



# 2023 Care-Based Incentive

## Programmatic Measure Benchmarks & Performance Improvement



PROVIDER INCENTIVES



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The Care-Based Incentive (CBI) program is composed of Programmatic and Fee-For-Service measures. These measures vary in the frequency in which they are paid and the incentive payment calculation. All Programmatic measures (with the exception of new measures) qualify for Performance Improvement points, as well as regular programmatic points. For additional details on Fee-For-Service incentives, see the 2023 [CBI Incentive Summary](#) or the 2023 [CBI Technical Specifications](#).

The **2023 Programmatic Benchmarks** indicate the rate of performance a provider site must achieve in order to receive points for a measure and remain consistent throughout the year. Total CBI year end payments are dependent on the total number of points a provider site receives. The final programmatic payment amounts are calculated using:

1. Total programmatic points received,
2. Total number of eligible member months,
3. Risk stratification score and
4. Distribution percentages determined by comparison to the totals for CBI Providers of the same comparison group (pediatrics, internal medicine and primary care).

For additional information on final payment calculations, contact your Provider Relations Representative.

The following tables include details on 2023 programmatic performance goals and corresponding point allocation for Care Coordination - Access Measures, Care Coordination - Hospital & Outpatient Measures, Quality of Care Measures, and Exploratory Measures.

### 2023 Care Coordination - Access Measure Benchmarks

Provider sites are awarded Care Coordination- Access Measure points based on the degree to which they exceed a 2.5% improvement over their comparison group's 2019 median score for Post-Discharge Care and Initial Health Assessments (IHA), or pre-defined plan benchmark rates for Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents, Application of Dental Fluoride Varnish, and Developmental Screening in the First Three Years as outlined below. Care Coordination- Access measures are comparison group specific (i.e. Family Practice, Pediatrics, and Internal Medicine) for IHA and Post-Discharge Care but are not for Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents, Application of Dental Fluoride Varnish, and Developmental Screening in the First Three Years. **Please Note:** A higher rate indicates a higher level of performance.

Access Measures – Program Year 2023 Rates					
Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents		Application of Dental Fluoride Varnish		Developmental Screening in the First Three Years	
Benchmarks	Points Received	Benchmarks	Points Received	Benchmarks	Points Received
≥ 10.00%	3	≥ 20.00%	2	≥ 40.00%	2
8.00-9.99%	2.4	16.25-19.99%	1.6	38.25-39.99%	1.6
6.00-7.99%	1.8	12.50-16.24%	1.2	36.50-38.24%	1.2
4.00-5.99%	1.2	8.75-12.49%	0.8	34.75-36.49%	0.8
2.00-3.99%	0.6	5.00-8.74%	0.4	33.00-34.74%	0.4
< 2.00%	0	< 5.00%	0	< 33.00%	0

Access Measures – Program Year 2023 Rates <i>Continued</i>								
Improvement Above Benchmark	Initial Health Assessment				Post-Discharge Care			
	Benchmarks				Benchmarks			
	Family Practice	Internal Med.*	*Peds	Points Received	Family Practice	Internal Med.*	*Peds	Points Received
≥ 8.00%	≥ 54.65	≥ 32.63	≥ 86.63	4	≥ 37.91	≥ 43.52	≥ 61.86	10.5
6.00%-7.99%	53.63 - 54.64	32.02 - 32.62	85.03 - 86.62	3.2	37.21 - 37.90	42.72 - 43.51	60.71 - 61.85	8.4
4.00-5.99%	52.62 - 53.62	31.42 - 32.01	83.42 - 85.02	2.4	36.51 - 37.20	41.91 - 42.71	59.57 - 60.70	6.3
2.00-3.99%	51.61 - 52.61	30.81 - 31.41	81.82 - 83.41	1.6	35.80 - 36.50	41.10 - 41.90	58.42 - 59.56	4.2
0.00-1.99%	50.60 - 51.60	30.21 - 30.80	80.21 - 81.81	0.8	35.10 - 35.79	40.30 - 41.09	57.28 - 58.41	2.1
≤ 2.49%	≤ 50.59	≤ 30.20	≤ 80.20	0	≤ 35.09	≤ 40.29	≤ 57.27	0

## 2023 Care Coordination - Hospital & Outpatient Measure Benchmarks

Provider sites are awarded Care Coordination- Hospital & Outpatient Measure points based on the degree to which they exceed a 2.5% improvement over their comparison group's 2019 median score for Ambulatory Care Sensitive Admissions and Preventable Emergency Visits, or pre-defined plan benchmark rates for Plan All-Cause Readmission. Care Coordination-Hospital Measure benchmarks are comparison group specific (i.e. Family Practice, Internal Medicine and Pediatrics) for Ambulatory Care Sensitive Admissions and Preventable Emergency Visits with rates are measured in number of qualifying instances per thousand member per year (PKPY) but are not for Plan All-Cause Readmission. **Please Note:** Lower rates indicated higher levels of performance.

Hospital & Outpatient Measures – Program Year 2023 Rates	
Plan All-Cause Readmissions	
Benchmarks	Points Received
≤ 15.00%	10.5
15.01-17.51%	8.4
17.52-20.02%	6.3
20.03-22.53%	4.2
22.54-25.00%	2.1
>25.00% Below Benchmark	0

Hospital & Outpatient Measures – Program Year 2023 Rates <i>Continued</i>								
Improvement Above Benchmark	Ambulatory Care Sensitive Admissions *PKPY				Preventable Emergency Visits *PKPY			
	Benchmarks				Benchmarks			
	Family Practice	Internal Med.*	Peds.*	Points	Family Practice	Internal Med.*	Peds.*	Points
≤ 8.00%	≤ 3.44	≤ 1.07	≤ 1.22	7	≤ 80.97	≤ 89.51	≤ 71.90	8
6.00-7.99%	3.52 - 3.45	1.09 - 1.08	1.25 - 1.23	5.6	82.73 - 80.98	91.46 - 89.52	73.46 - 71.91	6.4
4.00-5.99%	3.59 - 3.53	1.11 - 1.10	1.27 - 1.26	4.2	84.49 - 82.74	93.40 - 91.47	75.03 - 73.47	4.8
2.00-3.99%	3.67 - 3.60	1.14 - 1.12	1.30 - 1.28	2.8	86.25 - 84.50	95.35 - 93.41	76.59 - 75.04	3.2
0.00-1.99%	3.74 - 3.68	1.16 - 1.15	1.33 - 1.31	1.4	88.01 - 86.26	97.30 - 95.36	78.15 - 76.60	1.6
Below Benchmark	≥ 3.75	≥ 1.17	≥ 1.34	0	≥ 88.02	≥ 97.31	≥ 78.16	0

\*<sub>1</sub> PKPY - Per 1,000 Members Per Year\*<sub>2</sub> Internal Med. - Internal Medicine\*<sub>3</sub> Peds - Pediatricians

## 2023 Quality of Care Benchmarks

Provider sites are awarded Quality of Care (QoC) points based on the degree to which they meet or exceed the NCQA Medicaid benchmark. Points are calculated using the Benchmark Ranking below. Quality of Care benchmarks are not comparison group specific. CBI 2023 benchmarks will remain constant for the year and are based on NCQA rates for reporting year 2022 (measurement year 2021). **Please Note:** Higher rates indicate a higher level of performance except for Diabetic HbA1c Poor Control where lower rates indicates a higher level of performance.

Quality of Care Measures - Program Year 2022 Rates						
NCQA Percentile	Points Received	BMI Assessment: Children & Adolescent	Breast Cancer Screening	Cervical Cancer Screening	Child & Adolescent Well-Care Visits (3-21)	Diabetic HbA1c Poor Control >9.0%
90th or Above Plan Goal	Maximum Points	≥ 88.31 %	≥ 61.27 %	≥ 66.88 %	≥ 62.70 %	≤ 30.9 %
76th-89th	¾ of Maximum Points	84.44-88.30 %	56.53-61.26%	62.54-66.87 %	57.45-> 62.69 %	35.51-31.0 %
50th-75th	½ of Maximum Points	79.68-84.43 %	50.95-56.52 %	57.64-62.53 %	48.93-57.44 %	39.90-35.52 %
25th-49th	Zero Points	72.51-79.67 %	45.23-50.94 %	52.39-57.63 %	43.50-48.92 %	46.96-39.91 %
24th or Below		≤ 72.50 %	≤ 45.22 %	≤ 52.38 %	≤ 43.49%	≥ 46.97 %

Quality of Care Measures - Program Year 2023 Rates <i>Continued</i>				
NCQA Percentile	Points Received	Immunizations: Adolescents	Immunizations: Children (Combo 10)	Well-Child Visits in the First 15 Months of Life
90th or Above Plan Goal	Maximum Points	≥ 48.42 %	≥ 49.76%	≥ 67.56 %
76th-89th	$\frac{3}{4}$ of Maximum Points	41.13-48.41 %	42.10-49.75 %	61.20-67.55 %
50th-75th	$\frac{1}{2}$ of Maximum Points	35.04-41.12 %	34.79-42.09 %	55.72-61.19 %
25th-49th	Zero Points	30.41-35.03 %	28.95-34.78 %	49.88-55.71 %
24th or Below		≤ 30.40 %	≤ 28.94 %	≤ 49.87 %
Benchmark	Points Received	Screening for Depression and Follow-up Plan		
Alliance Defined Plan Goal	Maximum Points	≥ 17.00%		
	$\frac{3}{4}$ of Maximum Points	12.00-16.99%		
	$\frac{1}{2}$ of Maximum Points	7.00-11.99%		
	Zero Points	3.50-6.99%		
		≤ 3.49%		

**CBI Points Received:** For Quality of Care measures the maximum number of points available per measure varies depending on the number of measures the provider site qualifies for, **see grid below**. See [CBI Incentive Summary](#) for minimum membership eligibility criteria.

Quality of Care (QOC) Measures	Number of Qualifying Measures	Maximum Points per Measure
Provider must have ≥30 continuously eligible members to qualify for a measure	1	35.00
	2	17.5
	3	11.67
	4	8.75
	5	7.0
	6	5.8
	7	5.0
	8	4.38
	9	3.9

## 2023 Exploratory Measures

Provider sites can monitor performance in Exploratory Measures. These measures are under consideration for possible inclusion of payment in the upcoming CBI year. Payments are not made for these measures in the current CBI year:

Exploratory Quality of Care Measures - Program Year 2023 Rates					
NCQA Percentile	CBI Points*	Chlamydia Screening in Women	Controlling High Blood Pressure	Lead Screening in Children	Colorectal Cancer Screening**
90th or Above Plan Goal	Maximum Points	≥ 67.84 %	≥ 69.19 %	≥ 79.57%	≥ 70.00%
76th-89th	¾ of Maximum Points	62.66-67.83 %	65.11-69.18 %	72.68-79.56%	
50th-75th	½ of Maximum Points	55.32-62.65 %	59.85-65.10 %	63.99-72.67 %	
25th-49th	Zero Points	48.67-55.31 %	54.50-59.84 %	53.28-63.98 %	
24th or Below		≤ 48.66 %	≤ 54.49 %	≤ 53.27 %	

\*If the NCQA HEDIS® exploratory measures moved to programmatic status, the following NCQA Percentiles would be applied to the CBI points. As an exploratory measure, CBI group rates are compared to the Plan Goal.

\*\*Medicaid National Benchmarks will be established for the first time this year using HEDIS MY2022 data for the colorectal cancer screening measure.

Exploratory Measures - Program Year 2023 Rates <i>Continued</i>	
Measure	Benchmark
Immunizations: Adults**	≥44.50%

\*\*Alliance defined plan goal.

## 2023 Performance Improvement

Performance Improvement points are part of the Programmatic portion of the Alliance Care-Based Incentive (CBI) program. Performance Improvement points are awarded to providers for improving their performance in a specific measure over the prior year, or for maintaining excellent performance. PCPs shall be awarded performance improvement points for each Quality of Care and Care Coordination Measures for either:

1. Meeting or exceeding the plan goal, **or**
2. Achieving a 5% (Care Coordination measures) or five percentage point (Quality of Care measures) improvement over the prior year.

**REGARDING NEW MEASURES:** New measures and measures that were formerly scored as exploratory do not have quality scores from prior years. For this reason, it is **only** possible to receive Performance Improvement points for these measures by meeting the Plan Goal. If providers do not meet the Plan Goal for the measures indicated below, their points will be redistributed among the other measures their site qualifies for.

- Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents

**Measures that Qualify for Plan Goal and Performance Improvement:** Measures that qualify for Plan Goal and Performance Improvement points are paid measures that were included in the previous CBI program year, which include:

- Ambulatory Care Sensitive Admissions
- Application of Dental Fluoride Varnish
- BMI Index Assessment: Children & Adolescent
- Breast Cancer Screening
- Cervical Cancer Screening
- Child and Adolescent Well-Care Visits
- Developmental Screening in the First Three Years
- Diabetic HbA1c Poor Control >9.0%
- Immunizations: Adolescents
- Immunizations: Children (Combo 10)
- Initial Health Assessments
- Preventable Emergency Visits
- Post-Discharge Care
- Plan All-Cause Readmission
- Screening for Depression and Follow-up Plan
- Well-Child Visits First 15 Months



## Plan Goals

Care Coordination – Access Measures		
Measures	Comparison Group (Care Coordination Measures)	Plan Goal
Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents	N/A	≥ 10.00%
Application of Dental Fluoride Varnish	N/A	≥ 20.00%
Developmental Screening in First 3 Years	N/A	≥ 40.00%
Initial Health Assessment	Family Practice	≥ 54.65%
	Internal Medicine	≥ 32.63%
	Pediatrics	≥ 86.63%
Post-Discharge Care	Family Practice	≥ 37.91%
	Internal Medicine	≥ 43.52%
	Pediatrics	≥ 61.86 %
Care Coordination – Hospital & Outpatient Measures		
Measures	Comparison Group (Care Coordination Measures)	Plan Goal
Ambulatory Care Sensitive Admissions	Family Practice	≤ 3.44% *PKPY
	Internal Medicine	≤ 1.07% *PKPY
	Pediatrics	≤ 1.22% *PKPY
Plan All-Cause Readmission	N/A	≤ 15.00%*PKPY
Preventable Emergency Visits	Family Practice	≤ 80.97% *PKPY
	Internal Medicine	≤ 89.51% *PKPY
	Pediatrics	≤ 71.90% *PKPY
Quality of Care Measures		
Measures	Plan Goal	
BMI Assessment: Children & Adolescent	≥ 88.31 %	
Breast Cancer Screening	≥ 61.27 %	
Cervical Cancer Screening	≥ 66.88 %	
Child and Adolescent Well-Care Visits (3-21)	≥ 62.70 %	
Diabetic HbA1C Poor Control >9.0%	≤ 30.9 %	
Immunizations: Adolescents	≥ 48.42 %	
Immunizations: Childhood (Combo 10)	≥ 49.76%	
Screening for Depression and Follow-up Plan	≥ 17.00%	
Well-Child Visits In First 15 Months of Life	≥ 67.56 %	

\*1PKPY - Per 1,000 Members Per Year



## Performance Improvement Point Allocation

Performance Improvement is worth a total of 10 potential CBI points, divided among all measures for which the PCP qualifies. PCPs qualify for measures by meeting the applicable member requirements set out by the measure ( $\geq 5$  eligible members for Quality of Care measures and  $\geq 100$  eligible members for Care Coordination measures). The total number of Performance Improvement points each measure is worth is determined by the total number of measures for which the PCP qualifies. **See grid below.**

Performance Improvement Point Qualifications	Number of Qualifying Measures	Maximum Points Per Measure
	1	10.00
	2	5.00
	3	3.33
	4	2.50
	5	2.00
	6	1.67
	7	1.43
	8	1.25
	9	1.11
	10	1.00
	11	0.91
	12	0.83
	13	0.77
	14	0.71
	15	0.67
	16	0.63
	17	0.59