



**For Public Comment**  
November 10–December 20, 2022  
Comments due 11:59 p.m. ET  
December 20, 2022

# Overview of Proposed Measure Updates

## *Health Plan Ratings 2023 and 2024*

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## Health Plan Ratings 2023 and 2024: Overview of Proposed Measure Updates

### 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 and are clearly articulated, and to highlight areas that might need clarification.

### HEDIS/CAHPS Update for Health Plan Ratings Scoring in 2023 and 2024

NCQA seeks feedback on proposed measure changes for the required measures list for 2023 Health Plan Ratings, using results from HEDIS measurement year (MY) 2022, and 2024 Health Plan Ratings, using results from HEDIS MY 2023.

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 over true quality differences.

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 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 <90%.
- *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 10%–15% range or greater difference between the 10th and 90th percentiles as meaningful variation, for measures where higher rates indicate better performance.
- *Consistently scoreable.* At least 40% of plans must have a scoreable rate. By “scoreable rate,” we mean the plan either reports a valid rate (e.g., the auditor deems it valid and between 0% and 100% performance), or fails to submit (not reported, receiving “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 value-based payment initiatives.**

NCQA considered a measure's use in external programs (e.g., CMS Star Ratings, Medicaid Core Set), performance trends (e.g., declining performance) and strategic objectives (e.g., reward for reporting digital quality measures).

**3. Measures address quality, risk-adjusted utilization or patient experience of health care practices.**

This criterion eliminated Utilization 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., 7-day and 30-day rates in the *Follow-Up After Hospitalization for Mental Illness* measure), choose the measure closest to the ultimate clinical outcome.

**Recommendations for HPR 2023**

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Remove the following measures.

Measure	Commercial	Medicare	Medicaid
Claims Processing	REMOVE		
Coordination of Care	KEEP	KEEP	REMOVE
Rating of Specialist	KEEP	KEEP	REMOVE

**Recommendations for HPR 2024**

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## 1. Revise the following measure.

Replace...	With...	Commercial	Medicare	Medicaid
Breast Cancer Screening (BCS)	ECDS reporting version of Breast Cancer Screening (BCS-E)	✓	✓	✓

## 2. Remove the following measures.

Measure	Commercial	Medicare	Medicaid
HDO Use of Opioids at High Dosage	✓	✓	✓
UOP Use of Opioids From Multiple Providers – Multiple Prescribers and Multiple Pharmacies rate	✓	✓	✓
COU Risk of Continued Opioid Use	✓	✓	✓
FVA Flu Vaccinations for Adults Ages 18-64	✓		✓
FVO Flu Vaccinations for Adults Ages 65 and Older		✓	
PNU Pneumococcal Vaccination Status for Older Adults		✓	
ADV Annual Dental Visit			✓

## 3. Add the following new measure.

Measure	Commercial	Medicare	Medicaid
AIS-E Adult Immunization Status	✓	✓	✓

Refer to [Appendix 1: Proposed HEDIS/CAHPS Updates for 2023 and 2024 Health Plan Ratings](#) for the rationale for measure inclusion.

## Informational Items for Health Plan Ratings 2023–2025

### Use of Current Year Benchmarks (beginning with Health Plan Ratings 2023)

The current Health Plan Ratings methodology reflects the use of prior-year benchmarks for scoring. Before their integration with Health Plan Accreditation scoring, Ratings relied solely on current-year benchmarks because they reflect the environmental factors health plans experience (e.g., varying in-person care capacity, policies for in-person visits).

Therefore, beginning with Health Plan Ratings 2023, NCQA uses percentiles from the current year to score plans. The use of current-year benchmarks for all measures eliminates the need for NCQA to determine the severity of environmental impact on data and make rushed decisions that could surprise customers.

### Scoring Changes for Race/Ethnicity Diversity of Membership (RDM) in Health Plan Ratings 2024 and Advance Notice of Race/Ethnicity Stratification Scoring in Health Plan Ratings 2025

NCQA introduced the RDM measure in the 2023 Health Plan Ratings. For the first year of inclusion, the measure has a 0.5 weight, and organizations receive credit (an individual measure rating of “5”) if the reported Direct Race and Direct Ethnicity is >0%. Organizations that do not report Direct Race and Direct Ethnicity >0% receive an individual measure rating of “0.”

For 2024, the measure will have a weight of 1.0, and NCQA will require at least 20% direct data for RDM. Organizations reporting Direct Race and Direct Ethnicity ≥20% will receive an individual measure rating of “5.” Organizations reporting below 20% Direct Race and Direct Ethnicity will receive an individual measure rating of “0.”

For 2025, NCQA will evaluate the inclusion of scoring to incentivize reduction of disparities between race and ethnicity groups on the following measures with race/ethnicity stratification:

- Colorectal Cancer Screening (COL).
- Controlling High Blood Pressure (CBP).
- Hemoglobin A1c Control for Patients With Diabetes (HBD).
- Prenatal and Postpartum Care (PPC).

### Advance Notice of ECDS-Reported Measures for Health Plan Ratings 2025 (MY 2024)

NCQA intends to add the following measures into 2025 scoring:

- Prenatal Depression Screening and Follow-Up (PND-E).
- Postpartum Depression Screening and Follow-Up (PDS-E).

NCQA intends to replace the traditional measures with the ECDS-reporting version of the following measures for 2025 scoring:

- Colorectal Cancer Screening (COL-E).
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E).
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E).

For more information about NCQA's ECDS strategy, visit the [ECDS page](#).

#### **Targeted Questions**

1. Do you support NCQA's recommendation to remove the *commercial Claims Processing and Medicaid Coordination of Care and Rating of Specialist* measures for 2023 Health Plan Ratings? If you do not, please explain.
2. Do you support NCQA's recommendation to replace the *Breast Cancer Screening (BCS)* measure with the ECDS reporting version of the Breast Cancer Screening (BCS-E) measure in the 2024 Health Plan Ratings for all product lines? If you do not, please explain.
3. Do you support NCQA's recommendation to remove the following measures from the 2024 Health Plan Ratings:
  - *Use of Opioids at High Dosage (HDO)*—all product lines
  - *Use of Opioids From Multiple Providers (UOP)*—all product lines
  - *Risk of Continued Opioid Use (COU)*—all product lines
  - *Flu Vaccinations for Adults Ages 18-64 (FVA)*—commercial and Medicaid product lines
  - *Flu Vaccinations for Adults Ages 65 and Older (FVO)*—Medicare product line
  - *Pneumococcal Vaccination Status for Older Adults (PNU)*—Medicare product line
  - *Annual Dental Visit (ADV)*—Medicaid product lineIf you do not, please explain.
4. Do you support NCQA's recommendation to add the *Adult Immunization Status (AIS-E)* measure to 2024 Health Plan Ratings for all three product lines? If you do not, please explain.
5. Do you have any additional feedback regarding the Health Plan Ratings measure list and/or methodology?

## **How to Submit Comments**

### **Submitting Comments**

Respond to topic and element-specific questions for each product on NCQA's public comment website. 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. Once logged in, scroll down and click **Public Comments**.
3. Click **Add Comment** to open the comment box.
4. Select “**Proposed Updates to Health Plan Ratings (HPR) 2023 and 2024**” from the drop-down box.
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 Tuesday, December 20, by 11:59 p.m. ET**

### **Next Steps**

The methodology and final set of required HEDIS/CAHPS measures for Health Plan Ratings in 2023 (for HEDIS MY 2022) and 2024 (for HEDIS MY 2023) will be released April 2023, following approval by the NCQA Standards Committee and the Board of Directors.