MIPCD State Summary: New York

The Medicaid Incentives for the Prevention of Chronic Disease grant program, which will provide a total of $85 million over five years, will test the effectiveness of providing incentives directly to Medicaid beneficiaries of all ages who participate in MIPCD prevention programs, and change their health risks and outcomes by adopting healthy behaviors. Awards are for a 5-year period, but are subject to annual renewal of funding. Grants must address at least one of the following prevention goals: tobacco cessation, controlling or reducing weight, lowering cholesterol, lowering blood pressure, and avoiding the onset of diabetes or in the case of a diabetic, improving the management of the condition.

State	New York
Project Title	Medicaid Incentives Program
Organization and Partners	**Grantee:** New York State Department of Health, Office of Health Insurance Programs, Division of Quality and Evaluation. **Partners:** • University of Pennsylvania • Harvard Medical School • Carnegie Melon University • New York City Department of Health and Mental Hygiene • Alliance of New York State YMCAs • NYS Office of Mental Health • Medicaid Matters New York • American Cancer Society • American Diabetes Association • American Heart Association • Community Service Society of New York • Empire Justice Center • Eleven Medicaid Managed Care Plans
Condition	Tobacco cessation, lower blood pressure, diabetes management or prevention
Target Population	Medicaid Beneficiaries in New York State, specifically: • Adult Medicaid enrollees who use tobacco. • Pregnant Medicaid enrollees who use tobacco. • Adult Medicaid enrollees with high blood pressure. • Adult Medicaid enrollees with pre-diabetes or diabetes.
Goals	Increase smoking cessation, lower high blood pressure, prevent diabetes onset, and enhance diabetes self-management.

Activities	• For participants in the smoking cessation program, direct cash payments for participating in smoking cessation counseling (process), filling nicotine replacement therapy prescriptions (process), and quitting smoking (outcome). • For participants in the blood pressure control program, direct cash payments for attending primary care appointments (process), filling antihypertensive prescriptions (process), and decreasing or maintaining a decreased systolic blood pressure by 10mmHg or achieving another clinically appropriate target (outcome). • For participants in the diabetes management program, direct cash payment for attending primary care appointments (process), attending diabetes self-management education sessions (process), filling diabetes prescriptions (process), and decreasing their HbA1c by 0.6 percent or maintaining a level of 8.0 percent or less (outcome). • For participants in the diabetes onset prevention program, lottery tickets for attending YMCA Diabetes Prevention Program sessions (process) and losing or maintaining a reduced weight (outcome).
Recruitment Approach	• Using Medicaid claims and encounter data and health records, the NYS DOH and insurance plans will identify existing eligible participants and notify them of available benefits and the possibility of receiving incentives for participating. • Highlighting the program in NYS DOH and health plan newsletters and health promotional materials that are sent to providers and Medicaid enrollees. Encouraging outreach and identification through appropriate disease and case management programs.
Incentives	• An estimated 18,456 participants will be recruited for the NYS Medicaid Incentive Program, including 13,842 who will receive incentives under varying schedules and 4,614 who will not receive incentives. • NYS DOH expects to pay an average of $115-$122 in incentives per participant assigned to an incentive arm in acknowledgement that some participants will be eligible to receive the full amount in incentives through positive changes in health behaviors and clinical outcomes and others will not.
Evaluation Design	• For the smoking cessation program, randomization at the provider level (confounding bias examined using logistic or log-binomial multivariate modeling). • For the blood pressure control program and diabetes management program, randomization at the provider level (confounding bias examined using linear regression multivariate modeling). • For the diabetes onset prevention program, randomization at the YMCA level (confounding bias examined using linear regression multivariate modeling). • Rapid cycle evaluation for other ad hoc research questions.