

NCQA Publications/Programs	
Use in NCQA Health Plan Ratings	Each September, NCQA provides the Medicare CAHPS ratings used in Health Plan Ratings to all plans. Due to the timing of receipt of Medicare CAHPS data from CMS, NCQA uses the previous measurement year's (MY) Medicare CAHPS data for Health Plan Ratings. On September 15, NCQA will release the Health Plan Ratings using Medicare CAHPS data on the NCQA Health Plan Report Card. Note: 2026 Health Plan Ratings uses MY 2024 Medicare CAHPS® data and MY 2025 Medicare HEDIS® data.
Methods	
Scoring	NCQA uses top-box scoring for Health Plan Ratings: - For ratings on a 0–10 scale, the percentage of valid responses answering 9 or 10. - For ratings on a Never/Sometimes/Usually/Always scale, the percentage of valid responses answering “Usually” or “Always.” CMS uses linear mean scoring converted to a 0–100 scale.
Measure Weight	NCQA assigns CAHPS measures a weight of 1.5. CMS assigns CAHPS measures a weight of 2.
Composites	NCQA: For multi-question composites, the score is the straight average of the percentage scores for individual questions. CMS: For the Coordination of Care measure, items 5 and 6 are averaged to generate a single item score.
Case Mix Adjustment	NCQA does not case-mix adjust Medicare CAHPS results. CMS does case-mix adjust Medicare CAHPS results.
Composite and Single-Item Rating Measures	
Getting Needed Care	Two-item composite (Usually+Always): - In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? - In the last 6 months, how often was it easy to get the care, tests or treatment you needed? Same questions as CMS 2-item composite (Getting Needed Care).
Getting Care Quickly	Two-item composite (Usually+Always): - In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? - In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed? Same questions as CMS 2-item composite (Getting Appointments and Care Quickly).

Coordination of Care	Uses the CMS 6-item composite [Care Coordination] (in contrast to NCQA's 1-item question for commercial and Medicaid product lines) (Usually+Always): 1. In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care? 2. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? 3. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? (NCQA 1-item question for commercial and Medicaid.) 4. In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services? (NCQA's top-box scoring uses the "Yes, definitely" and "Yes, somewhat" responses). 5. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results? 6. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?
Single-Item Rating Measures	Rating of All Health Care (CMS Rating of Health Care Quality): • Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months? Rating of Health Plan: • Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

References

[HEDIS Volume 3: Specifications for Survey Measures](#)

[CMS Medicare Advantage and Prescription Drug Plan CAHPS Survey](#)

[CMS Medicare Part C & D Star Ratings: Technical Notes](#)

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