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## What are NCQA Health Plan Ratings and Medicare Part C and D Star Ratings?

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NCQA Health Plan Ratings and Medicare Part C and D Star Ratings are methods of evaluating and distributing information related to plan quality and performance. Each method assesses and reports plan performance in a number of domains.

The goal of both Health Plan Ratings and Medicare Part C and D Star Ratings is to give plans a barometer to assess their current operating status to help ensure health plan quality. In addition, each rating system provides consumers with information that helps them select a high-quality health plan that suits their needs.

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## How are NCQA's Health Plan Ratings and Medicare Part C and D Star Ratings *similar*?

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- Both combine individual measures to produce an overall score that is a weighted average of the individual measures, plus a reward factor, on a scale from 1–5.
- Both rely on the use of audited data methods and use survey vendors for the collection of patient experience measures (plans do not self-administer surveys on patient experiences).
- Both assess care in some of the same domains (Patient/Member Experience, Prevention/Staying Healthy, Treatment).
- Both use some of the same HEDIS, CAHPS and HOS measures (Tables 1 and 3).
- Both require valid rates for at least half of all measures in the domains to qualify for scores.
- Both score measures on national performance thresholds that are updated annually (differences in setting benchmarks described below).
- Both use the following measure weight<sup>1</sup>:
  - Process measures = 1.0.
  - Patient experience measures = 1.5.
  - Outcome measures = 3.0.
- Neither scores a health plan if it has too few members to report a statistically consistent rate.
- Both use the same rating levels for overall NCQA Health Plan Ratings and Medicare Part C and D Star Ratings scores: 1 to 5 by 0.5 points, with 5 being the highest.
- Both allow plans to earn additional points to their overall score.
  - NCQA Health Plan Ratings rewards plans NCQA Accreditation standards, which can add up to 0.5 points to the overall score.
  - NCQA Health Plan Ratings and Medicare Part C and D Star Ratings awards a “Reward Factor” for consistently high performance (maximum reward differ for the two ratings, described below) starting in 2021.

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<sup>1</sup>CMS gives new measures a weight of 1 in their first year in STARS, as does NCQA. For example, NCQA's Health Plan Rating Stars assign a weight of 1 for the 30-day *All-Cause Readmission Measure (PCR)* and adjusts it to 3 in subsequent years.

**How are NCQA’s Health Plan Ratings and Medicare Part C and D Star Ratings *different*?**

- Medicare Part C and D Star Ratings incorporate a measure on improvement with a weight of 5 into plans’ overall score. NCQA Health Plan Ratings will incorporate improvement as a bonus (up to 0.25 star increase) on the overall score starting in 2021.
  - NCQA Health Plan Ratings will follow CMS methods to ensure that improvement scoring does not improve the star rating of organizations with an overall rating of 2 or below (before improvement) and does not harm the star rating of organizations with an overall rating of at least 4.
- While both NCQA Health Plan Ratings and Medicare Part C and D Star Ratings incorporate a reward for plans with consistently high-performance and low-performance variation across measures:
  - NCQA Health Plan Ratings 2021 will provide a maximum reward of 0.25 stars with the following breakdown:
    - 0.2500: Low variance and high mean.
    - 0.1875: medium variance and high mean.
    - 0.1250 Low variance and relatively high mean.
    - 0.0625: Medium variance and relatively high mean.
    - 0.0: All other plans.
  - Medicare Part C and D Star Ratings provide a maximum reward of 0.4 stars with the following breakdown:
    - 0.4 = Low variance and high mean.
    - 0.3 = Medium variance and high mean.
    - 0.2 = Low variance and relatively high mean.
    - 0.1 = Medium variance and relatively high mean.
    - 0.0 = All other organizations.
- The most important difference between the systems is the measures included.
  - NCQA Health Plan Ratings and Medicare Part C and D Star Ratings share some of the same areas, but Medicare Part C and D Star Ratings include additional areas (Table 1).
  - Medicare Part C and D Star Ratings evaluate MA plans on additional program features of the Part C program plus the Part D pharmacy benefit. Medicare Part C and D Star Ratings have 46 unique measures, including the 16 in common with NCQA Health Plan Ratings (Table 3).

**Table 1. Areas included in NCQA Health Plan Ratings and Medicare Part C and D Star Ratings**

NCQA Health Plan Ratings	Medicare Part C and D Star Ratings
Patient Experience	Member Experience with Health Plan
Prevention	Staying Healthy: Screenings, Tests and Vaccines
Treatment	Managing Chronic (Long-Term) Conditions
	Member Complaints and Changes in the Health Plan's Performance
	Health Plan Customer Service
	Drug Plan Customer Service
	Member Complaints and Changes in Drug Plan's Performance
	Member Experience with the Drug Plan
	Drug Safety and Accuracy of Drug Pricing

- As a result, the two ratings systems serve complementary purposes, improving the quality of care for MA beneficiaries.

- Subcategory scores are calculated differently.
  - NCQA Health Plan Ratings calculate composite scores using the weighted average of individual measures.
  - Medicare Part C and D Star Ratings calculate domain scores using the average Medicare Part C and D Star Rating.
  - Medicare Part C and D Star Ratings use case mix adjusted averages from the CAHPS patient experience results, whereas NCQA Health Plan Ratings uses top box results that are not case mix adjusted.
- Thresholds are calculated differently.
  - NCQA Health Plan Ratings sets scoring thresholds using percentiles (10th, 33.33rd, 66.67th, 90th) for all measures. Starting in 2020, NCQA Health Plan Ratings will establish performance benchmarks for each measure using data from the prior year. This will yield measure-specific targets that organizations can know in advance. Thus, the benchmarks for 2020 are based on 2019 data. Each year, NCQA evaluates measures in terms of trendability from one year to the next when changes to specifications are made. The outcome of this evaluation is a set of determinations regarding whether or not performance can be compared across years.
  - A designation of “Trendable” means performance can be compared over time without caution. A designation of “Trend Caution” means performance comparisons over time should be made carefully. A designation of “Trend Break” means measure performance cannot be compared to prior years. If a “Trend Caution” or “Trend Break” is recommended, NCQA sets performance benchmarks using data from the current year, rather than from the previous year.
  - For risk-adjusted utilization measures, NCQA Health Plan Ratings scores the calibrated observed to expected ratio (O/E), plan O/E divided by national average O/E, using a statistical test and a static effect size threshold rather than benchmarks as follows (the calibrated O/E ratio is at least 10% higher or lower than expected):
    - 1 Star if the calibrated O/E is significantly worse than expected and that difference exceeds 10%.
    - 5 Stars if the calibrated O/E is significantly better than expected and that difference exceeds 10%.
    - 3 Stars if the calibrated O/E is otherwise not missing.
    - 0 Stars if the calibrated O/E is NR or BR a Medicare plan, NQ.
    - Skipped if NA (not reportable because denominator below threshold e.g., <30 for quality measures) or NB (benefit not offered).
  - Medicare Part C and D Star Ratings set scoring thresholds differently for CAHPS and HEDIS measures. For CAHPS measures, Medicare Part C and D Star Ratings combines relative percentile distribution with significance and reliability testing. For HEDIS measures, Medicare Part C and D Star Ratings use a clustering algorithm that identifies “gaps” in the data and create five categories (one for each star rating).
- Nonreportable measures are treated differently:
  - NCQA Health Plan Ratings assign “0” for NR measures, where a plan chooses not to report a measure or fails audit.
  - Medicare Part C and D Star Ratings assign a rating of “1” (star) for NR measures.

**Where can I find information about Health Plan Ratings and Medicare Part C and D Star Ratings?**

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- Find information about the NCQA Health Plan Ratings by clicking this link: <https://www.ncqa.org/hedis/reports-and-research/ratings-2020/>
- Find information about Medicare Part C and D Star Ratings by clicking this link: <http://go.cms.gov/partcanddstarratings>

How will changes to NCQA Health Plan Ratings be rolled out?

Table 2. Stages of NCQA Health Plan Ratings methods update

Key Features of Scoring Approach ( <i>changes noted in italics</i> )	
<b>2019</b>	<ul style="list-style-type: none"> <li>• Each measure scored on a scale of 0–5, based on relative performance thresholds from the same year’s data</li> <li>• The overall score is a weighted average of star ratings on individual measures</li> <li>• Bonus scoring:</li> <li>• Accreditation standards performance up to ½ a star based on standards points earned out of total points possible.                             <ul style="list-style-type: none"> <li>– Earned / Possible × 5 × 0.1 for Accredited plans</li> <li>– Earned / Possible × 5/3 × 0.1 for plans with Interim Accreditation</li> <li>– 0.0 for all other plans</li> </ul> </li> </ul>
<b>2020</b>	<ul style="list-style-type: none"> <li>• Measures are same as 2019 (announced in spring each year for the following year consistent with how we announce HPA measures now)</li> <li>• Bonus scoring:</li> <li>• <i>Accreditation bonus (up to ½ star bump)</i> <ul style="list-style-type: none"> <li>– <i>0.5 stars for Accredited plans</i></li> <li>– <i>0.15 stars for plans with interim Accreditation</i></li> <li>– <i>0 stars for all other plans</i></li> </ul> </li> <li>• <i>Benchmarks are based on the prior year’s data</i></li> </ul>
<b>2021</b>	<ul style="list-style-type: none"> <li>• Measures will be announced in 2020</li> <li>• Benchmarks will be based on the prior year’s data</li> <li>• The overall score is a weighted average of star ratings on individual measures</li> <li>• Bonus scoring:                             <ul style="list-style-type: none"> <li>– <i>Accreditation bonus up to ½ star bump)</i></li> <li>– <i>Improvement</i></li> <li>– <i>Reward (high performance and low variation)</i></li> </ul> </li> </ul>

**Table 3. 2019 NCQA Health Plan Ratings and CMS Medicare Part C & D Star Ratings measures**

NCQA Health Plan Ratings (Medicare)	
1	Pharmacotherapy Management of COPD (Corticosteroid)
2	Pharmacotherapy Management of COPD (Bronchodilator)
3	Diabetes Care—Blood Pressure Control
4	Potentially Harmful Drug-Disease Interactions in the Elderly
5	Use of High-Risk Medications in the Elderly
6	Antidepressant Medication Management
7	Follow-Up After Hospitalization for Mental Illness
8	Alcohol and Other Drug Dependence Treatment
9	Fall Risk Management
10	Medical Assistance With Smoking and Tobacco Use Cessation
11	Rating of Personal Doctor
12	Rating of Specialist
13	Pneumonia Vaccine for Older Adults
14	Acute Hospital Utilization
15	Emergency Department Utilization
16	Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions
17	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
18	Follow-Up After Emergency Department Visit for Mental Illness
19	Hospitalization for Potentially Preventable Complications
20	Non-Recommended PSA-Based Screening in Older Men
21	Transitions of Care
22	Use of Opioids at High Dosage
23	Use of Opioids From Multiple Providers

NCQA Health Plan Ratings (Medicare) and Medicare Part C & D Star Ratings	
1	Breast Cancer Screening
2	Colorectal Cancer Screening
3	Diabetes Care—Blood Sugar Controlled
4	Diabetes Care—Eye Exam
5	Controlling Blood Pressure
6	Annual Flu Vaccine
7	Getting Needed Care
8	Getting Appointments and Care Quickly
9	Rating of Health Care Quality
10	Rating of Health Plan
11	Care Coordination
12	Medication Reconciliation Post-Discharge
13	Osteoporosis Management in Women Who Had a Fracture
14	Plan All-Cause Readmissions
15	Statin Therapy for Patients with Cardiovascular Disease
16	Statin Therapy for Persons with Diabetes

Medicare Part C & D Star Ratings	
1	Complaints about the Health Plan
2	Complaints about the Drug Plan
3	Health Plan Quality Improvement
4	Plan Makes Timely Decisions about Appeals
5	Reviewing Appeals Decisions
6	Members Choosing to Leave the Plan*
7	Call Center—Foreign Language Interpreter and TTY Availability
8	Appeals Auto-Forward
9	Appeals Upheld
10	Drug Plan Quality Improvement
11	Rating of Drug Plan
12	Getting Needed Prescription Drugs
13	MPF Price Accuracy
14	Medication Adherence for Diabetes Medications
15	Medication Adherence for Hypertension (RAS antagonists)
16	Medication Adherence for Cholesterol (Statins)
17	Medication Therapy Mgmt. Program Completion Rate for Comprehensive Medication Reviews
18	Diabetes Care—Kidney Disease Monitoring
19	Monitoring Physical Activity
20	Special Needs Plan (SNP) Care Management
21	Care for Older Adults—Functional Status Assessment
22	Care for Older Adults—Pain Assessment
23	Care for Older Adults—Medication Review
24	Rheumatoid Arthritis Management
25	Reducing the Risk of Falling
26	Improving Maintaining Physical Health
27	Improving Maintaining Mental Health
28	Improving Bladder Control
29	Customer Service
30	Adult BMI Assessment

\* Measure occurs in both Parts C & D of Medicare Star Ratings Methodology