



Medicare Advantage 5-Star Reporting of Physician Organizations for Measurement Year 2015

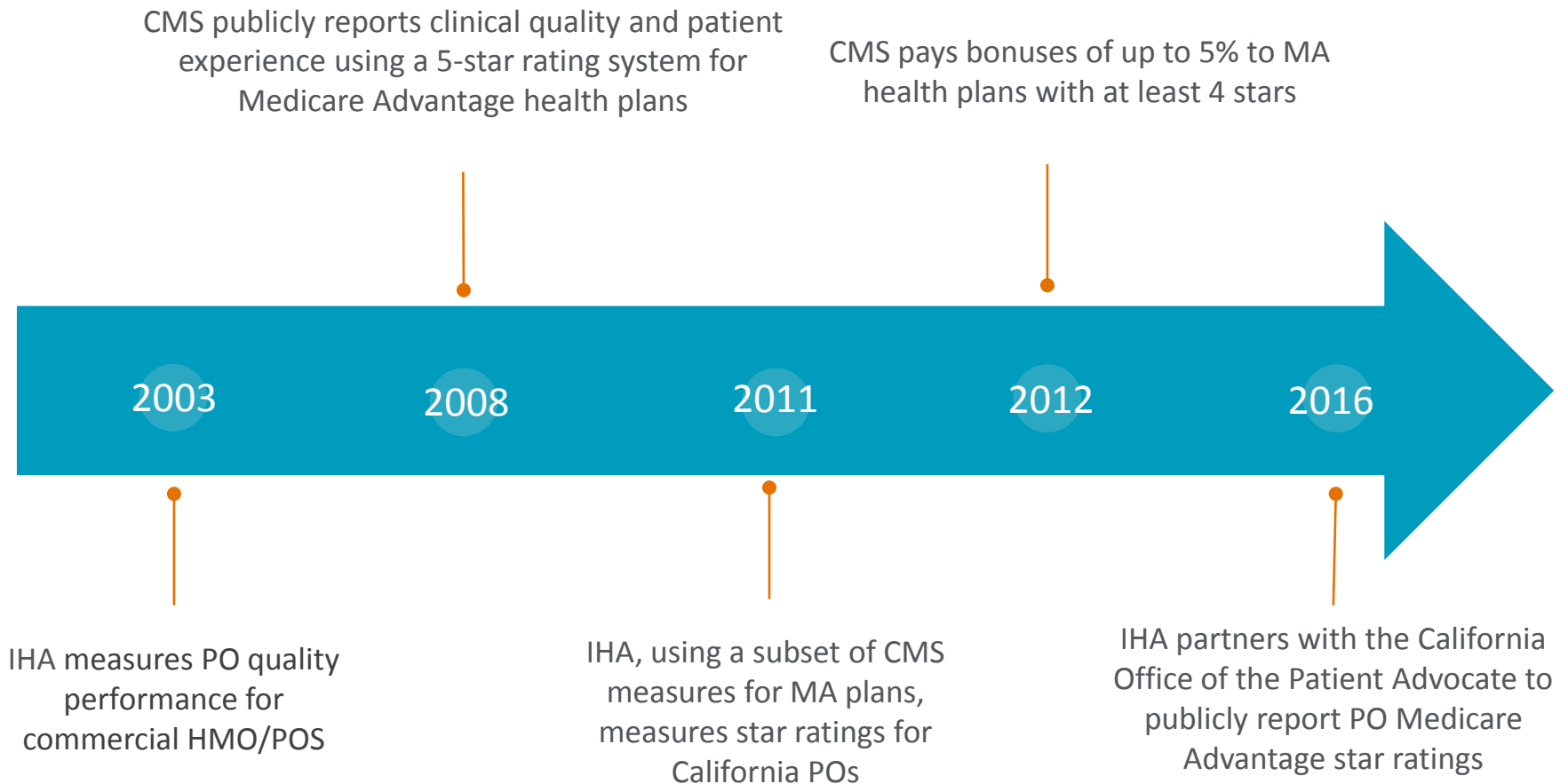
December 2016

Overview of IHA Medicare Advantage Star Reporting for Physician Organizations

Medicare Advantage (MA) 5-Star Reporting of Physician Organizations

- Centers for Medicare & Medicaid Services (CMS) publicly reports performance of MA health plans on a variety of clinical quality, member experience, and customer service measures through a **5-star rating system**.
- Building on the MA plan rating system, **IHA measures performance and awards star ratings at the physician organization (PO) level** in California using a subset of CMS clinical quality measures.
- PO-level performance measurement allows IHA to aggregate data across participating MA plans to **identify performance variations and help plans and POs target quality improvement efforts**.
- IHA **publicly reports PO-level star ratings** to help Medicare beneficiaries identify higher-performing POs.

IHA MA Star Rating Program Evolution



Why Measure at the PO Level for Medicare Advantage?

Why Measure?

CMS offers substantial financial & enrollment incentives to MA health plans based on their star ratings—over half of MA plan star measures directly linked to PO performance.

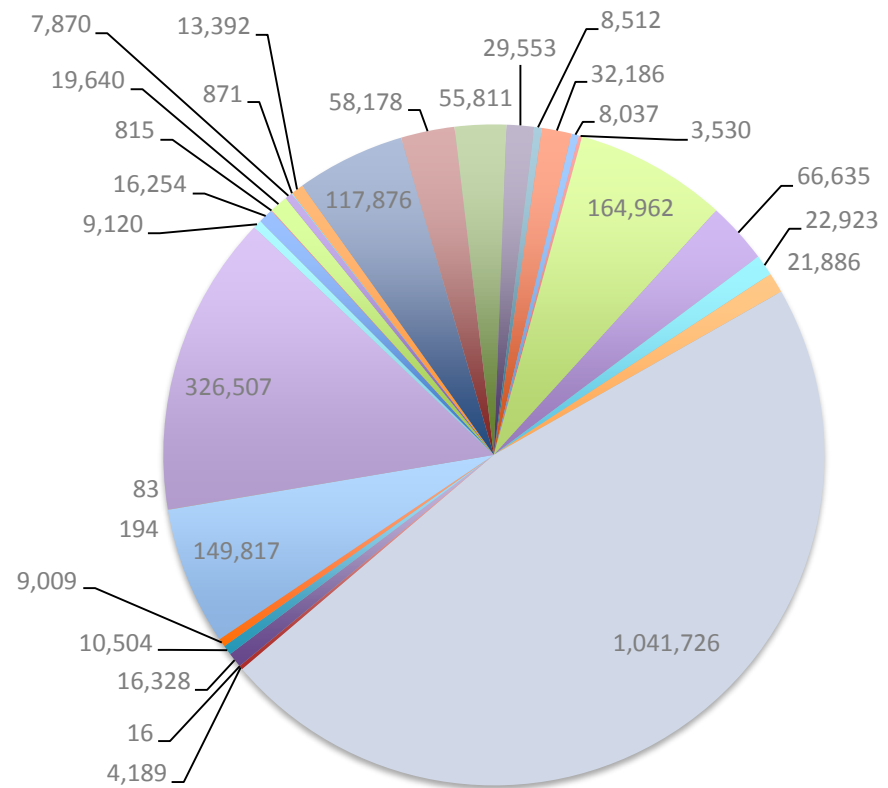
- **MA population growing:** In California, almost 4 in 10 Medicare beneficiaries enrolled in MA health plan, compared to 3 in 10 nationally
- **HMOs are plan type of choice for MA enrollees:** 96% of California MA beneficiaries enrolled in an HMO plan
- **Enrollees choosing highly rated plans:** Nationally, share of enrollees in MA health plans with 4 or more stars increased from 37% in 2013 to 68% in 2016*

* Jacobson, et al., “Medicare Advantage 2016 Spotlight: Enrollment Market Update”. Kaiser Family Foundation. May 2016.
<http://kff.org/medicare/issue-brief/medicare-advantage-2016-spotlight-enrollment-market-update/>

MA Enrollment in California

- 29 health plans cover 2.2 million California MA beneficiaries
- POs contract with many MA plans for relatively small populations, making valid performance measurement and targeted quality improvement difficult
- Aggregation of results valuable for producing a single, valid summary of performance

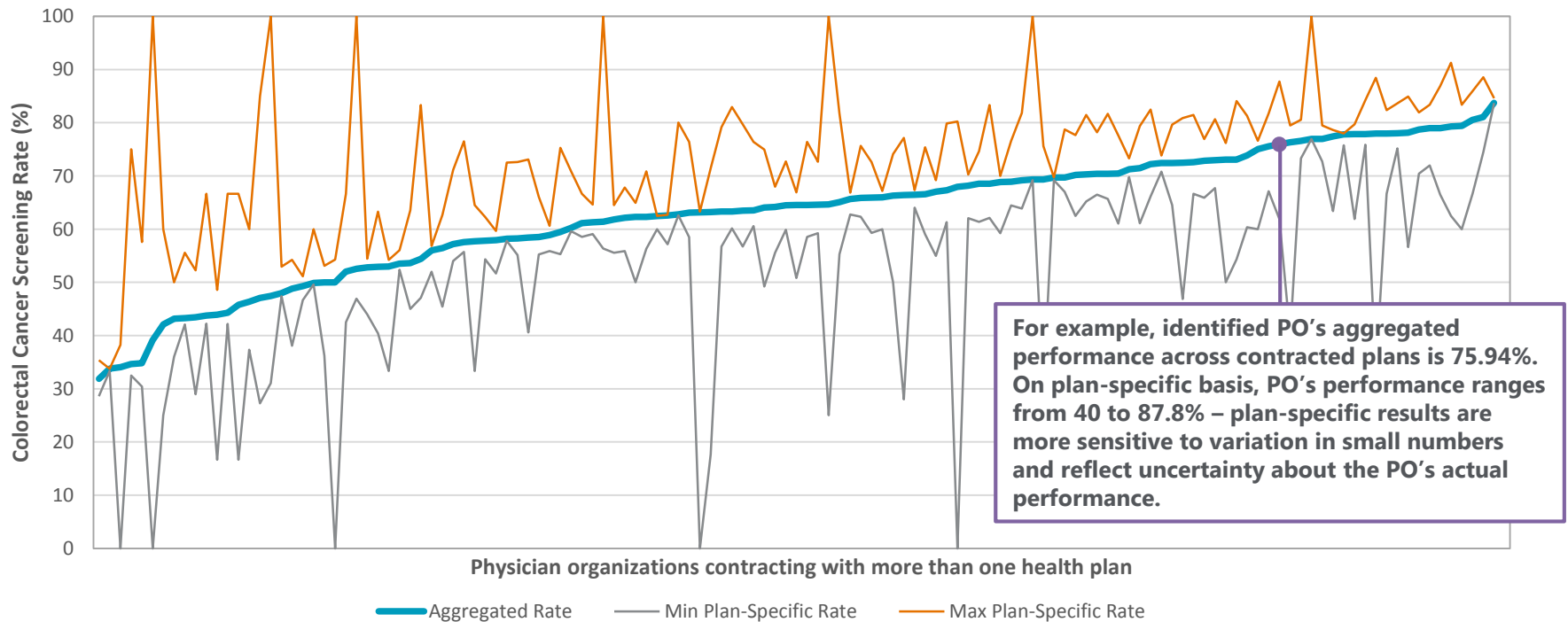
California Medicare Advantage Plan Enrollment



Aggregation Strengthens Quality Improvement Signal

Given fragmented MA health plan market, aggregation of PO performance across plans creates a single summary of performance that is more valid and reliable than any single health plan's estimate of individual PO performance.

Aggregated and Plan-Specific Rates for Colorectal Cancer Screening

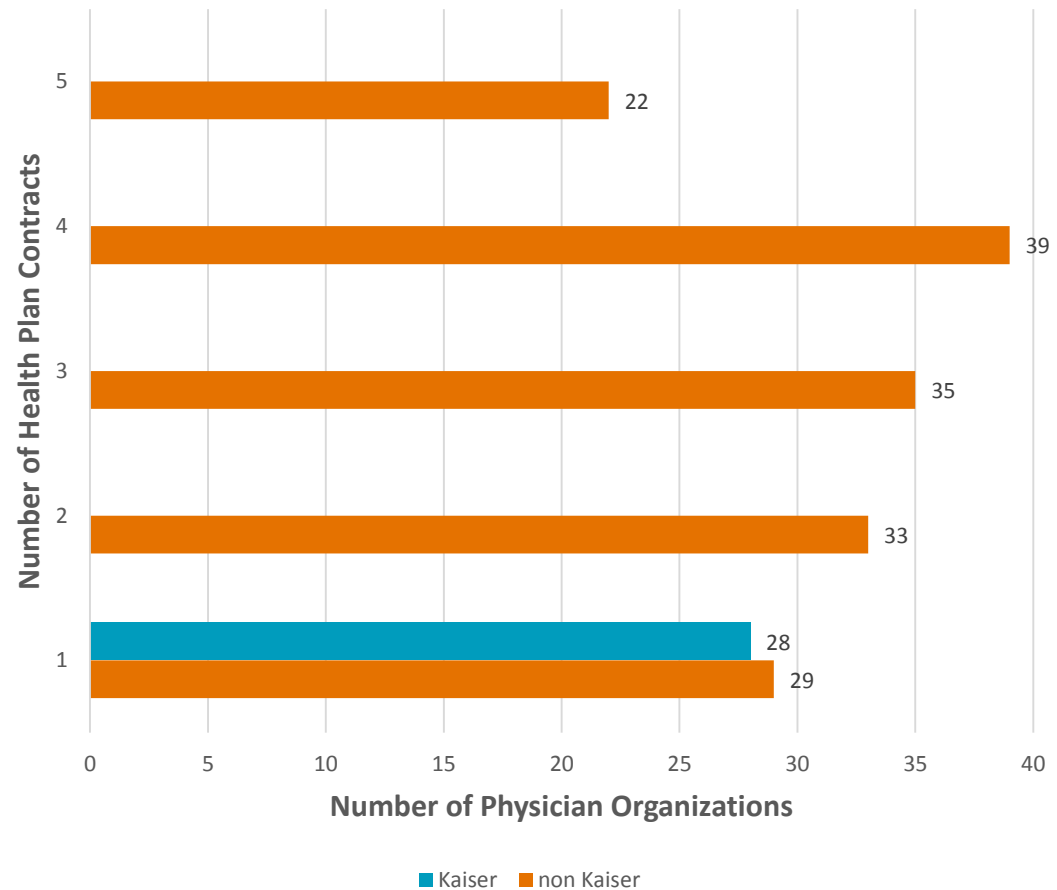


MA Stars Methodology & Measurement of Physician Organizations

IHA MA Star Rating Measurement of POs

- Six health plans with over 82% of MA enrollees in CA participate in IHA PO star rating program:
 - Anthem Blue Cross
 - Blue Shield of California
 - Health Net
 - Kaiser Permanente
 - SCAN Health Plan
 - UnitedHealthcare
- 186 participating physician organizations

POs by Number of MA Health Plan Contracts



IHA Medicare Advantage Star Measure Set

Measurement focuses on CMS MA Star domains that relate directly to PO care delivery performance: Staying Healthy - Screenings, Tests & Vaccines; Managing Chronic (Long-Term) Conditions; and Drug Safety. Of 22 PO-relevant measures in the three domains, IHA collects all 13 measures that do not require patient survey results or chart review.

Staying Healthy: Screenings, Tests & Vaccines

1. Adult BMI Assessment
2. Breast Cancer Screening
3. Colorectal Cancer Screening

Managing Chronic (Long Term) Conditions

4. All-cause Readmissions
5. Diabetes Care – Eye Exam
6. Diabetes Care – Blood Sugar Controlled
7. Diabetes Care – Kidney Disease Monitoring

8. Osteoporosis Management in Women Who Had a Fracture
9. Rheumatoid Arthritis Management

Drug Safety

10. High Risk Medication
11. Medication Adherence for Cholesterol (Statins)
12. Medication Adherence for Diabetes Medications
13. Medication Adherence for Hypertension (RAS Antagonists)

IHA MA Star Measures Align with National Quality Measurement & Improvement Priorities

As MACRA expands performance measurement into the Medicare fee-for-service realm, measure alignment is an imperative. Participants in IHA measurement initiatives are ahead of the curve – the measures collected are well-aligned.

IHA Measure	CMS Medicare Advantage Plan Star Rating	NCQA Medicare Plan Accreditation	IHA Value Based P4P	CMS Merit-Based Incentive Payment System (MIPS) ! – High Priority * – Core Measure Collaborative
Adult BMI Assessment	X	X		
All-Cause Readmissions	X	X	X	Hospital All-cause Readmissions
Breast Cancer Screening	X	X	X	X!*
Colorectal Cancer Screening	X	X	X	X*
Diabetes Care: HbA1c Poor Control >9%	X	X	X	X!*
Diabetes Care: Kidney Disease Monitoring	X	X	X	X*
Diabetes Care: Eye Exam	X	X		X*
Rheumatoid Arthritis Management	X			
High-Risk Medication	X	X		X!
Osteoporosis Management in Women Who Had a Fracture	X	X		X
Medication Adherence: Hypertension (RAS Antagonists), Cholesterol (Statins), Diabetes Medications	X		X	

Calculating PO-Level MA Star Ratings

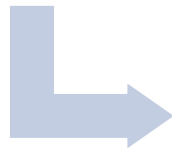
Collect and report measure results using VBP4P process

- Audited measure rates voluntarily submitted by health plans and POs; better of self-reported or plan-aggregated rates used for awards and reporting
- POs review preliminary results prior to finalization



Apply CMS star rating cut points to measures

- Stars assigned to individual measures according to cut points released by CMS in the fall



Calculate Overall Star Rating for each PO

- Performance on 13 clinical measures combined to reflect an overall PO MA Star Rating
- Rating calculated by taking the weighted average of the measure-level star ratings available for a PO
- Consistent with CMS methodology, outcome measures are triple-weighted



Award 4.5 & 5-Star and Most Improved POs

- Overall PO MA star ratings are used to determine award winners

Public Reporting of PO-Level Performance

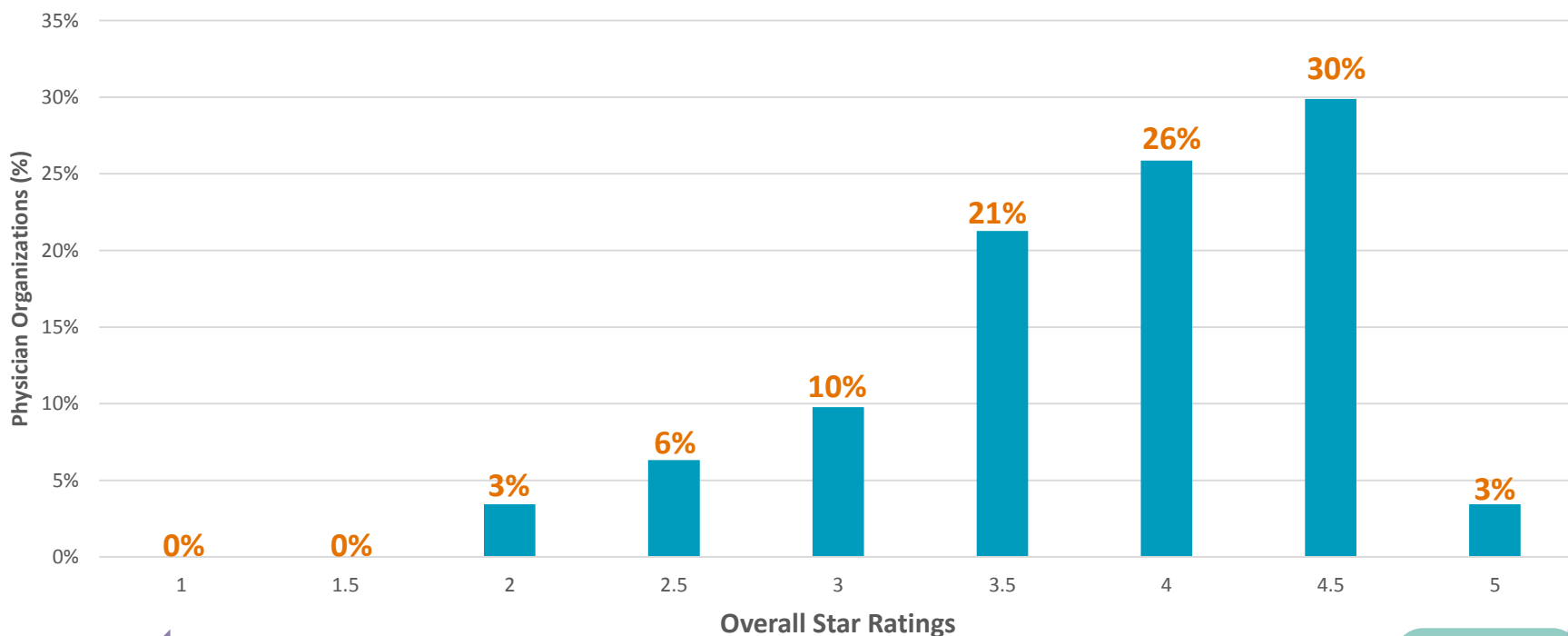
- The IHA MY 2015 Medicare Advantage PO Star Ratings will be publicly reported via the Office of the Patient Advocate's [Medical Group Medicare Advantage Report Card](#) in January 2017.
- Report card features overall star ratings, as well as individual measure rates and star ratings.



MY 2015 PO-Level Medicare Advantage Stars Results Analysis

PO Performance Drives Health Plan Clinical Quality Performance

Overall PO performance on largely clinical subset of CMS measures in IHA's MA Stars program contributes to overall health plan star ratings, which are tied to strong CMS financial and enrollment incentives.



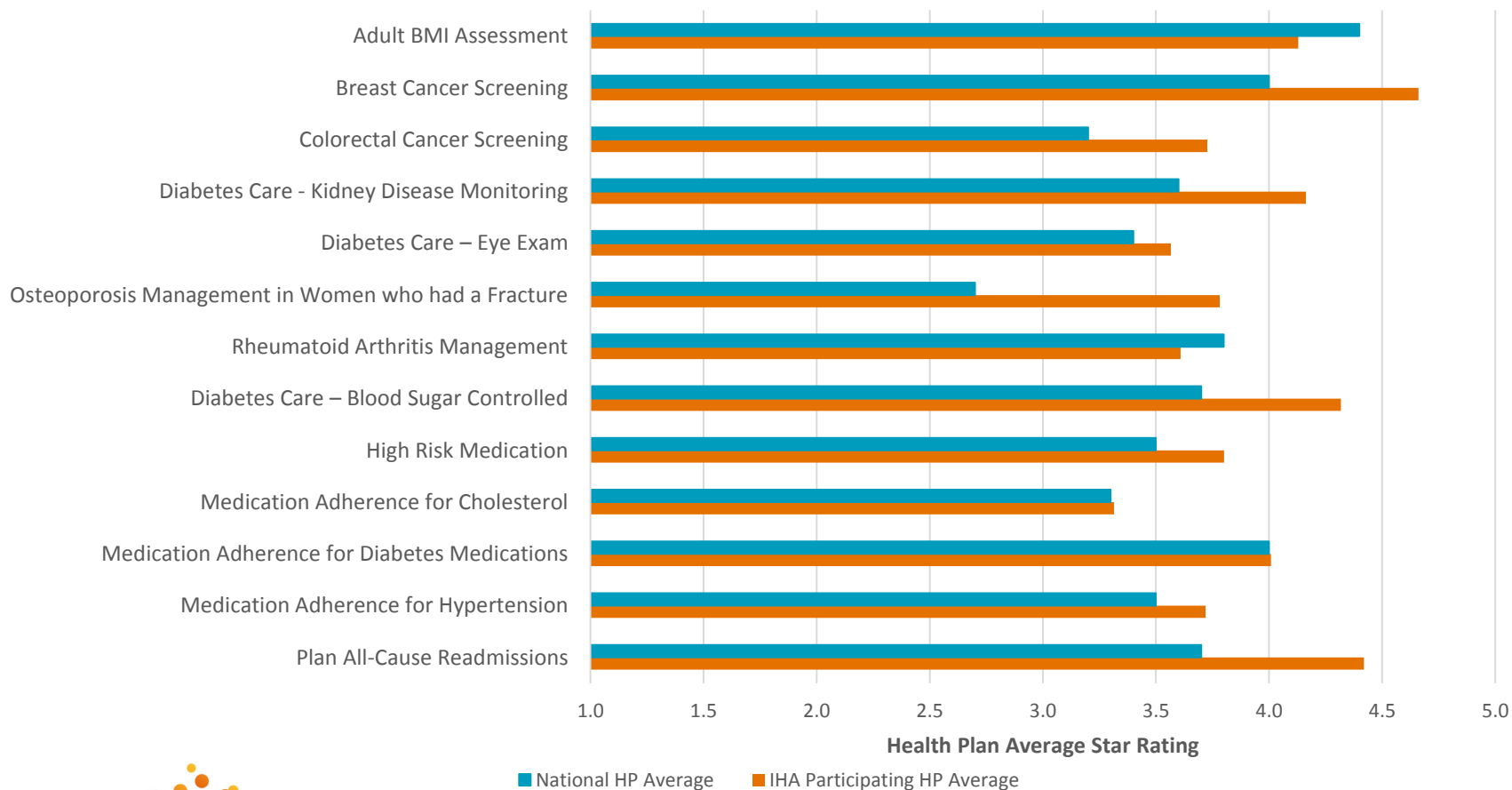
CMS MA plan enrollment disincentives

CMS MA plan financial incentives

Enrollment Advantage

Participating California Health Plans Outperform National Plan Average on Quality Measures

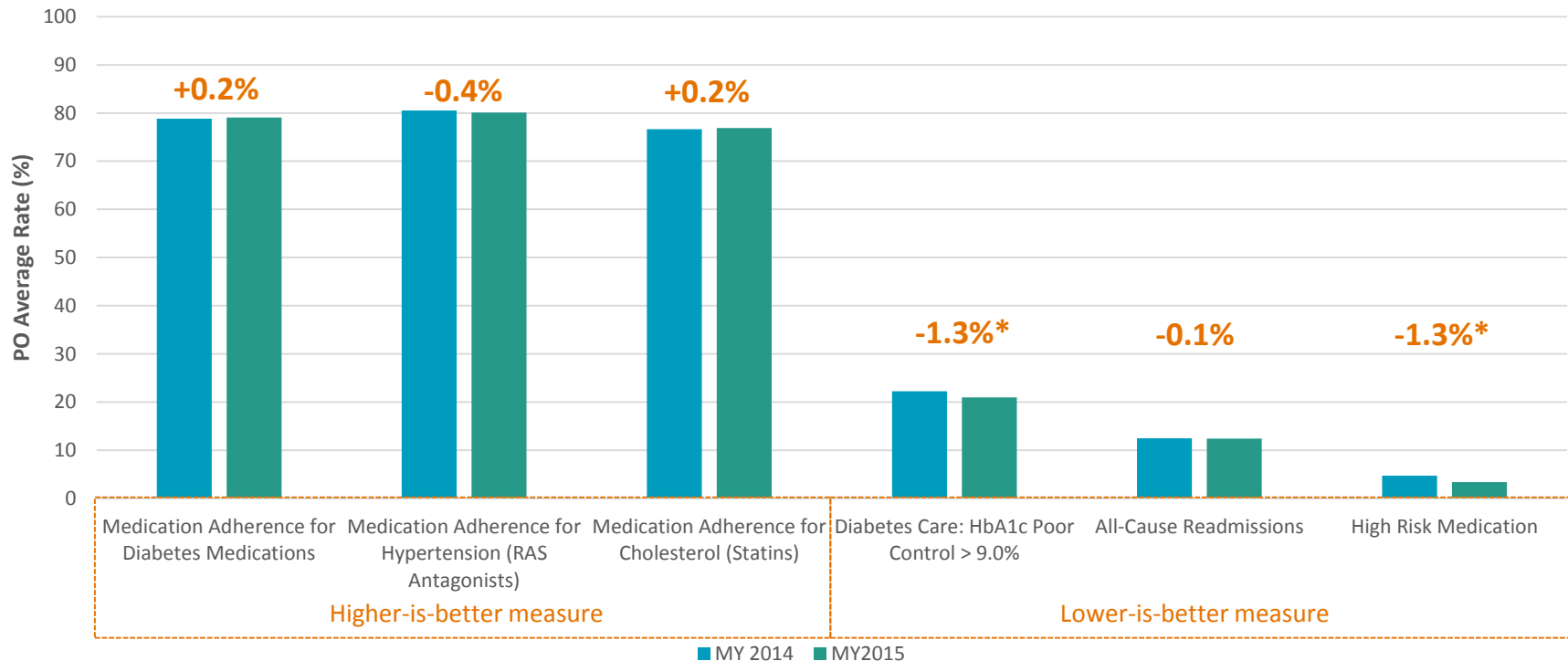
The average health plan star rating for program participants is higher than the national plan average for 11 of the 13 measures collected.



Outcome Measures Steady or Improving

Six measures collected by IHA are CMS triple-weighted outcome measures. Physician organization performance in MY 2015 made statistically significant gains on two measures (denoted by *):

- Average PO rate of diabetics with poor blood sugar control decreased from 22.2% to 20.9%
- Average PO percent of members dispensed high-risk medications decreased from 4.7% to 3.4%



Participating POs Perform Higher on Outcome Measures

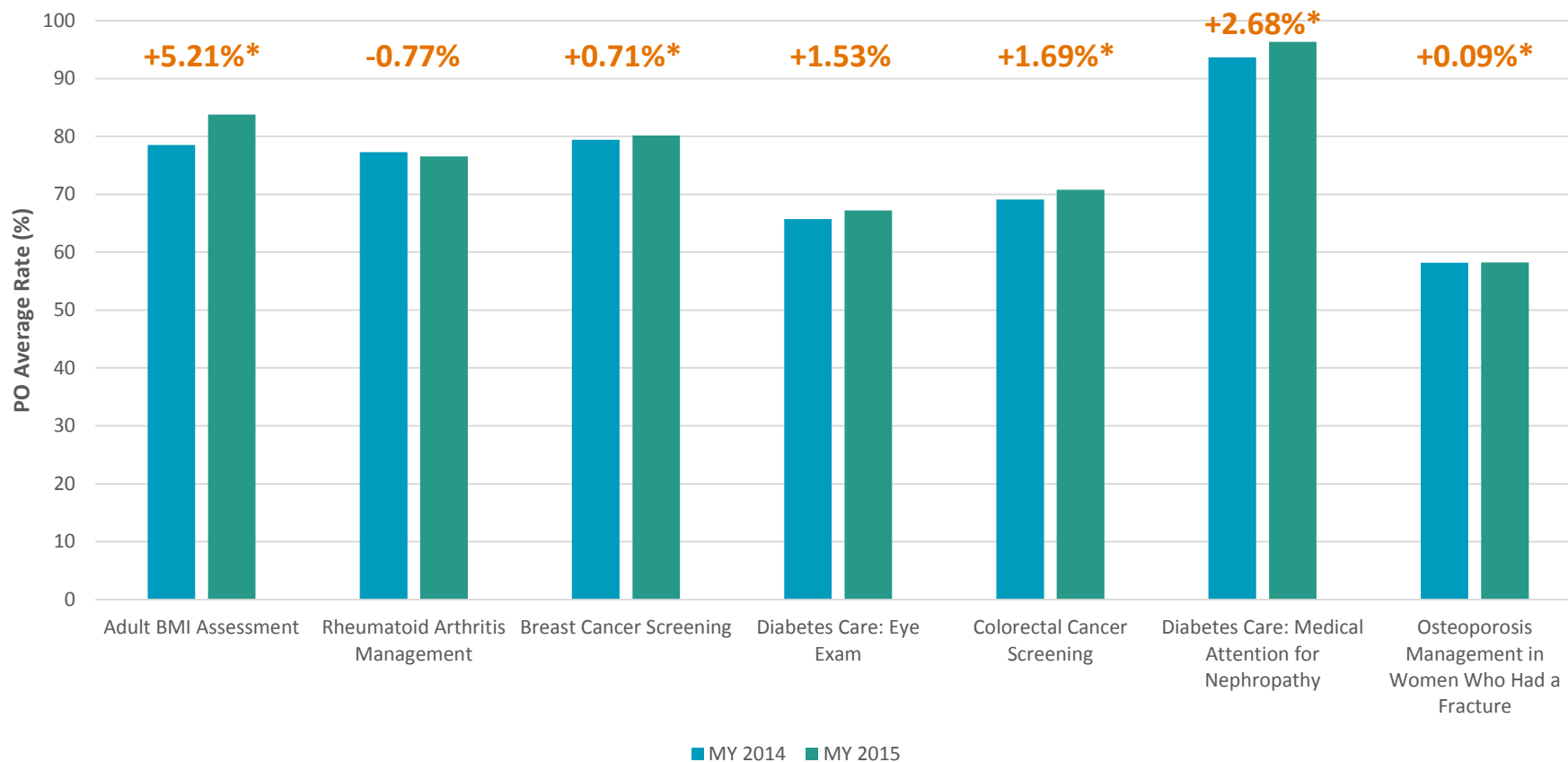
CMS star cut points classify measure performance on a scale of 1 to 5; average PO performance ranges from 3.2 to 4.6 stars on the 13 measures. Triple-weighted measures generally outperform process measures. Measures are ranked by weighting, in order from highest California PO star rating to lowest.

Triple Weighted Intermediate Outcome/Outcome Measures	California PO Average
High-Risk Medication	4.4
Medication Adherence for Hypertension	4.2
Diabetes Care - Blood Sugar Controlled	4.1
Medication Adherence for Diabetes Medications	4.0
Medication Adherence for Cholesterol	3.9
All-Cause Readmissions	3.3

Single Weighted Process Measures	California PO Average
Breast Cancer Screening	4.6
Diabetes Care - Kidney Disease Monitoring	4.0
Osteoporosis Management in Women who had a Fracture	3.7
Adult BMI Assessment	3.9
Rheumatoid Arthritis Management	3.6
Colorectal Cancer Screening	3.4
Diabetes Care - Eye Exam	3.2

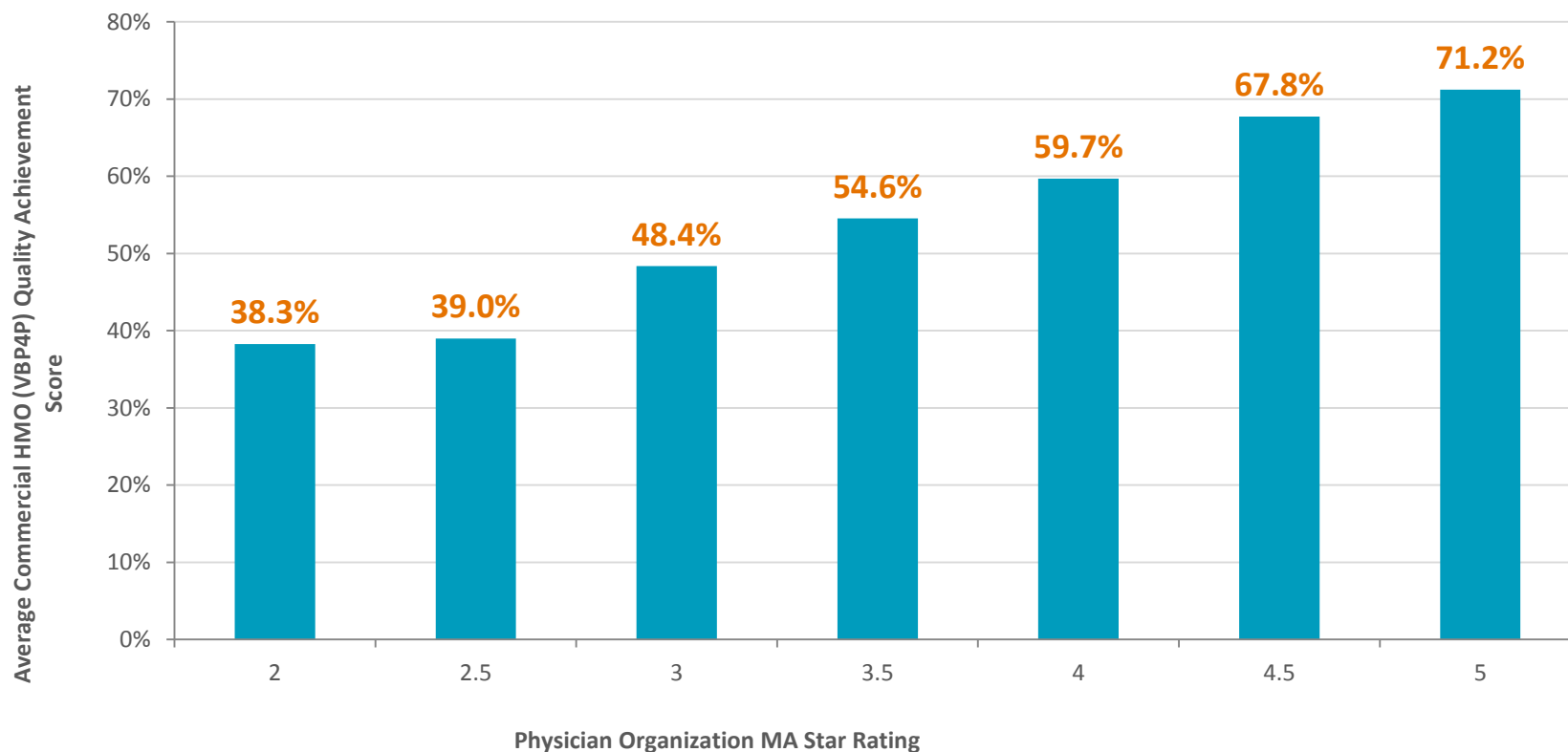
Marked Gains on Process Measures

Seven measures collected by IHA are CMS single-weighted process measures. Physician organization performance in MY 2015 made statistically significant gains in 5 of 7 measures (denoted by *).



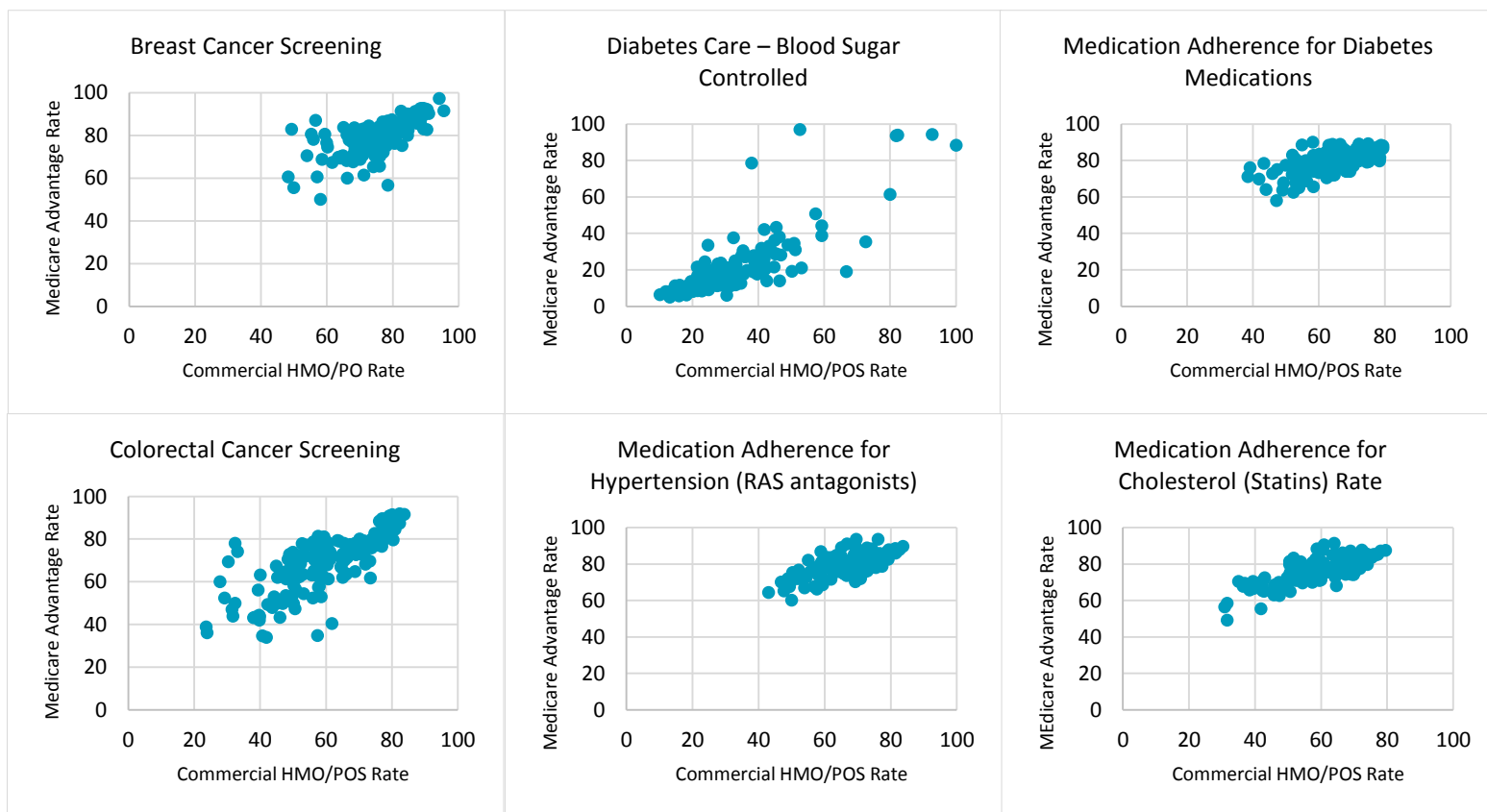
Higher PO Performance in Medicare Advantage Correlated to Higher Commercial Performance

Physician organization performance between Medicare Advantage and Value Based P4P populations is highly correlated ($r=0.79$). There is a corresponding 30+ percentage-point difference – 38.3% to 71.2% – in the average commercial HMO clinical quality scores when comparing the lowest rated and highest rated physician organizations serving Medicare Advantage enrollees.



Performance in Commercial HMO Correlated to Medicare Advantage Performance

Comparing results for POs participating in VBP4P and MA star ratings measurement suggests measure performance across populations and products is closely related; the correlation between PO performance in commercial VBP4P and MA Stars ranges from 0.65 to 0.82 for all measures collected for both populations except readmissions (not shown).



Implications

- Health Plan Medicare Advantage star ratings tied to significant financial & enrollment incentives
- PO performance on quality measures drives plan ratings
- IHA MA star ratings aggregate PO performance across plans, increasing validity and amplifying performance improvement signal to POs
- Improving PO performance impacts all lines of business, not just Medicare Advantage
- California ahead of the curve, both on performance and measure alignment

Contact Us

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