventory and flag duplicative or low-value measures (subject to validated criteria).	Workgroup charter and memo detailing findings	March 2027
Map existing measure set against CMS federal reporting programs as well as prioritized outcomes-oriented measures in prevention, chronic disease management, and behavioral health.	Measure alignment and gap analysis of existing measures	May 2027
Formally retire, as appropriate, State-selected measures that are duplicative, low-value, not actionable, or not aligned with State priorities, consistent with applicable federal and State requirements, including any required public notice or review process.	Finalized measure retirement plan	August 2027
Publish updated quality measure reporting requirements and communicate burden-reduction changes to MCOs, providers, and EQROs.	Revised reporting guidance and technical specifications	October 2027

SAMPLE

FINANCIAL ACCOUNTABILITY

Value-based arrangements are at the core of moving the Medicaid and CHIP system from volume to value. States should determine which measures and outcomes are priorities for value-based payment approaches with plans and / or providers. Please use the template below to put together commitments and deliverables / targets for assigning meaningful financial accountability for health outcomes.

Proposed Action Items	Deliverable / Milestone	Target Date
Assess current use of outcome-oriented measures within existing managed care and provider value-based payment arrangements.	Baseline assessment report of financial incentive arrangements	December 2027
Convene managed care leadership and provider groups to define shared outcome priorities and a financial accountability approach for upcoming contract cycles as well as measures for SPAs.	Stakeholder-informed priorities framework	February 2028
Draft contract language incorporating prioritized outcome measures and withhold / incentive structures tied to performance	Draft managed care contract amendment or procurement language	June 2028
Incorporate outcomes-oriented measures and financial accountability provisions into managed care contract cycle.	Executed managed care contracts with outcomes-based financial incentives	January 2029

MODERNIZING TOWARDS DIGITAL

Advancing interoperability and digital quality measures is an important step towards a more real-time learning health system, but States are at varying degrees of readiness. Please use the template below to put together commitments and deliverables / target dates to advance digital quality measures.

Proposed Action Items	Deliverable / Milestone	Target Date
Complete assessment of current digital quality measurement capacity and data infrastructure across state systems, HIEs, and managed care entities.	dQM readiness assessment	June 2027
Identify foundational technology investments (e.g., APIs, FHIR-based exchange) required to scale dQM adoption over time.	Technology investment roadmap; budget / APD requests as applicable	March 2028
Build a state-specific implementation roadmap for digital quality measures, sequencing measures by data readiness.	Multi-year dQM implementation roadmap	June 2028
Design and launch pilot digital measurement approach for 3-5 high-volume outcome-oriented measures (e.g., Core Set measures).	Pilot design and results / summary report	June 2029
Scale digital quality measurement across priority measure set and integrate into managed care/EQRO reporting and VBP monitoring.	Statewide dQM implementation and updated reporting infrastructure	December 2030

SAMPLE