

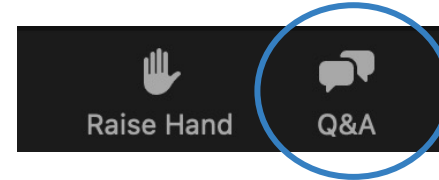
AMP MY 2020 clinical quality results release webinar

June 3, 2021

Agenda

- Check In: COVID-19
- AMP Results Release Overview
- Results Highlights
- Use of Quality Results
- Overview of Questions & Appeals Period
- Accessing & Evaluating Your Results

Questions? Submit them via the “Q&A” function



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

Check in: COVID-19

MY 2020 Commercial HMO clinical quality results

Changes to AMP quality and patient experience results partly due to COVID

Increase in PO performance



Childhood and adolescent immunization



Statin medication adherence



Overall patient satisfaction

Decrease in PO performance



Overall encounters



Prevention screening measures

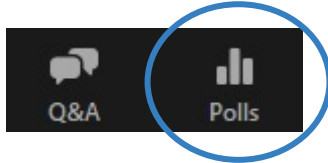


Comprehensive diabetes care measures

COVID Impact Poll via Zoom

Complete the Poll via Zoom

1. Poll should open in the center of your screen
 - Otherwise click the “Polls” icon at the bottom of the Zoom screen

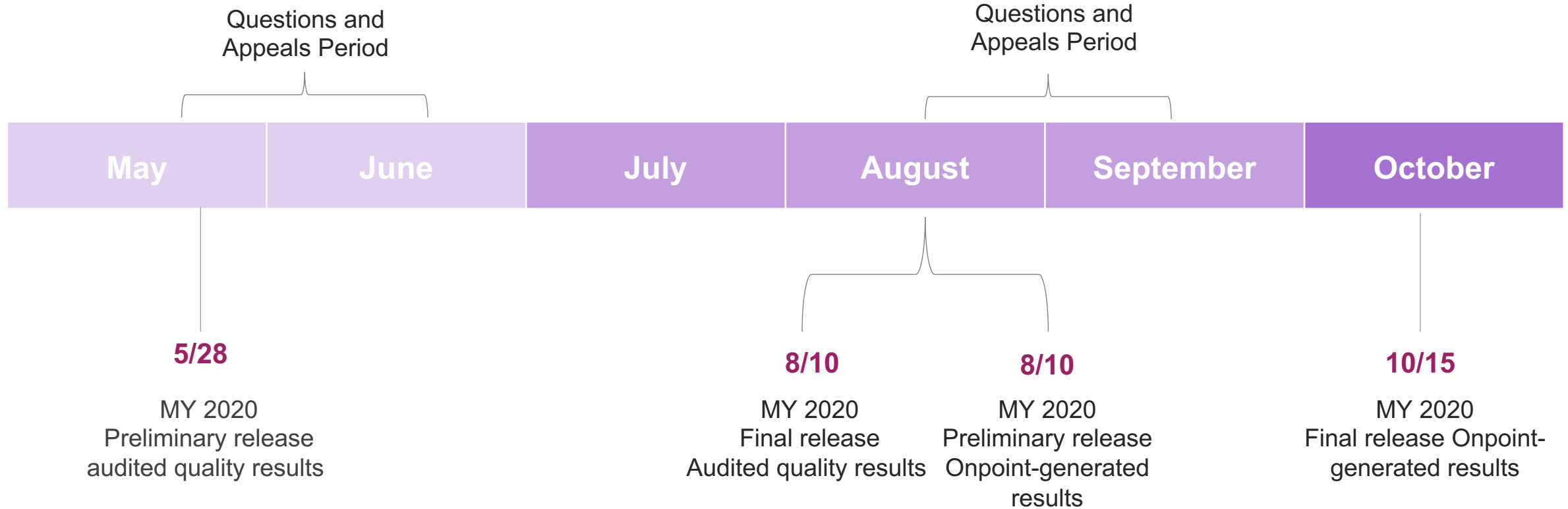


2. Select answer choices
3. Click “Submit”

Do the impacts/statements on the previous slide resonate with your organization’s experience?

AMP results release overview

Key 2021 AMP delivery dates



See [AMP Program Manual](#) for detailed program timeline.

What's included in this release

Two sets of results

Updated
MY 2019 AMP
Commercial HMO
Quality, Appropriate
Resource Use & Cost
Results

New
MY 2020 AMP
Commercial HMO &
Medicare Advantage
Quality Results

AMP reporting timeline: HMO & MA Clinical Quality

	Activity/Milestone	AMP Program				Date
		HMO	MA	ACO	MC	
Preliminary Results Release	Updated MY 2019 AMP Commercial HMO Results	X				May 28, 2021
	New MY 2020 AMP Commercial HMO & Medicare Advantage Quality Results	X	X			
	Questions & Appeals Period	X	X			May 28 – June 18, 2021
Questions & Appeals Process	Appeals Hearing	X	X			June 30, 2021
	Appeals Decisions Communicated to Participants	X	X			July 1, 2021
	Resubmission of Auditor-Locked AMP Quality Results (if needed)	X	X			July 16, 2021
Final Results Release	MY 2020 AMP Commercial HMO & Medicare Advantage Quality Results	X	X			August 10, 2021
	Updated MY 2019 AMP Commercial HMO Results	X				

Updated MY 2019 AMP Commercial HMO results release

Updated MY 2019 AMP Commercial HMO Reports Release

Updated MY 2019 AMP Commercial HMO Reports

What happened?

- Plan(s) were not able to submit their data in time for the MY 2019 final results release.
- IHA worked with the impacted health plan(s) to collect and report MY 2019 data for POs to support MY 2020 trending.

Which measures were impacted?

- Concurrent Use of Opioids and Benzodiazepines (COB)
- Use of Opioids at High Dosage (HDO)
- Generic Prescribing (GRX)
- Total Cost of Care (TCOC)
- MY 2019 Commercial HMO Benchmarks

How are the results used?

- There is **no change** to use of results for 2019 awards, public reporting, or incentive payments based on MY 2019 data (updated on 1/15/21).
- Updated MY 2019 AMP Commercial HMO results will be used for MY 2020 trending.

MY 2020 preliminary quality results release

Who's Included?

MY 2020 Preliminary AMP Commercial HMO & Medicare Advantage Quality Results

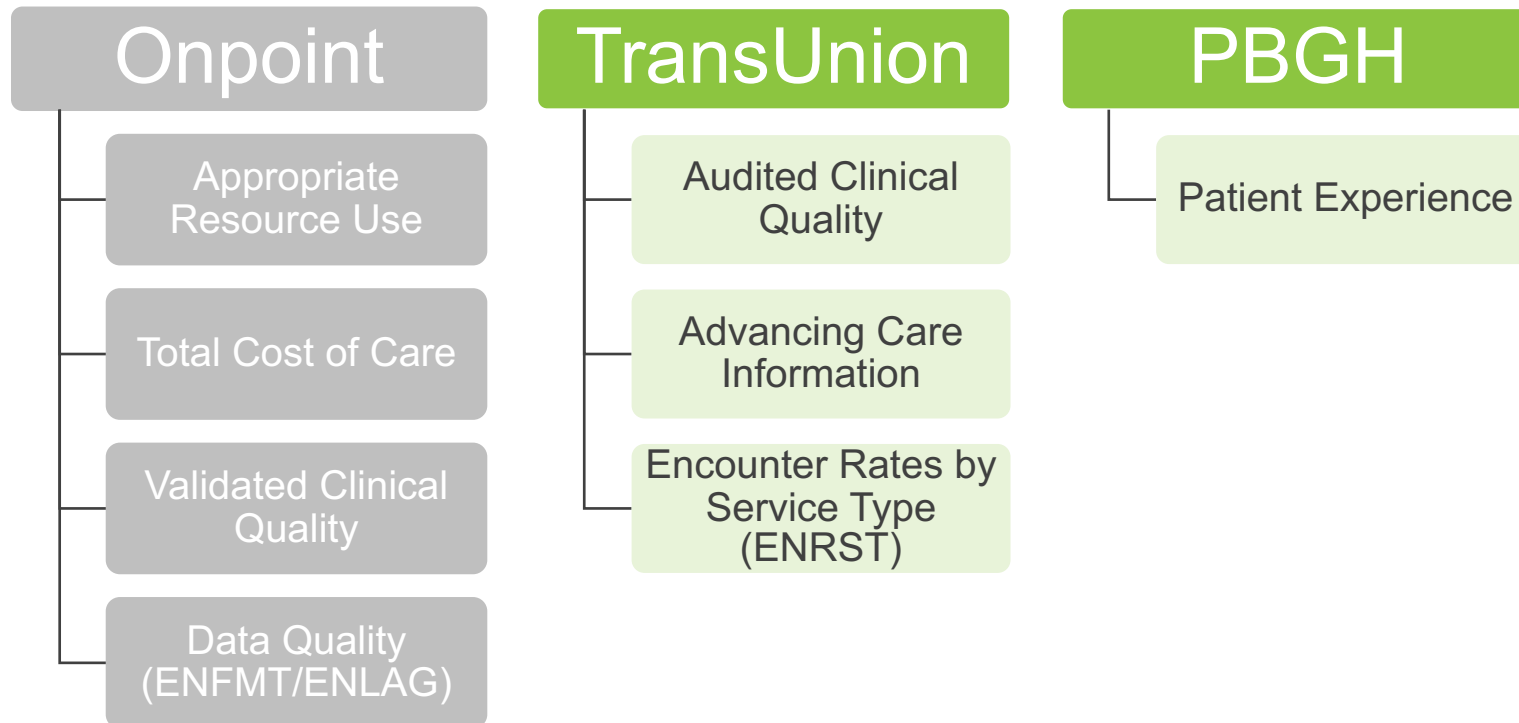
- Based on data from 12 participating health plans
- 55% self-reporting POs

Health Plans	Commercial HMO	Medicare Advantage
Aetna	x	
Anthem	x	
Blue Shield of California	x	x
Cigna Health Care of California	x	
Health Net	x	x
Inter Valley Health Plan (NEW)		x
Kaiser Permanente	x	x
LA Care Health Plan	x	
Sharp Health Plan	x	x
Sutter Health Plus (NEW)	x	
UnitedHealthcare	x	x
Western Health Advantage	x	

What's the data source?

MY 2020 Preliminary AMP Commercial HMO & Medicare Advantage quality results

- **TransUnion**: quality results generated from the audited clinical quality data submission from health plans and self-reporting physician organizations to TransUnion
- **PBGH**: patient experience results from the Patient Assessment Survey fielded by Purchaser Business Group on Health (PBGH)



Measure set highlights

MY 2020 Preliminary AMP Commercial HMO & Medicare Advantage quality results

- ["Pandemic priority" MY 2020 AMP accountability measure set](#) includes limited set of measures for payment, public reporting, and public recognition in response to COVID-19 pandemic
- No new paid or publicly reported measures for MY 2020
- No new testing measures for MY 2020
- **Measure retirement:** Adult BMI Assessment (ABA) for Medicare Advantage

[MY 2020 Measure Set](#)

Preliminary AMP Commercial HMO Quality Results

Commercial HMO percentage point change (MY 2019 – MY 2020)

Paid measures with largest increase

Proportion of Days Covered by Medications: Statins (PDCS) **+ 3.56%**

Proportion of Days Covered by Medications: Oral Diabetes Medications (PDCD) **+ 3.07%**

Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis/Bronchiolitis (AAB) **+ 2.97%**

Paid measures with largest decrease

Comprehensive Diabetes Care: HbA1c Poor Control > 9.0% (CDC) **(+) 3.83%**

Appropriate Testing for Pharyngitis (CWP) **- 3.67%**

Colorectal Cancer Screening (COL) **- 2.86%**

*Excludes measures with trending break

MY 2020 AMP Commercial HMO Benchmark using the Provider Organization average:

<https://analytics.iha.org/measures/downloads/>

Preliminary AMP Commercial HMO Quality Results

Committees correctly anticipated measures impacted and removed the most impacted (7) measures

Measure Set for MY 2020		MY 2019 Mean Rate (%)	MY 2020 Mean Rate (%)	Percentage point difference (raw difference)
PAID Measures	Proportion of Days Covered by Medications: Statins (PDCS)	67.80	71.36	3.56
	Proportion of Days Covered by Medications: Oral Diabetes Medications (PDCD)	70.03	73.10	3.07
	Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis/Bronchiolitis (AAB)	56.13	59.10	2.97
	Proportion of Days Covered by Medications: RAS Antagonists (PDCA)	72.61	75.29	2.68
	Asthma Medication Ratio (AMR)	79.77	81.19	1.43
	Childhood Immunization Status: Combination 10 (CIS)	52.38	53.74	1.36
	Immunizations for Adolescents: Combination 2 (IMA)	37.31	38.45	1.14
	Statin Therapy for Patients with Diabetes (SPD)	65.36	66.30	0.94
	Statin Therapy for Patients with Cardiovascular Disease (SPC)	82.02	81.51	-0.51
	Comprehensive Diabetes Care: HbA1c Control < 8.0% (CDC)	58.24	55.81	-2.44
	Colorectal Cancer Screening (COL)	60.13	57.27	-2.86
	Appropriate Testing for Pharyngitis (CWP)	56.35	52.68	-3.67
Information only	Comprehensive Diabetes Care: HbA1c Poor Control > 9.0% (CDC) - Lower is better	30.92	34.75	-3.83
	Cervical Cancer Overscreening (CCO) - Lower is better	22.34	19.45	(+) 2.90
	Comprehensive Diabetes Care: Medical Attention for Nephropathy (CDC)	90.52	87.89	-2.63
	Cervical Cancer Screening (CCS)	73.36	70.69	-2.67
	Breast Cancer Screening (BCS)	75.39	71.27	-4.12
	Optimal Diabetes Care: Combination (HbA1c Control, Eye Exam, BP Control, Med Attn. Nephropathy) (CDC)	21.35	16.40	-4.95
	Chlamydia Screening in Women (CHL)	57.52	51.88	-5.64
	Comprehensive Diabetes Care: Eye Exam (CDC)	52.80	47.07	-5.73

Use of quality results

AMP Programs primary use cases

AMP Program	Common Measure Set	Participant Reports & Benchmarks	Recognition Awards	Public Reporting	Incentives	Insights & Research
Commercial HMO	X	X	X	X	X	X
Medicare Advantage	X	X	X	X	Optional	X
Commercial ACO	X	X	N/A	N/A	Optional	X
Medi-Cal Managed Care	X	X	N/A	N/A	Optional	X

MY 2020 IHA Committee recommendations

Recommendations are specific to MY 2020. The committees will revisit any updates for MY 2021 at a later time.

MY 2020 Data Collection & Reporting

- IHA intends to collect and report data for MY 2020 to provide insights due to COVID-19.

MY 2020 AMP Accountability Measure Set

- The committee members voted to keep 27 of the 38 measures across clinical quality, ACl, patient experience, resource use, and cost domains to be used for awards, public reporting, and incentive design.
- Detailed MY 2020 Measure Set can be found [here](#).

MY 2020 AMP Incentive Design Approach

- The committee members agreed with the Technical Payment Committee (TPC) recommended incentive approach to fully utilize the current Attainment Incentive pathway with updated/relaxed performance targets.

MY 2020 Accountability measure set

Committees voted to limit the accountability set from 38 to 27 measures across the domains.

Measure Domain	Status Quo	MY 2020 “Pandemic Priority”
Clinical Quality	24	16
Advancing Care Information	2	2
Patient Experience	5	4
Appropriate Resource Use	5	4
Cost	1	1
Data Quality	1	0
TOTAL	38	27

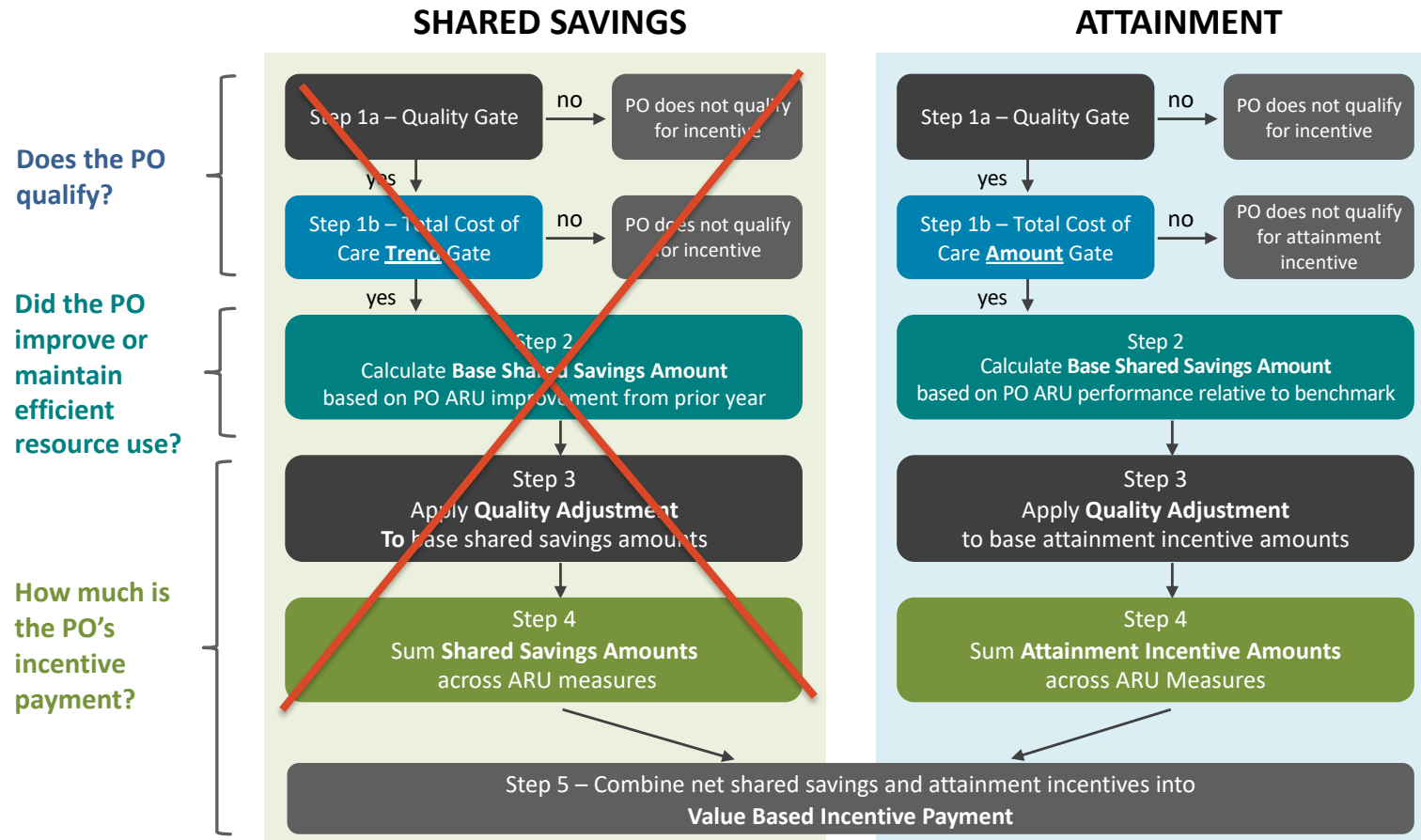
[MY 2020 Measure Set](#)

Quality results for accountability uses

AMP Component	Product	Accountability Uses	Domain
Incentive Payment	HMO	<ul style="list-style-type: none"> Quality Composite Score – Quality Gate for incentive eligibility 	<ul style="list-style-type: none"> Clinical Quality Advancing Care Information Patient Experience
Public Recognition Awards	HMO	<ul style="list-style-type: none"> Excellence in Healthcare 	<ul style="list-style-type: none"> Clinical Quality Patient Experience Total Cost of Care
		<ul style="list-style-type: none"> Ronald P. Bangasser, MD, Memorial Recognition for Quality Improvement 	<ul style="list-style-type: none"> Clinical Quality Patient Experience
		<ul style="list-style-type: none"> Top 10% in each domain: Quality, Patient Experience, Cost 	<ul style="list-style-type: none"> Clinical Quality Patient Experience Total Cost of Care
	Medicare Advantage*	<ul style="list-style-type: none"> 4.5 & 5 Star Recognition Most Improved 	<ul style="list-style-type: none"> Clinical Quality
Public Reporting	HMO & Medicare Advantage	<ul style="list-style-type: none"> Office of Patient Advocate (OPA) Medical Group Reporting for Commercial HMO and Medicare Advantage* 	<ul style="list-style-type: none"> Clinical Quality Total Cost of Care

*AMP Medicare Advantage aligns with CMS methodology

MY 2020 incentive design approach – shared risk POs



Use of the current
Attainment Incentive pathway
with updated/relaxed performance
targets

*Performance target example per
utilization measure (\$ PMPY)*

- 90th
 - 75th
 - 50th
- Current Targets**
- Expanded Target Examples**

Use of quality results: quality gate for incentive eligibility

- POs must meet **quality gate threshold** in order to be eligible for any incentives.

Performance Gate	Recommended Value	Which Incentive Design?
Quality gate	Quality composite score at or above the 10 th percentile	<ul style="list-style-type: none">• Shared risk• Full risk

- Include measures in Clinical Quality, Patient Experience, and Advancing Care Information domains.
 - **Clinical Quality & Patient Experience:** scores each measure on improvement and attainment points, higher of the two scores are used.
 - **Advancing Care Information:** scores on overall performance within current year – no improvement scoring.
- **Technical Payment Committee Recommendations:**
 - Clinical Quality and Patient Experience domains: Maintain improvement scoring methodology. Update attainment threshold to 50th percentile and keep 95th percentile as benchmarks to calculate attainment points.
 - Ensure no more than 10% of POs fail the Quality Gate.
 - Decisions will be brought to Governance Committee June 9th meeting for approval.

Use of quality results: 2021-2022 OPA public reporting

Office of Patient Advocate Medical Group Reporting – Commercial HMO & Medicare Advantage

- Commercial HMO: 2021-22 Edition Medical Group Report Card
 - Based on the AMP MY 2020 Pandemic Priority accountability measure set
 - Star ratings will be calculated using same-year benchmarks, so that POs are not unfairly penalized for drops in performance since MY 2019
 - Framing to emphasize MY 2020 as a unique year
- Medicare Advantage: 2021-22 Edition Medical Group Report Card for Medicare Advantage will be generated following CMS Stars 2022 methodology



Use of quality results: public recognition awards

- Each year, we recognize top-performing POs as well as those demonstrating the greatest year-to-year improvement regionally.
- We acknowledge that all POs deserve recognition for the unprecedented challenges they faced in 2020.
- The IHA Committees are working to finalize an awards methodology for MY 2020 that adequately accounts for the context of COVID-19. Methodology will be finalized at Governance Committee meeting on August 31.



Overview of questions & appeals period

AMP Questions and Appeals Period



What

- Participants **review** MY 2020 AMP Preliminary Commercial HMO and Medicare Advantage Quality Reports
- **Ask questions or submit appeals** for correction to results before they are finalized for use in payment, public reporting, and awards.



When

- Begins with release of preliminary reports – **Open now!**
- Submit questions or appeals no later than **5 p.m. PDT June 18, 2021**
- No late appeals will be accepted



How

- Email Question and Appeals Submission Form(s) to appeals@iha.org
- AMP staff partner with health plans and vendors to address your questions & concerns

AMP questions and appeals timeline

Activity	Date
Preliminary MY 2020 AMP Reports released to participants	May 28, 2021
Questions and appeals submission period	May 28–June 18, 2021
Investigation finalization: All communications and documentation related to questions and appeals must be finalized.	June 24, 2021
Appeals hearing: Any information gathered during the questions and appeals period will be presented to an Appeals Panel, who will determine if an appeal is upheld and if further action is needed.	June 30, 2021
Appeals decisions communicated to participants	July 2, 2021
Resubmission of Auditor-Locked AMP results (if needed)	July 16, 2021
Final AMP Commercial HMO and Medicare Advantage Reports released to participants	August 10, 2021

How to submit your questions and appeals

Step 1

- Review the [AMP Questions and Appeals Submission Guide](#) and new [FAQ document](#).

Step 2

- Complete the AMP Questions and [Appeals Submission Form\(s\)](#).
- POs must complete a separate Submission Form for each health plan.

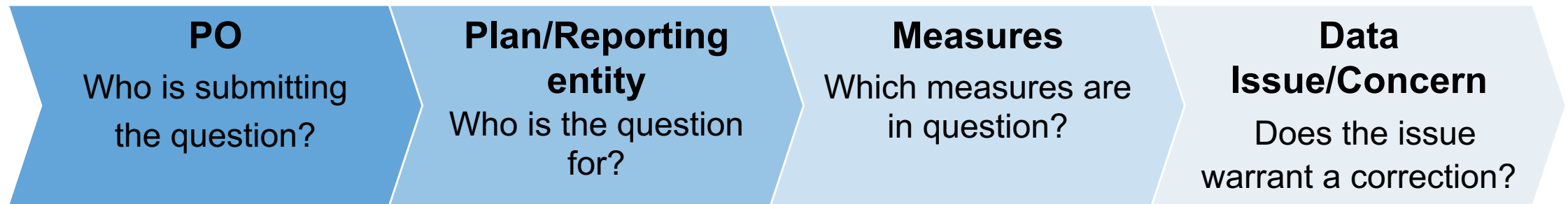
Step 3

- Email the completed Question and Appeals Submission Form(s) to appeals@iha.org

Remember: Do not send Protected Health Information (PHI)!

Tip: provide as much information as possible

To help staff resolve your question, please provide all the required information with as much detail as possible when submitting. This includes identifying the primary data issue or concern.



Knowing the data concern upfront helps us better understand the issue and allows us to investigate the issue more effectively.

Example submission form – general information

Submission Form

1. Organization Information *(enter the PO name, followed by the 5-digit DMHC ID and 2-digit Sub ID)*

PO Name: California Alpha Medical Group

DMHC ID and Sub ID: 12345 01

2. Submitter Information *(enter the name of the submitter and contact information)*

Submitter Name: Jane Doe

Email and phone number: janedoe@camg.org, 800-555-1234, x1234

3. Data source *(select the appropriate health plan/reporting entity for your inquiry):*

Aetna

4. Summary of Question/Appeal *(type a short summary of the data concerns. A detailed explanation of the issue should be included in the table on the following pages):*

This appeal is for results of the CIS measure: DTaP indicator for Aetna. We would like to review data completeness with Aetna and confirm that the data we sent through claims and/or California Immunization Registry (CAIR) has been applied to this measure. We also have a question about enrollment rates for Aetna.

Example submission form – measure detail

	Measure <i>List one measure per row including measure indicator as needed (e.g. age band).</i>	Product Line	Data Concern	Detailed explanation of the issue <i>Please include:</i> <ul style="list-style-type: none"> • Specific results affected (e.g. numerator, denominator, rate). • A description of any data inconsistencies (e.g. does it differ from year to year, compared to other plans or to internal systems). • Summary of any evidence supporting appeal (e.g. confirmation of supplemental data sent & received). 	Question or Appeal?
1	Childhood Immunization Status (CIS): DTaP	Comm ▾	Denom ▾	This appeal is for the results of CIS: DTaP indicator for Aetna. Aetna reported rate is significantly lower than expected. Our internal results for MY 2020 for this measure are as follows: Denom: 42 / Num: 33 / Rate = 78.6%. We would like to review data completeness with Aetna and confirm that the data we sent via claims and/or California Immunization Registry (CAIR) has been applied to the measure. We are prepared to work with the plan to compare member lists.	Appeal ▾
2	Enrollment	Comm ▾	Enrollr ▾	The Aetna Commercial enrollment decreased significantly compared to MY2019 (MY2020 enrollment: 6,200 / MY2019 enrollment: 13,500). We do not see a similar pattern with other health plans or regions of our medical group. Can Aetna please clarify the reason for this significant decrease?	Question ▾
3		Comm ▾	Other ▾		Question ▾
4		Comm ▾	Other ▾		Question ▾

More tips for a successful appeal

- Start reviewing and ask questions **early**
- When submitting an appeal, **provide as much detail and documentation as possible** to help substantiate that there is an error, not just a data inconsistency.
- **Submit questions or appeals no later than 5 p.m. PDT June 18, 2021**; after this date IHA will conclude that you have reviewed your preliminary quality results and determined your data to be issue-free.

Accessing and evaluating your results

Accessing your results

- AMP Analytics Portal: <https://analytics.iha.org>
- Technical Requirements
 - We recommend that you use Google Chrome or Mozilla Firefox to access the AMP Analytics Portal.
- Trouble Logging In?
 - Signed Consent Agreement required
 - Your username is your email address
 - Click “Forgot Password?” to retrieve lost password
 - Email amp@iha.org for questions



AMP Analytics Portal: reviewing your measure results

PO only

- Supports your understanding for measure-specific performance

The screenshot displays the AMP Analytics Portal interface. At the top, there's a navigation bar with tabs: Organization Profile, Contracting, Measures, and Contacts. A 'Logout' button is in the top right. Below the navigation bar, a dropdown menu shows 'Commercial HMO/POS', 'IHA PO', and 'MY 2020'. A blue box with an arrow points to this dropdown, containing the text 'Toggle between different measurement years & AMP programs'. On the left sidebar, there are three icons: 'Reports' (bar chart), 'Measures' (grid), and 'Downloads' (download icon). A blue box with an arrow points to the 'Measures' icon, containing the text 'Toggle between different reports'. The main content area shows the 'Measures' section with a list of categories: Behavioral Health & Substance Use, Cardiovascular, Diabetes, and Prevention. Under the 'Diabetes' category, several measures are listed: HBAC8, HBACON, NEPHSCR, PDCD, SPD1, SPD2, CDCE, ODCCOMBO2, and CBPD4_20. The 'HBAC8' measure is highlighted. To the right of the list, there's a 'Visualization' tab. Below it, the title 'Comprehensive Diabetes Care: HbA1c Control < 8.0%' is displayed. Below the title, there are four buttons: 'Higher-is-Better Measure', 'Public Reporting', 'Paid Measure', and 'Preliminary Score'. A blue box with an arrow points to the 'Preliminary Score' button, containing the text 'Indicates use of measure'. Below the buttons, there's a paragraph of text explaining the measure: 'The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is below 8.0%. The member is not numerator compliant if the result for the most recent HbA1c test is at or above 8.0%, the result is missing, or if an HbA1c test was not done during the measurement year.' Below this text, there's a note: '(Note: This measure is an indicator for Comprehensive Diabetes Care (CDC) and is listed as Comprehensive Diabetes Care: HbA1c Control < 8.0% (CDC) in the AMP measure set.)'. In the center, there's a circular gauge chart showing a score of approximately 60%. To the right of the gauge, there's a legend with three categories: 'Better than current year's 75th percentile of all participating POs' (green), 'Current year's 50-75th percentile of all participating POs' (yellow), and 'Worse than current year's 50th percentile of all participating POs' (red). Below the legend, there's a table with the following data: Rank: / 176, 95% Confidence Interval: , Prior Year Rate: , SPM Attainment Points: 0, SPM Improvement Points: 0, and SPM Points: 0 / 10.

Toggle between different measurement years & AMP programs

Toggle between different reports

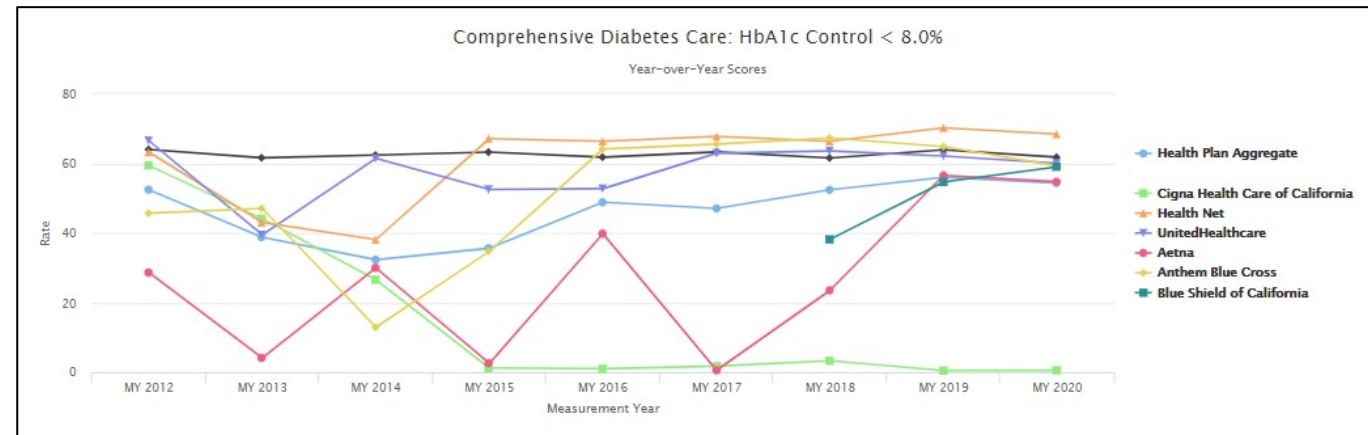
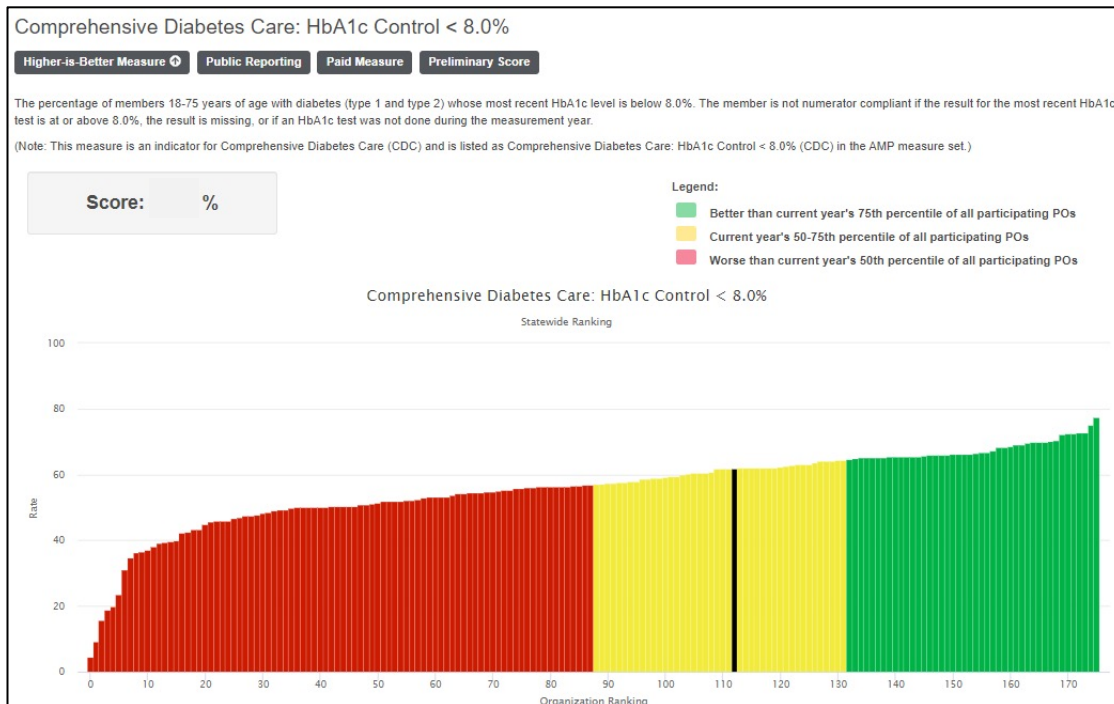
Indicates use of measure

AMP Analytics Portal: <https://analytics.iha.org>

AMP Analytics Portal: understanding measure visualizations

PO Only

- Visual interpretation of your organization performance compared to other AMP POs and across contracted health plans over time

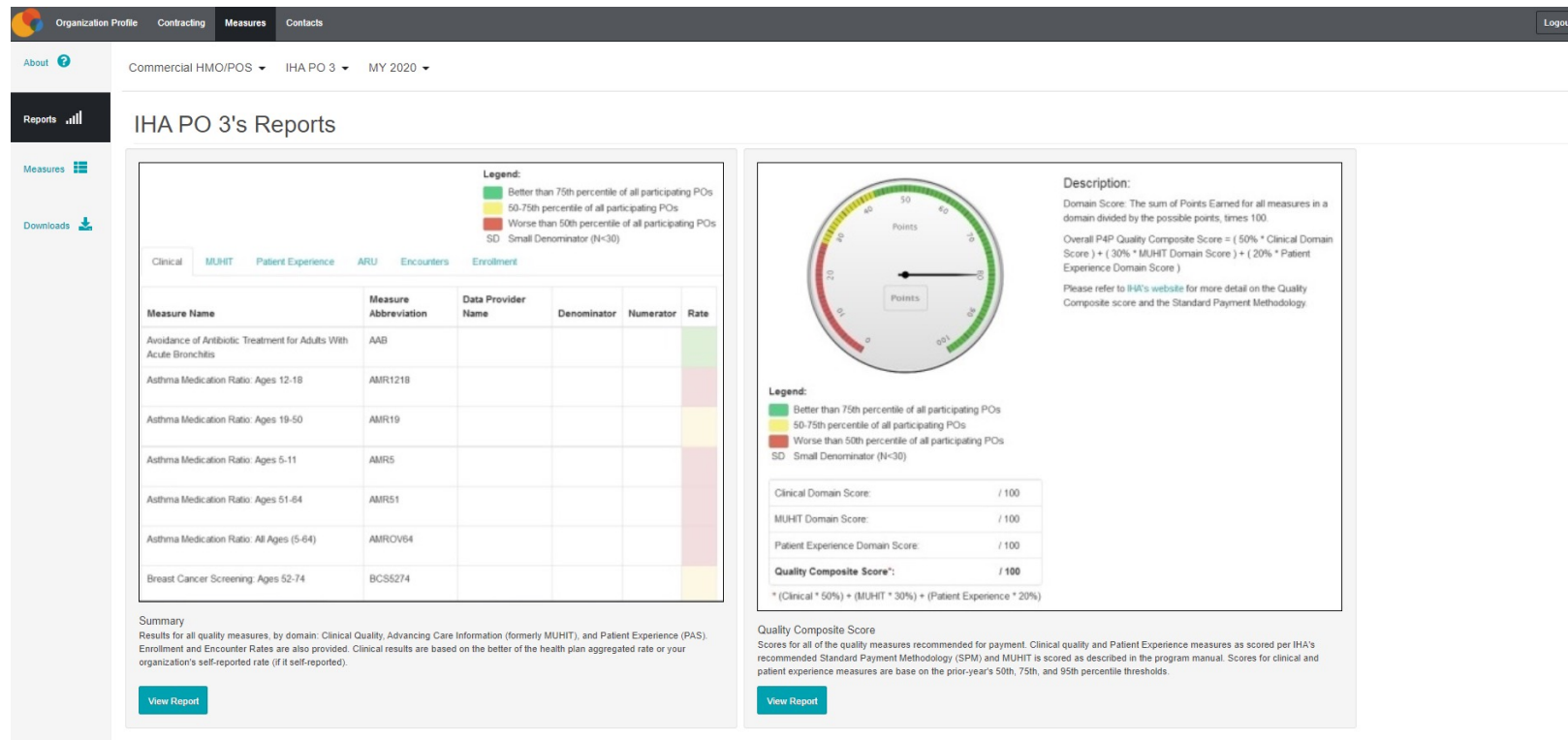


AMP Analytics Portal: <https://analytics.iha.org>

AMP Analytics Portal: Performance Reports

PO Only

- **Summary:** results for all quality measures by domain
- **Quality Composite Score:** Overall Quality Composite Score and scores for all the quality measures recommended for payment



AMP Analytics Portal: <https://analytics.iha.org>

AMP Analytics Portal: reports available for downloads

- Results for clinical quality, advancing care information, patient experience, and encounter rate by service type
- The “Downloads” tab contains Microsoft Excel downloadable files for easy analyses of your results

For All Participants	Health Plan	Physician Organization
Quality Composite Score Preliminary points earned for paid measures only & Quality Composite Score	PO-Aggregate Results Better of the health plan aggregate or PO self-reported result	Quality Results Better of the health plan aggregate or PO self-reported result
MY 2020 Benchmarks Summary statistics and percentiles for POs across California by measure, domain, and product line	Plan Submitted Results Plan-specific results that were submitted by your plan to TransUnion	Unaggregated Results Results for all Clinical Quality, Advancing Care Information, Patient Experience, and Encounter Rate by Service Type measures by health plan

AMP Analytics Portal: <https://analytics.iha.org>

Reviewing your reports: Checklist for POs

MY 2020 Preliminary AMP Commercial HMO and Medicare Advantage Results

Data completeness

- ☐ Did your PO self-report audited clinical quality file for MY 2020? Are the self-reported data included in your results?
- ☐ Do your MY 2020 results include data from all your contracted plans that participate in AMP?
- ☐ If you participated in the Patient Assessment Survey (PAS), do you have results? Do your MY 2020 AMP results in the Patient Experience domain match your PAS reports provided by PBGH?
- ☐ For each e-Measure, is the data your PO reported reflected?
- ☐ Do your enrollment numbers by plan seem complete?
- ☐ Do your encounter rates by service type (ENRST) by plan seem complete? This is important for data completeness and risk adjustment.

Review performance

- ☐ Which measures did your PO's rank increase? Decrease?
- ☐ Which performance areas were most impacted by COVID for your organization? Does it align with your AMP results?
- ☐ How does your performance compare to the MY 2020 Benchmarks? Did your percentile (ranking) increase or decrease from MY2019?

Reviewing your reports: Checklist for health plans

Data completeness

- ☐ Do your results include data from all participating POs you contracted with in MY 2020?
- ☐ Do your enrollment numbers and encounter rates (ERNST) by PO seem complete? *This is important for risk adjustment.*

Review performance

- ☐ Does observed performance make sense?
- ☐ Who are your top and worst performers? Does this align with your internal understanding?
- ☐ Which performance areas were most impacted by COVID for your organization? Does it align with your AMP results?
- ☐ Check out organizations with unique populations.
- ☐ Do you see any issues with PO data quality?

What to do right now

- ❑ Download & review AMP results for your organization on [AMP Analytics Portal](#)
- ❑ Review the [AMP Questions and Appeals Submission Guide](#)
- ❑ Review the [FAQ document](#)
- ❑ Complete the [AMP Questions and Appeals Submission Form](#) and gather evidence supporting your appeal
- ❑ Email completed Question and Appeals Submission Form(s) and any supporting evidence to appeals@iha.org as early as possible and before the deadline of 5 p.m. PDT on June 18th.

Remember: Do not send Protected Health Information (PHI)!



Resources

AMP Program

- [MY 2020 Measure Set](#)
- [MY 2020 AMP Program Manual](#)
- [IHA Standard Value-Based Incentive Design & Quality Composite Score Calculation](#)
- [AMP Analytics Portal](#)

Questions and Appeals Resources

- [AMP Questions and Appeals Submission Guide](#)
- [AMP Questions and Appeals FAQ](#)
- [AMP Questions and Appeals Submission Form](#)

Questions?

Thank you

Adding a contact to the AMP Analytics Portal

To receive access to your organization's results:

- [Sign up](#) for an account.
- Request to be added as a contact by an existing contact. Need to know who is already a contact at your organization? Email amp@iha.org.
- New users will not have access to any information on the AMP Analytics Portal until they are added as a contact for the relevant organizations.

The existing contact needs to do the following to add you:

- Log in to the AMP Analytics Portal
- Click "Contacts" on the top navigation bar
- Click "Add Contacts"
- Search for New Contact by typing email address (all lowercase) and click "Add"

Please note: Contacts are automatically subscribed to the AMP newsletter, which includes upcoming deadlines, program updates, and other important program information.