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 28 unique measures, including the 16 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	*Note: Outcome and Process measures span these sets in both systems*
Treatment	HD2	Managing Chronic (Long Term) Conditions	
	DD4	Drug Safety and Accuracy of Drug Pricing	
	HD5	Health Plan Customer Service	**Access** *(no category equivalent in Health Plan Ratings)*
	DD1	Drug Plan Customer Service	

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[1]HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2]CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[3]Both 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.
  - Starting in 2023, Health Plan Ratings include an Equity measure (Race/Ethnicity Diversity of Membership) with a weight of 0.5, and give organizations credit (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."
  - 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 2023 use HEDIS data from the 2022 measurement year (MY 2022/reporting year 2023) to calculate the national benchmarks and percentiles that are used for scoring.
    - The exception is Medicare CAHPS and HOS data, which use MY 2021 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-seven 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?

- 2023 Health Plan Ratings

- Medicare Part C and D Star Ratings

Table 2. Overlapping 2023 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) *Where names differ, both are included*		Weight Category
Patient Experience	HD3	C17	Getting Needed Care	**Patient Experience**
		C18	Getting [Appointments and] Care Quickly	
		C20	Rating of All Health Care/Rating of Health Care Quality	
		C22	Coordination of Care/Care Coordination	
		C21	Rating of Health Plan	
Prevention and Equity	HD1	BCS/C01	Breast Cancer Screening	**Process**
		COL/C02	Colorectal Cancer Screening	
		FVO/C03	Flu Vaccinations for Adults Ages 65 and Older/ Annual Flu Vaccine	
Treatment	HD2	OMW/C08	Osteoporosis Management in Women Who Had a Fracture	
		EED/C09	Eye Exam for Patients With Diabetes	
		FRM/C13	Fall Risk Management/Reducing the Risk of Falling	
		KED/C10	Diabetes Care—Kidney Disease Monitoring	
		TRC/C15	Medication Reconciliation Post-Discharge	
		SPC/C16	Statin Therapy for Patients with Cardiovascular Disease—Received Statin Therapy—Total	
		CBP/C12	Controlling High Blood Pressure	**Intermediate Outcomes**
		HBD/C11	Diabetes Care—Blood Sugar Controlled	