

To: Integrated Healthcare Association (IHA) Stakeholders

From: Thien Nguyen, Director, Information Strategy

Subject: Proposed Changes to IHA Performance Measurement Programs and Measurement Year 2022 Measure Sets

**2021 IHA Public Comment Period
October 11 – October 29, 2021**

IHA staff invite public comment on the following:

1. Feedback on general IHA performance measurement program updates

IHA staff welcome general comments on programmatic updates affecting IHA performance measurement programs, including the Align. Measure. Perform. (AMP) programs and the California Regional Health Care Cost & Quality Atlas (Atlas). Updates include IHA alignment with NCQA on race and ethnicity stratification for select HEDIS measures, the postponement of depression care patient-reported outcome measures (PROMs) testing, and new IHA efforts to develop an industry standard value-based primary care payment model.

2. Measurement Year (MY) 2022 AMP measure set changes

Proposed changes to the MY 2022 measure set include measure replacements, retirements, and additions, and specification updates prompted by measure steward changes to national standards.

The deadline to submit your comments is **5 p.m. P.D.T. on Friday, October 29, 2021**. Log in to your my.ncqa.org account to begin the process.

Public Comment Login Instructions:

Access the Public Comment System

Existing NCQA Users: The IHA public comment system is integrated with NCQA’s my.ncqa.org. If you have access to the NCQA Policy/Program Clarification Support (PCS) system or other NCQA products and services, you can use the same credentials to login and submit your comments.

*Note: Use the **Forgot Password** button if you are unsure of your password. By using this feature you are changing your password for any NCQA system to which you have access.*

New NCQA Users: If you do not have access to my.ncqa.org, click the **Log in with Single Sign In** button and then click the **Create Account** button and complete the entire form. Please retain the password for your records.

Submit a Comment

Step 1	Go to the Public Comment page using the following link: https://my.ncqa.org .
Step 2	Complete the Create Account section, if applicable.
Step 3	<p>Log in and click My Services (see tabs at top of page).</p> <ul style="list-style-type: none"> ● To submit a comment, click Public Comments in the drop down. ● Click Add Comment. ● For <i>Product</i>, click 2021 IHA Public Comment Period in the drop-down box. ● For <i>Topic</i>, select the appropriate category for your question. ● For <i>Element</i>, scroll down and click the appropriate measure for your question. ● For <i>Support Type</i>, scroll down and click the appropriate support type. ● For <i>Comments</i>, enter a comment. ● Type your question (2,500 characters or less).
Step 4	Click Submit .
Step 5	If you are submitting more than one comment, click Close and repeat the process. All of your submitted comments will be displayed on the Public Comments page where you have the option of exporting.

Introduction

The IHA performance measurement programs are governed by a multi-stakeholder committee structure, which enables IHA to rigorously generate objectives and validate insights to enable high-quality, patient-centered, affordable care. IHA's committees are tasked with driving IHA decision making on the AMP measure sets, incentive design, uses of AMP data, and related IHA initiatives. IHA hosts an annual Public Comment period to allow all stakeholders the opportunity to provide feedback on decisions guided by the IHA committees.

All comments received during the Public Comment period will be reviewed by the IHA Technical Measurement Committee or Technical Payment Committee, and responses, including applicable changes, will be approved by the IHA Program Governance Committee before being incorporated, where appropriate.

Note: In 2021, IHA transitioned to a new specification release timeline in which Final Technical Specifications are released six months earlier than in the previous timeline, in June of the measurement year. Comments received during the 2021 Public Comment Period (October 11 – 29) will inform the publication of the Final MY 2022 AMP Technical Specifications, scheduled for release on June 1, 2022.

General IHA program updates

IHA requests stakeholder input on the following general program updates.

1. Aligning with NCQA on race and ethnicity stratification for HEDIS measures in AMP

Transparency on performance by race and ethnicity is critical to evaluating and addressing disparities in health care quality. With support from stakeholders and various measurement advisory panels, NCQA has revised select HEDIS measures to include stratifications for race and ethnicity beginning in MY 2022. In order to align with NCQA and move toward the common goal of health equity, IHA has included these new stratifications on select measures in the Draft AMP MY 2022 Technical Specifications (See **MY 2022 AMP measure set changes - Measure specification updates** below for more detail). IHA intends to continue to align with NCQA to improve data collection and reporting for race, ethnicity, and other social factors.

2. Postponement of depression care Patient-Reported Outcome Measures (PROMs) testing

In August 2021, IHA's Program Governance Committee (PGC) made a strategic recommendation to restructure the AMP Commercial ACO program, as the healthcare industry focus shifts towards primary care initiatives. IHA will continue to collect health plan data on ACO measures and report ACO results through the publicly available Cost and Quality Atlas, but will move away from provider organization data collection and reporting for ACO measures in AMP. This decision allows for increased IHA focus on advancing value-based primary care (see **Advancing Primary Care Initiatives** below) and exploring methods for supporting health equity.

A suite of PROMs for depression care (itemized below) was approved by the IHA committees for testing in the AMP Commercial ACO program in MY 2021, to advance measurement and reporting in the critical priority area of behavioral health. Given the upcoming restructuring of the AMP Commercial ACO program, IHA has decided not to test the PROMs in the AMP Commercial ACO program in MY 2021.

- Preventive Care and Screening: Screening for Depression and Follow-Up Plan (PREV-12)

- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)

IHA recognizes the continued importance of evaluating and improving mental health care, particularly in the midst of the COVID-19 pandemic, and will work to incorporate these measures into related IHA initiatives in the coming years.

3. Advancing Primary Care Initiatives (APCI)

IHA is leading a coordination and alignment effort to develop a standard value-based primary care payment model, including a standard measure set for assessing performance. An industry standard model will allow primary care practitioners (PCPs) to focus on certain measures and capabilities and be paid for them in a consistent way across as much of their patient population as possible – including Commercial PPO plans, Managed Medi-Cal Plans with direct networks, and IPAs contracting with primary care practices for Commercial HMO, Medicare Advantage, and/or Medi-Cal Managed Care. This would reinforce the Primary Care First (PCF) payment model that CMS is offering primary care practices for Medicare FFS.

IHA is leveraging its existing committee structure to guide the development of the industry standard payment model. To date, the following recommendations have been approved:

- A. Payment for direct patient care using a mix of capitation and FFS** – A “hybrid” approach should be used, with prospective, adjusted PMPM payment to cover a specific set of common primary care services and the rest continuing to be paid FFS. A phased approach should be considered.
- B. PMPM payment to support population health management** – A separate prospective, adjusted PMPM payment, explicitly to support population health management functions like referral and follow up, patient outreach, coordination with other resources, transitions of care, team care, infrastructure, data and reporting, processes, etc.
- C. Performance-based payment based on the standard measure set** – A significant portion of the primary care payment model should be performance-based using the standard set of clinical quality, utilization, and cost measures. Start with the AMP incentive design and modify as needed.

IHA’s ultimate goal is to engage plans, IPAs, purchasers, and providers in moving in an aligned way toward more flexible, value-based primary care payment that is sufficient to support primary care practices taking a more proactive population health management approach that will produce higher quality outcomes at a lower cost.

Measurement Year 2022 (MY 2022) AMP Measure Set Changes

Specific changes to the MY 2022 Measure Set are summarized below, including the measure name, the AMP product line for which the measure is recommended, and a brief description and rationale for the change.

1. Measure set changes to streamline diabetes care measurement

As of MY 2021, IHA collects 10 diabetes measures, the majority (6) of which are indicators of the NCQA-stewarded Comprehensive Diabetes Care (CDC) measure. In addition, IHA collects an Optimal Diabetes Care Combination measure (ODCCOMBO) based on four CDC indicators. NCQA has made changes to overhaul diabetes care measurement in HEDIS between MY 2021 and MY 2022, with implications for the use of

CDC indicators in AMP. Beginning in MY 2022, all CDC indicators will either be replaced with new individual measures or retired from HEDIS. **Table 1** depicts how each CDC indicator currently used in AMP will be replaced or retired in HEDIS in MY 2022.

Table 1. Comprehensive Diabetes Care (CDC) measure updates in HEDIS

AMP Product Lines	Current CDC Measure Indicator in AMP (MY 2021)	HEDIS Diabetes Measures for MY 2022
Commercial HMO, Commercial ACO, Medi-Cal Managed Care	Blood Pressure Control <140/90 mm Hg (CDC-CBPD4)	Blood Pressure Control for Patients with Diabetes (BPD)
All lines	Eye Exam (CDC-CDCE)	Eye Exam for Patients With Diabetes (EED)
Commercial HMO, Medi-Cal Managed Care	HbA1C Control <8% (CDC-HBAC8)	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-HBACON)	Hemoglobin A1c Control for Patients With Diabetes (HBD) <ul style="list-style-type: none"> • Rate 2: HbA1c Poor Control (>9%)
Medi-Cal Managed Care	HbA1C Testing (One test) (CDC-HBASCR)	<i>None – retired from HEDIS MY 2022</i>
All lines	Medical Attention for Nephropathy (CDC-NEPHSCR)	<i>None – retired from HEDIS MY 2021</i>

In alignment with HEDIS, IHA will make the following changes to diabetes care measurement in AMP for MY 2022:

A. Replace diabetes indicators under CDC with corresponding new HEDIS individual diabetes care measures.

IHA proposes using the following measures in MY 2022 to replace their corresponding CDC indicators in respective AMP product lines, as depicted in Table 1.

- i. *Blood Pressure Control for Patients with Diabetes (BPD)*
- ii. *Eye Exam for Patients With Diabetes (EED)*
- iii. *Hemoglobin A1c Control for Patients With Diabetes (HBD)*
 - o *Rate 1: HbA1c Control (<8.0%)*
 - o *Rate 2: HbA1c Poor Control (>9%)*

NCQA’s intention in separating CDC into multiple measures is to allow for targeted maintenance for each measure over time. These three measures are considered measure updates to the retired CDC measure and will not be subject to testing or first-year status in AMP.

B. Retire select diabetes care measures. To support streamlining of diabetes care measurement, the following diabetes care measures are proposed for retirement from their respective AMP product lines:

- i. *Comprehensive Diabetes Care – Medical Attention for Nephropathy (CDC-NEPHSCR)*. In addition to being retired from HEDIS in MY 2021, provider organization performance on NEPHSCR has “topped out”¹ or is approaching “topping out” across AMP product lines.
- ii. *Comprehensive Diabetes Care – HbA1c Testing (One test) (CDC-HBASCR)*. HBASCR will be retired from HEDIS in MY 2022 in favor of higher-priority HbA1c control rates in the Hemoglobin A1c Control for Patients With Diabetes (HBD) measure. Retirement of this measure also aligns with Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS), which AMP Medi-Cal Managed Care uses for alignment purposes wherever possible.
- iii. *Optimal Diabetes Care – Combination (HbA1c Control, Eye Exam, BP Control, Medical Attention for Nephropathy) (ODCCOMBO)*. To reduce administrative and measure maintenance burden, IHA proposes the retirement of the all-or-nothing diabetes care measure that requires numerator compliance from four CDC rates.

C. Test Kidney Evaluation in Patients with Diabetes (KED) across all AMP product lines. The IHA committees have approved testing of the new kidney health monitoring measure, Kidney Evaluation in Patients with Diabetes (KED), in conjunction with the retirement of CDC-NEPHSCR KED focuses on early diagnosis and management of chronic kidney disease and aims to improve promotion and awareness of routine kidney screening for the diabetic population. Adoption of KED also aligns with HEDIS Health Plan Accreditation and CMS Star Ratings.

2. Other measure retirements

IHA assesses measure retirement annually with committee members and stakeholders. Measure retirement is considered when a measure is “topped out”¹, no longer serves the intended purpose, and/or does not align with external priority measure sets.

A. Disease-Modifying Anti-Rheumatic Drug Therapy (ART)

AMP Medicare Advantage

Retirement of ART in MY 2022 will align with its retirement from HEDIS in MY 2021 and CMS’ removal of the measure from its MY 2021 HEDIS reporting requirements. Based on MY 2020 AMP benchmarks, the measure is high-performing but not considered “topped out”² in AMP. IHA committee members noted the importance of identifying another measure that can support arthritis care management and will explore potential replacement measures in future years.

3. Other testing measures

IHA solicits stakeholder feedback on an ongoing basis and regularly with committee members on measures for consideration in the AMP Program. Additionally, it is AMP program policy to align with the measure steward and latest high-priority external accountability measure sets whenever possible. Testing measure specifications are included in the [Draft AMP MY 2022 Technical Specifications](#).

¹“Topped out”, defined within AMP, refers to a measure whose rate of performance exceeds 90% at the 25th percentile.

A. Prenatal Immunization Status (PRS-E)

AMP Commercial HMO and Medi-Cal Managed Care

PRS-E is an e-measure stewarded by NCQA which is included in the HEDIS Health Plan Accreditation measure set starting in MY 2021. This measure assesses the percentage of deliveries in which the birthing parent has received influenza and Tdap vaccinations. PRS-E had received strong support from stakeholders during the 2018 public comment period. However, it was not tested in AMP in the following years, following IHA committees' decision to hold the measure sets steady through MY 2021 in support of the transition to the new specification release timeline. Adoption of the PRS-E measure would further develop AMP's Maternity priority area and increase alignment with the HEDIS Health Plan Accreditation measure set.

B. Child and Adolescent Well-Care Visits (WCV)

AMP Commercial HMO and Commercial ACO (Existing measure in AMP Medi-Cal Managed Care)

WCV is currently in the AMP measure adoption process for AMP Medi-Cal Managed Care and was raised by committee members as an important measure to include in the AMP Commercial HMO and Commercial ACO measure sets. This measure focuses on routine annual check-up visits for patients ages 3 to 21 and its addition supplements the Prevention and Screening priority area for children and young adult populations.

4. Measure specification updates

A. Race and ethnicity stratification

In alignment with HEDIS, IHA will require race and ethnicity stratification for the following measures in their respective product lines beginning in MY 2022:

- 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)

The new stratifications are based on race and ethnicity categories defined by Office of Management and Budget (OMB) standards. Health plans and self-reporting POs are expected to report the race and ethnicity stratifications for MY 2022 following the General Guideline 32 – *Race and Ethnicity* – in the Draft AMP MY 2022 Technical Specifications.

B. Alignment with other measure steward specification updates

It is the AMP program policy to align as much as possible with measure steward specifications, ensuring reduced measurement burden on AMP participants. Each measure specification in the [Draft AMP MY 2022 Technical Specifications](#) includes a "Summary of Changes" section. **Appendix 1** of the Draft MY 2022 Technical Specifications (starting on page 273) outlines a comprehensive list of all changes by measure.

In addition to measures with new race and ethnicity stratifications, other measures with notable specification updates include:

- Acute Hospital Utilization (AHU)
- Blood Pressure Control for Patients with Diabetes (BPD)*
- Childhood Immunization Status (CIS)
- Eye Exam for Patients with Diabetes (EED)*

- Hemoglobin A1c Control for Patients with Diabetes (HBD)*
- Immunizations for Adolescents (IMA)

*These measures are new standalone diabetes care measures replacing indicators under Comprehensive Diabetes Care (CDC), as described in **MY 2022 AMP measure set changes - Measure set changes to streamline diabetes care measurement**. Please note that the Hemoglobin A1c Control for Patients with Diabetes (HBD) measure also includes the race and ethnicity stratification as outlined in the measure specification.