



# Quality Incentive Programs: Do They Work?

Wednesday, April 29 2026

**Improving quality in long-term care facilities takes a multi-faceted approach. As CMS establishes federal quality measures, it falls to the states to meet these mandates through clinical care and MDS reporting. In every state, lawmakers and public health leaders are exploring novel ways to improve outcomes and promote better care.**

One successful approach to improvement in a growing number of states are programs that incentivise meeting quality measures. These Quality Incentive Programs (QIPs) reward skilled nursing facilities for raising quality scores tied to key quality measures.

## The Ohio Quality Incentive Program Experiment

More than five years ago, the state of Ohio implemented its version of a QIP for long-term care facilities. The program made additional dollars in reimbursement available for facilities per point of quality improvement. That initiative was balanced by a provision that excluded facilities below the 25th percentile from receiving any of the additional money.

The new reimbursement scheme was not without its growing pains. In its first year, a third of Ohio's non-profit facilities fell below the 25th percentile, according to [McKnights Long-Term Care News](#). One particular facility missed out on over a quarter of a million dollars of Medicaid reimbursement in 2021.

However, collaborative programs were put into place to help staff understand the relevant quality metrics and how they interact with the new incentives and affect outcomes for residents. With proper partnership resources in place, facilities were able to improve metrics like rates of urinary tract infection and pressure ulcers among residents by anywhere from 35 to 64 percent. This success has translated into an additional \$18.2 million statewide (10-13 percent of Ohio's total Medicaid reimbursement), with comparable increases in Quality Points as well, per [McKnights Long-Term Care News](#).

A key aspect of this new approach involves keeping facilities up-to-date on the quality measurement data they are generating in real time, rather than waiting for their yearly evaluation scores to be assessed. With this proactive approach, facilities can assign resources and staff where they are needed most and better address the root causes behind the numbers.

## The Current List of Quality Metrics

The state of Ohio reimburses based on a point scale in the following percentages of nursing facilities' long-stay residents:

- who are at high risk for or have had pressure ulcers
- who have had a urinary tract infection (UTI)
- who have experienced worsening ability to move independently
- who had a catheter inserted and left in their bladder
- who have increased need for help with daily activities
- have had one or more falls with major injury
- have been given an antipsychotic medication

## Quality Incentive Program Outcomes in Texas

Texas implemented a similar statewide [Quality Incentive Payment Program](#) back in 2018.

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# Quality Incentive Programs: Do They Work? *continued*

Since then, budget allocations for the program have expanded to over 1 billion dollars as long-term care providers have responded positively to the challenge. By beginning with a short-term Minimum Payment Amount Program before the full transition to an incentive-based model, Texas officials were able to help facilities ramp up their Quality Improvement plans and apply resources accordingly.

The Texas program began by counting some of the same quality measure percentages as Ohio—pressure ulcers, antipsychotics, and major falls—with the addition of counting residents who have been physically restrained. Since then, additional metrics have been approved for reimbursement, giving facilities new targets for improvement and compensation.

## What's Next for Quality Incentive Programs

It remains to be seen whether these incentive-based improvement programs will reach a tipping point nationwide. But it is clear that lawmakers are already learning from what has been done in Ohio and Texas. Other states have adopted their own incentives and are seeing positive results.

For example, Kansas launched a QIP in 2023 and has seen declining rates of urinary tract infection and antipsychotic use. This contrasts with Delaware, where such measures have not been adopted, and where those same rates have been increasing.

Whether or not a QIP currently exists, quality improvement remains an important benchmark for long-term care facilities in every state. At GuideStar Eldercare, we offer a [highly collaborative approach to Quality Management](#), helping your facility proactively address ongoing needs related to neurology, psychiatry and other behavioral health services.

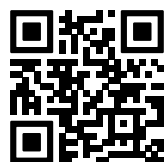
When you choose GuideStar as your clinical partner, you gain access to our pioneering neurology-forward model of care. This evidence-based approach to treating the whole person helps you promote [operational excellence](#) and achieve higher facility scores, as well as the improved patient outcomes that go along with these quality improvements.

GuideStar Eldercare has in-depth experience in helping LTCs adopt new quality improvement practices and take full advantage of their states' QIP offerings. [Reach out today](#) and learn more about how we can partner with your facilities.

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