



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

NCQA HPR Composites	Medicare Star Rating Domains	
Patient Experience	Member Experience with Health Plan (HD3)	
	Member Complaints and Changes in the Health Plan's Performance (HD4)	
	Member Complaints and Changes in the Drug Plan's Performance (DD2)	
	Member Experience with Drug Plan (DD3)	
Prevention	Staying Healthy: Screenings, Tests and Vaccines (HD1)	Note: Outcome and Process measures span these sets in both systems
Treatment	Managing Chronic (Long Term) Conditions (HD2)	
	Drug Safety and Accuracy of Drug Pricing (DD4)	
	Health Plan Customer Service (HD5)	Access (no category equivalent in HPR)
	Drug Plan Customer Service (DD1)	

- 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

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

Table 3. 2021 NCQA HPR and CMS Medicare Part C and D Star Ratings measures that differ

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

Star Domain	Measure Name	Weight Category	
HD3	Customer Service (C23)	Patient Experience	
HD4	Complaints about the Health Plan (C27)		
	Health Plan Quality Improvement (C29)		
HD4 / DD2	Members Choosing to Leave the Plan (C28; D05)		
DD2	Complaints about the Drug Plan (D04)		
	Drug Plan Quality Improvement (D06)		
DD3	Rating of Drug Plan (D07)		
	Getting Needed Prescription Drugs (D08)		
HD1	C04: Improving or Maintaining Physical Health		Outcome
	C05: Improving or Maintaining Mental Health		
	C06: Monitoring Physical Activity	Process	
	C07: Adult BMI Assessment		
HD2	Special Needs Plan (SNP) Care Management (C08)	Process	
	Care for Older Adults – Medication Review (C09)		
	Care for Older Adults – Functional Status Assessment (C10)		
	Care for Older Adults – Pain Assessment (C11)		
	Diabetes Care – Kidney Disease Monitoring (C14)	Int. Outcome	
	Diabetes Care – Blood Sugar Controlled (C15)*		
	Rheumatoid Arthritis Management (C16)		
DD4	Improving Bladder Control (C18)	Process	
	Medication Reconciliation Post-Discharge (C19)		
	MPF Price Accuracy (D09)	Process	
	Medication Adherence for Diabetes Medications (D10)		
	Medication Adherence for Hypertension (RAS antagonists) (D11)	Int. Outcome	
	Medication Adherence for Cholesterol (Statins) (D12)		
MTM Program Completion Rate for CMR (D13)	Process		
Statin Use in Persons with Diabetes (SUPD) (D14) **	Int. Outcome		
*Not the same measure, but address the same concept			
**Similar measures, but use different data sources			