

**To:** Integrated Healthcare Association (IHA) Stakeholders

**From:** Anna Lee Amarnath, General Manager, Align. Measure. Perform. (AMP) Program

**Subject:** Proposed Changes to IHA Performance Measurement Programs and Measurement Year 2023 Measure Set

**2022 IHA Public Comment Period  
October 10 – October 28, 2022**

IHA staff invite public comment on the following:

**1. Feedback on general IHA program updates**

IHA staff welcome comments on updates to IHA performance measurement programs, including the Align. Measure. Perform. (AMP) programs, the California Regional Health Care Cost & Quality Atlas (Atlas) and Advanced Primary Care (APC). Updates include IHA's approach to alignment with the California Department of Managed Health Care (DMHC) Health Equity and Quality measure set, and planning for the upcoming APC pilot.

**2. Measurement Year (MY) 2023 AMP Measure Set changes**

Proposed changes to the MY 2023 AMP Measure Set include measure retirements and additions, as well as 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 28, 2022**. IHA greatly appreciates your collaboration as a stakeholder and thanks you for your time and feedback.

**Public Comment Submission Instructions**

<b>Step 1</b>	Go to the <a href="#">AMP Participant Resources page</a> on IHA.org and select the “Public comment” section.
<b>Step 2</b>	In the Public Comment section, open the submission form by clicking on the <b>Submit a Comment</b> button.
<b>Step 3</b>	<p>Complete the submission form.</p> <ul style="list-style-type: none"> <li>● All fields are required.</li> <li>● Provide your contact information.</li> <li>● For <i>Topic</i>, select the appropriate topic for your question.</li> <li>● For <i>Element</i>, select the appropriate measure or sub-topic for your question.</li> <li>● For <i>Support Type</i>, select the appropriate support type.</li> <li>● Type your comment (2,500 characters or less).</li> </ul>
<b>Step 4</b>	<p>Click <b>Submit</b>.</p> <p>You will be redirected to the submission confirmation page. If you wish to submit additional comments, <b>refresh the page</b> to return to the submission form and repeat Step 3. To request a copy of your submission(s), please email <a href="mailto:AMPPublicComment@iha.org">AMPPublicComment@iha.org</a>.</p>

## 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 appropriate IHA committee or program area, and responses, including applicable changes, will be approved by the IHA Program Governance Committee (PGC) before being incorporated where appropriate.

## General IHA program updates

IHA requests stakeholder input on the following general performance measurement program updates.

### 1. Alignment with the California Department of Managed Health Care (DMHC) Health Equity and Quality measure set

Aligning IHA performance measurement programs with key external initiatives is an increasingly important priority as state agencies and healthcare organizations drive toward common goals for reducing health disparities and promoting health equity. The Department of Managed Health Care (DMHC)'s Health Equity and Quality measure set is a critical new set in the healthcare landscape that IHA intends to align with beginning in MY 2023. In early 2022, the DMHC appointed the [Health Equity and Quality Committee \(HEQC\)](#) (including AMP General Manager Anna Lee Amarnath) to make recommendations for standard health equity and quality measures to assess health plan performance. The HEQC was tasked with making final recommendations to the DMHC Director by September 30, 2022, and DMHC intends to publish its Health Equity and Quality measure set by December 31, 2022, for use in MY 2023.

The [draft HEQC-recommended measure set](#) includes 13 measures, most of which were already included in the [Final MY 2022 AMP Measure Sets](#) for Commercial HMO and Medi-Cal Managed Care product lines. (The AMP Commercial HMO Measure Set was used by the HEQC as an alignment reference to help ensure the selection of the most relevant measures in their recommended set.) For the Draft MY 2023 AMP Measure Set, IHA's TMC recommended adding the three draft HEQC-recommended clinical quality measures not yet included in AMP to increase equity-related alignment and reduce participant reporting burden. These measures (Depression Screening and Follow-up for Adolescents and Adults [DSF-E], Well-Child Visits in the First 30 Months of Life [W30], and Prenatal and Postpartum Care [PPC]) are described below in **MY 2023 AMP Measure Set changes – 2. Testing measures**. If the final DMHC Health Equity and Quality measure set released by December 31 includes any differences from the draft HEQC-recommended measure set, IHA and its committees will prioritize aligning with the final DMHC measure set for MY 2024.

### 2. Advanced Primary Care (APC) pilot planning

The APC initiative is a collaborative effort between IHA, the Purchaser Business Group on Health (PBGH)/California Quality Collaborative (CQC), and payers across California to align on unified standards for primary care, including measuring and paying on primary care performance. As part of this work, IHA is exploring the feasibility of implementing an AMP Primary Care Program that would measure what matters

most for primary care and deliver results at the practice level (i.e., at a more granular level than the provider organization). An AMP Primary Care Program would use the common APC measure set (**Table 1**), which has been approved by IHA’s TMC and PGC, as well as CQC’s Executive Committee, to generate aggregated results that can be used to reward practices using a standard APC value-based payment model designed with the guidance of IHA’s TPC.

**Table 1. APC Measure Set: Measures by domain**

Domain	Measure
Clinical Quality	Concurrent Use of Opioids and Benzodiazepines (COB) Depression patient-reported outcome measures (starting with DSF)* Controlling High Blood Pressure (CBP) HbA1c Control for Patients with Diabetes: Poor Control > 9.0% (HBD) Colorectal Cancer Screening (COL) Asthma Medication Ratio (AMR) Childhood Immunization Status: Combination 10 (CIS) Immunizations for Adolescents: Combination 2 (IMA)
Appropriate Resource Use	Emergency Department Utilization (EDU) Inpatient Utilization (IPU)/Acute Hospital Utilization (AHU)
Cost	Total Cost of Care using standardized pricing (TCOC)
Patient Experience	Patient Experience (CG-CAHPS)

\*Phased approach: screening → monitoring → response and remission

IHA and PBGH/CQC are running an upcoming APC measure set pilot to understand the feasibility of obtaining valid results on the APC measures at the practice level. The data collection plan for this pilot is to capture measure data in health plans’ data submission to Onpoint, in both health plan claims and in a supplemental clinical file based on expanding the existing AMP submission format. IHA would then use this data from health plans to analyze results at the practice level. This plan relies on adequate exchange of supplemental data between providers and plans as well as plan ability to obtain data from other sources, e.g., immunization registry information.

IHA welcomes feedback on the vision for an AMP Primary Care Program assessing performance at the practice level, as well as the data collection approach planned for the upcoming APC measure set pilot, including the feasibility of obtaining practice-level results on the APC measures based on health plan data submission to Onpoint.

## Measurement Year (MY) 2023 AMP Measure Set changes

Specific changes to the MY 2023 Measure Set are summarized below, including the measure name, the AMP product line for which the measure change is recommended, and a brief description and rationale for the change.

## 1. Measure retirements

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

### **A. Frequency of Selected Procedures (FSP)**

#### *AMP Commercial HMO and AMP Medi-Cal Managed Care*

Retirement of FSP in MY 2023 will align with its retirement from HEDIS in MY 2023. In 2021, NCQA held an ad-hoc public comment on the value of maintaining this measure and received support for its retirement. Users reported the measure was hard to interpret, not actionable, and burdensome to report.

### **B. Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile Documentation (WCC)**

#### *AMP Medi-Cal Managed Care*

Retirement of WCC in MY 2023 will align with its retirement from the California Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS) for MY 2022. Although the measure has not “topped out” in AMP, the TMC recommended it for retirement based on alignment.

## 2. Testing measures

IHA solicits regular feedback from committee members and stakeholders 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 MY 2023 AMP Technical Specifications.

### **A. Depression Screening and Follow-up for Adolescents and Adults (DSF-E)**

#### *AMP Commercial HMO and AMP Medi-Cal Managed Care*

DSF-E is an Electronic Clinical Data Systems (ECDS) HEDIS measure that assesses the percentage of members 12 years of age and older who were screened for clinical depression during the measurement year, and, if applicable, received timely follow-up care. The TMC had previously recommended DSF-E for testing in AMP Commercial ACO in MY 2021 as part of a suite of depression care patient-reported outcome measures (PROMs), but PROMs testing was postponed with the transition away from PO-level reporting in AMP Commercial ACO in MY 2021. Due to the continued high priority among AMP participants to meaningfully measure behavioral health screening, and the inclusion of DSF-E in both the draft HEQC-recommended measure set for DMHC and DHCS’ MCAS, the TMC recommended re-focusing on DSF-E for testing in MY 2023. Pending AMP participant experience using this measure and DSF-E testing results, IHA will work with its committees to take a phased approach to testing additional depression care PROMs (such as those related to monitoring, response and remission, and/or prenatal and postpartum depression screening) after MY 2023.

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

### **B. Well-Child Visits in the First 30 Months of Life (W30)**

#### *AMP Commercial HMO and AMP Medi-Cal Managed Care*

W30 is an NQF-endorsed HEDIS measure that assesses the percentage of children who turned 15 months old and had at least six well-child visits during their first 15 months of life, and the percentage of children who turned 30 months old and had at least two well-child visits in the last 15 months. W30 is included in DHCS' MCAS and the draft HEQC-recommended measure set for DMHC, as well as Covered California's Quality Reporting System (QRS). Testing of W30 would include reporting the race and ethnicity stratifications (RES) (see **3. Measure specification updates – A. Race and ethnicity stratification** below for more detail).

### **C. Prenatal and Postpartum Care (PPC)**

#### *AMP Commercial HMO*

PPC is an NQF-endorsed HEDIS measure that assesses the percentage of deliveries that had a prenatal visit in the first trimester, and the percentage of deliveries that had a postpartum visit 7-84 days after delivery. PPC is included in the HEDIS Health Plan Accreditation measure set, Covered California's QRS, DHCS' MCAS, and the draft HEQC-recommended measure set for DMHC. PPC is also currently included in AMP Medi-Cal Managed Care. Testing of PPC in AMP Commercial HMO would include reporting the RES (see **3. Measure specification updates – A. Race and ethnicity stratification** below for more detail).

### **D. Transitions of Care (TRC) – Medication Reconciliation Post-Discharge indicator**

#### *AMP Medicare Advantage*

TRC is an NQF-endorsed HEDIS measure. The TRC Medication Reconciliation Post-Discharge indicator assesses the percentage of discharges for members 18 years of age and older who had documentation of medication reconciliation on the date of discharge through 30 days after (31 total days). This indicator is included in CMS Stars. The TMC recommended testing TRC (specifically the Medication Reconciliation Post-Discharge indicator) in AMP on the basis of alignment with CMS Stars and the importance of medication reconciliation as a clinical practice; however, they acknowledged that some POs may face challenges when first implementing this measure. AMP participants can use CPT, CPT-CAT-II, SNOMED CT US Edition, and UBREV code systems for administrative reporting of TRC.

## **3. Measure specification updates**

### **A. Race and ethnicity stratification (RES)**

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 began revising select HEDIS measures to include RES in MY 2022, with additional measures slated for RES in the following years. IHA aligned with HEDIS on initial measures for RES in MY 2022, and will again align with HEDIS in MY 2023 by introducing RES to the following measures in their respective product lines:

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

\*W30 is a proposed testing measure in the Draft MY 2023 AMP Measure Set; IHA will require RES if W30 is added for testing.

RES will be required on the above measures for MY 2023 in addition to the measures requiring stratification 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)

Health plans and self-reporting POs are expected to report the RES for MY 2023 following General Guideline 31 – *Race and Ethnicity Stratification* – in the Draft AMP MY 2023 Technical Specifications.

**B. Update Breast Cancer Screening (BCS) to an ECDS measure (BCS-E)**

*All AMP Product Lines*

BCS-E assesses the percentage of members 50-74 years of age who had a mammogram to screen for breast cancer. BCS-E transitioned to ECDS-only reporting in HEDIS MY 2023. Aligning AMP with HEDIS ECDS measurement will allow for more streamlined reporting and more comparable measure results between AMP and HEDIS.

**C. 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 MY 2023 AMP Technical Specifications includes a “Summary of Changes” section. **Appendix 1** of the Draft MY 2023 AMP Technical Specifications (starting on page **1-1**) outlines a comprehensive list of all changes by measure.