



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 about health plan quality and performance. They assess and report plan performance in several domains. The goal of both is to give plans a barometer to assess their current operating status. They provide consumers with information that helps them select a high-quality health plan.

How are NCQA's Health Plan Ratings and Medicare Part C and Part D Star Ratings similar?

- Both combine individual measure scores 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 where 5 is the highest.
- 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 and Population/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 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.
 - Neither score 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 Part 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 include Access measures with a weight of 2.
 - Star Ratings have 32 unique measure topics in Part C, including 18 measure topics in common with Health Plan Ratings (Table 2).
 - Health Plan Ratings include additional measures like behavioral health.

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 Population	HD1	Staying Healthy: Screenings, Tests and Vaccines
	Treatment	HD2
DD4		Drug Safety and Accuracy of Drug Pricing
HD5		Health Plan Customer Service
DD1		Drug Plan Customer Service
		Note: Outcome and Process measures span these sets in both systems
		Access (no category equivalent in Health Plan Ratings)

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 2 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 two Description of Membership measures—Race/Ethnicity Diversity of Membership (RDM) and Language Diversity of Membership (LDM), which both have a weight of 1.
 - NCQA gives organizations credit (individual measure rating of 5) for RDM if the reported Direct Race **and** Direct Ethnicity is ≥20%, and credit (individual measure rating of 5) for LDM if the reported “Total Known” Preferred Written Language and “Total Known” Preferred Spoken Language is ≥20%.
 - Organization will receive no credit (individual measure rating of 0) if they do not report Direct Race and Direct Ethnicity ≥20% for RDM, and no credit (individual measure rating of 0) if they do not report a “Total Known” Preferred Written Language and “Total Known” Preferred Spoken Language of ≥20% for LDM.
 - 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 2026 use HEDIS data from the 2025 measurement year (MY 2025/reporting year 2026) to calculate the national benchmarks and percentiles that are used for scoring.
 - The exception is Medicare CAHPS and HOS data, which use MY 2024 due to timing.
 - Cut points are set by CMS and cannot increase or decrease by more than 5% from the previous year’s cut points.
 - 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.
- Sixteen measure topics in Health Plan Ratings do not have a match in CMS Stars Part C. Fourteen measure topics in CMS Stars do not have a match in Health Plan Ratings.

Where can I find more information?

- [2026 Health Plan Ratings](#)
- [Medicare Parts C and D Star Ratings](#)

Table 2. Common Measure Topics: 2026 NCQA Health Plan Ratings and CMS Medicare Parts C and D Star Ratings

Health Plan Ratings Composite	Star Ratings Domain	Measure Topic (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 Population	HD1	BCS-E/C01 Breast Cancer Screening—Total	Process

Health Plan Ratings Composite	Star Ratings Domain	Measure Topic (CMS ID) <i>Where names differ, both are included</i>		Weight Category
		COL-E/C02	Colorectal Cancer Screening—Total	Process
		*AIS-E/C03	Adult Immunization Status—Influenza (Total)/Annual Flu Vaccine	
Treatment	HD2	OMW/C08	Osteoporosis Management in Women Who Had a Fracture	
		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	
Treatment	HD2	SPC/C16	Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	Process
		KED	Kidney Health Evaluation for Patients with Diabetes	
		CBP/C11	Controlling High Blood Pressure	Intermediate Outcomes
		*GSD/C12	Glycemic Status Assessment for Patients With Diabetes—Glycemic Status <8.0%/Diabetes Care—Blood Sugar Controlled	
		PCR/C15	Plan All-Cause Readmissions	Outcome

*These are considered common measure topics. Although they are grouped together because they address the same overarching topic, each one remains a distinct indicator with its own specifications.