



2026 Care-Based Incentive

Programmatic Measure Benchmarks



PROVIDER INCENTIVES



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The **2026 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 2026 programmatic performance goals and corresponding point allocation for Care Coordination - Access Measures, Care Coordination - Hospital & Outpatient Measures, Quality of Care Measures, and Exploratory Measures.

2026 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 2026 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 2026 rates <i>continued</i>								
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 above because they did not meet the plan benchmark for a measure, but they achieve a 2.5%-point improvement in a measure compared with quarter four (Q4) performance from the previous year, they can earn full points for that measure.

2026 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 2026 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 2026 rates <i>continued</i>								
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 above because they did not meet the plan benchmark for a measure, but if they achieve a 2.5%-point improvement in a measure compared with the quarter four (Q4) performance from the previous year, they can earn full points for that measure.

2026 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 2026 benchmarks remain constant for the year and are based on NCQA rates for reporting year 2025 (measurement year 2024).

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 2026 rates

NCQA percentile	Points received	Breast Cancer Screening	Cervical Cancer Screening	Child & Adolescent Well-Care Visits (3-21)	Chlamydia Screening
75th-90 th (plan goal)	Maximum points	61.43 - 66.31%	57.83 - 64.21%	61.47 - 67.63%	65.47 - 70.67%
50th-74th	70% of maximum points	55.87 - 61.42%	52.32 - 57.82%	55.41 - 61.46%	56.30 - 65.46%
25th-49th	Zero points	50.53 - 55.86%	47.10 - 52.31%	49.68 - 55.40%	48.48 - 56.29%
24th or below		≤ 50.52%	≤ 47.09%	≤ 49.67%	≤ 48.47%

NCQA percentile	Points received	Colorectal Cancer Screening	Controlling High Blood Pressure	Depression Screening for Adolescents and Adults*	Diabetic Poor Control >9%	Immunizations: Adolescents
75th-90 th (plan goal)	Maximum points	48.22 - 53.31%	71.34 - 75.43%	≥ 17.00-18.24%	26.52 - 23.60%	40.19 - 47.16%
50th-74th	70% of maximum points	41.39 - 48.21%	67.88 - 71.33%	7.00- 16.99%	30.41 - 26.53%	34.14 - 40.18%
25th-49th	Zero points	35.72 - 41.38%	63.75 - 67.87%	3.50-6.99 %	35.77 - 30.42%	29.42 - 34.13%
24th or below		≤ 35.71%	≤ 63.74%	≤ 3.49 %	≥ 35.78%	≤ 29.41%

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-90 th (plan goal)	Maximum points	28.86 - 34.79%	76.34 - 82.86%	67.49 - 71.71%	77.50 - 82.12%
50th-74th	70% of maximum points	23.89 - 28.85%	69.96 - 76.33%	63.38 - 67.48%	72.32 - 77.49%
25th-49th	Zero points	19.77 - 23.88%	61.31 - 69.95%	58.04 - 63.37%	68.38 - 72.31%
24th or below		≤ 19.76%	≤ 61.30%	≤ 58.03%	≤ 68.37%

*Alliance-defined plan goal

Additional points available

- Practices earn full points if they meet or exceed the 75th percentile; or
- Practices meeting or exceeding the 50th percentile for a measure:
 - Receive 70% of the maximum number of available points for a measure.
 - Another 30% of the maximum number of available points for a measure can be earned for having a 2.5%-point improvement from the clinic's prior year Q4 performance in that measure.
- Practices below the 50th percentile with a 2.5%-point improvement from the prior year Q4 performance receive partial points.
- Practices that receive a 5% or greater point improvement from the prior year Q4 performance receive full points for that measure.

Regarding new measures: New measures and measures that were formerly scored as exploratory that do not have quality scores from prior years can be used to calculate 2.5% and 5% respective improvements. These measures include Controlling High Blood Pressure.

CBI points received: For Quality of Care measures, the maximum number of points available per measure depends 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.

Quality of Care (QOC) Measures Provider must have ≥ 30 continuously enrolled members to quality for a measure	Number of qualifying measures	Maximum points per measure
	1	53
	2	26.5
	3	17.66
	4	13.25
	5	10.6
	6	8.83
	7	7.57
	8	6.62
	9	5.88
	10	5.30
	11	4.81
	12	4.41
	13	4.07

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	≥ 66.31%
Cervical Cancer Screening	≥ 64.21%
Chlamydia Screening in Women	≥ 70.67%
Child and Adolescent Well-Care Visits (3-21)	≥ 67.63%
Colorectal Cancer Screening	≥ 53.31%
Controlling High Blood Pressure	≥ 75.43%
Depression Screening for Adolescents and Adults	≥ 18.24%
Diabetic Poor Control >9%	≤ 23.60%
Immunizations: Adolescents	≥ 47.16%
Immunizations: Childhood (Combo 10)	≥ 34.79%
Lead Screening in Children	≥ 82.86%
Well-Child Visits in First 15 Months of Life	≥ 71.71%
Well-Child Visits for Age 15 Months - 30 Months of Life	≥ 82.12%