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 (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 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 methods 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 use some of the same HEDIS, CAHPS and HOS measures (Tables 1 and 2).
- 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 programs assign measure weights by measure type to calculate a weighted overall rating score:[1]
  - Outcome measures have a weight of 3. (Star Ratings distinguish Outcomes and Intermediate Outcomes.)
  - Process measures have a weight of 1.
  - Patient experience measures have a weight of 1.5 in HPR and a weight of 4 (increase from 2 in 2022) in Star Ratings.
  - Star Ratings also includes Access measures with a weight of 2.
- Neither system scores a health plan if it has too few members to report a statistically consistent rate.
- Both systems allow plans to add 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.
  - Star Ratings awards 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, plus the Part D pharmacy benefit.
  - HPR and Star Ratings share some areas, but Star Ratings include additional areas (Table 1).
  - Star Ratings have 44 unique measures, including the 12 in common with HPR (Table 2).

[1]CMS gives new measures a weight of 1 in their first year in Stars. NCQA does this as well.

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

NCQA HPR 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	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 HPR)*
	DD1	Drug Plan Customer Service	

- 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 Parts 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 The National All Lines of Business percentiles (10th, 33.33rd, 66.67th, 90th) for all measures. HPR 2022 uses data from the 2021 measurement year (MY 2021/reporting year 2022) to calculate the national benchmarks and percentiles that are used for scoring. The exception is Medicare CAHPS and HOS data, which uses MY 2020 due to timing.

    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.
  - 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).
  - Star Ratings incorporate a measure on improvement into plans’ overall score, with a weight of 5. HPR does not incorporate an improvement bonus. Star Ratings also uses a Categorical Adjustment Index to add or subtract a small amount based on the percent of members in a plan categorized as LIS/DE or Disability.
- 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?

- 2022 HPR
- Medicare Part C and D Star Ratings

Table 2. 2022 NCQA HPR and CMS Medicare Part C and D Star Ratings measures that overlap

HPR 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	HD1	BCS/C01	Breast Cancer Screening	**Process**
		COL/C02	Colorectal Cancer Screening	
		FVO	Flu Vaccinations for Adults Ages 65 and Older	
		C03	Annual Flu Vaccine	
Treatment	HD2	OMW/C08	Osteoporosis Management in Women Who Had a Fracture	
		CDC/C09	Comprehensive Diabetes Care—Eye Exams	
		FRM	Fall Risk Management	
		C13	Reducing the Risk of Falling	
		SPC/C16	Statin Therapy for Patients with Cardiovascular Disease—Received Statin Therapy—Total	

Table 3. 2022 NCQA HPR and CMS Medicare Part C and Part D Star Ratings measures that differ

HPR Composite	Measure Name	Weight Category
Prevention	PNU Pneumococcal Vaccination Status for Older Adults	**Process**
Treatment	CDC Comprehensive Diabetes Care—HbA1c Control (<8%)	**Outcome**
	CDC Comprehensive Diabetes Care—Blood Pressure Control (<140/90)	
	CBP Controlling High Blood Pressure	
	PSA Non-Recommended PSA-Based Screening in Older Men	
	TRC Transitions of Care—Notification of Inpatient Admissions—65+ years	
	TRC Transitions of Care—Receipt of Discharge Information—65+ years	
	TRC Transitions of Care—Patient Engagement After Inpatient Discharge—65+ years	
	TRC Transitions of Care—Medication Reconciliation Post-Discharge—65+ years	
	SPC Statin Therapy for Patients with Cardiovascular Disease—Statin Adherence 80%—Total	
	AMM Antidepressant Medication Management—Continuation Phase	
	PCE Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid	
	PCE Pharmacotherapy Management of COPD Exacerbation—Bronchodilator	
	SPD Statin Therapy for Patients With Diabetes—Statin Adherence 80%	
	SPD Statin Therapy for Patients With Diabetes—Received Statin Therapy	
	FUH Follow-Up After Hospitalization for Mental Illness—7 Days—Total	
	FUM Follow-Up After Emergency Department Visit for Mental Illness—7 Days—Total	
	FUA Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 Days—Total	
	FUI Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	
	IET Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement of AOD—Total	
	SAA Adherence to Antipsychotic Medications for Individuals With Schizophrenia	
	FMC Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions—65+ years	
	DDE Potentially Harmful Drug Disease Interactions in Older Adults—Total	
	DAE Use of High-Risk Medications in Older Adults	
	POD Pharmacotherapy for Opioid Use Disorder—Total	
	COU Risk of Continued Opioid Use—31-day rate—Total	
	HDO Use of Opioids at High Dosage	
	UOP Use of Opioids from Multiple Providers—Multiple Prescribers and Multiple Pharmacies	
	AHU Acute Hospital Utilization—O/E Ratio—Total Acute	
	PCR Plan All-Cause Readmissions—O/E Ratio—65+ years	
	EDU Emergency Department Utilization—O/E Ratio—Total	
	HPC Hospitalization for Potentially Preventable Complications—Total ACSC—Total	
	HFS Hospitalization Following Discharge From a Skilled Nursing Facility—30 Day—Total	
Patient Experience	Rating of Personal Doctor	**Patient Experience**
	Rating of Specialist Seen Most Often	

Star Domain	Measure Name	Weight Category
HD1	C04 Monitoring Physical Activity	**Outcome**
HD2	C11 Diabetes Care—Blood Sugar Controlled	**Init. Outcome**
	C10 Diabetes Care—Kidney Disease Monitoring	**Process**
	C05 Special Needs Plan (SNP) Care Management	
	C06 Care for Older Adults—Medication Review	
	C07 Care for Older Adults—Pain Assessment	
	C12 Rheumatoid Arthritis Management	
	C14 Improving Bladder Control	
	C15 Medication Reconciliation Post-Discharge	
DD4	D07 MPF Price Accuracy	
	D11 MTM Program Completion Rate for CMR	
	D08 Medication Adherence for Diabetes Medications	**Initial Outcome**
	D09 Medication Adherence for Hypertension (RAS antagonists)	
	D10 Medication Adherence for Cholesterol (Statins)	
	D12 Statin Use in Persons with Diabetes (SUPD)	
HD 5	C26 Plan Makes Timely Decisions about Appeals	**Access**
	C27 Reviewing Appeals Decisions	
	C28 Call Center—Foreign Language Interpreter and TTY Available	
DD1	D01 Call Center—Foreign Language Interpreter and TTY Available	
HD3	C19 Customer Service	**Patient Experience**
HD4	C23 Complaints about the Health Plan (C23)	
	C25 Health Plan Quality Improvement (C25)	
	C24 Members Choosing to Leave the Plan	
DD2	D03 Members Choosing to Leave the Plan	
	D02 Complaints about the Drug Plan	
	D04 Drug Plan Quality Improvement	
DD3	D05 Rating of Drug Plan	
	D06 Getting Needed Prescription Drugs	

Color Key

Not the same measures, but addresses the same concept.

Similar measures, but use different data sources.