Align. Measure. Perform. (AMP)

Provider Organization Recognition Methodologies

For AMP Commercial HMO and AMP Medi-Cal Managed Care

AMP redesign starting in MY 2024

In 2023, IHA embarked on a "redesign" of the AMP programs to help align the California healthcare industry along shared goals for quality and equity. In collaboration with the IHA committees, as well as California public purchasers and regulators, IHA selected a high-priority measure set to serve as the foundation for incentives, public recognitions, and public report cards that compare provider organization (PO) performance with national benchmarks for healthcare quality.

Historically, AMP recognitions were available in the AMP Commercial HMO and Medicare Advantage product lines. Starting in MY 2024, POs in the AMP Medi-Cal Managed Care product line are also eligible to receive recognitions for high performance. This document describes the recognition methodologies for AMP Commercial HMO and Medi-Cal Managed Care. Medicare Advantage recognition methodology is described in a separate document. Recognitions for each product line will be determined separately, comparing PO performance within and not between product lines.

Use of results and benchmarks

Quality performance for all recognitions is determined using results for the quality measures recommended for payment in the AMP Measure Set, with the exception of Acute Hospital Utilization (AHU) for AMP Commercial HMO. For the Excellence in Healthcare and Top Quality awards, PO quality performance will be compared with standard composite scores that include the same national benchmarks used in the AMP incentive design. For the Excellence in Healthcare Award, cost performance will be evaluated using same-year AMP Total Cost of Care (TCOC) benchmarks reflecting the California population. The Bangasser Award for Quality Improvement also uses year-over-year improvement calculated from previous year quality measure results.

Recognition calculations use the better of a PO's results between the aggregated rate across health plan contracts or self-reported results, if a PO has self-reported results for that measure.

For MY 2025 only.
As part of the transition to becoming IHA's data aggregator, Cozeva is working to bring all AMP-related operations onshore in the United States. To support this move, MY 2025 AMP results for cost and utilization will be released in August 2027 and therefore, will not be used for awards this year.

MY 2025 AMP recognitions for Commercial HMO and Medi-Cal Managed Care will use MY 2025 clinical quality results and MY 2024 cost and utilization results. See each section below for specifics.

Excellence in Healthcare Award

The Excellence in Healthcare award recognizes lower cost, higher quality POs participating in the AMP Commercial HMO or Medi-Cal Managed Care program based on their performance in the cost and quality domains. The following description explains the methodology for the Excellence in Healthcare Award.

For MY 2025 only.
Quality performance for the All-Cause Readmissions (PCR) measure will be based on MY 2024 results.
Cost performance will be based on the MY 2024 Total Cost of Care (TCOC) results.

1. Calculate the performance target for each domain:

- **Quality performance target:** Reference the incentive design performance targets to determine each quality measure's weight and achievement target (66th percentile value in Commercial HMO and 50th percentile value in Medi-Cal Managed Care in the relevant national benchmarks for each product line). The performance target for the quality domain in the Excellence in Healthcare Award is a composite score based on the weighted average of the achievement targets for each quality measure, with double weighting on high priority measures.
    a. Calculate the weighted score for each measure's achievement threshold:

    Weighted measure achievement threshold = $measure\ achievement\ threshold \times (\frac{measure\ weight}{total\ weight})$

    b. Sum all weighted scores from the previous step to produce the weighted average of achievement thresholds. This weighted average is the performance target for the quality domain.
- **Cost performance target:** the performance target for the cost domain is the median (50th percentile) geography- and risk-adjusted Total Cost of Care (TCOC), truncated at $250k, across all participating AMP POs in the respective product line.

2. Calculate PO Quality Achievement Score (QAS) and TCOC score:

- **QAS:** a composite score based on the weighted average of all applicable quality measures recommended for payment, with double weighting on high priority measures. Follow the steps below to calculate the QAS:
    a. Calculate the weighted score for each quality measure:

    Weighted measure score = $measure\ rate \times (\frac{measure\ weight}{total\ weight})$

b. Sum all weighted measure scores from the previous step to produce the weighted average of scores. The sum is the PO's QAS.

POs must have valid results for at least half of the measures in the quality domain to produce a valid QAS result for use in recognitions. Most quality measures require a denominator of at least 30 to be valid. All-Cause Readmissions (PCR) requires a minimum denominator of 100.

To ensure POs are not penalized for having fewer members, IHA applies the Adjusted Half-Scale Rule when calculating the QAS. The Adjusted Half-Scale Rule is a two-part rule applied to each PO that has missing results for one or more measures:

a. A PO must have valid results available for half (50%) or more of the measures in the quality domain.

b. For any POs that meet rule 1 and have missing or invalid scores (e.g., due to small denominators), results for those measures are imputed. The difference between the all-PO mean score and the PO's individual score are calculated for each valid measure. Those differences are averaged and the average difference is added to the all-PO mean for each missing measure to calculate the imputed value. The calculated imputed value can only be greater than or equal to the all-PO minimum score for the measure or less than or equal to the all-PO maximum score for the measure. Imputed rates and valid scores are averaged for all measures within a domain to determine the PO's Achievement Score.

- **TCOC score:** PO's geography- and risk-adjusted TCOC, truncated at $250K, aggregated across contracted health plans. POs must have a minimum of 1800 member months to qualify for a TCOC score.

3. **Identify qualifying POs:** To qualify, a PO's QAS and TCOC scores must both meet the performance targets for each respective domain in Step 1. For the quality domain, the PO's QAS must be equal to or higher than the achievement target composite based on national benchmarks. For cost, the PO's TCOC score must be lower than the median TCOC across all AMP participating POs.

Ronald P. Bangasser, MD, Memorial Award for Quality Improvement

In memory of Dr. Ronald P. Bangasser (1950-2007), a family provider and tireless champion of quality improvement, IHA recognizes eight provider organizations in each product line (Commercial HMO and Medi-Cal Managed Care)—one from each AMP region—demonstrating the greatest year-to-year quality improvement in AMP Commercial HMO and Medi-Cal Managed Care programs based on measures of quality. The following description explains the methodology for the Bangasser Award for Quality Improvement.

For MY 2025 only.
Quality performance for the All-Cause Readmissions (PCR) measure will be based on MY 2024 results and compared to MY 2023 (previous year) PCR measure results.

1. **Calculate QAS for both measurement year and previous year:** This is the same methodology as Excellence in Healthcare Award, Step 2, above. The same measures must be used to calculate the QAS for each year.

2. **Calculate Relative Improvement Score for the provider organization:** Relative improvement is the difference between the PO's measurement year score and the PO's previous year score over the difference between the maximum possible QAS and the PO's previous year score. It is calculated as follows:

   $$\text{Relative Improvement Score} = \frac{PO\ Measurement\ Year\ QAS - PO\ Previous\ Year\ QAS}{Maximum\ QAS - PO\ Previous\ Year\ QAS}$$

   Note: A Relative Improvement Score is only calculated for POs that have a valid QAS for both measurement year and previous year.

3. **Identify awardee in each region:** POs are assigned to one of eight (8) AMP California regions. The PO in each region with the highest Relative Improvement Score will be awarded the Bangasser Award for Quality Improvement.

   Note: If no single PO demonstrates a positive relative improvement within an entire region, IHA will not generate an award for that region.

Top Quality Award

Starting in MY 2024, IHA recognizes POs with quality performance at or above a composite representing the 90th percentile of performance in national benchmarks across all applicable AMP quality measures for AMP Commercial HMO or Medi-Cal Managed Care program.

> ***For MY 2025 only.***
> *Quality performance for the All-Cause Readmissions (PCR) measure will be based on MY 2024 results.*

1. **Identify the quality performance target:** Reference the incentive design performance targets to determine each quality measure's weight and achievement gold standard (90th percentile value in the relevant national benchmarks for each product line). The quality performance target for the Top Quality Recognition is a composite score based on the weighted average of the achievement gold standards for each quality measure, with double weighting on high priority measures.

    a. Calculate the weighted score for each measure's achievement gold standard:

    Weighted measure achievement gold standard = $measure\ achievement\ gold\ standard \times (\frac{measure\ weight}{total\ weight})$

    b. Sum all weighted achievement gold standards from the previous step to produce the weighted average of achievement gold standards. This weighted average is the performance target for the Top Quality Recognition.

2. **Calculate QAS** (same methodology as Excellence in Healthcare Award, Step 2, above)

3. **Identify qualifying POs:** To qualify, a PO's QAS must meet or exceed the quality performance target from Step 1.

Appendix

For the full list of measures in the AMP Program, please see the AMP Measure Set .

Table 1. List of measures used for AMP recognitions for MY 2025 in AMP Commercial HMO

Domain	Measure
Clinical Quality	Asthma Medication Ratio (AMR)
	Breast Cancer Screening: Ages 52-74 Years (BCS-E)
	Cervical Cancer Screening (CCS-E)
	Child and Adolescent Well-Care Visits (WCV)
	Childhood Immunization Status: Combination 10 (CIS-E)
	Chlamydia Screening (CHL)
	Colorectal Cancer Screening: Ages 51-75 Years (COL-E)
	Controlling High Blood Pressure (CBP)
	Depression Screening and Follow-Up for Adolescents and Adults: Depression Screening (DSF-E)
	Depression Screening and Follow-Up for Adolescents and Adults: Follow-Up on Positive Screen (DSF-E)
	Eye Exam for Patients with Diabetes (EED)
	Glycemic Status Assessment for Patients with Diabetes <8.0% (GSD)
	Glycemic Status Assessment for Patients with Diabetes >9.0% (GSD)
	Immunizations for Adolescents: Combination 2 (IMA-E)
	Kidney Health Evaluation for Patients with Diabetes (KED)
	Prenatal and Postpartum Care: Postpartum Care (PPC)
	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC)
	Prenatal Immunization Status: Combination (PRS-E)
	Well-Child Visits in the First 30 Months of Life: 0-15 Months (W30)
	Well-Child Visits in the First 30 Months of Life: 15-30 Months (W30)
Utilization	All-Cause Readmissions (PCR)
Cost	Total Cost of Care, Geography- and Risk-Adjusted, $250K Truncation (TCOC)

Table 2. List of measures used for AMP recognitions for MY 2025 in AMP Medi-Cal Managed Care

Domain	Measure
Clinical Quality	Asthma Medication Ratio (AMR)
	Breast Cancer Screening: Ages 52-74 Years (BCS-E)
	Cervical Cancer Screening (CCS-E)
	Child and Adolescent Well-Care Visits (WCV)
	Childhood Immunization Status: Combination 10 (CIS-E)
	Chlamydia Screening (CHL)
	Colorectal Cancer Screening: Ages 51-75 Years (COL-E)
	Controlling High Blood Pressure (CBP)
	Depression Screening and Follow-Up for Adolescents and Adults: Depression Screening (DSF-E)
	Depression Screening and Follow-Up for Adolescents and Adults: Follow-Up on Positive Screen (DSF-E)
	Eye Exam for Patients with Diabetes (EED)
	Glycemic Status Assessment for Patients with Diabetes <8.0% (GSD)
	Glycemic Status Assessment for Patients with Diabetes >9.0% (GSD)
	Immunizations for Adolescents: Combination 2 (IMA-E)
	Kidney Health Evaluation for Patients with Diabetes (KED)
	Prenatal and Postpartum Care: Postpartum Care (PPC)
	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC)
	Prenatal Immunization Status: Combination (PRS-E)
	Well-Child Visits in the First 30 Months of Life: 0-15 Months (W30)
	Well-Child Visits in the First 30 Months of Life: 15-30 Months (W30)
Utilization	All-Cause Readmissions (PCR)
Cost	Total Cost of Care, Geography and Risk-Adjusted $250K Truncation (TCOC)