

2026 Quality Program Executive Summary

The Quality Program provides a formal process to measure and improve the Health Plan's excellent quality ratings across all lines of business systematically and objectively.

The Quality Program's mission is to lead a dynamic and cross-functional quality program that demonstrates and drives excellence in quality and customer experience. In strategic alignment with the Enterprise 7 Block Strategy, the Quality Program has a specific focus on "improving member and community health." In addition to its quality focus, the program strives to achieve affordability and growth in all membership populations.

The Key elements of the Quality Program are aligned with regulatory requirements from the Center for Medicare and Medicaid Services (CMS), New York State Department of Health (NYSDOH), National Committee for Quality Assurance (NCQA), and the National Quality Strategy visions. The quality program's foundation is driven by an organization-wide improvement strategy, Quality Improvement Program Description, an annual quality improvement evaluation of performance, and an annual Quality Improvement Program Action Plan. To support improvement efforts, monthly measurement and reporting also exist to trend and forecast performance.

Continued review of quality improvement activities requires ongoing:

- Execution of member engagement tactics to close gaps in care and improve experience.
- Advancement of the collection of clinical data through partnerships with health information exchanges.
- Continual monitoring of strategic action plans for all lines of business, including the expansion of the Dual Eligible Special Needs Program population and a strong focus on Medicare Stars.
- Implementation of additional Predictive Analytics with integration into Quality Stratification for multiple-gap outreach and outcomes.
- Evaluate potential for additional Medicare Value Based Care (VBC) arrangements and/or new incentive programs to improve core quality metrics performance.
- Aligned Health Equity regulations and strategies into Quality Program initiatives and outcome reporting.

2026 Quality Improvement Program Description

The Program Description is a comprehensive document that describes the Health Plan's quality governance structure, program scope, goals and objectives, and additional regulatory components, all which are inclusive of physical and behavioral health for all lines of business. The connection to external providers and community partnerships and a demonstration of a heightened focus on Health Equity is described within the program description. The Program Description incorporates all lines of business as well as NCQA Accreditation and addresses health outcome inequities by integrating the health equity corporate strategy.

In alignment with the Quality Program vision, the program description demonstrates the organization-wide efforts in place to achieve and maintain nationally recognized excellence in health care quality for all member populations that drives mission and strategy aligned quality, affordability, and growth. The Quality Improvement (QI) Program provides a formal process to monitor, improve, and evaluate the quality, efficiency, affordability, safety, and effectiveness of care and service utilizing a cross-functional, integrated, and collaborative approach.

2025 Quality Improvement Program Evaluation

The program evaluation reflects organizational outcomes from the 2025 Action Plan. As part of the quality program, this document highlights accomplishments, measurement outcomes, barriers, and next steps for each initiative. The information contained in the program evaluation is modeled after the Plan-Do-Study-Act methodology to demonstrate the process from strategic planning to tracking milestones, barriers, lessons learned, and future planning. All initiatives are regularly monitored with key stakeholders throughout the year.

2025 Program Evaluation highlights:

Domain:	Highlights:
<p>Corporate Scorecard Metrics</p>	<ul style="list-style-type: none"> • Our Corporate Scorecard Quality Rating Program met two of three scorecard measures, supported by multiple initiatives aimed at improving Medicare performance. While the Health Plan saw improvement across many Star measures, 58% of measure cut points increased—raising the bar and making it more challenging to achieve high scores. • Aligned financial value for Quality Ratings and Incentives totaled \$220.4M across Stars, New York State (NYS), Federal Employee Program (FEP), and Health and Recovery Plan (HARP). <ul style="list-style-type: none"> ○ Medicare: Achieved 4 Stars for HMO, 3.5 Stars for PPO, and 4.5 Stars for PDP, with work underway to impact 2026 results. ○ Commercial: Met the NCQA rating goal of 4 Stars. ○ SafetyNet: Ranked 5th out of 12 in the NYS Medicaid incentive program, while HARP ranked #1 statewide.
<p>Quality Program Performance Assessment</p>	<ul style="list-style-type: none"> • Overall, 82% of Healthcare Effectiveness Data and Information Set (HEDIS) measures improved or maintained benchmark position, representing a 3% increase over last year. Performance outpaced the control group by 4.4%, with preventive health measures outperforming by approximately 6%. Focused Effort measures—those supported by improvement teams—outperformed the control group by 17%, demonstrating the impact of targeted interventions.
<p>Advancing NCQA Accreditation</p>	<ul style="list-style-type: none"> • Evidence collection for Year 1 2025 is substantially complete, with final reviews underway. The program remains on track to meet all Year 1 requirements, ensuring a smooth transition into Year 2 activities for 2026. Additionally, the Medicare Utilization Management Corrective Action Plan was successfully closed, resulting in full accreditation across all lines of business.
<p>Health Equity</p>	<ul style="list-style-type: none"> • Health Equity Innovation Awards exceeded \$3 million, funding programs in behavioral health, maternal health, social determinants of health, and chronic conditions. Engagement efforts with Black/African American Medicare members improved colorectal cancer screening rates—HMO cohorts increased by 3.36 percentage points, and PPO by 1.179 points. • The Health Plan also hosted Community-Based Organization (CBO) Summits with over 400 participants, strengthening local partnerships. • The Health Equity Ambassadors Program continues to grow, with Cohort 2 graduating in April 2025, Cohort 3 completing in September, and recruitment for Cohort 4 underway with 62 sign-ups.
<p>Duals Special Needs Program (D-SNP) Readiness</p>	<ul style="list-style-type: none"> • Significant progress includes launching the D-SNP Stars Steering Team, developing a 2025 projection report to guide 2026 strategies, and distributing the Health Outcomes Survey (HOS) to members for the first time. Results are expected mid-2026 and will inform upcoming interventions. Planning for 2026 Consumer Assessment of Healthcare Providers and Systems (CAHPS) and HOS samples is underway, and preparations for the 2027 Model of Care have begun.
<p>Member Experience</p>	<ul style="list-style-type: none"> • Collaboration across Quality Programs, Customer Care, Healthcare Engagement, Marketing, and Customer Experience teams continued to drive organization-wide member engagement campaigns aimed at improving quality performance across all lines of business. • CAHPS remains a critical component of health plan quality ratings. In 2025, the Health Plan strengthened CAHPS performance by expanding member experience insights through new data sources, enhancing analytics dashboards, improving closed-loop survey processes, and aligning enterprise-wide training and strategies. Risk-based strategies and campaigns for Medicare members launched in Summer and Fall 2025 delivered measurable results: <ul style="list-style-type: none"> ○ Drug Plan Rating: +13 points among low-risk members. ○ Health Plan Rating: Live member engagement increased pulse survey scores by +1–2 points. • The Customer Experience team supported Medicare engagement through strategic communications and virtual events, which achieved high satisfaction scores post-event (CAHPS: 84.6% for health plan, 81.8% for drug plan). • Marketing initiatives focused on multi-channel engagement, risk-based outreach, and integrating member feedback into content strategy. Key efforts leveraged J.D. Power recognition and successfully navigated market disruptions: <ul style="list-style-type: none"> ○ J.D. Power accolade campaigns achieved 39% engagement rates, far exceeding industry averages (4%), and typical health plan rates (8%). • A reacquisition campaign addressed widespread Medicare plan cancellations for 2026, including SMS outreach via Relay, which delivered engagement well above industry standards.

<p>Provider Experience</p>	<ul style="list-style-type: none"> • Overall provider satisfaction reached 81%, an increase of five points from last year and exceeding our goal. Participation was the highest to date, with 822 surveys completed. • The ACQA Cayuga Area Partners pilot successfully connected with members due for Annual Care Visits, scheduling these patients within the next 12 months. Risk stratification reports were leveraged to prioritize outreach and ensure timely care. • In May 2025, the Health Plan hosted the Quality Summit, focusing on key areas such as fall prevention, diabetes A1C control, hypertension management, and eye exam compliance. Additionally, provider education trainings were completed in September 2025, emphasizing quality improvement initiatives and best practices.
<p>Quality Data Strategy</p>	<ul style="list-style-type: none"> • The primary goal of the Quality Data Strategy was to deliver deeper analytic insights, expand reporting capabilities, and improve alignment with customer needs. Key accomplishments include: <ul style="list-style-type: none"> • Reporting Enhancements <ul style="list-style-type: none"> ○ Integrated gap closure values into existing reports and launched enhanced provider reporting models incorporating Stars ratings. ○ Developed dynamic “Star Measure” tools combining HEDIS, CAHPS, and Acumen adherence for comprehensive performance evaluation. ○ Added Medicare Annual Care Visit (MACV) measures to dashboards and created composite measures for annual physicals and wellness visits. • Data Infrastructure & Analytics <ul style="list-style-type: none"> ○ Initiated the Quality Data Foundations framework and integrated Acumen data into HEDIS dashboards for improved provider insights. ○ Built forecasting models for High Value Outreach teams to analyze call volume and efficiency. ○ Established predictive analytics feeding into member touchpoint repositories for engagement tracking. • Population & Compliance Analysis <ul style="list-style-type: none"> ○ Conducted Medicare persona analysis, Health Outcomes Survey follow-ups, and social risk factor studies, showing year-over-year improvement in HEDIS compliance. ○ Identified provider continuity as a key driver of compliance through spousal loss and provider termination studies. ○ WellBe and Emcara analyses confirmed higher compliance among engaged members. • Vendor Partnerships <ul style="list-style-type: none"> ○ Advanced reporting for WellBe and Vatica programs, including development of Vatica scorecards for gap closure measurement. ○ Explored partnerships targeting kidney health and obesity populations for 2026. • These efforts resulted in improved turnaround times for member claim utilization and Annual Care Visit (ACV) reporting. While Health Equity Index reporting was paused due to Medicare product changes, membership monitoring continues. The D-SNP case management pilot faced challenges due to frequent member enrollment and disenrollment.
<p>Gap Closure Strategy</p>	<ul style="list-style-type: none"> • Throughout 2025, predictive analytics continued to play a critical role in identifying gaps in care—over 575,000 gaps were flagged, including colorectal, breast, and cervical cancer screenings; blood pressure control; well-child visits; and eye and kidney screenings for members with diabetes. • Quality Programs Outreach campaigns directly engaged more than 595,000 members about their open gaps in care—a 200% increase since the mid-year assessment. The largest gains came from Predictive Mail and Email Campaigns, along with the addition of the Controlling Blood Pressure campaign in July. • The High Value Outreach (HVO) team expanded its community impact by supporting the Smile Mobile, starting with 7 events in August and growing to 25 events. These efforts provided Medicaid Managed Care members with access to dental care—many for the first time—and included targeted outreach to Spanish-speaking members to reduce language barriers. • HVO also supported Mobile Mammography initiatives, successfully scheduling Medicare and Medicaid Managed Care members for breast cancer screenings throughout the year

<p>Quality Program (QP) Enhancements - QP Governance and Socialization</p>	<ul style="list-style-type: none"> • The QP Governance team focused on executing an enhanced governance structure and improving communication and socialization of QP information across the entire organization, to members, providers, and communities across all regions. • The 2025 Quality Week campaign was executed in October in partnership with Capital District Physicians’ Health Plan (CDPHP), emphasizing gap closure and quality roles. SharePoint engagement was a key communication during 2025 and increased visibility through blog posts, communication campaigns, and committee presentations. <ul style="list-style-type: none"> ○ Over 1,026 unique views and nearly 8,000 total page views in 2025 (86% of all unique views since inception). ○ Quality Week content received 500+ blog views.
<p>NYS Strategy</p>	<ul style="list-style-type: none"> • The NYS Measurement Year (MY) 2023 results demonstrated significant progress. The HARP program achieved a #1 ranking, improving from #6 the previous year, and secured 100% of the program’s available funding—an estimated \$3 million returned to the 2025 budget. Medicaid maintained a strong position at #5, while the Essential Plan advanced from #7 to #5, earning five bonus points. • The Quality team completed comprehensive annual Line of Business (LOB) strategies, including a new provider-aligned approach and deep-dive analysis of individual county data. A competitive analysis was conducted to identify optimization opportunities, including evaluation of CDPHP SafetyNet LOB. Preparations for CDPHP merger readiness are underway, aligning measure strategies to optimize award results and revenue for MY2027, with an increased focus on county-based community initiatives for the 2026 strategy. • Improvement plans and regulatory programs were aligned with CAHPS and HEDIS measures in preparation for upcoming Adult Medicaid and HARP CAHPS surveys. Outreach strategies included HVO community events and a layered approach leveraging predictive analytics and Spanish-language materials to enhance Culturally and Linguistically Appropriate Services (CLAS). • Program Improvement Project (PIP) enhancements included implementing a cross-collaboration survey to guide strategic planning for the NYS-announced HARP PIP extension through 2026 and strengthening documentation with person-centered language. The Plan-Do-Study-Act (PDSA) process from the 2025 QARR CAP Depression Screening and Follow-Up for Adolescents and Adults measure (DSF-E) was applied to support the Medicaid Managed Care DSF-E 2026–2027 PIP proposal submission. • Finally, implementation of a new provider screening tool and integration of data into the Care Advance system was completed, ensuring alignment with Social Needs Screening and Social Care Network requirements under the NYS 1115 Waiver.
<p>Medicare Stars Strategy</p>	<ul style="list-style-type: none"> • In 2025, the Pharmacy team launched new adherence and Medication Therapy Management strategies, including targeted outreach for key measures. Despite rising cut points and operational challenges, diabetes adherence improved year over year. The team also strengthened its partnership with Common Ground, a CBO, through ongoing engagement, presentations, and resource sharing—such as cost-saving prescription tip sheets. • Medicare Accountable Cost and Quality Agreements (ACQA) Total Cost of Care contracts were executed and aligned with Medicare Stars priorities. These agreements included bonus points for achieving 4+ Stars in Osteoporosis Management, increasing Annual Wellness Visits by 15% or more, and engaging members in experience surveys. • Continuous improvements were made to the Reviewing Appeals Decisions process, with enhancements to reporting and quality contributing to better performance on the Plan Makes Timely Decisions measure for Measurement Year 2025. However, Medicare Star cut points remain a challenge, requiring ongoing strategy refinement to maintain or improve performance. • A TTY replacement contract with Qualfon was executed ahead of the 2025 audit; however, expected Star rating improvements were not realized due to limited operational control with a third-party vendor and external factors beyond organizational influence. Evaluation of best practices and alternative solutions remains a priority for 2026. • The Quality team incorporated Annual Care Visit messaging into Medicare member-facing communications, including monthly health statements, Medicare Magazine, and e-newsletters. ACVs are a key driver of overall HEDIS gap closure, and compliance rates have increased approximately 7% from 2023 to 2025.

2026 Quality Improvement Action Plan

The Quality Improvement Action Plan is an organization-wide document to ensure ongoing evaluation of quality improvement initiatives across collaborating departments. Regular review with initiative stakeholders assures continued momentum, clarity in shared goals and accountabilities, and that barriers are being addressed as part of the Quality Program, the 2026 Action Plan is focused on goal alignment and coordination across the enterprise. Connections between corporate priorities such as Health Equity, member and provider experience, and advanced data strategy are incorporated into the document. The plan is structured based on the Plan-Do-Study-Act improvement framework and includes detailed milestones/deliverables, timing, and related ownership/accountability for each initiative. The goal of each improvement effort is to positively impact quality ratings across all lines of business.

The results of the 2026 Action Plan are assessed and documented in the 2026 program evaluation.