



2024 Care-Based Incentive

Programmatic Measure Benchmarks
& Performance Improvement



PROVIDER INCENTIVES



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The **2024 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 2024 programmatic performance goals and corresponding point allocation for Care Coordination - Access Measures, Care Coordination - Hospital & Outpatient Measures, Quality of Care Measures, and Exploratory Measures.

2024 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, 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 2024 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 2024 Rates <i>Continued</i>								
Improvement Above Benchmark	Initial Health Appointment				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
Below Benchmark	≤ 50.59	≤ 30.20	≤ 80.20	0	≤ 35.09	≤ 40.29	≤ 57.27	0

*₁ Internal Med. - Internal Medicine*₂ Peds – Pediatricians**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 the previous year, can earn full points for that measure, as noted above.

2024 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 are not for Plan All-Cause Readmission. **Please Note:** Lower rates indicated higher levels of performance.

Hospital & Outpatient Measures – Program Year 2024 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 2024 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

*₁ PKPY - Per 1,000 Members Per Year*₂ Internal Med. - Internal Medicine*₃ Peds - Pediatricians**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% point improvement in a measure compared with the previous year, can earn full points for that measure, as noted above.

2024 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 2024 benchmarks will remain constant for the year and are based on NCQA rates for reporting year 2023 (measurement year 2022). **Please Note:** Higher rates indicate a higher level of performance except for Diabetic HbA1c Poor Control where lower rates indicate a higher level of performance.

Quality of Care Measures - Program Year 2024 Rates					
NCQA Percentile	Points Received	Breast Cancer Screening	Cervical Cancer Screening	Child & Adolescent Well-Care Visits (3-21)	Diabetic HbA1c Poor Control >9.0%
75th-90 th (Plan Goal)	Maximum Points	57.48-62.67 %	61.80-66.48 %	55.08-61.15 %	33.45-29.44 %
50th-74th	70% of Maximum Points	52.60-57.47 %	57.11-61.79 %	48.07-55.07 %	37.96-33.46 %
25th-49th	Zero Points	47.09-52.59 %	50.85-57.10 %	42.99-48.06 %	44.77-37.97 %
24th or Below		≤ 47.08 %	≤ 50.84 %	≤ 42.98 %	≥ 44.78 %

NCQA Percentile	Points Received	Immunizations: Adolescents	Immunizations: Children (Combo 10)	Lead Screening for Children	Well-Child Visits in the First 15 Months of Life
75th-90 th (Plan Goal)	Maximum Points	40.88-48.80 %	37.64-45.26 %	70.07-79.26 %	63.34-68.09 %
50th-74th	70% of Maximum Points	34.31-40.87 %	30.90-37.63 %	62.79-70.06 %	58.38-63.33 %
25th-49th	Zero Points	29.44-34.30 %	24.57-30.89 %	49.61-62.78 %	52.84-58.37 %
24th or Below		≤ 29.43 %	≤ 24.56 %	≤ 49.60 %	≤ 52.83 %

Benchmark	Points Received	Depression Screening for Adolescents and Adults**
Alliance Defined Plan Goal	Maximum Points	≥ 17.00 %
	70% of Maximum Points	7.00-16.99 %
	Zero Points	3.50-6.99 %
		≤ 3.49 %

**Alliance defined plan goal.

Additional Points Available:

1. Clinics that meet or exceed the 75th percentile, or
2. Clinics show a 2.5% point improvement from the clinic site's prior year's performance (e.g. if the clinic's prior year performance for that measure was 55%, this year's performance would have to be 57.5% or greater).

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	38.00
	2	19
	3	12.66
	4	9.5
	5	7.6
	6	6.33
	7	5.43
	8	4.75
	9	4.22

2024 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 2024 Rates					
NCQA Percentile	CBI Points*	Chlamydia Screening in Women	Controlling High Blood Pressure	Well-Child Visits for Age 15-30 Months of age	Colorectal Cancer Screening**
75th-90 th (Plan Goal)	Maximum Points	62.90-67.39 %	67.27-72.22 %	71.35-77.78 %	64.23-69.59 %
50th-74th	70% of Maximum Points	56.04-62.89 %	61.31-62.26 %	66.76-71.34 %	58.84-64.22 %
25th-49th	Zero Points	49.65-56.03 %	55.47-61.30 %	62.07-66.75 %	44.04-58.83 %
24th or Below		≤ 49.64 %	≤ 55.46 %	≤ 62.06 %	≤ 44.03 %

*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 are anticipated to be established using HEDIS MY2023 data for the colorectal cancer screening measure. Current goals show national commercial benchmarks.

2024 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 points (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.

- Depression Screening for Adolescents and Adults
- Lead Screening in Children

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:

- Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents
- Ambulatory Care Sensitive Admissions
- Application of Dental Fluoride Varnish
- 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 Appointment
- Preventable Emergency Visits
- Post-Discharge Care
- Plan All-Cause Readmission
- 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	≥ 15.00%
Application of Dental Fluoride Varnish	N/A	≥ 27.00%
Developmental Screening in First 3 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	≥ 62.67 %	
Cervical Cancer Screening	≥ 66.48 %	
Child and Adolescent Well-Care Visits (3-21)	≥ 61.15 %	
Depression Screening for Adolescents and Adults	≥ 17.00 %	
Diabetic HbA1C Poor Control >9.0%	≤ 29.44 %	
Immunizations: Adolescents	≥ 48.80 %	
Immunizations: Childhood (Combo 10)	≥ 45.26 %	
Lead Screening in Children	≥ 79.26 %	
Well-Child Visits In First 15 Months of Life	≥ 68.09 %	

*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 (≥ 5 eligible members for Quality of Care measures and ≥ 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