

Measurement Year 2019 AMP Medicare Advantage

Star Rating & Recognition Methodology

Background

IHA's Align. Measure. Perform. (AMP) Medicare Advantage program measures performance and publicly reports star ratings for provider organizations (PO) serving Medicare Advantage enrollees using the same measures and methodologies established by the Centers for Medicare & Medicaid Services (CMS) Star Ratings program for health plans. This document describes the methodology for assignment of star ratings and recognition awards for POs participating in the [AMP Medicare Advantage program](#).

Assigning Stars

A. Measure Selection

AMP Medicare Advantage includes all clinical measures used by the CMS Star Ratings program for health plans that are claims-based, able to be calculated using administrative data sources, and determined to be feasible for provider organization reporting. For measurement year (MY) 2019, the AMP Medicare Advantage measure set consisted of 13 measures which are a subset of the Medicare Stars measures that plans report to CMS. All measures are subject to IHA's vetting and validation process before being used for public reporting.

B. Calculating Provider Organization Results

- Health plan-submitted rates are aggregated for a provider organization across all contracted plans that participate in IHA's AMP Medicare Advantage program: Blue Shield of California, Health Net, Kaiser Permanente, SCAN Health Plan, Sharp Health Plan and UnitedHealthcare. POs also have the opportunity to self-report. Both PO 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 PO-submitted rate, the better rate is reported.
- Results are subject to a 15 business day participant review and appeals period in order to ensure data accuracy and completeness.
- To protect sensitive utilization data, where applicable, a plan reporting threshold is also applied.

C. Applying Cutpoints to Individual Measures

IHA applies the same methodology and cutpoints identified by CMS. Stars are assigned to individual measures according to the cutpoints determined by CMS for that measure.¹

D. Assigning Overall Star Rating

- To determine the overall star rating, IHA applies the methodology identified by CMS.
- Performance on the set of clinical quality measures is combined to calculate an Overall Provider Organization Medicare Advantage Star Rating. POs that have reportable scores for at least half of the 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 PO. Intermediate outcome measures are given a weight of three times as much as process measures per CMS.
- The weighted average of the available individual measure star ratings is rounded to the nearest half-star for the overall scoring.
- POs that have reportable scores for fewer than half of the measures are not assigned an overall star rating.

Provider Organization Recognition

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

IHA recognizes provider organizations that earn an overall star rating of 4.5 and 5 using the approach identified above.

B. Medicare Stars Most Improved

“Medicare Stars Most Improved” is determined by identifying POs who improved their overall Medicare Star rating by a ½ star or more from the previous year. Please note that all measures, regardless of measure set changes between the two years, are used for comparing improvement in overall star ratings. IHA analyzes year-over-year score changes to monitor for any dramatic impacts that may require adjustment.

¹ In response to the COVID-19 pandemic, the MY 2019 cutpoints published by CMS contained MY 2019 cutpoints for PQA measures and MY 2018 cutpoints for HEDIS measures. IHA applied these cutpoints to the MY 2019 AMP Medicare Advantage results to generate MY 2019 star ratings.

MY 2019 AMP Medicare Advantage Measure Set

The following 13 measures were used to calculate an overall star rating for Medicare Advantage provider organizations:

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

Measures indicated as Testing, First-Year or Info Only on the [AMP Medicare Advantage measure set](#) are also collected during the measurement year, but are not factored into the overall star rating for Medicare Advantage provider organizations.