

## Quality Incentive Pool (QIP) Benchmarks—PY 2 v.2

Only metrics with released benchmarks are shown here. This document will be updated as more benchmarks are released. Benchmarks subject to change.

Performance	QIP ID	NQF#	Quality ID #	Title	25 <sup>th</sup> /min.(%)	90 <sup>th</sup> /top perf. (%)	Benchmark Source/ Notes
<b>Primary Care Measures</b>							
P	Q-PC1			Comprehensive Diabetes Care: A1C Control (<8%) (CDC-H8)	41.94	58.51	NCQA Quality Compass – Medicaid 2017
P	Q-PC2			Comprehensive Diabetes Care: Eye Exam (CDC-E)	47.57	68.21	NCQA Quality Compass – Medicaid 2017
P	Q-PC3			Comprehensive Diabetes Care: Blood Pressure Control (CDC-BP)	52.74	75.91	NCQA Quality Compass – Medicaid 2017
P	Q-PC4			Asthma Medication Ratio (AMR)	55.55	72.38	NCQA Quality Compass – Medicaid 2017
P	Q-PC5			Medication Reconciliation Post Discharge (MRP)			Awaiting NCQA Medicare benchmarks
P	Q-PC6			7 Day Post-Discharge Follow-Up for High Risk Beneficiaries	25.00	90.00	Utilized NCQA standard benchmarking methodology
P	Q-PC7			Children and Adolescent Access to PCP (CAP) <ul style="list-style-type: none"> <li>• 12-24 Months</li> <li>• 25 Months-6 Years</li> <li>• 7-11 Years</li> <li>• 12-19 Years</li> </ul>	93.27 84.94 87.58 85.73	97.89 93.16 96.09 94.78	NCQA Quality Compass – Medicaid 2017
P	Q-PC8			Childhood Immunization Status (CIS) Combination 3	65.25	79.32	NCQA Quality Compass – Medicaid 2017
P	Q-PC9			Immunizations for Adolescents (IMA) Combination 2	15.87	30.39	NCQA Quality Compass – Medicaid 2017
<b>Specialty Care Measures</b>							
P	Q-SC1	1525	326	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	25.00	90.00	Medicare: 90 <sup>th</sup> : Not Available. 30 <sup>th</sup> : claims-96.85%  Methodology for metrics with only Medicare benchmarks: Medicare high performance minus 8% vs 90%, whichever is lower. The 8% adjustment was based on comparison of Medicaid to Medicare rates for the IVD ASA measure.
P	Q-SC2	0067	006	Coronary Artery Disease (CAD): Antiplatelet Therapy	50.00	88.00	Medicare 90: 95.99% 30 <sup>th</sup> : 74.18% (registry)  Methodology for metrics with only Medicare benchmarks: Medicare high performance minus 8% vs 90%, whichever is

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							lower. The 8% adjustment was based on comparison of Medicaid to Medicare rates for the IVD ASA measure.
P	Q-SC3	0066	118	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin-Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	50.00	90.00	Medicare 90: 99.99% 30 <sup>th</sup> : 81.75%  Methodology for metrics with only Medicare benchmarks: Medicare high performance minus 8% vs 90%, whichever is lower. The 8% adjustment was based on comparison of Medicaid to Medicare rates for the IVD ASA measure.
P	Q-SC4	0070	007	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	50.00	90.00	Medicare 90: Not available 30: EMR-77.41%, Registry: 80.55%  Methodology for metrics with only Medicare benchmarks: Medicare high performance minus 8% vs 90%, whichever is lower. The 8% adjustment was based on comparison of Medicaid to Medicare rates for the IVD ASA measure.
P	Q-SC5	0081 eMeasure NQF 2907	005 eMeasure ID: CMS135v6	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin-Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction	50.00	83.00	Medicare 90: EMR-90.90%, Registry-96.54% 30: EMR-66.66%, Registry-79.48%  Methodology for metrics with only Medicare benchmarks: Medicare high performance minus 8% vs 90%, whichever is lower. The 8% adjustment was based on comparison of Medicaid to Medicare rates for the IVD ASA measure.
P	Q-SC6	0083 eMeasure NQF 2908	0 ID #008 eMeasure ID CMS144v6)	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	50.00	88.00	Medicare 90: EMR-95.99%, Registry-99.99% 30: EMR-64.70%, Registry-81.01%  Methodology for metrics with only Medicare benchmarks: Medicare high performance minus 8% vs 90%, whichever is lower. The 8% adjustment was based on comparison of Medicaid to Medicare rates for the IVD ASA measure.
<b>Inpatient Care Measures</b>							
P	Q-IP1			Surgical Site Infection (SSI)			SSI workgroup investigating, TBD
P	Q-IP2	268	21	Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	25.00	90.00	No national benchmark Utilized standard NQCA methodology

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P	Q-IP3	239	23	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis	25.00	90.00	No national benchmark DSRIP data available. DPHs performed up to 95% in DY10.
P	Q-IP4		76	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections	25.00	90.00	No national benchmark DPHs worked on central line infections in DSRIP
P	Q-IP5		407	Appropriate Treatment of Methicillin-Sensitive Staphylococcus Aureus (MSSA) Bacteremia			No national benchmark. Awaiting IDSA input.
P	Q-IP6			Stroke: Discharged on Antithrombotic Therapy (TJC STK-2)	25.00	90.00	No national benchmark 5 DPHs worked on stroke in DSRIP, and in DY10 performed at 95-99% for this measure
<b>Resource Utilization Measures</b>							
P ↓	Q-RU1		322	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients (QPP)	75.00	10.00	No national benchmark Utilized standard NCQA methodology
P	Q-RU2		415	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older			No national benchmark Awaiting ACEP input
P	Q-RU3		416	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 years old			No national benchmark Awaiting ACEP input
P ↓	Q-RU4		355	Unplanned Reoperation within the 30 Day Postoperative Period (QPP)			No national benchmark Awaiting ACS input
P ↓	Q-RU5			Concurrent Use of Opioids and Benzodiazepines	6.9	0.4	Pharmacy Quality Alliance (PQA)

- Performance column shows that a lower rate (↓) indicates better performance, when applicable.

#### Sources:

- NCQA Quality Compass- Medicaid 2017 data
- Pharmacy Quality Alliance (PQA)-2014 data