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

January 15, 2026

Technical Instructions

- All participants are muted upon entry.
- To enable **closed captioning**, click on the “CC” icon in the lower-left corner of the screen or click “Ctrl, Shift, A” on your keyboard.
- A **recording of the meeting and slides** will be available after the webinar on Medicaid.gov.
- There will be a **Questions and Discussion session** at the end of the webinar.
- If you experience any technical issues, please use the **chat** feature to send a message to the cohost and we will assist you.

Quality Improvement Technical Assistance

The Division of Quality and Health Outcomes within the Center for Medicaid and Children's Health Insurance Program (CHIP) Services (CMCS) provides technical assistance (TA) to support state Medicaid and CHIP programs with information, tools, and expert knowledge to improve care and outcomes for beneficiaries.

This presentation is part of a TA series focused on quality improvement (QI) in Medicaid and CHIP managed care.

The managed care QI TA series also includes:

- An overview webinar on using Medicaid and CHIP managed care oversight activities for QI
- Videos with details on using state quality strategies (QS) and External Quality Review (EQR) for QI
- Fact sheet on using managed care oversight activities for QI
- These resources are at <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care-quality/managed-care-quality-improvement/index.html>.

Purpose

- **Today's webinar introduces Medicaid and CHIP managed care plan (MCP) quality assessment and performance improvement (QAPI) programs and how they can support broader Medicaid and CHIP quality efforts.**
- **This presentation can be used to:**
 - Onboard state Medicaid and CHIP managed care and QI staff.
 - Refresh Medicaid and CHIP staff as they prepare to revise or review managed care oversight materials (such as the state quality strategy or QS) or launch new QI initiatives.
 - Describe managed care quality (MCQ) oversight activities to Medicaid and CHIP program QI partners.
 - Identify ways QAPI activities can be leveraged in continuous QI efforts.



Agenda

- CMS Welcome
- QAPI Foundations
- QAPI and the Managed Care Quality Cycle
- How QAPIs Can Support QI Initiatives
- Questions and Discussion
- TA Resources

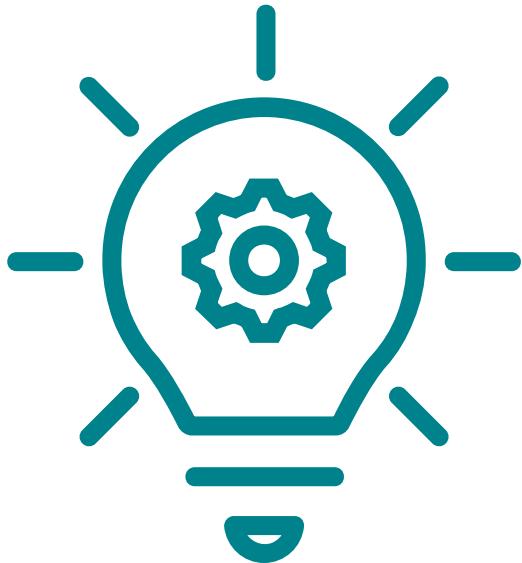
CMS Welcome

Carrie Hanlon, Centers for Medicare & Medicaid Services



QAPI Foundations

QAPI and Quality Improvement



QAPI programs combine two critical QI approaches:

- **Quality Assessment (QA)** – Monitoring and evaluation of a process, and/or outcomes of a process, using data to learn about quality of care and identify areas to target for improvement.
- **Performance Improvement (PI)** – Applying data-driven strategies to test and implement changes for improvement.

QAPI Regulatory Requirements

- **States contracting with managed care organizations, prepaid inpatient health plans, or prepaid ambulatory health plans (MCPs¹) must...**
 - Require each MCP to establish and implement an ongoing, comprehensive QAPI program.
 - Ensure MCP QAPI programs include core components (see slide 10).
 - Review and assess the impact of each MCP's QAPI program, at least annually, for effectiveness and impact.

Learn
more!

A full description of QAPI requirements is detailed in [42 CFR 438.330](#).

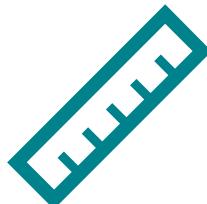
¹ Per 42 C.F.R. 438.330 and 42 C.F.R. 457.1240(b), Medicaid and CHIP MCPs—including managed care organizations (MCOs), prepaid ambulatory health plans (PAHPs), and prepaid inpatient health plans (PIHPs)—are required to implement comprehensive QAPI programs. Certain primary care case management entities (PCCM-Es) are also required to implement QAPI activities, including performance measurement and utilization management. While PCCM-Es are not subject to External Quality Review (EQR) requirements, they must still assess and report on these required QAPI elements.

QAPI Components

QAPI programs must include four key components that collectively support quality in Medicaid and CHIP managed care:



Performance improvement projects (PIPs)



Performance measures



Mechanisms to detect both underutilization and overutilization of services



Mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs or those receiving long-term services and supports (LTSS)

QAPI Components: PIPs and Performance Measures



- **PIPs: Initiatives that aim to enhance health outcomes and enrollee experience.**
- **PIPs must...**
 - Be data driven and achieve measurable, sustained improvements.
 - Align with state priorities identified in the QS.
 - Be validated by the state's external quality review organization (EQRO).
- **Performance measures: Standardized metrics used to track access, quality, and outcomes of care, compare performance across MCPs, and identify areas for improvement.**
- **Performance measures must...**
 - Be submitted by the MCP to the state at least annually.
 - Align with state priorities identified in the QS.
 - Be validated by the state's EQRO.

QAPI Component: Monitoring Service Utilization to Detect Underutilization and Overutilization



- **Mechanisms to detect both underutilization and overutilization of services: Ensure enrollees receive appropriate care and help identify access barriers, fraud/waste, and opportunities for targeted interventions.**
- **These mechanisms...**
 - May include tracking missed care (e.g., low preventive screening rates) and overuse (e.g., excessive testing or ED use).
 - May assess patterns at the population, MCP, or provider level.
 - Should be reviewed and updated regularly using data and enrollee feedback.

QAPI Component: Assessing Care for Enrollees with Special Health Care Needs or Receiving LTSS



- **Mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs or receiving LTSS:** Ensure care is person-centered, coordinated across settings, and aligned with enrollee needs and goals.
- **These mechanisms must...**
 - Be implemented by an MCP that serves these populations.
 - Include an assessment of care between care settings and a comparison of services and supports received with those set forth in the enrollee's treatment/service plan, if applicable.
 - Identify standard performance measures relating to quality of life, rebalancing, and community integration activities.
 - Be validated by the state's EQRO.
- **These mechanisms also may...**
 - Include review of care plans, service authorizations, and functional assessments.
 - Focus on care coordination and person-centered planning.

Where to Find QAPI Information

- **MCP QAPI program information can be found in several sources:**
 - **MCP contracts** – May outline performance measures MCPs must report, and mandated PIP topics.
 - **MCP QAPI program documents** – May include policies and procedures related to data collection, QAPI data quality checks, and utilization management practices.
 - **EQR technical support** – Contains compliance findings and performance data on MCP QAPI programs, including validated performance measures, PIP summaries, and QAPI evaluations.

Reach out to your state's managed care team and/or EQRO to learn more about QAPI expectations and findings.

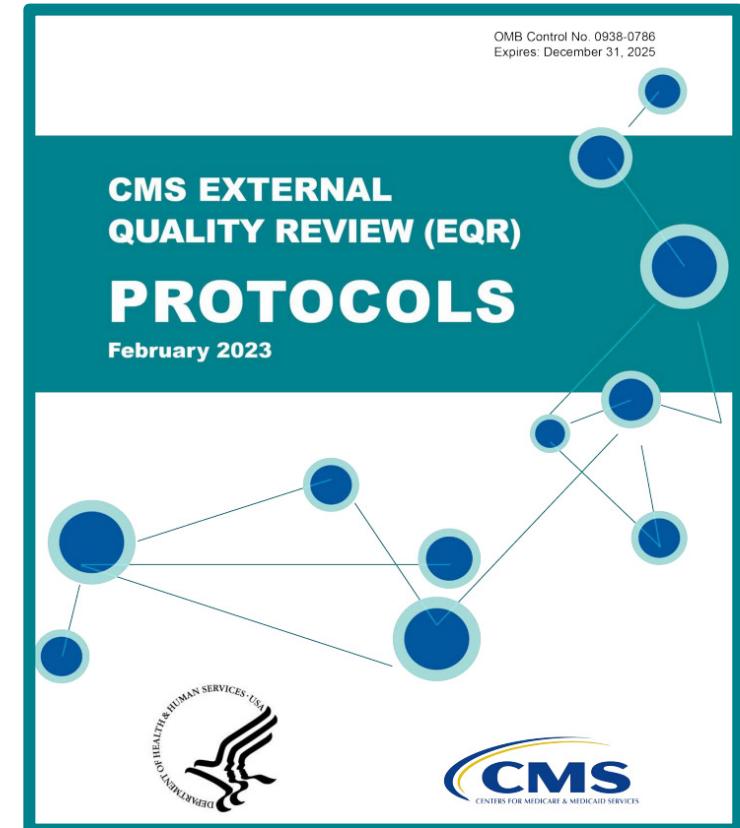
TIP!

QAPI Implementation

- **Medicaid and CHIP QAPI programs involve shared responsibilities across:**
 - **States** – Set requirements in managed care contracts and oversee MCP implementation of QAPI programs.
 - **MCPs** – Design and implement QAPI activities.
 - **EQROs** – Assess MCP QAPI programs (per the EQR Protocols) and provide recommendations for improvement.
- **The exact roles of each entity depend on the extent of flexibility the state provides to MCPs.**
 - Some states prescribe specific QAPI expectations (e.g., requiring specific performance measures, PIP topics, or interventions).
 - Others allow MCPs to shape their own QAPI programs within broad state guidelines.

Assessing QAPI Programs

- Per 42 C.F.R. 438.358(b), states must annually evaluate specific QAPI components through the EQR process.
- EQR activities are guided by the CMS EQR Protocols, which describe the data sources, data collection methods, and approaches used by conduct reviews.
- Three mandatory EQR activities apply to QAPI and are carried out using:
 - Protocol 1: Validation of PIPs
 - Protocol 2: Validation of performance measures
 - Protocol 3: Review of MCP compliance with Medicaid and CHIP regulations



Learn more! **2023 EQR Protocols is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>.**

QAPI and the Managed Care Quality Cycle

Managed Care Quality Oversight

- QAPI is one of several required managed care quality oversight activities, which also include state quality strategies (QS) and External Quality Review (EQR).
- Together these oversight mechanisms help states hold MCPs accountable for the quality of services provided to enrollees and compliance with regulatory and contract requirements.



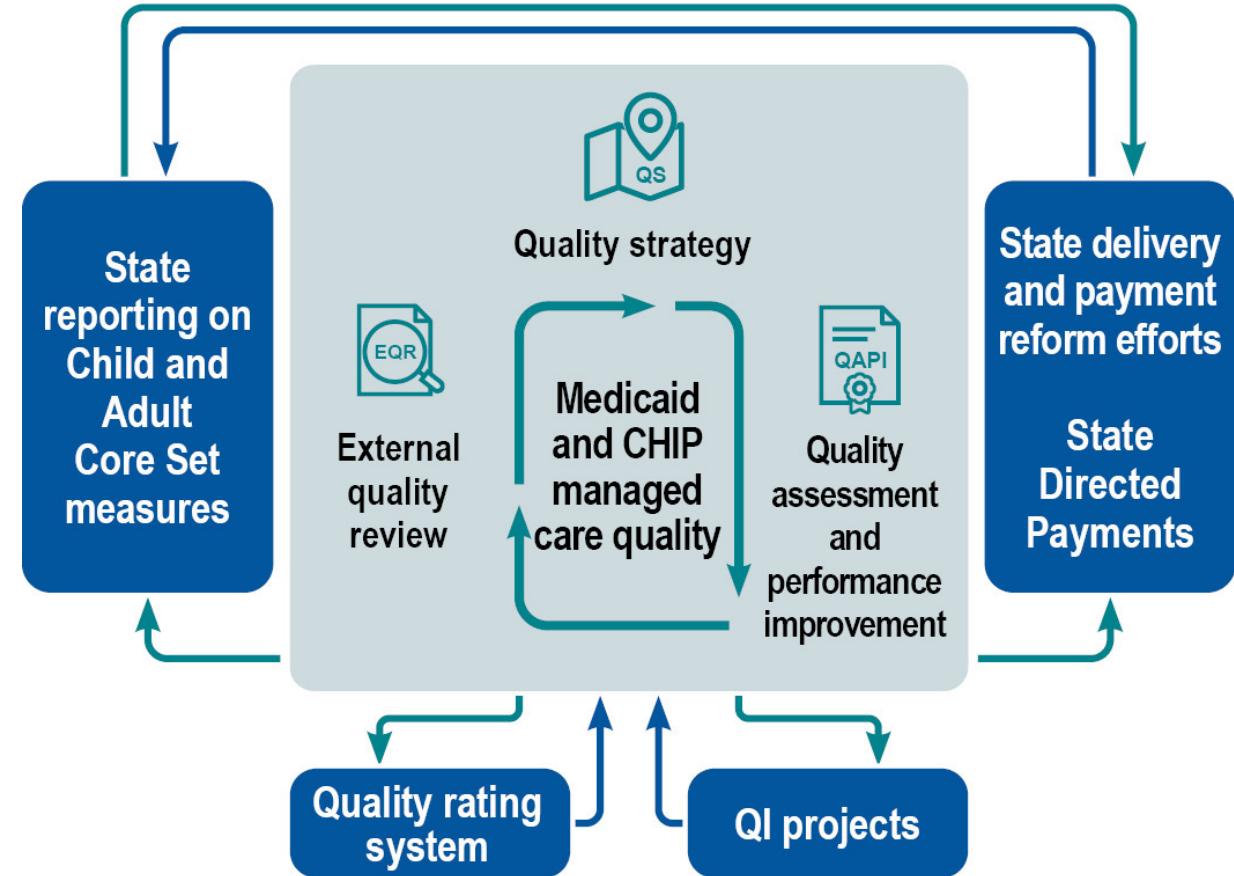
Articulates the state's vision and priorities for managed care, describes population health and QI goals, and provides a roadmap for achieving and assessing improvement toward the state's goals.



The annual, independent review of MCP performance on quality, timeliness, and access. Findings are summarized in a technical report by an EQRO.

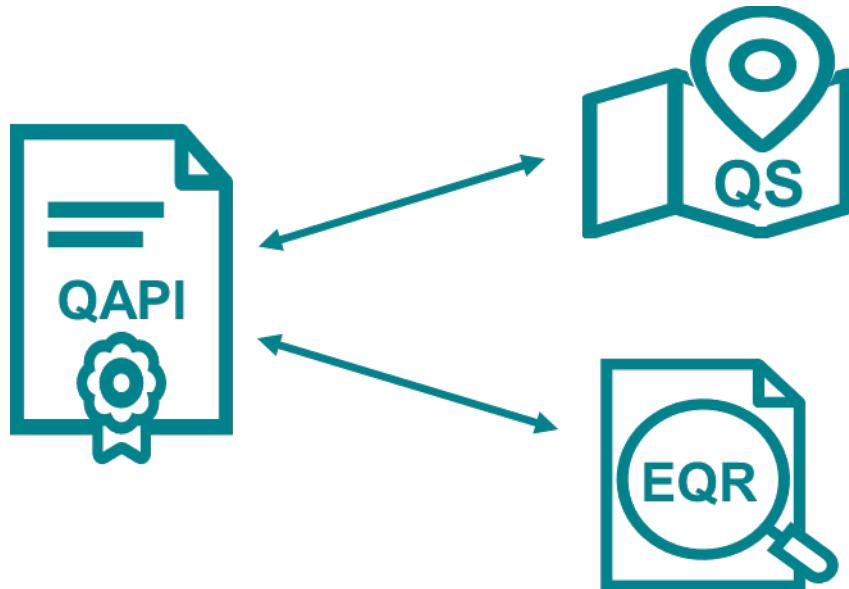
Managed Care Quality Cycle

- The managed care quality oversight activities are designed to inform and reinforce one another in the managed care quality cycle.
- 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, quality rating systems, and managed care QI projects.



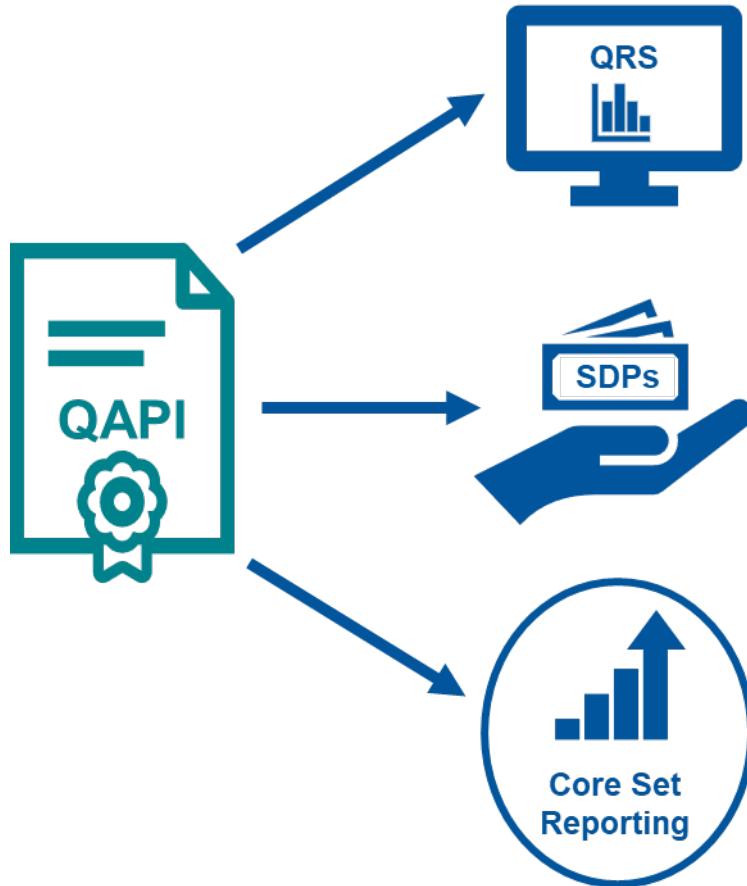
QAPI's Role in the Managed Care Quality Cycle

- QAPI programs can strengthen and inform other managed care oversight efforts by identifying gaps, testing interventions, and generating actionable data.



- MCP QAPI programs implement the priority areas and interventions from the QS.
- QAPI results help inform updates to the state's QS goals and objectives and guide future QI planning.
- QAPI data are validated annually as part of EQR, and MCP-level QAPI activities can highlight systemic issues for EQR to explore further.
- EQR findings can assess QAPI effectiveness and provide recommendations for improvement.

QAPI's Role in Broader QI Efforts



- QAPI data may contribute to quality rating system (QRS) reporting.
- QAPI-driven improvements (e.g., access or chronic care management) may positively influence QRS ratings.
- QAPI findings can identify areas where targeted state directed payments (SDP) may drive improvement.
- QAPI data may contribute to SDP monitoring and evaluation requirements.
- QAPI data analysis can support the interpretation of Core Set performance.
- QAPI data may contribute to Core Set reporting.

Example: Using EQR Findings to Drive QAPI Work



- A state's EQR report showed low rates of behavioral health screenings and access to adult and pediatric preventive care across multiple MCPs.
- The EQRO recommended focusing on the state's QS goal to advance primary care and improvement in preventive care.



- Based on these findings and recommendations, the state required its MCPs to launch a PIP aimed at increasing depression screenings and documentation of follow-up plans (measured using the child and adult Core Set measure, CDF-CH and CDF-AD).
- This aligned MCP QAPI activities with evidence-based gaps identified in the EQR process and helped the state operationalize QI priorities.

How QAPIs Can Support QI Projects

QI Projects

- A **QI project** is a set of focused activities to improve quality, timeliness, or access to healthcare services for Medicaid and CHIP enrollees.
- PIPs are QI projects, but not all QI projects are PIPs. Compared to PIPs, QI projects are...
 - More flexible, no federal design or validation requirements
 - Broader in scope: Can span fee-for-service and managed care
 - Often more inclusive: Can be led by MCPs or other state partners

FYI! [CMS's Quality Improvement Program](#) provides affinity groups, office hours, and technical assistance tools to help states launch, scale, and sustain QI projects. For more information see [Appendix A](#).



Use QAPIs to Support QI Projects

- QAPI programs provide a foundation for QI projects by offering performance data, utilization trends, and lessons from past interventions.

Looking
for a QI
topic?



- Use your QAPI program to:
 - Spot underperformance in key measures that signal an opportunity for improvement.
 - EQR technical reports also contain recommendations for QI project focus areas and/or MCPs that may need targeted support.
 - Review past PIPs to identify effective interventions and where more improvement is needed.
 - EQR technical reports include PIP results and insights that may support QI project planning.
- Use your QAPI program to:
 - Select your project performance measures and assess baseline performance.
 - Explore related PIPs to learn what strategies have been tested and how they performed.

Already
have a QI
topic?



QI Projects Can Strengthen QAPI Programs

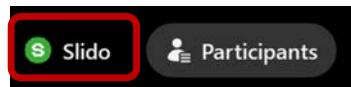
- QI projects offer real-world insights that help states and MCPs improve, adapt, and focus their QAPI programs more effectively.**
 - Let QI projects strengthen your QAPI program by...**
 - Piloting and refining promising ideas before elevating them into formal PIPs.
 - Using QI results to adjust contract requirements, QAPI performance benchmarks, or PIP topic selections.
 - Incorporating successful QI interventions into MCP QAPI program expectations.



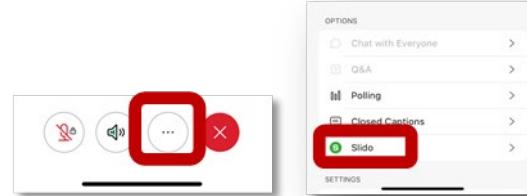
Questions & Discussion

How to Submit a Question

- You may submit questions through the **Slido Q&A** function. To access the Q&A, click the **Slido** panel in the lower right corner of your screen.



On the mobile app:



- When the Slido panel is pulled up you will see a Q&A box, type your question in the text box and click “Send.”
- Please use the **chat** feature if you encounter any technical issues.

Technical Assistance Resources

Managed Care Quality Improvement Resources

- For TA resources, visit the CMS Medicaid and CHIP Managed Care Quality Improvement webpage at <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care-quality/managed-care-quality-improvement/index.html>.

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Home > Medicaid > Quality of Care > Medicaid Managed Care > Managed Care Quality Improvement

Medicaid Managed Care

- External Quality Review
- State Quality Strategy
- Medicaid and CHIP Quality Rating System
- Managed Care Quality Improvement**

Managed Care Quality Improvement

As the dominant delivery system for Medicaid and the Children's Health Insurance Program (CHIP), managed care has enormous potential to achieve state priorities and improve health care quality and outcomes. Federal regulations at 42 CFR 438 subpart E (Quality Measurement and Improvement) require states with managed care contracts to carry out a set of managed care quality (MCQ) oversight activities, which include developing and updating state quality strategies (QS), establishing and implementing the state's ongoing quality assessment and performance improvement (QAPI) programs, and conducting external quality review (EQR) activities. QAPI programs include performance measures and performance improvement projects (PIPs).

These activities inform and reinforce each other as shown in the "MCQ Cycle" below. States should update their MCQ oversight documents regularly, incorporating lessons learned from each one into the others and into quality improvement (QI) projects.

Learn more about:

- [Using MCQ Oversight Activities to Support QI Projects](#)
- [Technical Assistance Resources](#)

Related Resources

- [Webinar: Using Medicaid and CHIP Managed Care Quality Oversight Activities for Quality Improvement](#)
- [Performance Measurement](#)
- [Medicaid Managed Care](#)
- [CHIP Managed Care](#)

New TA Resources

- Reviewing Managed Care Oversight Activities: Identifying Opportunities for Alignment worksheet
- **Upcoming:** QAPI Progress Report Template
- **Upcoming:** Applying EQR Findings Worksheet

Quality Strategy

Where: For ease of sharing the QS with your QI partners, insert a link to your state's most recent QS.

Click or tap here to enter text.

Goals and objectives: The QS outlines your state's managed care QI goals (managed care performance aims) and towards meeting each goal. You and your QI partners could your aim statement and incorporate their associated metrics in

In the table below, list the goals and objectives related to your presentation of QS goals and objectives can vary from state to baseline data or performance targets. Add rows as needed.

Goal	Objective(s)	Quality metric(s)	Performance target

What is a Quality Strategy?

A QS articulates a state's vision and priorities for managed care and provides a three-year road map for achieving and assessing progress toward these goals.

Quality Assessment and Performance Improvement (QAPI) Progress Report Template

This resource is designed to help states understand how their managed care plans (MCPs) review each component of their quality assessment and performance improvement (QAPI) programs and implement changes based on findings. Integrating this template into managed care oversight processes can help states identify QAPI promising practices, pinpoint areas in need of additional support, and foster targeted, data-driven quality improvement (QI) conversations with MCPs.

Background

The Centers for Medicare & Medicaid Services (CMS) requires states contracting with Medicaid and Children's Health Insurance Program (CHIP) MCPs to maintain comprehensive, ongoing effectiveness and areas for er time to ensure QAPI requirements.

Identifying and Acting on External Quality Review (EQR) Findings

Background

The Centers for Medicare & Medicaid Services (CMS) requires states contracting with Medicaid and Children's Health Insurance Program (CHIP) managed care plans (MCPs) to conduct oversight activities that promote continuous quality improvement (QI). A central component of this oversight is the annual external quality review (EQR), conducted by an external quality review organization (EQRO). The EQRO analyzes aggregated data on the quality, timeliness, and access to services delivered by MCPs and produces a comprehensive EQR technical report by April 30 each year.

The EQR technical report serves as a strategic resource for states, offering insights into MCP performance, assessments of reporting and QI infrastructure, identification of strengths and gaps at the MCP and system-level, and actionable recommendations to support oversight and QI in managed care.

Your state's annual EQR technical report offers an opportunity to assess how well your MCPs are performing and identify next steps for QI. As these reports are extensive and data-rich, this worksheet walks through key sections of the report and provides targeted prompts to help you review the findings to apply them to your state's QI efforts.

Additional Managed Care Quality Resources

- CMS Medicaid and CHIP Managed Care Quality webpage: <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-and-chip-managed-care-quality>
- Medicaid and CHIP Managed Care Quality Strategy Toolkit:
<https://www.medicaid.gov/medicaid/downloads/managed-care-quality-strategy-toolkit.pdf>
- CMS EQR protocols: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>
- CMS Medicaid and CHIP Managed Care Access, Finance, and Quality Final Rule (April 2024):
<https://www.federalregister.gov/public-inspection/2024-08085/medicaid-program-medicaid-and-childrens-health-insurance-program-managed-care-access-finance-and>
- For any QAPI or other managed care quality technical assistance questions, contact
ManagedCareQualityTA@cms.hhs.gov.

Thank you for joining today's webinar!

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Medicaid and CHIP agencies, managed care plans, and any potential partner organization remain responsible for ensuring compliance with applicable laws, including federal fraud and abuse laws.



Managed Care Quality Terms: Cheat Sheet

Term	Definition	Description
MCP	Managed care plan	Entities that provide health care coverage to Medicaid or dual eligible beneficiaries through a delivery system organized to manage cost, utilization, and quality
QAPI	Quality assessment and performance improvement	An ongoing comprehensive quality program that states must require through their contracts with each MCP
QS	Quality strategy	A three-year plan for assessing and improving the quality of care provided by MCPs that states must draft and implement
QI	Quality improvement	The framework used to improve care systematically
EQR	External quality review	The analysis and evaluation by an EQRO of aggregated information on quality, timeliness, and access to the health care services provided by MCP
EQRO	External quality review organization	An independent organization that conducts the EQR and reports findings in an annual report
PIP	Performance improvement project	A concentrated effort on a particular area to strategize ways to improve care
PM	Performance measure	Measure the degree to which a health care service is rendered, and evidence-based guidelines were followed by providers or MCPs
PDSA	Plan-Do-Study-Act	A method of testing change on a small scale, see how it works, and refine as necessary before implementing on a broader scale

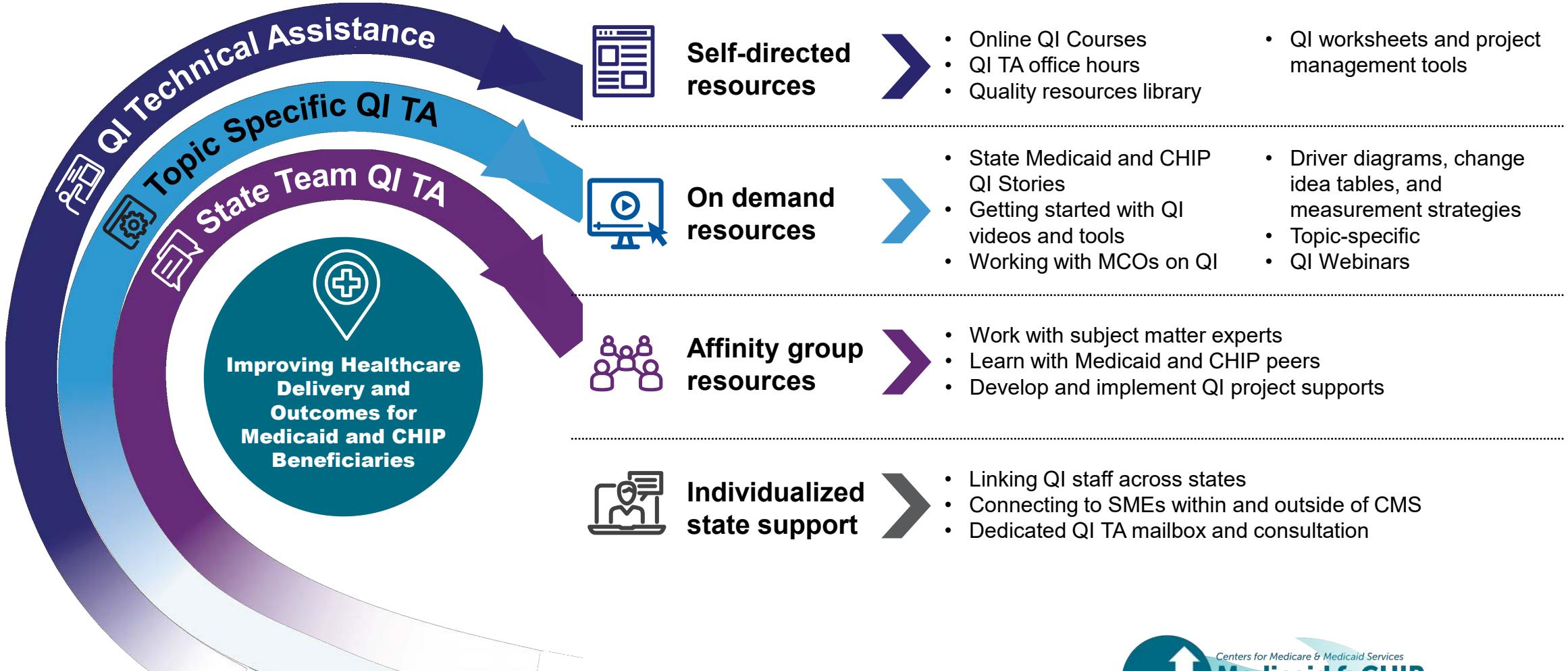
Appendix A: CMS's Quality Improvement Program

Contact MedicaidCHIPQI@cms.hhs.gov with questions or to learn more.

CMS Quality Improvement (QI) Program



Technical Assistance (TA) Offerings



Quality Improvement Topics

