

Rating FAQs

Methodology is changing for 2015–2016.

“Ratings” vs. “rankings”

NCQA is changing its rankings methodology in 2015. The new methodology will be an overall “rating” (in half-point increments) on a scale of 1–5, where 5 is the highest score and 1 is the lowest score.

Individual measures will continue to be rated in whole points and the thresholds for rating levels are unchanged (10th, 33.33rd, 66.67th, 90th percentiles). Percentiles will be available through Quality Compass 2015 for all measures and product lines, with the exception of Medicare CAHPS and HOS measures. Data use agreements with CMS prevent NCQA from releasing these percentiles.

There is no statistical testing to the plan average in the new methodology and composite measure rates are not standardized. Therefore, it was possible that a composite in rankings did not reflect the measure score. This cannot happen in a rating because the composite score is the weighted average of the measures. Because of these and other differences, measure and composite scores will not always agree between rankings and ratings.

<table>
<thead>
<tr>
<th>Scoring Level</th>
<th>Rankings</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual measure</td>
<td>Statistical test to the mean and comparison to thresholds.</td>
<td>Comparison with thresholds.</td>
</tr>
<tr>
<td>Composite</td>
<td>Sum of weighted, standardized measures compared with the sum of weighted, standardized measures of all plans.</td>
<td>Weighted average of measures.</td>
</tr>
<tr>
<td>Overall</td>
<td>Sum of weighted, standardized measures. HEDIS composes 60% of the score; CAHPS composes 25% of the score; accreditation composes 15% of the score.</td>
<td>Weighted average of all measures, plus accreditation.</td>
</tr>
</tbody>
</table>

How does NCQA weight measures in the ratings?

Weights align with the Medicare Stars ratings and the Massachusetts Alternative Quality Contract, and are assigned as follows:

- “1” = Process measures (e.g., screenings, visits).
- “1.5” = Patient Experience measures.
- “3” = Outcome measures (e.g., HbA1c Control, BP Control).

What measures are included in the ratings methodology?

Measures included in the ratings are listed in the appendix of the Methodology Overview. Measures are removed from the methodology if less than 50 percent of plans provide a valid rate. We also excluded some measures based on the following rules:

- Where there were paired process and outcome measures (e.g., HbA1c screening and HbA1c control), we kept the outcome measure.
Where there were paired process measures (e.g., initiation and engagement), we kept one of the pair. Usually this was the measure that was first in the chain from process to outcome (e.g., we kept initiation, which precedes engagement).

For an overview of the methodology, including changes from the previous year's methodology, go to http://www.ncqa.org/ReportCards/HealthPlans/HealthInsurancePlanRankings/HealthPlanRatingsPreview.aspx.
How does NCQA handle missing values?

Plan measures may have “missing values” (i.e., Small Denominator [NA], No Benefit [NB], Not Reportable [NR]). NA and NB measures are not scored in the ratings; NR measures receive a rating of “0” (zero). NR scores are included in composite and overall calculation of ratings. For more information, refer below to What are the rating categories?

What plans are rated?

NCQA rates plans with complete data (i.e., both HEDIS and CAHPS). Plans with partial data or no data are not rated, but will be listed.

Rated plans and plans with partial data are scored on the measures they submit.

Could a plan that was ranked previously not receive a rating?

Yes. To be rated, plans must submit valid rates for at least 50 percent of the weight of measures. Rankings required plans to submit valid rates for at least 50 percent of the number of measures.

Accreditation in the ratings

Accreditation accounts for 10 percent of the weight of valid submitted measures. An unaccredited plan can earn an overall rating of “5”; previously, an unaccredited plan could earn only 85 points out of 100.

<table>
<thead>
<tr>
<th>NCQA Accreditation</th>
<th>Accreditation Standards Score</th>
<th>Accreditation Ratings Score</th>
<th>Ratings Display (NCQA Accreditation =)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan</td>
<td>50 of 54.14 points</td>
<td>(50/54.14) x 5 x 10% of the weight of valid reported measures</td>
<td>Yes</td>
</tr>
<tr>
<td>Interim</td>
<td>1 of 3 actual points/possible points</td>
<td>(Actual/possible pts) x 5 x (1/3) x 10% of the weight of valid reported measures</td>
<td>Yes—Interim</td>
</tr>
<tr>
<td>New Health Plan</td>
<td>75 of 100 points</td>
<td>(75/100) x 5 x 10% of the weight of valid reported measures</td>
<td>Yes</td>
</tr>
<tr>
<td>In process</td>
<td>No score</td>
<td>0.0000</td>
<td>No (In process)</td>
</tr>
<tr>
<td>Scheduled</td>
<td>No score</td>
<td>0.0000</td>
<td>No (Scheduled)</td>
</tr>
<tr>
<td>None</td>
<td>No score</td>
<td>0.0000</td>
<td>No</td>
</tr>
</tbody>
</table>
Overall rating

The overall rating is rounded from a multidecimal rating to one decimal place. For example, a raw rating of “3.749999” rounds down to “3.5”; a rating of “3.750111” rounds up to “4.”

<table>
<thead>
<tr>
<th>Rounding Rules</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.000–0.249</td>
<td>0.0</td>
</tr>
<tr>
<td>0.250–0.749</td>
<td>0.5</td>
</tr>
<tr>
<td>0.750–1.249</td>
<td>1.0</td>
</tr>
<tr>
<td>1.250–1.749</td>
<td>1.5</td>
</tr>
<tr>
<td>1.750–2.249</td>
<td>2.0</td>
</tr>
<tr>
<td>2.250–2.749</td>
<td>2.5</td>
</tr>
<tr>
<td>2.750–3.249</td>
<td>3.0</td>
</tr>
<tr>
<td>3.250–3.749</td>
<td>3.5</td>
</tr>
<tr>
<td>3.750–4.249</td>
<td>4.0</td>
</tr>
<tr>
<td>4.250–4.749</td>
<td>4.5</td>
</tr>
<tr>
<td>≥4.750</td>
<td>5.0</td>
</tr>
</tbody>
</table>

HEDIS

What is HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set) is a tool that measures health plan performance on dimensions of care and service. HEDIS comprises 81 measures across 5 domains of care, and is used by more than 90 percent of America’s health plans. Because so many plans collect HEDIS data, and because the measures are specific, health plans can be compared on the same things—on an “apples-to-apples” basis. Health plans also use HEDIS results to identify areas that need improvement.

How are HEDIS data reported to NCQA?

NCQA collects HEDIS data directly from health plans through online portals. For more information, go to http://www.ncqa.org/tabid/219/Default.aspx.

Accreditation

How do health plans earn accreditation points?

Health plans earn points by going through NCQA Accreditation, an independent review of health plan systems, processes and results on multiple dimensions of care, service and efficiency. An NCQA Accreditation Survey involves onsite and offsite evaluations conducted by a survey team of physicians and managed care experts. For more information on the NCQA Accreditation process, go to http://www.ncqa.org/tabid/689/Default.aspx.
How is the accreditation score included in the ratings?

The “actual” standards score is divided by the “possible” standards score and multiplied by 5 (the highest rating [i.e., actual/possible x 5]).

Accreditation is scored differently in the ratings methodology:
- Accredited plans may increase their overall rating by up to a half-point.
- Interim accredited plans may increase their overall rating by one-third the amount that accredited plans can.
- Nonaccredited plans receive a score of “0” (zero) on the accreditation score.

How are non-accredited plans rated against accredited plans?

Nonaccredited plans receive a score of “0” (zero) on the accreditation score and can receive points for measures included in public reporting of HEDIS and CAHPS data.

Plans that are scheduled for an NCQA Accreditation Survey or are in the survey process as of June 30 receive a score of “0,” but are listed as “NCQA Accreditation = No (Scheduled)” or “NCQA Accreditation = No (In Process)” on the final report.

CAHPS

What is CAHPS?

The CAHPS (Consumer Assessment of Healthcare Providers and Systems) 5.0 survey, included in HEDIS, measures member satisfaction in areas such as claims processing, customer service and getting needed care quickly. For more information about CAHPS, go to http://www.cahps.ahrq.gov/Surveys-Guidance/HP.aspx.

Is the CAHPS survey given to all health plan members, or to a random or stratified sample?

The survey goes to a random sample of plan members.

Who administers the CAHPS survey and collects the data?

Certified survey vendors administer the survey and collect the data. Commercial and Medicaid CAHPS data are submitted to NCQA; Medicare CAHPS data are submitted to a CMS contractor.

Ratings

What are the rating categories?

Plans fall into one of three categories:
1. Ratable. The plan submitted HEDIS and CAHPS data for public reporting and is assigned a score from 1–5, in half point increments.
2. Partial Data Reported. More than 50 percent of the weight of the plan’s submitted measures are “NA,” “NB” or “NR”; or the plan submitted HEDIS data but did not submit CAHPS data (or vice versa); or the plan earned an NCQA Accreditation status that does not require HEDIS.
3. No Data Reported. The plan did not submit data or opted not to report data publicly.
What plans are included in the ratings?

All plans that submit both HEDIS and CAHPS for public reporting are eligible for ratings. All HMOs, POS organizations and PPOs with coverage in the 50 states, DC and Puerto Rico are included in the ratings.

Plans are split into three groups and rated separately by product line. PPO, HMOs and POS plans (i.e., HMO; POS; HMO/POS combined; PPO; HMO/PPO combined; HMO/POS/PPO combined; POS/PPO combined) report on the same measures and are compared in the same list.

All Medicare plans required by CMS to submit HEDIS are included in the published ratings. Medicare plans that are not required by CMS to submit HEDIS are not included in the published ratings unless they have achieved NCQA accreditation.

*Note:* Ratings do not include Medicaid PPO products or Marketplace plans.

How does NCQA define “state coverage”?

NCQA defines “state coverage” as the states where a plan is licensed to operate. Plans that submit HEDIS/CAHPS data provide this information each year during the HOQ process. For plans that do not submit these data, NCQA uses state licensing and membership data provided for accreditation or gathered from external sources.

How do the ratings display information of accredited plans vs. nonaccredited plans, or plans that report publicly vs. plans that do not report publicly?

- *Plans that are NCQA Accredited with HEDIS and marked their submission “Not Publicly Reported” on the Attestation* are eligible for ratings. All measures are used to calculate the overall rating, but only scores for measures required for accreditation are displayed. Measures not required for accreditation are displayed as “NR.”
- *Plans that are not NCQA Accredited and marked their submission “Not Publicly Reported” on the Attestation,* or that do not submit HEDIS or CAHPS data, are displayed as “No Data Reported” in the ratings and no HEDIS information is displayed. Nonreporting plans with enrollments of fewer than 8,000 members are not listed in the report.
- *Plans that are NCQA Accredited Standards Only or Interim and marked their submission “Not Publicly Reported”* on the Attestation are displayed in the ratings as “Partial Data Reported” and all measures are displayed as “NA.”
- *Plans that are NCQA Accredited without HEDIS and marked their submission “Yes” to public reporting* on the Attestation are rated on the data they submitted.
Projected Ratings (Early September 2015)

Why are we required to affirm the projected rating?

NCQA requires plans to review their projected rating as a final quality assurance step in the ratings process. Although the projected information is subject to change (from continued quality checks), plans must affirm that they reviewed their information and have no questions regarding their accreditation status or projected rating.

What’s the difference between HOQ, plan confirmation, IDSS and projected ratings?

- The Health Organization Questionnaire (HOQ) is released in January. It requires plans to identify and create submissions for the upcoming HEDIS and accreditation programs.
- Plan confirmation is a ratings-specific process that is released through the HOQ in May/June. All plans must confirm that NCQA has accurate information on each plan ID eligible for ratings, whether or not it intends to submit data to NCQA.
- The Interactive Data Submission System (IDSS) is used to submit HEDIS and CAHPS data to NCQA. Data are used in the ratings, in addition to plans’ scores on the accreditation standards. The HEDIS Attestation, required with each HEDIS submission, determines how a plan will be scored and displayed in the ratings.
- Projected ratings are the plan’s current rating and are managed in the HOQ. All plans must confirm their information.

How does NCQA determine a plan’s accreditation status?

Accreditation status is based on NCQA’s records as of June 30. If you think we identified your plan’s status incorrectly, contact ratings@ncqa.org immediately.

Why is our submission ID “0”?

There are two reasons why this might happen:

1. Your plan is NCQA Accredited, Scheduled or Interim, but is not required to submit HEDIS data and only submits standards data via the Interactive Submission System (ISS).
2. Your plan does not submit data to NCQA, but is eligible to be included in the ratings based on information collected from the AIS Directory of Health Plans, Atlantic Services, Inc. (www.AISHealth.com).

Why are only some of our submissions listed?

NCQA ratings exclude some submission types:
- FFS plans.
- Medicaid PPOs.
- Special projects or state-specific submissions.

Only plans eligible for NCQA programs and validated during the plan confirmation process are included in the ratings.

Our plan does not want to be included in NCQA’s Health Plan Ratings or does not plan to submit data to NCQA. Will we be listed in the ratings?

Yes. NCQA includes all eligible plans in the ratings. Refer to Conditions for Public Reporting for information.

Refer to How do the ratings display information…, above.
How can our plan update its information?

Plans can update certain information (i.e., plan display name, URL, state coverage area) during the confirmation process in early June. NCQA reserves the right to approve all changes. Because plans can have multiple submissions that are licensed to operate in multiple states, NCQA reserves the right to change a plan’s name, to distinguish submissions.

What source was used for the “SNP Only” identifier?

CMS provided a list to NCQA that identified Medicare Advantage contract numbers containing SNP-only members. NCQA will identify these plans in the final ratings list with a superscript identifier after their name.

General

Where can I find information about the ratings?


Where should I send questions about ratings?

Direct all questions and requests about ratings to ratings@ncqa.org.

Resources

Can our plan get a list of the ratings from a previous year?

The 2015 Health Insurance Plan Ratings will be the first year that ratings will be published. You can view Health Insurance Plan Rankings from prior years at http://healthplanrankings.ncqa.org/.

Can our plan see its individual HEDIS scores?

Individual HEDIS scores are available in the IDSS tool for the current data collection year (i.e., data collected during the year when the product is released). For example, HEDIS 2015 (measure year 2014) will be collected in 2015 and will be displayed in Quality Compass 2015.

The last three years of HEDIS scores are in NCQA’s Quality Compass product. Go to http://www.ncqa.org/tabid/177/Default.aspx.

Corrections and Data Display

Are there duplicate plans on the ratings list?

No. Some plans have similar names but are distinct legal entities. NCQA’s policy requires them to be listed separately and attempts to differentiate plan names where possible.

NCQA lists plans by their legal name, which is sometimes different from the plan’s market name.
Our plan is not listed in the ratings. Why?

Nonaccredited plans that do not publicly report and have an enrollment fewer than 8,000 members are not listed in the ratings.

Our Medicare plan is not listed in the ratings. Why?

NCQA lists only Medicare plans that are required to submit HEDIS by CMS. Use of Medicare data in the NCQA ratings methodology depends on yearly CMS approval.

Our plan is accredited, but not all of our submissions were used in the ratings. Why?

If your plan achieved NCQA Accreditation using HEDIS data, only submissions used for accreditation scoring are used in the ratings.

Our plan submitted HEDIS but is not listed in the ratings. Why?

Plan data submissions are excluded from the ratings if the submission is for a "special" product (e.g., CHIP, HOS only, and SNP), Medicaid PPO, or outside of the 50 states, DC, or Puerto Rico.

Should we be able to replicate NCQA’s rating calculations?

Yes, except for Medicare plans. Benchmarks will be available through Quality Compass 2015 for all measures and product lines, with the exception of Medicare CAHPS and HOS measures. Data use agreements with CMS prevent NCQA from releasing these percentiles; therefore, Medicare plans may replicate only a portion of their total performance. All other calculations, including measures used, measure weights, and accreditation are as described in the methodology document.

Other Questions

Our plan’s onsite Accreditation Survey is scheduled after May 31. How will our status be displayed in the ratings?

A plan’s accreditation status is available approximately one month after the onsite survey. Because your plan’s new accreditation status will probably not be available before June 30, the ratings will display the accreditation status as “No (In process).”

Although your plan receives “0” points for accreditation, the “In process” notation will indicate to purchasers and consumers that your plan embraces the measurement and transparency that are the foundation of serious quality improvement.

If your plan is accredited and is scheduled for a Renewal Survey before its current expiration date, the ratings will display the accreditation status as “Yes,” and your plan’s accreditation points will be based on its current accreditation score.

Our plan has a separate submission that represents a different set of members from our regular submission. May we also get credit for this submission in the ratings?

Yes. The submission will be listed as an additional plan in the ratings.
Can we get a reprint of the *Consumer Reports* article or issue?

In general, no. Consumer Reports does not license reprints or PDFs of articles or sell bulk issues containing the article of interest to organizations whose products or services are rated in that article. However, plans not rated in the article may purchase materials.