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 a reward factor, on a scale from 1–5.

- Both methods rely on the use of audited data methods and use survey vendors for the collection of patient experience measures (plans do not self-administer surveys on patient experiences).

- Both assess care in some of the same domains (Patient/Member Experience, Prevention/Staying Healthy, Treatment).

- Both use some of the same HEDIS, CAHPS and HOS measures (Tables 1 and 3).

- 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 use the following measure weight:[1]
  – Process measures = 1.0.
  – Patient experience measures = 1.5.
  – Outcome measures = 3.0.

- Neither system scores a health plan if it has too few members to report a statistically consistent rate.

- Both use the same rating levels for overall HPR and Star Ratings scores: 1 to 5 (5 is the highest), in 0.5 point increments.

- Both systems allow plans to earn additional 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.
  – HPR and Star Ratings awards a "Reward Factor" for consistently high performance (maximum reward differ for the two ratings, described below) starting in 2021.

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[1]CMS gives new measures a weight of 1 in their first year in STARS. NCQA does this as well. For example, NCQA's Health Plan Rating Stars assigns 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*?

- Star Ratings incorporate a measure on improvement into plans' overall score, with a weight of 5. HPR will incorporate improvement as a bonus (up to 0.25 star increase) on the overall score starting in 2021.
  - HPR will follow CMS methods to ensure that improvement scoring does not improve the star rating of plans with an overall rating of 2 or below (before improvement) and does not harm the star rating of plans with an overall rating of at least 4.

- Although both HPR and Star Ratings incorporate a reward for plans with consistently high-performance and low-performance variation across measures,
  - HPR 2021 will provide a maximum reward of 0.25 stars with the following breakdown:
    - 0.2500: Low variance and high mean.
    - 0.1875: Medium variance and high mean.
    - 0.1250 Low variance and relatively high mean.
    - 0.0625: Medium variance and relatively high mean.
    - 0.0: All other plans.
  - Star Ratings provide a maximum reward of 0.4 stars with the following breakdown:
    - 0.4 = Low variance and high mean.
    - 0.3 = Medium variance and high mean.
    - 0.2 = Low variance and relatively high mean.
    - 0.1 = Medium variance and relatively high mean.
    - 0.0 = All other organizations.

- The most important difference between the systems is the measures they include.
  - Star Ratings evaluate MA plans on additional program features of the Part C program plus the Part D pharmacy benefit.
  - HPR and Star Ratings share some of the same areas, but Star Ratings include additional areas (Table 1).
  - Star Ratings have 46 unique measures, including the 16 in common with HPR (Table 3).
  - The two ratings systems serve complementary purposes for improving the quality of care for MA beneficiaries.

Table 1. Included in NCQA HPR and Medicare Part C and D Star Ratings

NCQA HPR	Medicare Part C and D Star Ratings
Patient Experience	Member Experience with Health Plan
Prevention	Staying Healthy: Screenings, Tests and Vaccines
Treatment	Managing Chronic (Long Term) Conditions
	Member Complaints and Changes in the Health Plan's Performance
	Health Plan Customer Service
	Drug Plan Customer Service
	Member Complaints and Changes in Drug Plan's Performance
	Member Experience with the Drug Plan
	Drug Safety and Accuracy of Drug Pricing

- 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 Part 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. Starting in 2020, HPR will establish performance benchmarks for each measure using data from the prior year. This will yield measure-specific targets that organizations can know in advance. Thus, the benchmarks for 2020 are based on 2019 data.

    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.

    If "Trend Caution" or "Trend Break" is recommended, NCQA sets performance benchmarks using data from the current year, rather than from the prior year.
  - For risk-adjusted utilization measures, HPR scores the calibrated observed to expected (O/E) ratio, plan O/E divided by national average O/E, using a statistical test and a static effect size threshold rather than benchmarks, as follows (the calibrated O/E ratio is at least 10% higher or lower than expected):
    - 1 Star if the calibrated O/E is significantly worse than expected and the difference exceeds 10%.
    - 5 Stars if the calibrated O/E is significantly better than expected and the difference exceeds 10%.
    - 3 Stars if the calibrated O/E is otherwise not missing.
    - 0 Stars if the calibrated O/E is NR, BR, NQ or a Medicare plan.
    - Skipped if NA (not reportable because denominator is below threshold [e.g., <30 for quality measures]) or NB (benefit not offered).
  - 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).
- 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?

- Find information about Health Plan Ratings by clicking this link:
  - https://www.ncqa.org/hedis/reports-and-research/ratings-2020/
- Find information about Medicare Part C and D Star Ratings by clicking this link:
  - http://go.cms.gov/partcanddstarratings

How will changes to NCQA's Health Plan Ratings be rolled out?

Table 2. Stages of NCQA HPR methods update

	Key Features of Scoring Approach *(changes noted in italics)*

2019	• Each measure is scored on a scale of 0–5, based on relative performance thresholds from the same year's data.
	
	• The overall score is a weighted average of Star Ratings on individual measures.
	
	• Bonus scoring:
	  – Accreditation standards performance up to ½ Star, based on standard points earned out of total points possible.
	    ▪ Earned/Possible × 5 × 0.1 for Accredited plans.
	    ▪ Earned/Possible × 5/3 × 0.1 for plans with Interim Accreditation.
	    ▪ 0.0 for all other plans.

2020	• Measures are the same as 2019 (announced in spring each year for the following year, consistent with how HPA measures are currently announced).
	
	• Bonus scoring:
	  – *Accreditation bonus (up to ½-Star bump)*
	    ▪ *0.5 Stars for Accredited plans.*
	    ▪ *0.15 Stars for plans with Interim Accreditation.*
	    ▪ *0 Stars for all other plans.*
	  – *Benchmarks are based on the prior year's data*

2021	• Measures will be announced in 2020.
	
	• Benchmarks will be based on the prior year's data.
	
	• The overall score is a weighted average of Star Ratings on individual measures.
	
	• Bonus scoring:
	  – Accreditation bonus *(up to ½-Star bump).*
	  – *Improvement.*
	  – *Reward (high performance and low variation).*

Table 3. 2019 NCQA HPR and CMS Medicare Part C and D Star Ratings measures

	NCQA HPR (Medicare)		NCQA HPR (Medicare) and Medicare Part C and D Star Ratings		Medicare Part C and D Star Ratings
1	Pharmacotherapy Management of COPD (Corticosteroid)	1	Breast Cancer Screening	1	Complaints about the Health Plan
2	Pharmacotherapy Management of COPD (Bronchodilator)	2	Colorectal Cancer Screening	2	Complaints about the Drug Plan
3	Diabetes Care—Blood Pressure Control	3	Diabetes Care—Blood Sugar Controlled	3	Health Plan Quality Improvement
4	Potentially Harmful Drug-Disease Interactions in the Elderly	4	Diabetes Care—Eye Exam	4	Plan Makes Timely Decisions about Appeals
5	Use of High-Risk Medications in the Elderly	5	Controlling Blood Pressure	5	Reviewing Appeals Decisions
6	Antidepressant Medication Management	6	Annual Flu Vaccine	6	Members Choosing to Leave the Plan*
7	Follow-Up After Hospitalization for Mental Illness	7	Getting Needed Care	7	Call Center—Foreign Language Interpreter and TTY Availability
8	Alcohol and Other Drug Dependence Treatment	8	Getting Appointments and Care Quickly	8	Appeals Auto-Forward
9	Fall Risk Management	9	Rating of Health Care Quality	9	Appeals Upheld
10	Medical Assistance With Smoking and Tobacco Use Cessation	10	Rating of Health Plan	10	Drug Plan Quality Improvement
11	Rating of Personal Doctor	11	Care Coordination	11	Rating of Drug Plan
12	Rating of Specialist	12	Medication Reconciliation Post-Discharge	12	Getting Needed Prescription Drugs
13	Pneumonia Vaccine for Older Adults	13	Osteoporosis Management in Women Who Had a Fracture	13	MPF Price Accuracy
14	Acute Hospital Utilization	14	Plan All-Cause Readmissions	14	Medication Adherence for Diabetes Medications
15	Emergency Department Utilization	15	Statin Therapy for Patients with Cardiovascular Disease	15	Medication Adherence for Hypertension (RAS antagonists)
16	Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions	16	Statin Therapy for Persons with Diabetes	16	Medication Adherence for Cholesterol (Statins)
17	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence			17	Medication Therapy Mgmt. Program Completion Rate for Comprehensive Medication Reviews
18	Follow-Up After Emergency Department Visit for Mental Illness			18	Diabetes Care—Kidney Disease Monitoring
19	Hospitalization for Potentially Preventable Complications			19	Monitoring Physical Activity
20	Non-Recommended PSA-Based Screening in Older Men			20	Special Needs Plan (SNP) Care Management
21	Transitions of Care			21	Care for Older Adults—Functional Status Assessment
22	Use of Opioids at High Dosage			22	Care for Older Adults—Pain Assessment
23	Use of Opioids From Multiple Providers			23	Care for Older Adults—Medication Review
				24	Rheumatoid Arthritis Management
				25	Reducing the Risk of Falling
				26	Improving Maintaining Physical Health
				27	Improving Maintaining Mental Health
				28	Improving Bladder Control
				29	Customer Service
				30	Adult BMI Assessment

*Measure occurs in both Parts C and D of Medicare Star Ratings Methodology