

This document summarizes the updates made to the Centers for Medicare & Medicaid Services (CMS) External Quality Review (EQR) Protocols released September 2026. These revisions reflect changes resulting from the Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality Final Rule ([CMS-2439-F](#))—referred to as the 2024 Final Rule—published May 10, 2024. The protocols were also updated to address common technical assistance (TA) questions from states and incorporate feedback received during the 2025 public comment period. Collectively, these revisions include updates to existing protocols, the addition of two new protocols: Assist with the Quality Ratings for the Medicaid and CHIP Quality Rating System (MAC QRS) (Protocol 10) and Assisting with Evaluation of Managed Care Quality Strategies (QSs), State Directed Payments (SDPs), and In Lieu of Services and Settings (ILOSs) (Protocol 11) established under the 2024 Final Rule, and new worksheets to support reporting of mandatory activities.

Overall Updates

- Updated regulatory citations to reflect the 2024 Final Rule.
- Revised guidance to clarify that EQR is no longer mandatory for primary care case management entities (PCCM entities).
- Expanded guidance distinguishing the 12-month period preceding the EQR technical report (during which EQR activities are conducted) from the 12-month data period subject to review.
- Revised guidance on reporting outcomes data and quantitative assessment results to reflect the 2024 Final Rule
- Expanded guidance on how states can use EQR activities to support other managed care oversight and quality improvement (QI) efforts.
- Standardized worksheets across Protocols.
- Updated terminology throughout to consistently refer to managed care plans (MCPs).

Title Page and Table of Contents

- Updated publication date to September 2026.
- Updated OMB expiration date.

Introduction, EQR Reporting, and Getting Started on the EQR Protocols

- Added a summary of EQR changes introduced by the 2024 Final Rule
- Added guidance requiring states to notify CMS within 14 days of posting EQR technical reports, consistent with the 2024 Final Rule.
- Added guidance on maintaining historical EQR technical reports on state websites, consistent with the 2024 Final Rule.
- Clarified that the Information Systems Capabilities Assessment (ISCA) applies to the newly added Protocol 10.
- Updated the Evolution of EQR graphic to reflect the 2024 Final Rule and 2026 Protocols.

- Updated the Managed Care Quality (MCQ) Cycle graphic to include the role of QI projects.
- Updated the EQR Process graphic to reflect changes in the 2024 Final Rule, including the requirement that states notify CMS within 14 days of posting their annual technical reports and CMS annual report review activities.
- Updated the Overview of the EQR Protocols graphic to reflect the addition of Protocol 11.
- Expanded guidance on nonduplication to clarify the External Quality Review Organization (EQRO)'s role, federal financial participation (FFP) considerations, state discretion, and the distinction between nonduplication and exemption.
- Expanded guidance on reporting EQR findings, including the state's role in reviewing EQR technical reports and guidance for EQROs on developing strong recommendations.
- Added regulatory citation for the inclusion of Medicare or private accreditation review of an MCP that the state used to provide information for the annual EQR.
- Added regulatory citation for the inclusion of how data were aggregated and analyzed and how conclusions were drawn about quality, access, and timeliness of care.
- Clarified that the compliance review activity comprises the review of 14 federal standards.
- Added the regulatory citation for the network adequacy validation activity reporting requirements.
- Added a callout box and graphic clarifying EQR timing requirements, including when mandatory EQR activities must be conducted and the appropriate data period for review.
- Added guidance on how to structure reports for clarity when states have large and varied programs such as using plan-level, program-level, and aggregate reports.

Protocol 1: Validation of Performance Improvement Projects (PIPs)

- Added a callout box clarifying expectations for optional Activity 3: Verify PIP Findings, including documentation and reporting requirements.
- Added Activity 4: Report Results to the State and Worksheets 1.12 (PIP Validation Reporting Template) and 1.13 (PIP Summary Reporting Template); revised the Protocol 1 Activity graphic to reflect the new activity.
- Added a callout box clarifying expectations for reporting PIP outcomes data and quantitative assessments.
- Added guidance for reporting on states with a high volume of PIPs.

Protocol 2: Validation of Performance Measures

- Added a callout box outlining considerations and best practices for stratifying performance measures.
- Expanded guidance on performance measure validation, emphasizing that all quality assurance and performance improvement (QAPI) measures must be validated and that the protocol may also be used to validate additional performance measures.
- Added Activity 4: Report Results to the State and Worksheets 2.15 (Performance Measure Validation Reporting Template) and 2.16 (Performance Measure Reporting Template); revised Protocol 2 Activities graphic to reflect the new activity.
- Expanding guidance on the use of HEDIS® audits, including their use for medical record reviews and the EQRO's role and reporting responsibilities when using them.
- Expanded guidance on reporting performance measure outcome data and quantitative assessment results.

Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations

- Expanded guidance on the EQRO's role in reviewing and reporting on findings when using nonduplication.
- Expanded guidance on structuring the three-year compliance review cycle, including implementation of a rolling three-year period.
- Expanded guidance on optional reporting of outcomes data and results from qualitative assessments.
- Added Worksheets 3.5 (Timeline and Crosswalk of State and Federal Standards Reviewed) and 3.6 (Compliance Review Findings Reporting Template).

Protocol 4: Validation of Network Adequacy

- Expanded Key Network Adequacy Provision callout box to outline new requirements from the 2024 Final Rule.
- Expanded guidance on reporting network adequacy validation findings, including validation ratings, outcomes data, and findings from quantitative assessments.

Protocol 5: Validation of Encounter Data Reported by the MCP

- Clarified state uses of encounter data based on state TA requests and feedback.
- Clarified potential causes of encounter data errors by MCPs based on state feedback.
- Clarified sampling guidance for medical record review based on state TA requests.
- Updated the formatting and organization to align with the other protocols, including the use of bulleted lists and introductory text for callout boxes.

Protocol 6: Administration or Validation of Quality of Care Surveys

- Updated the formatting and organization to align with the other protocols, including the use of bulleted lists and introductory text for callout boxes.
- Expanded guidance on analyzing enrollee survey results, including comparisons across MCPs, enrollee subpopulations, and trends over time.
- Clarified role of surveys in state oversight and QI activities based on state TA requests.

Protocol 7: Calculation of Additional Performance Measures

- No changes.

Protocol 8: Implementation of Additional PIPs

- Added Activity 10: Report Results to the State.

Protocol 9: Conducting Focus Studies of Health Care Quality

- Refined the definition of a focus study.
- Updated the formatting and organization to align with the other protocols, including the use of introductory text for callout boxes.

Protocol 10: Assist with the Quality Ratings for Medicaid and CHIP Quality Rating System (MAC QRS)

- Added Protocol 10 to support EQR activities related to MAC QRS.
- Added guidance on MAC QRS requirements and the relationship between Protocol 10 and other EQR protocols.
- Added guidance on preparing for MAC QRS EQR activities, validating MAC QRS data, calculating MAC QRS measure performance rates, and reporting final results to the state
- Added Worksheets 10.1 (Assigning MAC QRS Measures to MCPs Template), 10.2 (MAC QRS Data Needs Template), and 10.3 (MAC QRS Measure Reporting Requirements Template).

Protocol 11: Assisting with Evaluation of Managed Care Quality Strategies (QS), State Directed Payments (SDPs), and In Lieu of Services and Settings (ILOSs)

- Added Protocol 11 to support EQR activities related to evaluations of managed care QS, SDPs, and ILOSs, if a state chooses to utilize its EQRO for these evaluations.
- Added guidance on evaluation requirements and their role in managed care oversight and QI activities.
- Added guidance on developing an evaluation plan, conducting evaluations, and reporting results to the state.
- Added Worksheets 11.1 (Evaluation Setup), 11.2 (Evaluation Metric Identification Template), 11.3 (Evaluation Metrics, Baseline, and Performance Targets), 11.4 (Analysis Plan Template), 11.5 (Evaluation Timeline), 11.6 (Checklist for Evaluation Report), and 11.7 (Evaluation Performance Metric Results Template).

Appendix A: EQR Reporting Tools

- Added Worksheet A.1 (EQR Technical Report Requirements Checklist) and A.2 (Managed care Program and MCP Reporting Template).

Appendix B: Information System Capabilities Assessment

- Added information on applicability for new Protocol 10.

Appendix C: Sampling Approaches for EQR Data Collection Activities

- No changes.

Appendix D: Acronyms Used in the Protocols

- Added acronyms and definitions for ILOS, MAC QRS, QRS, SDP, and QS to reflect addition of Protocols 10 and 11.

Appendix E: EQR Glossary of Terms

- Expanded key terms and definitions to include new terms introduced by Protocols 10 and 11.