
Mathematica Medicaid and CHIP Managed Care Quality Improvement Tools – July 27, 2023

Natasha Reese-McLaughlin:

Hi, everyone. Thanks for joining us today.

My name is Natasha Reese-McLaughlin, and I'm a Senior Researcher at Mathematica. Together with my CMS colleagues, Carrie Hanlon and Carlye Burd, I'd like to welcome you to today's webinar on using managed care oversight activities for quality improvement. I'm going to hand the presentation over to Carrie to kick us off.

Carrie Hanlon:

Thank you, Natasha.

I want to, on behalf of CMS, welcome and thank everyone for joining. This webinar is part of new and exciting CMS technical assistance to support state Medicaid and CHIP managed care staff, quality improvement staff, and partners in improving the quality of care in Medicaid and CHIP.

As many of you know, there are required quality oversight activities for any state with Medicaid or CHIP managed care. CMS monitors and ensures compliance with these required activities, *and* we also want to support states in making the most of these activities. We know there's great interest in better understanding and using the managed care quality oversight activities given the time and thought states put into them and the value of the findings.

For years, CMS has provided technical assistance to states on general quality improvement and Medicaid and CHIP. Today, we bring that together with managed care quality oversight to highlight some options and considerations for applying information and lessons from the managed care quality oversight activities for continuous quality improvement. You'll hear today how the activities are interconnected and can inform and benefit from each other, as well as other quality improvement efforts that states ought to implement in Medicaid or CHIP. By helping you align and integrate Medicaid and CHIP managed care quality and other quality improvement efforts in your state, we aim to support you in maximizing their impact and reach.

Thank you in advance for responding to the poll questions and sharing any questions you have for us in the discussion today. Your input will inform future technical assistance on managed care quality improvement so that it's as beneficial for you as possible.

With that, I'll turn it back to you, Natasha.

Natasha Reese-McLaughlin:

Wonderful, thanks so much, Carrie.

Before we begin, I'll quickly review some housekeeping items. First, if you experience any technical issues today, please send a message through the Q&A function to All Panelists. The webinar producer is watching for issues and will be able to assist you.

Next, please submit questions through the Q&A function. There will be a Q&A session at the end of today's webinar, but we encourage you to submit questions throughout the presentation as that will help us be ready to address them when the time comes.

Finally, to enable closed captioning, please click the "CC" icon in the lower-left corner of your screen.

One more quick note, today's slides contain detailed information and links to additional resources. This presentation is intended as an introduction to these materials. CMS will share the slides in the next few weeks, and we will send an announcement to everyone who registered for the webinar when they are available.

Next slide, please.

As Carrie noted, today's presentation includes several polls. These polls will appear on the right side of your screen underneath the participant panel. You may need to expand or collapse tabs to see them.

To start, we'd like to learn a little bit more about you all. Our first poll should appear on the right side of your screen. Please share the type of organization you represent, the primary focus of your role, and the number of years you've worked on or with Medicaid and CHIP programs.

Pause for responses:

Great, thank you so much for responding to the poll.

Next slide, please.

Here's our agenda for today. We'll begin with an overview of quality improvement in Medicaid and CHIP managed care; the managed care quality (or MCQ) oversight activities; and quality improvement (or QI) projects. We'll then review how states can use their MCQ oversight activities to support QI projects. As I mentioned, we'll end with a Q&A session.

Let's dive in.

As you may know, managed care is the dominant delivery system for Medicaid and CHIP. Therefore, quality improvement efforts within managed care have enormous potential to improve health care access, quality, and outcomes for your state's beneficiaries. Medicare and CHIP programs work on quality improvement through various activities, and today we'll focus on two: one, managed care oversight and, two, QI projects. Today's discussion highlights ways to align, coordinate, and integrate these activities to increase the impact of your state's overall quality improvement efforts.

This webinar focuses on the role Medicaid and CHIP program staff play in managed care quality, and I'll specifically be focusing on two groups of staff. The first is managed care staff who work on the federally mandated managed care quality activity shown here on the left. I'll discuss these activities in greater detail later in this presentation.

The second group is QI staff that work on managed care quality improvement by conducting some of the activities shown here on the right. This includes staff that support quality improvement by working with health plans on QI projects, ensuring alignment of QI projects with managed care activities, and sharing data and providing technical assistance to health plans. We recognize that every managed care state is structured a little bit differently and acknowledge that in many states there is often overlap between these two groups of staff.

In this section, I'll go into more depth about the required managed care oversight activities. Managed care oversight activities enable you to hold your health plans accountable for the services they provide. Regardless of the type of managed care in your state, Medicaid and CHIP regulations address quality through a variety of required activities including state quality strategies, health plan Quality Assessment and Performance Improvement (or QAPI programs), and External Quality Review (or EQR).

Starting with state quality strategies, quality strategies are the foundational managed care quality oversight activity. They articulate a state's vision and priorities for managed care and provide a road map to the state, its health plans, and its QI partners for achieving and assessing improvement toward its goals. Quality strategies are subject to several federal requirements. This slide here shows key quality-related requirements, such as the requirements that state quality strategies have quality improvement goals and objectives and the metrics the state will use to measure health plan performance. States *must* update a quality strategy as needed but at least every three years.

At the bottom of your screen next to the Learn More arrow, you'll see a link to CMS's Quality Strategy Toolkit. The toolkit provides information on all the quality strategy requirements, as well as tips and templates for drafting and updating your quality strategy.

As a reminder, CMS will share these slides in the next few weeks.

Turning to QAPI, QAPI activities are included in health plan contracts. Your health plans' QAPI programs include the performance measures the plans will report to you and the PIPs, or performance improvement projects, they will implement. We'll discuss both of these elements in greater detail in just a moment.

QAPI programs must also include the mechanisms the health plan will use to detect under and overutilization *and* to assess the quality and appropriateness of care for enrollees with special health care needs or who receive long-term services and support.

Finally, EQR analyzes and evaluates the quality, timeliness, and access to health care services provided by your health plans. EQR provides insights into each health plan's approach to quality improvement, highlights health plans' strengths and weaknesses, and includes recommendations for health plans and states to further drive quality improvement. EQR *must be* conducted by an External Quality Review Organization (or EQRO). The EQRO's findings are shared publicly via an annual EQR technical report.

At the bottom of your screen, you'll see a link to the EQR protocols. The protocols review EQR requirements and provide guidance on conducting EQR activities. Once CMS shares these slides, this link will take you to the 2023 EQR Protocols released this spring. The 2023 protocols include several updates, including new tips for reporting EQR findings and the new protocol for conducting network adequacy validation.

As you may have noticed, all three managed care oversight activities have two key elements, performance measures, and PIPs. Performance measures are important because they allow you to monitor the performance of individual health plans *and* compare performance among health plans. Reviewing plan-level performance measure data can help you identify and direct attention to quality improvement needs.

Turning to PIPs, health plan PIPs must be designed to significantly improve health outcomes and enrollee experience over time. Health plans must implement both clinical PIPs, which focus on service outcomes such as adult immunizations, and non-clinical PIPs, which focus on service delivery processes such as care coordination. Your state can mandate a specific PIP topic, identify an area of focus, or allow health plans to select their own PIPs topics.

The managed care oversight activities are designed to inform and reinforce each other, as shown in the image here of the MCQ cycle. Starting with the quality strategy, your state's managed care priorities are articulated in the quality strategy and realized by your health plans' QAPI performance measures and PIPs. The QAPI performance measures and PIPs are then validated during the annual EQR. Finally, based on the findings from EQR, your EQRO will provide recommendations on how you and your health plans can better target your quality strategy priorities.

Now as you may recall, you're required to update your quality strategy once every three years, though some states do update them more regularly. QAPI and EQR, however, are annual activities. For this reason, quality strategy updates are often informed by several years of QAPI and EQR learning.

This slide shows an example of the MCQ cycle. This example may not reflect how it works in your state as the timing of each step varies by state and on the content being updated. However, I'll use it to illustrate at a high level how the managed care oversight activities might work together.

Starting on the left, as a first step, the state updates its quality strategy to include a goal of increasing breast cancer screening rates. The state also includes contract language specifying that QAPI programs include metrics and PIPs related to breast cancer screening. Since these are QAPI components, during the next year's EQR the EQRO validates breast screening metrics and PIPs. In the EQR technical report, the EQRO shares health plan performance and highlights PIP interventions that seemed most effective, such as offering reminder notices.

Moving to the next column, to address this EQR finding, health plans revised their PIPs to include reminder notices. The EQRO continues to monitor health plan performance on breast cancer screening. After the final year of the PIPs, the EQRO shares that health plans conducting robust enrollee outreach had the highest improvement in breast cancer screening rates. The state then incorporates this EQR finding when updating its quality strategy by, one, increasing its breast cancer screening rate targets and, two, adding a new objective related to improving enrollee outreach.

I'm going to pause here to launch our next poll. The poll includes four questions which should appear on the right side of your screen. For the first question, please select all that apply...

- I have reviewed my state's managed care quality strategy.
- I have reviewed some of my state's EQR technical reports.
- I am aware of the performance measures and PIPs included in health plan QAPI programs.
- None of the above.

Question No. 2 asks: Does your state share and discuss EQR findings internally?

Question No. 3 asks: Does your state review EQR findings with its health plans?

Finally, Question No. 4 asks which MCQ oversight activity you would like to learn more about. Please select all that apply...quality strategies, QAPI, EQR, and the MCQ cycle.

Pause for responses:

As a reminder, if you're looking for the poll, it should appear on the right side of your screen below the participant panel.

Great, thank you so much, everybody.

Next slide, please.

In this next section, I'll provide an overview of quality improvement, or QI projects.

A QI project is a set of focused activities to improve quality, timeliness, or access to health care services. QI projects can focus on a state's managed care population, fee-for-service populations, or both. States select QI project topics in various ways including performance on quality measures, state and federal priorities, and guidance from the managed care oversight activities.

QI projects have several key components, including an aim statement which details what the project will achieve and who the target population is; change ideas or the interventions the QI project will test; and measurement strategies used to monitor and assess whether the change idea is moving the state towards its aim.

This slide shares an example QI project. The aim statement is to improve well-care visits. The change ideas are to test the impacts of care coordinator outreach and transportation services. And the measurement strategy monitors the number of teenagers receiving outreach calls, using transportation benefits, and attending well-child visits.

States often ask how QI projects differ from PIPs. PIPs can be QI projects, but not all QI projects are PIPs. There are similarities. For example, PIPs and QI projects use the same QI methods, such as developing aim statements and using Plan-Do-Study (or PDSA) tests. However, we think of PIPs as being larger than QI projects. Many states test interventions via QI projects and then use PIPs to sustain and spread successful interventions.

There are also several key differences shown here in the table on the right. First, PIPs are subject to regulatory requirements. For example, per regulation PIPs must be designed and conducted in a methodologically sound manner. They must be validated during EQR, and they must be included in health plan QAPI programs and reflected in their contracts. QI projects, however, are *not* subject to these or other regulatory requirements.

Second, PIPs are conducted by health plans while QI projects can be conducted by *any* of a state's QI partners including health plans, Medicaid and CHIP staff, provider organizations, or other state agencies.

Finally, as discussed, PIPs are conducted within a state's managed care program while QI projects can be managed care, fee-for-service, or both.

We'll pause briefly here for our next poll. We have two questions this time. The poll will appear on the right side of your screen below the participant panel.

Question No. 1 asks: Have you worked on a managed care QI project outside of PIPs?

For Question No. 2, please select all that apply: Before starting a QI project...

- My team reviews our state quality strategy.
- My team reviews health plan QAPI programs.
- My team reviews past EQR technical reports.
- None of the above.

Pause for responses:

We'll give folks another 30 seconds to respond to the poll.

Wonderful, thank you so much, everyone.

Next slide, please.

Now that we've reviewed the managed care oversight activities and the components of QI projects, our last section today combines the two and reviews how you can use each to support the other.

Next slide, please.

Whenever you prepare to launch a QI project that includes your state's managed care population, we recommend that you review your state's quality strategy, EQR technical reports, and health plan QAPI programs. Reviewing these will help you understand the managed care QI efforts already underway in your state, allowing you to see if and where you can build off other work.

As you know, effective QI comes from focusing QI efforts within a state. This slide shares a few high-level suggestions for how you can use the managed care oversight activities for QI projects, but I'm going to walk through some specific examples over the next few slides.

As we discussed earlier, when starting a QI project, your team's first task is to develop an aim statement that details the topic and population you will focus on. One of the best places for you to start is your state's quality strategy, which can help you identify QI project topics.

On the left is an example of just that. In this example, the QI project team learned from their quality strategy that a key objective for their managed care program was improving breast cancer screening rates. The QI project team, therefore, decided to work on this topic and use the quality strategy objective as a basis for their aim statement.

Your QI project team can also review your state's most recent EQR technical reports to understand what the opportunities for improvement are. On the right is a recent example from one of CMS's QI affinity groups. The QI project team was looking for ways to hone their QI project aim statement and decided to review the EQR technical reports for ideas. During this review, they found that their EQRO recommended that the state target quality improvement efforts on two counties that performed well below the rest of the state on a metric related to their QI project. The team ultimately focused their QI project on those two counties.

Once your QI project team has a topic and a population, your next task is to identify change ideas or the interventions you will test as part of your project. When looking for change ideas, review your state's most recent EQR technical report for PIP best practices and interventions.

In the example on the right, the QI team learned that outreach by care coordinators and offering transportation improved cervical cancer screening rates in a recent PIP. This QI project team then tests whether this idea can also improve breast cancer screening rates.

Your quality strategy can also be a helpful resource. Reviewing a quality strategy can help you identify how your QI project can align with other QI-focused areas in your state. On the right is another example based on a CMS QI affinity group. From their quality strategy, the QI project team learned that their state had several initiatives focused on addressing transportation barriers. Wanting to build on and align with this focus, the QI project team worked with a health plan to contact members to understand whether transportation barriers impacted their ability to access breast cancer screening. The project team learned that there were very few public transit options available to members and were then inspired to use their QI project to test whether gift cards for ride-share apps improved screening rates.

Finally, with a topic population and intervention in mind, your QI project team is ready to develop a measurement strategy to monitor progress towards your aim. To develop the measurement strategy, review the QAPI section of managed care contracts and your state's quality strategy for measures relevant to your QI project.

In the example on the slide, the QI project team reviewed their quality strategy and found that the HEDIS breast cancer screening measure was included as an objective. They also found that this was a QAPI measure that plans were reporting to the state. Thus, they included it in their measurement strategy.

Aligning your measurement strategy to your quality strategy lets you understand how your QI project supports progress toward your state's overall quality improvement goals. By using QAPI measures, you can work with health plans to see if you can leverage their QAPI data collection efforts for your QI project.

The relationship between the managed care oversight activities and QI projects is bidirectional, and QI projects can also inform the managed care oversight activities. In fact, whenever possible, revise your managed care oversight activities to reflect learnings from QI projects. For example, if your state launches a managed care QI project on asthma, consider updating your quality strategy goals and objectives to reflect this priority.

If a QI project's change ideas are successful, consider spreading them by adding them as QAPI interventions. This allows you to spread and scale successful ideas across your managed care program.

Finally, you can ask your EQRO to calculate measures included in your QI project's measurement strategy as an optional EQR activity. This can reduce the burden on your QI project team and their partners.

At the bottom of this slide is a link to Appendix B, which includes a few other suggestions for integrating your QI project teams and their partners throughout the MCQ cycle. As a reminder, CMS will share this deck in the next few weeks.

Ultimately, the success of the managed care oversight activities and their ability to support QI projects relies on close connections between states and their QI partners. This slide shares a few examples of how you might foster those connections.

For example, Medicaid and CHIP managed care staff can include quality strategy goals and objectives and associated QAPI program initiatives as regular topics in meetings with health plans. Periodically reviewing your quality strategy goals and objectives can help ensure that health plan leadership continues prioritizing these items.

You can also form designated QI workgroups with health plans and Medicaid and CHIP program QI staff. Workgroups allow you to share best practices and lessons learned by your health plans and QI staff in real time.

Finally, you can work with your state quality measurement and data analytics team, health plan staff, and EQRO to monitor monthly or quarterly progress on QAPI metrics in PIPs. When metrics or PIPs are not on track to meet their targets, engage your state's QI partners to identify potential QI project interventions and support for health plans.

With that, we've reached the end of today's presentation. I'll now open the Q&A session. As a reminder, please submit your questions via the Q&A function in the WebEx platform. We will answer as many questions as we can.

Pause for questions:

Natasha Reese-McLaughlin:

All right, we have a few questions coming in for CMS. The first question we have is: *"What are some examples of when a quality strategy should be updated sooner than the three years required by regulation?"*

Carlye Burd:

I can take that.

This is Carlye Burd. I'm the Technical Director for Managed Care Quality here at CMCS. What our regulations say about updating the managed care quality strategy is that these strategies need to be updated every three years. Also, if a state makes a significant change to their quality strategy, then that would also trigger kind of an update and a revision that would trigger the public comment process.

The state does have the discretion to define what "significant change" means, so that is also included in the quality strategy. But in general, the main takeaway is every three years it should be updated and go through that kind of process of public comment and submitting to CMS for feedback.

Natasha Reese-McLaughlin:

Great, thanks so much, Carlye.

As a reminder to the participants, you can submit questions through the Q&A function in the WebEx platform. You can find the Q&A function underneath the participant panel all the way on the right of your screen.

For our next question: *"Has CMS ever mandated a PIP to all states?"*

Carlye Burd:

This is Carlye again. I can take that one as well.

So CMS has never done that. However, we do have authority under § 438.330 to specify performance measures and PIPs that would be required by states. I will note we've never done this before; and if we were to do this, we would go through a public notice and comment process before implementing a national performance measure or PIP for states.

Natasha Reese-McLaughlin:

Great, thanks so much, Carlye.

I'm seeing a few questions related to the slides. As a reminder, CMS will be sharing the slides in the coming weeks. We will send an e-mail to everyone who registered for the webinar once those slides are available.

For our next question, we have: *"Does CMS approve quality strategies?"*

Carlye Burd:

This is Carlye again, and no. The regulations around the quality strategy require that states submit the quality strategy to CMS for review. We have a process in place where we go through, and we check all the components of state quality strategies and provide feedback to the states to indicate areas that are either not fully aligned with the required components of the quality strategy laid out in our regulations or areas

where we think the quality strategy could be strengthened. So, we do provide that feedback as a form of technical assistance, but we do not formally approve them.

Natasha Reese-McLaughlin:

Thanks, Carlye.

Next question: *“Do managed care performance measures need to change every three years, or can they remain the same if they've proved to be successful?”*

Carlye Burd:

So I'll start with an answer to this, but I'd love to also hear from others from the QI perspective. But from a managed care quality requirements perspective, the QAPI program and the EQR are kind of meant to work in tandem. So QAPI, which is the Quality Assurance and Performance Improvement program, that program is kind of the states' contractual agreement with their plans to implement PIPs. I'm trying not to use as many acronyms as seen in the Chat. The acronyms are new for a lot of people.

So, there's the QAPI program, which is the Quality Assurance and Performance Improvement program. That program includes contracting with plans to measure performance measures and implement performance improvement projects.

The External Quality Review process does happen annually, and it looks at the performance measures and performance improvement projects and validates those two components of the Quality Assurance and Improvement program. That is really meant to be an annual cycle whereby the contracts are updated to maybe tweak or add a performance measure or tweak a performance improvement project based on the findings of the annual EQR (or External Quality Review).

Of course, that doesn't mean everything needs to be updated on an annual basis; but that is really meant to be kind of an annual process for states to take a look at what their EQRO is finding and modify, as needed, their contracts with their health plans.

On the other hand, the quality strategy is bigger picture. It's really meant to be kind of the foundation for the state's overarching strategy for managed care performance measurements within their plans and their programs and performance improvement projects and kind of where they're seeing the most need for improvement. So that's why we have the quality strategy updates every three years and that EQR process happening on an annual basis.

I hope that helps kind of clarify. I guess, Carrie or Natasha, would you add anything from the QI perspective on that question?

Carrie Hanlon:

This is Carrie.

Carlye, I think it sort of is in line with what you just ended with—that it would be based on what proves to be effective or where improvement is still needed. If a state has reached its goal and has other priorities where additional improvement is needed, that's usually where we might see measures change. So, I think

it really depends on a state's benchmarks and what level of improvement they want to see and where they are in terms of achieving that level of improvement.

I don't know, Natasha, if you would add more.

Natasha Reese-McLaughlin:

I think that was great.

I'll turn to our next question: *"How are states using quality strategies to promote efforts related to advancing health equity and addressing the social determinants of health?"*

Carlye Burd:

So, from a purely regulatory standpoint, there is a component of the quality strategy in regulation, so each state is required to address its state's plans to identify, evaluate, and reduce health disparities. The regulations go so far as to name based on age, race, ethnicity, sex, primary language, and disability. So, I will note that all states are required to include that in their quality strategy. Then, how each state goes about doing that is widely variable; but that is the requirement that we do have for each state in their quality strategy.

Natasha Reese-McLaughlin:

Great, thanks so much, Carlye.

We have a question building off an earlier question, and that is: *"What circumstances might lead CMS to mandate a nationwide PIP? Who makes this decision, such as an oral health PIP?"*

Carlye Burd:

Really good question, and I honestly don't have an answer for you because we have never done this. I wish I could give you more than that, but there's not a precedent for it at this time; and we haven't published any guidance on when this might happen. So, at this point, as many of you are probably aware, our division does host affinity groups and does help lead QI initiatives and partner with states on certain topics. But at this point, we have not leveraged that particular authority to mandate a performance measure or PIP at the state level.

Natasha Reese-McLaughlin:

Wonderful, thank you.

Our next question is: *"Where can I learn more about QAPI?"*

Carlye Burd:

Another great question – so part of our goal with this webinar is to gauge interest in the various components of the managed care quality cycle. QAPI, or Quality Assurance and Performance Improvement programs, are one of the areas that we've already heard from states and other partners that

is an area of interest for states and others. So, if you stay tuned to our Listserv and how you got signed up for this webinar, you can also receive more information as we continue to build out this series.

Natasha, is there another place where they can sign up for just general quality improvement initiative information? I'm sure you guys have other ways folks can sign up for QTAG and other things where we might make announcements or send out information.

Also, before she answers that question, I'll just note you can also always check the Managed Care Quality website. That is where we will keep this webinar once we get this all cleared and posted. We'll put it up there with the actual recording. Then, we have some ideas for other topics that we're working on as well that we will eventually put up on that website. So it's in there.

But, Natasha, how can folks receive e-mail notifications about new topics and information?

Natasha Reese-McLaughlin:

Yeah, absolutely, so after the Q&A session, we'll share a few key resources, including the technical assistance mailbox. You just need to e-mail the mailbox and ask to be included in our Listservs.

I'll now turn to the next question, and that is: *"How should a state quality strategy be aligned with the CMS national quality strategy?"*

Carlye Burd:

Thanks so much for that question. We encourage alignment as much as possible between the CMS national quality strategy and state's quality strategy, recognizing too that each state is very different. Our country is widely variable in terms of population needs, public health concerns; and so, while we encourage it, we also just acknowledge that there are going to be vast differences between the states' approaches to their strategies.

Natasha Reese-McLaughlin:

Wonderful. I see that there is a question about: *"Can the comments about health disparity reduction be restated?"* I believe that was in reference to the quality strategy question that we had earlier.

Carlye Burd:

The reference in the regulations is § 438.340(b)(6). So if you just go to § 438.340, that is the managed care state quality strategy regulation section. Within that, you'll see one of the components of the quality strategy is the disparities plan. I also want to note, and we haven't mentioned this yet, there is also a Quality Strategy Toolkit that is on our website.

I wonder, Natasha, if we could send out a link to that Managed Care Quality landing page so that folks can have that in addition to the resources that we post on this webinar.

Natasha Reese-McLaughlin:

Yes, absolutely, a link to that Quality Strategy Toolkit that Carlye is referencing will be included in the TA resource slide. Our team is also sharing them in the chat.

We have another question about: *“Are Medicaid and CHIP programs required to do quality improvement outside of or in addition to managed care quality improvement work?”*

Carlye Burd:

Really good question—and I really apologize because I am the Managed Care Quality Technical Director, and I want to say, “No,” but I also really don't want to be wrong about that. So, unless anyone else from CMS that's a panelist right now can confirm, I would appreciate it if that question could come in through our mailbox so that we could give a more definitive answer on that one.

Carrie, do you have any more insight than I do on that?

Carrie Hanlon:

I think sending it in is the best approach.

Carlye Burd:

Great, thank you.

Natasha Reese-McLaughlin:

Okay, we have another question coming in on health disparities: *“What have been the outcome of the disparity initiative in quality strategies? Have states begun to see reductions in health disparities?”*

Carlye Burd:

That is a really good question too, and I honestly don't – this is not something that we're systemically tracking through state quality strategies, per se. We do have an aggregate report that comes out every year on EQR – state-submitted reports on EQR. In that aggregate report, we identify performance improvement projects that are implemented by states, by their plans, and do aggregate the information at a topic level.

So I would take a look at those. Again, you can find those on the link that will come out in the e-mail that we send as a follow-up to this webinar. But I think that would be the best place to go look. But I will say it's probably in the – I do not think – and, Natasha, you can correct me if I'm wrong – but I do not think that we aggregated a PIP topic focused on equity or health disparities last year. However, we're considering doing that this year. Is my memory serving me correctly?

Natasha Reese-McLaughlin:

That is correct.

Carlye Burd:

Okay, so in the reports that we post this September—every year by September 30th, we put up the aggregate EQR report. You can go in there and look at PIP topics implemented by topic, and you can look at which states have implemented topics related to equity. Again, that is not going to answer your question necessarily about have states systemically reduced disparities in their states based on implementing performance improvement projects related to this. But if you're a researcher, it could at least point you in the right direction of which states are doing performance improvement topics in this area.

Natasha Reese-McLaughlin:

Okay, thanks so much, Carlye.

I do want to just quickly note that in the Chat, our webinar producer has shared some of the links from the slides. We'll also share the mailbox address that you can submit questions to.

I think we have time for a few more questions, maybe one or two, before we share the technical resources and closing the webinar with a final poll.

One of our final questions is: *"CMS created some important SUD performance measures. Are states required to improve them in their states?"*

Carrie Hanlon:

Natasha, this is Carrie. I think that's a question we can take back.

Natasha Reese-McLaughlin:

Okay, that sounds great. I think we have our final questions coming in: *"Who would be the best contact at CMS for states interested in HSI?"*

Carlye Burd:

What was the acronym?

Natasha Reese-McLaughlin:

HSI.

Carlye Burd:

Is that some sort of health service initiative?

Natasha Reese-McLaughlin:

Yes.

Carlye Burd:

I think if you submit it to the mailbox here, we can route that question for you.

Natasha Reese-McLaughlin:

Wonderful.

Well, thank you, everybody, for that really rich discussion.

Before we go, I do want to share a few TA resources with you all.

Next slide, please.

On this screen are links to CMS' Medicaid and CHIP Managed Care Quality webpages, as well as links to TA resources we chatted about during the Q&A session and shared during the presentation. These hyperlinks will be available to you once the slides are released and we've also shared them in the Chat today.

Next slide.

You can also contact CMS via their Managed Care Quality Technical Assistance mailbox, ManagedCareQualityTA@cms.hhs.gov. We shared several TA mailbox addresses in Chat too.

In our last few minutes of the webinar, we ask that you respond to our final poll. We have five open-ended questions. As Carrie mentioned, your responses will help us create future managed care quality technical assistance resources.

Question No. 1 asks: *"What staff or teams at your state Medicaid and CHIP program participate in developing the quality strategy and in reviewing QAPI programs and EQR technical reports?"*

Question No. 2 asks: *"What are your state's successes using quality strategies, EQR, and QAPI for QI?"*

Question No. 3 asks: *"What are your state's challenges using the managed care oversight activities for QI?"*

Question No. 4 asks: *"Does your state integrate quality strategy, EQR, and/or QAPI to drive quality improvement? For example, do you review EQRO recommendations when developing your quality strategy; if so, how?"*

Finally, Question No. 5 asks: *"What are your state's managed care technical assistance needs?"*

Pause for responses:

Again, you can find this poll on the right side of your screen below the participant and Q&A functions. We'll leave the poll open for about three minutes.

I'm going to leave the poll open for another 30 seconds.

Wonderful, thank you to everyone who stayed to answer our final poll questions. We appreciate you taking the time to answer our questions and attending today's webinar. As a reminder, we'll be sharing these slides in the coming weeks as well as other managed care quality technical assistance resources.

We hope you have a great rest of your day!