Align. Measure. Perform. (AMP) Program
Provider Organization Recognition Methodologies

Commercial HMO Program – November 2022

Please note: Following the approval of a limited set of measures for accountability uses in AMP in MY 2020 in response to COVID-19, the IHA committees recommended returning to the full AMP measure set for accountability in MY 2021. The committees also determined that there will be no changes to the award methodologies for MY 2021. The MY 2021 Excellence in Healthcare Award and Top 10% Domain Performance Recognition Awards have been calculated using the MY 2021 measures recommended for payment. The MY 2021 Bangasser Award for Quality Improvement uses the MY 2020 measure set as this award uses the intersection of paid measures for both years' incentive design to evaluate year-over-year improvement. For more information, please review the MY 2020 and 2021 AMP Measure Sets.

Excellence in Healthcare Award

The Excellence in Healthcare award recognizes provider organizations (POs) participating in the Align. Measure. Perform. (AMP) Commercial HMO program that perform in the top 50% for the Clinical Quality, Patient Experience, and Total Cost of Care (TCOC) domains. The following description explains the methodology for the Excellence in Healthcare Award.

1. **Calculate the threshold for each domain:** Determine the median (50th percentile) of the domain scores for the Clinical Quality, Patient Experience, Total Cost of Care domains, across all participating POs.

    o Clinical Quality Domain Score (Clinical Achievement Score) – based on the average of all clinical quality measures recommended for payment; see note below

    o Patient Experience Domain Score (Patient Experience Achievement Score) – based on the average of the patient experience measure composites recommended for payment; see note below

    o Total Cost of Care Score – PO's geography and risk adjusted Total Cost of Care results aggregated across contracted health plans (i.e., Health Plan Aggregate)

Note: POs must have valid[1] results for at least half of the measures within each domain for their results to be included. To ensure POs are not penalized for having fewer members, IHA applies the Adjusted Half-Scale Rule[2] when calculating the domain score.

2. **Assess provider organization performance:** A PO's performance for each of the three domains must exceed the requirements for the corresponding threshold from Step 1. For Clinical Quality and Patient Experience domains, the PO's domain score must be higher than the domain threshold; for Total Cost of Care, the PO's Total Cost of Care (aggregated, geography and risk adjusted) must be lower than the threshold.

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

In memory of Dr. Ronald P. Bangasser (1950-2007), a family provider and tireless champion of quality improvement, IHA recognizes eight provider organizations —one from each AMP region— demonstrating the greatest year-to-year quality improvement based on measures of clinical quality and patient experience. The following description explains the methodology for the Bangasser Award for Quality Improvement.

1. **Calculate Achievement Scores for Quality Domains**

   o Clinical Quality Domain Score (Clinical Achievement Score) – based on the average of all clinical quality measures recommended for payment; see note below. Scores are calculated for the baseline and measurement year.

   o Patient Experience Domain Score (Patient Experience Achievement Score) – based on the average of the patient experience measure composites recommended for payment; see following note. Scores are calculated for the baseline and measurement year.

Note: POs must have valid[1] results for at least half of the measures within each domain for their results to be included. To ensure POs are not penalized for having fewer members, IHA applies the Adjusted Half-Scale Rule[2] when calculating the domain score.

2. **Calculate Overall Quality Achievement Score (QAS):** Clinical quality and patient experience domains have the same relative weighting scheme as the quality payment methodology (Clinical Quality 60% and Patient Experience 30%). However, the overall quality achievement score is scaled out of 90% because the Advancing Care Information (ACI) domain is only used for quality payment methodology and not used in PO recognition awards.

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[1] For the clinical quality domain, a PO's rates are valid if they have a denominator of at least 30 and are not biased (as determined by the auditor); for patient experience, rates are considered valid if they have a reliability of at least 0.70.

[2] The Adjusted Half-Scale Rule is a two-part rule applied to each PO that has missing results for one or more measures. It is described below.

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

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

The Overall Quality Achievement Scores for baseline and measurement year are calculated as follows:

$$QAS = \frac{(\textit{Clinical Achievement Score x 60\%}) + (\textit{Patient Experience Achievement Score x 30\%})}{90\%}$$

3. **Calculate Relative Improvement Scores for each provider organization:** Relative improvement is the difference between the PO's current year score and the PO's previous year score over the difference between the maximum Quality Achievement Score (weighted) and the PO's previous year score. It is calculated as follows:

$$\textit{Relative Improvement Score} = \frac{\textit{PO Current Year QAS} - \textit{PO Previous Year QAS}}{\textit{Maximum QAS (weighted)} - \textit{PO Previous Year QAS}}$$

Note: A Relative Improvement Score is only calculated for POs that have valid Clinical Achievement and Patient Experience Achievement Scores for measurement and baseline years.

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

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

Top 10% Domain Performance Recognition

Since measurement year 2016, IHA recognizes provider organizations (POs) who possess Achievement Scores at or above the 90th percentile in the Clinical Quality, Patient Experience, and/or Total Cost of Care Domains.

1. **Calculate the threshold for each domain:** Determine the 90th percentile of the domain scores for the Clinical Quality, Patient Experience, and Total Cost of Care domains, across all participating POs.

   o Clinical Quality Domain Score (Clinical Achievement Score) – based on the average of all clinical quality measures recommended for payment; see note below

   o Patient Experience Domain Score (Patient Experience Achievement Score) – based on the average of the patient experience measure composites recommended for payment; see note below

   o Total Cost of Care Score – PO's geography and risk adjusted Total Cost of Care results aggregated across contracted health plans (i.e. Health Plan Aggregate)

Note: POs must have valid[1] results for at least half of the measures within each domain for their results to be included. To ensure POs are not penalized for having fewer members, IHA applies the Adjusted Half-Scale Rule[2] when calculating the domain score.

2. **Identify the top 10% provider organizations for each domain:** A PO's performance for the domain must meet or exceed the corresponding threshold from Step 1. For Total Cost of Care, the PO's Total Cost of Care (aggregated, geography and risk adjusted) must be lower than the threshold.

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