



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

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

NCQA Health Plan Ratings and Medicare Parts C and D Star Ratings evaluate and distribute information related to health plan quality and performance. Each assesses and reports plan performance in a number of domains.

The goal of both Health Plan Ratings 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 Part 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 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 require valid rates for at least half of all measures in the domains.
- Both use some of the same HEDIS^{®1}, CAHPS^{®2} and Health Outcomes Survey (HOS) measures (Tables 1 and 2).
- Both score measures on national performance thresholds that are updated annually (differences in setting benchmarks described below).
- Both assign measure weights by measure type to calculate a weighted overall rating score:³
 - Outcome measures have a weight of 3. (Star Ratings distinguish Outcomes and Intermediate Outcomes.)
 - Process measures have a weight of 1.
 - Star Ratings also include Access measures with a weight of 2.
- Neither scores health plans with too few members to report a statistically valid rate.
- Both allow plans to add points to their overall score.
 - Health Plan Ratings reward plans that meet NCQA Accreditation standards, which can add up to 0.5 points to the overall score.
 - Star Ratings award a “Reward Factor” for consistently high performance.

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 and the Part D pharmacy benefit.
 - Star Ratings include additional areas (Table 1).
 - Star Ratings have 30 unique measures in Part C, including 19 in common with Health Plan Ratings (Table 2).

Table 1. Composites and Domains Included in NCQA Health Plan Ratings and Medicare Part C and D Star Ratings

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

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

²CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

³Both CMS and NCQA give new measures a weight of 1 in their first year in Stars.

- Subcategory scores are calculated differently.
 - Patient Experience measures have a weight of 1.5 in Health Plan Ratings and a weight of 4 in Star Ratings.
 - For Health Plan Ratings, plans must meet the following requirements to receive an overall rating:
 - Scorable rates for ≥50% of all measures by weight, per applicable product line.
 - Numerical rating (1–5) on at least one subcomposite under all three composites.
 - Health Plan Ratings include an Equity measure (Race/Ethnicity Diversity of Membership) with a weight of 1 and give organizations credit (individual measure rating of 5) if the reported Direct Race **and** Direct Ethnicity is ≥20%.
 - Organizations that do not report Direct Race and Direct Ethnicity ≥20% receive an individual measure rating of “0.”
 - Health Plan Ratings calculate 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; Health Plan Ratings use top box results that are not case mix adjusted.
- Thresholds are calculated differently.
 - Health Plan Ratings set scoring thresholds using The National All Lines of Business percentiles (10th, 33.33rd, 66.67th, 90th) for all measures. Health Plan Ratings 2024 use HEDIS data from the 2023 measurement year (MY 2023/reporting year 2024) to calculate the national benchmarks and percentiles that are used for scoring.
 - The exception is Medicare CAHPS and HOS data, which use MY 2022 due to timing.
 - Star Ratings set scoring thresholds differently for CAHPS and HEDIS measures.
 - For CAHPS measures, ratings combine relative percentile distribution with significance and reliability testing.
 - For HEDIS measures, ratings use a clustering algorithm that identifies “gaps” in the data and creates five categories (one for each Star Rating).
 - Star Ratings incorporate an improvement measure into the overall score, with a weight of 5. Star Ratings also use a Categorical Adjustment Index to add/subtract to the score based on the percentage of members in a plan categorized as LIS/DE or Disability.
- Nonreportable measures are treated differently:
 - Health Plan Ratings assign “0” for NR (Not Reported) measures (a plan chooses not to report a measure, or fails audit).
 - Health Plan Ratings assign “0” for BR (Biased Rate) measures (the calculated rate was materially biased).
 - Star Ratings assign “1” for NR and BR measures.
- Thirty-six measures in Health Plan Ratings do not have a match in CMS Stars. Twelve measures in CMS Stars do not have a match in Health Plan Ratings.

Where can I find more information?

- [2024 Health Plan Ratings](#)
- [Medicare Part C and D Star Ratings](#)

Table 2. Overlapping 2024 NCQA Health Plan Ratings and CMS Medicare Part C and D Star Ratings Measures

Health Plan Ratings Composite	Star Ratings Domain	Measure Name (CMS ID) <i>Where names differ, both are included</i>	Weight Category
Patient Experience	HD3	C19 Getting Needed Care	Patient Experience
		C20 Getting [Appointments and] Care Quickly	
		C22 Rating of All Health Care/Rating of Health Care Quality	
		C24 Coordination of Care/Care Coordination	
		C23 Rating of Health Plan	
Prevention and Equity	HD1	BCS/C01 Breast Cancer Screening	Process
		COL/C02 Colorectal Cancer Screening	
		AIS-E/C03 Adult Immunization Status—Influenza (Total)/ Annual Flu Vaccine	
Treatment	HD2	OMW/C08 Osteoporosis Management in Women Who Had a Fracture	Process
		EED/C09 Eye Exam for Patients With Diabetes	
		FRM/C12 Fall Risk Management/Reducing the Risk of Falling	
		TRC/C17 Transitions of Care	
		FMC/C18 Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	
		SPC/C16 Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	

Health Plan Ratings Composite	Star Ratings Domain	Measure Name (CMS ID) <i>Where names differ, both are included</i>		Weight Category
		CBP/C11	Controlling High Blood Pressure	Intermediate Outcomes
		HBD/C10	Diabetes Care—Blood Sugar Controlled	
Treatment	HD2	PCR/C15	Plan All-Cause Readmissions	Outcome