AMP Medi-Cal Managed Care

Standardizing Measurement for High Quality, Affordable, Patient-Centered Care

IHA’s Align. Measure. Perform. (AMP) programs use a fair and transparent approach to measurement and benchmarking to create a reliable assessment of performance for medical groups, IPAs, and ACOs across health plans. The AMP programs are recognized nationally for partnering with organizations across California and the nation to drive meaningful changes that reduce costs and improve healthcare quality and outcomes. Paired with the insights from IHA’s California Regional Health Care Cost & Quality Atlas, the AMP programs help partners reduce the reporting burden for payers and providers by using a standard measure set to deliver objective data and analysis that supports performance improvement.

About Medi-Cal—California’s Medicaid program—now covers more than 13 million people, or approximately one in three Californians. With 11 million of 13 million Medi-Cal enrollees receiving care through managed care plans, aligned, consistent, and comparative performance measurement is critical to advancing high-quality, affordable, patient-centered care, especially for the state’s most vulnerable populations. The AMP Medi-Cal Managed Care program is based on a common set of measures and benchmarks that spans clinical quality, patient experience, utilization, and cost of care measures. The program collects data and calculates performance results for medical groups, IPAs and FQHCs that provide care to Medi-Cal Managed Care enrollees. Health plans can use the results to make value-based incentive payments to their contracted providers. As Medi-Cal plans and providers shift from volume to value based care for a population of patients, there is an emerging need for a value-based measure set that encompasses quality, resource use, and total cost of care—particularly as increasing numbers of physician organizations serve both publicly and commercially enrolled patients, and physician organizations now deliver care in multiple counties across the state.

Measure Set

In 2015, the IHA-convened Medi-Cal Advisory Committee developed a Medi-Cal Core Set—10 clinical quality measures selected from the California Department of Health Care Services’ (DHCS) External Accountability Set (EAS)—that Medi-Cal Managed Care plans could adopt in their own provider pay for performance programs. This Core Set provided a common foundation for supporting measure alignment across Medi-Cal plans with pay-for-performance programs at different states of maturity. Since then, many plans have expanded measurement beyond clinical quality, to include other domains such as patient experience and utilization.

AMP Medi-Cal Managed Care builds on the foundation established by DHCS and the 2015 Core Set to provide a common measure set and value-based incentive design for use by participating health plans and physician organizations serving Medi-Cal Managed Care enrollees. AMP Medi-Cal Managed Care leverages the same rigorous validation processes, stakeholder leadership, and data collection and aggregation infrastructure developed through IHA’s suite of AMP programs.

IHA’s performance measurement experience highlights that standardized performance measurement—using an aligned set of clinical quality, patient experience, and utilization/cost measures across commercial insurance, Medicare, and Medi-Cal—can amplify the performance signal for providers, reduce reporting burden, improve data quality, and allow providers to focus on improving care instead of contending with multiple measures and reporting systems. Further, IHA’s established process of committee governance and stakeholder engagement balances the needs for measure set stability and innovation. Like other IHA programs, the AMP Medi-Cal Managed Care measure set incorporates domains of clinical quality, patient experience, resource use, and cost; however, the measure set is tailored to the specific needs of the Medi-Cal Managed care population.

Health Plan Incentive Payments

Working with health plan and physician organization representatives, IHA developed a recommended value-based incentive design for health plans and physician organizations participating in IHA’s AMP Commercial HMO program; given the increasing overlap of Medi-Cal and commercial provider networks, IHA is making the incentive design available to Medi-Cal Managed Care health plans. Each health plan is free to adopt and adapt the design and is solely responsible for making incentive payments to contracted physician organizations.
The incentive design is at its core a shared savings design. It is upside only, and physician organizations bear no downside financial risk. To be eligible to earn any share of savings, physician organizations must meet minimum quality and total cost of care standards; those that do not meet these standards are not eligible for incentives. Savings are earned by improvement in resource use measures, and any savings generated are divided between the health plan and the physician organization. The recommended share of savings to the physician organization increases or decreases based on overall quality performance, reinforcing the importance of quality in the design. To ensure that physician organizations who consistently maintain highly efficient resource use are appropriately rewarded, a complementary attainment incentive is part of the design. In 2018, Care1st Health Plan became the first Medi-Cal Managed Care health plan to adopt the incentive design.