

EQR Table 9. Behavioral Health Care Performance Improvement Projects (PIPs) Included in External Quality Review (EQR) Technical Reports, 2022–2023 Reporting Cycle, by Topic Area

Summary: This table shows Behavioral Health Care PIP counts by state and topic area.^a 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 2022–2023 reporting cycle, 33 states reported at least one PIP related to Behavioral Health Care. The three most common subtopics were: (1) Care Coordination (25 states reported at least one PIP related to this topic), (2) Case Management (22 states), and (3) Access to Behavioral Health Care (20 states).

| Topic | Total States Reporting PIPs | Total PIPs ^b | Total States | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------|-------------------------|--------------|------|----|---------|------|------|------|------|------|------|---------|----|------|------|------|---------|---------|----|----|------|----|------|----|------|------|------|---------|------|------|------|------|------|------|------|------|------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | AL | AR | AZ | CA | CO | DE | FL | GA | HI | ID | IN | KS | LA | MA | MI | MS | NC | ND | NE | NH | NJ | NM | NY | OR | PA | RI | TN | TX | UT | VA | WI | WV | WY | | | | | | | | | | | | | | | | | |
| Total PIPs^b | 33 | 466 | 7 | 3 | 2 | 131 | 14 | 3 | 12 | 1 | 7 | 4 | 12 | 4 | 12 | 7 | 10 | 6 | 21 | 1 | 2 | 6 | 10 | 4 | 14 | 32 | 25 | 11 | 8 | 48 | 15 | 21 | 7 | 4 | 2 | | | | | | | | | | | | | | | | | |
| Access to Behavioral Health Care | 20 | 103 | A | - | - | A, C | A, C | - | A, C | - | - | A, C | - | C | A, C | A, C | A, C | - | A, U | - | A | - | U | A | - | A, C | A, C | - | C | - | A, C | A, C | - | A, C | - | A, C | | | | | | | | | | | | | | | | |
| ADHD | 4 | 20 | - | - | - | - | - | C | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | C | - | A, C | - | C | - | - | - | | | | | | | | | | | | | | | | |
| Alcohol Use | 7 | 33 | A, C | - | - | A | - | - | - | - | - | - | - | - | - | A, C | - | - | - | A | - | - | - | - | - | A | A, C | - | - | - | A | - | - | - | - | - | | | | | | | | | | | | | | | | |
| Antipsychotics | 8 | 27 | - | A | - | A | - | - | - | - | - | - | - | A | - | - | - | - | A, C | - | - | - | A | - | - | - | - | A | A, C, U | A, C | - | - | - | - | - | - | - | | | | | | | | | | | | | | | |
| Behavioral-Health Related Readmissions | 11 | 37 | - | A, C | - | A, C, U | - | - | A, C | A, C | - | - | - | - | A, C | - | - | U | - | - | A | - | - | - | A | A, C | - | - | - | A, C | A, C | - | - | - | - | - | | | | | | | | | | | | | | | | |
| Care Coordination ^c | 25 | 135 | A, C | A | A | A, C, U | A, C | A | A, C | - | A, C | A, C | - | - | A, C | A, C | A, C | A, C, U | A, C, U | - | - | A, C | U | A | A | A, C | A | - | - | - | A, C | A, C | A, C | - | A, C | A, C | | | | | | | | | | | | | | | | |
| Case Management ^d | 22 | 151 | A, C | A, C | A | A, C | A, C | - | A, C | - | A, C | A | - | - | A, C | A, C | - | C, U | A, C, U | - | A | A, C | C | - | A | A, C | - | - | A, C | A, C | A, C | - | - | A, C | A, C | - | A, C | | | | | | | | | | | | | | | |
| Crisis Stabilization | 7 | 13 | - | - | - | A, C | - | - | C | - | A | - | - | - | - | - | - | - | A | - | - | - | - | - | - | C | - | - | - | C | - | - | - | - | - | C | - | | | | | | | | | | | | | | | |
| Depression and Anxiety Screening and Treatment | 12 | 37 | - | A, C | - | C | A, C | - | - | - | - | A | - | - | A | - | - | - | - | - | - | - | - | C | A | A | - | - | A | A | - | - | A, C | - | - | - | | | | | | | | | | | | | | | | |
| Follow-Up Care After Alcohol or Other Substance Use-Related ED Visits | 9 | 50 | - | - | - | - | - | - | A, C | - | - | - | A, C, U | - | A, C | A, C | A, C | - | U | - | - | - | - | - | - | A | - | - | - | - | - | - | - | - | - | A | - | | | | | | | | | | | | | | | |
| Follow-Up Care After Mental Illness-Related ED Visits | 6 | 35 | - | - | - | A, C | - | - | A, C | - | A | - | - | - | A, C | - | - | - | - | - | - | - | - | - | A | - | - | - | - | - | - | - | - | - | - | - | - | | | | | | | | | | | | | | | |
| Follow-Up Care After Mental Illness-Related Hospitalization | 17 | 98 | - | - | - | A, C, U | - | - | A, C | - | - | - | A, U | - | A, C | A, C | A, C | A, C | A, C | A | A | - | U | - | A | - | - | - | - | A, C | A, C | A, C | A, C | A, C | A, C | A, C | - | A, C | | | | | | | | | | | | | | |
| Health Equity | 7 | 58 | - | - | - | A, C | - | - | - | - | - | - | - | - | A, C | A, C | A, C | - | U | - | - | - | - | - | - | - | A, C | A, C | - | - | - | - | - | - | - | - | - | | | | | | | | | | | | | | | |
| Opioid Use | 14 | 41 | A | - | - | A | - | A, C | - | - | - | - | - | - | A, C | A, C | A, C | - | U | - | - | A | - | - | A | - | A, C | - | A, C | - | A, C | A, C | - | - | A, C | A, C | - | A | - | | | | | | | | | | | | | |
| Other Substance Use | 14 | 111 | A, C | - | - | A, C | - | A, C | - | - | - | - | - | - | - | A, C | - | - | A, C, U | A | - | A, C | - | A, C | A | A, C | A, C | - | - | - | A, C | A, C | - | - | A, C | A, C | - | - | A | - | | | | | | | | | | | | |

EQR Table 9, continued

| Topic | Total States Reporting PIPs | Total PIPs ^b | State/Territory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------|-------------------------|-----------------|----|----|------|------|----|------|----|----|----|----|----|------|------|----|----|------|----|----|----|----|----|----|------|------|---------|----|------|------|----|----|------|----|
| | | | AL | AR | AZ | CA | CO | DE | FL | GA | HI | ID | IN | KS | LA | MA | MI | MS | NC | ND | NE | NH | NJ | NM | NY | OR | PA | RI | TN | TX | UT | WA | WI | WV | WY |
| Social Determinants of Health/Health-Related Social Needs | 14 | 33 | A, C | - | - | A, C | A, C | - | - | - | - | A | - | - | A, C | A, C | - | - | A, U | - | - | A | U | - | A | A, C | - | - | - | A, C | A, C | - | - | A | - |
| Telehealth | 17 | 52 | A | - | - | A, C | A, C | - | A, C | - | - | A | - | - | A, C | A, C | - | - | A, C | - | - | A | - | A | A | A, C | A, C | A, C, U | - | A, C | A, C | - | - | A, C | - |
| Other Behavioral Health Topics Not Classified Elsewhere ^e | 3 | 17 | - | - | - | A, C | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | C | - | C | - | - |

Acronyms: ADHD = Attention-Deficit/Hyperactivity Disorder; CMS = Centers for Medicare & Medicaid Services; ED = Emergency Department; EQR = External Quality Review; EQRO = External Quality Review Organization; GU = Guam; PIP = Performance Improvement Project; PR = Puerto Rico; USVI = United States Virgin Islands.

Source: EQR technical reports for the 2022–2023 reporting cycle. EQR technical reports must be publicly posted 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 two states and territories did not post EQR technical reports by the April 30 deadline: PR and VT. VT posted its report after the April 30 deadline but is included in this table. SC posted EQR technical reports for some of its managed care plans by the April 30 deadline. Therefore, the table includes only partial information for SC. During the 2022–2023 reporting cycle, the following eight states and territories did not contract with a qualifying managed care plan 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 plans 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. If a state’s PIP included adult and child populations, it would appear as adult (A) and child (C) in the table. For some PIPs, the population could not be determined and therefore is listed as unspecified (U) in the table above.

^a Under federal regulations at 42 C.F.R. §§ 438.330, 438.358, and 438.364, respectively, states must require managed care plans to conduct PIPs, and the PIPs must be validated and included in the report compiled by an EQRO and posted on each state’s website.

^b 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 substance use could address opioid use and other substance use and is counted once in the total PIP count, once in the “Opioid Use” category, and once in the “Other Substance Use” category. In addition, more than one managed care plan 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 only appear once in the state column if the PIPs focused on the same population.

^c The “Care Coordination” category 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.

^d The “Case Management” category includes PIPs focused on working directly with enrollees to address barriers that prevent them from achieving their healthcare goals.

^e The “Other Behavioral Health Topics Not Classified Elsewhere” category includes PIPs focused on behavioral health topics not specified above. For example, PIPs in this category focused on outpatient care retention (CA), reducing no-shows (CA), wellness recovery action plans (CA), working with homeless populations (CA), addressing urgent conditions (CA), improving performance on youth outcome questionnaire (UT), and increasing the use of family-based services (WI).