

NCQA Publications/Programs	
Use in NCQA Health Plan Ratings	<p>Each September, NCQA provides the Medicare CAHPS ratings (the previous Measurement Year's {MY} data) used in Health Plan Ratings (HPR) to all plans.</p> <p>Due to the timing of receipt of Medicare CAHPS data from CMS, NCQA uses the previous MY's Medicare CAHPS data for HPR.</p> <p>In 2021, NCQA will release the Health Plan Ratings using Medicare CAHPS data on September 15 on the NCQA Health Plan Report Card.</p> <p>Note: <i>Because CMS eliminated requirements for collecting MY 2019 Medicare CAHPS Survey results, for 2021 HPR, NCQA is using MY 2018 Medicare CAHPS data and MY 2020 Medicare HEDIS data. For 2022 HPR, NCQA will use MY 2020 Medicare CAHPS data (reported to CMS in spring 2021) and MY 2021 Medicare HEDIS data.</i></p> <p>2021 HPR</p> <p>Prior HPR Results</p>
Methods	
Reporting	<p>NCQA uses top-box scoring (e.g., 9+10, Usually+Always) for HPR using the original composite measure and single-item scale (0–10 point scale, 1-4 point scale).</p> <p><i>(CMS: Linear mean scores for CAHPS measures are transformed to 0–100 scale for public reporting.)</i></p>
Case Mix Adjustment	NCQA does not case-mix adjust Medicare CAHPS results; CMS does case-mix adjust Medicare CAHPS results.
Age as an Exclusion for Survey Measures	NCQA excludes respondents younger than age 65 from Medicare CAHPS results calculations for the HEDIS Medicare <i>Flu Vaccinations for Adults Ages 65 and Older</i> and <i>Pneumococcal Vaccination Status for Older Adults</i> measures.
Composite and Single-Item Rating Measures	
Getting Needed Care	<p>2-item composite (Usually+Always):</p> <ul style="list-style-type: none"> • In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? • In the last 6 months, how often was it easy to get the care, tests or treatment you needed? <p>Same questions as CMS 2-item composite.</p>
Getting Care Quickly	<p>2-item composite (Usually+Always):</p> <ul style="list-style-type: none"> • In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? • In the last 6 months, how often did you get an appointment for a checkup or routine care as soon as you needed? <p>Omits 1 item from CMS 3-item composite.</p>

<p>Coordination of Care</p>	<p>Uses the CMS 6-item composite (in contrast to NCQA’s 1-item question for commercial and Medicaid product lines) (Usually+Always):</p> <ol style="list-style-type: none"> 1. In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care? 2. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor’s office follow up to give you those results? 3. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you how often did you get those results as soon as you needed them? 4. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? 5. In the last 6 months, did you get the help you needed from your personal doctor’s office to manage your care among these different providers and services? 6. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? (NCQA 1-item question for commercial and Medicaid) <p>CMS applies a weighted average of 6 scores in calculation:</p> <ul style="list-style-type: none"> • The score for items 1–4, each with a weight of 1, and • The score for item 5, with a weight of ½, and • The score for item 6, recoded if applicable, with a weight of ½.
<p>Rating of All Health Care</p> <p>Rating of Personal Doctor</p> <p>Rating of Specialist Seen Most Often</p> <p>Rating of Health Plan</p>	<p>NCQA reports top-box scores (9+10) vs. CMS reporting of linear means.</p> <p>CMS scoring: CMS scores “Always: as 100, “Usually” as 66⅔, “Sometimes” as 33⅓ and “Never” as 0, so the resulting score is a mean using linear scoring from “Never” to “Always,” rescaled from a minimum of 0 to a maximum of 100.</p> <p>This is called “linear means scoring”; the score is the proportion of the maximum possible earned, using linear scoring and calculating means.</p>

References:

- HEDIS Volume 2: Technical Specifications for Health Plans (refer to Measures Collected Through the CAHPS Health Plan Survey)
- HEDIS Volume 3: Specifications for Survey Measures
- [CMS Medicare Advantage and Prescription Drug Plan CAHPS Survey](#)
- [CMS Medicare 2021 Part C & D Star Ratings: Technical Notes](#)