

# 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<sup>1</sup> to maintain comprehensive, ongoing QAPI programs, which states must review at least annually to evaluate their effectiveness and impact. QAPI programs serve as a foundational mechanism for identifying areas for improvement, implementing targeted interventions, and tracking progress over time to ensure MCPs are delivering high-quality care to enrollees. Table 1 summarizes key QAPI requirements.

**Table 1. QAPI Requirements<sup>2</sup>**

<b>Core QAPI Requirements (All MCPs)</b>	<ul style="list-style-type: none"> <li>• <b>Performance measurement</b> – Metrics to assess the quality, access, and outcomes of care.</li> <li>• <b>Performance improvement projects (PIPs)</b> – Initiatives to achieve measurable, sustained improvements in key areas of care.</li> <li>• <b>Mechanisms to detect underutilization and overutilization</b> – Processes to monitor service use and ensure care is delivered appropriately and efficiently.</li> <li>• <b>Mechanisms to assess the care for enrollees with special health care needs<sup>a</sup></b> – Processes to evaluate the quality and appropriateness of care for this population.</li> </ul>
<b>Additional QAPI Requirements (MCPs providing LTSS services)<sup>b</sup></b>	<ul style="list-style-type: none"> <li>• <b>Standard LTSS performance measures</b> – Metrics to assess quality of life, rebalancing, and community integration activities.</li> <li>• <b>Mechanisms to assess LTSS care</b> – Processes to evaluate the quality and appropriateness of LTSS.</li> <li>• <b>Efforts to prevent, detect, and remediate critical incidents</b> – Processes for working with the state to identify, investigate, and address serious events (e.g., health and safety risks).</li> </ul>

<sup>a</sup> Per requirements at 42 C.F.R. 438.340, states define enrollees with special health care needs in their managed care quality strategy.

<sup>b</sup> LTSS QAPI program requirements are outlined at 42 C.F.R. 438.330(b)(5) and 42 C.F.R. 438.330(c)(1)(ii).

<sup>1</sup> Per 42 C.F.R. 438.330 and 42 C.F.R. 457.1240(b), Medicaid and CHIP managed care plans—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.

<sup>2</sup> QAPI program requirements are outlined at 42 C.F.R. 438.330(b).

## How to Use the QAPI Progress Report Template

This template provides states with a structured approach to monitoring QAPI programs. It helps track overall QAPI activity and progress, identify effective and scalable QI approaches, and determine when TA or mid-cycle check-ins may be beneficial. **Use of this template is voluntary; states may adapt it to fit their unique needs.**

### Getting Started

1. **Complete Part I-** This section is filled out by the state.
2. **Distribute Part II to MCPs-** MCPs should complete only the sections relevant to QI activities within their QAPI programs and submit a separate report for each managed care program in which they participate.

While states must conduct an annual review of MCP QAPI programs – often fulfilled through the External Quality Review (EQR) – they may choose to monitor QAPI programs more frequently. This template is flexible and can support any reporting frequency the state deems appropriate. It may be used alongside the EQR to supplement the annual review or serve as a tool for interim monitoring throughout the year.

Completed progress reports can serve multiple purposes. For example, they may be shared with the state’s external quality review organization (EQRO) to inform the EQR process, referenced when updating QAPI requirements in MCP contracts, or used to guide one-on-one technical assistance (TA) with MCPs.

### For More Information

The Division of Quality and Health Outcomes within the Center for Medicaid and CHIP Services (CMCS) provides TA to support state Medicaid and CHIP programs in strengthening managed care oversight and advancing quality improvement within their Medicaid and CHIP managed care programs.

For support related to Medicaid and CHIP managed care oversight, visit:

<https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care-quality/index.html>

For resources specific to quality improvement in managed care – including tools, guidance, and best practices – visit:

<https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care-quality/managed-care-quality-improvement/index.html>

CMS is also available to support states in strengthening QAPI program oversight and advancing broader Medicaid and CHIP managed care quality initiatives, upon request. For technical assistance, please contact [ManagedCareQuality@cms.hhs.gov](mailto:ManagedCareQuality@cms.hhs.gov).

## Part I: For State Use

**Step 1. Review State QAPI Requirements and Quality Goals.** Before reviewing an MCP QAPI progress report, start by reviewing your state’s managed care oversight policies and QI priorities. The following materials provide important context for assessing how MCP activities align with your state goals and expectations:

- **MCP contracts** – Review contracts for QAPI-related provisions, including:
  - Performance measure requirements: Required QAPI measures, benchmark or target thresholds, data submission frequency and format, and expectations for stratification.
  - PIP requirements: Required number and topics of PIPs, submission and progress update deadlines, and methodological expectations (e.g., use of SMART aims).
  - Utilization monitoring: Requirements for monitoring underutilization and overutilization, including targeted populations for utilization management or special review.
  - Alignment with state-led initiatives: Requirements for MCP to participate in or align with broader state-led QI initiatives or efforts.
- **Quality strategy (QS)** – Review your state’s QS goals and objectives. Identify those relevant to each MCP based on the populations they serve and the services they provide. Note any goals and objectives with specific performance measures or reporting expectations.
- **EQR technical reports** – Review EQR reports for recommendations specific to each MCP. These may address performance measure reporting, PIP implementation, and other QI and oversight activities relevant to the MCP’s QAPI program.

**Step 2. Establish a Progress Report Timeline.** Determine when MCPs should submit completed QAPI progress reports. Consider:

- State Medicaid and CHIP program staff and MCP staff bandwidth
- EQR technical report annual deadline
- CMS feedback on the EQR technical report
- QAPI annual review timeline
- PIP topic selection/notification timeline

Possible submission schedules include monthly, quarterly, biannual, annual, or ad hoc – depending on oversight needs and state resources. States may also adjust timelines by MCP performance (e.g., more frequent reporting from an MCP operating under a corrective action plan, annual submissions for MCPs with a strong record of compliance).

**Step 3. Disseminate and Review.** Distribute the QAPI progress report template to MCPs, clearly communicating expectations for completion, deadlines, and submission procedures.

When reports are returned, treat the review process as an opportunity to engage MCPs. Use the review to confirm compliance with state requirements, clarify expectations and resolve ambiguities, address MCP's questions, and identify areas where targeted TA or follow-up is needed. Refer to the checklist below to guide a consistent, structured review of each submission.

### QAPI Progress Report Review Checklist

Description	Response
<b>MCP Name</b>	
<b>MCP Program</b>	
<b>Reporting Period</b>	
<b>Received on Time</b>	
<b>TA or Follow-up Needed</b>	
<b>MCP-Specific Notes</b> <i>(may include questions or TA requests from MCP, QAPI strengths or areas for improvement, or questions for the MCP):</i>	
<b>Summary Notes and Next Steps</b> <i>(document high-level takeaways and planned actions, this may include opportunities for MCP improvement, expectations to clarify (for the MCP or EQRO), next steps (e.g., schedule TA call/meeting with MCP or EQRO, provide targeted support or assistance to MCP, or note specific items to look for in the plan's next report), and other reflections):</i>	

## Part II: For Plan Use

**Instructions.** Please complete the sections below to describe the quality improvement (QI) activities your plan has conducted in relation to each component of your Quality Assessment and Performance Improvement (QAPI) program. Where possible, include specific examples to illustrate how your plan is using findings to inform and strengthen improvement efforts.

Plan Name:	Submission Date:

<b>Reporting Period:</b> (e.g., Calendar year 2025, quarter 2)
<b>Program:</b> (e.g., CHIP, Dental Managed Care)

### Section 1. Overview of Plan’s QI Activities

In this section, describe how your plan evaluates the effectiveness of its QAPI program and engages in broader QI efforts beyond required managed care activities.

**1.1. Evaluating the QAPI Program.** Describe your plan’s process for evaluating the impact and effectiveness of its QAPI program. Include both formal and informal evaluation methods your plan uses to assess QAPI activities and identify areas for improvement. *Examples: Reviewing external quality review (EQR) findings; using dashboards to monitor performance trends across QI interventions; holding internal QAPI committee meetings to review program effectiveness.*

**1.2. Broader QI Engagement.** Describe any non-QAPI QI activities your plan is engaged in. Explain the purpose and how it supports your QAPI program. *Examples: Participating in a CMS-sponsored affinity group; joining a state-led collaborative focused on behavioral health integration.*

## Section 2. Overview of QAPI Activities

In this section, describe your plan’s QI activities for each QAPI program element. Include new QI initiatives, updates on ongoing QI efforts, and reflections on concluded initiatives.

**2.1. Performance Measurement (PM).** Describe QI activities your plan implemented in response to PM results reported as part of your QAPI program (including any LTSS measures, as applicable). This might include efforts to address performance gaps, integrate beneficiary input to inform QI strategies, or refine the internal data process. *Examples: Conducting beneficiary focus groups to understand barriers to annual well-child visits, followed by targeted outreach or provider engagement strategies; analyzing differences in diabetes control rates and implementing self-management education programs for rural populations.*

**2.2. Performance Improvement Projects (PIPs).** Using the prompts below, describe how your plan applies lessons learned during each stage of the PIP lifecycle—from planning through implementation to long-term strategy.

**2.2a. PIP Development Activities.** Describe the QI activities your plan conducted during the planning or development phase of a PIP, before implementation began. *Examples: Conducting a root cause analysis to identify barriers to follow-up after emergency department visits; engaging stakeholders to co-design interventions; using early PDSA cycles to test appointment reminder messages; piloting a referral process with a small provider group.*

**2.2b. Ongoing PIP Adjustments.** Describe how your plan used findings from PIP implementation to refine or adjust the intervention or approach. This may include insights from ongoing monitoring, analysis of interim results, or barriers identified during rollout. *Examples: Revising care manager scripts after feedback from member interviews; shifting outreach strategies based on low engagement data; strengthening provider training in response to inconsistent documentation.*

**2.2b. Broader QI Activities.** Describe how PIP findings (whether interim findings or final results) informed future QI activities or broader QI initiatives. This may include scaling or adapting successful interventions, disseminating promising practices internally or externally, or updating internal processes based on the lessons learned. *Examples: Scaling a successful postpartum care intervention to additional health centers; adapting care coordination strategies for other high-risk populations; updating internal workflows or provider guidance based on PIP outcomes.*

**2.3. Mechanisms to Detect Underutilization and Overutilization of Services.** Describe how your plan identifies patterns of underutilization and overutilization to ensure beneficiaries receive appropriate, high-quality care, or if there have been updates to your plan’s detection process.

**2.3a. Addressing Underutilization.** Describe QI activities your plan conducted in response to findings related to the underutilization of services. If no underutilization was identified during the reporting period, you may indicate that this section is not applicable. *Examples: Identifying low rates of preventive care visits through claims data analysis; conducting member surveys to understand access barriers; launching outreach campaigns or provider incentives to close gaps in care.*

**2.3b. Addressing Overutilization.** Describe QI activities your plan conducted in response to findings related to the overutilization of services. If no overutilization was identified during the reporting period, you may indicate that this section is not applicable. *Examples: Collaborating with providers to promote use of urgent care or primary care alternatives; implementing member education campaigns on appropriate care settings.*

**2.3c. Broader Application of Findings.** Describe how lessons learned from monitoring under- or overutilization have informed broader QI strategies or organizational changes. *Examples: Integrating utilization findings into care management models; updating provider contracts to include utilization benchmarks; scaling successful interventions across additional populations or service areas.*

**2.4. Mechanisms to Assess the Quality and Appropriateness of Care for Enrollees with Special Health Care Needs.** Describe how your plan assesses the quality and appropriateness of care for enrollees with special health care needs.

**2.4a. Application of Findings.** Describe QI activities your plan conducted in response to findings on the quality and appropriateness of care for enrollees with special health care needs. If no concerns were identified during the reporting period, you may indicate that this section is not applicable. *Examples: Enhancing care coordination after identifying gaps in follow-up care; improving individualized care planning based on clinical review findings; updating provider training or workflows after identifying inconsistent care delivery for members with complex needs.*

**2.5. Mechanisms to Assess the Quality and Appropriateness of Care for Enrollees Using LTSS (Required only for plans providing LTSS services).**

Describe how your plan assesses the quality and appropriateness of LTSS, including transitions of care between settings and comparisons of services and supports received with those outlined in the enrollee’s service plan.

*Examples: Conducting case file reviews to ensure services match the enrollee’s approved service plan; monitoring timelines and effectiveness of transitions from institutional to community settings; reviewing participant surveys on satisfaction, quality of life, and community integration; analyzing critical incident data to identify systemic gaps in LTSS delivery; using care coordination meeting notes to track follow-up after hospital discharge.*

**2.5a Application of Findings.** Describe QI activities your plan conducted in response to findings on the quality and appropriateness of care for LTSS. If no concerns were identified during the reporting period, you may indicate that this section is not applicable. *Examples: Revising service plan processes after identifying gaps between approved services and those delivered; scaling successful transition strategies between care settings; and enhancing community integration activities.*

## Section 3. QAPI Partnerships

In this section, describe how your plan collaborates with external partners to strengthen QAPI activities and improve quality of care.

**3.1. QAPI Collaboration.** Describe areas of your QAPI program where your plan is actively collaborating – or seeking to collaborate – with other managed care plans or other external partners. This may include joint initiatives, shared learning efforts, or partnerships aimed at enhancing care quality or addressing common challenges. Briefly explain the purpose of the collaboration, your level of engagement, and any early outcomes or lessons learned. *Examples: Participating in a multi-plan initiative to reduce avoidable emergency department use; collaborating with community-based organizations to strengthen outreach for members with unmet needs; or partnering with the EQRO on aligned PIP strategies across plans.*

**3.2. Partner Engagement.** Describe the method(s) your plan uses to seek and incorporate input from members, providers, state Medicaid/CHIP program staff, community agencies, non-Medicaid state agencies (e.g., state health departments), or other QI partners. Briefly explain how your plan uses this input to inform and improve QAPI activities and the quality of care delivered to beneficiaries. *Example: Conducting regular provider advisory councils to identify care coordination challenges; using member surveys to refine outreach strategies; partnering with local public health agencies to align initiatives promoting healthy weight among children.*

**3.3. State Support for QI Efforts.** How can the state Medicaid agency and EQRO better support your plan’s QI efforts to improve the QAPI program? *Examples: Providing timely data or benchmark reports to support performance monitoring; offering clearer guidance on PIP expectations; facilitating cross-plan learning opportunities; or aligning QI priorities across state-led initiatives and plan requirements.*