

**Office of the Patient Advocate (OPA)**  
**California Health Care Quality Medical Group - Medicare Report Card, 2015-16 Edition**

**Scoring Documentation for Public Reporting on Clinical Care**  
**(Reporting Year 2015)**

## **Background**

Representing the interests of health plan and medical groups, the California Office of the Patient Advocate (OPA) publicly reports on health care quality. OPA published its first HMO Health Care Quality Report Card in 2001 and has since annually updated, enhanced and expanded the Report Cards on HMOs, PPOs and commercial Medical Groups. The current version (2015-16 Edition) of the online Health Care Quality Report Cards is available at: [www.opa.ca.gov](http://www.opa.ca.gov) and via mobile apps.

Performance results are reported for 184 physician organizations that participate in the Integrated Healthcare Association (IHA) Medicare Advantage Measurement Program (see details on this initiative at: <http://iha.org/grants-projects-medicare-five-star-PO-reporting.html>). IHA is a statewide, multi-stakeholder leadership group that promotes quality improvement, accountability and affordability of health care. IHA collects clinical quality data on the physician organizations that contract with Medicare Advantage health plans and provides the data to OPA for the Health Care Quality Report Card. The IHA physician organizations are referred to as medical groups in the Report Card and in the remainder of this document.

### **Sources of Data for California Health Care Quality Report Cards**

The 2015-16 Edition of the HMO, PPO, and commercial Medical Group Report Cards is published in October 2015, using data reported in Reporting Year (RY) 2015 for performance in Measurement Year (MY) 2014.

The 2015-16 Edition of the Medical Group - Medicare Report Card is published in March 2016, using data reported in Reporting Year (RY) 2015 for performance in Measurement Year (MY) 2014. This is the first year that OPA has published the Medical Group Medicare Report Card, which was previously prepared by IHA.

### **Sources of Data for California Health Care Quality Report Cards**

- 1.** The National Committee for Quality Assurance's (NCQA) publicly reported HMO and PPO Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) commercial measure data. (HEDIS and CAHPS Methodology Descriptions in separate documents)
- 2.** The Integrated Healthcare Association (IHA) Pay for Performance (P4P) Initiative's commercial medical group clinical performance data (Methodology Description in a separate document).
- 3. The Integrated Healthcare Association (IHA) Medicare Advantage Measurement Program's medical group clinical performance data.**

4. The California Healthcare Performance Information System, Inc. (CHPI) Patient Assessment Survey's (PAS) commercial patient experience data for medical groups (Methodology Description in a separate document).

### **Medical Group - Medicare Clinical Care Methodology Process**

#### **1. Methodology Decision Making Process**

OPA conducts a multi-stakeholder process to determine the scoring methodology. Beginning with the 2013 Edition of the Report Cards, OPA enhanced its partnership with IHA's Pay for Performance Program. IHA's Technical Measurement Committee (TMC) now serves as the primary advisory body to OPA regarding methodologies for the HMO and PPO Report Cards for both HEDIS clinical and CAHPS patient experience data and the Medical Group Report Cards for commercial and Medicare Advantage clinical care data. Comprised of representatives from health plans, medical groups, and health care purchaser organizations, TMC members are well-versed in issues of health care quality and patient experience measurement, data collection and public reporting. OPA's Health Care Quality Report Cards are a standing item at the TMC meetings.

#### **TMC Roster (2015)**

**Chair:** Mike Weiss, DO: *CHOC Health Alliance*  
Marnie Baker, MD: *MemorialCare Medical Group*  
Christine Castano, MD: *Healthcare Partners*  
Cheryl Damberg, PhD: *RAND*  
Ellen Fagan: *Cigna Healthcare of California*  
John Ford, MD: *Family Practice Physician*  
Peggy Haines: *Health Net*  
Jennifer Hobart: *Blue Shield of California*  
Chris Jioras: *Humboldt-Del Norte IPA*  
Ranyan Lu, PhD: *UnitedHealthcare*  
Leticia Schumann: *Anthem Blue Cross*  
Kristy Thornton: *Pacific Business Group on Health*  
Ralph Vogel, PhD: *SoCal Permanente Medical Group, or*  
Charlotte Yates: *The Permanente Medical Group*

Please note that the methodology and display decisions made by OPA do not necessarily reflect the views of each organization on the advisory committee.

The Medical Group - Medicare Report Card methodology is based on the methodology that the Centers for Medicare & Medicaid Services (CMS) uses to rate Medicare Advantage health plans, for a subset of the measures used for Medicare Advantage health plan rating, and is developed by IHA staff in conjunction with feedback from the TMC.

OPA also contracts with Dr. Patrick Romano, who is a national expert in health care quality and public reporting, and a practicing physician and professor at the University of California, Davis Medical School.

Additionally, OPA values the opinions and perspectives of other stakeholders with interest and expertise in the field of healthcare quality measurement, data collection and display and, as such, began conducting annual Stakeholder Briefings in 2013.

**2. Stakeholder Preview and Corrections Period**

Each year, prior to the public release of the OPA Report Cards, all participating health plans and medical groups are invited to preview the Health Care Quality Report Cards. Health plans and medical groups are given access to a test web site with updated results and given several days to review their data and submit corrections and questions regarding the data and methodology to OPA and its contractors. If an error in the data is discovered, it is corrected prior to the public release of the OPA Report Cards.

**Medical Group - Medicare Clinical Care Scoring Methodology**

There are two levels of measurement:

**1. Category:** “Medical Group Provides Recommended Care” is an aggregated clinical summary performance score composed of all thirteen (13) clinical measures collected by IHA, and reported as a Medicare overall star rating.

**2. Clinical Measures**

There are thirteen (13) clinical measures reported by IHA. Nine of these are HEDIS measures, and four of them are Pharmacy Quality Alliance (PQA) measures. They are reported as both a percentage of eligible patients getting the recommended care and as a Medicare Stars rating.

**Performance Grading**

**1. Scoring Calculation for Clinical Care Category Composite**

Performance on the thirteen (13) clinical measures is combined to calculate a medical group Medicare overall stars score. Medical groups that have reportable scores for at least half of the measures (i.e., seven or more measures) qualify for an overall stars score. The score is calculated by taking a weighted average of the individual measure level star ratings that are available for a medical group. Intermediate outcome measures (e.g., Controlling Blood Sugar for Diabetes Patients) are given a weight of three times as much as process measures (e.g., Colorectal Cancer Screening), as shown in Table 1. The weighted average of the available individual measure star ratings is rounded to the nearest half star for the overall scoring. Not all medical groups have enough individual measure results to have an overall star rating calculated.

**Table 1: Measure Weights for Individual Clinical Care Measure Star Ratings**

Medicare Report Card Measures	Measure Type	Measure Weight
Checking if Weight Could Cause Health Problems	Process	1
Breast Cancer Screening	Process	1

Colorectal Cancer Screening	Process	1
Controlling Blood Sugar for Diabetes Patients	Intermediate Outcome	3
Testing Kidney Function for Diabetes Patients	Process	1
Eye Exam for Diabetes Patients	Process	1
Number of Days Diabetes Medication Was Filled	Intermediate Outcome	3
High Risk Medications for Older Adults	Intermediate Outcome	3
Treating Arthritis with Medications	Process	1
Managing Osteoporosis in Women after a Fracture	Process	1
Number of Days High Blood Pressure Medications Were Filled	Intermediate Outcome	3
Number of Days High Cholesterol Medications Were Filled	Intermediate Outcome	3
Preventing Hospital Readmission After Discharge	Outcome	3

## 2. Individual Clinical Care Measure Scoring

The medical group Medicare clinical care ratings include thirteen (13) clinical measures, which are collected from participating health plans and from self-reporting medical groups. They are a subset of the Medicare Stars measures that Medicare Advantage health plans report to the Centers for Medicare and Medicaid Services (CMS). Results are audited to ensure accuracy and consistency across groups. The rates for Medicare Stars clinical care measures are calculated for all members who are eligible based on their age, gender and/or a particular health condition they have. For example, the measure Eye Exam for Diabetes Patients looks at all Medicare members aged 18 to 75 who have a diagnosis of diabetes. The score reported is the percent of these members whose records indicate that they obtained at least one eye exam to check for damage that can lead to eye problems, like blindness, during the year being measured. The measures are based on the services provided to Medicare Advantage members who were patients of the medical group during 2014.

The rates for a clinical care measure are then assigned ratings from one to five stars, with five stars representing the highest quality. The star ratings used are based on cutpoints determined by CMS to rate Medicare Advantage health plans, which are displayed in Table 2.

**Table 2: Clinical Care Performance Cutpoints for the Medical Group Medicare Report Card**

<b>Clinical Care Medicare Stars Measure</b>	<b>1 Star</b>	<b>2 Stars</b>	<b>3 Stars</b>	<b>4 Stars</b>	<b>5 Stars</b>
Checking if Weight Could Cause Health Problems	< 70%	≥ 70% to < 81%	≥ 81% to < 90%	≥ 90% to < 96%	≥ 96%
Breast Cancer Screening	< 39%	≥ 39% to < 63%	≥ 63% to < 74%	≥ 74% to < 80%	≥ 80%
Colorectal Cancer Screening	< 51%	≥ 51% to < 63%	≥ 63% to < 71%	≥ 71% to < 78%	≥ 78%
Controlling Blood Sugar for Diabetes Patients*	< 49%	≥ 49% to < 60%	≥ 60% to < 71%	≥ 71% to < 84%	≥ 84%
Testing Kidney Function for Diabetes Patients	< 85%	≥ 85% to < 89%	≥ 89% to < 93%	≥ 93% to < 97%	≥ 97%
Eye Exam for Diabetes Patients	< 53%	≥ 53% to < 65%	≥ 65% to < 75%	≥ 75% to < 82%	≥ 82%
Number of Days Diabetes Medication Was Filled	< 60%	≥ 60% to < 69%	≥ 69% to < 75%	≥ 75% to < 82%	≥ 82%
High Risk Medications for Older Adults**	< 80%	≥ 80% to < 88%	≥ 88% to < 92%	≥ 92% to < 94%	≥ 94%
Treating Arthritis with Medications	< 64%	≥ 64% to < 75%	≥ 75% to < 82%	≥ 82% to < 86%	≥ 86%
Managing Osteoporosis in Women after a Fracture	< 20%	≥ 20% to < 32%	≥ 32% to < 51%	≥ 51% to < 75%	≥ 75%
Number of Days High Blood Pressure Medications Were Filled	< 58%	≥ 58% to < 73%	≥ 73% to < 77%	≥ 77% to < 81%	≥ 81%
Number of Days High Cholesterol Medications Were Filled	< 50%	≥ 50% to < 61%	≥ 61% to < 73%	≥ 73% to < 79%	≥ 79%
Preventing Hospital Readmission After Discharge**	< 83%	≥ 83% to < 89%	≥ 89% to < 91%	≥ 91% to < 94%	≥ 94%

\* Results for the "Controlling Blood Sugar for Diabetes Patients" measure are typically reported as a "poorly controlled" measure, but have been inverted such that a higher rate reflects a better outcome.

\*\* Results for the High Risk Medication and Preventing Hospital Readmission After Discharge measures are reported by CMS such that a lower rate reflects a better outcome. However, for the OPA Report Card, these measures have been inverted such that a higher rate reflects a better outcome.

### **3. Handling Missing Data**

Not all medical groups are able to report valid rates for all measures. “Not enough data to score reliably” is the designation for the overall star rating, Medical Group Provides Recommended Care, for medical groups with fewer than seven reportable individual measures. These medical groups are not assigned an overall star rating. The “Not enough data to score reliably” label is also used for individual clinical care measures for which a medical group does not have at least 30 members who meet the requirements for inclusion in the measure.

### **4. Attribution of Patients to Medical Groups**

In IHA’s Medicare Advantage Measurement Program, patients are attributed to a medical group in each of the following ways:

- Enrollment at the health plan level, communicated to the medical group,
- Encounter data from the medical group, including member identification or physician identification (so health plans can correctly attribute it), and
- Continuous enrollment in the medical group; enrollment in the medical group on the anchor date; and required benefits, as specified for each measure.

### **5. Reliability Testing/Minimum Number of Observations**

IHA’s Medicare Advantage Measurement Program considers measurement error and reliability. The clinical care measures use administrative data based on the universe of a medical group’s patients. There is no sampling. Because statistical errors can result from small numbers, the program requires a total eligible population of 30 or more for a particular measure. In addition, the program excludes any measure with a bias of five percent or more, as determined by the auditor.

### **6. Risk Adjustment**

IHA’s Medicare Advantage Measurement Program’s clinical care measures, which include HEDIS measures, are not risk adjusted for patient characteristics or socioeconomic status as is the protocol for CMS’s Medicare Advantage Star Rating System. As the measure developer for HEDIS measures used in the Stars Rating System, NCQA’s Committee on Performance Measurement and its Board of Directors determined that risk adjustment would not be appropriate for HEDIS measures because the processes and outcomes being measured should be achieved, regardless of the nature of the population. The one exception is the Preventing Hospital Readmission After Discharge measure, which does include the risk-adjustment methodology developed by NCQA and included in the measure specifications used by CMS.

### **7. Changes to the 2015-16 Edition Report Card for the Medical Group - Medicare Report Card<sup>1</sup>**

- The following measures were removed from the Medical Group - Medicare Report Card for the 2015-16 Edition because they were retired from the Medicare Advantage Stars measure set:
  1. Diabetes: LDL Cholesterol Screening

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<sup>1</sup> Compare to the Medicare Stars Physician Group Clinical Care Report Card - December 2014 Edition, published by IHA ([www.iha.org](http://www.iha.org)).

2. Diabetes: LDL Cholesterol Control <100 mg/dL
  3. Cholesterol Management: LDL Screening for Patients with Heart Conditions
- The following measures were added to the Medical Group- Medicare Report Card for the 2015-16 Edition:
    1. Breast Cancer Screening
    2. High Risk Medications for Older Adults

**Appendix A. Mapping of Medical Group Clinical Measures to OPA Measure Name**

<b>IHA Measure ID</b>	<b>IHA Measure Name</b>	<b>Medicare Stars Measure Name</b>	<b>OPA Measure Name</b>	<b>Definition</b>
ABA	Adult BMI Assessment	Adult BMI Assessment	Checking if Weight Could Cause Health Problems	The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.
BCS5274	Breast Cancer Screening	Breast Cancer Screening	Breast Cancer Screening	The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.
COL	Colorectal Cancer Screening	Colorectal Cancer Screening	Colorectal Cancer Screening	The percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer.
HBACON	Diabetes Care: Hemoglobin A1c Control > 9.0%	Diabetes Care— Blood Sugar Controlled	Controlling Blood Sugar for Diabetes Patients	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c test during the measurement year is >9.0%. Rates are inverted for the OPA Report Card such that a higher rate represents better performance.
NEPHSCR	Diabetes Care: Medical Attention for Nephropathy	Diabetes Care— Kidney Disease Monitoring	Testing Kidney Function for Diabetes Patients	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who were tested for adequate kidney function during the measure year.
CDCE	Diabetes Care: Eye Exam	Diabetes Care— Kidney Disease Monitoring	Eye Exam for Diabetes Patients	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed during the measurement year.
PDCD	Proportion of Days Covered by Medications—Oral Diabetes	Medication Adherence for Oral Diabetes Medications	Number of Days Diabetes Medication Was Filled	The percentage of members 18 years of age and older who had enough medication to cover at least 80% of the days in the measurement period.
HRM65OV	High-Risk Medication	High Risk Medication	High Risk Medications for Older Adults	The percentage of members 65 years of age and older who received two or more prescription fills for a high-risk medication during the treatment period. OPA Report Card rates are inverted such that a higher rate represents better performance.

<b>IHA Measure ID</b>	<b>IHA Measure Name</b>	<b>Medicare Stars Measure Name</b>	<b>OPA Measure Name</b>	<b>Definition</b>
ART	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	Rheumatoid Arthritis Management	Treating Arthritis with Medications	The percentage of Medicare members who were diagnosed with rheumatoid arthritis and who were dispensed at least one prescription for a disease modifying anti-rheumatic drug (DMARD).
OMW	Osteoporosis Management in Women Who Had a Fracture	Osteoporosis Management in Women Who Had a Fracture	Managing Osteoporosis in Women After a Fracture	The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.
PDCA	Proportion of Days Covered by Medications—Renin Angiotensin System (RAS) Antagonists	Medication Adherence for Hypertension (RAS Antagonists)	Number of Days High Blood Pressure Medications Were Filled	The percentage of members 18 years of age and older who had enough medication to cover at least 80% of the days in the measurement period.
PDCS	Proportion of Days Covered by Medications—Statins	Medication Adherence for Cholesterol (Statins)	Number of Days High Cholesterol Medications Were Filled	The percentage of members 18 years of age and older who had enough medication to cover at least 80% of the days in the measurement period.
PCR65OV_RISK_ADJ	All-Cause Readmissions	Plan All-Cause Readmissions	Preventing Hospital Readmission After Discharge	For members 18 years of age and older, the number of hospital stays during the measurement year that were followed by a readmission for any diagnosis within 30 days, risk adjusted to account for differences in patient populations. Rates are inverted for the OPA Report Card such that a higher rate represents better performance.