



**Align. Measure.
Perform.**

Measurement Year (MY) 2022 AMP program updates

February 1, 2023

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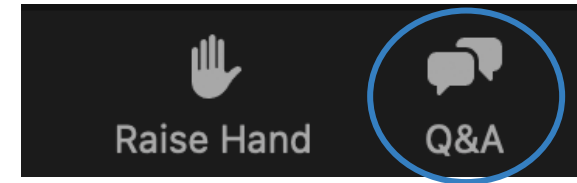
Agenda

- Welcome!
- What's happening in AMP
- MY 2022 measurement updates
- MY 2022 data submission and reporting
- Looking ahead: MY 2023
- Resources and next steps
- Q&A

Dial-in Information

Phone: 1(669) 900-6833
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Questions? Submit them via the "Q&A" function!



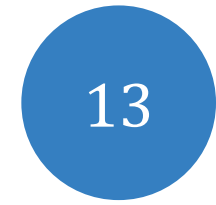
We will pause after each section for questions and have Q&A at the end

Welcome!

New AMP Participants:

- Inland Empire Health Plan (IEHP) – AMP Medi-Cal Managed Care
- Welcome provider organizations (POs) contracted with IEHP!

Are you a PO new to AMP? Want more background on the program? Check out our [AMP 101 presentation](#).



Health Plans



Provider Organizations



Purchasers



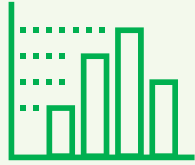
Industry Partners

Reminder: Voice of the Client questionnaire

- How was your MY 2021 AMP program experience?
- Share your feedback in the MY 2021 Voice of the Client questionnaire by **February 17!**
 - Emailed to AMP participants from voc@iha.org on January 30
 - Please reach out to voc@iha.org if you didn't receive the questionnaire
 - Respondents are eligible to win a \$15 Amazon gift card
 - Your responses will inform planning for MY 2022 reporting



What's happening in AMP: MY 2022 highlights



For the second year, AMP results will be released through the **Onpoint Performance Reporting Portal (PRP)** for MY 2022.



AMP will test its first **Electronic Clinical Data Systems** measure in MY 2022: **Prenatal Immunization Status (PRS-E)** in AMP Commercial HMO and AMP Medi-Cal Managed Care.



AMP data submission will include **Race and Ethnicity Stratification** for select clinical quality measures as part of growing industry alignment on health equity efforts.

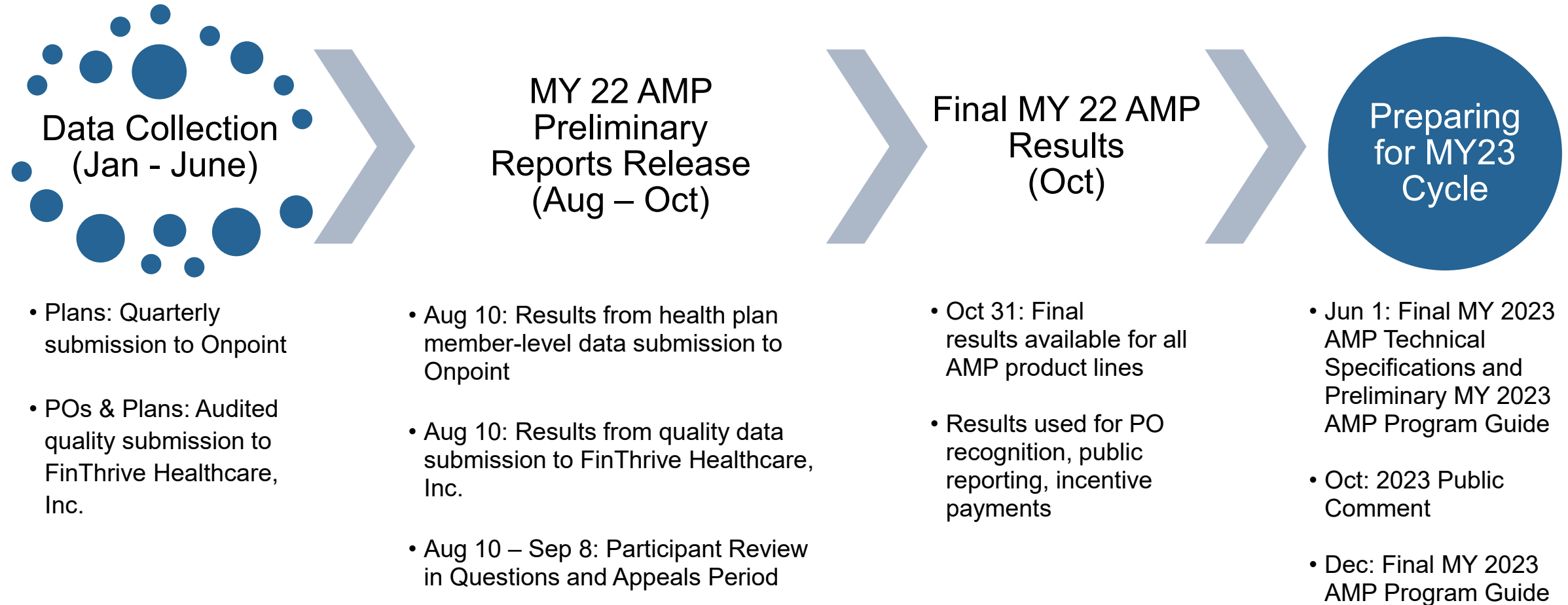


Health plans and self-reporting POs will submit **audited results for AMP Medi-Cal Managed Care** to FinThrive Healthcare, Inc.* beginning in MY 2022.

*AMP data submission partner TransUnion Healthcare is now **FinThrive Healthcare, Inc.**

MY 2022 program timeline

Detailed program timeline provided in the [AMP Program Guide](#) (pg. 11)



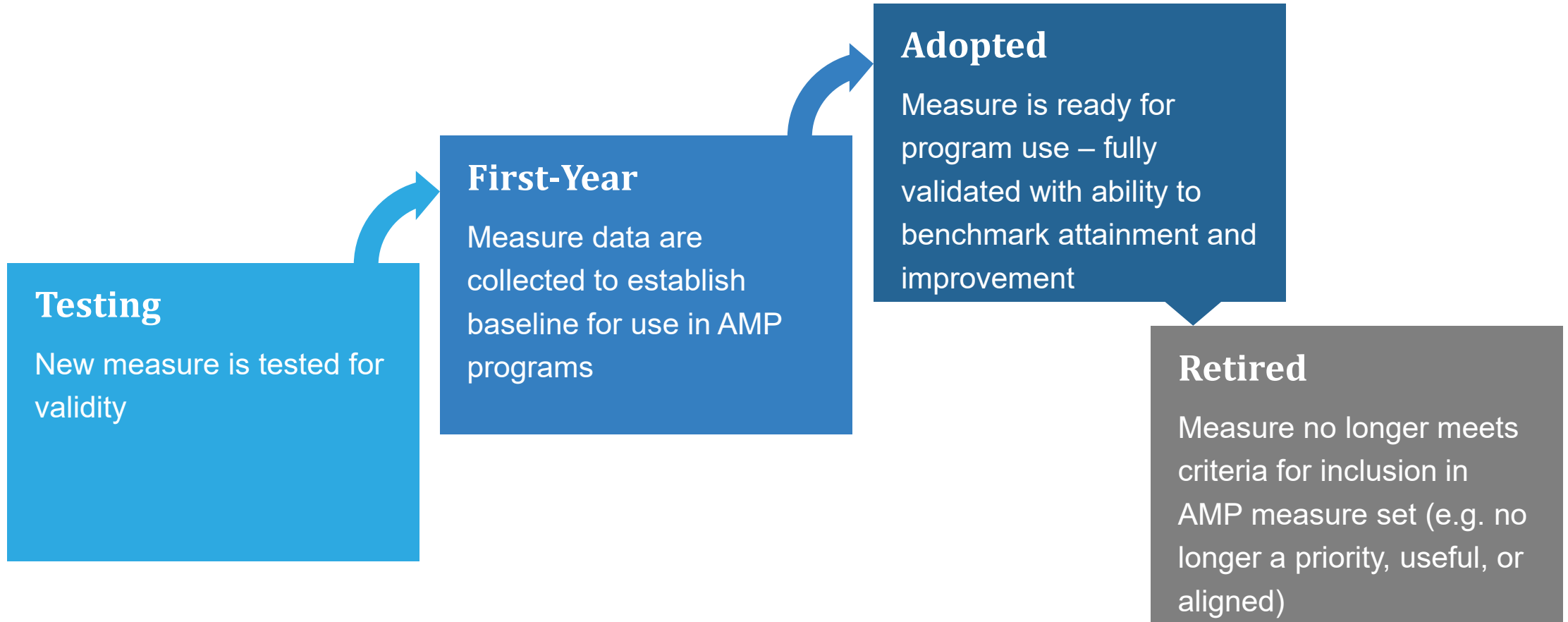
MY 2022 measurement updates

Edith Fox, MPH

Senior Project Manager, Strategic Design and Initiatives

How IHA maintains the AMP measure set

Each year, the IHA Technical Measurement Committee (TMC) recommends the AMP measure set for approval by the IHA Program Governance Committee (PGC). All IHA stakeholders have the opportunity to influence the IHA measure set through the annual Public Comment Period in October.



MY 2022 measure set highlights

	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	

Final [MY 2022 Measure Set](#) available on IHA.org.

MY 2022 AMP testing measures

Reporting for testing measures is voluntary but highly encouraged for accurate testing data

Kidney Health Evaluation in Patients with Diabetes (KED)

- **Product lines:** Commercial HMO, Medicare Advantage, Medi-Cal Managed Care
- **What it measures:** % of patients ages 18–85 with diabetes who received a kidney health evaluation (estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR)), during the measurement year.
- Compared to Comprehensive Diabetes Care: Medical Attention for Nephropathy (NEPHSCR), KED focuses more on early diagnosis and management of chronic kidney disease.

Child and Adolescent Well-Care Visits (WCV)

- **Product lines:** Commercial HMO (already adopted in Medi-Cal Managed Care)
- **What it measures:** % of patients ages 3–21 who received one or more well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Prenatal Immunization Status (PRS-E)

- **Product lines:** Commercial HMO, Medi-Cal Managed Care
- **What it measures:** % of deliveries in the measurement period in which delivering parent received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
- **First Electronic Clinical Data Systems (ECDS) measure to be tested in AMP**

Introducing ECDS measurement in AMP

Starting with PRS-E in MY 2022 with more measures in future years

- The HEDIS ECDS Reporting Standard allows for structured collection and reporting of clinical data, providing for more seamless inclusion of supplemental (non-administrative) data in quality measurement.
- ECDS data sources include but are not limited to:
 - Member eligibility files
 - Electronic Health Records (EHR)
 - Clinical registries
 - Health Information Exchanges (HIE)
 - Administrative claims systems
 - Electronic laboratory reports (ELR)
 - Electronic pharmacy systems
 - Immunization information systems (IIS)
 - Disease/case management registries
- To self-report PRS-E in AMP for MY 2022, email amp@ncqa.org for access to the digital measure package.

Additional ECDS resources

- [Training Series on HEDIS Electronic Clinical Data Systems \(ECDS\) in AMP](#): Hosted by IHA and NCQA in Summer 2022 with an emphasis on reporting PRS-E
- [HEDIS ECDS Reporting resource page](#)
- [ECDS FAQs](#)
- [Issue Brief: Leveraging Electronic Clinical Data for HEDIS: Insights & Opportunities](#)
- [The Future of HEDIS: Digital Measures and Health Equity webinar](#)

Streamlining AMP diabetes care measurement

Previous Comprehensive Diabetes Care (CDC) indicators have been replaced with corresponding new HEDIS diabetes care measures for MY 2022.

These measures are considered measure updates similar to CDC indicators and are not subject to testing/first-year status.

AMP product line(s)	Previous CDC indicator	Updated measure
HMO, MC	Blood Pressure Control <140/90 mm Hg (CDC)	Blood Pressure Control for Patients with Diabetes (BPD)
All lines	Eye Exam (CDC)	Eye Exam for Patients With Diabetes (EED)
HMO, MC	HbA1C Control <8% (CDC)	Hemoglobin A1c Control for Patients With Diabetes (HBD)* <ul style="list-style-type: none">• Rate 1: HbA1c Control (<8.0%)
All lines	HbA1c Poor Control >9% (CDC)	Hemoglobin A1c Control for Patients With Diabetes (HBD)* <ul style="list-style-type: none">• Rate 2: HbA1c Poor Control (>9%)

*Includes stratification of results by race/ethnicity.

MY 2022 measure retirements

Remaining
CDC indicators
not replaced in
diabetes
measure
updates

Measure	AMP product line(s)	Reason(s) for retirement
HbA1c Testing (One Test) (CDC)	Medi-Cal Managed Care	<ul style="list-style-type: none"> Retired from HEDIS in favor of outcome-based Hemoglobin A1c Control for Patients With Diabetes (HBD)
Medical Attention for Nephropathy (CDC)	All product lines	<ul style="list-style-type: none"> Retired from HEDIS “Topped out” in AMP Kidney Health Evaluation in Patients with Diabetes (KED) is intended as a more targeted measure to be used as potential replacement to assess kidney care.
Optimal Diabetes Care: Combination (HbA1c Control, Eye Exam, BP Control, Med Attn. Nephropathy) (CDC)	Commercial HMO, Medi-Cal Managed Care	<ul style="list-style-type: none"> Composite measure includes Medical Attention for Nephropathy, which is retired from AMP for MY 2022 Pending MY 2022 diabetes measure results, TMC may consider options for replacement diabetes composite measure
Disease Modifying Anti Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	Medicare Advantage	<ul style="list-style-type: none"> Retired from HEDIS and CMS Stars

Measure specification changes for MY 2022

Spotlight on Race and Ethnicity Stratification

- Race and Ethnicity Stratification (RES) has been added for select measures in alignment with HEDIS, based on Office of Management and Budget (OMB) standards:
 - Colorectal Cancer Screening (COL)
 - Controlling High Blood Pressure (CBP)
 - Hemoglobin A1c Control for Patients with Diabetes (HBD)
 - Prenatal and Postpartum Care (PPC)
 - Child and Adolescent Well-Care Visits (WCV)
- Details on collecting and reporting RES data can be found in *General Guideline 32 – Race and Ethnicity (RES)* in the [MY 2022 AMP Technical Specifications](#).
- Learn more about RES in HEDIS and AMP on [NCQA.org](https://www.ncqa.org).
- A summary of specification changes for all measures can be found in **Appendix 1** of the [MY 2022 AMP Technical Specifications](#).

MY 2022 AMP accountability uses

AMP Program	Common measure set	Participant reports & benchmarks	Recognition awards	Public reporting	Incentives	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

- Find the list of measures planned for accountability uses in the [MY 2022 AMP Measure Set](#).
- Measures for MY 2022 accountability uses may be removed pending NCQA/IHA trending assessment of year-over-year measure specification changes.
- The MY 2022 incentive design and any changes to public reporting methodology will be finalized later this year.

MY 2022 data submission and reporting

MY 2022 health plan participation

Health Plan	AMP Product Line		
	Commercial HMO	Medicare Advantage	Medi-Cal Managed Care
Aetna	X		
Anthem Blue Cross	X		
Blue Shield of California & Blue Shield Promise	X	X	X
Cigna Health Care of California	X		
Health Net	X	X	
Inland Empire Health Plan			NEW!
Kaiser Permanente	X	X	
LA Care Health Plan	X		
Molina Healthcare	X		
Sharp Health Plan	X	X	
Sutter Health Plus	X		
UnitedHealthcare	X	X	
Western Health Advantage	X	X	

Reminders:

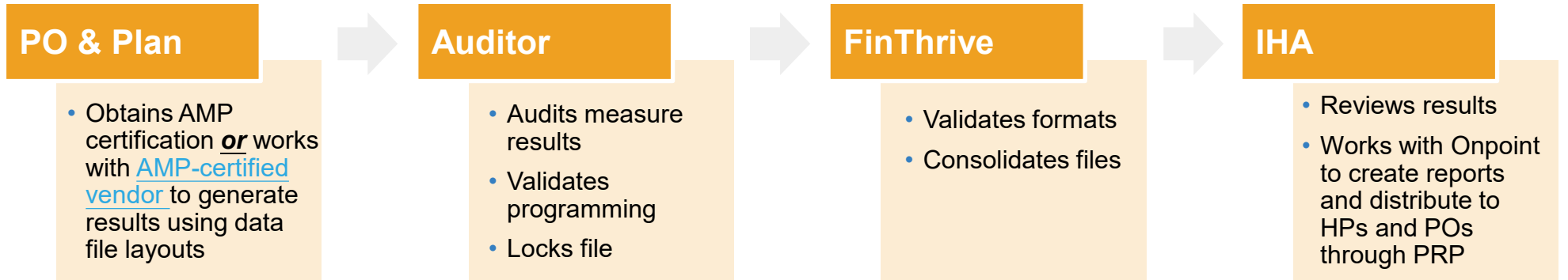
- POs can voluntarily self-report data for any or all the product lines – either all measures, or a subset of measures.
- Data from self-reporting POs should include all members for contracted plans included in the table.
- Please ensure that your submission to FinThrive Healthcare, Inc. is consistent with the product lines indicated in the MY 2022 Participation Confirmation period.

Data submission summary for MY 2022

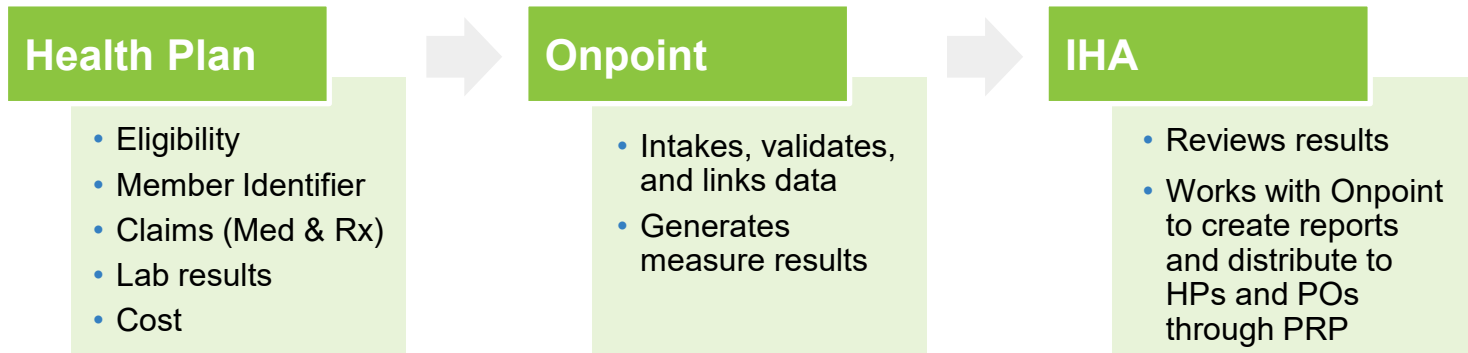
Category	Measures	Where is the data from?	Where is the data submitted?
Quality	Audited Clinical Quality	PO and Health Plan clinical submission	FinThrive Healthcare, Inc.
	Claims-Based Clinical Quality	Health Plan claims submission	Onpoint
	Patient Experience <i>Commercial HMO & Medi-Cal Managed Care</i>	CG-CAHPS® patient assessment survey	PBGH
	Advancing Care Information <i>Commercial HMO only</i>	PO clinical submission, not audited	FinThrive Healthcare, Inc.
Resource Use	Appropriate Resource Use	Health Plan claims submission	Onpoint
	Total Cost of Care		
Data Quality	Encounter Data Volume	Health Plan clinical submission, audited	FinThrive Healthcare, Inc.
	Encounter Data Format and Timeliness	Health Plan claims submission	Onpoint

Understanding AMP data: two submission pathways

Quality data submission
(to FinThrive Healthcare, Inc.)



Health Plan Claims and Encounter Data submission
(to Onpoint Health Data)



MY 2022 quality submission data file layouts

For health plan and PO submission to FinThrive Healthcare, Inc.

To do now: Review preliminary data file layouts (DFLs) and email any questions to amp@ncqa.org. Access the preliminary data file layouts on the [AMP Participant Resources](#) page under the “Data Collection and Submission Resources” tab.

In the future: Download final data file layouts once they are available on **February 14**.

Data File Layout	Audited	Commercial HMO	Medicare Advantage	Medi-Cal Managed Care
Health Plan Clinical Measures	X	X	X	X
PO Clinical Measures	X	X	X	X
Health Plan Testing Measures		X	X	X
PO Testing Measures		X	X	X
e-Measures (for non-SRPOs)		X		

Race and ethnicity stratification in DFLs

Controlling High Blood Pressure (CBP) example in preliminary PO Clinical Measures DFL - Clinical Measure ID Table

Measure ID	Measure Name	Edit Checks
CBP_1885_20	Controlling High Blood Pressure <140/90 mm Hg: Ages 18-85 years, Total Rate	
CBP_WD	Controlling High Blood Pressure <140/90 mm Hg: Ages 18-85 years, White, Direct Data	
CBP_WI	Controlling High Blood Pressure <140/90 mm Hg: Ages 18-85 years, White, Indirect Data	
CBP_WOVR	Controlling High Blood Pressure <140/90 mm Hg: Ages 18-85 years, White, Total Rate Direct and Indirect Data	The denominator is the sum of the two CBP_W denominators (CBP_WD and CBP_WI). The numerator is the sum of the two CBP_W numerators (CBP_WD and CBP_WI).
CBP_BAAD	Controlling High Blood Pressure <140/90 mm Hg: Ages 18-85 years, Black or African American, Direct Data	
CBP_BAAI	Controlling High Blood Pressure <140/90 mm Hg: Ages 18-85 years, Black or African American, Indirect Data	
CBP_BAAOVR	Controlling High Blood Pressure <140/90 mm Hg: Ages 18-85 years, Black or African American, Total Rate Direct and Indirect Data	The denominator is the sum of the two CBP_BAA denominators (CBP_BAAD and CBP_BAAI). The numerator is the sum of the two CBP_BAA numerators (CBP_BAAD and CBP_BAAI).
CBP_AIAND	Controlling High Blood Pressure <140/90 mm Hg: Ages 18-85 years, American Indian and Alaska Native, Direct Data	
CBP_AIANI	Controlling High Blood Pressure <140/90 mm Hg: Ages 18-85 years, American Indian and Alaska Native, Indirect Data	
CBP_AIANOVR	Controlling High Blood Pressure <140/90 mm Hg: Ages 18-85 years, American Indian and Alaska Native, Total Rate Direct and Indirect Data	The denominator is the sum of the two CBP_AIAN denominators (CBP_AIAND and CBP_AIANI). The numerator is the sum of the two CBP_AIAN numerators (CBP_AIAND and CBP_AIANI).

Race and ethnicity stratification in DFLs

CBP example in preliminary PO Clinical Measures DFL – Sample Tab

DTL CNT*	DTL	Measure ID	Measure Denominator	Measure Numerator	Rate or Result	Product	Audited	Measure Certification Version ID	Certified
12	DTL	CBP_1885_20	1006	825	0.82007	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
13	DTL	CBP_WD	430	327	0.76046	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
14	DTL	CBP_WI	0	0	0.00000	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
15	DTL	CBP_WOVR	430	327	0.76046	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
16	DTL	CBP_BAAD	185	166	0.89729	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
17	DTL	CBP_BAAI	0	0	0.00000	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
18	DTL	CBP_BAAOVR	185	166	0.89729	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
19	DTL	CBP_AIAND	49	42	0.85714	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
20	DTL	CBP_AIANI	0	0	0.00000	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
21	DTL	CBP_AIANOVR	49	42	0.85714	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
22	DTL	CBP_AD	62	53	0.85483	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
23	DTL	CBP_AI	0	0	0.00000	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
24	DTL	CBP_AOVR	62	53	0.85483	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
25	DTL	CBP_NHOPID	47	40	0.85106	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
26	DTL	CBP_NHOPII	0	0	0.00000	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
27	DTL	CBP_NHOPIOVR	47	40	0.85106	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
28	DTL	CBP_SORD	87	74	0.85057	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
29	DTL	CBP_SORI	0	0	0.00000	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
30	DTL	CBP_SOROVR	87	74	0.85057	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
31	DTL	CBP_TMRD	78	68	0.87179	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
32	DTL	CBP_TMRI	0	0	0.00000	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
33	DTL	CBP_TMROVR	78	68	0.87179	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
34	DTL	CBP_RANAD	23	18	SD	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
35	DTL	CBP_RUI	45	37	0.82222	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
36	DTL	CBP_RACEOVR	1006	825	0.82007	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
37	DTL	CBP_HLD	42	38	0.90476	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
38	DTL	CBP_HLI	0	0	0.00000	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
39	DTL	CBP_HLOVR	42	38	0.90476	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
40	DTL	CBP_NHLD	560	526	0.93928	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
41	DTL	CBP_NHLI	0	0	0.00000	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
42	DTL	CBP_NHLOVR	560	526	0.93928	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
43	DTL	CBP_EANAD	153	126	0.82352	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
44	DTL	CBP_EUI	251	135	0.53784	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y
45	DTL	CBP_ETHOVR	1006	825	0.82007	C	Y	9187506e-7ece-11e3-a92a-12313d1cac2c	Y

Provider Organizations – data submission checklist

Self-Reporting Provider Organizations

- Now:** Review preliminary PO Clinical Measures and PO Testing Measures data file layouts and reach out to amp@ncqa.org with any questions
- Feb. 14:** Download & program final PO Clinical Measures and Testing Measures data file layouts
- Mar. 20 – Apr. 24:** Send test Clinical Measures and Testing Measures files to FinThrive; resend until no errors are found
- Apr. 24:** Send passing Clinical Measures file to auditor
- May 5:** Send auditor-locked Clinical Measures file and passing Testing Measures file to FinThrive

Non-Self Reporting Provider Organizations

- Now:** Review preliminary e-Measure data file layout and reach out to amp@ncqa.org with any questions
- Feb. 14:** Download & program final e-Measure data file layout
- Mar. 20 – Apr. 24:** Send completed e-Measure test file to FinThrive; resend until no errors are found
- May 5:** Send passing e-Measure test file to FinThrive

Detailed data collection timeline provided in [AMP Program Guide](#) (pages 12-13)

Health Plans – data submission checklist

Quality Data Submission to FinThrive

- ❑ **Now:** Review preliminary HP Clinical Measures and HP Testing Measures data file layouts and reach out to amp@ncqa.org with any questions
- ❑ **Feb. 14:** Download & program final HP Clinical Measures and Testing Measures data file layouts
- ❑ **Mar. 20 – Apr. 24:** Send test Clinical Measures and Testing Measures files to FinThrive; resend until no errors are found
- ❑ **Apr. 24:** Send passing Clinical Measures file to auditor
- ❑ **May 5:** Send auditor-locked Clinical Measures file and passing Testing Measures file to FinThrive

Detailed data collection timeline provided in [AMP Program Guide](#) (pages 12-14).

Member-Level Data Submission to Onpoint

- ❑ **Jan. 31:** Submit Q4 2022 files – Eligibility, Medical Claims, Pharmacy Claims, Cost (capitation only), and Lab Results
- ❑ **Feb:** Mid Cycle Measure Trending report review and investigation (if applicable)
- ❑ **Feb. – Mar:** Attend 2023 Annual Kick-offs with your CSM
- ❑ **Apr:** 2022 Enhanced Validation Report (EVR) I review and sign-off
- ❑ **Apr. 28:** Submit annual Member Identifier file AND Q1 2023 files – Eligibility, Medical Claims, Pharmacy Claims, Cost (capitation fields only), Lab Results
- ❑ **May 12:** Submit 2022 annual Cost file (all fields)
- ❑ **Jun:** 2022 Enhanced Validation Report (EVR) II and Cost EVR review and sign-off

MY 2022 AMP reporting timeline

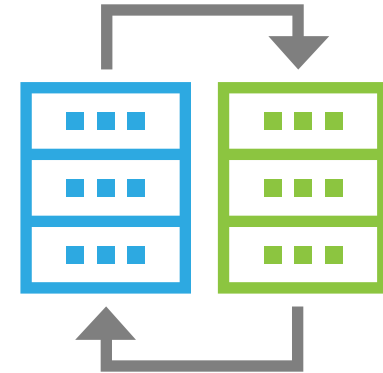
Results from Quality Data Submission (via FinThrive Healthcare, Inc.)	Date
Preliminary Quality Reports (<i>All AMP Programs</i>)	August 10
Questions & Appeals Period	August 10 – September 1
Final MY 2022 AMP Reports (All AMP Programs)	October 31

Results from Health Plan Member-Level Data Submission (via Onpoint)	Date
Preliminary Onpoint-Generated Reports	August 10
Questions & Appeals Period	August 10 – September 8
Final MY 2022 AMP Reports (All AMP Programs)	October 31

Detailed reporting timeline provided in the [AMP Program Guide](#) (pg. 14).

Data sharing is crucial to complete & accurate results!

- We encourage supplemental data sharing between POs and health plans to help ensure accurate and comprehensive reporting of AMP results.
- POs and health plans are expected to work together to establish processes and requirements for sharing and using supplemental data.
- POs and health plans are required to participate in the [CA Health & Human Services Data Exchange Framework](#)



Encounter data is especially important

IHA resources help you track and improve encounter data

Why encounter data matters:

- Encounter data volume is **strongly correlated with a PO's Average Risk Score**
- Encounter data issues are the **most common cause of appeal** of AMP results during appeals period

What POs can do:

- Monitor your encounter data submission to plans
- Mind encounter data deadlines for AMP reporting
- Review preliminary encounter data results when available in August
- **NEW!** Visit IHA's [Encounter Data Improvement Resource Hub](#) to download resources like:
 - [Template](#) to document your practice's encounter data policies and procedures
 - [Quick Reference Guide](#) covering large Medi-Cal health plans



AMP provides **rates and benchmarking** for the following encounter data measures (all product lines):

- Encounter Rate by Service Type (ENRST)
- Encounter Data Timeliness (ENLAG)
- Encounter Format (ENFMT)

e-Measures: a quick primer

What are e-Measures?

e-Measures are electronic clinical quality measures voluntarily reported by provider organizations participating in AMP Commercial HMO 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 PO'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 FinThrive using a data file layout provided by IHA. For each e-Measure, POs report two rates:

- **Rate 1:** the percent 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.

Looking ahead: MY 2023

MY 2023 AMP measure set development

In recommending the MY 2023 measure set, the IHA Technical Measurement Committee...

- Focused on alignment with the landscape on equity-related measurement, especially with the new Department of Managed Healthcare (DMHC) Health Equity and Quality (HEQC) measure set
 - MY 2023 AMP Measure Set includes 12 of 13 measures in DMHC HEQC measure set
- Emphasized how the AMP product lines fit together to create an overall picture of healthcare quality across product lines
- Carefully considered the burden of any new measures amidst current healthcare resource and staffing challenges

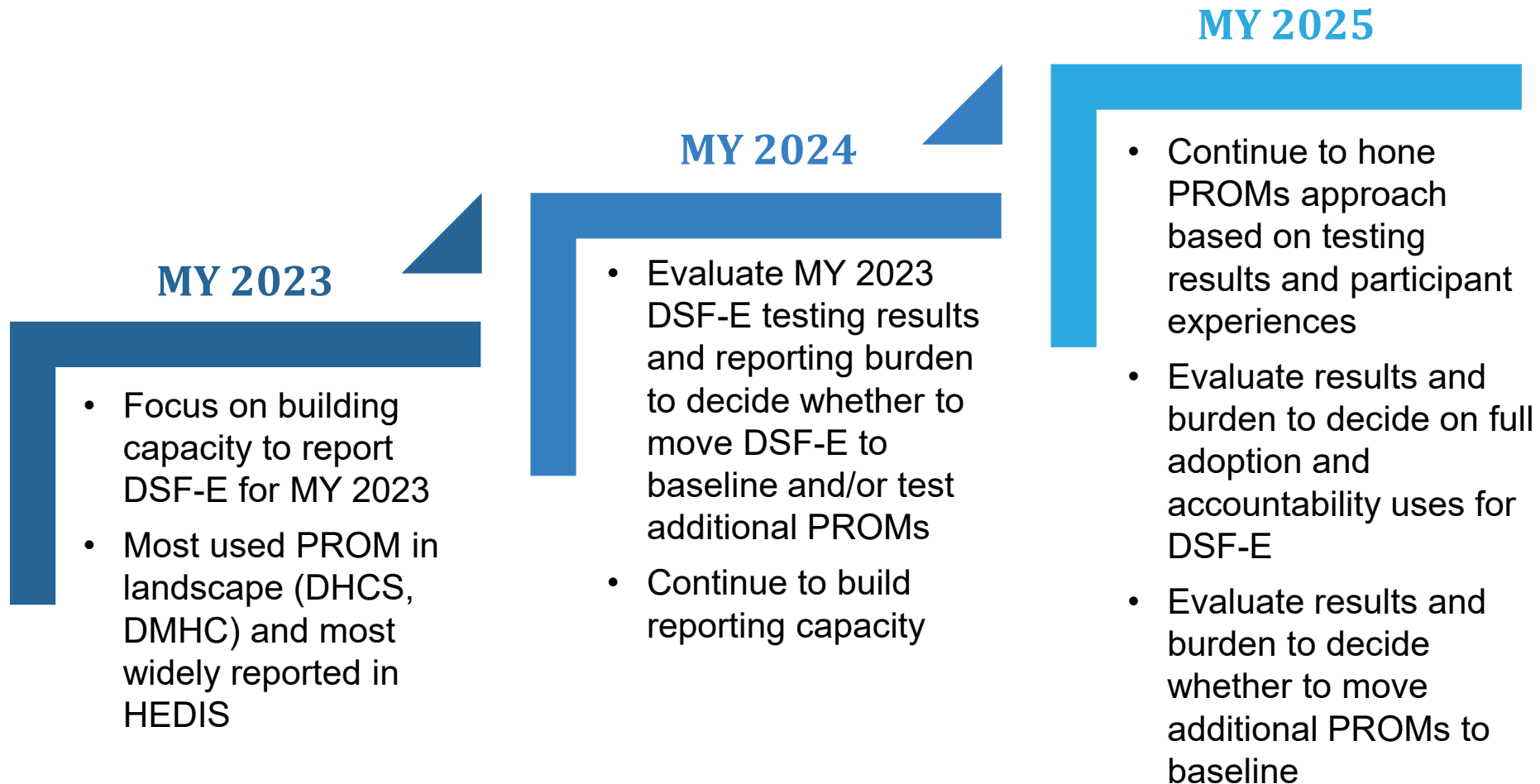
MY 2023 measure set highlights

	Measure	Commercial HMO	Medicare Advantage	Medi-Cal Managed Care
Testing Measures	Depression Screening and Follow-up for Adolescents and Adults (DSF-E)	Testing		Testing
	Prenatal and Postpartum Care (PPC)	Testing		X
	Well Child Visits in the First 30 Months of Life (W30)	Testing		Testing
	Transitions of Care: Medication Reconciliation Post-Discharge (TRC)		Testing	
First-Year Measures	Kidney Evaluation in Patients with Diabetes (KED)	First-Year	First-Year	First-Year
	Prenatal Immunization Status (PRS-E)	First-Year		First-Year
	Child and Adolescent Well-Care Visits	First-Year		X
Updated measures	Breast Cancer Screening (BCS-E)	X	X	X
Retired Measures	Frequency of Selected Procedures (FSP)	Retired		Retired

Final [MY 2023 Measure Set](https://www.ihahq.org/measure-set) available on IHA.org.

Adding depression care PROMs in AMP

Phased approach beginning in MY 2023 with Depression Screening and Follow-up for Adolescents and Adults (DSF-E)



Additional measures for race and ethnicity stratification in MY 2023

In addition to the 5 measures that will be stratified beginning in MY 2022, the following measures will be stratified for MY 2023:

- Breast Cancer Screening (BCS-E)
- Immunization for Adolescents (IMA)
- Asthma Medication Ratio (AMR)
- Well-Child Visits in the First 30 Months of Life (W30) (testing measure in MY 2023)

Resources and next steps

Key IHA.org pages for AMP program

- [Align. Measure. Perform.](#)

Page with information on AMP, details on the value of the program, and links to additional program pages (measure set, incentive design, public reporting, awards, and participating organizations)

- [AMP Participant Resources](#)

Page where AMP participants can get what they need in one place, including the program guide, measure set, data collection & submission resources, and public comment information

- [Final MY 2022 AMP Program Guide](#)

- [Final MY 2022 AMP Technical Specifications](#)

- [MY 2022 AMP Measure Set](#)

- [Preliminary Data File Layouts \(Audited Submission\)](#) available under “Data submission resources for FinThrive Healthcare, Inc.” section.

- [NCQA Vendor Certification Requirements](#)

- [NCQA-Certified HEDIS Compliance Auditors](#)

- Additional pages

- [Incentive Design](#)

- [AMP Newsletters](#)

- AMP Fact Sheets: [AMP Product Lines](#) and [Incentive Design](#)

- [AMP 101 Slide Deck](#)

Takeaways – what to do right now in AMP

- Prepare for your MY 2022 submission
 - Submit encounters to ensure your population's risk is most accurately assessed
 - Share supplemental data with health plans where possible
 - Review [preliminary MY 2022 data file layouts](#) (audited submission)
 - Request digital measure package for reporting Prenatal Immunization Status (PRS-E) from amp@ncqa.org
 - Follow [data submission checklists](#) from previous section
- Continue to deliver great care in 2023!
- Stay connected to AMP with the [AMP Newsletter](#)

Upcoming events

AMP Events

- **Feb. 23:** AMP Technical Data Intake Meeting
- **Feb. 13th- Mar. 29:** Plan-Specific Kick-Off Meetings with Gabrielle Torres (AMP CSM)
- **Mar. 30:** AMP Quarterly Health Plan Meeting

External Conferences

- **February 6-7:** [Insure the Uninsured Project \(ITUP\) Annual Conference: Cultivating an Equitable Future of Health](#) in Sacramento, CA
- **February 20-22:** [National Quality Forum \(NQF\) Annual Conference: Innovation in Action – Driving Change Through Measurement](#) in Washington, D.C.
- **March 2-3:** [California Primary Care Association \(CPCA\) Quality & Technology Conference](#) in Santa Rosa, CA
- **April 17-21:** [Healthcare Information and Management Systems Society \(HIMSS\) Global Health Conference](#) in Chicago, IL
- **May 31-June 2:** [America's Physician Groups \(APG\) Annual Spring Conference 2023](#) in San Diego, CA

Questions?

Thank you!

Further questions about MY 2022?
Email amp@iha.org so we can assist!