Integrated Healthcare Association

MY 2024 AMP Preliminary Results Release

August 14, 2025

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Agenda

- AMP Program Updates
- MY 2024 AMP Results and Questions & Appeals Timeline
- Redesigned AMP incentives, recognitions, and public reporting
- Preliminary trends in AMP results
  - Quality (Clinical Quality and Utilization)
  - Cost
- Accessing the Onpoint PRP
- Questions

Dial-in Information

Phone: 1 (669) 900-6833,
Passcode: 832 4996 9403#

Questions?

Submit them via the “Q&A” function!

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

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AMP Program Updates

Shelley Kong, *Project Manager, Program Operations*

Performance Measurement Program Updates: Provider Organization and Health Plan Reports

Two new reports in 2025 will include high-impact topics

Plans and POs have asked for cost reporting through the lens of quality and utilization

May | June | July | August | Sept | Oct | Nov | Dec

AMP PO Stars Report

PO-facing report that summarizes commercial HMO cost and quality based on the OPA 1-5 stars

IHA Performance Comparison Report

HP-facing report that summarizes commercial HMO and PPO cost and quality based on Atlas results

Primary Care Spend Report

HP- and PO-facing report that summarizes primary care spend through the lens of cost, quality and resource use on all available products

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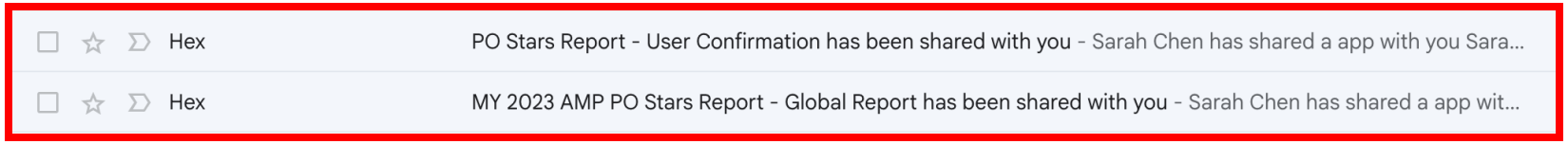
POs received invitation emails from IHA via Hex on 5/28/25

Commercial HMO participants must confirm the User Agreement and confirm PO associations

notify@mail.hex.tech



User Confirmation Email

HEX

Sarah Chen has shared a app with you

Sarah Chen has added you to the app **PO Stars Report - User Confirmation**

View in Hex

(1) Click through User Confirmation **first.**

Report Email

HEX

Sarah Chen has shared a app with you

Sarah Chen has added you to the app **MY 2023 AMP PO Stars Report - Global Report**

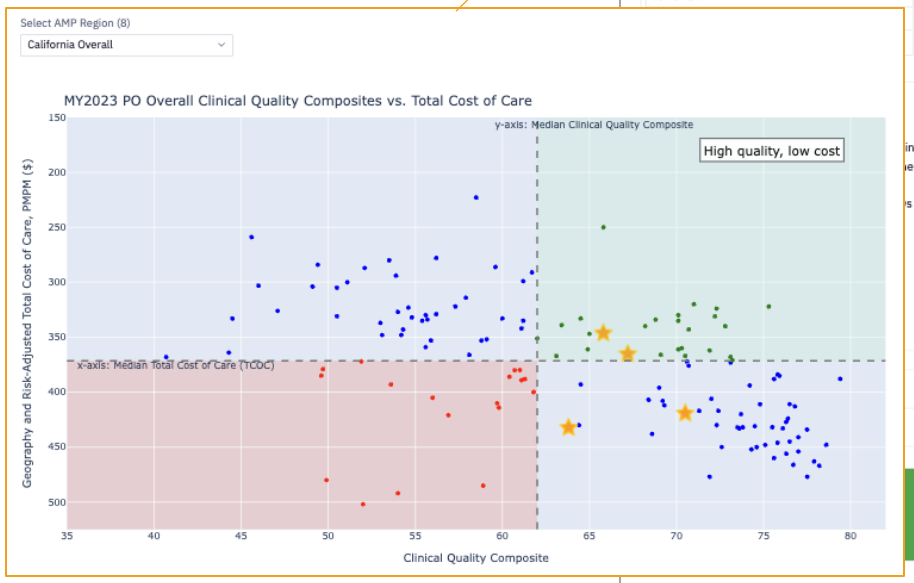
View in Hex

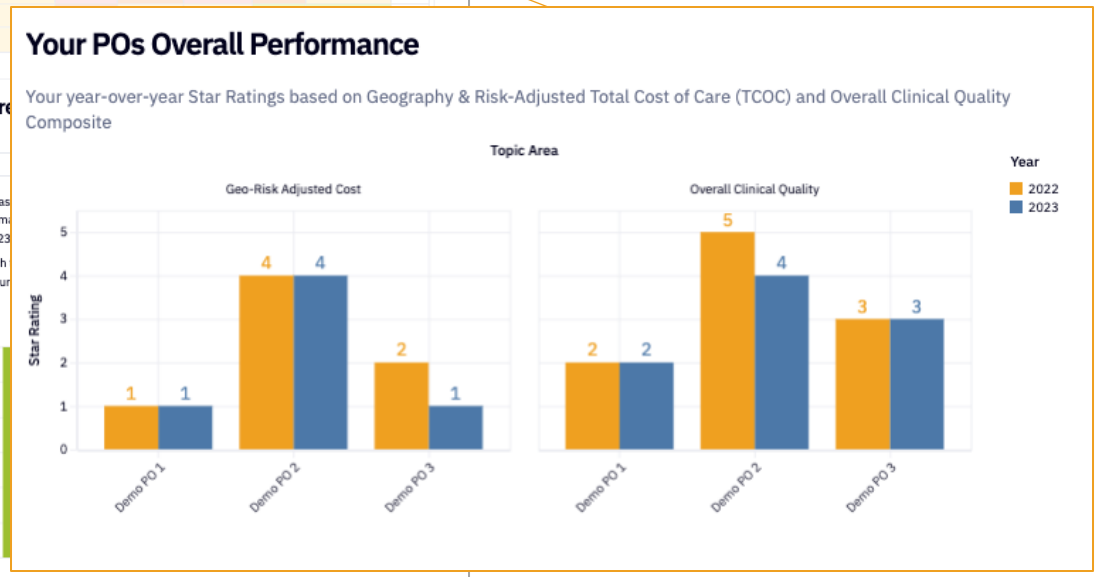
(2) Access your report through this email anytime after completing the User Confirmation.

Questions? Contact amp@iha.org and include the PO(s) you are a contact for

New PO report allows for quick and easy peer comparisons and key takeaways!

- ✓ **Quick and easy**
- ✓ **Peer comparison**
- ✓ **YoY comparison**
- ✓ **Measure and regional drill downs**





"Love this! Super impressive and impactful!"

- Dr. Marnie Baker, MemorialCare

"Great visuals... really appreciated the medical group comparison charts."

- Dr. Kristina Gilkey, Hill Physicians Medical Group

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Thank you to everyone who attended the AMP PO Stars Live Demo Webinar.

Access the webinar recording and slides here

NEW HP PRODUCT COMING SOON

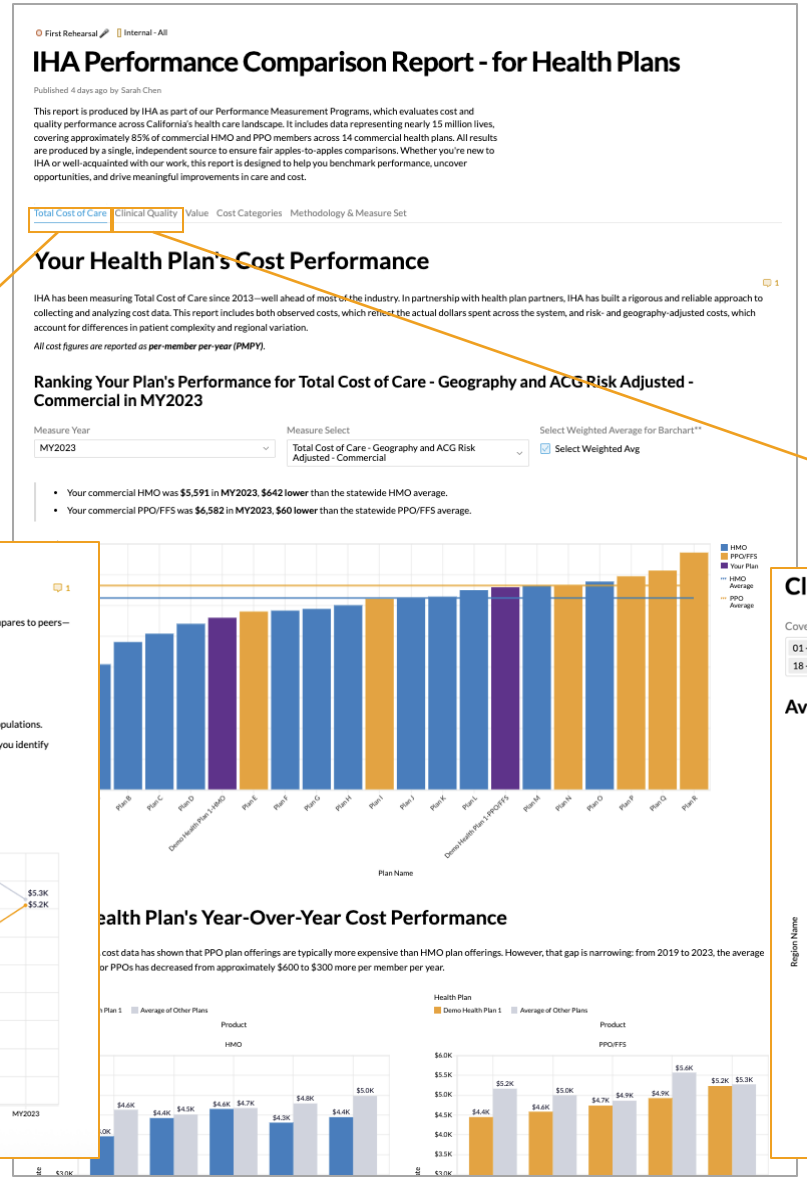
IHA Performance Comparison Report: insights into your cost and quality

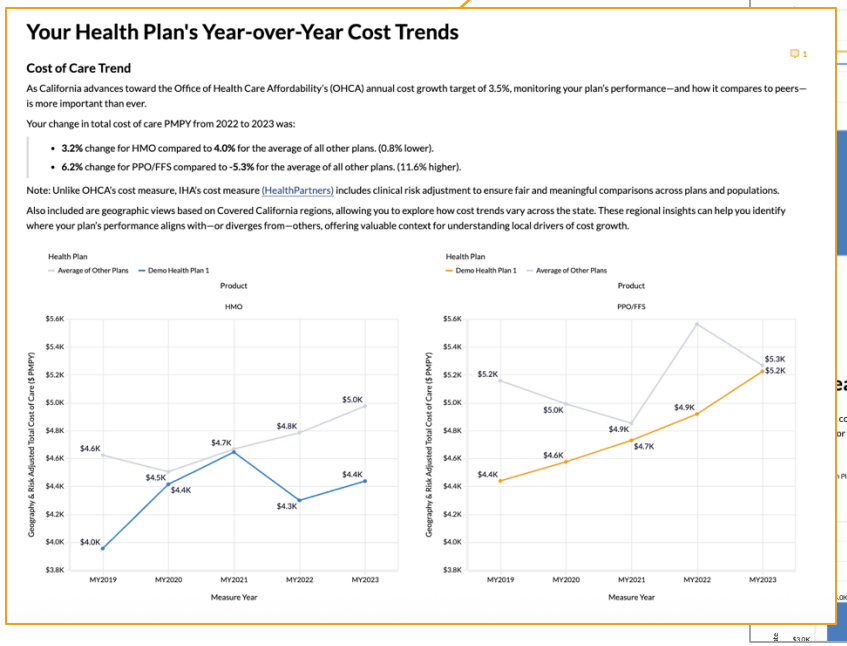
Quick and Easy

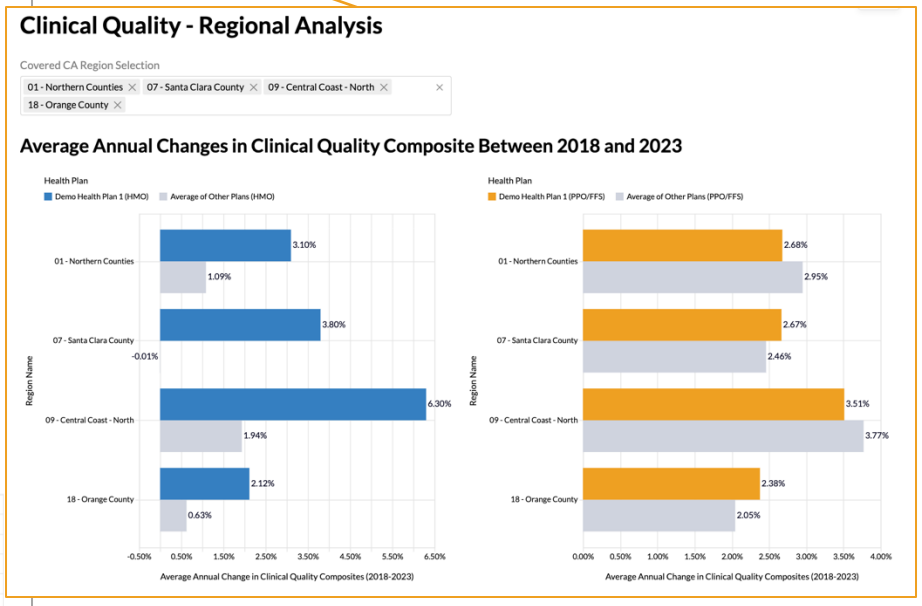
Peer Comparison

Measure Drill Downs

YoY Comparison







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MY 2025 program update: Participation Confirmation Process

- MY 2025 Participation Confirmation (PCON) is slated to begin in Fall 2025
- IHA will share more information soon to prepare for the MY 2025 PCON process via the AMP monthly newsletters

Ensure your organization's contacts have access to complete the requested steps in Fall 2025

MY 2024 Results Timeline

Shelley Kong, *Project Manager, Program Operations*

MY 2024 AMP results timeline

Milestone	Activity	Timeline
Preliminary results release in PRP	Commercial HMO, Medicare Advantage, Medi-Cal Managed Care results available	August 15, 2025
Questions and appeals	Questions and appeals period	• **FinThrive:** August 15, 2025 – September 5, 2025 • **Onpoint:** August 15, 2025 – September 12, 2025
	Resubmission deadline for final release	**FinThrive:** • September 12, 2025: Health Plans must generate results to their auditor • September 19, 2025: FinThrive must receive auditor-locked resubmissions **Onpoint:** • September 19, 2025: Health Plans must send resubmissions to Onpoint • September 23, 2025: Files must be in passing status
	Appeals hearing	September 23, 2025
	Appeals decisions to participants	September 30, 2025
Final results release in PRP	Commercial HMO, Medicare Advantage, Medi-Cal Managed Care results available	November 7, 2025

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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 (Clinical Quality and Appropriate Resource Use/Utilization)	X	X	X
	Encounters	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 2023 Onpoint-generated results if you are also submitting questions or appeals about the same measure for your MY 2024 Onpoint-generated results.

UPDATED

MY 2023 Onpoint-generated results

NEW

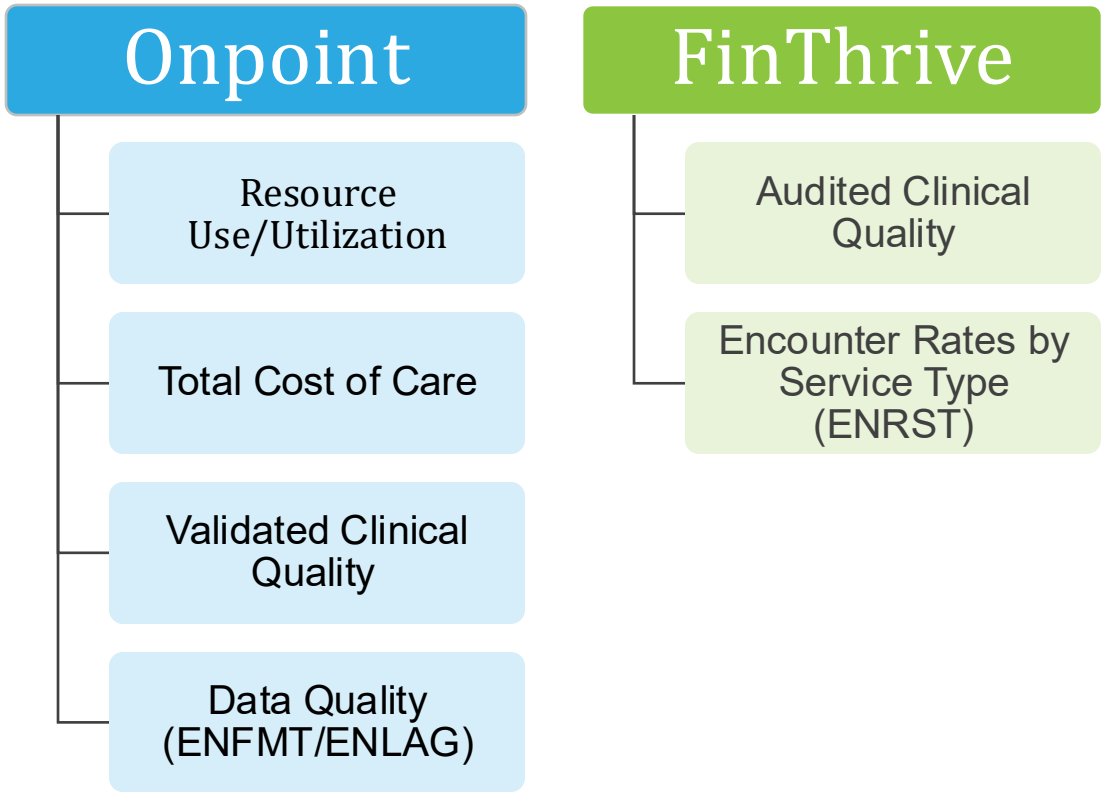
MY 2024 audited quality results

NEW

MY 2024 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		
Inland Empire Health Plan			X
Kaiser Permanente	X	X	
LA Care Health Plan	X		
Molina	X		
SCAN Health Plan		X	
Sharp Health Plan	X	X	
Sutter Health Plus	X		
UnitedHealthcare	X	X	
Valley Health Plan	**NEW**		
Wellcare by Health Net		X	
Western Health Advantage	X	**REMOVED**	

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Overview of questions and appeals period

AMP questions and appeals process

August 15 – November 7

August 15
Preliminary AMP results released

September 5
FinThrive
Deadline to submit questions and appeals

September 12
Onpoint
Deadline to submit questions and appeals

September 12
FinThrive
Deadline for health plan resubmissions to auditors

September 19
FinThrive
Receives auditor-locked resubmissions

September 19
Onpoint
Health plan resubmissions

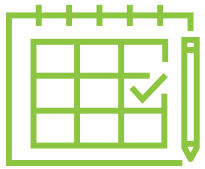
September 23
Appeals hearing to panel

November 7
Final results released

AMP questions and appeals period

What

- Participants **review** MY 2024 FinThrive and Onpoint-generated results
- **Ask questions or submit appeals** for correction to results before results are finalized for use in incentives, public reporting, and public recognitions



When

- Begins with release of preliminary reports – **Open August 15!**
- Submit questions or appeals no later than
  - **FinThrive: 5 p.m. PDT September 5, 2025**
  - **Onpoint: 5 p.m. PDT September 12, 2025**
- **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, 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

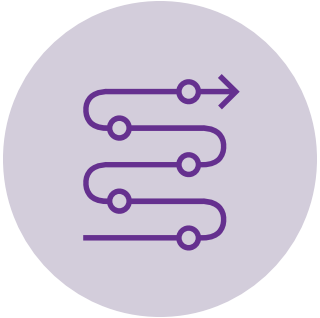
- Who is submitting the question?
- Which plan or reporting entity is the question for?
- Which measures are in question?
- Does the data issue or concern warrant a correction?

Submit questions or appeals no later than
5 p.m. PDT September 5, 2025, for FinThrive-generated measures
5 p.m. PDT September 12, 2025, for 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

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Redesigned AMP incentives, recognitions, and public reporting

Steven Hough

Project Manager, Program Design

MY 2024 marks the launch of the AMP redesign!

Aligned **measure set** with 40% fewer measures

Higher-impact **incentive design** emphasizing quality, adjusted for cost

Public recognitions celebrate POs standing out against national benchmarks

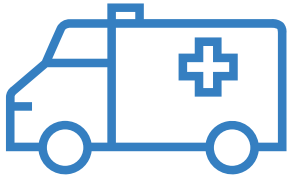
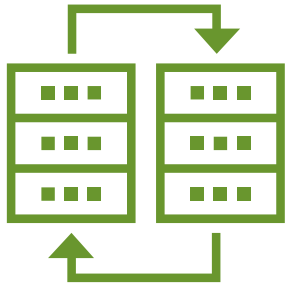
Public reporting of provider performance compared with peers and nationwide

AMP components by product line

AMP product line	Common measure set	Public recognition	Public reporting	Incentive design
Commercial HMO	X	X	X	X
Medicare Advantage	X	X	X	Optional
Medi-Cal Managed Care	X	**NEW!**		X

Find the list of measures for public recognition, public reporting, and incentives in the MY 2024 AMP Measure Set.

AMP measure domains


Healthcare Quality*			
Clinical Quality	Appropriate Resource Use / Utilization	Data Quality	Cost

*Patient experience measurement will be nested under the Healthcare Quality domain when reincorporated into the AMP Measure Set.

How domain results are used

Component	Product	Domain
Incentive design	Commercial HMO Medi-Cal Managed Care	• Healthcare Quality – Clinical Quality & Appropriate Resource Use/Utilization • Total Cost of Care
Public recognition awards	Commercial HMO Medi-Cal Managed Care	• Healthcare Quality – Clinical Quality & Appropriate Resource Use/Utilization • Total Cost of Care
	Medicare Advantage	• Healthcare Quality – Clinical Quality & Appropriate Resource Use/Utilization
Public reporting	Commercial HMO	• Healthcare Quality – Clinical Quality & Appropriate Resource Use/Utilization • Total Cost of Care
	Medicare Advantage	• Healthcare Quality – Clinical Quality & Appropriate Resource Use/Utilization

MY 2024 trending cautions

- For MY 2024, there are no measures with a "break" in trending and 8 measures with a trending "caution" based on revisions to the measure specifications.
  - Glycemic Status Assessment for Patients With Diabetes (GSD)
  - Eye Exam for Patients With Diabetes (EED)
  - Kidney Health Evaluation for Patients With Diabetes (KED)
  - Prenatal and Postpartum Care (PPC)
  - Prenatal Immunization Status (PRS-E)
  - All-Cause Readmission (PCR)
  - Acute Hospital Utilization (AHU)
  - Emergency Department Utilization (EDU)

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Implementing the AMP incentive redesign

- **7 plans** with over **2.3 million HMO covered lives** in AMP have confirmed they will use the new design
  - MY 2024-2025 Health Plan Advanced Notice report
- New health plan plug and plays, PO worksheets, and additional resources will be made available.
- Technical documentation and benchmarks are available to download on the “Incentive Design” page on IHA.org

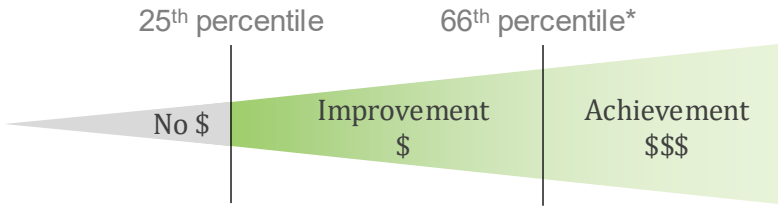
How it works

STEP 1

Calculate payment by measure

Payment for individual quality measures (clinical quality + utilization) is calculated against national benchmarks

(per member per month)



STEP 2

Sum all payments

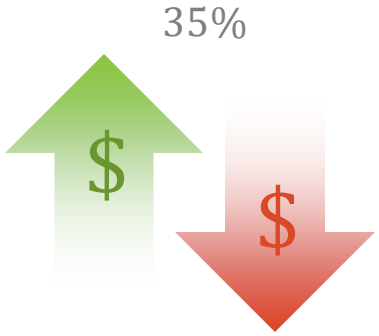
All individual measure payments summed

$ + $ + $ + $

STEP 3

Adjust for TCOC

Total summed payment adjusted for Total Cost of Care (TCOC) amount, up or down



**Different benchmarks and percentiles are used for Commercial HMO and Medi-Cal product lines*

Source: AMP Incentive Design Technical Documentation - https://iha.org/performance-measurement/amp-program/incentive-design/

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MY 2024 – MY 2025 incentive design benchmarks

	Benchmark Source	Percentiles used for thresholds
Commercial HMO		
Core 4 measures	**CMS Quality Rating System, National, all lines of business (MY 2021)***	Improvement: 25th Achievement: 66th Gold standard: 90th
Non-core 4 measures	**2023 NCQA Quality Compass, Commercial, National, all lines of business (MY 2022)**	
Medi-Cal Managed Care		
COL-E & DSF-E	**2024 NCQA Quality Compass, Medicaid, National, HMO (MY 2023)**	Improvement: 25th Achievement: 50th Gold standard: 90th
All other measures	**2023 NCQA Quality Compass, Medicaid, National, HMO (MY 2022)**	

*In alignment with Covered California's QTI program, Childhood Immunization Status: Combination 10 (CIS) targets are established using the MY 2022 QRS benchmarks

Source: Incentive design benchmarks, MY 2024-25 - https://iha.org/performance-measurement/amp-program/incentive-design/

MY 2024 AMP public recognition awards

Commercial HMO & Medi-Cal Managed Care

Excellence in Healthcare
High performance on **clinical quality** (≥66.7th p. for Commercial HMO, ≥50th p. for Medi-Cal) **and** higher than average performance on **cost** (<50th p.)

Top 10% Performers
High performance (≥90th p.) on **clinical quality**

Ronald P. Bangasser, MD, Memorial Award
Greatest improvement by region on **clinical quality**

Medicare Advantage

Medicare Stars Quality
Overall star rating of 4.5 or 5

Medicare Stars Quality Improvement
Improvement on star rating by ½ star or more

Office of the Patient Advocate Medical Group Report Cards

2025-26 Edition (using MY 2024 data)

Commercial HMO

- Measure set and topic groupings will be updated to reflect changes to the MY 2024 AMP Measure Set.
- Planned transition to external benchmarks to establish star cutpoints
  - **Source:** NCQA's 2023 (MY22) Commercial Quality Compass, National, all lines of business
  - **Cutpoints:** 10th / 33rd / 66th / 90th percentiles

Medicare Advantage

- Will be generated following CMS Stars 2026 methodology

The 2025-26 Edition Commercial HMO and Medicare Advantage Medical Group Report Cards will be available in Spring 2026.

MY 2024 preliminary results and trends

Steven Hough

Project Manager, Program Design

Improvements in Core 4 performance translate to better patient care for Californians – based on MY 2024 preliminary

25,000 more patients with diabetes had blood sugar controlled

60,000 more patients with hypertension had their blood pressure under control

25,000 more adults ages 51-75 were screened for colorectal cancer

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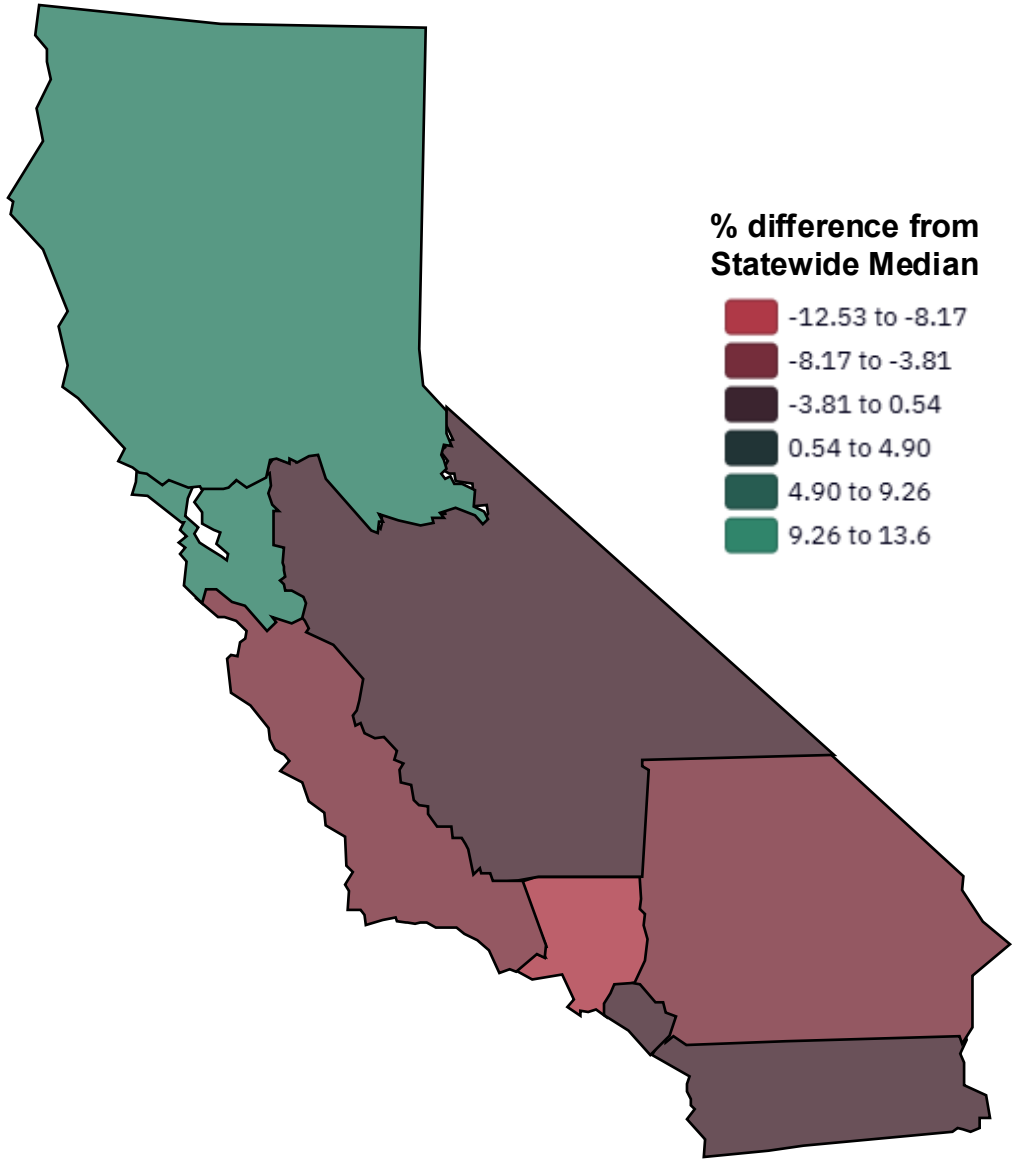
Blood pressure control improved by 5 percentage points compared to MY 2023

- Among the Core 4 measures, CBP shows the smallest regional variation, reflecting fairly uniform performance throughout the state.
- The median performance falls slightly below the QRS 66th percentile benchmark
- In MY 2024, an additional 8% of POs met the target for CBP.

MY24 median rate (%)	Percentage Point Difference from MY 2023 (raw)	QRS 66th p. benchmark	Number of POs that met QRS 66th	Difference in number of POs from MY23
66.88%	+5.23%	67%	86 of 175	+14



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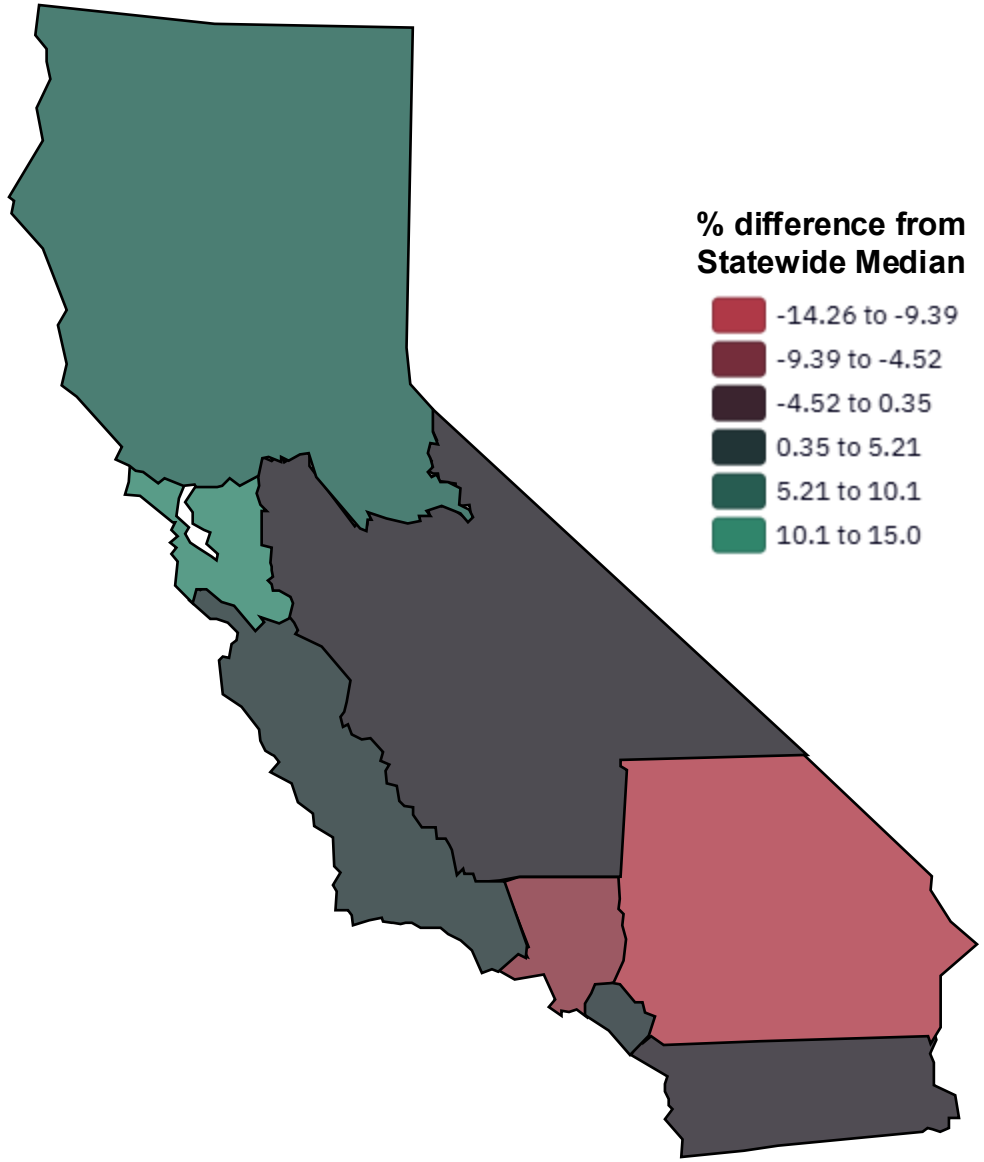
Colorectal cancer screening improved by 4 percentage points compared to MY 2023

- 57% of POs met or surpassed the QRS 66th percentile benchmark
- There is moderate regional variation, with the Northern and Coastal areas generally performing better than the Central and Southern regions
- Once more, about 8% more POs reached the achievement threshold in MY 2024

MY24 median rate (%)	Percentage Point Difference from MY 2023 (raw)	QRS 66th p. benchmark	Number of POs that met QRS 66th	Difference in number of POs from MY23
65.91%	+4.30%	63%	101 of 177	+14



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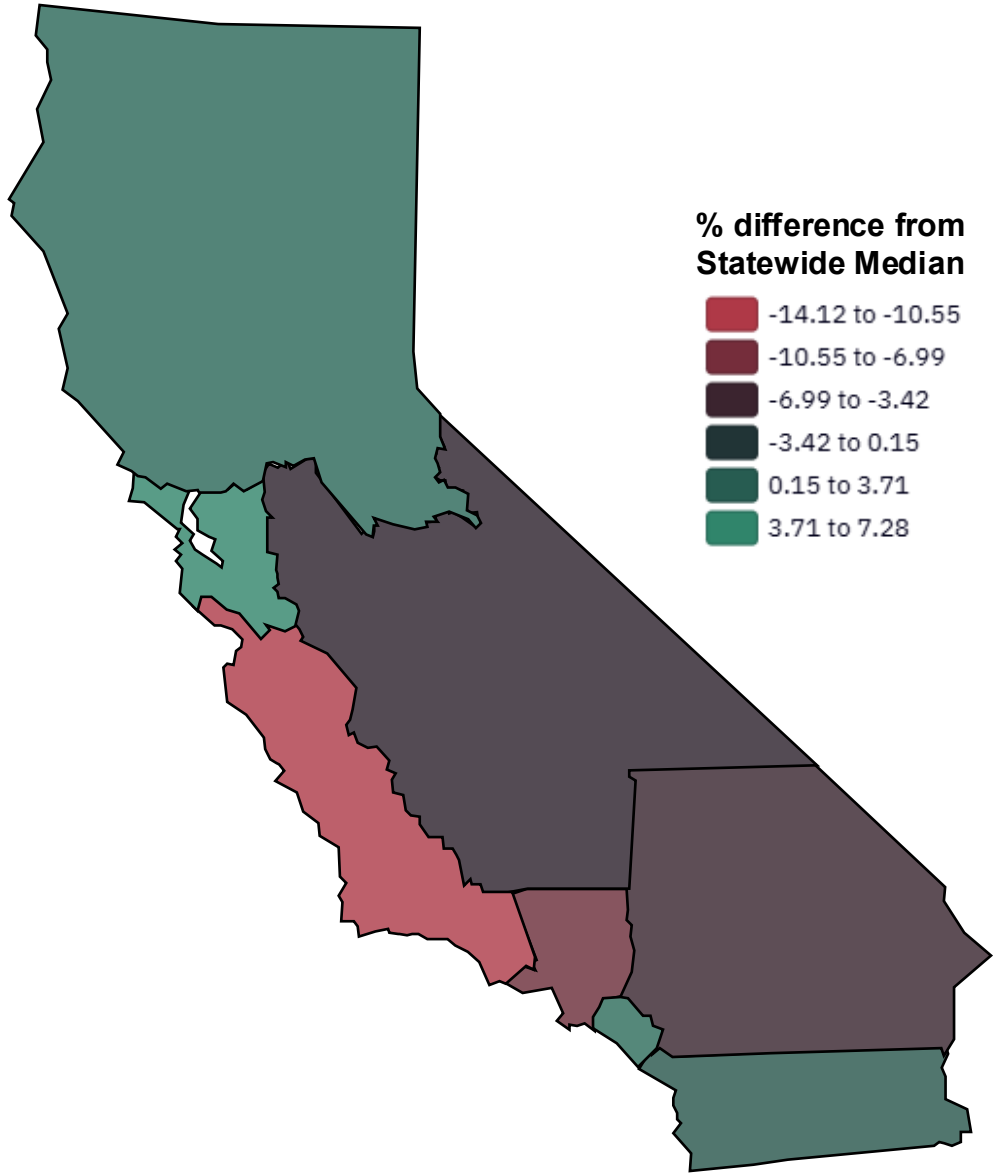
Blood sugar control is higher than the QRS 66th percentile benchmark, indicating higher performance than national rates

- 67% of POs met or surpassed the QRS 66th percentile
- While overall performance is strong, regional analysis shows noticeable gaps, with some areas performing as much as 14% below the statewide median suggesting localized disparities in diabetes care

MY24 median rate (%)	Percentage Point Difference from MY 2023 (raw)	QRS 66th p. benchmark	Number of POs that met QRS 66th	Difference in number of POs from MY23
66.52%	+2.57%	62%	117 of 175	+11



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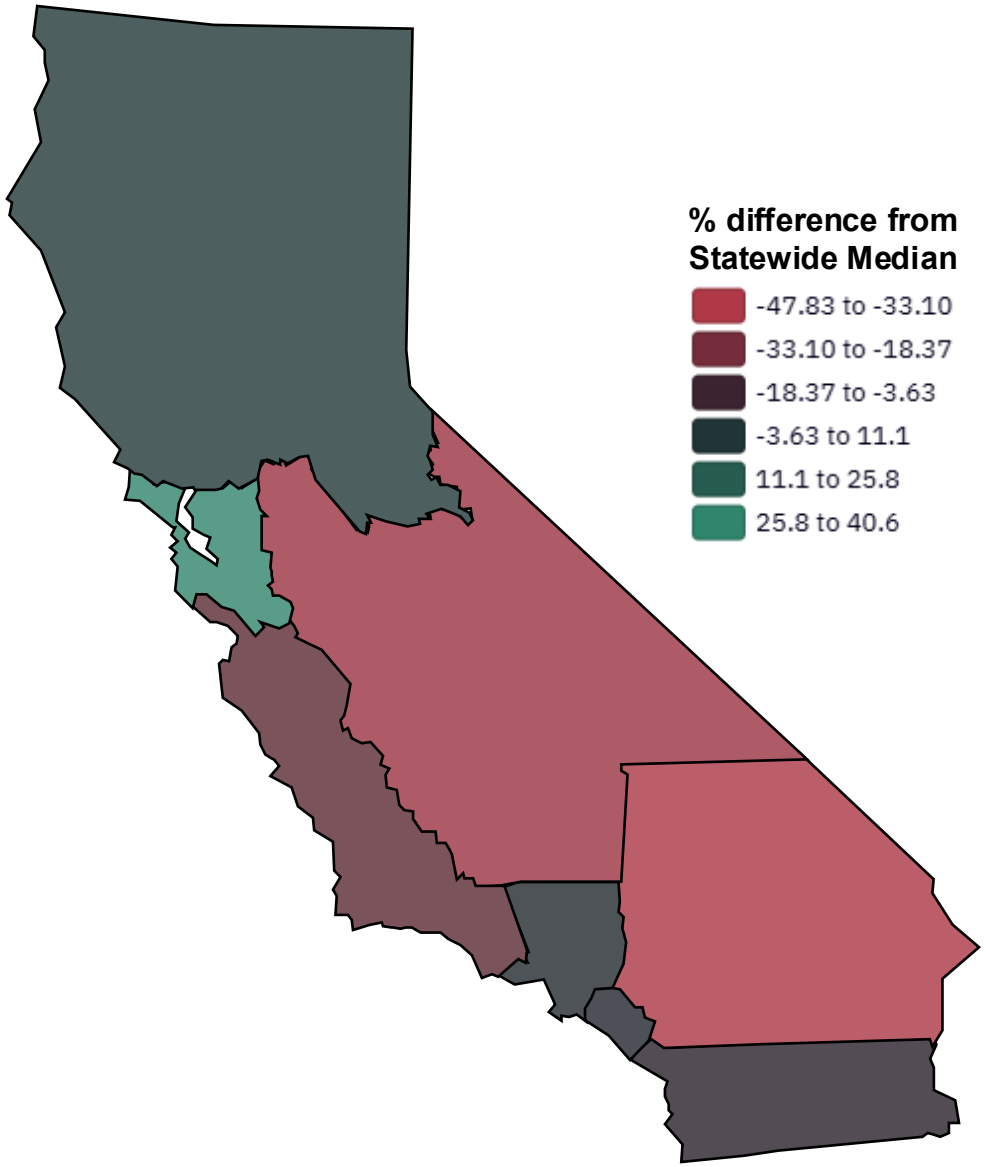
Median childhood immunization rates reached the QRS 66th percentile benchmark – but had notable performance differences across regions and by PO

- CIS was the only Core 4 measure showing a year-over-year decline in POs meeting the QRS 66th percentile benchmark.
- This matches stakeholder reports of declining immunization rates, especially flu shots for young children.

MY24 median rate (%)	Percentage Point Difference from MY 2023 (raw)	QRS 66th p. benchmark	Number of POs that met QRS 66th	Difference in number of POs from MY23
50.13%	-4.13%	50%	55 of 107	-9



*In alignment with Covered California's Quality Transformation Initiative (QTI), CIS targets are established using MY 2022 QRS benchmarks

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More Commercial HMO trends

Healthcare Quality: Clinical Quality

Priority Area	Measure	MY 2024 Prelim Median Rate (%)	Percentage Point Difference from MY 2023 (raw)	National 66th p. benchmark*
Diabetes	Eye Exam for Patients With Diabetes (EED)	50.23%	+0.4	55%
	Hemoglobin A1c Control for Patients with Diabetes: Poor HbA1c control >9.0% (HBD) - ***Lower is better***	23.81%	-2.48	25%
	Kidney Health Evaluation in Patients With Diabetes (KED)	64.02%	+2.58	46%
Maternity	Prenatal Immunization Status (PRS-E)	39.97%	-1.63	41%
Prevention & Screening	Breast Cancer Screening (BCS-E)	78.48%	+1.09	76%
	Cervical Cancer Screening (CCS)	73.46%	+1.15	76%
	Child and Adolescent Well-Care Visits (WCV)	50.76%	+2.67	61%
	Chlamydia Screening in Women (CHL)	59.5%	+3	49%
	Immunizations for Adolescents: Combination 2 (IMA)	38.52%	-3.49	36%
Respiratory	Asthma Medication Ratio (AMR)	81.82%	-2.07	87%

Note: *Median rates include Kaiser POs*

**2023 (MY 2022) NCQA Commercial Quality Compass, all lines of business*

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More Commercial HMO trends

Healthcare Quality: Appropriate Resource Use/Utilization

Measure	MY 2024 Median (%)	Percentage Difference from MY 2023	National 66th p. benchmark*
Acute Hospital Utilization (AHU) - ***Lower is better***	22.41 PTMY	+3.46%	21 PTMY
All-Cause Readmissions (PCR) - ***Lower is better***	3.74%	+3.6%	4%
Emergency Department Utilization (EDU) - ***Lower is better*** (Information Only)	148.66 PTMY	+3.13%	N/A

Cost

Measure	MY 2024 Median (%)	Percentage Difference from MY 2023	OHCA target for 2025
Total Cost of Care (geography- and risk-adjusted, with $250K truncation) (TCOC) - ***Lower is better***	$377.38	+0.39%	3.5%

Note: *Median rates include Kaiser POs*

**2023 (MY 2022) NCQA Commercial Quality Compass, all lines of business*

https://hcai.ca.gov/affordability/ohca/slow-spending-growth/

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Race/Ethnicity Diversity of Membership (RDM)

MY 2024 testing measure evaluation

- RDM will be used to measure **race and ethnicity data source completeness** in AMP. 'Performance' will not be evaluated on the demographic makeup of any patient population.
- Evaluation of MY 2024 testing results showed:
  - Overall data completeness in AMP is comparable to external state and national benchmarks.
  - PO self-reported RES data is more complete than HP-reported data, reinforcing previous findings seen with data source stratification of clinical quality measures.

Measure	Mean		Reporting level
	HP	PO	
Race (Direct Source)	AMP: 45.42% State: 53.57% National: 31.92%	51.73%	HP-reported
	-	79.22%	Self-reported
Ethnicity (Direct Source)	AMP: 43.8% State: 48.84% National: 22.51%	54.03%	HP-reported
	-	82.56%	Self-reported

State and national mean rates are compared to NCQA's Quality Compass, all lines of business

Accessing the Onpoint PRP

Julia Tremaroli, *Manager, Program Operations*

Performance Reporting Portal (PRP) Overview

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 reports

- Summary Results
- AMP Worksheets

AMP downloads

- PO-specific downloads
- California Program-Wide downloads

Integrated Healthcare ASSOCIATION

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.**

IHA

Setting up PRP access

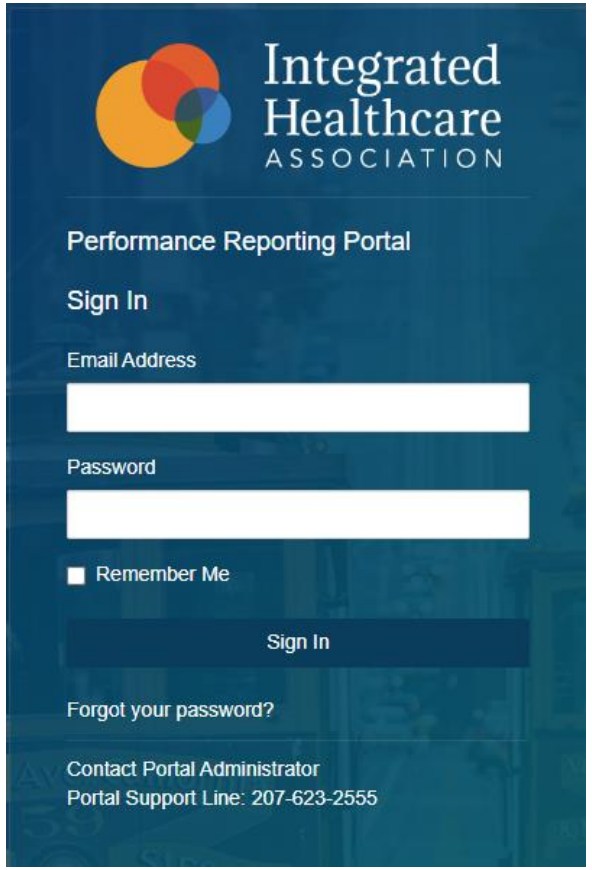
- PRP admins, please ensure that all members of your team have access to the PRP.
- Your organization's admin can edit, remove, and add new users.
  - View further instructions on how PRP admins can edit contacts on the portal here.
- Most organizations should already have an admin user assigned. However, if your organization does not have an admin user, please have your organization's admin reach out to amp@iha.org.
  - 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.

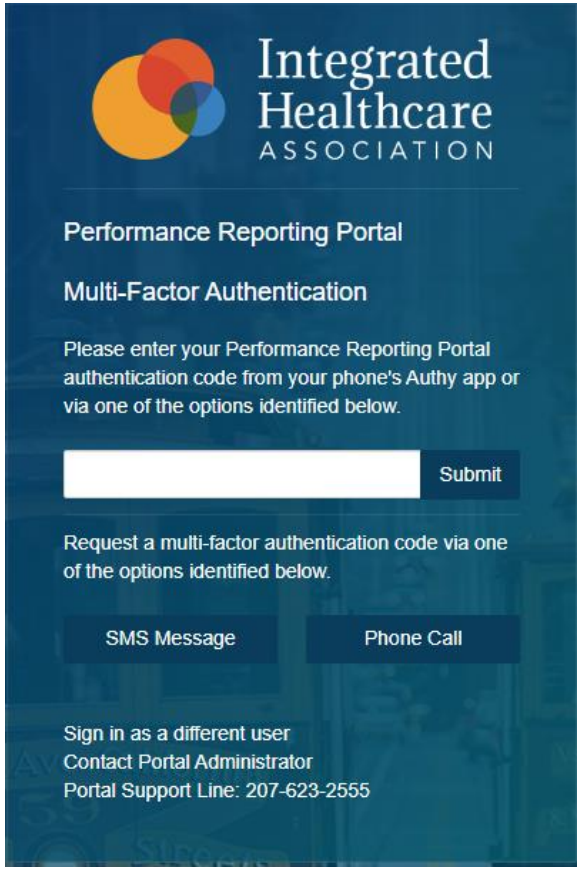
Integrated Healthcare ASSOCIATION

PRP tutorial

Logging on

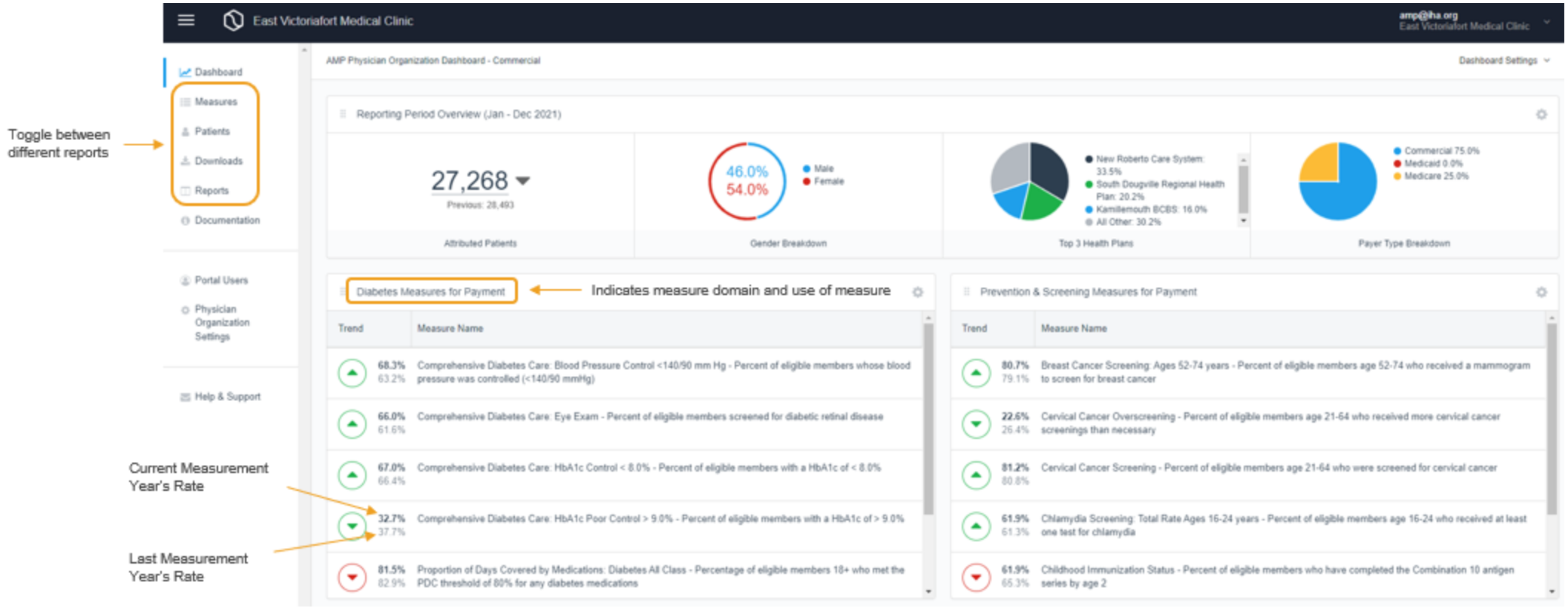
Sign in using multi-factor authentication at https://iha-prp.onpointhealthdata.org/users/sign_in





Dashboards and widgets

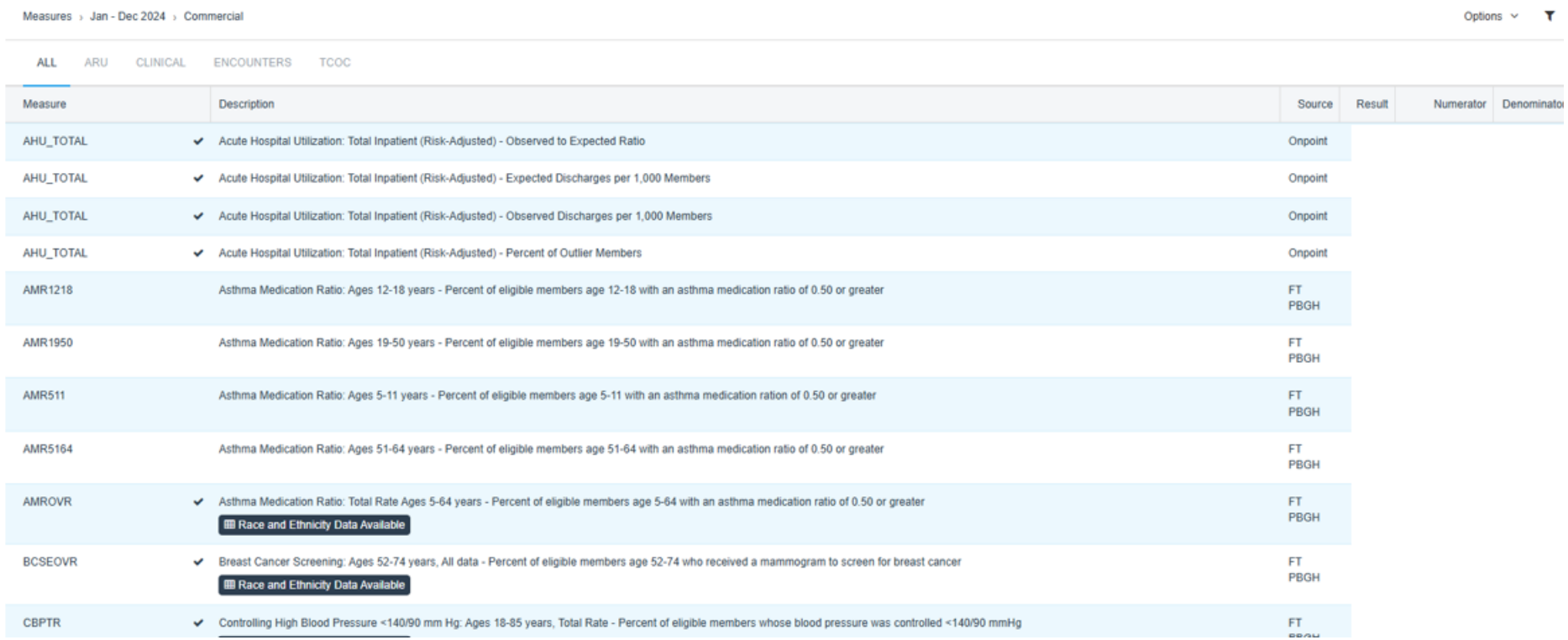
Understand high-level and targeted elements of your organization's data



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.

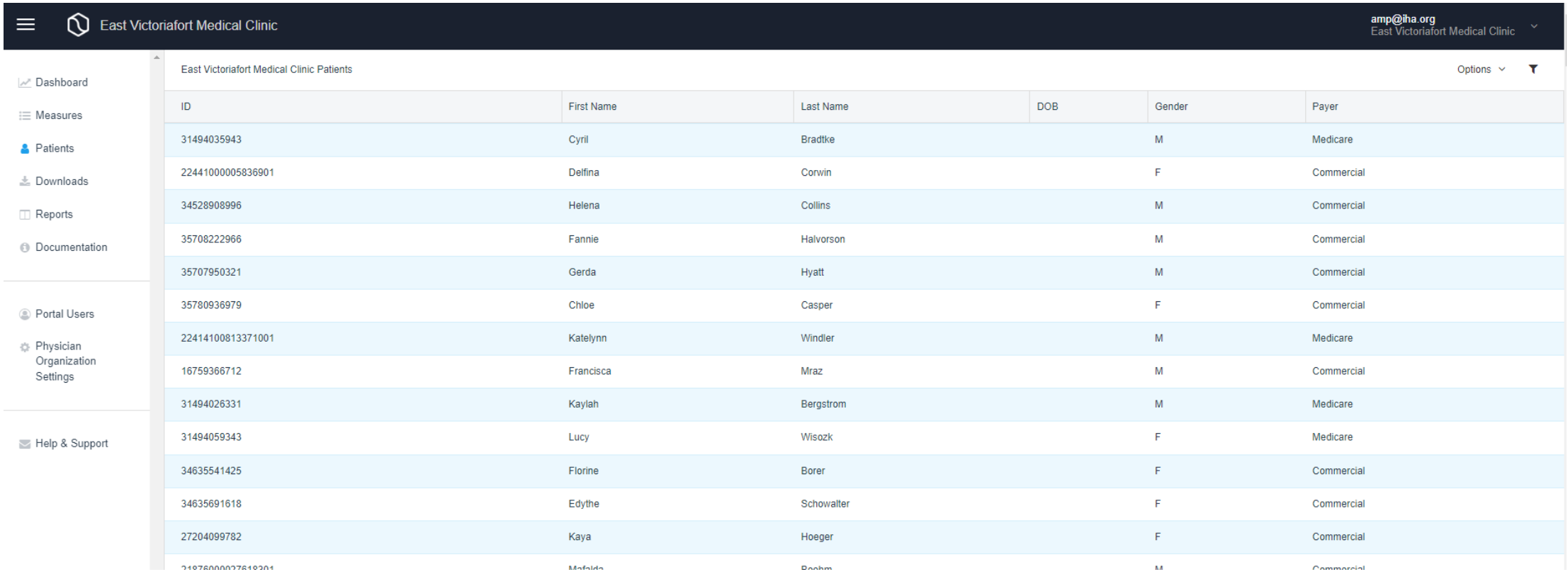


Measure	Description	Source	Result	Numerator	Denominator
AHU_TOTAL ✔	Acute Hospital Utilization: Total Inpatient (Risk-Adjusted) - Observed to Expected Ratio	Onpoint			
AHU_TOTAL ✔	Acute Hospital Utilization: Total Inpatient (Risk-Adjusted) - Expected Discharges per 1,000 Members	Onpoint			
AHU_TOTAL ✔	Acute Hospital Utilization: Total Inpatient (Risk-Adjusted) - Observed Discharges per 1,000 Members	Onpoint			
AHU_TOTAL ✔	Acute Hospital Utilization: Total Inpatient (Risk-Adjusted) - Percent of Outlier Members	Onpoint			
AMR1218	Asthma Medication Ratio: Ages 12-18 years - Percent of eligible members age 12-18 with an asthma medication ratio of 0.50 or greater	FT PBGH			
AMR1950	Asthma Medication Ratio: Ages 19-50 years - Percent of eligible members age 19-50 with an asthma medication ratio of 0.50 or greater	FT PBGH			
AMR511	Asthma Medication Ratio: Ages 5-11 years - Percent of eligible members age 5-11 with an asthma medication ration of 0.50 or greater	FT PBGH			
AMR5164	Asthma Medication Ratio: Ages 51-64 years - Percent of eligible members age 51-64 with an asthma medication ratio of 0.50 or greater	FT PBGH			
AMROVR ✔	Asthma Medication Ratio: Total Rate Ages 5-64 years - Percent of eligible members age 5-64 with an asthma medication ratio of 0.50 or greater Race and Ethnicity Data Available	FT PBGH			
BCSEOVR ✔	Breast Cancer Screening: Ages 52-74 years, All data - Percent of eligible members age 52-74 who received a mammogram to screen for breast cancer Race and Ethnicity Data Available	FT PBGH			
CBPTR ✔	Controlling High Blood Pressure <140/90 mm Hg: Ages 18-85 years, Total Rate - Percent of eligible members whose blood pressure was controlled <140/90 mmHg	FT			

IHA

PO view: Patients

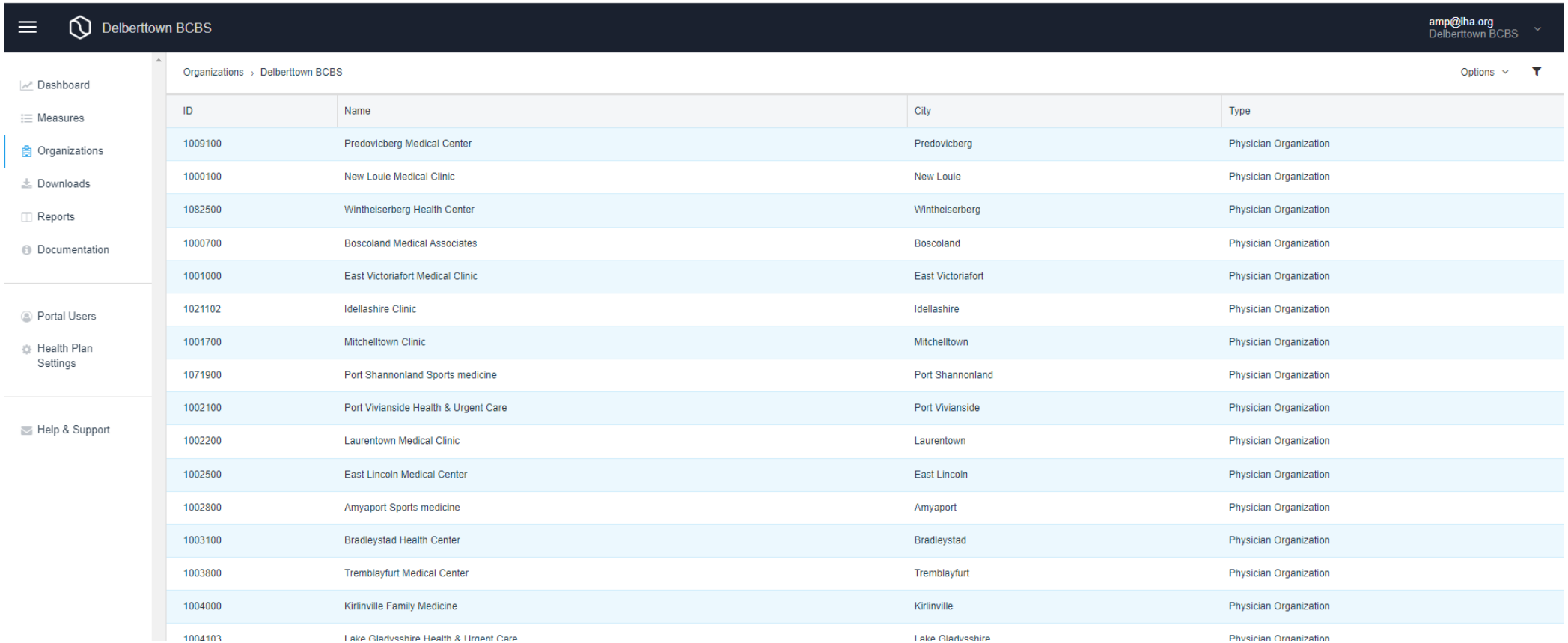
- Provider Organizations can find a list of each attributed patient by navigating to the ‘Patients’ tab.
- User can see further information associated with member, including all attributed organizations, by clicking on the desired member from the Patients view.



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

HP view: Organizations

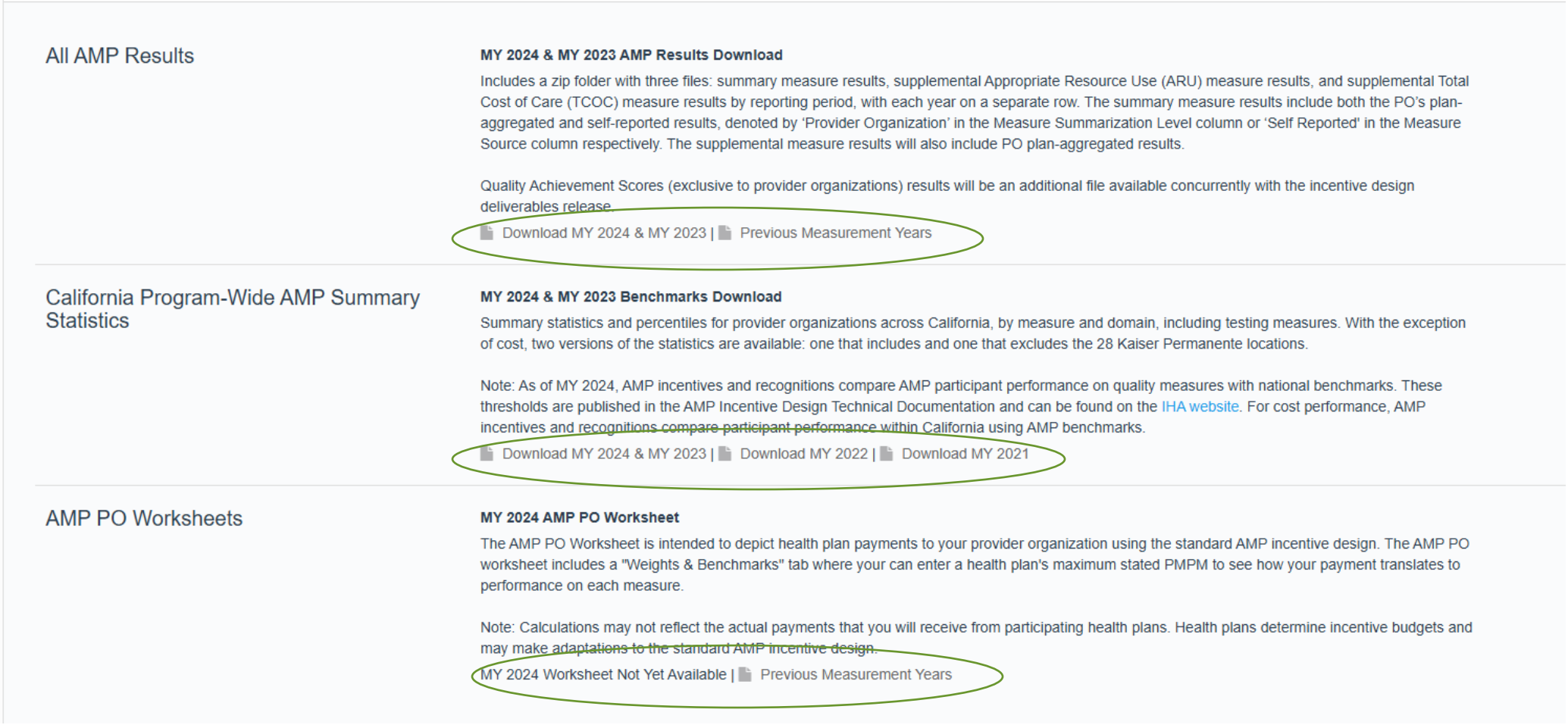
- For Health Plans, the ‘Organizations’ tab provides a list of each attributed Provider Organization. User can filter by clicking on the Filter button in the upper right corner.
- To find HP/PO rates, click on the desired PO from the Organizations view



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
1004103	Lake Gladysshire Health & Urgent Care	Lake Gladysshire	Physician Organization

Downloads

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



All AMP Results

MY 2024 & MY 2023 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 Achievement Scores (exclusive to provider organizations) results will be an additional file available concurrently with the incentive design deliverables release.

Download MY 2024 & MY 2023 | Previous Measurement Years

California Program-Wide AMP Summary Statistics

MY 2024 & MY 2023 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.

Note: As of MY 2024, AMP incentives and recognitions compare AMP participant performance on quality measures with national benchmarks. These thresholds are published in the AMP Incentive Design Technical Documentation and can be found on the IHA website. For cost performance, AMP incentives and recognitions compare participant performance within California using AMP benchmarks.

Download MY 2024 & MY 2023 | Download MY 2022 | Download MY 2021

AMP PO Worksheets

MY 2024 AMP PO Worksheet

The AMP PO Worksheet is intended to depict health plan payments to your provider organization using the standard AMP incentive design. The AMP PO worksheet includes a "Weights & Benchmarks" tab where your can enter a health plan's maximum stated PMPM to see how your payment translates to performance on each measure.

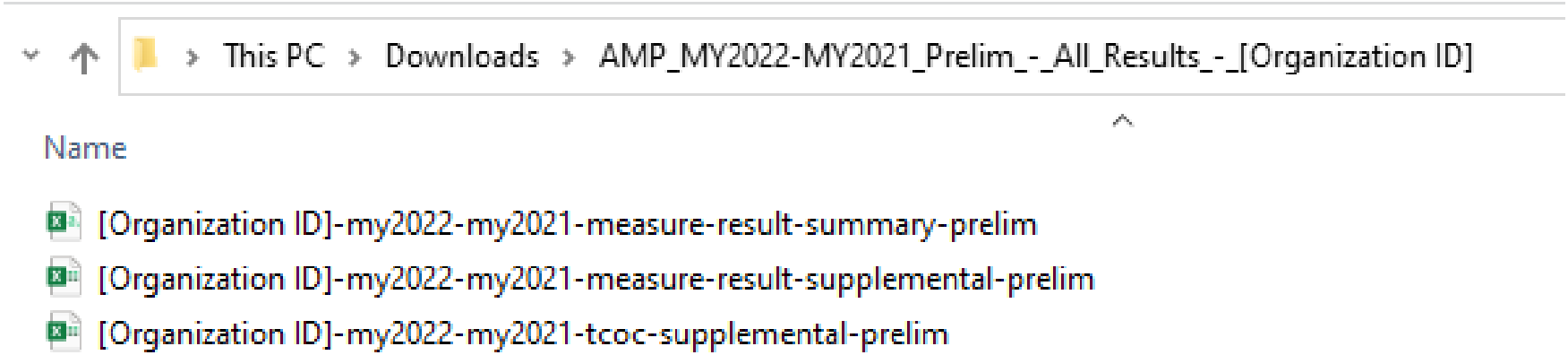
Note: Calculations may not reflect the actual payments that you will receive from participating health plans. Health plans determine incentive budgets and may make adaptations to the standard AMP incentive design.

MY 2024 Worksheet Not Yet Available | Previous Measurement Years

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.

riod 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 Adjus	Is Score	Product Type	Measure Sourc
12/31/2022	Provider Organization			-1	IHA	1338	13385	ENFMT_DXPCT	Encounter	Percent of Claims/Encounte	Valid Diagnosis Code Popu	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	Number of Procedures	Member Years (Medical Cove					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	337	3372	DX_CODING_PROF2	ARU	Completeness Percentage	Populated DX2 Position	Total Professional Claims an					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	368	3681	FSP_PROST	ARU	Number of Procedures per 1	Number of Procedures	Member Years (Medical Cove					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	972	9721	TCOC_PROF_FFS	TCOC	Average Professional FFS Cc	Cost: Professional FFS (Ob	Member Months					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	338	3387	DX_CODING_FACILI	ARU	Completeness Percentage	Populated DX7 Position	Total Institutional Claims an					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	337	3377	DX_CODING_PROF2	ARU	Completeness Percentage	Populated DX7 Position	Total Professional Claims an					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	931	9311	IPU_TOTAL	ARU	Inpatient Bed Days per 1,00	Number of Inpatient Bed D	Member Years (Medical Cove					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	60	601	SPC1	Clinical	Percentage of eligible meml	Number of members who w	Eligible Members					TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	1353	13535	ENFMT_PROVID_BI	Encounter	Percent of Professional Enc	Number of Professional En	Total Professional Encounter					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	403	4031	AABOVR	Clinical	Percent of eligible members	Number of eligible membe	Eligible Members age 3 mont					TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	1338	133811	ENFMT_DXPCT	Encounter	Percent of Claims/Encounte	Valid Diagnosis Code Popu	Total Claims and Encounters					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	968	9681	TCOC_OP_HOSPITA	TCOC	Average Outpatient Facility	Cost: Outpatient Facility - I	Member Months					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	965	9651	TCOC_IP_NEWBORI	TCOC	Average Inpatient Facility -	Cost: Inpatient Facility - Ne	Member Months					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	59	591	PDCS	Clinical	Percentage of eligible meml	Number of members 18+ w	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 an					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	1350	13501	ENFMT_PROC_MOI	Encounter	Percent of Service Lines wit	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 Cc	Cost: Pharmacy - All Other	Member Months					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	421	4211	WCV1821	Clinical	Percentage of eligible meml	Number of members age 18	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	Number of Procedures	Member Years (Medical Cove					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	987	9871	TCOC_OP_EDV	TCOC	Average Outpatient Facility	Cost: Outpatient Facility - I	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 an					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	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 Code	Total Valid Diagnosis Code	Total Professional Encounter					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	338	3384	DX_CODING_FACILI	ARU	Completeness Percentage	Populated DX4 Position	Total Institutional Claims an					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	30	301	ENRST2	Encounter	Encounters per Member Yea	Number of Unduplicated O	Member Years					TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	943	9432	IPU_MED	ARU	Discharges per 1,000 Mem	Number of Inpatient Disch	Member Years (Medical Cove					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	1365	13654	ENLAG_CATEGORY	Encounter	Percent Under Lag Time Ran	Total Claims and Encounte	Total Claims and Encounters					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	1396	13963	HALOS_NONMAT	ARU	Expected Average Length of	Expected Inpatient Bed Da	Observed Inpatient Dischargı					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_FACILI	ARU	Completeness Percentage	Populated DX5 Position	Total Institutional Claims an					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	34	341	ENRST5A	Encounter	Encounters per Member Yea	Number of Unduplicated O	Member Years					TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	418	4181	WCCBMI311	Clinical	Percentage of eligible meml	Number of members age 3-	Eligible Members age 3-11					TRUE	Medicaid	ft_pbgh
12/31/2022	Provider Organization			-1	IHA	415	4151	PPC_POS	Clinical	Percentage of eligible meml	Number of members who h	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 an					TRUE	Medicaid	onpoint
12/31/2022	Provider Organization			-1	IHA	338	33811	DX_CODING_FACILI	ARU	Completeness Percentage	Populated DX11 Position	Total Institutional Claims an					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									
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	Health Plan - PO									
12/31/2022	Provider Organization									

TCOC Supplemental

Use the TCOC Supplemental 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 Pharma
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										

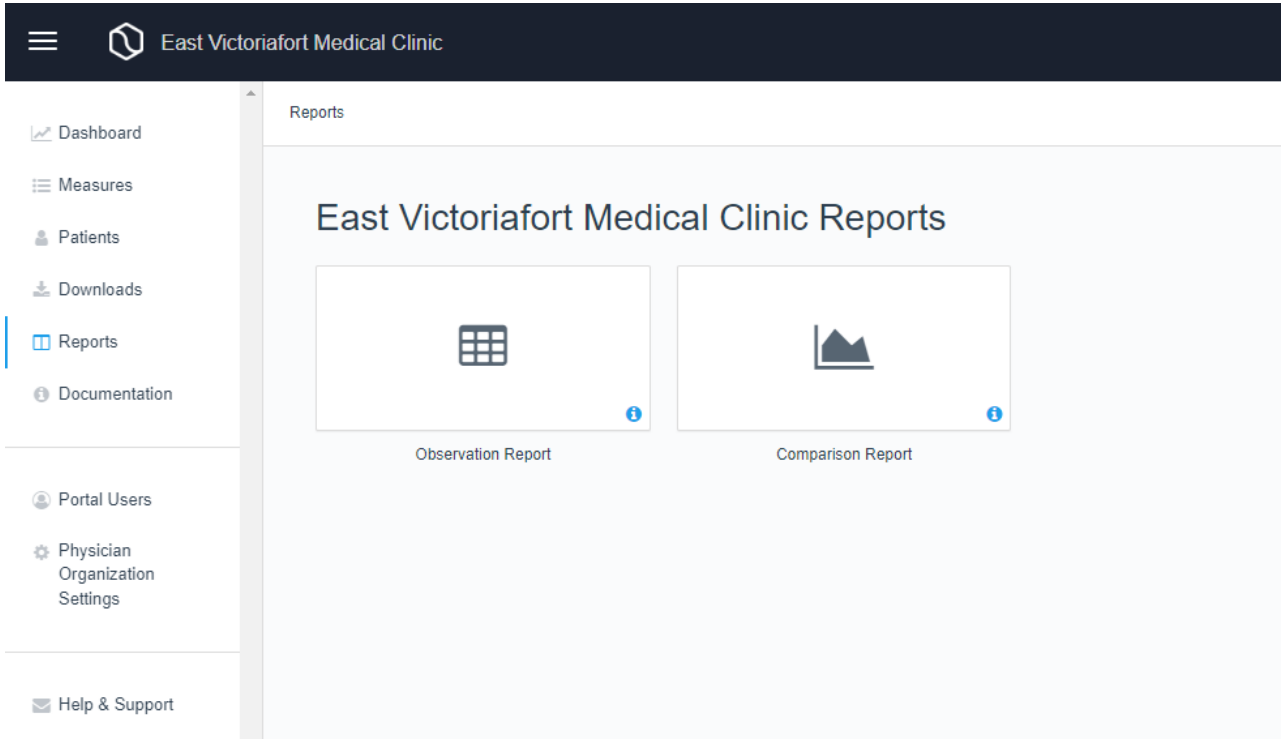
California Program-Wide AMP Summary Statistics

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		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	Observed Rate	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 fc		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	CISV7V12	Childhood Immunization S		Medicaid	Clinical	TRUE	FALSE	27	82.96	95.28	63.89	7.5	

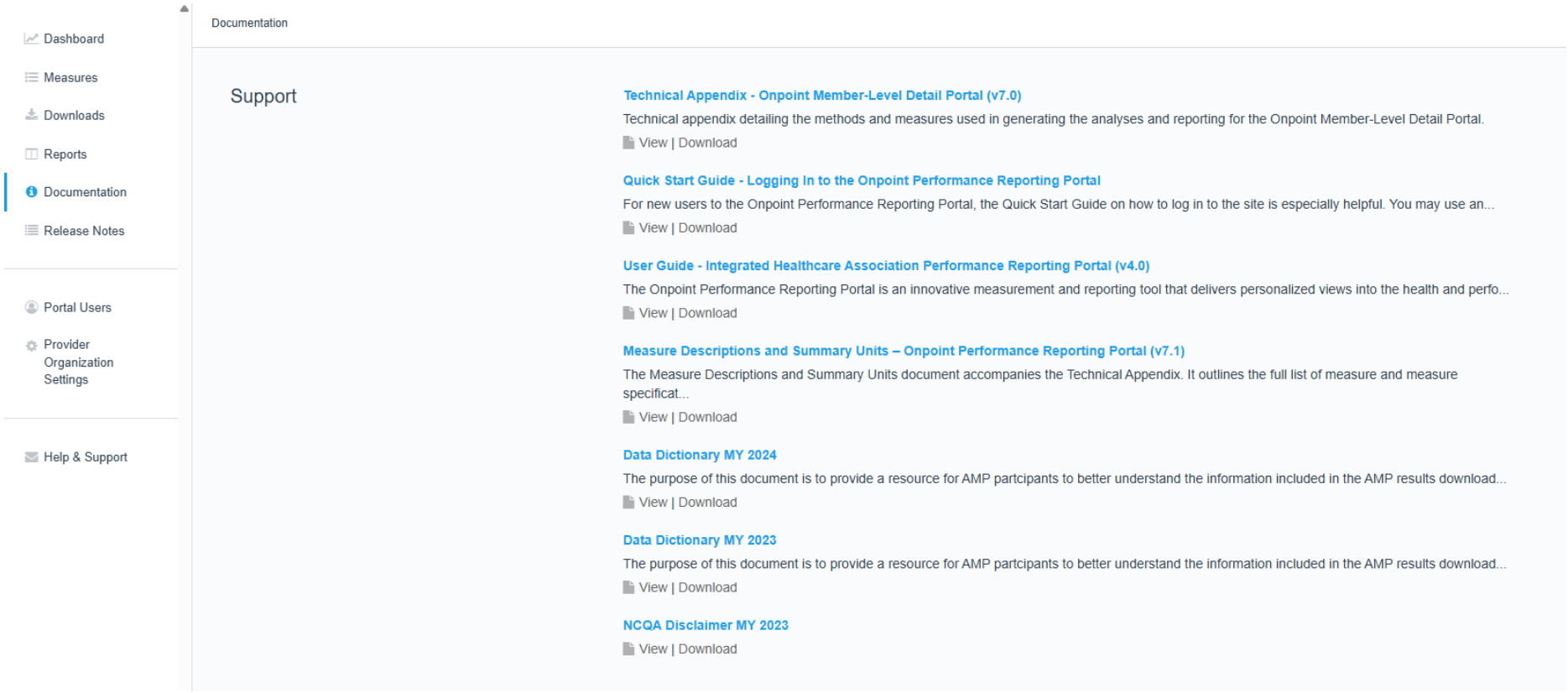
Reports

- 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 MY23 and MY24 by filtering and pivoting data based on the user's needs



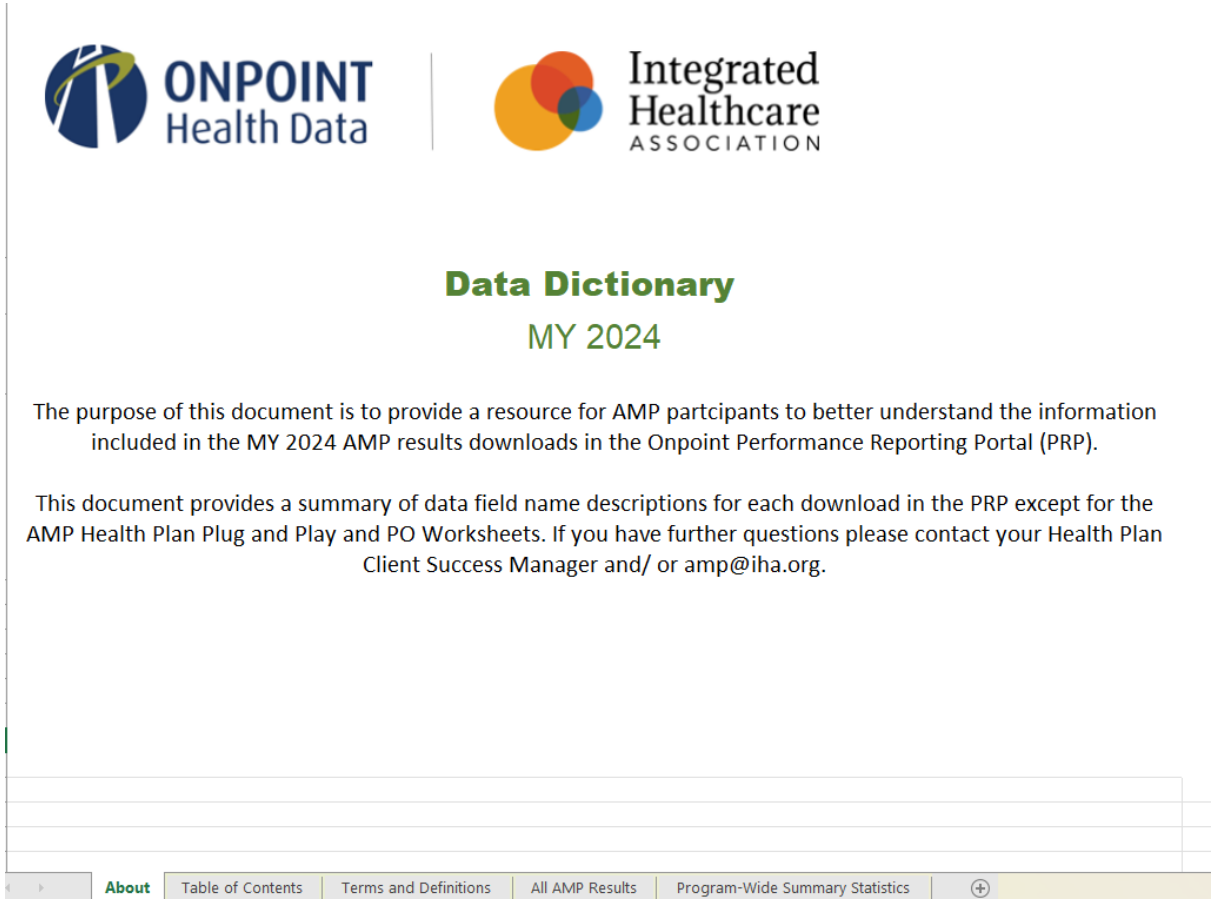
Documentation

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



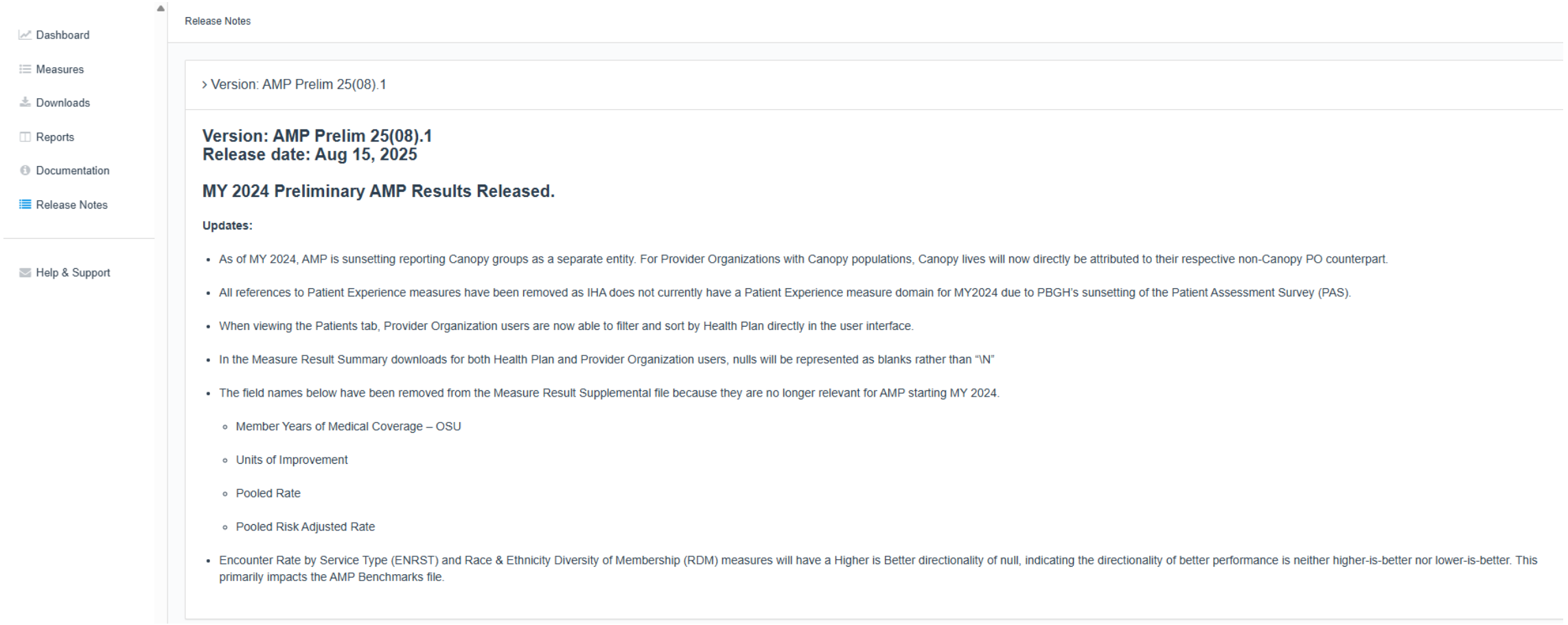
Data Dictionary

Use the Data Dictionary as a reference when reviewing the PRP Downloads



Release Notes

See history of PRP releases



Release Notes

See history of PRP releases

- **MY 2024 Preliminary AMP Results Released**
- As of MY 2024, AMP is sunsetting reporting Canopy groups as a separate entity. For Provider Organizations with Canopy populations, Canopy lives will now directly be attributed to their respective non-Canopy PO counterpart.
- All references to Patient Experience measures have been removed as IHA does not currently have a Patient Experience measure domain for MY2024 due to PBGH's sunsetting of the Patient Assessment Survey (PAS).
- When viewing the Patients tab, Provider Organization users are now able to filter and sort by Health Plan directly in the user interface.
- In the Measure Result Summary downloads for both Health Plan and Provider Organization users, nulls will be represented as blanks rather than "\N"
- The field names below have been removed from the Measure Result Supplemental file because they are no longer relevant for AMP starting MY 2024.
  - Member Years of Medical Coverage – OSU
  - Units of Improvement
  - Pooled Rate
  - Pooled Risk Adjusted Rate
- Encounter Rate by Service Type (ENRST) and Race & Ethnicity Diversity of Membership (RDM) measures will have a Higher is Better directionality of null, indicating the directionality of better performance is neither higher-is-better nor lower-is-better. This primarily impacts the AMP Benchmarks file.

Wrap up

Julia Tremaroli, *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 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.
- Incentive design deliverables using preliminary AMP results will be available as downloads in September 2025 after the Questions and Appeals period.
- Please reference the Portal User Guide, found on the **Documentation** page of the PRP for detailed information on how to use the PRP.

Question and Appeals Resources on IHA.org

The AMP Participant Resources and AMP Data Collection, Submission, and Audit Resources pages of the IHA website will be your one-stop shop for all MY 2024 Questions and Appeals documents

MY 2024 AMP Questions and Appeals Submission Form
- Complete this form to submit your question or appeal about MY 2024 preliminary results

MY 2024 AMP Questions and Appeals Submission Guide
- Provides information about the Questions and Appeals period, including how to submit questions and appeals.

MY 2024 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 2024 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 2024 AMP Measure Set
- Lists measures by AMP Program, their use cases (e.g., benchmarking, payment, public reporting), and data sources.

MY 2024 AMP Technical Specifications Manual
- Delineates technical specifications for AMP measures.

PRP 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.

Data Dictionary

- Provides a summary of data field name descriptions for each download in the PRP except for the AMP Health Plan Plug and Play and PO Worksheets.

Thank you!

Still have questions?
Please email *amp@iha.org*

Fill out the survey at the conclusion of this presentation!