NCQA's Health Plan Rankings
2010-11 Methodology Overview
July 16, 2010

1 Introduction

This document summarizes how NCQA proposes to analyze HEDIS®[1], CAHPS®[2] and NCQA Accreditation data for *NCQA's Health Plan Rankings* (HPR) in 2010-11. This document also highlights milestones in the schedule that might affect health plans that are being ranked.

2 Definitions

HEDIS – For the purposes of the Health Insurance Plan Rankings, HEDIS refers to a collection of performance metrics specified by NCQA for the services provided by a health plan collected through a review of administrative data (such as claims or laboratory) or medical records. The specifications are detailed in HEDIS Volume 2: Technical Specifications.

CAHPS is the Consumer Assessment of Healthcare Providers and Systems. It is a survey of health plan members' experiences and services received through their health plan. Additional details for the scoring of the items from the survey are available in HEDIS Volume 3: Specifications for Survey Measures.

HOS is the Health of Seniors Survey. It is a survey of the mental and health status of elderly members of Medicare Advantage health plans. Additional details of the survey and questionnaire are available in HEDIS Volume 6: Medicare Health Outcomes Survey.

NCQA Accreditation – For the purposes of this project, NCQA Accreditation refers to scores that plans that have achieved on their NCQA's Managed Care Organization, Health Plan or New Health Plan accreditation standards.

3 Methodology

NCQA will use the following methodology to rank and assign 1-5 ratings to health plans that provide HEDIS data and have members in all 50 states and the District of Columbia. Overall scores and ranks will be calculated only for plans with sufficient data. A plan is considered to have insufficient data if any of the following occurs:

- Plan submits HEDIS and CAHPS data for public reporting, but has "missing values" (i.e. "NA", "NB", or "NR") in more than 50% of the measures used in the methodology
- Plan submits HEDIS data for public reporting but does not submit CAHPS data, or vice versa
- Plan has achieved a "standards only" NCQA Accreditation (i.e., MCO/HP Standards Only or NHP) and has not submitted HEDIS and/or CAHPS data for public reporting

Plans that do not allow their results to be publicly reported or report no information to NCQA will be given a ranking status of "No Data."

Important methodological issues include:

- Reporting Categories
- Measures Included
- Handling Missing Values
- Methodology to Compare Plan Performance

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[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

[2] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

3.1 Reporting Categories

NCQA will use the following categories to present complex data in a meaningful way for consumers. Measures in each category differ slightly for Commercial, Medicare[3], and Medicaid plans because membership characteristics differ. Each overall category has at least one subcategory for which drill-down results will be available.

- **Consumer Experience:** Includes CAHPS® measures about consumer experience with getting care, as well as satisfaction with plan physicians and with health plan services.
- **Prevention:** Includes clinical HEDIS and HOS measures of how often preventive services are provided (e.g., childhood and adolescent immunizations, women's reproductive health, and cancer screenings), as well as measures of children and adolescents access to primary and preventive visits.
- **Treatment:** Includes clinical HEDIS and HOS measures of how well health plans care for people with conditions , such as asthma, diabetes, heart disease, hypertension, osteoporosis, alcohol and drug dependence, mental illness and whether physicians advised smokers to quit.

3.2 Measures Included

All measures eligible for public reporting are considered for inclusion. The measures in each category vary across the product lines (Commercial, Medicare, and Medicaid) due to the differences in membership and plan characteristics. Analyses have been conducted to determine the most appropriate way to group these measures into categories and subcategories. See the Appendix (Section 5) for the full list of measures and indicators that are combined to create these ratings. This list is the same as the one used in the 2009-10 rankings with the following exceptions in the Treatment category:

- **Smoking Cessation:** the "Advising Smoker's To Quit", "Strategies for Quitting", and "Medications for Quitting" indicators will be removed from the Medicaid methodology only.
- **Asthma:** this measure changed from three indicators ("Age 5-9", "Age 10-17", and "Age 18-56") to two indicators ("Age 5-11" and "Age 12-50"). This change affects both Commercial and Medicaid, but does not affect the Medicare product line.

3.3 Handling Missing Values

For plans that submit missing measure values (i.e. NA, NB, or NR) in Commercial or Medicare data, NCQA will substitute regional means and minimums. When Medicaid plans submit missing measure values, NCQA will substitute national means and minimums. This approach, which is consistent with how NCQA accounts for missing values in its Accreditation process, avoids penalizing plans in high-scoring regions. It also avoids rewarding plans in low-scoring regions.

In developing category and subcategory composite ratings and the overall score, NCQA will handle the missing values for measures and indicators as follows:

- Rates with an NR ('not reported' designation) will be assigned the minimum value.
- Rates with an NA ('not applicable' designation) or NB ('no benefit' designation) will be assigned the mean value.

Additionally, NCQA will only handle missing values where a plan has reported data for at least 50% of the indicators in a category or subcategory. If a plan lacks valid rates for more than 50% of the indicators in a category or subcategory, the plan will be given a designation of "insufficient data" for that category or subcategory. That status will be displayed as "I" or "Insufficient," rather than a 1-5 rating, in the *NCQA's Health Plan Rankings* report.

The report will display missing values for individual measures and indicators as follows:

[3] Medicare data use in the HPR methodology is dependent on yearly approval from the Centers for Medicare and Medicaid Services (CMS)

- Measures with an NR ('not reported') designation will be displayed as "NR".
- Measures with an NA ('not applicable') or NB ('no benefit') designation will be displayed as "NA".

3.3.1.1 Medicare CAHPS

Using Medicare CAHPS data in HPR depends on yearly approval from the Centers for Medicare and Medicaid Services (CMS). Because the submission schedule for Medicare CAHPS measures is different from the HEDIS submission schedule, NCQA will use the previous year's Medicare data for the following measures. For Medicare plans that were not required to submit CAHPS data in the previous year, these measures will be displayed as "NA."

NCQA Measure Name	HPR Display Name	Category
Getting Needed Care	Getting care needed	Consumer Experience/Getting Care
Getting Care Quickly	Getting care needed quickly	Consumer Experience/Getting Care
How Well Doctors Communicate	How well doctors communicate	Consumer Experience/Satisfaction with Plan Physicians
Rating of Personal Doctor (9 and 10)	High rating of personal doctor	Consumer Experience/Satisfaction with Plan Physicians
Rating of Specialist (9 and 10)	High rating of specialists	Consumer Experience/Satisfaction with Plan Physicians
Rating of Overall Health Care (9 and 10)	High rating of care received	Consumer Experience/Satisfaction with Plan Services
Overall Rating of Health Plan (9 and 10)	High rating of plan services	Consumer Experience/Satisfaction with Plan Services
Flu Shots for Older Adults	Flu Shots	Prevention/
Pneumonia Vaccination Status for Older Adults	Pneumonia Shots	Prevention/
Medical Assistance with Smoking Cessation - Advising Smokers to Quit	Advising smokers to quit	Treatment/Heart Disease

3.3.1.2 Medicare HOS

Use of Medicare HOS data in the HPR methodology is dependent on yearly approval from the Centers for Medicare and Medicaid Services (CMS). Because of the nature of the submission schedule for Medicare HOS measures, Medicare plans that were not required to submit HOS data will receive an "NA" for the following measures in the HPR rankings.

NCQA Measure Name	HPR Display Name	Category
Health Outcomes - Mental	Evaluating mental health status	Prevention
Health Outcomes - Physical	Evaluating physical health status	Prevention
Fall Risk Management – Strategies	Managing risk of falls	Treatment
Osteoporosis testing in older women	Testing for osteoporosis	Treatment
Urinary Incontinence	Discussing urinary incontinence	Treatment

3.4 Methodology to Compare Plan Performance

3.4.1 Categories, Subcategories, and Measures

NCQA will compare each plan's score for each reporting category, subcategory, and individual measure or indicator to the national plan average for the product line and assign a rating on a five-level scale. The rating will be represented with a graphical indicator. The rating levels are:

5 = the top 10 percent of plans and statistically different from the mean

4 = the top one-third of plans (not in the top 10 percent) and statistically different from the mean

3 = the middle one-third of plans and not statistically significantly different from the mean

2 = the bottom one-third (not in the bottom 10 percent) and statistically different from the mean

1 = the bottom 10 percent of plans and statistically different from the mean

3.4.2 Overall Score

The overall quality score has three components:

- **Standardized score for all Satisfaction measures/indicators (i.e. Consumer Experience measures): 25%.**
- **Standardized score for Clinical measures, (i.e. Prevention and Treatment measures): 60%.**
- **NCQA Accreditation Standards score (i.e. actual Standards score divided by possible Standards score): 15%.**

The total score is based on the standardized rates for each component (Satisfaction, Clinical, and NCQA Accreditation), which are then weighted as indicated above and represented as a 0-100 score. The weighting of individual measures/indicators within these components is described in the Appendix.

4 Schedule Highlights

4.1 Data Collection

To allow time for quality assurance on the HPR project, all HEDIS and CAHPS data and Accreditation standards scoring results will be frozen at COB on **July 31, 2010** for the purposes of calculating the rankings. The June submission deadlines for HEDIS and CAHPS data still apply, as defined in the *HEDIS 2010 Data Submission Timeline* available on the NCQA HEDIS Data Submission website (http://www.ncqa.org/tabid/219/Default.aspx).

4.2 Plan Communications

To help ensure plans are identified and ranked correctly, plans that submitted HEDIS and/or CAHPS data will receive four notifications during the HPR project.

- The first notice will simply advise the plans that NCQA will produce and publish Health Plan rankings in 2010.
- The second notification, sent in late July, will include plans' identification and demographic information, as well as public reporting and accreditation status. Plans are encouraged to review this information and notify NCQA of any discrepancies within a specific timeframe.
    - Plan identification information
        - OrganizationID
        - SubmissionID
        - Product Line
        - Reporting Product
        - Special Area (if applicable)
        - Special Project (if applicable)
    - Plan demographic information
        - HPR Plan Name
        - HPR URL
        - State coverage
    - Additional plan information
        - Accreditation (Yes/No)

        - Accreditation Type (Health Plan with HEDIS, Health Plan Standards Only, New Health Plan)
    - Public Reporting (Yes/No)
- The third notification will include the draft rankings and will be sent in early September (date TBD). Plans will again have an opportunity at this point to alert NCQA of discrepancies in the plan demographic information before the rankings are published.
    - Plan Demographic information
        - HPR Plan Name
        - HPR URL
        - State coverage
- The final rankings will be sent to all submitting plans three business days prior to the publication date, identified in the NCQA's Health Insurance Plan Rankings 2010-11 – Marketing Guidelines.

4.3 Embargo Date

Note that scores, rankings and associated data are strictly embargoed and may not be made public until the rankings go live on NCQA's Web site (www.ncqa.org) as described in the NCQA's Health Insurance Plan Rankings 2010-11 – Marketing Guidelines.

5 Appendix

The following lists include all measures included in the 2010-11 NCQA's Health Plan Rankings methodology for each product line. These lists are the same as the ones used in the 2009-10 rankings.

The **Weight** column indicates the weight of the item (maximum value = 1) in the overall score calculation (measure indicators are worth a fraction of the overall measure).

5.1 Commercial product line

Description	Weight
CONSUMER EXPERIENCE MEASURES (25% OF OVERALL SCORE)	
CONSUMER EXPERIENCE	
Getting Care	
Getting Needed Care	1
Getting Care Quickly	1
Satisfaction with Plan Physicians	
How Well Doctors Communicate	1
Rating of Personal Doctor (9 and 10)	1
Rating of Specialist (9 and 10)	1
Rating of Overall Health Care (9 and 10)	1
Satisfaction with Plan Services	
Claims Processing	1
Overall Rating of Health Plan (9 and 10)	1
Customer Service	1
PREVENTION AND TREATMENT MEASURES (60% OF OVERALL SCORE)	
PREVENTION	
Children and Adolescents Well-care	
Well-child Visits 1st 15 Months	1
Well-child Visits 3-6 Years	1
Children's Access 7-11 Years	1
Adolescent Well-care Visits	1
Women's Reproductive Health	
Prenatal Timeliness	1/2
Postpartum Care	1/2
Cancer Screening	
Breast Cancer Screening	1
Cervical Cancer Screening	1
Colorectal Cancer Screening	1
(No subcategory rating)	
Childhood Immunization Status (Combo 2)	1
Chlamydia Screening	1

Description	Weight
TREATMENT	
Asthma	
Use of Appropriate Medications for People with Asthma - Age 5-11	1/2
Use of Appropriate Medications for People with Asthma - Age 12-50	1/2
Diabetes Care	
Blood pressure control (< 130/80)	1/4
Blood pressure control (< 140/90)	1/4
Eye Exams	1/4
HbA1c (poor) control (> 9%)	1/4
HbA1c Screening	1/4
LDL-C Controlled < 100 mg/dL	1/4
LDL-C Testing	1/4
Nephropathy Monitoring	1/4
Heart Disease	
Persistence of Beta-Blocker Treatment	1
Controlling High Blood Pressure	1
Cholesterol Management Screening	1/2
Cholesterol Management LDL < 100	1/2
Mental and Behavioral Health	
Antidepressant Medication Management - Acute Phase	1/2
Antidepressant Medication Management - Continuation Phase	1/2
7-Day Follow-up after Mental Illness	1
Alcohol/Drug Dependence Treatment - Initiation of Treatment	1/2
Alcohol/Drug Dependence Treatment - Engagement of Treatment	1/2
Follow-up Care for Children with Prescribed ADHD Medication - Initiation	1/2
Follow-up Care for Children with Prescribed ADHD Medication - Continuation and Maintenance	1/2
(No Subcategory rating)	
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	1
Children with Pharyngitis	1
Medication for Rheumatoid Arthritis	1
Monitoring of Persistent Medications	1
Pharmacotherapy Mgt of COPD Exacerbation Systemic Corticosteroid	1/2
Pharmacotherapy Mgt of COPD Exacerbation Bronchodilator	1/2
Spirometry Use with COPD	1
Upper Respiratory Infection	1
NCQA ACCREDITATION POINTS (15% OF OVERALL SCORE)	

5.2 Medicaid product line

Description	Weight
CONSUMER EXPERIENCE MEASURES (25% OF OVERALL SCORE)	
CONSUMER EXPERIENCE	
Getting Care	
Getting Needed Care	1
Getting Care Quickly	1
Satisfaction with Plan Physicians	
How Well Doctors Communicate	1
Rating of Personal Doctor (9 and 10)	1
Rating of Specialist (9 and 10)	1
Rating of Overall Health Care (9 and 10)	1
Satisfaction with Plan Services	
Overall Rating of Health Plan (9 and 10)	1
Customer Service	1
PREVENTION AND TREATMENT MEASURES (60% OF OVERALL SCORE)	
PREVENTION	
Children and Adolescents Well-care	
Well-child Visits 1st 15 Months	1
Well-child Visits 3-6 Years	1
Children's Access 7-11 Years	1
Adolescent Well-care Visits	1
Women's Reproductive Health	
Prenatal Timeliness	1/2
Postpartum Care	1/2
Cancer Screening	
Breast Cancer Screening	1
Cervical Cancer Screening	1
(No Subcategory rating)	
Childhood Immunization Status (Combo 2)	1
Chlamydia Screening	1
Lead Screening in Children	1
TREATMENT	
Asthma	
Use of Appropriate Medications for People with Asthma - Age 5-11	1/2
Use of Appropriate Medications for People with Asthma - Age 12-50	1/2
Diabetes Care	
Blood pressure control (<130/80)	1/4

Description	Weight
Blood pressure control (<140/90)	1/4
Eye Exams	1/4
HbA1c (poor) control (> 9%)	1/4
HbA1c Screening	1/4
LDL-C Controlled < 100 mg/dL	1/4
LDL-C Testing	1/4
Nephropathy Monitoring	1/4
Heart Disease	
Controlling High Blood Pressure	1
Cholesterol Management Screening	1/2
Cholesterol Management LDL < 100	1/2
(No Subcategory rating)	
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	1
Children with Pharyngitis	1
Follow-up Care for Children with Prescribed ADHD Medication - Initiation	1
Monitoring of Persistent Medications	1
Upper Respiratory Infection	1
NCQA ACCREDITATION POINTS (15% OF OVERALL SCORE)	

5.3 Medicare product line

Description	Overall
CONSUMER EXPERIENCE (25% OF OVERALL SCORE)	
CONSUMER EXPERIENCE	
Getting Care	
Getting Needed Care	1
Getting Care Quickly	1
Satisfaction with Plan Physicians	
How Well Doctors Communicate	1
Rating of Personal Doctor (9 and 10)	1
Rating of Specialist (9 and 10)	1
Rating of Overall Health Care (9 and 10)	1
Satisfaction with Plan Services	
Overall Rating of Health Plan (9 and 10)	1
Customer Service	1

Description	Overall
PREVENTION AND TREATMENT (60% OF OVERALL SCORE)	
PREVENTION	
(No Subcategory rating)	
Breast Cancer Screening	1
Colorectal Cancer Screening	1
Glaucoma Screening	1
Health Outcomes - Mental	1
Health Outcomes - Physical	1
Flu Shots	1
Pneumonia Shots	1
TREATMENT	
Diabetes	
Blood pressure control (<130/80)	1/4
Blood pressure control (<140/90)	1/4
Eye Exams	1/4
HbA1c (poor) control (> 9%)	1/4
HbA1c Screening	1/4
LDL-C Controlled < 100 mg/dL	1/4
LDL-C Testing	1/4
Nephropathy Monitoring	1/4
Heart Disease	
Persistence of Beta-Blocker Treatment	1
Controlling High Blood Pressure	1
Cholesterol Management Screening	1/2
Cholesterol Management LDL < 100	1/2
Advising Smokers to Quit	1
Mental and Behavioral Health	
Antidepressant Medication Management - Acute Phase	1/2
Antidepressant Medication Management - Continuation Phase	1/2
7-Day Follow-up after Mental Illness	1
Alcohol/Drug Dependence Treatment - Initiation of Treatment	1/2
Alcohol/Drug Dependence Treatment - Engagement of Treatment	1/2
(No Subcategory rating)	
Fall Risk Management - Strategies	1
Potentially Harmful Drug-Disease Interactions in the Elderly	1
Use of High-Risk Medications in the Elderly	1
Medication for Rheumatoid Arthritis	1
Monitoring of Persistent Medications	1
Pharmacotherapy Mgt of COPD Exacerbation Systemic Corticosteroid	1/2

Description	Overall
Pharmacotherapy Mgt of COPD Exacerbation Bronchodilator	1/2
Osteoporosis Management in older women	1
Osteoporosis testing in older women	1
Spirometry Use with COPD	1
Urinary Incontinence	1
NCQA ACCREDITATION (15% OF OVERALL SCORE)	