

**EQR Table 8. Care of Acute and Chronic Conditions Performance Improvement Projects (PIPs) Included in External Quality Review (EQR) Technical Reports, 2023–2024 Reporting Cycle, by Topic Area**

*Summary:* This table shows Care of Acute and Chronic Conditions PIP counts by state and by topic area.<sup>a</sup> It also shows the populations included in each topic area's PIPs: adult (A), child (C), or unspecified (U). For purposes of this table, the term “child” also includes “adolescents.” In the 2023–2024 reporting cycle, 29 states reported at least one PIP related to Care of Acute and Chronic Conditions. The three most common topics were: (1) Diabetes Treatment (13 states reported at least one PIP focused on this topic), (2) Hypertension Care (10 states), and (3) Diabetes Care and Medication Management (8 states, each).

| Topic Area                                                                              | Total States Reporting PIPs |                         | Total PIPs <sup>b</sup> |      |      |    |    |    |    |      |    |      |    |    |      |    |    |    |    |      |      |    |    |    |    |    |    |      |    |    |    |
|-----------------------------------------------------------------------------------------|-----------------------------|-------------------------|-------------------------|------|------|----|----|----|----|------|----|------|----|----|------|----|----|----|----|------|------|----|----|----|----|----|----|------|----|----|----|
|                                                                                         | Total PIPs <sup>b</sup>     | Total PIPs <sup>b</sup> | AL                      | AR   | CA   | DE | FL | HI | KS | KY   | LA | MA   | MI | MN | MS   | NC | ND | NE | NH | NJ   | NM   | NV | NY | OH | PA | PR | SC | TN   | VT | WA | WI |
| <b>Total PIPs<sup>b</sup></b>                                                           | 29                          | 186                     | 1                       | 2    | 11   | 1  | 1  | 5  | 2  | 6    | 5  | 27   | 6  | 17 | 8    | 11 | 3  | 3  | 3  | 12   | 5    | 4  | 11 | 9  | 7  | 7  | 3  | 6    | 1  | 1  | 8  |
| Asthma/COPD                                                                             | 4                           | 8                       | -                       | -    | C    | -  | C  | -  | -  | -    | -  | -    | -  | -  | A, C | -  | A  | -  | -  | -    | -    | -  | -  | -  | -  | -  | -  | -    | -  | -  | -  |
| Care Coordination <sup>c</sup>                                                          | 3                           | 8                       | -                       | -    | -    | -  | -  | -  | -  | A, C | -  | A    | -  | -  | -    | A  | -  | -  | -  | -    | -    | -  | -  | -  | -  | -  | -  | -    | -  | -  | -  |
| Care Transitions <sup>d</sup>                                                           | 2                           | 4                       | -                       | -    | -    | -  | -  | -  | -  | -    | -  | A    | A  | -  | -    | -  | -  | -  | -  | -    | -    | -  | -  | -  | -  | -  | -  | -    | -  | -  | -  |
| Case Management <sup>e</sup>                                                            | 7                           | 18                      | -                       | -    | A, U | -  | -  | -  | A  | A, C | -  | -    | -  | -  | A, C | -  | A  | A  | -  | -    | -    | -  | -  | -  | -  | -  | -  | A, C | -  | -  | -  |
| Diabetes Care <sup>f</sup>                                                              | 8                           | 13                      | A, C                    | -    | -    | A  | -  | -  | A  | -    | -  | A    | -  | -  | -    | A  | -  | -  | -  | -    | A, U | -  | -  | -  | -  | -  | U  | -    | -  | -  | A  |
| Diabetes Prevention <sup>g</sup>                                                        | 3                           | 5                       | -                       | -    | -    | -  | -  | -  | -  | -    | -  | -    | -  | -  | -    | -  | -  | -  | A  | -    | -    | -  | -  | -  | -  | A  | -  | -    | -  | A  | -  |
| Diabetes Treatment <sup>h</sup>                                                         | 13                          | 78                      | -                       | -    | A, U | -  | -  | -  | -  | A, C | -  | A    | A  | A  | -    | A  | A  | -  | -  | A    | -    | -  | -  | A  | A  | -  | -  | A    | A  | -  | A  |
| Health Equity <sup>i</sup>                                                              | 6                           | 27                      | -                       | -    | A, U | -  | -  | -  | -  | -    | -  | A    | A  | -  | -    | -  | -  | -  | -  | -    | -    | -  | -  | A  | -  | -  | -  | A    | -  | -  | A  |
| HIV                                                                                     | 2                           | 6                       | -                       | -    | A    | -  | -  | -  | -  | -    | -  | A, C | -  | -  | -    | -  | -  | -  | -  | -    | -    | -  | -  | -  | -  | -  | -  | -    | -  | -  | -  |
| Hospital Readmissions                                                                   | 4                           | 13                      | -                       | -    | -    | -  | -  | A  | -  | -    | -  | -    | -  | -  | -    | -  | -  | A  | -  | -    | -    | A  | -  | -  | -  | -  | A  | -    | -  | -  | -  |
| Hypertension Care                                                                       | 10                          | 36                      | A, C                    | -    | A    | -  | -  | -  | -  | -    | -  | A    | A  | -  | -    | -  | A  | -  | -  | A    | A    | -  | -  | A  | -  | -  | -  | -    | A  | -  | A  |
| Medication Management                                                                   | 8                           | 12                      | -                       | A, C | A    | -  | -  | -  | -  | -    | -  | A    | A  | -  | -    | -  | -  | A  | -  | A    | A    | -  | -  | -  | -  | -  | -  | A    | -  | -  | -  |
| Reducing ED Visits                                                                      | 5                           | 17                      | -                       | -    | -    | -  | C  | -  | -  | -    | -  | -    | -  | -  | A, C | -  | -  | -  | -  | A, C | -    | -  | -  | -  | A  | -  | -  | A, C | -  | -  | -  |
| Remote Monitoring <sup>j</sup>                                                          | 2                           | 4                       | -                       | -    | A, U | -  | -  | -  | A  | -    | -  | -    | -  | -  | -    | -  | -  | -  | -  | -    | -    | -  | -  | -  | -  | -  | -  | -    | -  | -  | -  |
| SDOH/HRSN <sup>k</sup>                                                                  | 3                           | 7                       | -                       | -    | A    | -  | -  | -  | -  | -    | -  | -    | -  | A  | -    | -  | -  | -  | -  | -    | -    | -  | -  | -  | -  | -  | -  | A, C | -  | -  | -  |
| Other Care of Acute and Chronic Conditions Topics Not Classified Elsewhere <sup>l</sup> | 3                           | 10                      | -                       | -    | -    | -  | -  | -  | -  | -    | -  | -    | A  | -  | A, C | -  | -  | -  | -  | -    | -    | -  | -  | -  | -  | A  | -  | -    | -  | -  | -  |

Acronyms: CMS = Centers for Medicare & Medicaid Services; COPD = Chronic Obstructive Pulmonary Disease; ED = Emergency Department; EQR = External Quality Review; EQRO = External Quality Review Organization; GU = Guam; HIV = Human Immunodeficiency Virus; HRSN = Health-Related Social Needs; MCP = Managed Care Plan; PIP = Performance Improvement Project; PR = Puerto Rico; SDOH = Social Determinants of Health; USVI = United States Virgin Islands.

Source: EQR technical reports for the 2023–2024 reporting cycle. States must post EQR technical reports on their websites by April 30 of each year. Information about the EQR process is available at <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>.

Notes: The following three states posted their EQR technical reports after the April 30 deadline but are included in this analysis: FL, MN, and VT. ID and MO did not post EQR technical reports or the 2023–2024 reporting cycle and are not included in this analysis. CA posted one of its MCP EQR technical reports after April 30 deadline, but this analysis includes data from all MCPs. During the 2023–2024 reporting cycle, the following eight states and territories did not contract with a qualifying MCP subject to EQR: AK, CT, GU, ME, MT, OK, SD, and USVI.

EQR technical reports must include information on the validation of PIPs required by the state that were underway during the preceding 12 months.

An “A,” “C,” or “U” indicates the populations included in the state’s PIP in each domain; a dash (-) indicates that the state’s MCPs did not conduct a PIP related to the domain. PIPs can focus on an adult (A) population, a child (C) population, or an adult and child population (A, C). For some PIPs, the population could not be determined and is listed as unspecified (U) in the table above.

<sup>a</sup> The requirements for states to mandate PIPs and have managed care execution of those mandates validated by an EQRO and reported to the state and CMS are detailed in 42 C.F.R. §§ 438.330, 438.358, and 438.364, respectively. PIP validation means that the EQRO assessed the PIP methodology; confirmed the accuracy of the MCP’s reported results; and interpreted PIP results, noting whether the interventions are achieving improvement.

- <sup>b</sup> PIPs can focus on more than one topic area; thus, the PIPs listed in this table are not mutually exclusive. For example, a PIP focused on diabetes could address diabetes care and diabetes prevention and is counted once in the total PIP count, once in “Diabetes Care” topic, and once in the “Diabetes Prevention” topic. In addition, more than one MCP in a state may conduct a PIP related to each topic area. In this case, each PIP would be counted in the Total PIPs column but would only appear once in the state column if the PIPs focused on the same population.
- <sup>c</sup> The “Care Coordination” topic includes PIPs focused on reducing fragmentation in patient care by sharing information among different healthcare providers and organizations to achieve safer and more effective care.
- <sup>d</sup> The “Care Transitions” topic includes PIPs focused on changes in care setting, such as long-term-care to home, inpatient mental health to home, or children aging out of foster care.
- <sup>e</sup> The “Case Management” topic includes PIPs focused on working directly with enrollees, their family members, and other case management systems to address barriers that prevent them from achieving their healthcare goals.
- <sup>f</sup> The “Diabetes Care” topic includes PIPs focused on both prevention and treatment of diabetes and PIPs focused on diabetes that did not specify either a prevention or treatment focus.
- <sup>g</sup> The “Diabetes Prevention” topic includes PIPs focused only on metabolic screening and diabetes prevention.
- <sup>h</sup> The “Diabetes Treatment” topic includes PIPs focused only on treating individuals with diabetes.
- <sup>i</sup> The “Health Equity” topic includes PIPs focused on improving health equity or reducing disparities specifically related to the care of acute and chronic conditions. A PIP aimed at reducing disparities in blood pressure control between Black and White members would appear in “Hypertension Care” and “Health Equity.”
- <sup>j</sup> The “Remote Monitoring” topic includes PIPs focused on improving or increasing access to remote monitoring through digital medical devices.
- <sup>k</sup> The “SDOH/HRSN” topic includes PIPs focused on addressing SDOH/HRSN related to acute or chronic conditions.
- <sup>l</sup> The “Other Care of Acute and Chronic Conditions Topics Not Classified Elsewhere” topic includes PIPs focused on the care of acute and chronic conditions topics not specified above. For example, PIPs in this topic focused on cardiac care (MI), sickle cell disease (MS), and increasing arterial venous fistula use for patients at risk for dialysis (PR).