

2019 CCO Incentive Measure Benchmarks

20 December 2018

The Metrics & Scoring Committee has selected the measure set, adopted updated benchmarks and improvement target floors, and selected challenge pool measures for 2019, reflecting improved CCO performance.

The Metrics & Scoring Committee would like to include a measure of kindergarten readiness in a future CCO incentive measure set. While there is not currently a measure, the Committee chose to continue to have the challenge pool focus on measures with an impact on early childhood health. Challenge pool measures are indicated with an asterisk in the measure column below. All 2019 improvement targets will be calculated on CY 2018 final performance unless otherwise noted.

| Measure | 2019 Benchmarks | 2019 Improvement Targets |
|---|---|--|
| Adolescent well care visits | 65.2% <i>2018 national Medicaid 75th percentile (administrative data only)</i> | Minnesota method with 2 percentage point floor |
| Ambulatory care: Emergency department utilization | 43.1 visits per 1,000 member months <i>2018 national Medicaid 90th percentile</i> | Minnesota method with 2 percent floor |
| Assessments for children in DHS custody* | 90.0% <i>Committee consensus</i> | Minnesota method with 3 percentage point floor |
| CAHPS composite: Access to care | Adults: 84.8%; Children: 92.6% <i>2018 national Medicaid 75th percentile for (a) adults and (b) children. Must achieve benchmark or improvement target on both for metric credit.</i> | Minnesota method with 2 percentage point floor |
| Child immunization status* (combo 2) | 81.9% <i>2018 national Medicaid 90th percentile</i> | Minnesota method with 2 percentage point floor |
| Cigarette smoking prevalence | 25.0% <i>Committee consensus and alignment with 1115 demonstration waiver goals</i> | Minnesota method with 1 percentage point floor |
| Colorectal cancer screening | 61.1% <i>2018 national Commercial 50th percentile</i> | Minnesota method with 2 percentage point floor |
| Controlling hypertension | 71.0% <i>2018 national Medicaid 90th percentile</i> | Minnesota method with 2 percentage point floor |
| Dental sealants on permanent molars for children | 26.8% <i>2017 CCO 90th percentile</i> | Minnesota method with 2 percentage point floor |

| Measure | 2019 Benchmarks | 2019 Improvement Targets |
|---|--|--|
| Depression screening and follow up | N/A – CCOs must report data for minimum population threshold as described in OHA reporting guidance 64.4% <i>MIPS 2018 Decile 9 (80th percentile)</i> | Minnesota method with 2 percentage point floor |
| Developmental screening* | 80.0% <i>Committee consensus</i> | Minnesota method with 3 percentage point floor |
| Diabetes: HbA1c poor control | 21.7% <i>2018 national Commercial 90th percentile</i> | Minnesota method with 2 percentage point floor |
| Disparity measure: Emergency department utilization among members with mental illness | 87.7 per 1,000 member months <i>2017 CCO 90th percentile (disparity measure)</i> | Minnesota method with 3 percent floor |
| Effective contraceptive use | 53.9% <i>2017 CCO 90th percentile</i> | Minnesota method with 3 percentage point floor |
| Oral evaluation for adults with diabetes | 28.0% TBD <i>2017 CCO 75th percentile¹</i> | Minnesota method with 3 percentage point floor |
| Patient Centered Primary Care Home enrollment | N/A – sliding scale with 68.0 threshold | N/A |
| Screening, Brief Intervention and Referral to Treatment (SBIRT) for drugs and alcohol use | N/A – CCOs must report data for minimum population threshold as described in OHA reporting guidance | N/A |
| Timeliness of postpartum care* | 69.3% <i>2018 national Medicaid 75th percentile</i> | Minnesota method with 3 percentage point floor |
| Weight assessment and counseling in children and adolescents | 32.7% <i>MIPS 2018 Decile 8 (70th percentile)</i> | Minnesota method with 3 percentage point floor |

VERSION CONTROL

- This document was updated on 20 December 2018 to correct a typo in the childhood immunization measure benchmark (one numeral was erroneously deleted when the TBD was taken off on 19 December).
- This document was updated on 19 December 2018 for changes to the Oral evaluation for adults with diabetes and Depression screening and follow-up measures benchmarks:
 - The benchmark for the Oral evaluation for adults with diabetes measure, which was previously TBD, is now included above.

¹ OHA will use a longer continuous enrollment criteria than the 180 days included in the Dental Quality Alliance Specifications, as this is more appropriate for the Medicaid program.

- Because of changes to the specifications of the Depression Screening and Follow-up measure made by the measure steward, the Metrics & Scoring Committee decided at its 14 December meeting that this measure would not have a benchmark or improvement target for 2019. Instead, this measure will be treated like SBIRT in terms of how CCOs quality for 100 percent of their quality pool dollars. To receive 100 percent of their quality pool dollars for the 2019 measurement year, CCOs must:
 - Meet or exceed the 0.68 threshold score on the PCPCH enrollment measure; AND,
 - Report data for minimum population thresholds as described in OHA reporting guidance for both the SBIRT and Depression screening and follow-up measures; AND,
 - Meet or exceed the benchmark or improvement target on at least 75% of the remaining incentive measures.
- This document was updated on 16 November 2018 to include the value of the benchmarks for measures for which they had previously been TBD. This is due to the timing of when the values are available nationally.