NCQA Health Plan Ratings vs. Medicare Part C and D Star Ratings Methodology FAQs

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

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

The goal of both HPR and Star Ratings is to give plans a barometer to assess their current operating status, to help ensure quality. Each provides consumers with information that helps them select a high-quality health plan that suits their needs.

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

- Both combine individual measures to produce an overall score that is a weighted average of the individual measures, plus opportunities for bonus points. Individual measures are scored on a scale from 1–5 (5 is the highest); overall scores range from 0–5 in 0.5 point increments.
- Both methods rely on audited data and use survey vendors to collect patient experience measures (plans do not self-administer surveys on patient experience).
- Both assess care in the Patient Experience, Prevention/Staying Healthy and Treatment domains.
- Both use some of the same HEDIS, CAHPS and HOS measures (Tables 1 and 2).
- 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 programs assign measure weights by measure type to calculate a weighted overall rating score:¹
  - Outcome measures have a weight of 3. (Star Ratings distinguish Outcomes and Intermediate Outcomes.)
  - Process measures have a weight of 1.
  - Patient experience measures have a weight of 1.5 in HPR and a weight of 2 in Star Ratings.
  - Star Ratings also includes Access measures with a weight of 2.
- Neither system scores a health plan if it has too few members to report a statistically consistent rate.
- Both systems allow plans to add points to their overall score.
  - HPR rewards plans that meet NCQA Accreditation standards, which can add up to 0.5 points to the overall score.
  - Star Ratings awards a “Reward Factor” for consistently high performance.

¹CMS gives new measures a weight of 1 in their first year in Stars. NCQA does this as well. For example, NCQA’s HPR Stars assigned a weight of 1 for the 30-day All-Cause Readmission Measure (PCR) and adjusted it to 3 in subsequent years.
How are NCQA’s Health Plan Ratings and Medicare Part C and D Star Ratings different?

- The most important difference between the systems is the measures they include.
  - Star Ratings evaluate Medicare Advantage plans on additional program features of the Part C program, plus the Part D pharmacy benefit.
  - HPR and Star Ratings share some areas, but Star Ratings include additional areas (Table 1).
  - Star Ratings have 44 unique measures, including the 12 in common with HPR (Table 2).

### Table 1. Included in NCQA HPR and Medicare Part C and D Star Ratings

<table>
<thead>
<tr>
<th>NCQA HPR Composites</th>
<th>Medicare Star Rating Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience</td>
<td></td>
</tr>
<tr>
<td>Member Experience with Health Plan (HD3)</td>
<td>Member Complaints and Changes in the Health Plan’s Performance (HD4)</td>
</tr>
<tr>
<td>Member Complaints and Changes in the Health Plan’s Performance (DD2)</td>
<td></td>
</tr>
<tr>
<td>Member Experience with Drug Plan (DD3)</td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td>Staying Healthy: Screenings, Tests and Vaccines (HD1)</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
</tr>
<tr>
<td>Managing Chronic (Long Term) Conditions (HD2)</td>
<td>Drug Safety and Accuracy of Drug Pricing (DD4)</td>
</tr>
<tr>
<td>Health Plan Customer Service (HD5)</td>
<td></td>
</tr>
<tr>
<td>Drug Plan Customer Service (DD1)</td>
<td>Access (no category equivalent in HPR)</td>
</tr>
</tbody>
</table>

- Subcategory scores are calculated differently.
  - HPR calculates composite scores using the weighted average of individual measures.
  - Star Ratings calculate domain scores using the average Medicare Parts C and D Star Rating.
  - Star Ratings use case mix adjusted averages from the CAHPS patient experience results; HPR uses top box results that are not case mix adjusted.

- Thresholds are calculated differently.
  - HPR sets scoring thresholds using percentiles (10th, 33.33rd, 66.67th, 90th) for all measures. Due to COVID-19’s unknown impact on plan performance, HPR 2021 uses data from the current reporting year (MY 2020) to calculate the national benchmarks and percentiles that are used for scoring. The exception is Medicare CAHPS and HOS data, which come from MY 2018.
  - 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 about whether performance can be compared across years:
    - A designation of “Trendable” means that performance can be compared over time without caution.
    - A designation of “Trend Caution” means that performance comparisons over time should be made carefully.
    - A designation of “Trend Break” means that performance cannot be compared to prior years.
  - Star Ratings sets scoring thresholds differently for CAHPS and HEDIS measures.
    - For CAHPS measures, Star Ratings combine relative percentile distribution with significance and reliability testing.
    - For HEDIS measures, Star Ratings use a clustering algorithm that identifies “gaps” in the data and creates five categories (one for each Star Rating).
• Star Ratings incorporate a measure on improvement into plans’ overall score, with a weight of 5. HPR does not incorporate an improvement bonus. Star Ratings also uses a Categorical Adjustment Index to add or subtract a small amount based on the percent of members in a plan categorized as LIS/DE or Disability.

• Nonreportable measures are treated differently:
  – HPR assigns “0” for NR measures where a plan chooses not to report a measure or fails audit.
  – Star Ratings assign a rating of 1 Star for NR measures.

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

• 2021 HPR
• Medicare Part C and D Star Ratings

Table 2. 2021 NCQA HPR and CMS Medicare Part C and D Star Ratings measures that overlap

<table>
<thead>
<tr>
<th>HPR Composite</th>
<th>Star Ratings Domain</th>
<th>Measure Name (CMS ID)</th>
<th>Weight Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience</td>
<td>HD3</td>
<td>Getting Needed Care (C21)</td>
<td>Patient Experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Getting [Appointments and] Care Quickly (C22)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rating of All Health Care / Rating of Health Care Quality (C24)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coordination of Care / Care Coordination (C26)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rating of Health Plan (C25)</td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td>HD1</td>
<td>BCS: Breast Cancer Screening (C01)</td>
<td>Process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>COL: Colorectal Cancer Screening (C02)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FVO: Flu Vaccinations for Adults Ages 65 and Older / Annual Flu Vaccine (C03)</td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>HD2</td>
<td>OMW: Osteoporosis Management in Women Who Had a Fracture (C12)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CDC: Comprehensive Diabetes Care – Eye Exams (C13)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FRM: Fall Risk Management / Reducing the Risk of Falling (C17)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SPC: Statin Therapy for Patients with Cardiovascular Disease – Received Statin Therapy – Total (C20)</td>
<td></td>
</tr>
</tbody>
</table>
Table 3. 2021 NCQA HPR and CMS Medicare Part C and D Star Ratings measures that differ

<table>
<thead>
<tr>
<th>HPR Composite</th>
<th>Measure Name</th>
<th>Weight Category</th>
<th>Measure Name</th>
<th>Weight Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience</td>
<td>Rating of Personal Doctor</td>
<td>Patient Experience</td>
<td>HD3</td>
<td>Customer Service (C23)</td>
</tr>
<tr>
<td>Prevention</td>
<td>Rating of Specialist Seen Most Often</td>
<td>Unweighted, but required to report</td>
<td>HD4</td>
<td>Complaints about the Health Plan (C27)</td>
</tr>
<tr>
<td></td>
<td>PNU: Pneumococcal Vaccination Status for Older Adults</td>
<td></td>
<td>HD4 / DD2</td>
<td>Members Choosing to Leave the Plan (C28; D05)</td>
</tr>
<tr>
<td></td>
<td>AHU: Acute Hospital Utilization – O/E Ratio – Total Acute</td>
<td>Outcome</td>
<td>DD2</td>
<td>Complaints about the Drug Plan (D04)</td>
</tr>
<tr>
<td></td>
<td>PCR: Plan All-Cause Readmissions – O/E Ratio – Total – 18-64 Years</td>
<td>Process</td>
<td>DD2</td>
<td>Drug Plan Quality Improvement (D06)</td>
</tr>
<tr>
<td></td>
<td>EDU: Emergency Department Utilization – O/E Ratio – Total</td>
<td>Process</td>
<td>DD3</td>
<td>Rating of Drug Plan (D07)</td>
</tr>
<tr>
<td></td>
<td>CPC: Hospitalization for Potentially Preventable Complications – Total ASCC – Total</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CBP: Controlling High Blood Pressure</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SPC: Statin Therapy for Patients with Cardiovascular Disease – Statin Use 80%</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AMM: Antidepressant Medication Management – Continuation Phase</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FUH: Follow-Up After Hospitalization for Mental Illness – 7 Days – Total</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FUM: Follow-Up After Emergency Department Visit for Mental Illness – 7 Days – Total</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 7 Days – Total</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IET: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Engagement of AOD – Total</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCE: Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCE: Pharmacotherapy Management of COPD Exacerbation – Bronchodilator</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CDC: Comprehensive Diabetes Care – Blood Pressure Control (&lt;140/90)</td>
<td>Outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CDC: Comprehensive Diabetes Care – HbA1c Control (&lt;8%)*</td>
<td>Outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FMC: Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions – 65+ years</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PSA: Non-Recommended PSA-Based Screening in Older Men</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DDE: Potentially Harmful Drug Disease Interactions in Older Adults – Total</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DAE: Use of High-Risk Medications in Older Adults</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TRC: Transitions of Care – Notification of Inpatient Admissions – 65+ years</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TRC: Transitions of Care – Receipt of Discharge Information – 65+ years</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TRC: Transitions of Care – Patient Engagement After Inpatient Discharge – 65+ years</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TRC: Transitions of Care – Medication Reconciliation Post-Discharge – 65+ years</td>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SPD: Statin Therapy for Patients with Diabetes – Received Statin Therapy**</td>
<td>Outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SPD: Statin Therapy for Patients with Diabetes – Statin Use 80%</td>
<td>Outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>UOP: Use of Opioids at High Dosage</td>
<td>Outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>UOP: Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies</td>
<td>Outcome</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Not the same measure, but address the same concept
**Similar measures, but use different data sources