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MHPA Releases New Research Brief on Medicaid Managed Care Quality Improvement Projects

(WASHINGTON, DC) – MHPA has published a new research brief detailing how Medicaid managed care plans (MCPs) improve health outcomes through Quality Improvement Projects (QIPs). The brief analyzes the extent to which MCPs are engaged in QIPs and identifies the most common topic areas for QIPs.

“Health plans are essential partners in helping states address an array of complex health care challenges facing the Medicaid population and improve outcomes. As MCPs work with states to design innovative quality improvement strategies, QIPs can serve as important tools for improving the health and experience of enrollees in Medicaid managed care,” said MHPA President and CEO Craig A. Kennedy, MPH. “By evaluating these strategies against a set of performance measures, states and MCPs can identify which interventions are most effective at improving outcomes, and lessons learned can be disseminated across plans, states, and other key stakeholders.”

Distinct from other quality improvement initiatives, QIPs are a federally required activity that states implement through virtually all managed care plans and must be validated by an independent, accredited organization. Similar quality improvement activities and oversight are not a requirement in traditional fee-for-service Medicaid.

In determining QIP focus areas, MHPA’s analysis found that the vast majority of states prioritized health care issues where Medicaid plays a key role in improving access and outcomes, including behavioral health (33 states), care of acute and chronic conditions (26 states), primary care access and prevention (26 states), and maternal and perinatal health (23 states). States also focused QIPs on benefits that are increasingly covered under managed care, such as dental care (17 states) and long-term services and supports (16 states).

Within the 41 managed care states included in the study, Medicaid health plans participated in over 1,200 QIPs that were independently reviewed during the 2023-2024 reporting cycle, according to CMS summaries of EQR technical reports.

Access the brief [here](#).

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About MHPA

Founded in 1995, Medicaid Health Plans of America (MHPA) is the only national association that solely represents the interests of the Medicaid managed care industry. Through its advocacy and research work, MHPA supports innovative policy solutions that enhance the delivery of comprehensive, cost-effective, and quality health care for Medicaid enrollees. MHPA works on behalf of its more than 160-member health plans which serve nearly 52 million Medicaid enrollees in 40 states, Washington, D.C., and Puerto Rico. MHPA's members include for-profit and non-profit national, regional, and single-state health plans that compete in the Medicaid market. Visit mhpa.org for more information.