



# Align. Measure. Perform. (AMP) Program Updates

January 29, 2020



# Agenda

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- What's New
- Spotlight on Measurement Year 2019
  - Timeline
  - Measure Set
  - Data Submission Checklist
  - Reporting Timeline
- Measurement Year 2020 Preview
- Q&A

Questions? Submit them via the chat function!

Today's webinar **will be recorded** and posted on

<http://www.iha.org/news-events/webinars>

# Continued Expansion of AMP Program to New Products

AMP Program	Common Measure Set	Participant Reporting/ Benchmarking	Incentives	PO Recognition	Public Reporting
Commercial HMO					
Commercial ACO			N/A	TBD	N/A
Medicare Advantage			N/A		
Medi-Cal Managed Care				TBD	TBD

# New Measurement & Health Plan Participation

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## Expanded Measurement

- Encounter data, Hospital Average Length of Stay

## New Health Plan Participation

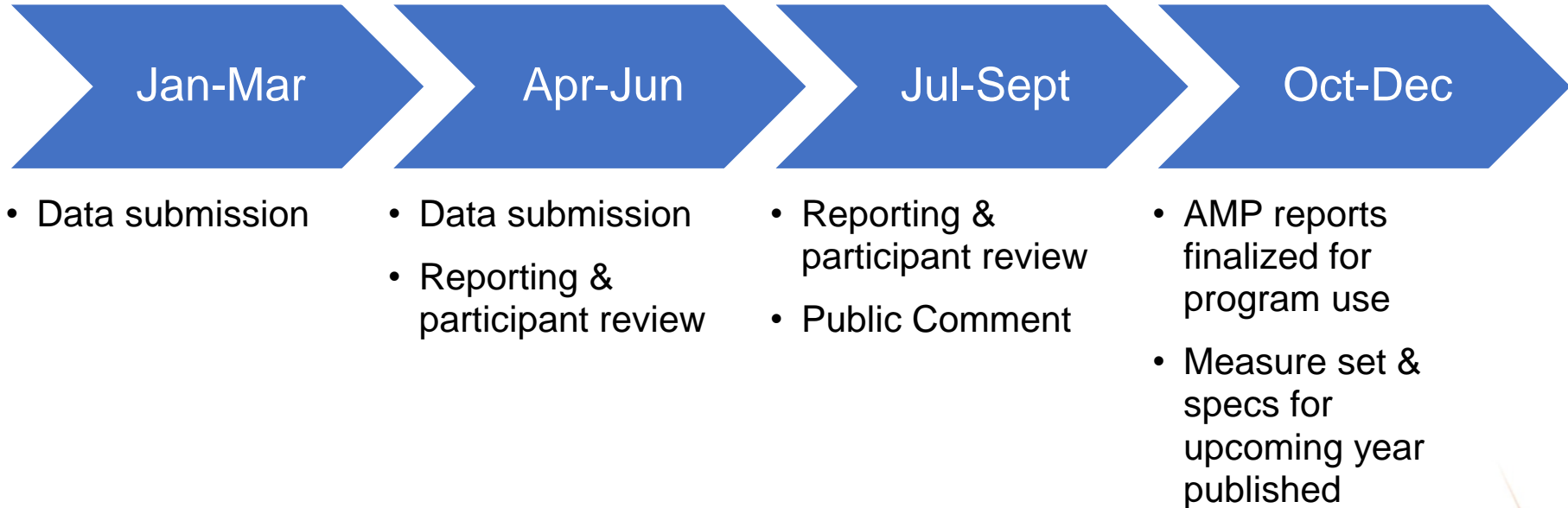
- Oscar Health Plan of California (AMP Commercial ACO)
- Sutter Health Plus (AMP Commercial HMO)

# MY 2019 AMP Measurement

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# Measurement Year 2019/Reporting Year 2020: Program Timeline

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See [AMP Program Manual](#) for detailed program timeline.

# 2016-2021 Measure Set Strategy

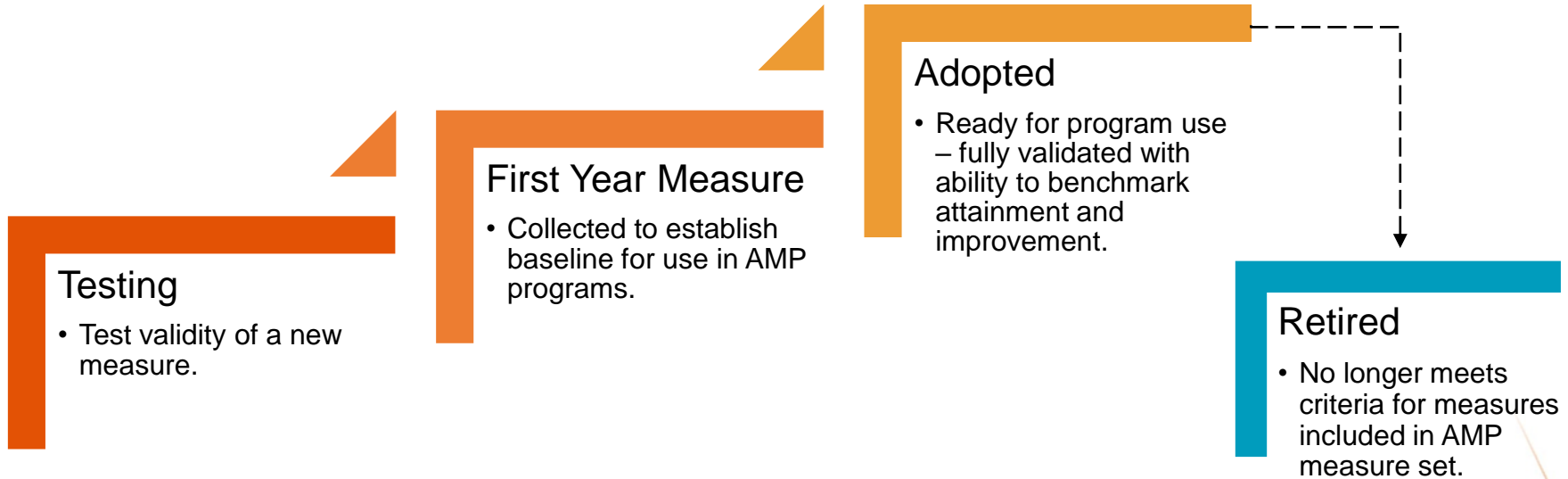
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The [Measure Set Strategy](#) outlines IHA's process for maintaining the AMP measure sets and identifies three key priorities:

1. Increased alignment in the AMP measure set
2. Targeted development of the AMP measure set
3. Less burdensome data collection and more timely reporting

# How IHA Maintains the AMP Measure Set

All IHA stakeholders have opportunity to influence ongoing development of IHA measure sets through representation on AMP Committees and through participation in the annual public comment period.





# MY 2019 Measure Set Highlights

<b>Adopted Measures</b>	<ul style="list-style-type: none"><li>• Concurrent Use of Opioids and Benzodiazepines (COB)</li><li>• Controlling High Blood Pressure (CBP)</li><li>• Optimal Diabetes Care: Combination (CDC)</li><li>• Optimal Diabetes Care: Eye Exam (CDC)</li></ul>
<b>First Year Measures</b>	<ul style="list-style-type: none"><li>• <i>None</i></li></ul>
<b>Testing Measures</b>	<p><i>All product lines</i></p> <ul style="list-style-type: none"><li>• Encounter Format (ENFMT)</li><li>• Encounter Timeliness (ENLAG)</li><li>• Hospital Average Length of Stay (HALOS) (<i>excluding AMP MA</i>)</li></ul> <p><i>AMP Medi-Cal Managed Care Only</i></p> <ul style="list-style-type: none"><li>• Prenatal and Postpartum Care (PPC)</li><li>• Weight Assessment &amp; Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile Documentation (WCC)</li><li>• Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)</li></ul>
<b>Measure Retirements</b>	<ul style="list-style-type: none"><li>• Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</li><li>• Controlling Blood Pressure for People with Hypertension (CBPH)</li><li>• Use of Imaging for Low Back Pain (LBP)</li><li>• Generic Prescribing Rate (therapeutic classes only) (GRX)</li></ul>

# MY 2019 Clinical Quality Measure Specification Highlights

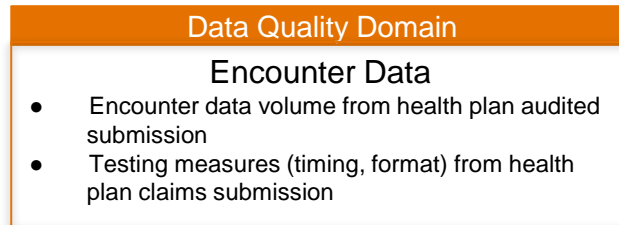
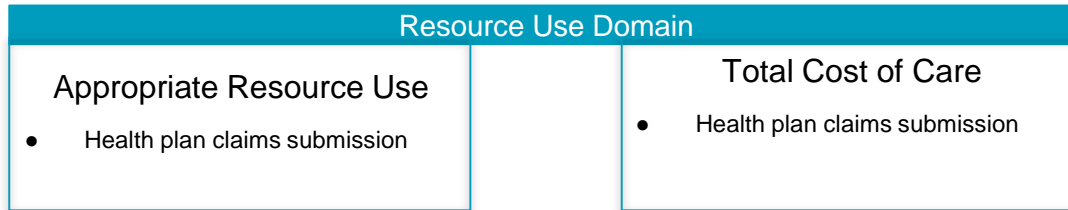
Measure	Steward	Specification Change
Appropriate Testing for Pharyngitis (CWP)	NCQA	<ul style="list-style-type: none"><li>Expanded the age bands for the eligible population, to include members 3 years of age and older; previously this measure only looked at members aged 3 – 18 years.</li><li>Added a comorbid condition and competing diagnosis exclusion.</li></ul>
Avoidance of Antibiotic Treatment for Bronchitis/Bronchiolitis (AAB)	NCQA	<ul style="list-style-type: none"><li>Expanded the age bands for the eligible population, to include members 3 months of age and older; previously this measure only looked at members aged 18 – 64 years.</li><li>Added instructions for deduplicating eligible episodes.</li></ul>
Comprehensive Diabetes Care (CDC)	NCQA	<ul style="list-style-type: none"><li>Added value sets specific to HbA1c levels between 7 – 8 and 8 – 9 for numerator compliance.</li></ul>

All measure specification updates are summarized in Appendix 1 of the [AMP Program Manual](#)

# MY 2019 Data Submission & Reporting

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# Measure Domains & Data Sources



# Data Submission Process

HEALTH PLAN CLAIMS  
SUBMISSION

## Health Plan

### Prepares files:

- Eligibility
- Member Identifier
- Claims (Med & Rx)
- Lab results
- Cost

## Onpoint

- Intakes, validates, and links data
- Generates measure results

## IHA

- Review and consolidate data
- Create and distribute reports to HPs and POs

AUDITED CLINICAL  
QUALITY SUBMISSION

## PO & Plan

- Generates measure results using data file layout provided by IHA

## Auditor

- Audits measure results
- Validates programming
- Locks file

## Transunion

- Validates formats
- Consolidates files

## IHA

- Review and consolidate data
- Create and distribute reports to HPs and POs

# PO Self Reporting

POs can voluntarily self-report data for any or all of the product lines below – either all measures, or a subset of measures.

Health Plan	Commercial HMO	Commercial ACO	Medicare Advantage	Medi-Cal Managed Care
Aetna	✓	✓		
Anthem Blue Cross	✓	✓		
Blue Shield of California	✓	✓	✓	
Blue Shield of CA Promise Health Plan				✓
Cigna Health Care of California	✓			
Health Net	✓	✓	✓	
Kaiser Permanente	✓		✓	
LA Care	✓			
Oscar Health Plan of CA		✓ NEW		
SCAN Health Plan			✓	
Sharp Health Plan	✓			
Sutter Health Plus	✓ NEW			
UnitedHealthcare	✓	✓	✓	
Western Health Advantage	✓			

# MY 2019 Data File Layouts: Plan & PO Data Submission to TransUnion Healthcare

Data file layouts will be available on [Data Collection & Submission](#) webpage Jan 31:

Data File Layout	Audited	Commercial HMO	Commercial ACO	Medicare Advantage	Medi-Cal Managed Care
Health Plan Clinical Measure	✓	✓		✓	✓
PO Clinical Measure	✓	✓		✓	✓
Non-SRPO e-Measure		✓			
ACO Clinical Measure			✓		
PO Testing Measure					✓

# e-Measures: A Quick Primer

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## What are e-measures?

E-measures are electronic clinical quality measures voluntarily reported by provider organizations participating in **AMP Commercial HMO only** as part of the Advancing Care Information (ACI) measure domain. They are intended to encourage EHR adoption and use.

## Why should my organization report e-measures?

The ACI domain is part of a provider organization's [Quality Composite Score](#), which is used in the value based incentive design as an eligibility gate and adjuster. Provider organizations who do not report e-measures do not earn points that can increase their quality composite score and help them earn incentive payments from health plans.

## How does my organization report e-measures?

POs report e-measure results to TransUnion healthcare using a data file layout provided by IHA. For each e-measure, POs report two rates:

- **Rate 1:** the percentage of providers in your PO who can report the e-Measure (i.e., denominator = total physicians in your PO, numerator = total physicians who can report the measure from the EHR).
- **Rate 2:** the aggregated patient numerator and denominator for those providers who can report the e-Measure.

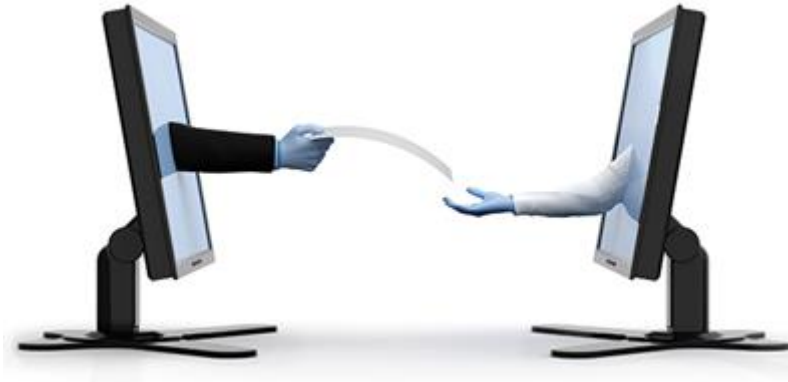
**POs are only scored on Rate 1: the percent of providers in the PO who can report the e-Measures.** To receive credit, POs must submit both rates for each e-Measure, with rates >0.



# Reminder: Data Sharing

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- IHA encourages supplemental data sharing between POs and health plans to help ensure reporting of AMP results.
- POs and health plans are expected to work together to establish processes and requirements for sharing and using supplemental data.



# Encounter Data is Especially Important

- **Encounter data matters. A lot. For all IHA stakeholders.**

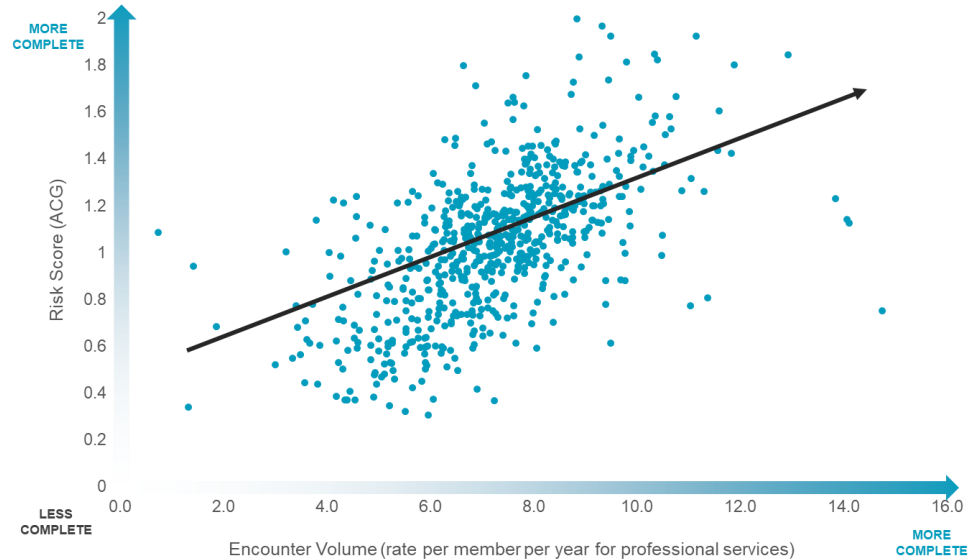
- Complete encounter data strongly tied with risk scores
- Encounter data most common cause of appeal of AMP results during annual review periods

- **Role of *Encounter Rate by Service Type (ENRST)* in AMP**

- Recommended for use in health plan payments
- Rates and benchmarks available for all products
- IHA testing additional metrics of timeliness and format to support successful encounter data submission

- **What POs can do**

- Monitor encounter data submissions to health plans for receipt and use in AMP reporting
- Mind encounter data deadlines for AMP reporting
- Review ENRST results reported with preliminary quality



# Data Submission Checklist for Provider Organizations

Detailed data collection timeline provided in [AMP Program Manual](#) (pg. 7-9)

## Self Reporting Provider Organizations

- ❑ **Jan 31:** Download & program PO Clinical Measure data file layout
- ❑ **Mar 23 - May 4:** send PO Clinical Measure test file to TransUnion; resend until no errors are found
- ❑ **May 1:** send passing PO clinical measure file to auditor
- ❑ **May 8:** send auditor-locked PO clinical measure file to TransUnion for use in AMP reporting

## Non-Self Reporting Provider Organizations

- ❑ **Jan 31:** Download & program Non-SRPO e-Measure data file layout
- ❑ **Mar 23 - May 4:** send completed Non-SRPO e-Measure test file to TransUnion; resend until no errors are found
- ❑ **May 8:** send passing Non-SRPO e-Measure test file to TransUnion

# Data Submission Checklist for Health Plans

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Detailed data collection timeline provided in [AMP Program Manual](#) (pg. 7-9)

## Audited Clinical Submission to TransUnion

- ❑ **Jan 31:** Download & program HP Clinical Measure data file layout
- ❑ **Mar 23 - May 4:** send HP Clinical Measure test file to TransUnion; resend until no errors are found
- ❑ **May 1:** send passing HP clinical measure file to auditor
- ❑ **May 8:** send auditor-locked HP clinical measure file to TransUnion for use in AMP reporting

## Health Plan Claims Submission to Onpoint

- ❑ **Mar 27:** Plan validation & sign off - Eligibility
- ❑ **May 8:** Plan validation & sign off – Member Identifier
- ❑ **May 29:** Plan validation & sign off – Medical & Rx Claims
- ❑ **May 30:** Plan validation & sign off – Lab Results
- ❑ **Jun 22:** Plan validation & sign off - Cost

# MY 2019 Reporting Timeline

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Detailed reporting timeline provided in [AMP Program Manual](#) (pg. 10)

Audited Clinical Submission	Date
Preliminary Reports	May 29
Questions & Appeals	May 29 - June 19
Final Reports	August 14
Health Plan Claims Submission	Date
Preliminary Reports	August 19
Questions & Appeals	August 19 - Sept 9
<b>Final MY 2019 AMP Reports</b>	<b>October 16</b>

# Preview: MY 2020 AMP Measurement

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# MY 2020 Measure Set Highlights

Adopted Measures	<ul style="list-style-type: none"><li>• None</li></ul>
First Year Measures	<p><i>All product lines</i></p> <ul style="list-style-type: none"><li>• Encounter Format (ENFMT)</li><li>• Encounter Timeliness (ENLAG)</li><li>• Hospital Average Length of Stay (HALOS) (excluding MA)</li></ul> <p><i>Medi-Cal Managed Care Only</i></p> <ul style="list-style-type: none"><li>• Prenatal and Postpartum Care (PCC)</li><li>• Weight Assessment &amp; Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile Documentation (WCC)</li><li>• (Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)</li></ul>
Testing Measures	<p><i>Commercial ACO Only</i></p> <ul style="list-style-type: none"><li>• Screening for Clinical Depression &amp; Follow-Up Plan (DSF)</li><li>• Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)</li><li>• Depression Remission at Six Months</li></ul>
Measure Removals	<ul style="list-style-type: none"><li>• Adult BMI Assessment</li></ul>

# Resources

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- Fact Sheets
  - [Commercial HMO](#)
  - [Commercial ACO](#)
  - [Medicare Advantage](#)
  - [Medi-Cal Managed Care](#)
  - [Value Based Incentive Design](#)
  - [Total Cost of Care](#)
- Participant Resources, Data Collection & Submission
  - [MY 2019 AMP Program Manual](#)
  - [MY 2019 AMP Measure Sets](#)
  - [AMP Measure Set Strategy 2016-2021](#)
  - [Data File Layouts](#)\*
- [List of NCQA Certified Vendors](#)

\*Final Data File Layouts to be released 1/31/20





# Questions?

Contact us: [amp@iha.org](mailto:amp@iha.org)

