

Brillman Calls For Fewer Quality Measures In Medicaid

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Medicaid needs fewer quality measures, Center for Medicaid and CHIP Services Director Daniel Brillman said last week, arguing the current number is burdensome and not focused on driving patient outcomes.

One state recently gave him a list of 4,000 measures it must track, Brillman said, emphasizing at the Duke Margolis Institute for Health Policy's annual conference the burden that number of measures puts on states, managed care organizations and other stakeholders.

"[M]ost of these are [measuring] just activities," Brillman said Wednesday (May 13). "They're not actually outcome-driven payment. And so we need to measure fewer things so that we can actually focus on what actually matters and pay for the things that are truly driving better health outcomes and actually lower costs. Because if we focus on everything, we're literally focused on nothing."

Brillman called for reforming Medicaid quality measures as part of a broader conversation about the future of Medicaid and how to ensure funds are getting beneficiaries who need it most as three quarters of Medicaid beneficiaries have one chronic disease, and 33% of beneficiaries have three chronic diseases.

In addition to reforming the quality measures, CMCS needs to streamline Medicaid's design and operations so not as many Medicaid funds are being spent on customization, Brillman said.

"We keep spending more and more money to customize the program when, really, we can streamline the program in 2026 where we're all doing about 70% of the same thing," Brillman said. "We're just doing it all differently, and that's something that we really need to get states and governors -- and [fellow panelist Louisiana Department of Health Director Bruce Greenstein] over there, which he's on board -- aligned with."

Trump's CMCS director previously called for uniformity across state Medicaid programs during a conference with health plans. There, he touted how CMCS set minimum technology standards for state

Medicaid eligibility systems ahead of H.R. 1's Medicaid eligibility reforms. -- *Dorothy Mills-Gregg* (dmillsgregg@iwpnews.com)