IHA Align. Measure. Perform. (AMP) Programs: Quality Composite Score Calculation
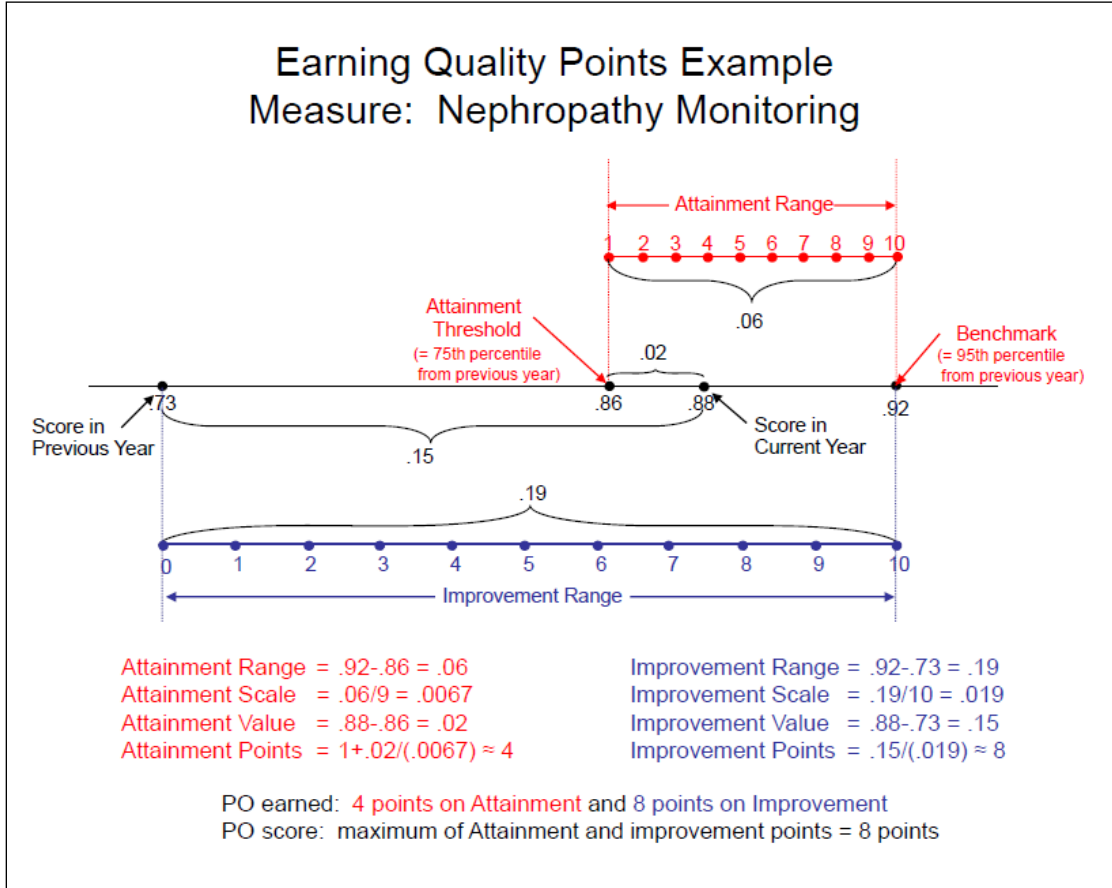
<u>Background</u>: Align. Measure. Perform. (AMP) Programs use a standardized methodology, based on CMS' Hospital Value Based Purchasing model, to score each quality measure on both attainment and improvement, taking the higher of the two. The methodology designates how to translate performance into points. Points are calculated first at the domain level (clinical quality, patient experience, and advancing care information) and then combined into an overall summary of a physician organization's performance – the Quality Composite Score. In AMP, the Quality Composite Score is used to determine incentive eligibility and adjust the share of savings a physician organization earns.

<u>Methodology</u>
A. Translating Clinical Quality and Patient Experience Performance into Points

1. **Attainment Threshold =** AMP 75th percentile (including Kaiser) for the previous measurement year. The Attainment Threshold is the score needed to earn attainment points for a measure. Setting the threshold at the 75th percentile means that only Physician Organizations (POs) performing at the level of the top quartile for the previous year would earn points for attainment. POs performing below that would only be eligible for improvement points. Using the previous year's percentiles allows groups to know the target ahead of time.

2. **Attainment Benchmark =** AMP 95th percentile (including Kaiser) for the previous measurement year. The Attainment Benchmark is the score needed to earn maximum attainment points for the measure.

3. **Scoring Unit:** AMP quality or patient experience measure.
   Each measure will be assigned 1 to 10 points on both attainment and improvement. The higher of the two point values will be used for calculating the overall score for the domain.
   Note: If performance is below the 50th percentile, then at least 2 improvement points must be earned to get an improvement score.

4. **Domain-Level Scoring unit**: AMP measurement domain (Clinical, Patient Experience, Advancing Care Information). The points earned for each measure within a domain will be summed and then translated into payment.

   Calculate the Domain Score – The domain score is based on performance on measures for which the PO had a valid result. IHA will provide this to plans.

Earning Quality Points Example
Measure: Nephropathy Monitoring

Attainment Range = .92-.86 = .06   Improvement Range = .92-.73 = .19
Attainment Scale = .06/9 = .0067   Improvement Scale = .19/10 = .019
Attainment Value = .88-.86 = .02   Improvement Value = .88-.73 = .15
Attainment Points = 1+.02/(.0067) ≈ 4   Improvement Points = .15/(.019) ≈ 8

PO earned: 4 points on Attainment and 8 points on Improvement
PO score: maximum of Attainment and improvement points = 8 points

B. Translating Advancing Care Information (ACI) Performance into Points

1. Calculate points earned for the ACI domain based on the percent of providers who meet the measure, as shown in the table below. The maximum number of points in this domain is 10.

Overall ACI Domain	% of providers	Points	PO's Points
Blood Pressure e-Measure	XY%	5	(.XY)(.05)
Depression e-Measure	YZ%	5	(.YZ)(.05)
Total Possible Points		*10*	*Sum of Section Points*

C. Translating Points into the *AMP* Quality Composite Score

1. **Quality Composite Score:**

   a. With the roll-out of the *Align.Measure. Perform. (AMP) Programs*, there will no longer be incentives paid on quality alone: quality serves both as a performance gate and as a multiplier, which adjusts up or down the amount of shared savings incentive a PO earns. The points earned for each quality measurement domain (Clinical, Patient Experience, Advancing Care Information) will be weighted into an overall PO score, out of 100 total possible points.

       i.   Quality Gate: POs must meet a minimum level of quality to be eligible for shared savings or attainment incentives.

      ii.   Quality Multiplier: Quality adjusts a PO's shared savings and attainment incentives up or down. Higher quality POs will see payments increased; lower quality POs will see payments reduced.

b. For more information on the quality adjustment methodology under AMP, refer to the [Standard Value Based Incentive Design Technical Document](#).

Notes:

- POs are only scored on measures for which they have a valid result, so they are not "penalized" for not meeting the denominator criteria (i.e., ≥30 for clinical measures) or reliability threshold (i.e., ≥0.70 for patient experience measures) for certain measures due to PO size or population.
- *Advancing Care Information (ACI)* is only scored on overall performance within the current year— i.e., there is no improvement scoring. The ACI Domain score is the total points earned divided by the total possible points.