

Medicaid Quality Incentive Program

Reducing Disparities
Improving Care
Saving Lives



Supporting Quality IN NEW YORK

The Medicaid Quality Incentive Program has been a vital resource in improving health outcomes for more than 5 million New Yorkers enrolled in Medicaid, helping to incentivize efforts aimed at addressing the core causes of health disparities and advancing the quality – and equity – of care for underserved populations. Working with providers and community-based organizations, health plans are measured on outcomes that address the factors affecting care for the state's most vulnerable residents and only receive funding for achieving superior results.

Health plans utilize quality incentive funding to support a broad range of programs that improve the health of Medicaid members.

Quality Incentive Program Funding supports:

- Covering the cost of healthy food home delivery programs to members with chronic illnesses.
- Funding for physician offices and community health centers to conduct outreach to a patient missing a preventive service, like mammograms and vaccinations.
- Providing in-home wellness visits and flu vaccines for homebound seniors to keep them healthy and out of the hospital.
- Investments to test innovative care models, like using maternal care navigators and doulas to ensure that high-risk pregnant individuals receive timely pre- and post-natal care.
- Working with social service agencies to assist families in accessing services to help them attain affordable housing.

"Rates of performance in Medicaid managed care have increased steadily over the last decade. New York State Medicaid plans have demonstrated a high level of care compared to national averages, and for many domains of care the gap in performance between commercial and Medicaid managed care has been decreasing since the Quality Incentive Program was implemented. The use of financial incentives has proven successful in engaging Medicaid managed care plans in developing infrastructure, programs, and resources to promote high quality care. Incorporating financial incentives that tie payment directly to quality is an important approach to improving the quality of care, holds health plans accountable for the care they provide, and rewards those who invest in processes that improve care. State Medicaid programs have steadily increased the use of financial incentives or pay-for-performance (P4P) mechanisms in their payment systems."

- New York State Department of Health 2020-2021 report on the Medicaid quality incentive program

Ensuring quality of care for everyone, regardless of age, income, employment, or documentation status, and eliminating the barriers that contribute health disparities requires continued investment by the state.

To support ongoing efforts to eliminate disparities and deliver high-quality, equitable care to the state's most vulnerable residents, the FY26 state budget should fully fund the Quality Incentive Program. Allocating \$300 million in state funds will help to maintain and enhance these critical programs.

in the Bronx





BronxCare-The Fortune Society: Substance Use Disorder Resources

New York's Medicaid Quality Incentive Program helps fund innovative initiatives undertaken by managed care plans and their provider and community partners that work together to address the core causes of health disparities and advance the quality – and equity – of care for underserved populations.

To provide innovative services and support to its HARP members, Anthem Blue Cross and Blue Shield uses Quality Incentive funding to partner with BronxCare Health System and **The Fortune Society**, an organization dedicated to helping individuals with justice involvement rebuild their lives.

Real New Yorkers — Real Stories

Marcus* is a 62-year-old male Anthem HARP member. With a history of polysubstance abuse and Major Depressive Disorder, Marcus was disconnected from community resources and faced significant challenges including homelessness. Between 2019 and 2022, he experienced nearly 70 inpatient admissions, 50 of which were related to substance use, and 19 for medical conditions resulting from long-term substance abuse.

In May of 2022, following an inpatient behavioral health admission, Marcus began attending outpatient behavioral health appointments at BronxCare. With the support of the Fortune Society and the HARP case management program, he secured permanent housing, maintained abstinence from cocaine and alcohol, and has had no new hospital admissions for behavioral or physical health issues. With the ongoing support of the HARP team and his outpatient medical and behavioral health providers, Marcus continues to successfully maintain his sobriety, manage his medical care, and avoid inpatient treatment, all while remaining permanently housed and stable.

In Fiscal Year 2023, The Fortune Society provided assistance to 11,673 individuals. This included:

- 3,545 Recovery center peer-to-peer sessions
- 829 individuals were provided housing
- 884 potential job seekers enrolled in Employment Services workshops

Quality funding is directly invested back into the community. The funding supports provider partners through incentives as well as programs and services that support the health and wellbeing of some of New York's most vulnerable populations.



PROGRAM IMPACT

^{*} Names have been changed to protect patient privacy.

in the Brooklyn & Bronx





Throughout New York, health plans are partnering with providers and community-based organizations to address the underlying social, economic, and environmental factors that affect health outcomes. With funding from New York's Medicaid Quality Incentive Program,

the collaborations are working to reduce health disparities and improve health outcomes for underserved populations.

Morris Heights Health Center has served all members of the community for more than 40 years, providing primary health care – including medical, dental and counseling services – with a special focus on medically, socially, and economically disadvantaged individuals and families across the Bronx and Brooklyn. MHHC has developed a variety of programs, such as diabetes management and patient safety, specifically aimed at serving the needs of these populations, and Quality Incentive funding is essential to supporting many of these programs.

Real New Yorkers — Real Stories

"Managed care quality dollars have a tremendous impact on our operations. These funds are used to support and fund programs, spur innovation to further improve quality outcomes, and to create a continuous learning environment for patients and staff."

"These dollars fund existing successful programs and help put new ideas into action ... and allow us to do more for our members."

- Lois J. Bookhardt-Murray, MD; MCCH Chief Medical Officer

PROGRAM IMPACT

- Serves 57,000 patients per year.
- Participants in MHHC's diabetes program saw AIC levels drop by 2 points within six months.

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in Brooklyn





Addressing health disparities and improving health outcomes for underserved populations is a key goal of the programs funded by New York's Medicaid

Quality Incentive Program, with many focusing these efforts on advancing quality in maternal health. Partnering with providers and community-based organizations, health plans are helping to incentivize efforts aimed at tackling the underlying social, economic, and environmental factors that affect health outcomes.

Public Health Solutions supports underserved New Yorkers and their families in achieving optimal health and works with them to build healthy families and thriving communities. Using Quality Incentive funding, Anthem has a partnership with Public Health Solutions and refers high risk pregnant women to PHS's Maternal Child Health Program that works with other local community based organizations including the Nurse Family Partnership program to assist members with the supportive resources and services they need.

Real New Yorkers — Real Stories

After screening an expectant mother living in Brooklyn, PHS quickly connected the member to the Nurse Family Partnership, which partners vulnerable new moms with a registered nurse early in the pregnancy and stays with the member until her baby reaches two years of age. The member described her positive experience saying, "Nurse Joan provides me with a lot of resources like videos, books and articles to learn from, and it's really building my knowledge and confidence as a first-time mom."

PROGRAM IMPACT

• Anthem has referred 798 women to PHS, 88% of whom were contacted and screened. Of those screened. 59% were referred to home visiting programs and 26% were referred to other services, including SNAP/ WIC application assistance or mental health support services.

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in Brooklyn





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Real New Yorkers — Real Stories

When PHS determined an expectant mother living in Brooklyn had no family or support system here, she was referred to the iCare program and connected with Maria, a community health worker. The member expressed her gratitude for the program saying, "Maria, has given me very good information about my pregnancy and about child development. Because I am a first time mother I am learning so much." The member has been so pleased that she's even referred one of her friends who is pregnant to the program.

PROGRAM IMPACT

- CAMBA's 180+ programs serve more than 65,000 individuals and families each year.
- iCare provides services to high need women and infants, focusing on improved maternal and infant health outcomes.

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across New York City





New York's Medicaid Quality Incentive Program is an essential resource in advancing quality in Medicaid, helping to incentivize efforts aimed at addressing the core causes of health disparities and improving health outcomes for underserved populations.

God's Love We Deliver provides nutritious, individually tailored meals to people living with serious and chronic illnesses, working to alleviate hunger and malnutrition. Partnering with health plans that support these efforts through Quality Incentive finding, God's Love We Deliver is able to provide meals and illness-specific nutrition education and counseling at no costs and without regard to members' ability to pay.

Real New Yorkers — Real Stories

Peter*, an Anthem Blue Cross and Blue Shield Medicaid member, is 31-years old, unemployed, and has been diagnosed with type 1 diabetes type. Peter was referred to case management due to high A1C and because he was non-compliance with treatments. He had not seen an endocrinologist in 3 years, reporting that the office was overbooked and it was hard to get an appointment, and was not getting regular follow up from his primary care provider and did not exercise regularly.

After providing Peter with a continuous glucose monitoring device, his case manager also educated him on compliance with treatment and adherence to medication and enrolled him in a medically tailored meals program provided by God's Love We Deliver. Since starting with the medically tailored meals, Peter reports he is also performing – and enjoying – daily exercise. He says he eats GLWD meals pre workout for protein and then eats vegetarian the rest of the day, He says thanks to the new diet and exercise routine, he's feeling great.

PROGRAM IMPACT

Since launching its program in Q2 of 2022, God's Love We Deliver has provided 46,378 meals to 166 Anthem members. Medically tailored meals have been proven to help:

- Lower hospitalizations and reduce readmittance rates
- Lower health care costs
- Improve patient satisfaction

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across New York City



AbleTo

AbleTo Maternal Health Program

New York's Medicaid Quality Incentive Program is an essential resource in advancing quality in Medicaid, enabling health plans to partner with providers and community partners to collaborate on innovative initiatives to improve health outcomes for underserved populations.

AbleTo is a program that helps members showing signs of depression and who may also experience other possible mental and social issues, providing virtual therapy, coaching and mental health support via licensed cognitive behavioral therapists.

Real New Yorkers — Real Stories

For most women, the birth of a child is a time of happiness and celebration. For Selena*, the arrival of a healthy eight-pound, ten-ounce boy was accompanied by feelings of sadness and guilt. Confiding that the pregnancy was unplanned, the father did not plan to participate in caring for the new baby, and her other children, ages 20 and 22, were basically grown, she said "I feel like I'm starting over again."

Selena's Anthem Blue Cross and Blue Shield case manager recommended an Edinburg Assessment, a postnatal depression screening, which returned an extremely high score. The case manager connected Selena with AbléTo, who identified a Spanish speaking psychotherapist for Selena. Following regular contact with her therapist, a second Edinburg Assessment was done and Selena's score improved from 13 to 5. Her third Edinburg Assessment score was 0. Selena says the ongoing connection to AbléTo continues to help her.

PROGRAM IMPACT

- Part of Anthem's extensive maternity care program,
 AbleTo is available to all
 Anthem members to access.
- 22 OB referrals were made in the past year.

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across New York City





New York's Medicaid Quality Incentive Program works to address health disparities and improving health outcomes for underserved populations, with many of the programs

funded focusing on efforts to improve quality in maternal health.

Public Health Solutions has robust maternal health programs supported by Quality Incentive funding from Anthem Blue Cross and Blue Shield. These include social determinants of health screenings and linkages to supportive resources and services such as in-home nursing or CHW visits, doulas referrals, prenatal and postpartum education, breastfeeding support, mental health support, and more.

Real New Yorkers — Real Stories

Gabriella*, a 23-year-old pregnant, undocumented migrant from Ecuador, her husband and their two children were sent from Texas to New York and ended up living in a shelter. Referred to Anthem Blue Cross and Blue Shield, she was assigned a Spanish speaking case manager who arranged for her to begin receiving prenatal care at New York Presbyterian, with Public Health Solutions providing transportation to appointments. The case manager also connected Gabriella to community programs to receive supplies she and the baby would need such as a breast pump, crib, stroller, clothes, and car seat. Her case manager also assisted with the delivery of medications Gabriella needed and connected her to WIC. Gabriella delivered a healthy full-term baby boy and continued to attend all pediatric appointments, and the little boy is hitting all his milestones.

PROGRAM IMPACT

- 2024: 623 pregnant Anthem members were referred and PHS successfully contacted and screened 377 members.
- 2023: 512 pregnant members were referred and PHS successfully contacted and screened 281 members.

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on Long Island





Throughout New York, health plans partner with providers and community-based organizations to address the underlying social, economic, and environmental factors that affect health outcomes. With funding from New York's Medicaid Quality Incentive Program, the collaborations are working to reduce health disparities and improve health outcomes for underserved populations.

Brentwood Pediatrics is dedicated to providing the best possible medical care to children as well as positively contributing to the present and future well-being of its community. Of Brentwood's more than 12,000 active patients, 95% are Medicaid recipients. Quality Incentive funding is a significant tool that helps the practice provide services and programs that address the needs of this vulnerable population and to deliver the highest quality care possible.

Real New Yorkers — Real Stories

"The Quality Incentive Program has given Medicaid recipients more choice of providers in the area over the years. Decreasing or removing the funding will affect the health of the population and the delivery system in a negative way."

Juan C. Espinoza, MD, FAAP
 Brentwood Pediatrics President and Medical Director

PROGRAM IMPACT

- Ancillary services that help patients' families navigate the health care system.
- Extended office hours including nights and weekends.
- Technology and personnel investments support efforts to help improve preventive care visit compliance and prevent unnecessary hospitalizations.

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in the Capital Region





CapitalCare Pediatrics

Across the state, health plans partner with providers and community-based organizations to address

the underlying social, economic, and environmental factors that affect health outcomes. With funding from New York's Medicaid Quality Incentive Program, the collaborations are working to reduce health disparities and improve health outcomes for underserved populations.

New parents at CapitalCare Pediatrics in Troy, NY are getting a little extra TLC. In partnership with CDPHP, the practice has delivered hundreds of "newborn care packages" to provide new parents with the tools, information, and resources they need to raise healthy children. In addition to toys and books for the new family member, the care packages include information and resources on topics such as breastfeeding, mental health and postpartum depression, safe sleep, preventive care guidelines, and more. The newborn care packages help patients build trust with their child's pediatrician and encourages them to return to the practice for developmental screenings, childhood immunizations, and well child visits.

Real New Yorkers — Real Stories

"Alongside our partners at CDPHP, we place the highest priority on helping children thrive—physically and emotionally—and in building resilience to life's challenges. We believe this journey begins with empowering their caregivers. That's why we've created a special 'gift package' for newborn families, designed to support parents as they take their first steps on this incredible journey. Together with CDPHP, we're proud to be part of the village that nurtures and uplifts our remarkable and talented children."

- Dr. Anthony Malone, CapitalCare Pediatrics co-founder

PROGRAM IMPACT

 Approximately 92 percent of parents who received the packages brought their newborn in for follow up care.

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in the Capital Region





of the Capital Region

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essential resource in advancing quality in Medicaid, helping to incentivize efforts aimed at addressing the core causes of health disparities and improving health outcomes for underserved populations.

Family Promise of the Capital Region helps homeless and low-income families achieve sustainable independence. With Quality Incentive funding through CDPHP, Family Promise works to provide food, shelter and support services for homeless families, advice and advocacy for at-risk families to prevent them becoming homeless and strives to educate people about poverty and the means to combat it.

Real New Yorkers — Real Stories

Diane was an asylum seeker who fled the Republic of Congo in 2015. Pregnant and with a two-year-old son in tow, she landed in Albany, where she and her family were homeless before being connected with Family Promise of the Capital Region. Over the course of nine months, Family Promise provided Diane and her family a safe place to live, accompanied them to doctors appointments, helped Diane get a job, and connected her with immigration lawyers. Diane turned her tragedy into



triumph, starting her own translation and interpretation business, and now provides interpretation services for St. Peter's Health Partners, Community Care Physicians, the Albany City School District, and more. Fluent in five languages, Diane also volunteers her time helping people like herself.

PROGRAM IMPACT

- Provides shelter for 1 week at a time, 4 times a year to 3 to 5 families.
- Works with existing social service agencies to assist families in accessing services to help them attain affordable housing and lasting independence.

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in Buffalo



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Adult Health NP House Calls is one of the programs in the greater Buffalo area that receives Quality Incentive funding. Owned and operated by Dr. Willa Arnet, DNP, and supported by Independent Health, Adult Health NP House Calls provides in-home visits with a comprehensive physical exam for adult Medicaid beneficiaries who have not recently used the health system. Following the initial visit, patients have the option to continue utilizing the Dr. Arnet's program or be connected to a provider of their choice.

Real New Yorkers — Real Stories

During an in-home visit with a new mother who had not been accessing health care services since giving birth in the hospital, the patient told Dr. Arnet that during her delivery, the medical professionals had not been responsive to her concerns and needs, including not providing sufficient numbing agents for a cesarean — even after she had expressed acute discomfort. Dr. Arnet's responsiveness and her concern for the mom and her baby helped restore some of the mom's trust in the system. Thanks to Dr. Arnet and Adult Health NP House Calls, this new mother and her baby are now receiving the care they need to help ensure they both have a healthy future.

PROGRAM IMPACT

- More than 60 patients have received care through this partnership.
- The program is currently focused on underserved communities in the 14215 and 14211 zip codes with plans to expand into additional areas of Buffalo.

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in Western New York



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that work together to address the core causes of health disparities and advance the quality – and equity – of care for underserved populations. The Quality Incentive Program and the efforts that its funding supports have been essential to improving health outcomes and advancing quality in Medicaid.

Buffalo City Mission is a non-denominational faith-based organinization working to restore hope to the homeless and hurting of Western New York. Homeless patients discharged from the hospital with nowhere to go are participalrly vulnerable, and four times more likely to be readmitted within 30 days. Amerigroup, which manages Highmark of Western New York's Medicaid managed care programs, partnered with the mission, enabling Highmark's homeless Medicaid members to receive intensive, coordinated care at the time of discharge. Patients receive health care through Jericho Road Community Health Center including missed preventive services, mental health services from Spectrum Human Services, and other support services. In addition to improving care for homeless patients, the program works to reduce hospital readmissions by providing post-discharge care in a safe and healthy environment.

Real New Yorkers — Real Stories

When J.H. arrived at the City Mission, he suffered from obesity, depression, anxiety and a history of alcohol abuse. The mission worked to coordinate care and services, including medication management and tending to an open wound that was difficult to heal. Today, J.H. is doing well, remains sober, facilitates the mission's wounded healers class, and has moved into the Transitional Housing program where he's a model resident.

PROGRAM IMPACT

- Nearly 700 homeless patients received medical care.
- 74 men and women broke free from addiction.
- 120 homeless were residents in the Transitional Housing Program.
- 191 men and women obtained safe and affordable housing.

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in Western New York



Universal Primary Care

High-quality healthcare for every member of our community

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Universal Primary Care (formerly Southern Tier Community Health Center Network), is a federally qualified health center in Cattaraugus and Allegheny counties. Quality Incentive pool funds to Universal Primary Care were used to purchase two new colposcopes – used to provide patients colonoscopies, a key screening test for early detection of colon cancer – and a new ultrasound machine for non-stress tests used in high-risk pregnancies to measure fetal heart rate and reaction to movement to make sure the fetus is healthy and getting enough oxygen.

PROGRAM IMPACT

- Operates offices in Cuba, Houghton, Olean, and Salamanca.
- The program is a major provider of comprehensive care in this rural region.
- It serves 1,100 of Highmark's Medicaid members residing in those counties.

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New York Health Plan Association

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