



2026 Primary Care Montana Tier 1 and Tier 2 Quality Measures

OVERVIEW

The 2026 Primary Care Montana (PCMT) quality measures establish the initial quality performance framework for participating Tier 1 and Tier 2 providers beginning July 1, 2026.

During the initial 2026 PCMT implementation period, the Department will not apply penalties to providers for failing to meet established performance targets. Providers are expected to engage in quality improvement activities and work toward meeting the applicable performance targets.

The 2026 targets in this document are based on the applicable HEDIS specification cycle and, where applicable, the 2024 CMS Medicaid Adult and Child Core Set median benchmarks available when the PCMT measures were established. **2026 HEDIS specifications were used for Tier 1 and Tier 2 Quality Measures.**

The Department will review PCMT measure specifications, benchmarks, and performance expectations periodically and expects to update them for subsequent performance years.

Exceptions to the CMS Core Set median benchmark approach include:

- Tier 1 – Screening for Depression and Follow-Up Plan: DPHHS established a 10% target to reflect Montana's focus on increasing behavioral health screening and appropriate follow-up.
- Tier 2 – PCP Follow-Up After Hospitalization: DPHHS established a PCMT benchmark of 50%.
- Tier 2 – 30-Day Readmission Rate: DPHHS established a PCMT benchmark of 21%.

2026 PERFORMANCE AND REPORTING

DPHHS will calculate most PCMT quality measures using available claims and other Department data. Providers are not expected to independently report measures that can be calculated by DPHHS.

Certain measures, including clinical measures such as diabetes and hypertension control, may require additional clinical information in accordance with the applicable measure specifications and Department reporting instructions.



DPHHS is not implementing a general supplemental data submission process for 2026 unless otherwise communicated by the Department.

For 2026, the benchmarks below serve as attainment targets and as reference points for provider quality improvement activities.

Under the PCMT performance framework, a provider may satisfy an applicable performance measure by:

- meeting the Department-established attainment target; or
- once an individual provider baseline has been established, demonstrating the required relative improvement from that baseline.

For measures where a higher rate represents better performance, meeting the attainment target means achieving a rate at or above the benchmark.

For inverse measures, where a lower rate represents better performance, meeting the attainment target means achieving a rate at or below the benchmark.

RELATIVE IMPROVEMENT

A 10% relative improvement is based on closing 10% of the gap between the provider's baseline performance and perfect performance.

For measures where higher performance is better, perfect performance is 100%.

For inverse measures, where lower performance is better, perfect performance is 0%.

For example:

- If a provider's baseline rate is 40% on a measure where higher performance is better, the gap to perfect performance is 60%. Closing 10% of that gap would require an improvement of six percentage points, resulting in a target of 46%.
- If a provider's baseline rate is 50% on an inverse measure, the gap to perfect performance is 50%. Closing 10% of that gap would require reducing the rate by five percentage points, resulting in a target of 45%.

DPHHS will establish individual provider relative-improvement targets when sufficient baseline data are available.



PRIMARY CARE MONTANA TIER 1 QUALITY MEASURES

Tier 1 focuses on foundational preventive, primary care, chronic disease, maternal health, and behavioral health quality measures.

During the 2026 implementation period, participating Tier 1 providers are expected to engage in quality improvement activities using the Department-defined Tier 1 measure set.

The Department's PCMT performance framework requires providers to demonstrate performance on at least three Tier 1 measures by meeting the applicable attainment target or, once an individual baseline is established, achieving the applicable relative-improvement target.

The 2026 targets below are intended to guide provider quality improvement and establish the initial PCMT performance framework. DPHHS will not apply penalties during the 2026 implementation period for failure to meet these targets.

TIER 1 BENCHMARK TABLE

Measure Name	2026 Benchmark	Rationale
Cervical Cancer Screening (CCS-AD)	50%	Based off CMS 2024 Core Set Median
Colorectal Cancer Screening (COL-AD)	37.7%	Based off CMS 2024 Core Set Median
Breast Cancer Screening (BCS-AD)	50.3%	Based off CMS 2024 Core Set Median
Well-Child Visits in the First 30 Months of Life (W30-CH): First 15 months of life (6+)	59.0%	Based off CMS 2024 Core Set Median
Well-Child Visits in the First 30 Months of Life (W30-CH) overall 15 to 30 months of life (2+)	65.3%	Based off CMS 2024 Core Set Median
Child and Adolescent Well-Care Visits (WCV-CH)	49.2%	Based off CMS 2024 Core Set Median
Controlling High Blood Pressure (CBP-AD) or successor measure	60.5%	Based off CMS 2024 Core Set Median
Glycemic Status Assessment for Patients with Diabetes (GSD-AD) - inverse	38.8%	Based off CMS 2024 Core Set Median
Lead Screening in Children (LSC-CH)	58.1%	Based off CMS 2024 Core Set Median
Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)	10.0%	MT DPHHS set a higher benchmark than the 2024 CMS Core Set median of 2.0% to reflect Montana's strong focus on expanding behavioral health screening and follow-up for Medicaid members.



Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	10.0%	MT DPHHS set a higher benchmark than the 2024 CMS Core Set median of 2.0% to reflect Montana’s strong focus on expanding behavioral health screening and follow-up for Medicaid members.
Timeliness of Prenatal Care: Under Age 21 (PPC2-CH)	64.0%	Based off CMS 2024 Core Set Median
Timeliness of Prenatal Care: Age 21 and Older (PPC2-AD)	71.8%	Based off CMS 2024 Core Set Median
Postpartum Care: Under Age 21 (PPC2-CH)	61.0%	Based off CMS 2024 Core Set Median
Postpartum Care: Age 21 and Older (PPC2-AD)	64.5%	Based off CMS 2024 Core Set Median

PRIMARY CARE MONTANA TIER 2 QUALITY MEASURES

Tier 2 providers are responsible for the applicable Tier 1 quality and performance improvement expectations in addition to the Tier 2 measures below.

As with Tier 1 measures, the Department's performance framework allows a provider to demonstrate performance by meeting the applicable attainment target or, once a provider-specific baseline has been established, achieving the applicable relative improvement target.

For 2026, the Tier 2 benchmarks serve as performance and quality-improvement targets. DPHHS will not apply penalties during the 2026 implementation period for failure to meet these targets.

TIER 2 2026-2027 QUALITY MEASURES TABLE

Performance Measurement and Quality Improvement	Benchmark
Meet performance targets for follow-up after hospitalization within 14 days	Achieve a rate that is the lower of 50% or a relative 10% improvement over the baseline.
Meet performance targets for readmission rates	Achieve a rate of that is the higher of 21% or a relative 10% improvement over the baseline rate.

Note: The same relative-improvement methodology described above for Tier 1 applies to Tier 2 measures. DPHHS will establish individual provider improvement targets once sufficient baseline data are available.

ANNUAL REVIEW

These measures, benchmarks, and specifications apply to the 2026 PCMT implementation year.



DPHHS will review available performance data, updated HEDIS specifications, CMS Medicaid Core Set benchmarks, and PCMT program experience before establishing measures and performance expectations for subsequent reporting years.

Updated PCMT quality measures and specifications will be published by the Department as they are finalized.