

# Medicaid Quality Improvement Program (MQIP)

## What's MQIP?

MQIP supports Washington State in designing quality improvement programs for people enrolled in Apple Health (Medicaid). Under MQIP, Medicaid managed care organizations (MCOs) are responsible for partnering with participating public hospitals to implement certain activities that:

- Reinforce the delivery of quality health care.
- Support community health.

Through MQIP, MCOs will receive incentive funds to share with participating public hospitals when they meet specific milestones.

## What are participating public hospitals doing to earn MQIP incentives?

The Association of Washington Public Hospital Districts (AWPHD) and University of Washington Medicine (UW Medicine) are state public hospitals participating under MQIP.

**AWPHD** is working on a project that will:

- Support the statewide efforts to prevent opioid dependency.
- Expand access to opioid use disorder treatments.
- Prevent opioid overdose in rural Washington.

This project will encompass data analytics, training and education support, strategic planning, payment and incentive model development, on-site trial/pilot, continued process improvement, and an outcomes evaluation.

**UW Medicine** is working on an initiative that focuses on care delivery sites, community engagement, and clinical quality. Under this initiative, UW will develop and implement interventions to improve health care outcomes for all patients. Some activities of this initiative include:

- Expanding existing and identifying new clinical interventions.
- Improving processes for data collection, analysis, and patient/provider access.
- Sharing guidelines, tools, clinic practice improvements, and other learnings with clinical providers and community partners outside of UW Medicine.

## How does MQIP relate to Medicaid Transformation and the 1115 Waiver?

Washington's Medicaid Transformation is the result of a Section 1115 Waiver. This waiver, officially titled "Medicaid Transformation Project" (MTP), is a five-year agreement with Centers for Medicare & Medicaid Services (CMS). Under this waiver, we can use Medicaid funds for innovative projects, activities, and services that improve and transform Washington's health and wellness systems.

MQIP plays an important role within MTP. It provides incentives for MCOs to partner with participating public hospitals who are implementing quality improvement projects. Examples of these projects include:

- Improving maternal and child outcomes.
- Identifying and reducing disparities in access/outcomes for people with serious behavioral health conditions.

MQIP is similar to the Delivery System Reform Incentives Payment (DSRIP) program. DSRIP provides incentives for Accountable Communities of Health (ACHs) and local providers to implement similar projects. In that way, MQIP supports and amplifies the DSRIP activities under the 1115 waiver.

## Who will participate in MQIP?

If authorized, all five MCOs and public hospitals statewide are ready to begin participating in 2020.

## What happens if MQIP is not authorized?

If not authorized, Washington State will have to scale back the waiver, and receive less funding for our transformation-related efforts. In addition, we would lose the opportunity to support partnerships between MCOs and public hospitals through MQIP financing.

## How would this affect ACHs?

Without MQIP, ACHs will have to cut back on their work in responding to major, state-specific issues. ACHs will have less money to support statewide efforts. Below are some examples of ACH activities that are at risk of being discontinued.

- Preventing opioid dependency, expanding access to opioid use disorder treatments, and preventing opioid overdose in rural Washington.
  - Peer recovery staff available in clinics.
  - Chronic pain patients effectively treated for opioid use disorder.
  - Clinical partners implementing prescribing guidelines.
  - Emergency medical services reducing fatalities related to overdose with medication kits.
- Supporting patients with chronic illnesses.
  - Decreasing emergency department utilization by promoting self-management techniques for those with multiple chronic illnesses.
  - Addressing food insecurity and transportation needs of patients in need of clinical services.
  - Screening of deficiency in social determinants of health and establishing appointments or providing referrals to community based organizations.

## Will Washington State remain accountable to CMS without MQIP?

Yes, we are accountable to perform according to the terms of our agreement with Centers for Medicare & Medicaid Services (CMS). Washington State is subject to a statewide accountability framework, which includes performance expectations related to 10 performance metrics and value-based purchasing attainment goals. This framework is directly tied to the amount of funding the state receives from the federal government.

Any adjustment to performance expectations would require us to renegotiate with CMS.

Without MQIP, the state could experience performance challenges and further limitations on federal funding in the future. This is especially true for ACHs because they would have less money (incentives) up front, while still being required to meet performance expectations tied to future payments.

## How does budget neutrality affect DSRIP and MQIP?

MQIP incentives are excluded from the waiver's budget neutrality calculation. The state's budget neutrality mitigation plan assumes successful implementation of MQIP. In our most recent budget neutrality proposal to CMS, the state committed to reducing Designated State Health Programs funding for the 1115 Waiver. This impacts DSRIP and other initiatives within the waiver. If MQIP is not authorized, we would expect additional reductions to initiatives.