



**For Public Comment**  
November 22–December 20, 2019  
Comments due 5:00 p.m. ET  
December 20, 2019

# Health Plan Ratings 2021: Overview of Proposed Measure Updates

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## Health Plan Ratings 2021: Overview of Proposed Measure Updates

### Our Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality.

For almost 30 years, NCQA has been driving improvement throughout the health care system, helping to advance the issue of health care quality to the top of the national agenda. NCQA's programs and services reflect a straightforward formula for improvement: measurement, transparency, accountability.

This approach works, as evidenced by the dramatic improvements in clinical quality demonstrated by NCQA-Accredited health plans using both standards and performance results. Today, approximately 181 million Americans are enrolled in a NCQA-Accredited health plan.

### Stakeholders Participating in Public Comment

NCQA shares these changes for public comment to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders.

NCQA asks respondents to consider whether the requirements are feasible as written, are clearly articulated, and to highlight areas that might need clarification.

### HEDIS/CAHPS Update for Health Plan Ratings Scoring in 2021

This public comment seeks feedback on proposed measure changes for the 2021 Health Plan Ratings scoring measure list.

A critical issue for any quality rating tool is the certainty of the judgment—we want to be sure that plans assigned a higher value deserve it. If a rating system includes redundant measures or measures with poor statistical properties, we risk rewarding random variation (noise) over true quality differences (signal).

NCQA used the following Measure Selection Criteria when determining the measures proposed for inclusion in or removal from Health Plan Ratings.

#### Measure Selection Criteria

All HEDIS and CAHPS measures eligible for use in NCQA programs were reviewed against the following selection criteria:

##### 1. Measure exhibits desirable statistical properties.

- *Reliable.* A reliable measure is permits statistical differentiation of one plan from the overall pattern of performance across plans. With higher reliability, we are less likely to make a mistake on a performance rating.
- *Room to improve.* If all plans perform at a very high level, there is little reason to push for higher performance. We set this criterion as average performance of less than 90%.

- **Exhibits meaningful variation.** The more variation in performance, the more certain we can be that a plan is high performing. And if most plans score above 90%, it becomes harder to distinguish the best performers from the next-best performers. Based on prior experience working with the measures, we defined a  $\geq 15\%$  difference between the 10th and 90th percentiles as meaningful variation.
- **Consistently scoreable.** If a measure is scoreable one year but not scoreable the next, then year-to-year variation in the overall score reflect changes in the measures used, rather than plan performance. At least 40% of plans must have a scoreable rate: The plan reports a valid rate (e.g., the auditor says it is valid and between 0% and 100% performance) or the plan fails to submit (not reported or a biased rate, receiving a 0 on the rating scale) to support accountability for reporting accurate data. We continue to exempt plans that have small sample sizes or absence of benefit, because not having a valid rate is not under the plan's control.

**2. Use in programs and strategic trends.**

NCQA considered a measure's use in external programs (e.g., Star Ratings, Medicaid core set), performance trends (e.g., declining performance) and strategic objectives (e.g., reward for reporting ECDS depression measures).

**3. Measures address quality or patient experience of health care practices.**

This criterion eliminated Health Plan Descriptive Information measures (neither quality nor patient experience) and most Use of Services measures that do not apply risk adjustment (no optimal volume of services without reference to a case mix adjusted population).

**4. Eliminate redundancy between paired measures.**

For "paired" measures (e.g., testing and control of HbA1c in the *Comprehensive Diabetes Care* measure; 15-day and 31-day rates in the *Risk of Continued Opioid Use* measure), choose the measure closest to the ultimate clinical outcome.

## Recommendations

- Add the following new measures.

	Measure	Commercial	Medicare	Medicaid
COU	Risk of Continued Opioid Use (COU)—15-Day Rate	✓	✓	✓
CAHPS	Question 6: <i>In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?</i>	✓		✓

- Retire the following measures.

	Measure	Commercial	Medicare	Medicaid
MSC	Medical Assistance With Smoking and Tobacco Use Cessation (MSC)—Advising Smokers to Quit Rate		✓	
NA	CAHPS Getting Care Quickly composite	✓		✓

Refer to [Appendix 1: HEDIS/CAHPS Measure List](#) for the rationale for measure inclusions and retirements.

NCQA has also provided additional materials for context in Appendices 2 - 4, including the Health Plan Ratings Methodology for 2021 and a comparison of NCQA's Ratings methodology against the CMS Medicare Stars methodology. The 2021 HPR methodology has already been approved and finalized; however, organizations are welcome to include comments regarding these additional materials in their public comment responses.

### Targeted Questions

1. Do you support NCQA's recommendation to add the proposed HEDIS measure *Risk of Continued Opioid Use* for Health Plan Ratings scoring in reporting year 2021? If you do not, please explain.
2. Do you support NCQA's recommendation to retire the proposed HEDIS measure *Medical Assistance With Smoking and Tobacco Use Cessation* for Health Plan Ratings scoring in reporting year 2021? If you do not, please explain.
3. Do you support NCQA's recommendation to add the proposed CAHPS Question 6 measure for Health Plan Ratings scoring in reporting year 2021? If you do not, please explain.
4. Do you support NCQA's recommendation to retire the proposed CAHPS *Getting Care Quickly* composite for Health Plan Ratings scoring in reporting year 2021? If you do not, please explain.

**Note:** Comments can be entered for each product line-specific measure in the public comment database.



## How to Submit Comments

### Submitting Comments

Respond to topic and element-specific questions for each product on NCQA's public comment website: <http://my.ncqa.org>. NCQA does not accept comments by mail, email or fax.

1. Go to <http://my.ncqa.org> and enter your email address and password.
2. Select the **Public Comments** module to view available public comment.
  - a. Click **Open Public Comments** to view instructions, proposed requirements and questions.
3. Click **Add Comment** to open the comment box.
4. Select the following product from the drop-down box:
  - a. **Health Plan Ratings (Health Plan Ratings) 2021**
5. Click to select the **Topic** and **Element** (question) on which you would like to comment.
6. Click to select your support option (**Support, Do not support, Support with modifications**).
  - a. If you choose **Do not support**, include your rationale in the text box.
  - b. If you choose **Support with modifications**, enter the suggested modification in the text box.
7. Enter your comments in the **Comments** box.

***Note:** There is a 2,500-character limit for each comment. We suggest you develop your comments in Word to check your character limit; use the "cut and paste" function to copy your comment into the Comments box.*
8. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

**All comments must be entered by Friday, December 20, by 11:59 p.m. ET**

### Next Steps

The final set of HEDIS/CAHPS measures scored for Health Plan Ratings in 2021 will be released April 2020, following approval by the NCQA Standards Committee and the Board of Directors.