



# Driving Health Plan Quality: A Call to Action for Employers

Employers have long struggled to keep up with the ever-increasing costs of providing health care to their employees, yet the underlying issue driving much of these costs, poor quality care, remains. In recent years, employers have implemented programs to improve health care quality by addressing gaps in care and directing employees to high-quality providers. However, these efforts often entail additional vendors and programs to augment care that is supposed to be managed by the health plan. Instead of layering additional programs onto the health plan, **employers will spur larger-scale improvements in care quality by selecting plans and holding them accountable for the care they deliver.**

Since the 1990s, NCQA's Health Plan Accreditation, HEDIS® (Healthcare Effectiveness Data and Information Set) and CAHPS® (Consumer Assessment of Healthcare Providers and Systems) have provided a way for employers to understand the quality of care offered by health plans. Combined, these three programs help employers understand a plan's performance and its ability to positively affect employee health.

## Health Plan Accreditation

evaluates health plans on the business processes in place to support the delivery of high-quality care and brings transparency to the outcomes they are achieving across their network.

**HEDIS** comprises more than 90 process and outcome measures that assess how well a plan adheres to evidence-based standards of care and the outcomes it is achieving.

**CAHPS** measures and reports on consumers' experiences with their health plan. It evaluates the patient's perspective on how easily they can access care, as well as their satisfaction with providers and the plan's customer service.

<sup>1</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). National benchmarks are available through NCQA's Quality Compass®.

<sup>2</sup> CAHPS® is a registered trademark of the Agency for Healthcare Quality and Research (AHRQ).

Data shows marked variation in health plan performance. In high-performing plans, nearly 75% of adults receive appropriate colorectal cancer screening. In low-performing plans, that rate falls below 50%. Similar variation can be seen across many other quality measures as well, including immunization, breast cancer screening, mental health, diabetes and cardiovascular care (Table 1).

**➔ TABLE 1:**  
Health plan variation from the top 10% to the lowest 10%

	10th Percentile	Variation from Top 10% to Lowest 10%	90th Percentile
Breast Cancer Screening	65%	← 24% →	79%
Colorectal Cancer Screening	50%	← 24% →	74%
Diabetes HbA1C Control	37%	← 29% →	66%
30-Day Follow-Up After ER Visit for Alcohol or Other Drugs	7%	← 16% →	23%
30-Day Follow-Up After ER Visit for Mental Health	44%	← 31% →	75%
Statin Therapy for Patients With Cardiovascular Disease	75%	← 7% →	87%

The wide variation in health plan quality demonstrates that plans can play an important role in improving quality, but recent quality improvement efforts that bypass the health plan may unintentionally remove incentives for plans to improve performance. The following documents were created to help employers assess and select a quality health plan partner and to implement protocols to drive ongoing improvement of population health.

For more information, visit [www.ncqa.org](http://www.ncqa.org)



The National Committee for Quality Assurance (NCQA) is a 501(c)(3) not-for-profit that uses measurement, transparency and accountability to improve health care. NCQA creates standards, measures performance and highlights organizations that do well. All this helps drive improvement, save lives, keep people healthy and save money.

1100 13th Street NW | Third Floor | Washington, DC 20005  
[www.ncqa.org](http://www.ncqa.org) | [ncqa.org/employertoolkit](http://ncqa.org/employertoolkit) | [employerrelations@ncqa.org](mailto:employerrelations@ncqa.org)