

AMP Medicare Advantage

Using Standard Measurement to Promote Health Care Quality in Medicare Advantage

IHA's Align. Measure. Perform. (AMP) programs use a fair and transparent approach to measurement and benchmarking to create a reliable assessment of performance for medical groups, IPAs, and ACOs across health plans. The AMP programs are recognized nationally for partnering with organizations across California and the nation to drive meaningful changes that reduce costs and improve healthcare quality and outcomes. Paired with the insights from IHA's California Regional Health Care Cost & Quality Atlas, the AMP programs help partners reduce the reporting burden for payers and providers by using a standard measure set to deliver objective data and analysis that supports performance improvement.

About

Since 2008, the Centers for Medicare & Medicaid Services (CMS) has publicly reported the performance of Medicare Advantage (MA) health plans on a variety of clinical quality, member experience and customer service measures through a 5-star rating system. Medicare Star ratings are intended to help beneficiaries select higher-quality health plans and focus health plan quality improvement efforts. Building on the MA star rating system for health plans, IHA's AMP Medicare Advantage program (formerly known as Medicare Advantage 5 Star Reporting of Physician Organizations) leverages the measures and methodologies that CMS uses to generate health plan star ratings to measure and publicly report performance and star ratings for medical groups and IPAs. The AMP Medicare Advantage program supports measure alignment across the healthcare delivery system and provides reliable performance information that consumers can use to compare star ratings for physician organizations providing care to Medicare Advantage enrollees in California.

Aggregation Strengthens Quality Improvement Signal

Because of the fragmented nature of the Medicare Advantage market in California, many plans lack sufficient enrollment to accurately measure physician organization performance and target quality improvement efforts. AMP Medicare Advantage aggregates performance data across participating health plans at the physician organization level to improve measurement reliability and validity, which decreases reporting

burden for physician organizations by eliminating competing and conflicting health plan rating requirements. Participating health plans and physician organizations receive targeted performance information to guide improvements in patient care. In turn, improved performance can impact health plan eligibility for CMS performance incentives. Physician organization-level performance data also allows plans to identify and reward high performers. Participating health plans (Blue Shield of California, Health Net, Kaiser Permanente, SCAN Health Plan, Sharp Health Plan and UnitedHealthcare) and physician organizations account for more than 80 percent of total MA enrollment in California.

Measure Set

MA plans report on more than 30 measures related to clinical quality, member experience and customer service under the larger CMS stars rating system for health plans. IHA uses a subset of 14 clinical measures, representing all of the measures that are applicable to physician organization performance that do not require member survey or other non-electronic data. The measures range from breast and colorectal cancer screenings to eye exams and blood sugar control for patients with diabetes to managing osteoporosis in women with a previous fracture. Audited data for the clinical measures are collected from participating MA health plans and from self-reporting physician organizations. To generate physician organization star ratings, IHA applies the same CMS methodology used to calculate health plan star ratings, both on individual measures and for the overall star rating. For example, particularly important measures, such as the rate of all-cause hospital readmissions, are triple-weighted (see Exhibit 1).

Public Reporting

To increase awareness and access to the ratings, IHA partners with the [California Office of the Patient Advocate \(OPA\)](#) to produce a public report card using the MA star rating system for physician organizations. In the latest available ratings, nearly half of participating physician organizations (44%) achieved overall ratings of 4 stars or higher. No POs received a rating of 1 star, while 3 percent received overall ratings of 2 stars, 3 percent received overall ratings of 2.5 stars, 15 percent

Exhibit 1: Alignment of Clinical Quality Measures Across Performance Measurement Systems

AMP Medicare Advantage Measure	CMS Triple Weighted Measures	IHA AMP Commercial HMO Measure (MY 2017)	CMS Merit-based Incentive Payment System (MIPS) Measure
1. Adult BMI Assessment			
2. All-Cause Readmissions	X	X	X
3. Breast Cancer Screening		X	X
4. Colorectal Cancer Screening		X	X
5. Diabetes Care: HbA1c Poor Control >9%	X	X	X
6. Diabetes Care: Kidney Disease Monitoring		X	X
7. Diabetes Care: Eye exam			X
8. Rheumatoid Arthritis Management			
9. Osteoporosis Management in Women Who Had a Fracture			X
10. Medication Adherence for Hypertension (RAS Antagonists)	X	X	
11. Medication Adherence for Cholesterol (Statins)	X	X	
12. Medication Adherence: Diabetes	X	X	
13. Statin Therapy for Patients with Cardiovascular Disease		X	
14. Statin Use in Persons with Diabetes			

received overall ratings of 3 stars, and 28 percent received overall ratings of 3.5 stars.

Public Recognition

Each year, IHA recognizes physician organizations earning 4.5- and 5-star ratings for the quality of care provided to their Medicare Advantage beneficiaries and physician organizations showing the most improvement on a year-to-year basis. In the latest available ratings, 2 physician organizations attained 5-star ratings, and an additional 43 earned an overall rating of 4.5 stars. Further, 25 physician organizations improved their overall star rating by at least ½ a star from 2016 to 2017.

About IHA

Founded in 1994 and based in Oakland, CA, the nonprofit, non-partisan Integrated Healthcare



Association is guided by a 40-member board of industry-leading health plans, physician organizations, and hospitals and health systems, plus representatives of purchaser, consumer, academic, pharmaceutical, and technology entities. As a member-driven organization convening diverse stakeholders committed to advancing high-quality, affordable, patient-centered care, IHA generates objective data and insights to help forge common ground across California’s health care community. For more information, visit www.iha.org.

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