

2019 CCO Incentive Measure Benchmarks

13 September 2019

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	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% 27.1% 2017 CCO 75 th percentile ¹	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 13 September 2019 to update the benchmark for the Oral evaluation for adults with diabetes measure. The benchmark changed from 28.0% to 27.1%, which adjusts for specification changes made between 2017 and 2019. CCO-specific improvement targets have been adjusted accordingly.
- 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:

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.

- The benchmark for the Oral evaluation for adults with diabetes measure, which was previously TBD, is now included above.
- 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 qualify 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.