2025 Care-Based Incentive

Programmatic Measure Benchmarks

PROVIDER INCENTIVES

July 2025

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The **2025 Programmatic Benchmarks** indicate the rate of performance a provider site must achieve 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,

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

The following tables include details on the 2025 programmatic performance goals and corresponding point allocation for Care Coordination - Access Measures, Care Coordination - Hospital & Outpatient Measures, Quality of Care Measures, and Exploratory Measures.

2025 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 Appointment (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, internal medicine and pediatrics) for IHA and Post-Discharge Care, but 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 2025 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**
≥ 15.00%	3	**≥ 27.00%**	2	**≥ 40.00%**	2
13.00-14.99%	2.4	**24.50-26.99%**	1.6	**38.25-39.99%**	1.6
11.00-12.99%	1.8	**22.00-24.49%**	1.2	**36.50-38.24%**	1.2
9.00-10.99%	1.2	**19.50-21.99%**	0.8	**34.75-36.49%**	0.8
7.00-8.99%	0.6	**17.00-19.49%**	0.4	**33.00-34.74%**	0.4
< 7.00%	0	**< 17.00%**	0	**< 33.00%**	0

Access Measures – Program Year 2025 Rates *continued*								
Improvement above benchmark	Initial Health Appointment				Post-Discharge Care			
	Benchmarks				Benchmarks			
	Family Practice	Internal Medicine	Pediatrics	Points received	Family Practice	Internal Medicine	Pediatrics	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**
Below benchmark	≤ 50.59	≤ 30.20	≤ 80.20	**0**	≤ 35.09	≤ 40.29	≤ 57.27	**0**

Additional points available
If a clinic does not earn full points for any of the Care Coordination - Access measures listed above, and if they did not meet the plan benchmark, clinics that achieve a 2.5%-point improvement in a measure compared with quarter four of the previous year can earn full points for that measure as noted above.

2025 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 measured in the number of qualifying instances per thousand members per year (PKPY) but not for Plan All-Cause Readmission. **Please note, a lower rate indicates a higher level of performance.**

Hospital & Outpatient Measures – Program Year 2025 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 2025 Rates *continued*								
Improvement above benchmark	**Ambulatory Care Sensitive Admissions PKPY**				**Preventable Emergency Visits PKPY**			
	Benchmarks				**Benchmarks**			
	Family Practice	**Internal Medicine**	**Pediatrics**	**Points**	**Family Practice**	**Internal Medicine**	**Pediatrics**	**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**

Additional points available

If a clinic does not earn full points for any of the Care Coordination – Hospital & Outpatient measures listed above and if they did not meet the plan benchmark, clinics that achieve a 2.5% improvement in a measure compared with quarter four of the previous year, can earn full points for that measure, as noted above.

2025 Quality of Care Benchmarks

Clinic 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 2025 benchmarks remain constant for the year and are based on NCQA rates for reporting year 2024 (measurement year 2023).

Please note, higher rates indicate a higher level of performance except for Diabetic Poor Control >9% where lower rates indicate a higher level of performance.

	Quality of Care Measures - Program Year 2025 Rates				
NCQA percentile	**Points received**	**Breast Cancer Screening**	**Cervical Cancer Screening**	**Child & Adolescent Well-Care Visits (3-21)**	**Chlamydia Screening in Women**
75th-90th (plan goal)	**Maximum points**	59.51-63.48 %	61.56-67.46 %	58.07-64.74 %	64.37-69.07 %
50th-74th	**70% of maximum points**	52.68-59.50 %	57.18-61.55 %	51.81-58.06 %	55.95-64.36 %
25th-49th	**Zero points**	47.93-52.67 %	49.64-57.17%	46.57-51.80 %	49.65-55.94 %
24th or below		≤ 47.92%	≤ 49.63 %	≤ 46.56 %	≤ 49.64 %

NCQA percentile	**Points received**	**Colorectal Cancer Screening**	**Depression Screening for Adolescents and Adults***	**Diabetic Poor Control >9%**	**Immunizations: Adolescents**
75th-90th (plan goal)	**Maximum points**	43.71-49.35 %	≥ 17.00 %	29.93-27.01 %	41.61-48.66 %
50th-74th	**70% of maximum points**	38.07-43.70 %	7.00-16.99 %	33.33-29.94 %	34.30-41.60 %
25th-49th	**Zero points**	31.58-38.06 %	3.50-6.99 %	40.15-33.34 %	29.72-34.29 %
24th or below		≤ 31.57 %	≤ 3.49 %	≥ 40.16 %	≤ 29.71 %

NCQA percentile	**Points received**	**Immunizations: Children (Combo 10)**	**Lead Screening for Children**	**Well-Child Visits in the First 15 Months of Life**	**Well-Child Visits for Age 15 Months-30 Months of Life***
75th-90th (plan goal)	**Maximum points**	34.79-42.34 %	71.11-79.51 %	64.99-69.67 %	73.09-79.94 %
50th-74th	**70% of maximum points**	27.49-34.78 %	63.84-71.10 %	60.38-64.98 %	69.43-73.08 %
25th-49th	**Zero points**	22.87-27.48 %	53.12-63.83 %	54.46-60.37 %	65.53-69.42 %
24th or below		≤ 22.86 %	≤ 53.11 %	≤ 54.45 %	≤ 65.52 %

*Alliance-defined plan goal

Additional points available

- The practice can earn full points if they meet or exceed the 75th percentile; or
- If the practice met the 50th percentile and has a 2.5% improvement from the prior year's CBI program Q4 performance, they get full points; or
- If below the 50th percentile, the practice can earn 50% of possible points for a 2.5% improvement and 100% of possible points for a 5% improvement over the prior year's CBI program Q4 performance.

Regarding new measures: New measures and measures that were formerly scored as exploratory do not have quality scores from prior years that can be used in calculating 2.5% and 5% respective improvements. These measures include:

- Chlamydia Screening in Women.
- Colorectal Cancer Screening.
- Well-Child Visits for Age 15 Months-30 Months of Life.

CBI points received: For Quality of Care measures, the maximum number of points available per measure varies depending on the number of measures for which the provider site qualifies. See the table below for details. See CBI Incentive Summary for minimum membership eligibility criteria.

	Number of qualifying measures	Maximum points per measure
Quality of Care (QOC) Measures Provider must have ≥30 continuously eligible members to quality for a measure	1	53.0
	2	26.5
	3	17.67
	4	13.25
	5	10.6
	6	8.83
	7	7.57
	8	6.62
	9	5.88
	10	5.3
	11	4.81
	12	4.42

2025 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 2025 Rates*		
NCQA percentile	**CBI points**	**Controlling High Blood Pressure**
75th-90th (plan goal)	**Maximum points**	69.37-72.75 %
50th-74th	**70% of maximum points**	64.48-69.36 %
25th-49th	**Zero points**	59.73-64.47 %
24th or below		≤ 59.72 %

*If the NCQA HEDIS® exploratory measures moved to programmatic status, these NCQA percentiles would be applied to the CBI points. As an exploratory measure, CBI group rates are compared to the plan goal.

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	≥ 15.00%
Application of Dental Fluoride Varnish	N/A	≥ 27.00%
Developmental Screening in First Three Years	N/A	≥ 40.00%
Initial Health Appointment	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%
Preventable Emergency Visits	Family Practice	≤ 80.97% PKPY
	Internal Medicine	≤ 89.51% PKPY
	Pediatrics	≤ 71.90% PKPY

Quality of Care Measures	
Measures	**Plan Goal**
Breast Cancer Screening	≥ 63.48%
Cervical Cancer Screening	≥ 67.46%
Chlamydia Screening in Women	≥ 69.07%
Child and Adolescent Well-Care Visits (3-21)	≥ 64.74%
Colorectal Cancer Screening	≥ 49.35%
Depression Screening for Adolescents and Adults	≥ 17.00%
Diabetic Poor Control >9%	≤ 27.01%
Immunizations: Adolescents	≥ 48.66%
Immunizations: Childhood (Combo 10)	≥ 42.34%
Lead Screening in Children	≥ 79.51%
Well-Child Visits in First 15 Months of Life	≥ 69.67%
Well-Child Visits for Age 15 Months-30 Months of LIfe	≥ 79.94%