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General Comment

I believe state stakeholders and EQROs would benefit greatly from CMS guidance on the interaction and overlap between the EQR network adequacy validation (NAV) activity, the performance measure validation (PMV) and the performance improvement project (PIP) validation activities and the submission of associated quality measure data and the reporting that occurs under the Managed Care Program Annual Report (MCPAR) and the Network Adequacy Access and Assurances Report (NAAAR).

When the rule at 438.364(a)(2)(iii) was originally proposed and finalized, the NAAAR template had not been developed or published by CMS and the MCPAR was also undergoing several refinements. Now that the MCPAR and the NAAAR have been developed out more by CMS and routinely submitted by states, it's time to revisit how these different reporting requirements fit together. States have had to include

quality measure performance rates in their reports for some time, and under the current EQR protocol out for public comment, and rule at 438.364(a)(2)(iii), states need to also include the data related to the compliance results for each network adequacy standard and any additional quality measure performance results from PIPs. There should be almost 100% overlap between the network adequacy and quality measure performance data used by EQROs to conduct the NAV and PMV/PIP validation activities and the quality/network adequacy data that is submitted to the states in their MCPAR and NAAAR. However, states will likely expend a lot of resources creating tables in a format submissible to CMS to account for the 1000's and sometimes tens of 1000s of network adequacy standard results, as well as the organization and the format of the quality measure performance data.

States could find a lot of efficiencies if CMS could streamline reporting between the existing requirements under MCPAR and NAAAR for the same quality and network adequacy data. These two reports provide standardized submission formats that states must complete and could be leveraged by states for the purpose of submitting this data as part of the EQR report. Particularly because the MCPAR and NAAAR are required prior to the EQR report relative to the contract year, states and EQROs should be able to leverage those 2 reports and data therein to submit the necessary data to CMS, highlighting any validation findings that may be needed. In turn, CMS should be able to check that the data between the 2 reports is consistent, particularly now that the EQR activity review periods have been clarified in the rule.

States, like CMS, often have different teams working on the MCPAR and NAAAR reports (often the managed care team) and the EQR reports (often the quality team), so they may not realize the overlap in reporting, and instead expend a lot of resources in both areas creating different reports that include the same data. It could help save states resources (and ultimately make better use of federal match dollars) if CMS released guidance to states on how they can leverage their MCPAR and NAAAR reporting templates to report network adequacy and quality measure data in their EQR reports as part of the new/refined requirements outlined in the protocol, stemming from 438.364(a)(2)(iii).