

# Quality Improvement in Medicaid and CHIP Managed Care: Quality Assessment and Performance Improvement (QAPI) Programs

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## **Sara Snowden:**

Hello, everyone. Welcome to the Quality Assessment and Performance Improvement, or QAPI, Foundations webinar. My name is Sara Snowden. I am a researcher with Mathematica and will be facilitating today's webinar. Thank you so much for joining us today.

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A bit of housekeeping items before we get started. The event is being recorded and all attendees have been muted. You can enable closed captioning by clicking on the CC icon in the lower left corner of the screen, or you can click Control-Shift-A on your keyboard. The slides will also be shared after the meeting and will be posted on Medicaid.gov, along with a recording of today's event. There will be a questions and discussion session at the end of the webinar, and if you experience any technical issues, please use the chat feature to send a message to the co-host, and we will assist you.

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The Division of Quality and Health Outcomes within the Center for Medicaid and Children's Health Insurance Program Services provides technical assistance to support state Medicaid and CHIP programs, improve care and outcomes for beneficiaries.

This presentation is part of a technical assistance series focused on quality improvement, or QI, in Medicaid and CHIP managed care. In the box shown here, you'll see additional resources from this series, including short informational videos and a link to where you can find them.

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Today's webinar provides an overview of Medicaid and CHIP managed care plan QAPI programs and explores how they can support broader Medicaid and CHIP quality efforts. This presentation can help you onboard state Medicaid and CHIP staff, prepare for updating managed care oversight materials or launching new QI initiatives, explain managed care quality activities to partners, and identify ways to use QAPI in ongoing improvement work.

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So we'll begin with a welcome by CMS and then dive into a description of QAPI foundations, including key elements that make up a QAPI program. Then we will look at how QAPIs tie into broader managed care activities and how they can support and strengthen a state's overall QI initiatives. After that, we'll open the floor and take your questions and end with highlighting some TA resources.

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But first, for the CMS welcome, I will pass things over to Carrie Hanlon.

**Carrie Hanlon:**

Thank you, Sara. Hi, everyone, and welcome. We're so glad you could join us today. On behalf of CMS, thank you for taking the time to be here. We're excited to have such a strong turnout of plans and partners who are all committed to improving quality of care and outcomes for Medicaid and CHIP beneficiaries. This session is part of CMS's ongoing effort to strengthen how we think about managed care oversight activities, not just as a compliance exercise, but also as a quality-focused, data-informed process that drives real improvements for the people we serve.

We appreciate that states and plans juggle a lot. We hope today's webinar is helpful in providing an opportunity to learn about and share best practices for QAPI programs as part of Medicaid and CHIP managed care quality improvement. Thanks again for being here, and with that, I'll turn it back over to Sara.

**Sara Snowden:**

Thank you, Carrie.

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So we'll start by covering foundational information on what QAPIs are and what they include.

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So QAPIs are a core component of quality oversight in Medicaid managed care, helping states and plans monitor performance and drive meaningful improvements in care and outcome. QAPI programs combine two critical QI approaches, quality assessment, which includes monitoring and evaluating processes and outcomes, using data to understand quality of care and identify areas for improvement, and performance improvement, which includes applying data-driven strategies to test and implement changes that lead to improvement.

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So what are the QAPI requirements? Under federal regulations, states that contract with managed care organizations, prepaid inpatient health plans, or prepaid ambulatory health plans, must make sure these managed care plans, or MCPs, have an ongoing comprehensive QAPI program in place. States are also responsible for ensuring QAPI programs include core components that we'll discuss in the next slide, and review and assess the impact of each plan's QAPI program at least once a year to evaluate its effectiveness and impact. For a full description of the regulations, you can visit the link shared here.

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So now that we've touched on the requirements, let's take a closer look at what makes up a QAPI program. Each QAPI program is built around four key components: performance improvement projects (or PIPs), performance measures, mechanisms to detect both underutilization and overutilization of

services, and mechanisms to assess the quality and appropriateness of care for enrollees with special healthcare needs or those receiving long-term services and supports, (also known as LTSS).

And in the next few slides, we'll dive into more detail about each of these components. Next slide.

So let's start by taking a closer look at PIPs and performance measures.

PIPs are targeted initiatives that aim to enhance health outcomes and enrollee experience. There are certain requirements that every PIP must meet. For example, each PIP should be data-driven and designed to achieve measurable, sustained improvements. PIPs must also be validated by the state's External Quality Review Organization, or EQRO, to ensure the design is sound and results are accurate.

Performance measures are standardized metrics used to track access, quality, and outcomes of care, compare performance across plans, and identify areas for improvement.

Each QAPI performance measure must be submitted by the MCP to the state, at least annually. And like PIPs, QAPI measures must be validated by the state's EQRO.

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So next, let's turn to the third component of the QAPI framework, monitoring service utilization. These processes focus on detecting underuse and overuse of services, which is key to making sure care is balanced and high quality. Monitoring both under- and over-utilization helps ensure enrollees receive appropriate care, while also uncovering access barriers, potential fraud and waste, and opportunities for targeted quality improvement interventions.

These mechanisms may include tracking missed care, such as low preventive screening rates and overuse, like excessive testing or ED use. And they may assess utilization patterns at the population, plan or provider level. And they should be reviewed and updated regularly, using data analytics and enrollee feedback.

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The final component of QAPI is mechanisms for assessing care for enrollees with special healthcare needs or those receiving LTSS. These processes help ensure care is person-centered, well-coordinated across settings, and aligned with enrollees' needs and goals. These assessment mechanisms must be implemented by any MCP serving these populations, and must assess care transitions between settings, and when applicable, compare the services and supports an enrollee receives with those outlined in their treatment or service plan, and include standard performance measures relating to quality of life, rebalancing, and community integration.

CMS requires the state's EQRO to review and confirm that each MCP has implemented these activities in accordance with QAPI requirements at least once every three years. Finally, these mechanisms may include reviews of care plans, service authorizations, and functional assessments, and focus on strengthening care coordination and person-centered planning.

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Now that we've reviewed the components that make up a QAPI program, we'll talk about where you can find this information.

Details about QAPI can appear in several sources, such as MCP contracts, which may outline performance measures MCPs must report, along with any required PIP topics, MCP QAPI program documents, which may include the plan's policies and procedures for data collection, data quality checks and utilization management practices, and external quality review (or EQR) technical reports, which contain compliance findings and performance data on QAPI programs, including validated performance measures, PIP summaries, and QAPI evaluations. If you aren't familiar with these sources, or if you want to learn more about QAPI expectations and findings, you can reach out to your state's managed care team or EQRO.

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For implementation, QAPI programs are built on shared responsibilities among three primary partners. States, which set QAPI requirements in managed care contracts and oversee implementation. The managed care plans, which design and implement QAPI activities that address state requirements and plan-specific priorities. And EQROs, which assess QAPI programs and provide recommendations for improvement. The roles and responsibilities within QAPI programs can vary depending on how prescriptive the state is.

For example, in some states, plans have flexibility to select their own performance measures, PIP topics, and interventions, while in others, states set specific requirements. Similarly, although EQROs are always responsible for validating QAPI activities, their involvement can extend beyond validation in some states. For example, by supporting PIP development or calculating performance measures.

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As we mentioned, federal regulations require states to annually assess QAPI components through the EQR process. EQR activities are guided by the CMS EQR protocols, which outline data sources, collection methods, and review approaches. Three EQR protocols can be used to evaluate different aspects of QAPI. Protocol 1 can be used to validate PIPs. Protocol 2 can be used to validate performance measures. And Protocol 3 can be used to review MCP compliance with regulations. The most recent EQR protocols can be accessed by the link shown here.

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So having reviewed the foundations, including QAPI components, implementations, and requirements, we'll now look at how QAPIs fit within the broader landscape of managed care quality oversight activities.

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QAPI is one of several required managed care oversight activities, along with state quality strategies and EQR, described on this slide in blue. Together, these oversight mechanisms help states hold managed care plans accountable for the quality of care provided to enrollees and for meeting federal and contractual requirements.

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The managed care quality oversight activities are designed to inform and reinforce one another within the managed care quality cycle, depicted on the right-hand side of this slide. Please note, QRS here refers to states' own plan quality reporting for beneficiaries and the Medicaid and CHIP quality rating system once live.

The managed care quality cycle works best when aligned with other Medicaid and CHIP quality efforts, such as Core Set reporting, state delivery and payment reform efforts, state-directed payment arrangements, QRS and managed care QI projects, which we will discuss in more detail later. Next slide, please. So QAPI's role in the managed care quality cycle is to strengthen and inform other oversight activities by identifying gaps, testing interventions and generating actionable data. In relation to the quality strategy, QAPI programs can put the strategy into action by carrying out priority areas and interventions. The results from QAPI activities also feed back into the process, helping states understand their quality strategy goals and objectives and plan for future QI work.

And in relation to EQR, QAPI data and activities are validated and reviewed as part of the EQR process. This review can highlight both plan level and system level issues that may need further attention. EQROs also provide recommendations to strengthen QAPI activities such as improving PIP design or targeting performance on specific performance measures.

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QAPI efforts also play an important role in broader quality improvement work. For example, QAPI data can contribute to quality rating system reporting. And when QAPI activities lead to improvements like increased access to preventive care, those gains can positively impact QRS ratings. QAPI findings can help identify areas where state-directed payments may have the biggest impact.

QAPI efforts can also help monitor and evaluate how well those payments are driving improvement. And QAPI activity can support plan and state performance on Core Set measures and can also support Core Set reporting. And next we'll share some applied examples of this in practice.

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Here is an example of how EQR findings can directly shape QAPI activities at the plan level. In this example, a state's EQR report showed low rates of behavioral health screenings and access to adults in pediatric preventive care across multiple plans.

The EQRO conducted a deeper analysis to understand the drivers behind these gaps and surfaced underlying barriers such as inconsistent screening protocols, reporting lags, and weak integration between behavioral and primary care. And building on these insights, the EQRO helped the state focus its efforts on achieving its quality goal to advance primary care and improvement in preventive care. They emphasized better integration between behavioral health and primary care and more consistent documentation of follow-up after screenings. For instance, adding screening prompts in electronic health records and training providers on documentation standards. In response, the state operationalized those recommendations through its QAPIs.

It required plans to implement a PIP aimed at increasing depression screening and ensuring timely follow-up measured using relevant Core Set indicators. This example demonstrates how a state aligned plans QAPI activities with evidence-based gaps identified in the EQR process and operationalized QI priorities. Next slide, please. So far, we've talked about how QAPIs fit into the broader quality framework. And now let's focus on how QAPIs can be used as a tool to drive specific quality improvement projects.

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A quality improvement or QI project is a structured set of activities aimed at improving quality, timeliness, or access to healthcare services for Medicaid and CHIP enrollees. It's important to note that PIPs are one type of QI project, but not all QI projects are PIPs. Compared to PIPs, QI projects are more flexible since they don't have specific federal design or validation requirements. Broader in scope as they span both fee-for-service and managed care delivery systems. And they are often more inclusive and can be led by plans, provider groups, or other state partners.

In case you weren't aware, we wanted to highlight CMS's quality improvement program linked here on this slide, that they provide affinity groups, office hours, and technical assistance tools to help states launch, scale, and sustain QI projects. We included additional information about this for you to reference in Appendix A of this presentation as well. Next slide, please. QAPI's four required components provide a foundation that can directly inform and strengthen QI projects. QAPI's can be used to help identify priorities, shape interventions, and guide continuous quality improvement across the system. For example, QAPI performance measure data provide a clear view of where improvement is needed.

Trends in this data can highlight emerging issues, help QI teams identify a QI topic, set meaningful targets, and track the ongoing impact of QI activities. PIPs can reveal effective interventions, implementation barriers, and lessons learned about where more improvement is needed. Exploring these PIP findings can support a QI project by identifying effective or promising strategies. Additionally, patterns of under- or over-utilization revealed through QAPI monitoring can highlight system issues like access barriers, appropriate service use or care coordination gaps that QI projects can address. And QAPI assessments of mechanisms to assess the quality and appropriateness of care for enrollees with special healthcare needs, or LTSS, can uncover disparities in outcomes or access.

And QI projects can use these QAPI insights to design interventions that improve person-centered care and strengthen care transitions. Next slide, please. QI projects offer real-world insights that help states and plans improve and strengthen their QAPI programs. By feeding lessons from implementation and testing back into QAPI processes, they make those programs more targeted, evidence-based, and effective. For example, QI projects strengthen QAPI programs by serving as a testing ground for new ideas, helping identify and refine interventions that can later be scaled through formal PIPs.

Or when a QAPI project demonstrates measurable improvements, such as increased rates of timely postpartum visits, the state can use its managed care contracts to sustain the success. For example, the state might require all plans to implement member outreach within 14 days of delivery or to track postpartum care completion as a contractual performance metric. Next slide, please. And with that, we will open things up for discussion.

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So please navigate to the Slido Q&A function on the right-hand side of your screen to submit any questions or comments and click the Send button to submit your question. If you experience any technical issues, please use the chat feature to reach out and one of our co-hosts will assist you. For example, we'd love to hear how your state highlights quality improvement successes, like spotlighting promising PIP interventions or facilitating peer learning amongst your plans, or feel free to share or ask questions about any challenges you faced with your QAPI programs.

One question we received was, do all performance measures included in the QAPI need to be validated by the EQRO? And yes, all QAPI measures must be validated as part of EQR activity.

Again, the slides and recording will be made available following the call.

And we also received a question, can you walk through the respective roles of states and managed care plans in QAPI? Yes. States establish the overall QAPI framework and requirements. This includes priorities and reporting expectations. States oversee the implementation to ensure that plans comply with those requirements. Managed care plans are responsible for developing and implementing their own QAPI programs to meet those state requirements and report progress to the state.

Beyond those core roles, QAPI can look different from state to state. For example, we've seen some states specify exact measures or PIP topics that plans must address. Other states identify more broad focus areas and allow plans some greater flexibility to select those specific measures or interventions. And then we have a question I will pass to Carrie, our CMS colleague. How does CMS review or assess state QAPI programs?

**Carrie Hanlon:**

Thanks, Sara. CMS reviews state QAPI programs as part of ongoing Medicaid and CHIP managed care oversight. So this includes reviewing the EQR technical reports, managed care quality strategies, and other required submissions as well as discussing QAPI implementation during regular monitoring calls with states.

**Sara Snowden:**

Thank you. We also got a question. Would the performance measures also include all Core Set measures? So Core Set reporting and QAPI performance measures can overlap. Again, we can point you to some of our MCQI TA resources to learn more about how you can align the QAPI program with Core Set reporting. Another CMS question, does CMS have any best practices for structuring a compliance QAPI program? I will hand that one to Carrie.

**Carrie Hanlon:**

Sure. So while CMS doesn't prescribe one specific approach, we have seen that effective programs do share some common features. These include clear alignment with the state's quality strategy, using data to identify priorities and track progress, having defined expectations for planned activities and reporting, and regular oversight to ensure that improvement efforts are focused on those areas of greatest need.

**Sara Snowden:**

Thank you. We received another question about TA resources, and we are going to touch on that before we wrap up today's call. So more to come on those. We received another question regarding the CMS EQR protocols, noting that the most—or inquiring about the most updated version available. And I will pass that to Carrie.

**Carrie Hanlon:**

Sure. Thank you for the question. The 2023 protocols that are referenced in the slides are the current version. We are working on updates that we hope to publish later this year, and we can maybe put some information in the chat. There is actually a notice out that came out December 22nd in the Federal Register that there are some proposed updates to the protocols. So we can share a little bit more information about that, like I said in the chat. But the current protocols are the 2023 protocols that are referenced in these slides.

**Sara Snowden:**

Thanks, Carrie. Another CMS question I will pass. Are there any requirements related to incorporating beneficiary input into QAPI programs?

**Carrie Hanlon:**

There aren't specific federal requirements spelling out how beneficiary input must be incorporated into QAPI programs. But having said that, strong QAPI programs do include mechanisms for beneficiary engagement, such as using enrollee experience survey results, grievance and appeal data, feedback from advisory groups or quality committees. States and plans can also engage providers, advocates and community-based organizations to help identify priorities, to test improvement strategies and to assess whether activities are meeting the needs of beneficiaries.

**Sara Snowden:**

And we received a follow-up question about the affinity group offerings and office hours. And we will circulate these slides with the link to that quality improvement website for you all to find more information on that. Okay. Well, if you submitted a question and did not hear a response during the call, please feel free to email the TA mailbox and we will be happy to follow up with you.

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So the next slides share some additional technical assistance resources related to managed care and QI.

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So you can visit the CMS Medicaid and CHIP managed care quality improvement webpage at the address shown here for resources on quality strategies, EQR, and strategies to leverage managed care oversight activities to drive quality improvement.

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CMS has developed some new TA resources to support states in strengthening their managed care oversight efforts. These include a worksheet designed for teams launching a new QI project to help users leverage their managed care oversight activities to inform and support the project and to ensure that the project aligns with the state's managed care quality priorities.

A state's QAPI—sorry, we've also developed a QAPI progress report template to support state efforts to monitor QAPI program progress and identify potential opportunities for improvement. And we also wanted to highlight a worksheet on how to apply findings from the EQR technical reports in quality improvement efforts. Please look for these upcoming TA resources on the CMS website.

Next slide, please.

We also wanted to share some additional managed care quality resources that can be found at the links shared here. And we have also included an appendix to the slide deck that goes into additional detail as well with additional resources around CMS's quality improvement program.

Thank you all so much for attending today's webinar and for sharing your questions and for all the work that you do to improve the quality of services to your Medicaid and CHIP members. We really appreciate your time. Thank you so much.