MY 2019 Onpoint-Generated Preliminary Results Release Webinar

August 24, 2020
Agenda

1. Measurement year (MY) 2019 Results Release Overview
2. Accessing & Evaluating Your Results
3. Overview of Questions & Appeals
4. How AMP Results are Used
5. Next Steps & Wrap Up

Questions? Submit them via the chat function
Today’s webinar will be recorded and posted on iha.org/news-events/webinars
AMP Results Release Overview

Angela Kline Czesnakowicz,
Director, Data Operations
## Key 2020 AMP Delivery Dates

<table>
<thead>
<tr>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
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<tbody>
<tr>
<td>5/29</td>
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<tr>
<td>MY19 Preliminary Results Release: Audited Quality Results (Begin Question and Appeals Period)</td>
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<td>8/14</td>
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<tr>
<td>MY19 Final Results Release: Audited Quality Results</td>
<td>MY19 Preliminary Results Release: Onpoint-Generated Results (Begin Question and Appeals Period)</td>
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<td>MY19 Final Results Release: Onpoint-Generated Results</td>
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</tbody>
</table>

See [AMP Program Manual](#) for detailed program timeline.
# AMP MY 2019 Reporting Timeline

<table>
<thead>
<tr>
<th>Activity/Milestone</th>
<th>Results Included</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary Onpoint-Generated Results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMP Commercial HMO Results</td>
<td>Appropriate Resource Use, Total Cost of Care, Encounter and Behavioral Health and Substance Use Measures</td>
<td>August 19, 2020</td>
</tr>
<tr>
<td>AMP Medicare Advantage Results</td>
<td>Appropriate Resource Use, Total Cost of Care, Statin Use, Encounter and Behavioral Health and Substance Use</td>
<td></td>
</tr>
<tr>
<td>AMP Commercial ACO(^1) &amp; Medi-Cal Managed Care</td>
<td>Quality, Appropriate Resource Use, Encounter, and Total Cost of Care</td>
<td></td>
</tr>
</tbody>
</table>

| Questions & Appeals Process | | |
| Questions & Appeals Period\(^2\) | | |
| Appeals Hearing | | |
| | August 19, 2020 – September 9, 2020 |
| Appeals Decisions to Participants | | |
| | September 18, 2020 |

| Final Results Release | | |
| AMP Commercial HMO Results | Appropriate Resource Use, Total Cost of Care, Encounter and Behavioral Health and Substance Use Measures | October 16, 2020 |
| AMP Medicare Advantage Results | Appropriate Resource Use, Total Cost of Care, Statin Use, Encounter and Behavioral Health and Substance Use | |
| AMP Commercial ACO & Medi-Cal Managed Care | Quality, Appropriate Resource Use, Encounter, and Total Cost of Care | |

\(^1\) ACO Excel Results only; PDF report will be included in final release.
\(^2\) AMP Commercial ACO Results and Medi-Cal Managed Care Quality Results are open to questions only.
What’s the Data Source?

Results are generated from health plan member-level data submission to Onpoint Health Data

Onpoint
- Appropriate Resource Use
- Total Cost of Care
- Validated Clinical Quality Measures\(^1\)

PBGH
- Patient Experience

TransUnion
- Audited Clinical Quality
- Advancing Care Information
- Encounter Data Quality

\(^1\) Includes all quality results for AMP Commercial ACO and Medi-Cal Managed Care.

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# What Measures are Included?

**X - NEW in MY 2019**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Commercial HMO</th>
<th>Commercial ACO</th>
<th>Medicare Advantage</th>
<th>Medi-Cal Managed Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-Cause Readmissions (PCR)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Inpatient Utilization (IPU, AHU)</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>ED Utilization (AMB-EDV, EDU)</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Generic Prescribing (GRX)</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Outpatient Procedures in a Preferred Facility (OSU)</td>
<td></td>
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<tr>
<td><strong>Appropriate Resource Use Results</strong> (ARU)</td>
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<tr>
<td><strong>Cost Results</strong></td>
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<tr>
<td>Total Cost of Care (TCOC)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Hospital Average Length of Stay (HALOS)</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>Encounter Format (ENFMT)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Encounter Timeliness (ENLAG)</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>Prenatal and Postpartum Care (PPC)</td>
<td></td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td>Weight Assessment &amp; Counseling for Nutritional and Physical Activity for Children/Adolescents: BMI Percentile Documentation (WCC)</td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)</td>
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</tr>
<tr>
<td><strong>Testing Measures</strong></td>
<td></td>
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</tr>
<tr>
<td>Refer to MY 2019 AMP Measure Set</td>
<td>X(^1)</td>
<td>X</td>
<td>X(^2)</td>
<td>X</td>
</tr>
</tbody>
</table>

1. Behavioral Health and Substance Use measures only
2. Behavioral Health and Substance Use and Statin Use for Persons with Diabetes (SUPD) measures only
Who’s Included?

• Based on data from 13 health plans:
  • Aetna
  • Anthem Blue Cross
  • Blue Shield of California
  • Blue Shield of California Promise
  • Cigna Healthcare of California
  • Health Net
  • Kaiser Permanente
  • LA Care Health Plan
  • SCAN Health Plan
  • Sharp Health Plan
  • Sutter Health Plus
  • United Healthcare
  • Western Health Advantage

• Includes aggregated results for 224 physician organizations, as well as plan-specific breakdowns
• Represents care received by 14.4 million lives in commercial HMO, commercial ACO, Medicare Advantage, and Medi-Cal Managed Care

Note: Oscar ACO data will be included later this year.
## MY 2019 AMP Program Participation

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>AMP Product Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Commercial HMO</td>
</tr>
<tr>
<td>Aetna</td>
<td>X</td>
</tr>
<tr>
<td>Anthem</td>
<td>X</td>
</tr>
<tr>
<td>Blue Shield</td>
<td>X</td>
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<tr>
<td>Blue Shield Promise</td>
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<tr>
<td>Cigna</td>
<td>X</td>
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<tr>
<td>Health Net</td>
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<tr>
<td>Kaiser Permanente</td>
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<td>LA Care</td>
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<tr>
<td>Oscar</td>
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<td>SCAN</td>
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<tr>
<td>Sharp</td>
<td>X</td>
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<tr>
<td>Sutter Health Plus</td>
<td>X</td>
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<tr>
<td>United Healthcare</td>
<td>X</td>
</tr>
<tr>
<td>Western Health Advantage</td>
<td></td>
</tr>
</tbody>
</table>

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Accessing and Evaluating Your Results

Lindsey Wong

Data Operations Associate
Accessing Your Results: IHA AMP Portal

AMP Reporting Portal: https://analytics.iha.org

Technical Requirements
- We recommend that you use Google Chrome or Mozilla Firefox to access the Reporting Portal.

Trouble Logging In?
- Signed Consent Agreement required
- Your username is your email address
- Click “Forgot Password?” to retrieve lost password
- Email amp@iha.org for questions
IHA AMP Portal: Reviewing Your Measure Results

Supports your understanding for measure-specific performance

- **Toggle between different reports**
- **Toggle between different measurement years & AMP programs**
- **Change measure domain**
- **Indicates use of measure**

**AMP Reporting Portal:** [https://analytics.iha.org](https://analytics.iha.org)
IHA AMP Portal: Results Available for Downloads

Resource Use & Cost Reports

- Results for resource use & cost
- The “Downloads” tab contains Microsoft Excel downloadable files for easy analyses of your results

For All Participants

- **All Results**
  - Results for all Resource Use measures by year and by PO/health plan
  - 2 versions available: (1) results for specific health plan, (2) results that have been aggregated across participating health plans

- **Year-Over-Year Improvement**
  - Resource Use measures recommended for payment, by year, with two years side-by-side on the same row

- **MY 2019 Benchmarks**
  - Summary statistics and percentiles for POs across California by measure, domain, and product line

AMP Reporting Portal: [https://analytics.iha.org](https://analytics.iha.org)
Secure, online portal contains:

- **Dashboard** includes analyses that allow users to quickly interpret and verify AMP reports.
- **Measure Results** available with underlying member-level detail so you can see what patients are in the numerator and denominator for each measure.
- **Reporting** view stock summary reports or create your own tables and graphs using data filters.
- **User Management** your system administrator controls your organization’s directory of credentialed users to protect privileged information.

**Onpoint Member-Level Detail Portal**

*Note: The Onpoint portal is only available for Commercial HMO, Medicare Advantage, and Medi-Cal Managed Care for ARU.*

iha-support@onpointhealthdata.org
Onpoint Portal: Member-Level Detail Portal
Reviewing Your Reports: Tips for POs

1. Identify a lead for data validation
   - PO level information are available through AMP Reporting Portal
   - Member-level validation information are available through Onpoint Member-Level Detail Portal

2. Are the results complete?
   - Results for all contracted health plans
   - Enrollment is consistent

3. Was all data successfully transmitted to health plan?
   - Encounter rates for health plans are consistent
   - Diagnosis information appears

4. How did your organization perform?
   - Compare your performance to MY 2019 thresholds
   - Compare your performance to your MY 2018 results
Reviewing Your Reports: Tips for Health Plans

1. Identify a lead for data validation
   - PO level information are available through AMP Reporting Portal
   - Member-level validation information are available through Onpoint Member-Level Detail Portal

2. Are the results complete?
   - All contracted POs
   - All fields needed for payment

3. Does observed performance make sense?
   - High and low performers
   - Change in performance between years
   - Check out organizations with unique populations

4. Do you see any issues with PO data quality?
   - Diagnosis codes are well populated
   - POs with unreasonably low rates, risk scores
Overview of Questions & Appeals

Maggie Cremin

Data Operations Specialist
AMP Questions and Appeals Period

What?
• Participant review period of AMP results and chance to ask questions or submit appeal for correction to results before they are finalized for use in payment, public reporting, and awards

When?
• Submit questions or appeals no later than 5 p.m. PDT September 9, 2020
• No late appeals will be accepted

How?
• Submit questions or appeals to appeals@iha.org
• AMP staff partner with health plans and vendors to address your questions & concerns

1AMP Commercial ACO results and Medi-Cal Managed Care quality results are open to questions only.
How To Submit Your Questions and Appeals

1. **Review** the **AMP Questions and Appeals Submission Guide**

2. **Identify:**
   - Organization Name and Organization ID (PO-ID)
   - Measure rates in question, applicable product lines and affected health plans
   - Any rationale and documentation you have to support the claim

3. **Email** the identified information to **appeals@iha.org**

*Remember: Do not send Protected Health Information (PHI)!*
More Tips for a Successful Appeal

• Start reviewing and ask questions early.

• When submitting an appeal, provide as much detail and documentation as possible to help substantiate that there is an error, not just a data inconsistency.

• Submit questions or appeals no later than 5 p.m. PDT September 9, 2020; after this date IHA will conclude that you have reviewed your preliminary results and determined your data to be issue-free.
How AMP Results are Used

Maggie Cremin
Data Operations Specialist
# AMP Programs Primary Use Cases

<table>
<thead>
<tr>
<th>Program</th>
<th>Common Measure Set</th>
<th>Participant Results &amp; Benchmarks</th>
<th>Recognition Awards</th>
<th>Public Reporting</th>
<th>Incentives</th>
<th>Insights &amp; Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial HMO</td>
<td>☑</td>
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<tr>
<td>Medicare Advantage</td>
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<td>Optional</td>
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<tr>
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<td>TBD</td>
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<tr>
<td>Medi-Cal Managed Care</td>
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<td>☑</td>
<td>TBD</td>
<td>N/A</td>
<td>Optional</td>
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</tbody>
</table>
Each year, IHA recognizes top-performing physician organizations as well as those demonstrating the greatest year-to-year improvement regionally (HMO only).

IHA shares medical group results with the Office of the Patient Advocate (OPA) for public reporting of Commercial HMO and Medicare Advantage results.
Value Based Incentive Design
AMP Commercial HMO & Medi-Cal Managed Care

- Blue Shield Promise was the first Medi-Cal Managed Care plan to adopt IHA’s recommended design in MY 2018.
- Health Net will be adopting the recommended design starting in MY 2019.
- L.A. Care plans to pay on IHA results starting in MY 2020.

<table>
<thead>
<tr>
<th>AMP Program</th>
<th>Health Plan</th>
<th>Plan Pays on IHA Results</th>
<th>Implemented Value Based Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial HMO</td>
<td>Kaiser</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td></td>
<td>Anthem</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
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<td>Blue Shield of CA</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
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<td>United Healthcare</td>
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<td>Yes</td>
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<td></td>
<td>Health Net</td>
<td>Yes</td>
<td>Planned for MY19</td>
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<tr>
<td></td>
<td>Aetna</td>
<td>Yes</td>
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<td>Sutter Health Plus</td>
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<tr>
<td>Medi-Cal Managed Care</td>
<td>Blue Shield Promise</td>
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# How to Assess Your Organization’s Performance

<table>
<thead>
<tr>
<th>Measure Domain</th>
<th>Program Uses</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality</strong></td>
<td>- Incentives</td>
<td>• Quality Composite Score is used as a quality gate for incentives</td>
</tr>
<tr>
<td></td>
<td>- PO Recognition Awards</td>
<td>• MY 2019 HMO Quality Gate</td>
</tr>
<tr>
<td></td>
<td>- Public Reporting</td>
<td></td>
</tr>
<tr>
<td><strong>Appropriate Resource Use (ARU)</strong></td>
<td>- Incentives</td>
<td>• Review risk-adjusted All-Cause Readmissions used in public reporting</td>
</tr>
<tr>
<td></td>
<td>- Public Reporting (PCR only)</td>
<td>• Review ARU measures recommended for payment in your “Year over Year Improvement” download</td>
</tr>
<tr>
<td><strong>Total Cost of Care (TCOC)</strong></td>
<td>- Incentives</td>
<td>• Risk-Adjusted Total Cost of Care Trend with a lower confidence limit below 3.1% passes the TCOC trend gate for incentives</td>
</tr>
<tr>
<td></td>
<td>- PO Recognition Awards</td>
<td>• If your PO is a high cost PO, Risk-Adjusted TCOC trend must be below 1.1%</td>
</tr>
<tr>
<td></td>
<td>- Public Reporting</td>
<td>• Aggregated Geography and Risk-Adjusted Total Cost of Care used in awards and public reporting for AMP Commercial HMO</td>
</tr>
</tbody>
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Next Steps

Angela Kline Czesnakowicz,
Director, Data Operations
What to Do Right Now

- **Download** & review AMP results for your organization on the [AMP Reporting Portal](#).
- **Validate** your reports on the [Onpoint Member Level Detail Portal](#).
- **Review** the [AMP Questions and Appeals Submission Guide](#).
- **Email** questions & appeals to [appeals@iha.org](mailto:appeals@iha.org)
  - Include any supporting evidence
  - Submit as early as possible
  - **Deadline**: September 9, 2020 at 5:00 p.m.

*Remember: Do not send Protected Health Information (PHI)!*
Resources are Available to Help!

- AMP Questions & Appeals Submission Guide
- MY 2019 AMP Program Manual
- MY 2019 Measure Set
- Onpoint-Generated Results FAQs
Questions?

General AMP Questions: AMP@iha.org
Questions & Appeals: appeals@iha.org
IHA AMP Portal: Commercial ACO Results Downloads

1. Select “PO Name – ACO”
2. Toggle to “Accountable Care Organizations (ACO)”
3. Toggle to downloads
4. Click “Commercial ACO Results”
IHA AMP Portal: Reviewing Your Medi-Cal Quality Measure Results

Supports your understanding for measure-specific performance

Toggle between different measurement years & AMP programs

Change measure domain

Indicates use of measure

AMP Reporting Portal: https://analytics.iha.org
IHA AMP Portal: Reviewing Your Medi-Cal Resource Use Measure Results

Supports your understanding for measure-specific performance

AMP Reporting Portal: https://analytics.iha.org
IHA AMP Portal: Results Available for Downloads

Medi-Cal Resource Use & Cost Reports

- Results for resource use & cost
- The “Downloads” tab contains Microsoft Excel downloadable files for easy analyses of your results

For All Participants

- **All Results**
  - Results for all Resource Use measures by year and by PO/health plan
  - 2 versions available: (1) results for specific health plan, (2) results that have been aggregated across participating health plans

- **Year-Over-Year Improvement**
  - Resource Use measures recommended for payment, by year, with two years side-by-side on the same row

- **MY 2019 Benchmarks**
  - Summary statistics and percentiles for POs across California by measure in the Medicaid/Medi-Cal product line

AMP Reporting Portal: [https://analytics.iha.org](https://analytics.iha.org)