



2026 Maternity Quality Incentive Program (MQIP)

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Medical Management and Chief Health
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Message From Our Senior Vice President, Medical Management and Chief Health Equity Officer

We deeply appreciate the vital role maternity care practitioners, including OB/GYNs, midwives, certified registered nurse practitioners (CRNPs), and primary care providers, play in supporting healthy pregnancies, safe deliveries, and improved birth outcomes for our members. Thank you for your continued dedication to providing accessible, effective, and compassionate care.

Over the past year, we have seen strong engagement from providers across our network, with more and more groups participating in the Maternity Quality Incentive Program (MQIP) and working closely with our team to improve outcomes. We are grateful for the collaborative efforts that helped strengthen prenatal and postpartum care performance throughout 2025.

As we look ahead to the next program year, we are pleased to once again offer you the opportunity to participate in the MQIP. This program is designed to recognize and reward excellence in maternity care while supporting consistent, meaningful improvement for our members throughout their pregnancy and postpartum journey.

2026 Program Overview

The 2026 MQIP incentive structure will focus on:

- **Quality performance measures:** Timeliness of prenatal and postpartum visits to support improved pregnancy, birth, and postpartum outcomes.
- **Completion of the Obstetrical Needs Assessment Form (ONAF):** Capturing comprehensive data to support individualized, high-quality care. Incentives have been increased to encourage two timely submissions — at the first prenatal visit and during the third trimester.

Our Quality Incentive Programs continue to be guided by the following principles:

- **Recognition and reward** through a highly competitive payout structure for providers who deliver exceptional care and improved health outcomes.
- **Shared commitment** to supporting women and families in achieving healthier pregnancies and overall well-being.

Our Commitment to You

Collaboration is essential to achieving our shared goals of improving care quality and outcomes. To support your success in this program, EmblemHealth will:

- Establish a **regular cadence of performance review meetings** to identify opportunities for improvement.
- Provide **actionable data and reporting** that highlights member-level gaps in care.
- Offer **resources, training and, support** to help your team meet program objectives.

For questions about the program, please contact us at quality_providerengagement@emblemhealth.com.

We look forward to continuing our progress and seeing the positive impact this program brings to both providers and the communities we serve.

Thank you for your unwavering dedication to your patients and to EmblemHealth.

A handwritten signature in black ink that reads "Abdou Bah". The signature is written in a cursive, flowing style.

Abdou Bah
Senior Vice President, Medical Management and Chief Health Equity Officer

Program Overview

Eligibility and program requirements

Participation in the Maternity Quality Incentive Program (MQIP) is extended to all EmblemHealth participating OB/GYN providers.

Qualifications for the MQIP include:

- 1. Eligibility criteria** (between January and December of the measurement year):
 - Maternity care practices with at least **10 deliveries** in the reporting period.
 - All patients must have completed **75% of their prenatal visits** with the provider group during the performance measurement period.
 - Meet at least quarterly with EmblemHealth’s Quality team to review your performance and discuss additional member-level opportunities.
 - Remain in good standing under the contract with your health plan throughout the performance measurement period.
 - **Line of business eligibility:** Have patients who are active in Medicaid/Child Health Plus (CHPlus)/Essential Plan/Commercial lines of business.
- 2. Supplemental data/medical record access:**
 - **Supplemental data:** Providers are required to submit supplemental data a minimum of four times per program year in order to participate in the program. *(Our preference is quarterly submissions.)*
 - **Medical record access:** Authorization to view medical records must be provided to EmblemHealth, at no charge, for quality reviews related to this MQIP program, as well as for Healthcare Effectiveness Data and Information Set (HEDIS®) and other regulatory initiatives. Failure to do so will render you ineligible for the program. This authorization will enable our team to review charts that contribute to your performance and quality measures.

Data Type	Standard Supplemental Data*	Non-Standard Data* (Medical Records)
Description	Aggregated patient data from a provider’s electronic health records/electronic medical records (EHR/EMR) system in a required format. Supplemental data should be submitted monthly using the required format.	All other data which requires physical inspection such as patient charts and clinical summaries. May be submitted as proof of historical services, or services rendered by partnering or specialty providers only, to supplement compliance outside of claims and the standard supplemental file.
Submit To	quality_data@emblemhealth.com and copy your Quality Engagement Strategist.	hedisgroup@emblemhealth.com and copy your Quality Engagement Strategist.
Submission Deadline	Standard - 4th quarter file: Dec. 24, 2026 Standard – other files: Feb. 26, 2027	Dec. 24, 2026

*Records only accepted starting March 31, 2026, for measurement year 2026.

See additional training material from your EmblemHealth Quality Engagement Strategist on supplemental data templates and accepted measures.

To confirm eligibility for the MQIP, we encourage you to reach out to us at quality_providerengagement@emblemhealth.com.

Measurement period and payment

Incentive payments will be made one time in May 2027.

- Measurement period is January through December 2026.
- Payment is based on each eligible patient who receives services, or claims we receive for services rendered. Payments will be made at EmblemHealth’s sole discretion.
- If EmblemHealth determines a payment is appropriate, provider groups will be paid based on **membership as of Dec. 31, 2026**.
- Payments will be sent to the **taxpayer identification number (TIN) identified where patients receive care**.

Measures and Targets

Medicaid/CHPlus/Essential Plan/Commercial Targets

Providers are evaluated on quality measures that are consistent with those published by the National Committee for Quality Assurance (NCQA). Below is a list of measures included in the MQIP and associated payment tiers.

Measures	Incentive Targets*			Incentive Payment**		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Timeliness of Prenatal Care 0-14 weeks	88%	89%	91%	\$150	\$175	\$200
Postpartum Care between 7-84 days after delivery	84%	85%	86%	\$150	\$175	\$200
Prenatal Immunization Status	28%	31%	32%	\$50	\$75	\$125
Postpartum Depression Screening and Follow-Up	6%	9%	14%	\$50	\$75	\$125
Obstetrical Needs Assessment Form (ONAF)	\$125 per submission (2 max per member)					

* Targets are based on benchmarks published by the New York State Department of Health, historical performance data, and additional industry-standard benchmarks.

** Once the Tier 1, Tier 2, or Tier 3 target is achieved, the provider will earn the respective incentive payment for each eligible member who received appropriate treatment.

Measure descriptions and submission requirements

Measure Name	Timeliness of Prenatal Care (PPC 1)		
Measure Goal/Description	Complete a prenatal intake visit in the first trimester or within 42 days of enrollment with us. Visits occurring prior to the member’s enrollment with the plan also count if they occurred within the first trimester.		
Who’s included in the measure?	Female members who are continuously enrolled 43 days before delivery through 56 days after delivering a live birth.		
Codes for compliance	Initial Prenatal Visit	CPT:	99201–99205, 99211–99215, 99241–99245, 99483, 99500, 0500F, 0501F, 0502F
		HCPCS:	T1015, H1000, H1001, H1002, H1003, H1004, G0463
		ICD-10:	Any appropriate pregnancy diagnosis code. Examples: Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36

Measure Name	Prenatal Immunization Status (PRS-E)
Measure Goal/Description	Ensure members have received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations <i>prior to delivery</i> in the measurement period.
Who's included in the measure?	Deliveries during the measurement period where the member also meets the criteria for participation of 28 days prior to the delivery date through the delivery date. Exclude deliveries that occurred at less than 37 weeks gestation.
Codes for compliance	<p>Influenza vaccinations must be received on or between July 1 of the year prior to the measurement year and the delivery date.</p> <p>CPT/CPTII: 90630, 90653,90654,90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756</p> <p>CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205</p> <p><i>Anaphylaxis due to the influenza vaccine</i></p> <p>Tdap vaccinations must be received during the pregnancy (including the delivery date).</p> <p>CPT: 90715</p> <p><i>Anaphylaxis due to diphtheria, tetanus, or pertussis vaccine</i></p> <p><i>Encephalitis due to diphtheria, tetanus, or pertussis vaccine</i></p>

Measure Name	Postpartum Care (PPC 2)		
Measure Goal/Description	Complete a postpartum visit between seven and 84 days after delivery.		
Who's included in the measure?	Female members who are continuously enrolled 43 days before delivery through 84 days after delivering a live birth.		
Codes for compliance	Postpartum Visit	CPT:	0503F, 57170, 58300, 59400**, 59410**, 59430, 59510**, 59515, 59610**, 59614**, 59618**, 59622**, 99501 ** Please note that global billing or bundling codes must include DOS on claim form.
		HCPCS:	T1015, H1000, H1001, H1002, H1003, H1004, G0463
		ICD-10:	Examples: Z39.1, Z39.2
	Telephone Visits	CPT:	68966-38968, 99441-99443
	Telehealth Modifier	95, GT	

Measure Name	Postpartum Depression Screening and Follow Up (PDS-E ECDS)		
Measure Goal/Description	Screen members for clinical depression during the postpartum period and, if screened positive, ensure member receives follow-up care.		
Who's included in the measure?	Deliveries during the measurement period where the member also meets the criteria for participation of 28 days prior to the delivery date through the delivery date. Exclude deliveries that occurred at less than 37 weeks gestation.		
Codes for compliance	A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:		
	Instruments for Adolescents (≤17 years)	Total Score LOINC Codes*	Positive Finding
	Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
	Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	89204-2	Total score ≥10
	Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥3
	Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥8
	Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
	Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
	PROMIS Depression	71965-8	Total score (T Score) ≥60
	Instruments for Adults (18+ years)	Total Score LOINC Codes*	Positive Finding
	Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
	Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥3
	Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥8
	Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
	Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
	Duke Anxiety-Depression Scale (DUKE-AD) ^{®2}	90853-3	Total score ≥30
	Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
	My Mood Monitor (M-3) [®]	71777-7	Total score ≥5
	PROMIS Depression	71965-8	Total score (T Score) ≥60
	Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31
	¹ Brief screening instrument. All other instruments are full-length.		
	² Proprietary; may be cost or licensing requirement associated with use.		
	Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, guidance on local resources for monitoring and support, and follow-up. Ensure documentation in medical records are clear and concise related to screening, interventions, counseling, and/or all appropriate care rendered to mother.		
	*not an all inclusive list of codes		

Measure Name	Obstetrical Needs Assessment Form (ONAF)
Measure Goal/Description	<p>Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants. The Obstetrical Needs Assessment Form (ONAF) facilitates communication between EmblemHealth and providers once a pregnancy is identified.</p> <p>The process requires the provider to complete the ONAF by including current and accurate member demographics, any high-risk pregnancy indicators identified during the office visit, and basic pregnancy information.</p> <p>Once the requested information is received, we will provide support for your patients through care management and social support services as needed.</p> <p>To qualify for reward, you must:</p> <ol style="list-style-type: none"> 1. Schedule initial prenatal visit within 3-5 days of positive pregnancy test ensuring access to prenatal care before 14 weeks. 2. Thoroughly complete form right after the first prenatal visit for first incentive payment. 3. Preschedule postpartum visit during patient's 38-week OB/GYN visit. 4. Thoroughly complete postpartum visit information for second incentive payment. 5. Promptly send form by fax to 212-510-4970 or email to hfpregnancyprogram@emblemhealth.com. 6. Email your W-9 to quality_providerengagement@emblemhealth.com. To take part in this program, we need to obtain a current W-9 from you so we can process incentive payments quarterly.
ONAF	<p>The form can be accessed at emblemhealth.com/onafform.</p>
Criteria	<p>Incentives are based on timely submission of the ONAF as outlined below:</p> <ul style="list-style-type: none"> • Submission 1: \$125 Visit completed and form received during first trimester (within 0-14 weeks' gestation): <ul style="list-style-type: none"> — Estimated due date (EDD), date of first prenatal visit. — Recent Pap/HPV screening with results. — Recent chlamydia screening with results. — Flu (if applicable). — Depression screening. — Prenatal risk assessment. • Submission 2: \$125 Visit completed and form received verifying postpartum visit (within 7-84 days after delivery): <ul style="list-style-type: none"> — Date of delivery. — Date of postpartum visit. — Tdap. — Flu (if applicable). — Depression screening.

Measure Name	Obstetrical Needs Assessment Form (ONAF) (Continued)
Form Completion and Submission	<ul style="list-style-type: none"> • Form must contain visit details regarding certain test results (see form for required fields). • Form must be complete, including the member’s name, date of birth, member ID, name of the OB/GYN provider, and the provider’s TIN and NPI. • Duplicate forms will not qualify for multiple incentives. • Incomplete form will result in nonpayment. • Fill out by using fillable PDF or print to hand-write. Fax completed forms to 212-510-4970 or email: hfpregnancyprogram@emblemhealth.com
Payment Contingencies	<ul style="list-style-type: none"> • The NPI and TIN fields on the form MUST be filled out to receive payment. • If you are working in multiple locations (have multiple TINs), you must use the address where the patient was serviced to bill claims for that visit. • Payments will be made quarterly based on TIN provided on the assessment form. • Payments will be made by check to the associated TIN. • Submit your current W-9 form to receive payment.



Patient/Provider Program Resources

Fertility navigator program

EmblemHealth's dedicated navigator team plays a key role in supporting our whole health strategy by guiding members through their infertility benefits. They provide education and information on various procedures, answer questions from both members and providers, and offer personalized support. If necessary, they can transfer callers to a clinical resource to answer any specific clinical questions, or they facilitate referrals to high-risk pregnancy programs, ensuring comprehensive care assistance throughout the health care journey. For patient questions, please refer them to the phone number on the back of their member ID card. Please submit provider questions through the provider portal.

EmblemHealth maternity programs

Our pregnancy programs offer comprehensive, integrated, family-centered, holistic, seamless, and clinically robust care management services to mother and child. There are two key components to the program:

- **Healthy Futures Program**

This maternity management program serves as an extension to provider care. It connects pregnant members with important information and resources, offering support throughout the pregnancy, childbirth, and postpartum care. It also assists with family planning and newborn care. Our skilled nurse professionals (with added support from our team of dietitians, social workers, pharmacists, health educators, and other health professionals) help participants understand their condition, their doctor's orders, and how to best manage their maternal journey and associated needs for mother and baby. In addition, the program includes comprehensive phone assessments to determine care needs, including comorbidities and behavioral health and substance use disorder issues.

- **High-Risk Maternity Program**

This high-touch program, with outreach at least every four to six weeks focuses on identifying and managing pregnant people at risk for pregnancy-related complications to help expectant members carry babies to term. It incorporates additional risk factors and predictive modeling, actively monitors and supports mothers to ensure the best possible outcomes for them and their baby.

You can refer members to these programs by:

- Email us at hfpregnancyprogram@emblemhealth.com.
- Call us at **800-447-6310**, 9 a.m. to 5 p.m., Monday through Friday.

Rewards program for your patients

Members are rewarded for taking good care of their health. Your role remains unchanged — continue providing care and sending patients for important screenings. Medicaid members can receive a \$50 reward for completing a postpartum care visit between seven and 84 days after delivery.

To participate, members must register for our Member Rewards Program at emblemhealthrewards.nationsbenefits.com and complete the postpartum care visit.

In-home screening partners/vendors

We recognize your commitment to our members' well-being and understand that treating patients in your office isn't always feasible. To complement your care, we collaborate with an in-home health care provider, DocGo, to complete postpartum care in the home, at no extra cost.

Gaps-in-care report

We also provide you with comprehensive gaps-in-care reports. This data can help you identify patients who may benefit from proactive outreach and intervention.

Quality Measure Resource Guide

The Quality Measure Resource Guide is a valuable reference tool. It gives you detailed information including codes and actionable steps to close gaps in care. Find the guide at emblemhealth.com/providers/clinical-corner/quality or request a copy from quality_providerengagement@emblemhealth.com.





For more information about the EmblemHealth Maternity Quality Incentive Program, please contact your provider relationship manager or visit the provider portal at emblemhealth.com/providers.

**Delivering excellence
to your patients**