

## Measurement Year 2017 AMP Medicare Advantage Stars Score and Recognition Awards Methodology

This document describes the methodology that underlies the assignment of Stars scores and recognition awards for physician organizations participating in IHA's Align. Measure. Perform. (AMP) Medicare Advantage performance measurement program.

### Background

IHA expanded its performance measurement reach in 2011 by launching AMP Medicare Advantage, which includes administratively-derived (i.e., electronically-sourced) HEDIS-based Stars measures relevant to care delivery. IHA's reporting of physician organization-level Medicare Stars results allows for targeted quality improvement initiatives by health plans and the creation of more robust performance results.

The 2010 Patient Protection and Affordable Care Act empowered the Centers for Medicare & Medicaid Services (CMS) to pay bonus incentives of up to 5% to Medicare Advantage health plans with at least 4 stars. As a result, overall performance on the Medicare Stars measures is particularly important to health plans due to the substantive financial incentives. Physician organization-level measurement and reporting aligns incentives at another level of the healthcare delivery system by extending transparency beyond CMS' ratings of the health plan marketplace to those organizations who directly deliver care to Medicare Advantage enrollees.

### Assigning Stars

#### A. Selecting Measures

For measurement year (MY) 2017, IHA's AMP Medicare Advantage measure set consisted of 12 clinical measures which are a subset of the Medicare Stars measures that plans report to CMS. IHA includes all clinical measures that are claims-based, able to be calculated using administrative data only, and determined to be feasible for physician organization reporting. New measures are tested and vetted by IHA's Technical Measurement Committee before being recommended for public reporting. Measures retired from the CMS Stars program will also be retired by IHA. The measurement year (MY) 2017 measure sets are displayed on page 3.

#### B. Calculating Physician Organization Results

- Health plan-submitted rates are aggregated for a physician organization across all contracted plans that participate in IHA's Medicare Advantage measurement program: Blue Shield of California, Health Net, Kaiser Permanente, SCAN Health Plan, Sharp Health Plan and UnitedHealthcare. Physician Organizations also have the opportunity to self-report. Both physician organization and health plan submitted rates are audited.
- Submitted rates must have a minimum denominator of 30 in order to be considered valid.

- If a measure has both a valid aggregated health plan-submitted rate and a valid organization-submitted rate for a measure, the better rate is reported. Prior to results being finalized, physician organizations are given 15 business days to review the preliminary results and submit any questions or appeals.
- Complete participant instructions on the reporting process and measure specifications are available in the [MY 2017 AMP Program Manual](#).
- To protect sensitive utilization data, where applicable, a plan reporting threshold is also applied.

#### C. Applying Cutpoints to Individual Measures

- IHA applies the methodology identified by CMS.
- Stars are assigned to individual measures according to the cutpoints determined by CMS.

#### D. Assigning Overall Star Rating

- To determine the overall star rating, IHA applies the methodology identified by CMS.
- Performance on the 12 clinical measures is combined to calculate an Overall Physician Organization Medicare Stars Score. Organizations that have reportable scores for at least half of the measures (i.e., six or more measures) qualify for an overall score. The score is calculated by taking a weighted average of the measure-level Star ratings that are available for a physician organization. Intermediate outcome measures are given a weight of three times as much as process measures.
- The weighted average of the available individual measure Star ratings is rounded to the nearest half-star for the overall scoring.
- Physician organizations with fewer than half (i.e., six) reportable individual measures are not assigned an overall Star rating.

### Determining Award Winners

#### A. Medicare Advantage Five-Star and 4.5-Star Recognition Awards

IHA presents the “Medicare Five-Star Recognition Award” to physician organizations that earn an overall star rating of 5 using the approach identified above. IHA presents the “Medicare 4.5-Star Recognition” award to physician organizations that earn an overall star rating of 4.5 using the approach identified above.

#### B. Medicare Stars Most Improved Awards

“Medicare Stars Most Improved” award winners are determined by identifying the physician organizations who improved their overall Medicare Star rating by a ½ star or more from the previous year. Please note that the improvement compares overall star ratings despite changes between the years in the measure set. IHA does analyze year-over-year score changes, though, to monitor for any dramatic impacts that may require adjustment.

## **MY 2017 AMP Medicare Advantage Measure Set**

Performance rates for the following 12 measures were used to calculate an overall star rating for Medicare Advantage physician organizations. The measures include:

1. Proportion of Days Covered by Medications: Renin Angiotensin System (RAS) Antagonists
2. Proportion of Days Covered by Medications: Statins
3. Diabetes Care: HbA1c Poor Control > 9.0%
4. Diabetes Care: Medical Attention for Nephropathy
5. Diabetes Care: Eye Exam
6. Proportion of Days Covered by Medications: Oral Diabetes Medications
7. Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
8. Osteoporosis Management in Women Who Had a Fracture
9. Adult BMI Assessment
10. Breast Cancer Screening: Ages 50-74
11. Colorectal Cancer Screening: Ages 50-75
12. All-Cause Readmissions

A reminder that measures indicated as Testing, Baseline or Info Only on the AMP Medicare Advantage measure set are also collected during the measurement year, but are not factored in to the overall star rating for Medicare Advantage physician organizations. For the My 2017 AMP Medicare Advantage measure set, Statin Therapy for Patients with Cardiovascular Disease and Statin Use in Persons with Diabetes were baseline measures.