



MY 2022 AMP Preliminary Results Release

August 10, 2023

Agenda

- MY 2022 AMP Results and Questions & Appeals Timeline
- Results uses and preliminary trends
 - Quality
 - Appropriate Resource Use
 - Cost
- Accessing the Onpoint PRP
- Questions

Dial-in Information

Phone: 1 (669) 900-6833,
Passcode: 843 4600 1979#

Questions?

Submit them via the “Q&A” function!



Today's webinar will be recorded and posted on
<https://www.iha.org/news-and-events/>

MY 2022 Results Timeline







Shelley Kong, *Program Operations Specialist*

MY 2022 AMP results timeline

Milestone	Activity	Timeline
Preliminary results release in PRP	Commercial HMO, Medicare Advantage, Medi-Cal Managed Care results available	August 10, 2023
Questions and appeals	Questions and appeals period	<ul style="list-style-type: none"> • FinThrive: August 10, 2023 – September 1, 2023 • Onpoint and PBGH: August 10, 2023 – September 8, 2023
	Resubmission deadline for final release	FinThrive: <ul style="list-style-type: none"> • September 8: Health Plans must generate results to their auditor • September 15: FinThrive must receive auditor-locked resubmissions Onpoint: <ul style="list-style-type: none"> • September 14: Health Plans must send resubmissions to Onpoint • September 21: Files must be in passing status
	Appeals hearing	September 20, 2023
	Appeals decisions to participants	September 27, 2023
Final results release in PRP	Commercial HMO, Medicare Advantage, Medi-Cal Managed Care results available	End of October

What measure domains are included in this release?

Results for Commercial HMO, Medicare Advantage, & Medi-Cal Managed Care

	Measure Domain	Commerical HMO	Medicare Advantage	Medi-Cal Managed Care
	Quality	X	X	X
	Patient Experience	X		X
	Resource Use	X	X	X
	Encounters	X	X	X
	Behavioral Health	X	X	X
	Total Cost of Care	X	X	X

What years are included in this release?

Results for Commercial HMO, Medicare Advantage, and Medi-Cal Managed Care

- You can submit questions or appeals about MY 2021 Onpoint-generated results if you are also submitting questions or appeals about the same measure for your MY 2022 Onpoint-generated results.

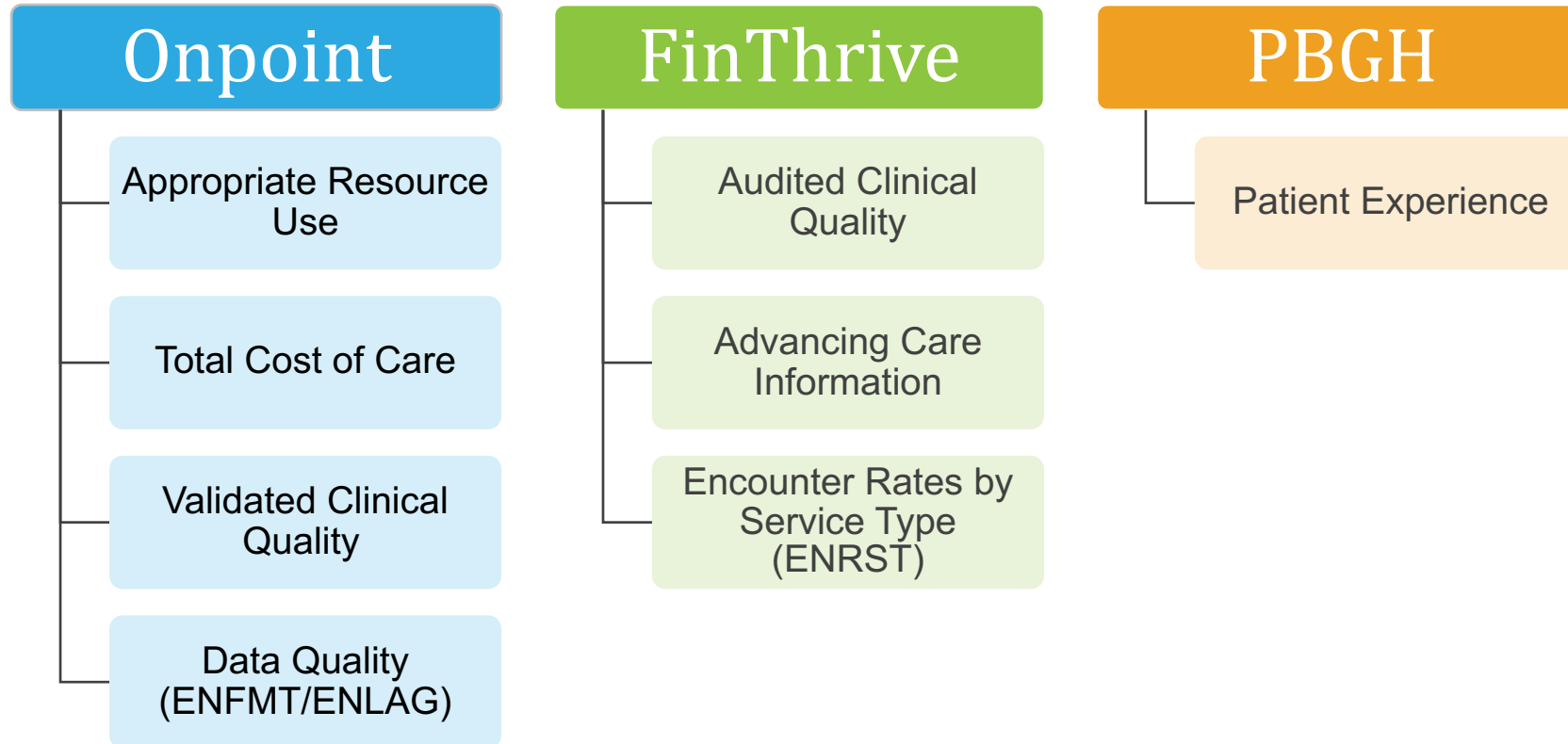
UPDATED
MY 2021 Onpoint-
generated results

NEW
MY 2022 audited quality
results

NEW
MY 2022 Onpoint-
generated results

What data pipelines are included?

Results for Commercial HMO, Medicare Advantage, and Medi-Cal Managed Care



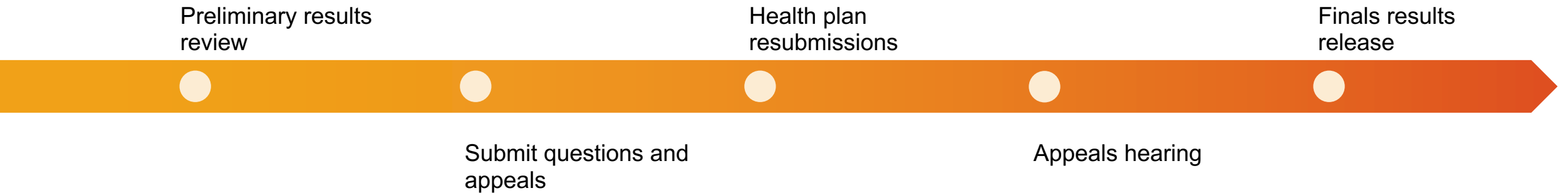
What plans are included?

Health Plans	Commercial HMO	Medicare Advantage	Medi-Cal Managed Care
Aetna	X		
Anthem	X		
Blue Shield of California	X	X	
Blue Shield Promise			X
Cigna Health Care of California	X		
Health Net	X	X	
Inland Empire Health Plan (NEW)			X
Kaiser Permanente	X	X	
LA Care Health Plan	X		
Molina	X		
Sharp Health Plan	X	X	
Sutter Health Plus	X		
UnitedHealthcare	X	X	
Western Health Advantage	X	X	

Overview of questions and appeals period

AMP questions and appeals process

August 10 – October 31



AMP questions and appeals period



What

- Participants **review** MY 2022 FinThrive, PBGH, and Onpoint generated results
- **Ask questions or submit appeals** for correction to results before results are finalized for use in payment, public reporting, and awards



When

- Begins with release of preliminary reports – **Open now!**
- Submit questions or appeals no later than
 - **FinThrive: 5 p.m. PDT September 1, 2023**
 - **Onpoint and PBGH: 5 p.m. PDT September 8, 2023**
- No late appeals will be accepted



How

- Email [AMP Question and Appeals Submission Form\(s\)](#) to appeals@iha.org
- AMP staff will partner with health plans and vendors to address your questions and concerns

How to submit your questions and appeals

Step 1

- Review the [AMP Questions and Appeals Submission Guide](#), [Questions and Appeals Best Practices and FAQs](#), and additional resources at iha.org.

Step 2

- Complete the [AMP Questions and Appeals Submission Form\(s\)](#).
- POs must complete a separate Submission Form for each health plan.

Step 3

- Email the completed Question and Appeals Submission Form(s) to appeals@iha.org.

Reminder: Do not send Protected Health Information (PHI) to IHA.

Best practices for submitting questions or appeals

Tips

- Review appeals resources on [IHA.org](https://www.ihahq.org), including the **Questions and Appeals Practices + FAQs**
- Start reviewing and ask questions **early**
- Review the **Accessing the Onpoint PRP** section of this deck for a tutorial on how to access results on the PRP
- Identify the **primary data issue or concern** so we can better investigate the issue
- Provide as **much information as possible** to help substantiate that there is an error, not just a data inconsistency

Information to include

- Who is submitting the question?
- Which plan or reporting entity is the question for?
- Which measures are in question?
- Does the data issue or concern warrant a correction?

Submit questions or appeals no later than
5 p.m. PDT September 1, 2023, for FinThrive-generated measures
5 p.m. PDT September 8, 2023, for PBGH and Onpoint-generated measures

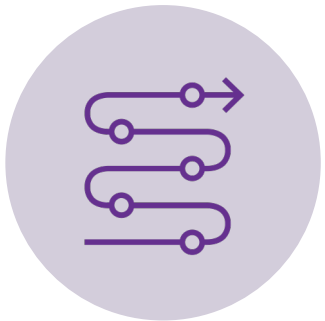
Appeals panel considerations



Is there sufficient evidence to substantiate that **a true, systematic reporting** error was made by the plan, IHA, or data partner?



Is the discrepancy in question **reflective of gaps in the data exchanges** between the PO and health plan?



Which path forward is the best choice, given the anticipated impacts on the AMP program timeline and downstream deliverables?



Is additional research required by the PO, health plan, data partner, and/or IHA to make a firm decision on the appeal?

What does a successful appeal submission look like?

Example: Provider organization submission for geography and risk-adjusted TCOC

- To **substantiate their appeal**, PO gathered the information displaying the risk score from the prior measurement year at the plan-PO level.
- The **information displayed** that Plan D's risk score was significantly different from prior year and other health plans.
- After **investigation**, Plan D discovered that a subpopulation was included in the eligibility data submission but inadvertently excluded from their medical and pharmacy claims submission.
- **Decision:** Panel decided to uphold the appeal, as this is a systematic issue, and subpopulation should have been included in all file submissions by Plan D.

Plan	MY	Relative Risk Score	TCOC \$ PMPM (Observed)	TCOC \$ PMPM (Geo and Risk-Adjusted)
Plan A	2018	0.95	XXX	XXX
	2019	1.06	XXX	XXX
Plan B	2018	1.12	XXX	XXX
	2019	1.19	XXX	XXX
Plan C	2018	1.19	XXX	XXX
	2019	1.13	XXX	XXX
Plan D	2018	1.21	XXX	XXX
	2019	0.43	XXX	XXXX
Health Plan Aggregate	2018	1.10	XXX	XXX
	2019	0.97	XXX	XXX

Results uses and preliminary trends

Steven Hough, *Program Coordinator, Strategic Design and Initiatives*

Lindsey Wong, *Project Manager, Strategic Design and Initiatives*

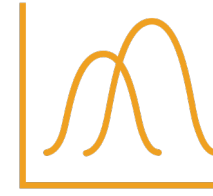
AMP Program primary use cases



**Common
measure set**



**Participant reports
and benchmarks**



**Insights and
research**

AMP accountability uses



**Public
reporting**



**Public
recognition**



**Health plan
incentive design**

AMP Program primary use cases

AMP Program	Common measure set	Participant reports & benchmarks	Public reporting	Recognition awards	Incentive design	Insights & research
Commercial HMO	X	X	X	X	X	X
Medicare Advantage	X	X	X	X	Optional	X
Medi-Cal Managed Care	X	X	N/A	N/A	Optional	X

Updates to accountability measures for MY 2022

Commercial HMO

Measure domain	MY 2021	MY 2022 (change since MY 2021)
Clinical Quality	21	21
Advancing Care Information*	2	0 (↓2)
Patient Experience	5	5
Appropriate Resource Use	5	5
Cost	1	1
Data Quality	0	0
TOTAL	34	32 (↓2)

*ACI measures were removed from incentive design due to CMS suppression of select MIPS measures in MY22

[MY 2022 Measure Set](#)

AMP public recognition awards

MY 2022 AMP public recognition awards

Commercial HMO



Excellence in
Healthcare



Top 10%
Performers



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

- No methodological changes for MY 2022
- IHA is determining when and where winning POs will be announced

Medicare Advantage



Medicare Stars Quality



Medicare Stars Quality
Improvement

- Methodology will align with 2024 CMS Stars
- Winning POs will be announced in early 2024

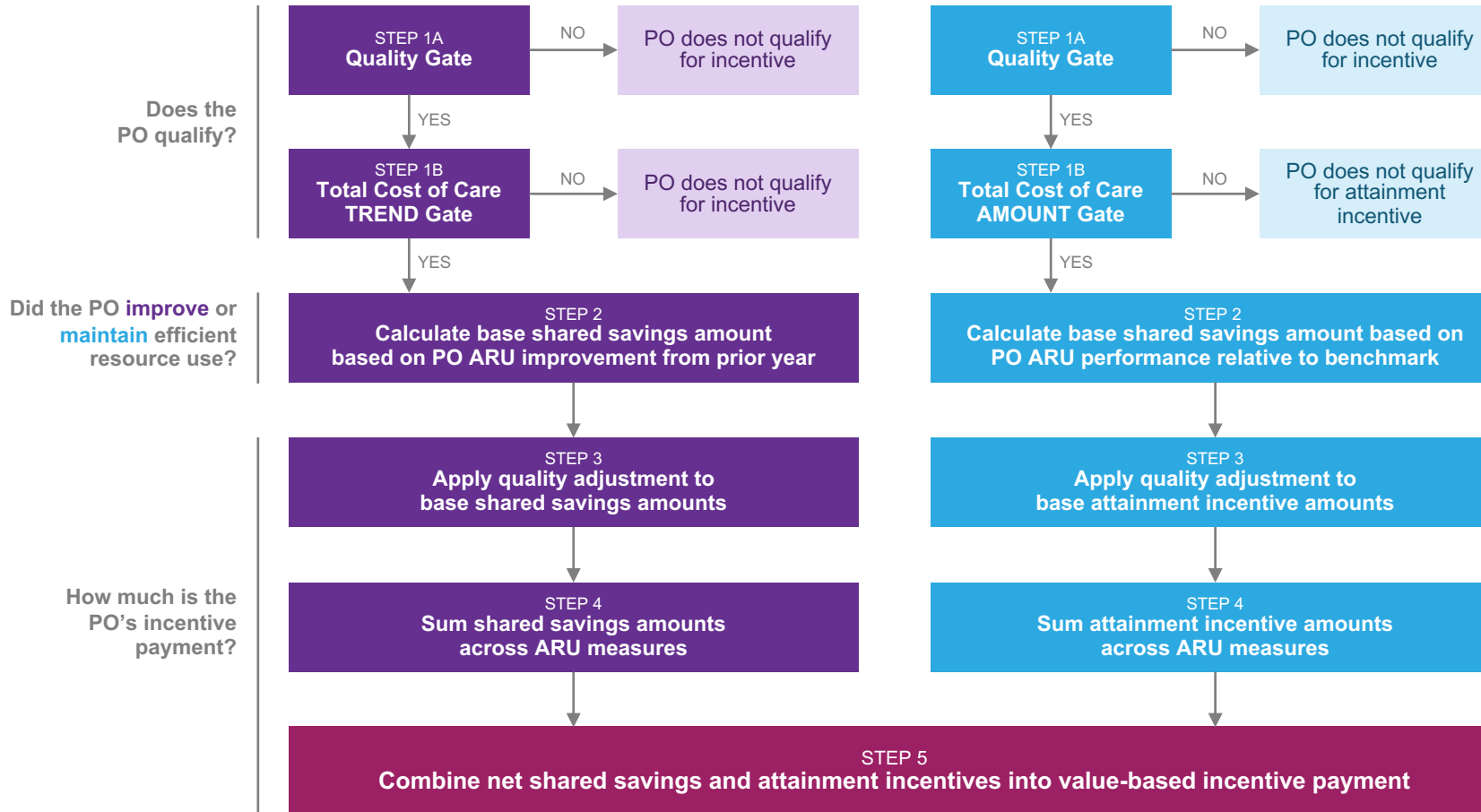
AMP incentive design

IHA value-based incentive design – shared risk POs

Standard, pre-COVID-19 methodology

Improvement (shared savings)

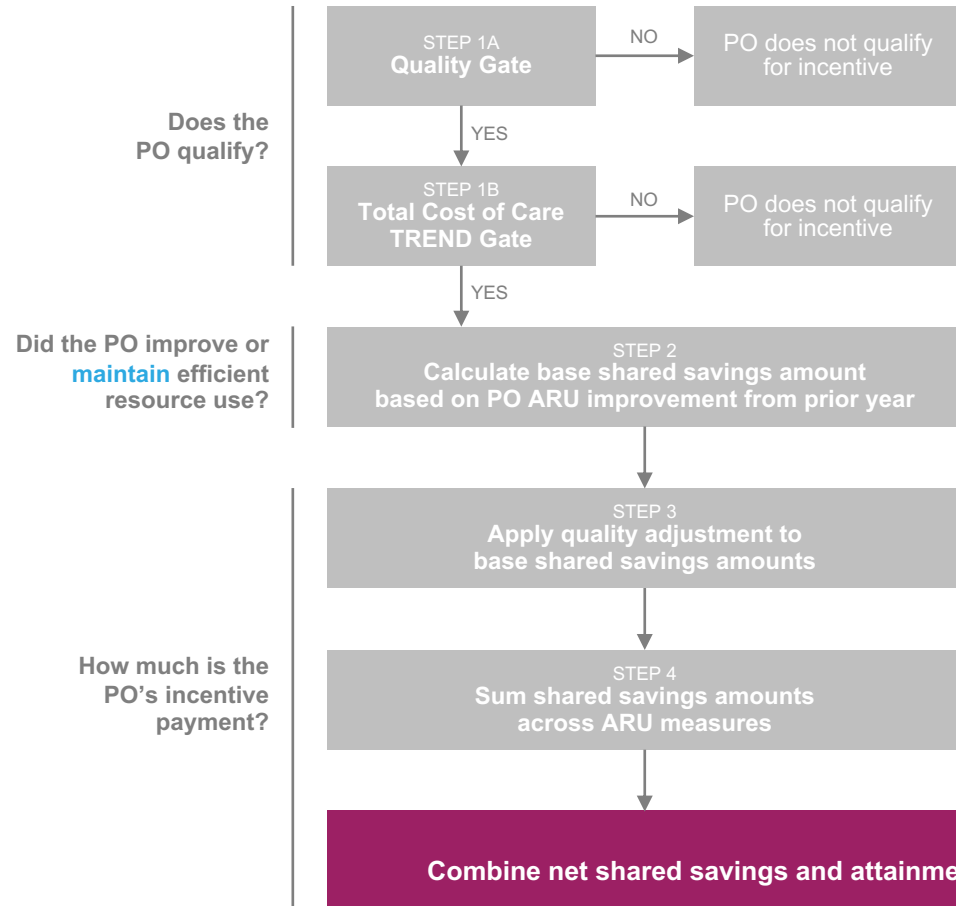
Attainment



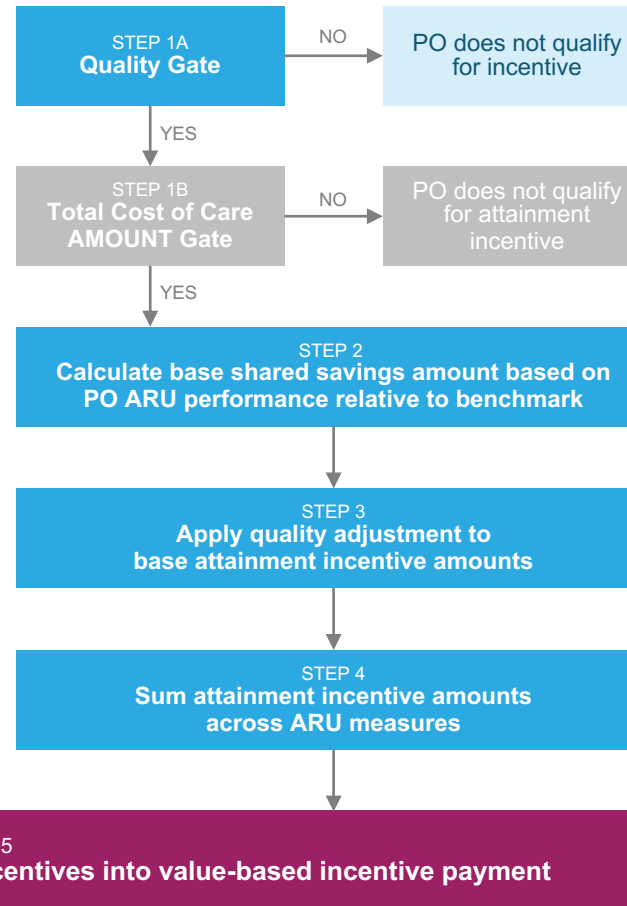
IHA value-based incentive design – shared risk POs

MY 2020-2021 modifications to standard methodology

Improvement (shared savings)



Attainment



Fully utilize attainment pathway to calculate incentive payments

Waive TCOC Trend and Amount Gates; only Quality Gate is used to determine PO incentive eligibility

Use expanded set of attainment targets to quantify incentive amounts

Updated performance targets per utilization measure (\$ PMPY)



MY 2022-2023 incentive design approach

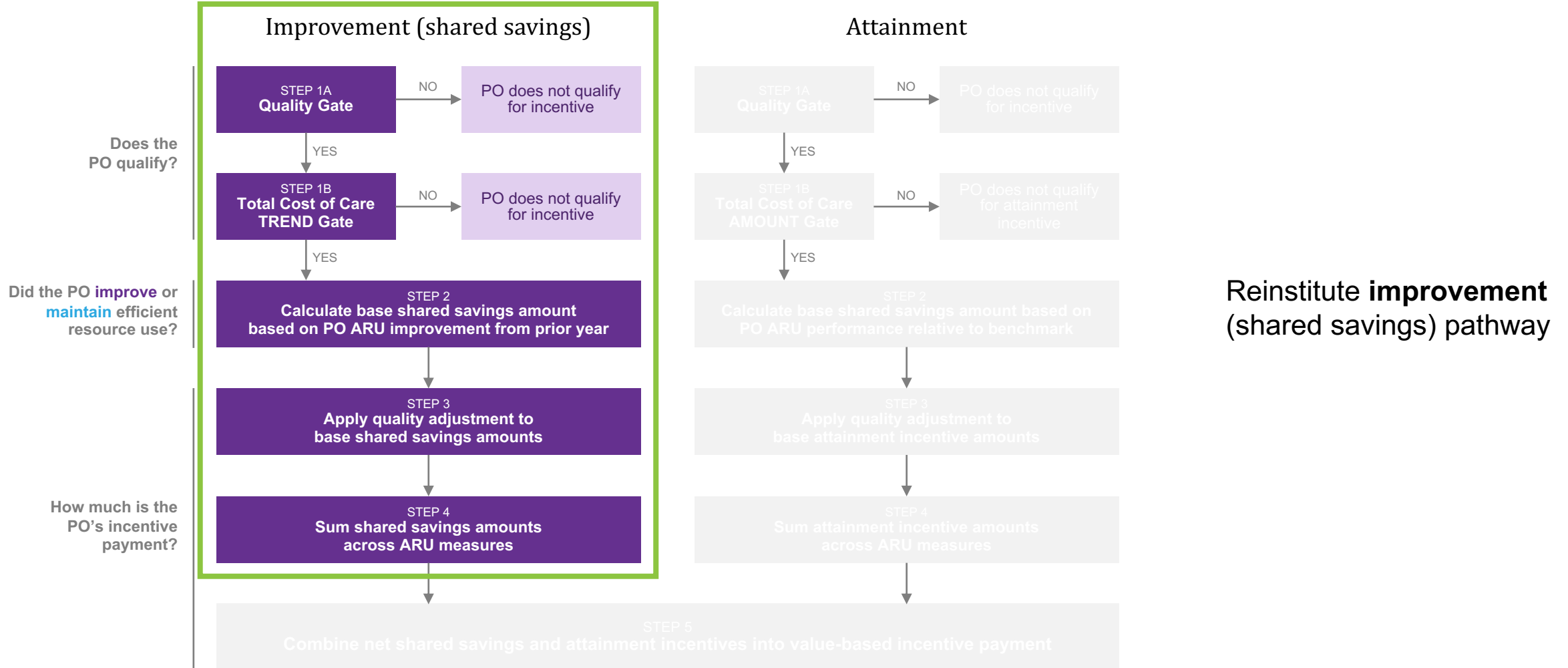
Approved by IHA committees in Q2

- Set incentive design for **next two measurement years** (i.e., MY 2022 and MY 2023)
- Return to **standard** IHA value-based incentive design methodology
 - Contingencies may apply
- Introduce **new enhancements**:
 - Higher Quality Gate
 - Recalibrated Quality Multiplier (*shared risk incentive design only*)
 - Updated TCOC Adjuster (*full risk incentive design only*)
- **MY 2022 ONLY – Exclusion of Advancing Care Information (ACI) domain** when calculating Quality Composite Scores (QCS) results for AMP Commercial HMO POs
 - **Rationale:** Alignment with recent CMS suppression
 - **Impact:** A PO may earn up to 60 points for its performance on clinical quality measures and up to 30 points for its performance on patient experience measures, culminating in a maximum QCS of 90 points

Please refer to the [technical overview](#) for details.

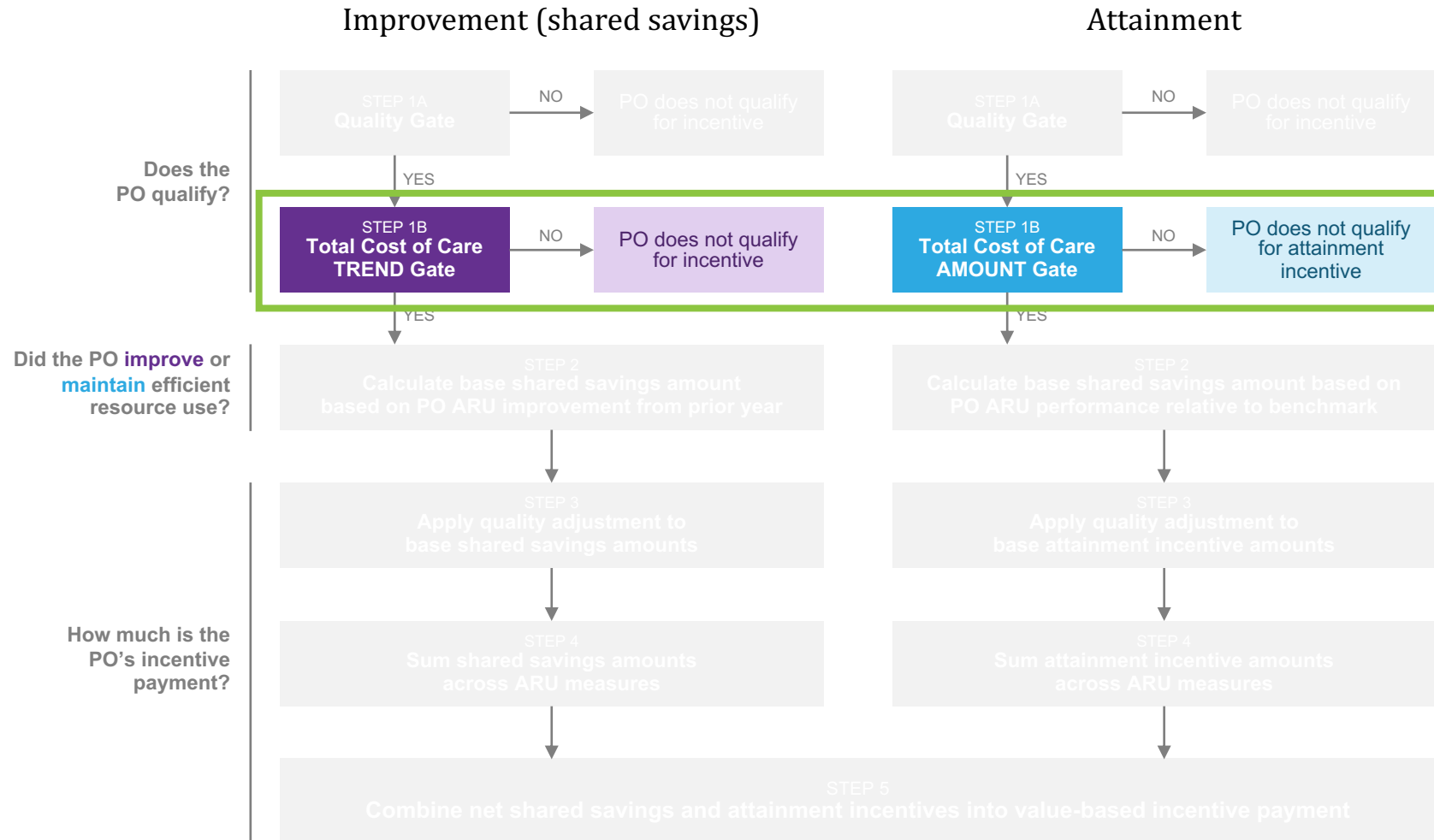
IHA value-based incentive design – shared risk POs

Return to **standard** methodology in MY 2022-2023



IHA value-based incentive design – shared risk POs

Return to **standard** methodology in MY 2022-2023



Reinstitute **TCOC Trend and Amount Gates** to determine PO incentive eligibility for improvement and attainment incentives, respectively

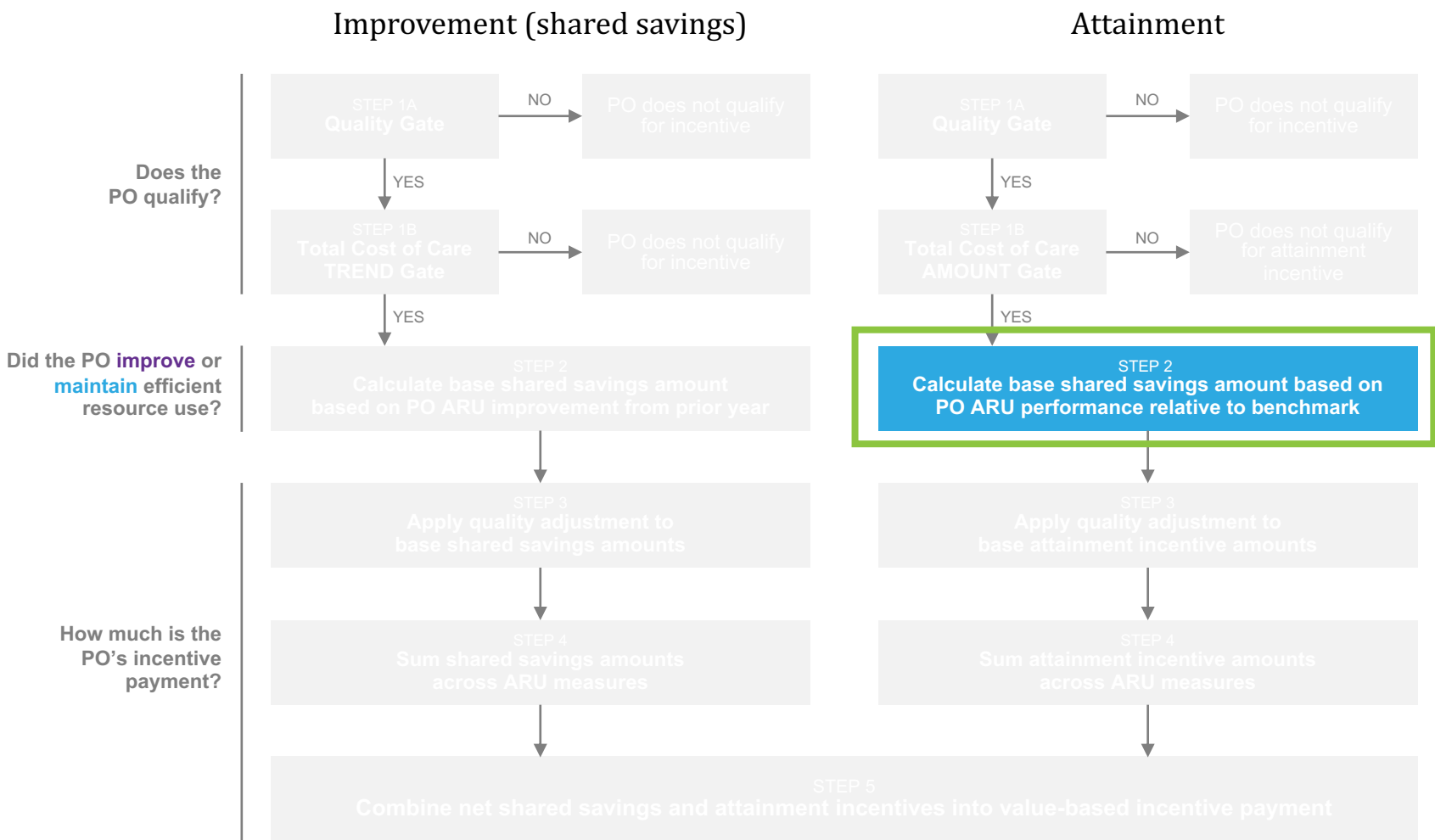
Proposed update for MY 2022 only:

Pending PGC approval, use the following TCOC Trend Gate thresholds:

- **Standard POs:** Three-year average percent change in the Consumer Price Index (CPI) + 3%
- **High-Cost POs:** Three-year average percent change in the CPI + 1%

IHA value-based incentive design – shared risk POs

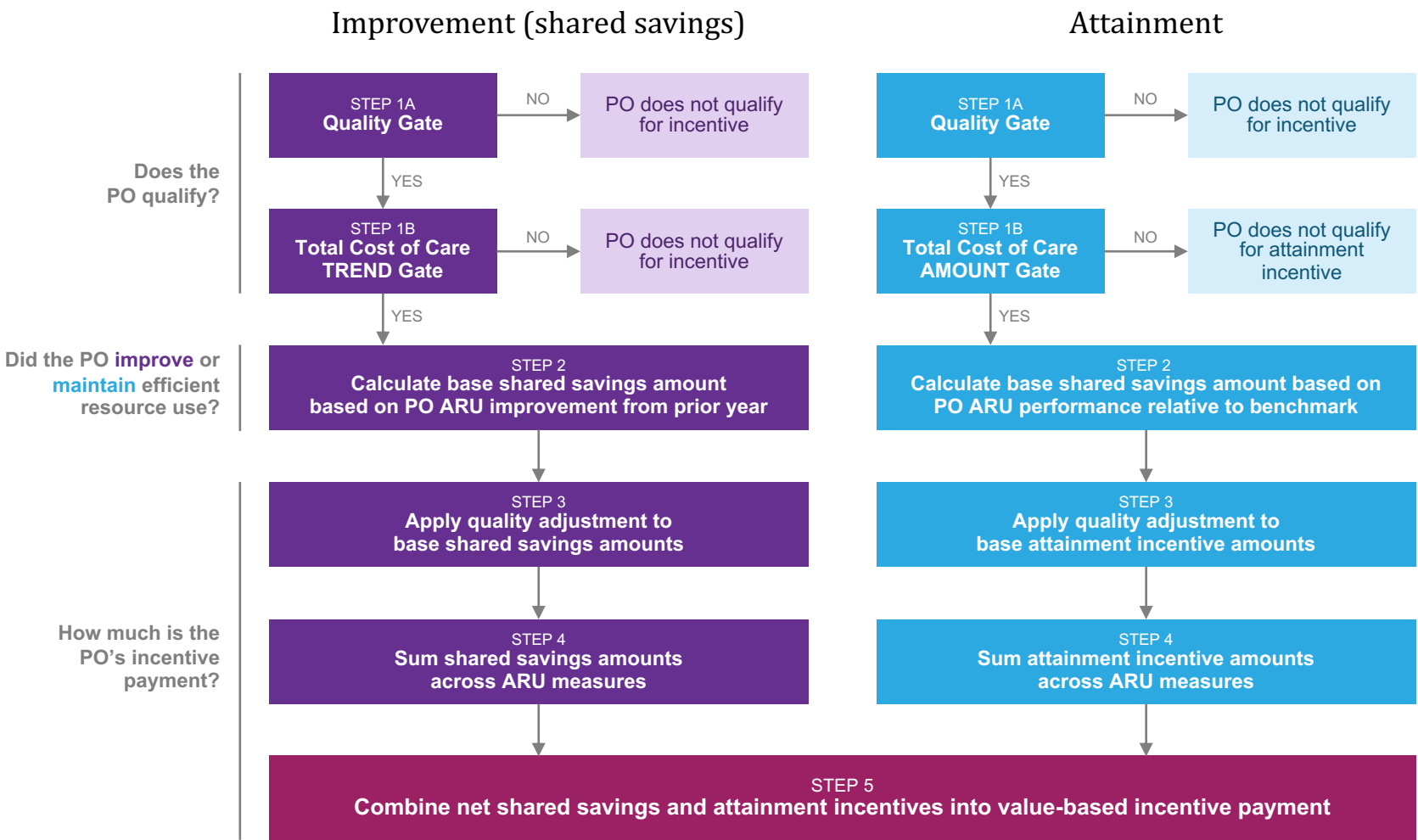
Return to **standard** methodology in MY 2022-2023



Reward POs for exceptional resource use stewardship by returning to **the two-tier set of attainment targets** (75th and 90th percentiles)

IHA value-based incentive design – shared risk POs

MY 2022 modifications to standard methodology denoted in red



Quality uses and trends

What is included in AMP quality results?

Clinical quality

- FinThrive audited submission
- Onpoint validated submission

Patient experience

- Patient Assessment Survey administered by PBGH

Advancing care information

- FinThrive audited submission

How quality results are used for accountability

AMP accountability use	Product	Accountability use components	Domain
Incentive Design	Commercial HMO & Medi-Cal Managed Care	<ul style="list-style-type: none"> Quality Composite Score <ul style="list-style-type: none"> ✓ Quality Gate for incentive eligibility <ul style="list-style-type: none"> – (applies to both shared risk and full risk) ✓ Quality Adjuster 	<ul style="list-style-type: none"> Clinical Quality Patient Experience
Public Recognition Awards	Commercial HMO	<ul style="list-style-type: none"> Excellence in Healthcare 	<ul style="list-style-type: none"> Clinical Quality Patient Experience Total Cost of Care
		<ul style="list-style-type: none"> Ronald P. Bangasser, MD, Memorial Recognition for Quality Improvement 	<ul style="list-style-type: none"> Clinical Quality Patient Experience
		<ul style="list-style-type: none"> Top 10% in each domain: <ul style="list-style-type: none"> ✓ Quality ✓ Patient Experience ✓ Cost 	<ul style="list-style-type: none"> Clinical Quality Patient Experience Total Cost of Care
	Medicare Advantage	<ul style="list-style-type: none"> 4.5 & 5-Star Recognition Most Improved 	<ul style="list-style-type: none"> Clinical Quality
Public Reporting	Commercial HMO & Medicare Advantage	<ul style="list-style-type: none"> Center for Data Insights and Innovation (CDII) Medical Group Reporting for Commercial HMO and Medicare Advantage 	<ul style="list-style-type: none"> Clinical Quality Total Cost of Care (HMO only)

MY 2022 measure set highlights – Quality

Measure set changes

	Measure	Commercial HMO	Medicare Advantage	Medi-Cal Managed Care
Testing Measures	Kidney Health Evaluation in Patients with Diabetes (KED)	Testing	Testing	Testing
	Prenatal Immunization Status (PRS-E)	Testing		Testing
	Child and Adolescent Well-Care Visits (WCV)	Testing		X
Updated Measures	Blood Pressure Control for Patients with Diabetes (BPD)	X		X
	Eye Exam for Patients with Diabetes (EED)	X	X	X
	Hemoglobin A1c Control for Patients With Diabetes: HbA1c control <8.0% (HPD)	X		X
	Hemoglobin A1c Control for Patients With Diabetes: Poor HbA1c control >9.0% (HPD)	X	X	X
Retired Measures	Optimal Diabetes Care: Combination (HbA1c Control, Eye Exam, BP Control, Med Attn. Nephropathy) (CDC)	Retired		Retired
	Comprehensive Diabetes Care: HbA1c Testing (One Test) (CDC)			Retired
	Comprehensive Diabetes Care: Medical Attention for Nephropathy (CDC)	Retired	Retired	Retired
	Disease Modifying Anti Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)		Retired	

MY 2022 measure set highlights – Quality and ARU

Measures with trending breaks

Measure	What caused the trending break?	How IHA addressed trending break
Colorectal Cancer Screening (COL)	<ul style="list-style-type: none">Expand the age range criteria from 50-75 years of age (MY 2021) to 45-75 years of age (MY 2022)Added age stratifications	<ul style="list-style-type: none">Used the comparable age stratification (Colorectal Cancer Screening: Ages 50-75 Years (COL5075) to support trending between MY 2021 and MY 2022.
Acute Hospital Utilization (AHU)	<ul style="list-style-type: none">Clarification that the hospice exclusion is requiredUpdated step 3 of the Calculation of Observed EventsAdded an exclusion for planned hospital stays to step 3 of the Calculation of Observed Events	<ul style="list-style-type: none">Recalculated the measure for both MY 2021 and MY 2022 using MY 2022 measure specifications to support trending between MY 2021 and MY 2022.

- **2 measures with trending breaks due to specification changes**, IHA able to support trending for both

MY 2022 measure set highlights – Patient experience and quality

Patient Assessment Survey (PAS) Medi-Cal reliability

- To address the low reliability of PAS scores for Medi-Cal groups, IHA and PBGH agreed to update the current methodology to a minimum N approach
 - Sets a reasonable sample size (N) for Medi-Cal POs and uses 2-year scores without the consideration of reliability
 - Would allow for most Medi-Cal groups' results to be included for AMP
 - This approach is used in other survey programs and would be appropriate for this application
 - This change means the methodologies for Commercial HMO and Medi-Cal are no longer aligned

Clinical Quality Trends

- Improvement / recovery from COVID-related decreases
 - Cancer screenings
 - Childhood immunizations
- Largest improvement seen in blood pressure screening for members with hypertension and diabetes
 - A return to regular, in-person care
- Appropriate Testing for Pharyngitis (CWP) and Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB) are event-based measures that track mid-year.
 - In MY21, CWP numerators and denominators increased, whereas AAB rates did not recover from COVID until MY22
 - Expect to see increases in AAB numerators and denominators and continued increases in CWP numerators and denominators

Commercial HMO clinical quality trends

Priority Area	Measure	MY 2021 Mean Rate (%)	MY 2022 Mean Rate (%)	Percentage point difference (raw)
Behavioral Health & Substance Abuse	Concurrent Use of Opioids and Benzodiazepines (COB) – Lower is better	9.27	7.94	-1.33
Cardiovascular	Controlling High Blood Pressure (CBP)	48.60	52.61	4.01
	Proportion of Days Covered by Medications: RAS Antagonists (PDCA)	75.56	76.35	0.79
	Proportion of Days Covered by Medications: Statins (PDCS)	71.08	71.74	0.66
	Statin Therapy for Patients with Cardiovascular Disease (SPC)	84.42	82.98	-1.44
Diabetes	Blood Pressure Control for Patients With Diabetes (BPD)	49.46	53.67	4.21
	Eye Exam for Patients With Diabetes (EED)	49.70	51.69	1.99
	Hemoglobin A1c Control for Patients with Diabetes: HbA1c control <8.0% (HBD)	57.67	58.03	0.36
	Hemoglobin A1c Control for Patients with Diabetes: Poor HbA1c control >9.0% (HBD) - Lower is better	32.28	32.46	0.18
	Proportion of Days Covered by Medications: Oral Diabetes Medications (PDCD)	73.46	74.05	0.59
	Statin Therapy for Patients with Diabetes (SPD)	69.59	70.01	0.42

Mean rates include Kaiser POs

Key

+/-1% or more improvement in rate (better)

% difference between -1% and +1%

+/-1% or more decline in rate (worse)

Commercial HMO clinical quality trends (cont.)

Priority Area	Measure	MY 2021 Mean Rate (%)	MY 2022 Mean Rate (%)	Percentage point difference (raw)
Prevention & Screening	Breast Cancer Screening (BCS)	70.81	73.80	2.99
	Cervical Cancer Overscreening (CCO) - Lower is better	19.95	19.50	-0.45
	Cervical Cancer Screening (CCS)	70.93	70.23	-0.70
	Childhood Immunization Status: Combination 10 (CIS)	55.32	54.79	-0.53
	Chlamydia Screening in Women (CHL)	54.14	53.63	-0.51
	Colorectal Cancer Screening (COL)	58.09	57.07	-1.02
	Immunizations for Adolescents: Combination 2 (IMA)	38.29	39.63	1.34
Respiratory	Appropriate Testing for Pharyngitis (CWP)	39.90	45.97	6.07
	Asthma Medication Ratio (AMR)	81.70	81.95	0.25
	Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis/Bronchiolitis (AAB)	64.83	65.38	0.55

Mean rates include Kaiser POs

Key		
+/-1% or more <u>improvement</u> in rate (better)	% difference between -1% and +1%	+/-1% or more <u>decline</u> in rate (worse)

Appropriate Resource Use (ARU) and Total Cost of Care (TCOC) – Uses and trends

How ARU and TCOC results are used for accountability

Accountability use	Product	Accountability use components	Domain
Public Reporting	<ul style="list-style-type: none"> Commercial HMO Medicare Advantage 	Center for Data Insights and Innovation (CDII) Medical Group Reporting	<ul style="list-style-type: none"> ARU (PCR only) TCOC (HMO only)
Public Recognition Awards	<ul style="list-style-type: none"> Commercial HMO 	Excellence in Healthcare	<ul style="list-style-type: none"> TCOC
		Top 10% in each domain: Quality, Patient Experience, Cost	<ul style="list-style-type: none"> TCOC
Incentive Design	<ul style="list-style-type: none"> Commercial HMO Medi-Cal Managed Care 	<ul style="list-style-type: none"> Shared risk design <ul style="list-style-type: none"> ARU: base shared savings calculation TCOC: TCOC Trend Gate (for improvement/shared savings incentives), TCOC Amount Gate (for attainment incentives) Full risk design <ul style="list-style-type: none"> TCOC: TCOC Trend Gate, TCOC Adjuster 	<ul style="list-style-type: none"> TCOC ARU

Which ARU/TCOC results are used in the incentive design?

- Measure performance is **based on a PO's specific result with each contracted health plan**.
- POs must have **two years of results** (baseline and current measurement year).
- Improvement and attainment incentives in the shared risk incentive design are **calculated for each ARU measure**.

Measure	Directionality	Risk-Adjusted?	Applicable Incentive Design(s)	Incentive Design Element and PO Result Used
Acute Hospital Utilization (AHU)	Lower-is-better	Yes*	Shared risk only	<ul style="list-style-type: none"> • Improvement pathway: Unnormalized observed-to-expected ratio** • Attainment pathway: Risk-adjusted rate**
Emergency Department Utilization (EDU)	Lower-is-better	Yes*	Shared risk only	<ul style="list-style-type: none"> • Improvement pathway: Unnormalized observed-to-expected ratio** • Attainment pathway: Risk-adjusted rate**
All-Cause Readmissions (PCR)	Lower-is-better	Yes*	Shared risk only	<ul style="list-style-type: none"> • Improvement pathway: Unnormalized observed-to-expected ratio** • Attainment pathway: Risk-adjusted rate**
Outpatient Procedures Utilization – Percent Done in a Preferred Facility (OSU)	Higher-is-better	No	Shared risk only	<ul style="list-style-type: none"> • Improvement and attainment pathways: Observed rate (% preferred facility)**
Generic Prescribing (GRX)	High-is-better	No	Shared risk only	<ul style="list-style-type: none"> • Improvement and attainment pathways: Observed rate (% generics)**
Total Cost of Care (TCOC)	Lower-is-better	Yes***	Shared risk and full risk	<ul style="list-style-type: none"> • TCOC Trend Gate (shared risk and full risk): Risk-adjusted TCOC Trend with lower 85% confidence interval • TCOC Amount Gate (shared risk only) and TCOC Adjuster (full risk only): Geography- and risk-adjusted TCOC, \$250K truncation per member applied

*Measures are risk-adjusted using Hierarchical Condition Categories (HCC).

**Pooled results are available for small POs (PO < 5,000 member years).

***Measure is risk-adjusted using the Johns Hopkins Adjusted Clinical Groups (ACG).

Preliminary AMP Commercial HMO ARU and TCOC mean rates

Measure Set for MY 2021		MY 2021 Mean Rate	MY 2022 Mean Rate	% Difference (2021 and 2022)
PAID Measures	Outpatient Procedures Utilization (OSU)	39.66	40.27	1.5%
	Acute Hospital Utilization (AHU)	22.56	20.04	-11.2%
	Emergency Department Utilization (EDU)	125.61	134.13	5.9%
	All-Cause Readmissions (PCR)	3.95	4.17	5.6%
	Generic Prescribing Rate (GRX)	91	91	0.0%
	Total Cost of Care (geography- and risk-adjusted, with \$250K truncation) (TCOC)	\$314.90	\$333.54	5.9%
Info Only	Hospital Average Length of Stay (excl. maternity) (HALOS)	6.2	5.8	-6.5%

Notes:

- GRX and OSU are higher-is-better; all other measures are lower-is-better.
- AHU, EDU, and PCR: Risk-adjusted using HCCs.
- TCOC: Geography- and risk-adjusted using GAFs and ACGs, respectively.

Key

+/-5% or more
improvement in
rate (better)

% difference
between
-5% and +5%

+/-5% or more
decline in rate
(worse)

Implementation update for MY 2022 and beyond

Calculate AMP Commercial HMO TCOC results using unnormalized risk scores

Implementation Update

For **MY 2022 and beyond**, **AMP Commercial HMO TCOC** results will be calculated using **unnormalized risk scores**. This update applies across **all AMP use cases** (i.e., benchmarking, incentive design, public reporting, and recognition awards).

Rationale

- Mitigates risk of significant shifts in the normalization factor impacting year-over-year trending
- Aligns with improvement (shared savings) incentives approach, which uses unnormalized observed-to-expected ratios to calculate units of improvement
- Aligns TCOC methodology across product lines
- Simplifies TCOC methodology and incentive design
- AMP participants have access to other TCOC fields for indexing purposes:
 - Risk-Adjusted TCOC Index (Untruncated)
 - Risk-Adjusted TCOC Index (\$250K Truncation Per Member Applied)

Accessing the Onpoint PRP

Julia Tremaroli, *Project Manager, Program Operations*

General Performance Reporting Portal (PRP) information

Please continue to update contacts on both portals

Performance Reporting Portal

- Houses all results MY 2021 and beyond
- Onpoint's Performance Reporting Portal (PRP) serves as the single source for AMP Program portal needs, allowing access to both **PO- and member-level reporting in one location.**

AMP Analytics Portal

- IHA's AMP Analytics portal will contain **historical AMP results**—MY 2020 and prior years'—for reference and QA purposes.
- IHA will also continue using this portal for other items such as Participation Confirmation (contracting) and contacts management.

Note: The PRP is a newly enhanced resource. Onpoint and IHA will continue to work through functionality improvements as they arise.

PRP vs AMP Analytics Portal capabilities

The PRP houses all results as of MY 2021

Performance Reporting Portal

MY 2021 and beyond: FinThrive, PBGH, and Onpoint-generated results

AMP reports

- Summary Results
- Quality Composite Score
- AMP Worksheets

AMP downloads

- PO-specific downloads
- California Program-Wide downloads

AMP Analytics Portal

MY 2012 – MY 2020: FinThrive, PBGH, and Onpoint-generated results

AMP reports

- Summary Results
- Quality Composite Score
- AMP Worksheets

AMP downloads

- PO-specific downloads
- California Program-Wide downloads

PRP account set up

Admin access vs User access

Primary Users will have ‘Admin’ access, Secondary Users will have ‘User’ access.

- Please see the differences between Admin access and User access in the PRP:

Function	Admin	User
View Measure Results	✓	✓
Review Documentation	✓	✓
Customize Dashboard View	✓	✓
Add/Edit/Deactivate Contacts from organization	✓	

- Note that the PRP contains PHI and member-level data, so **it is critical** that **Primary Users/Admins** regularly **update and manage user access for Secondary Users at their organization.**


Setting up PRP access

- PRP admins, please ensure that all members of your team have access to the PRP.
- Your organization's admin can edit, remove, and add new users.
 - View further instructions on how PRP admins can edit contacts on the portal [here](#).
- Most organizations should already have an admin user assigned. However, if your organization does not have an admin user, please have your organization's admin reach out to amp@iha.org and complete [this form](#).
 - IHA will work with your organization's admin and the Onpoint team at prp-support@onpointhealthdata.org to assist with account enrollment and troubleshoot any PRP user management questions.

PRP tutorial

Logging on

Sign in using multi-factor authentication at https://iha-prp.onpointhealthdata.org/users/sign_in



Integrated
Healthcare
ASSOCIATION

Performance Reporting Portal

Sign In

Email Address


Password

☐ Remember Me

Sign In

Forgot your password?

Contact Portal Administrator
Portal Support Line: 207-623-2555



Integrated
Healthcare
ASSOCIATION

Performance Reporting Portal

Multi-Factor Authentication

Please enter your Performance Reporting Portal authentication code from your phone's Authy app or via one of the options identified below.

Submit

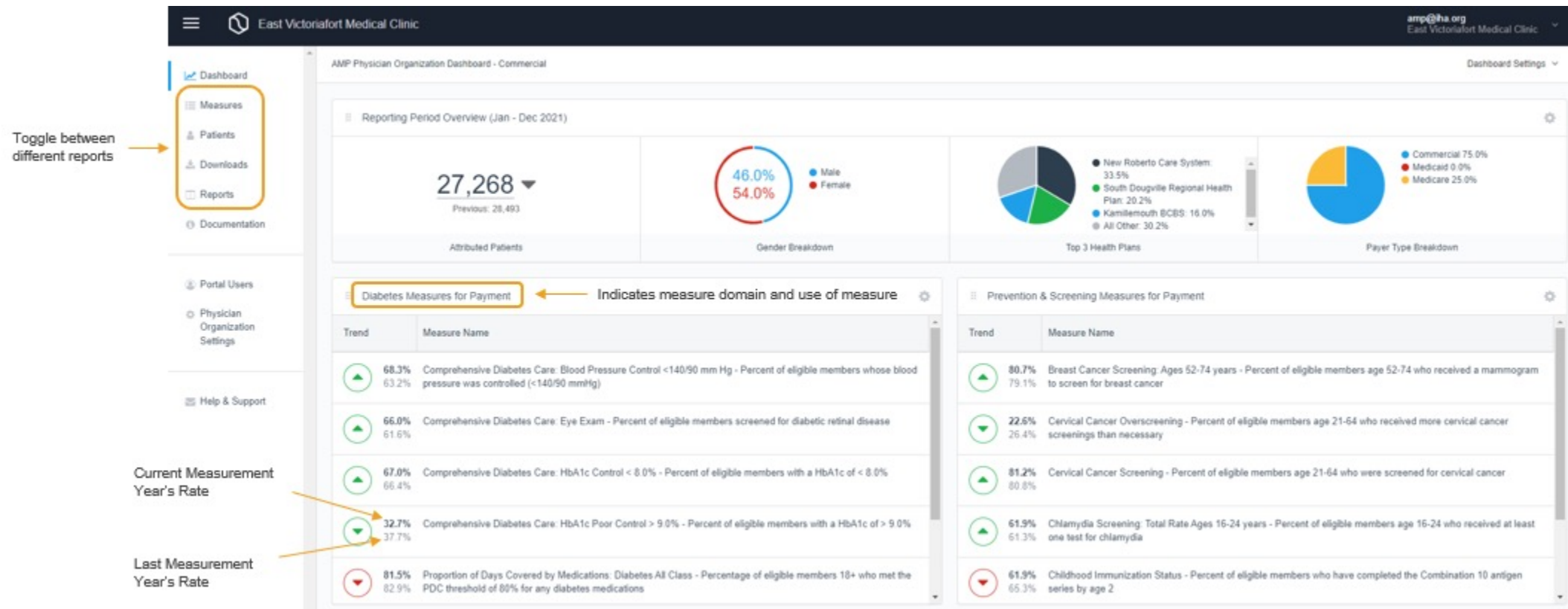
Request a multi-factor authentication code via one of the options identified below.

SMS Message Phone Call

Sign in as a different user
Contact Portal Administrator
Portal Support Line: 207-623-2555

Dashboards and widgets

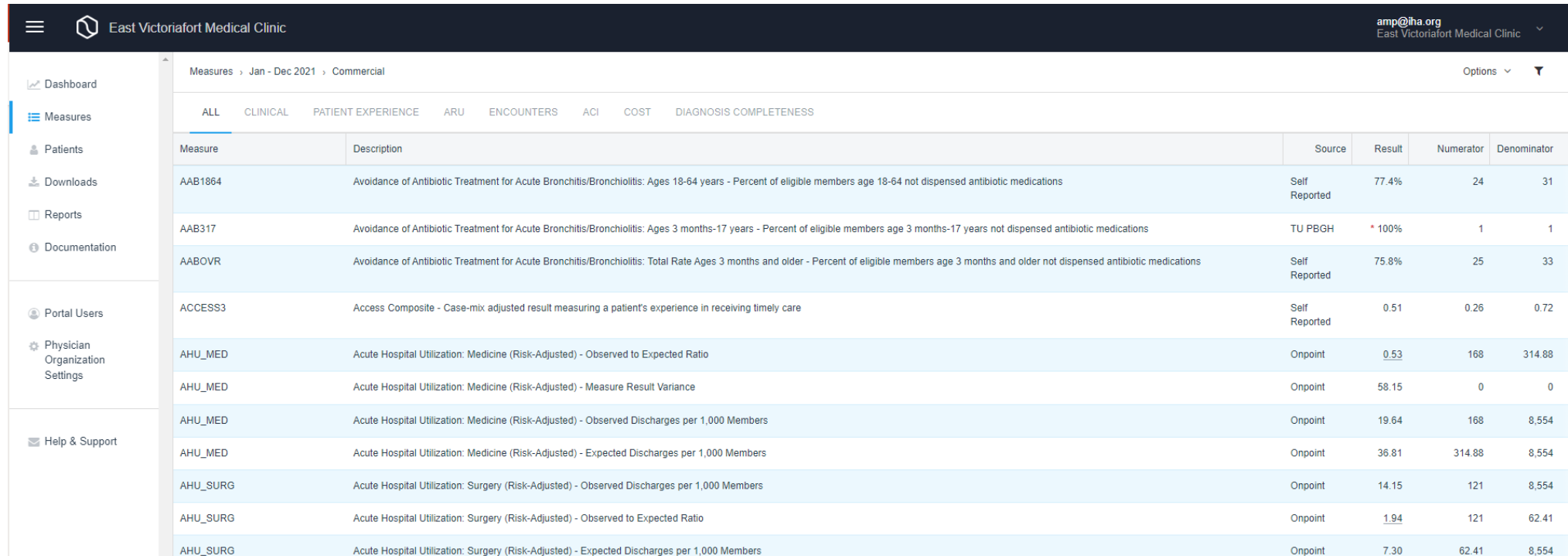
Understand high-level and targeted elements of your organization's data



Note: The Health Plan view and PO view may have different widgets loaded into the environment.

Measures

The 'Measures' tab contains results for each measure associated with your organization, organized by measure domain. Users can filter results by health plan (PO only), payer, and measures used for benchmark by clicking on the filter button in the upper right corner.



Measures > Jan - Dec 2021 > Commercial						Options	
ALL CLINICAL PATIENT EXPERIENCE ARU ENCOUNTERS ACI COST DIAGNOSIS COMPLETENESS							
Measure	Description	Source	Result	Numerator	Denominator		
AAB1864	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 18-64 years - Percent of eligible members age 18-64 not dispensed antibiotic medications	Self Reported	77.4%	24	31		
AAB317	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 months-17 years - Percent of eligible members age 3 months-17 years not dispensed antibiotic medications	TU PBGH	* 100%	1	1		
AABOVR	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Total Rate Ages 3 months and older - Percent of eligible members age 3 months and older not dispensed antibiotic medications	Self Reported	75.8%	25	33		
ACCESS3	Access Composite - Case-mix adjusted result measuring a patient's experience in receiving timely care	Self Reported	0.51	0.26	0.72		
AHU_MED	Acute Hospital Utilization: Medicine (Risk-Adjusted) - Observed to Expected Ratio	Onpoint	0.53	168	314.88		
AHU_MED	Acute Hospital Utilization: Medicine (Risk-Adjusted) - Measure Result Variance	Onpoint	58.15	0	0		
AHU_MED	Acute Hospital Utilization: Medicine (Risk-Adjusted) - Observed Discharges per 1,000 Members	Onpoint	19.64	168	8,554		
AHU_MED	Acute Hospital Utilization: Medicine (Risk-Adjusted) - Expected Discharges per 1,000 Members	Onpoint	36.81	314.88	8,554		
AHU_SURG	Acute Hospital Utilization: Surgery (Risk-Adjusted) - Observed Discharges per 1,000 Members	Onpoint	14.15	121	8,554		
AHU_SURG	Acute Hospital Utilization: Surgery (Risk-Adjusted) - Observed to Expected Ratio	Onpoint	1.94	121	62.41		
AHU_SURG	Acute Hospital Utilization: Surgery (Risk-Adjusted) - Expected Discharges per 1,000 Members	Onpoint	7.30	62.41	8,554		

Note: Health plans will not be able to view FinThrive or PBGH data under the Measures view as these two data sources do not have an aggregated plan-level view. In order to navigate to plan-PO rates, navigate to the Organizations tab.

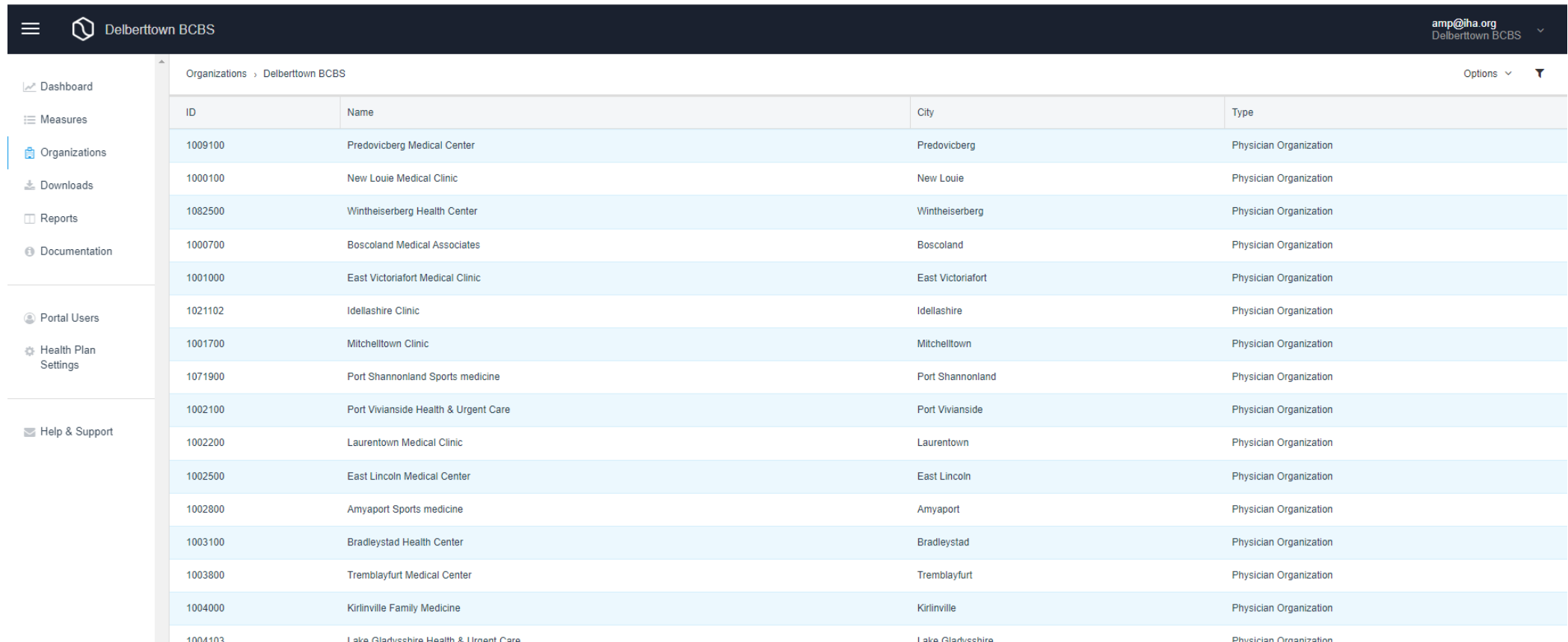
PO view: Patients

- Provider Organizations can find a list of each attributed patient by navigating to the 'Patients' tab.
- User can see further information associated with member, including all attributed organizations, by clicking on the desired member from the Patients view.

East Victoriafort Medical Clinic						amp@iha.org East Victoriafort Medical Clinic
East Victoriafort Medical Clinic Patients						Options ▾
ID	First Name	Last Name	DOB	Gender	Payer	
31494035943	Cyril	Bradtke		M	Medicare	
22441000005836901	Delfina	Corwin		F	Commercial	
34528908996	Helena	Collins		M	Commercial	
35708222966	Fannie	Halvorson		M	Commercial	
35707950321	Gerda	Hyatt		M	Commercial	
35780936979	Chloe	Casper		F	Commercial	
22414100813371001	Katelynn	Windler		M	Medicare	
16759366712	Francisca	Mraz		M	Commercial	
31494026331	Kaylah	Bergstrom		M	Medicare	
31494059343	Lucy	Wisozk		F	Medicare	
34635541425	Florine	Borer		F	Commercial	
34635691618	Edythe	Schowalter		F	Commercial	
27204099782	Kaya	Hoeger		F	Commercial	
31476000007610301	Mafalda	Boehm		M	Commercial	

HP view: Organizations

- For Health Plans, the 'Organizations' tab provides a list of each attributed Provider Organization. User can filter by clicking on the Filter button in the upper right corner.
- To find HP/PO rates, click on the desired PO from the Organizations view



ID	Name	City	Type
1009100	Predovicberg Medical Center	Predovicberg	Physician Organization
1000100	New Louie Medical Clinic	New Louie	Physician Organization
1082500	Wintheiserberg Health Center	Wintheiserberg	Physician Organization
1000700	Boscoland Medical Associates	Boscoland	Physician Organization
1001000	East Victoriafort Medical Clinic	East Victoriafort	Physician Organization
1021102	Idellashire Clinic	Idellashire	Physician Organization
1001700	Mitchelltown Clinic	Mitchelltown	Physician Organization
1071900	Port Shannonland Sports medicine	Port Shannonland	Physician Organization
1002100	Port Vivianside Health & Urgent Care	Port Vivianside	Physician Organization
1002200	Laurentown Medical Clinic	Laurentown	Physician Organization
1002500	East Lincoln Medical Center	East Lincoln	Physician Organization
1002800	Amyaport Sports medicine	Amyaport	Physician Organization
1003100	Bradleystad Health Center	Bradleystad	Physician Organization
1003800	Tremblayfurt Medical Center	Tremblayfurt	Physician Organization
1004000	Kirlinville Family Medicine	Kirlinville	Physician Organization
1004100	Lake Gladveshire Health & Urgent Care	Lake Gladveshire	Physician Organization

Downloads

Navigate to the 'Downloads' tab to find relevant downloadable documents such as Benchmarks and Supplemental documents.



Downloads

All AMP Results

MY 2022 & MY 2021 AMP Results Download

Includes a zip folder with three files: summary measure results, supplemental Appropriate Resource Use (ARU) measure results, and supplemental Total Cost of Care (TCOC) measure results by reporting period, with each year on a separate row. The summary measure results include both the PO's plan-aggregated and self-reported results, denoted by 'Provider Organization' in the Measure Summarization Level column or 'Self Reported' in the Measure Source column respectively. The supplemental measure results will also include PO plan-aggregated results.



Quality Composite Scores (QCS) and Quality Achievement Scores (exclusive to provider organizations) results will be two additional files available concurrently with the incentive design deliverables release.

 Download MY 2022 & MY 2021 |  Previous Measurement Years

California Program-Wide AMP Summary Statistics

MY 2022 & MY 2021 Benchmarks Download

Summary statistics and percentiles for provider organizations across California, by measure and domain, including testing measures. With the exception of cost, two versions of the statistics are available: one that includes and one that excludes the 28 Kaiser Permanente locations.



 Download MY 2022 & MY 2021 |  Download MY 2020

AMP PO Worksheets

MY 2022 AMP PO Worksheet

The AMP PO Worksheet is intended to depict the value based incentive design using your organization's own performance on Quality, Appropriate Resource Use, and Total Cost of Care for the measurement year. Worksheet cells can be dynamically changed to understand the impacts of various performance levels on health plan-specific incentives.

Note: the calculations are not intended to reflect the actual payments that you will receive from participating health plans; they are provided for illustration of the general design. The recommended value based AMP methodology includes several optional design elements, such as various set thresholds and values, that health plans may or may not adapt.

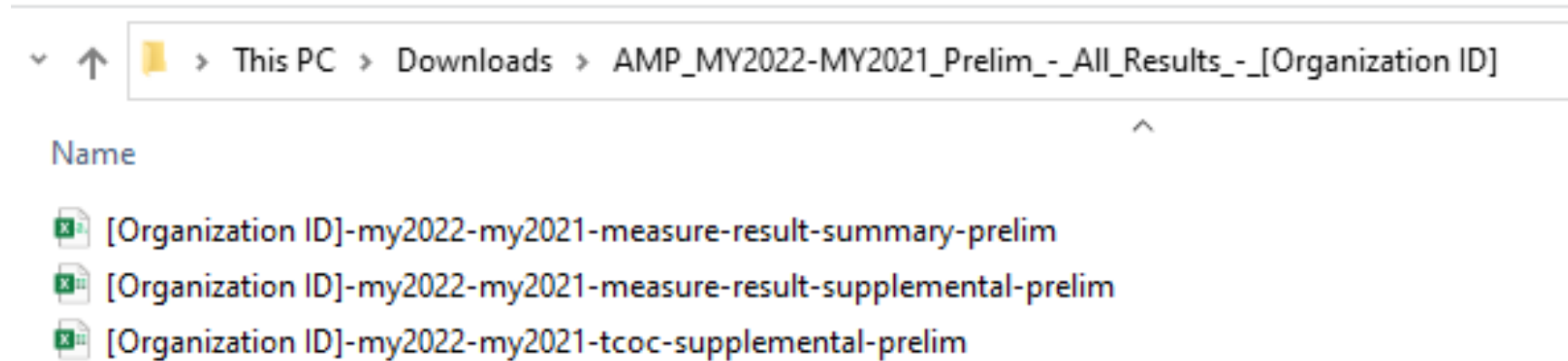
 Download MY 2022 |  Download MY 2021

Note: You can only find the Risk-Adjusted, Geography-Adjusted TCOC measures in the TCOC Supplemental document. Enrollment can only be accessed through the Measure Result Supplemental document. These measures are not found on the Measures tab.

Additional note: the screenshot above displays the PO view of the PRP. Health Plan view shows similar documents available for download.

All AMP Results

All AMP Results download results in a zip file with 3 file types



Measure Result Summary

Use the Measure Result Summary file to compare your all-plan aggregated results against your individual plan results for each contracted health plan. Check for consistency across results and year-over-year consistency of your measure results.

Report End Date	Measure Summarization Level	Identifier	PO Name	Payer ID	Payer Name	Measure ID	Measure Sub ID	Measure Code	Domain	Measure Summary Units	Numerator Description	Denominator Description	Numerator	Denominator	Raw Measure Result	Risk Adjusted Score	Product Type	Measure Source
12/31/2022	Provider Organization			-1	IHA	1338	13385	ENFMT_DXPCT	Encounter	Percent of Claims/Encounters	Valid Diagnosis Code Populated	Total Claims and Encounters				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	989	9891	FSP_CCY_O	ARU	Number of Procedures per 1,000	Number of Procedures	Member Years (Medical Coverage)				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	337	3372	DX_CODING_PROF2	ARU	Completeness Percentage	Populated DX2 Position	Total Professional Claims and Encounters				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	368	3681	FSP_PROST	ARU	Number of Procedures per 1,000	Number of Procedures	Member Years (Medical Coverage)				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	972	9721	TCOC_PROF_FFS	TCOC	Average Professional FFS Cost	Professional FFS (Observed)	Member Months				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	338	3387	DX_CODING_FACIL1	ARU	Completeness Percentage	Populated DX7 Position	Total Institutional Claims and Encounters				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	337	3377	DX_CODING_PROF2	ARU	Completeness Percentage	Populated DX7 Position	Total Professional Claims and Encounters				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	931	9311	IPU_TOTAL	ARU	Inpatient Bed Days per 1,000	Number of Inpatient Bed Days	Member Years (Medical Coverage)				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	60	601	SPC1	Clinical	Percentage of eligible members	Number of members who have	Eligible Members				TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	1353	13535	ENFMT_PROVID_BILL	Encounter	Percent of Professional Encounters	Number of Professional Encounters	Total Professional Encounters				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	403	4031	AABOVR	Clinical	Percent of eligible members	Number of eligible members	Eligible Members age 3 months				TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	1338	133811	ENFMT_DXPCT	Encounter	Percent of Claims/Encounters	Valid Diagnosis Code Populated	Total Claims and Encounters				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	968	9681	TCOC_OP_HOSPITAL	TCOC	Average Outpatient Facility Cost	Outpatient Facility - Inpatient	Member Months				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	965	9651	TCOC_IP_NEWBORN	TCOC	Average Inpatient Facility Cost	Inpatient Facility - Newborn	Member Months				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	59	591	PDCS	Clinical	Percentage of eligible members	Number of members 18+ years	Eligible Members				TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	337	3371	DX_CODING_PROF2	ARU	Completeness Percentage	Populated DX1 Position	Total Professional Claims and Encounters				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	1350	13501	ENFMT_PROC_MOC	Encounter	Percent of Service Lines with	Valid Procedure Modifier	Total Professional or Facility				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	975	9751	TCOC_PHARM_OTH	TCOC	Average Retail Pharmacy Cost	Pharmacy - All Other	Member Months				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	421	4211	WCV1821	Clinical	Percentage of eligible members	Number of members age 18-21	Eligible Members age 18-21				TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	331	3311	FSP_CATH	ARU	Number of Procedures per 1,000	Number of Procedures	Member Years (Medical Coverage)				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	987	9871	TCOC_OP_EDV	TCOC	Average Outpatient Facility Cost	Outpatient Facility - Inpatient	Member Months				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	337	3374	DX_CODING_PROF2	ARU	Completeness Percentage	Populated DX4 Position	Total Professional Claims and Encounters				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	404	4041	CBP_1885_20	Clinical	Percent of eligible members	Number of members age 18-85	Eligible Members age 18-85				TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	886	8861	HDO	Clinical	Percent of eligible members	Number of members whose	Eligible Members				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	1335	13355	ENFMT_DX_AVG	Encounter	Average Number of Dx Codes	Total Valid Diagnosis Codes	Total Professional Encounters				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	338	3384	DX_CODING_FACIL1	ARU	Completeness Percentage	Populated DX4 Position	Total Institutional Claims and Encounters				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	30	301	ENRST2	Encounter	Encounters per Member Year	Number of Unduplicated Occurrences	Member Years				TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	943	9432	IPU_MED	ARU	Discharges per 1,000 Members	Number of Inpatient Discharges	Member Years (Medical Coverage)				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	1365	13654	ENLAG_CATEGORY	Encounter	Percent Under Lag Time Range	Total Claims and Encounters	Total Claims and Encounters				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	1396	13963	HALOS_NONMAT	ARU	Expected Average Length of Stay	Expected Inpatient Bed Days	Observed Inpatient Discharge				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	1368	13682	ENLAG_AVG_SVCDA	Encounter	Average Lag Time by Service	Total Lag Time	Total Institutional Claims				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	338	3385	DX_CODING_FACIL1	ARU	Completeness Percentage	Populated DX5 Position	Total Institutional Claims and Encounters				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	34	341	ENRST5A	Encounter	Encounters per Member Year	Number of Unduplicated Occurrences	Member Years				TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	418	4181	WCCBM1311	Clinical	Percentage of eligible members	Number of members age 3-11	Eligible Members age 3-11				TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	415	4151	PPC_POS	Clinical	Percentage of eligible members	Number of members who have	Eligible Members				TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	337	3376	DX_CODING_PROF2	ARU	Completeness Percentage	Populated DX6 Position	Total Professional Claims and Encounters				TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	338	33811	DX_CODING_FACIL1	ARU	Completeness Percentage	Populated DX11 Position	Total Institutional Claims and Encounters				TRUE	Medicaid	onpoint

Measure Result Supplemental

Use the Measure Result Supplemental file to compare your all-plan aggregated results against your individual plan results for each contracted health plan. Check for consistency across results and year-over-year consistency of your measure results, including enrollment.

Reporting Period	End Date	Measure Summarization Level	Identifier Value	PO Name	Payer ID	Payer Name	Member Years of Medical Coverage - ARU	Member Years of Medical Coverage - OSU	Member Years of Medical and Pharmacy Coverage - ARU	Enrollment as of 12-31	Meas
	12/31/2022	Provider Organization									
	12/31/2022	Provider Organization									
	12/31/2022	Provider Organization									
	12/31/2022	Provider Organization									
	12/31/2022	Provider Organization									
	12/31/2022	Health Plan - PO									
	12/31/2022	Health Plan - PO									
	12/31/2022	Health Plan - PO									
	12/31/2022	Health Plan - PO									
	12/31/2022	Health Plan - PO									
	12/31/2022	Provider Organization									
	12/31/2022	Provider Organization									
	12/31/2022	Health Plan - PO									
	12/31/2022	Health Plan - PO									
	12/31/2022	Provider Organization									
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	12/31/2022	Provider Organization									
	12/31/2022	Health Plan - PO									
	12/31/2022	Provider Organization									
	12/31/2022	Health Plan - PO									
	12/31/2022	Health Plan - PO									
	12/31/2022	Health Plan - PO									
	12/31/2022	Provider Organization									

TCOC Supplemental

Use the Measure Result Summary file to check for consistency across results and year-over-year consistency of your cost results.

Reporting Period End Date	Measure Summarization Level	Identifier Value	PO Name	Payer ID	Payer Name	Member Months - Eligible Members With Med	Member Months - Eligible Members With Med and Rx	Measure ID	Measure Code	Total Medical Dollars - No Truncation	Total Pharmacy Dollars - No Truncation
12/31/2022	Health Plan - PO										
12/31/2022	Provider Organization										
12/31/2022	Health Plan - PO										
12/31/2022	Provider Organization										
12/31/2022	Health Plan - PO										
12/31/2022	Provider Organization										
12/31/2022	Health Plan - PO										
12/31/2022	Provider Organization										
12/31/2022	Health Plan - PO										
12/31/2022	Provider Organization										
12/31/2022	Health Plan - PO										
12/31/2022	Provider Organization										
12/31/2022	Health Plan - PO										
12/31/2022	Provider Organization										
12/31/2022	Health Plan - PO										
12/31/2022	Provider Organization										

California Program-Wide AMP Summary Statistics

Also known as the Benchmarks file, use this file to compare your performance with respect to the entire AMP population, inclusive of measure-specific percentile rankings. Check for year-over-year consistency of your measure results.

Measurement Year	Measure Abbreviation	Measure Name	Score Field (Resource Use Benchmarks only)	Product	Domain	Higher is Better	With Kaiser	N	Mean	Max	Min	Standard Deviation	5th percent
MY 2022	AAB1864	Avoidance of Antibiotic Tr	Observed Rate	Medicaid	Clinical	TRUE	FALSE	16	39.65	59.52	24.47	12.5	
MY 2022	AAB317	Avoidance of Antibiotic Tr		Medicaid	Clinical	TRUE	FALSE	21	56.64	95.12	30.08	15.9	
MY 2022	AAB65	Avoidance of Antibiotic Tr		Medicaid	Clinical	TRUE	FALSE	1	12.5	12.5	12.5		
MY 2022	AABOVR	Avoidance of Antibiotic Tr		Medicaid	Clinical	TRUE	FALSE	23	52.72	95.12	29.64	15.22	
MY 2022	ACCESS3	Access Composite		Medicaid	Patient Experienc	TRUE	FALSE	12	50.95	58.7	42.1	4.91	
MY 2022	AMB_EDV	Ambulatory Care: ED Visi		Medicaid	ARU	FALSE	FALSE	37	364.96	577.33	115.18	103.65	
MY 2022	AMR1218	Asthma Medication Ratio:		Medicaid	Clinical	TRUE	FALSE	11	64.6	77.42	57.9	6.2	
MY 2022	AMR19	Asthma Medication Ratio:		Medicaid	Clinical	TRUE	FALSE	16	57.69	72.83	45.83	7.5	
MY 2022	AMR5	Asthma Medication Ratio:		Medicaid	Clinical	TRUE	FALSE	10	67.78	77.59	58	7.34	
MY 2022	AMR51	Asthma Medication Ratio:		Medicaid	Clinical	TRUE	FALSE	13	60.44	78.75	39.02	10.69	
MY 2022	AMROV64	Asthma Medication Ratio:		Medicaid	Clinical	TRUE	FALSE	20	63.39	78.85	52.94	7.85	
MY 2022	BCS5274	Breast Cancer Screening		Medicaid	Clinical	TRUE	FALSE	37	57.6	83.19	35.29	9.31	
MY 2022	BPD	Blood Pressure Control fo		Medicaid	Clinical	TRUE	FALSE	37	41.9	67.73	10.44	15.22	
MY 2022	CBP_1885_20	Controlling High Blood Pre		Medicaid	Clinical	TRUE	FALSE	36	45.1	73.33	12.03	15.6	
MY 2022	CCO	Cervical Cancer Overscre		Medicaid	Clinical	FALSE	FALSE	41	11.19	41.27	1.97	7.02	
MY 2022	CCS	Cervical Cancer Screenin		Medicaid	Clinical	TRUE	FALSE	41	51.23	65.93	29.55	8.14	
MY 2022	CHLAMSCR	Chlamydia Screening: To		Medicaid	Clinical	TRUE	FALSE	40	65.86	87.63	31.7	9.12	
MY 2022	CHLAMSCR16	Chlamydia Screening: Ag		Medicaid	Clinical	TRUE	FALSE	34	60.93	84.75	28.09	9.51	
MY 2022	CHLAMSCR21	Chlamydia Screening: Ag		Medicaid	Clinical	TRUE	FALSE	31	70.45	92.11	35.66	9.66	
MY 2022	CISCOMBO10	Childhood Immunization S		Medicaid	Clinical	TRUE	FALSE	27	27.86	56.86	13.91	13.7	
MY 2022	CISDTP12	Childhood Immunization S		Medicaid	Clinical	TRUE	FALSE	27	62.87	82.35	44.12	10.39	
MY 2022	CISFLU12	Childhood Immunization S		Medicaid	Clinical	TRUE	FALSE	27	39.8	65.69	20.78	13.84	
MY 2022	CISHEPA12	Childhood Immunization S		Medicaid	Clinical	TRUE	FALSE	27	81.55	94.44	61.11	8.45	
MY 2022	CISHEPB12	Childhood Immunization S		Medicaid	Clinical	TRUE	FALSE	27	72.72	91.67	47.22	11.53	
MY 2022	CISHIB12	Childhood Immunization S		Medicaid	Clinical	TRUE	FALSE	27	77.84	88.24	58.33	8.23	
MY 2022	CISIPV12	Childhood Immunization S		Medicaid	Clinical	TRUE	FALSE	27	77.18	90.2	55.88	9.33	
MY 2022	CISMMR12	Childhood Immunization S		Medicaid	Clinical	TRUE	FALSE	27	82.58	94.44	61.11	7.63	
MY 2022	CISPNC12	Childhood Immunization S		Medicaid	Clinical	TRUE	FALSE	27	62.75	80.39	40.59	10.64	
MY 2022	CISRV12	Childhood Immunization S		Medicaid	Clinical	TRUE	FALSE	27	59.53	83.33	33.33	10.62	
MY 2022	CISRV12	Childhood Immunization S		Medicaid	Clinical	TRUE	FALSE	27	59.53	83.33	33.33	10.62	


Reports


- Use the 'Reports' tab to create and manipulate custom views of your organization's results
- The **Observation Report** allows users to filter and pivot data based on the user's needs
- The **Comparison Report** allows users to compare MY21 and MY22 by filtering and pivoting data based on the user's needs





Documentation


Find relevant documentation, including the User Guide, Quick Start Guide, Measure Descriptions and Summary Units, and Technical Appendix in the ‘Documentation’ tab


 Dashboard


 Measures

 Organizations

 Downloads

 Reports

 Documentation


 Help & Support

Documentation

Support


Quick Start Guide - Logging In to the Onpoint Performance Reporting Portal

For new users to the Onpoint Performance Reporting Portal, the Quick Start Guide on how to log in to the site is especially helpful. You may use an...

 View | Download


User Guide - Integrated Healthcare Association Performance Reporting Portal (v3.0)

The Onpoint Performance Reporting Portal is an innovative measurement and reporting tool that delivers personalized views into the health and perfo...


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Technical Appendix - Onpoint Performance Reporting Portal (v.6.0)

Technical appendix detailing the methods and measures used in generating the analyses and reporting for the Onpoint Performance Reporting Portal.


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NCQA Disclaimer MY 2022

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Measure Descriptions and Summary Units – Onpoint Performance Reporting Portal (v6.0)

The Measure Descriptions and Summary Units document accompanies the Technical Appendix. It outlines the full list of measure and measure specificat...

 View | Download

Wrap up

Julia Tremaroli, *Project Manager, Program Operations*

Important notes to remember regarding the PRP

- We highly encourage you to **read the [AMP Best Practices and FAQs](#)**, which includes precedent inquiries that IHA has received from participants and information on what's available on the PRP prior to beginning your review of the AMP results.
- TCOC Geography/Risk Adjusted measures (Health Plan-PO level results used for incentive design) will only be found in the TCOC Supplemental File found on the **Downloads** tab.
- All measures that include race/ethnicity and ECDS stratifications will be included in the PRP as the **overall** measure rate only.
- Membership information, including enrollment, will only be found in the Measure Result Supplemental file found on the **Downloads** tab.
- MY 2022 Quality Composite Scores (QCS) and incentive design deliverables using preliminary AMP results will be available as downloads in September 2023 after the Questions and Appeals period.
- View further instructions on how PRP admins can edit contacts on the portal [here](#).
- Please reference the Portal User Guide, found on the **Documentation** page of the PRP for detailed information on how to use the PRP.

Resources

Questions and appeals resources

- The [AMP Data Collection, Submission, and Audit Resources](#) page of the IHA website will be your one-stop shop for all MY 2022 Questions and Appeals documents
 - [MY 2022 AMP Questions and Appeals Submission Form](#)
 - Complete this form to submit your question or appeal about preliminary AMP MY 2022 preliminary results released August 10, 2023
 - [MY 2022 AMP Questions and Appeals Submission Guide](#)
 - Provides information about the Questions and Appeals period, including how to submit questions and appeals.
 - [MY 2022 AMP Questions and Appeals Roles and Responsibilities](#)
 - Delineates IHA, provider organization, health plan, and data partners' roles and responsibilities during the Questions and Appeals process.
 - [MY 2022 AMP Questions and Appeals Best Practices & FAQs](#)
 - Shares best practices for data review and answers to frequently asked questions about reviewing AMP results on the Onpoint Performance Reporting Portal and Questions and Appeals process.
- [MY 2022 AMP Measure Set](#)
 - Lists measures by AMP Program, their use cases (e.g., benchmarking, payment, public reporting), and data sources.
- [MY 2022 AMP Technical Specifications Manual](#)
 - Delineates technical specifications for AMP measures.

Resources

PRP Resources Located in the Documentation Page of the PRP

- **Quick Start Guide:**

- For new users logging into the Onpoint Performance Reporting Portal for the first time.
- This can also be found in the AMP data collection, submission, and audit resources section of the [IHA website](#).

- **User Guide:**

- Provides an overview of key components, features, functionality, and recommended workflows to enhance end users' portal experiences.

- **Technical Appendix:**

- Details the methods and measures used in generating the analyses and reporting for the Onpoint Performance Reporting Portal.

- **Measure Descriptions and Summary Units:**

- The Measure Descriptions and Summary Units document accompanies the Technical Appendix. It outlines the full list of measure and measure specification details in the most recent reporting period in the Onpoint Performance Reporting Portal for AMP Commercial HMO, AMP Medi-Cal, and AMP Medicare Advantage.

In addition to the PRP resources, review the [July 2022 PRP Technology Migration](#) webinar.

Thank you!

Still have questions?
Please email amp@iha.org