

NCQA Health Plan Ratings Medicare CAHPS® Guidance September 2022

NCQA Publications/Programs		
Use in NCQA Health Plan Ratings	Each September, NCQA provides the Medicare CAHPS ratings used in Health Plan Ratings (HPR) to all plans.	
	Due to the timing of receipt of Medicare CAHPS data from CMS, NCQA uses the previous Measurement Year's (MY) Medicare CAHPS data for HPR.	
	In 2022, NCQA will release the Health Plan Ratings using Medicare CAHPS data on the NCQA Health Plan Report Card on September 15.	
	Note: 2022 HPR uses MY 2020 Medicare CAHPS data and MY 2021 Medicare HEDIS data.	
Methods		
Scoring	NCQA uses top-box scoring for HPR:	
	 For ratings on a 0–10 scale, the percentage of valid responses answering 9 or 10. 	
	 For ratings on a Never/Sometimes/Usually/Always scale, the percentage of valid responses answering "Usually" or "Always." 	
	CMS uses linear mean scoring converted to a 0–100 scale.	
Composites	NCQA: For multi-question composites, the score is the straight average of the percentage scores for the individual questions.	
	CMS: For the Coordination of Care measure, the last two items have a weight of 0.5.	
Case Mix Adjustment	NCQA does not case-mix adjust Medicare CAHPS results.	
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Age as an Exclusion for Survey Measures	NCQA excludes respondents younger than 65 years from Medicare CAHPS results calculations for the HEDIS Medicare Flu Vaccinations for Adults Ages 65 and Older and Pneumococcal Vaccination Status for Older Adults measures.	
Composite and Single-Item Rating Measures		
Getting Needed Care	Two-item composite (Usually+Always):	
	 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? 	
	Same questions as CMS 2-item composite.	
Getting Care Quickly	Two-item composite (Usually+Always):	
	 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 check-up or routine care as soon as you needed? 	

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	Omits 1 item (In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?) from CMS 3-item composite.
Coordination of Care	Uses the CMS 6-item composite (in contrast to NCQA's 1-item question for commercial and Medicaid product lines) (Usually+Always):
	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, how often did you and your personal doctor talk about all the prescription medicines you were taking?
	 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.)
	4. 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? ¹
	5. 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?
	6. 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?
Single-Item Rating Measures	Rating of All Health Care:
	 Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?
	Rating of Personal Doctor:
	 Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?
	Rating of Specialist Seen Most Often:
	 Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?
	Rating of Health Plan:
	 Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

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¹For this 3-answer question, NCQA's top-box scoring uses the "Yes, definitely" and "Yes, somewhat" responses.



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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 2022 Part C & D Star Ratings: Technical Notes

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