

TABLE 1.

Medicaid Quality Improvement Program Clinical Measures and Performance Incentives

Payment Amount and Payment Criteria	Measures and Measure Criteria	Benchmark
For each completion above the benchmark, Blue Cross and Blue Shield of Illinois will pay the participating Medical Group \$60 for exceeding the benchmark	BCS – Breast Cancer Screening The percentage of members 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.	≥40%
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$55 for exceeding the benchmark	GSD – Glycemic Status Assessment for Patients with Diabetes The percentage of adults 18–75 years of age with diabetes (type 1 and type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: <ul style="list-style-type: none"> Glycemic status <8.0% 	≥30%
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$90 for exceeding the benchmark	FUH-7 – Follow-Up After Hospitalization for Mental Illness Within 7 Days The percentage of discharges for members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service within 7 days after discharge.	≥0%
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$90 for exceeding the benchmark	FUH-30 – Follow-Up After Hospitalization for Mental Illness Within 30 Days The percentage of discharges for members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service within 30 days after discharge.	≥40%
For each completion above the benchmark, BCBSIL will pay the participating	CCS – Cervical Cancer Screening The percentage of members 21–64 years of age who were recommended for routine cervical	

Medical Group \$40 for exceeding the benchmark	<p>cancer screening who were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> • Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years. 	≥43%
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$150 for exceeding the benchmark	<p>CIS - Childhood Immunization Status (Combo 10)</p> <p>The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.</p>	≥18%
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$50 for exceeding the benchmark	<p>CBP – Controlling High Blood Pressure</p> <p>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled.</p>	≥33%
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$30 for exceeding the benchmark	<p>POD – Pharmacotherapy for Opioid Use Disorder</p> <p>The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and</p>	≥16%

	older with a diagnosis of OUD and a new OUD pharmacotherapy event.	
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$10 for exceeding the benchmark	IET-I – Initiation of Substance Use Disorder Treatment The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.	≥0%
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$40 for exceeding the benchmark	IET-E – Engagement of Substance Use Disorder Treatment The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.	≥0%
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$40 for exceeding the benchmark	WCV 3-11 – Child and Adolescent Well-Care Visits The percentage of members 3–11 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	≥45%
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$40 for exceeding the benchmark	WCV 12-17 – Child and Adolescent Well-Care Visits The percentage of members 12–17 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	≥39%
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$40 for exceeding the benchmark	WCV 18-21 – Child and Adolescent Well-Care Visits The percentage of members 18–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	≥21%

For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$5 for exceeding the benchmark	OED 0-2 – Oral Evaluation, Dental Services The percentage of members 0-2 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.	≥12%
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$5 for exceeding the benchmark	OED 3-5 – Oral Evaluation, Dental Services The percentage of members 3-5 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.	≥39%
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$5 for exceeding the benchmark	OED 6-14 – Oral Evaluation, Dental Services The percentage of members 6-14 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.	≥49%
For each completion above the benchmark, BCBSIL will pay the participating Medical Group \$5 for exceeding the benchmark	OED 15-20 – Oral Evaluation, Dental Services The percentage of members 15-20 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.	≥37%
Payment Amount is equal to whatever is greater: 1. Zero dollars (\$0); or 2. The lesser of: i. The Average Membership* divided by 1,000 <i>then</i> that quotient multiplied by the Custom Benchmark and <i>then</i> that product subtracting the actual number of Emergency	ED Admissions (All-cause) ***** Describes ED utilization among BCCHP Members	≤ 564 ED Admissions/1000 BCCHP Members

<p>Department Admissions and <i>then</i> that total difference multiplied by the incentive multiplier of \$160**; or</p> <p>ii. ED Admission Payment Amount Cap***.</p>		
<p>Payment Amount is equal to whatever is greater:</p> <ol style="list-style-type: none"> 1. Zero dollars (\$0); or 2. The lesser of: <ol style="list-style-type: none"> i. The Average Membership* divided by 1,000 <i>then</i> that quotient multiplied by the Custom Benchmark and <i>then</i> that product subtracting the actual number of Inpatient (IP) Admissions and <i>then</i> that total difference multiplied by the incentive multiplier of \$610**; or ii. IP Admission Payment Amount Cap****. 	<p>IP Admissions</p> <p>(All-cause) *****</p> <p>Assesses acute care hospital inpatient utilization among BCCHP Members.</p>	<p><= 59 IP Admissions/1000 BCCHP Members</p>

*Average Membership: for purposes of this ED Admission and IP Admission criteria, is defined as the total BCCHP Medical Group Member months over the Performance Period divided by 12.

** See below for further illustrative calculations.

***** ED Admission Payment Amount Cap**

\$25,000 for Medical Groups with Membership in June immediately preceding the relevant Performance Year of 750-4,999 BCCHP Members.

\$50,000 for Medical Groups with Membership in June immediately preceding the relevant Performance Year of 5,000-14,999 BCCHP Members.

\$100,000 for Medical Groups with Membership in June immediately preceding the relevant Performance Year of 15,000 or more BCCHP Members.

****** IP Admission Payment Amount Cap:**

\$12,500 for Medical Groups with Membership in June immediately preceding the relevant Performance Year of 750-4,999 BCCHP Members.

\$25,000 for Medical Groups with Membership in June immediately preceding the relevant Performance Year of 5,000-14,999 BCCHP Members.

\$50,000 for Medical Groups with Membership in June immediately preceding the relevant Performance Year of 15,000 or more BCCHP Members.

***** Measure only applies to Medical Groups with Membership in June immediately preceding the relevant Performance Year of 750 or more BCCHP Members.

Illustrative bonus calculations

Measure: Well-child Visits 3-11

Illustrative Benchmark: $\geq 50\%$ completion

Provider X: Has 100 Members in total eligible for well child visits. The target well child visit rate is 50%. Provider X completes 60 visits.

Increased marginal well child visits have a \$4 PMPY bonus.

Provider X Incentive Bonus: Target well child visits = $100 \times 50\% = 50$ well child visits $(60 - 50) = 10$ increased visits $\times \$4/\text{marginal visit} = \mathbf{\$40}$

Measure: ED Admission Payment Amount Calculation:

Assume Medical Group XYZ has an Average Membership of 1,100 BCCHP Members, who incurred 525 ED Admissions over the Performance Year. Further, assume that the Custom Benchmark equals 500 ED Admissions/1,000 BCCHP Members and that the incentive multiplier equals \$100. Assume the ED Admission Payment Cap for Medical Groups with Membership between 1,000-4,999 BCCHP Members equals \$2,000.

To calculate Medical Group XYZ's Payment Amount for ED Admissions, perform the following steps:

Equation: $\text{Min} [\text{Payment Amount Cap}, (\text{Max}\{0, [(\text{Custom Benchmark} * (\text{Average Membership}/1,000)) - \text{Incurred ED Admissions}] * \text{incentive multiplier})]$

Steps:

1. Calculate initial Payment Amount: $[(500 * (1,100/1,000)) - 525] * 100 = \$2,500$
 - a. Note: If this would have resulted in a negative number, the Payment Amount would be zero.
2. Compare initial Payment Amount to ED Admissions Payment Amount Cap: $\$2,500 > \$2,000$. Since the Initial Payment Amount is greater than the ED Admissions Payment Amount Cap, then the Payment Amount will equal \$2,000.

Measure: IP Admission Payment Amount Calculation:

Assume Medical Group XYZ has an Average Membership of 1,100 BCCHP Members, who incurred 600 IP Admissions over the Performance Year. Further, assume that the Custom Benchmark equals 700 IP Admissions/1,000 BCCHP Members and that the incentive multiplier equals \$100. Assume the IP Admission Payment Amount Cap for Medical Groups with Membership between 1,000-4,999 BCCHP Members equals \$2,000.

To calculate Medical Group XYZ's Payment Amount for IP Admission, perform the following steps:

Equation: $\text{Min} [\text{Payment Amount Cap}, (\text{Max}\{0, [(\text{Custom Benchmark} * (\text{Average Membership}/1,000)) - \text{Incurred IP Admissions}] * \text{incentive multiplier})]$

Steps:

1. Calculate initial Payment Amount: $[(700 * (1,100/1,000)) - 600] * 100 = \$17,000$
 - a. Note: If this would have resulted in a negative number, the Payment Amount would be zero.
2. Compare initial Payment Amount to IP Admissions Payment Cap: $\$17,000 > \$2,000$. Since the Initial Payment Amount is greater than the IP Admissions Payment Cap, then the Payment Amount will equal \$2,000.