



The Accreditation *Advantage*

NCQA-Accredited Health Plans Perform Better in
HEDIS® and CMS Star Ratings

+4PTS

HIGHER AVERAGE
PERFORMANCE FOR
ACCREDITED PLANS ACROSS
13 HEDIS® MEASURES

1.5M

ADDITIONAL CARE GAPS
CLOSED PER YEAR FOR STAR
RATINGS MEASURES*

~\$1B

ESTIMATED MEDICAL COSTS
AVERTED OVER 5 YEARS*

* If non-Accredited plans performed at Accredited plan rates.

INTRODUCTION

The Opportunity in Medicare Advantage

Medicare Advantage (MA) now covers more than half of all eligible Medicare beneficiaries. In 2026, that was 35 million people.¹ The CMS Star Ratings are a key driver of clinical outcomes, membership growth and financial results for MA plans. Higher-rated plans can earn bonus payments from Medicare, and much of that money must be returned to members in the form of increased benefits, lower cost sharing or reduced premiums.

Quality bonus payments to MA plans are estimated to exceed **\$13B in 2026**, which equates to approximately \$400 per member across employer, individual and special needs plans.²

ACCREDITED MA PLANS OUTPERFORM NON-ACCREDITED PLANS

NCQA analyzed CMS Star Ratings performance for Accredited and non-Accredited MA plans from 2022 to 2024, and the pattern was clear: NCQA-Accredited MA plans outperform non-Accredited plans on clinical quality and consistently achieve higher CMS Star Ratings, with a greater share operating at 4 Stars or higher.

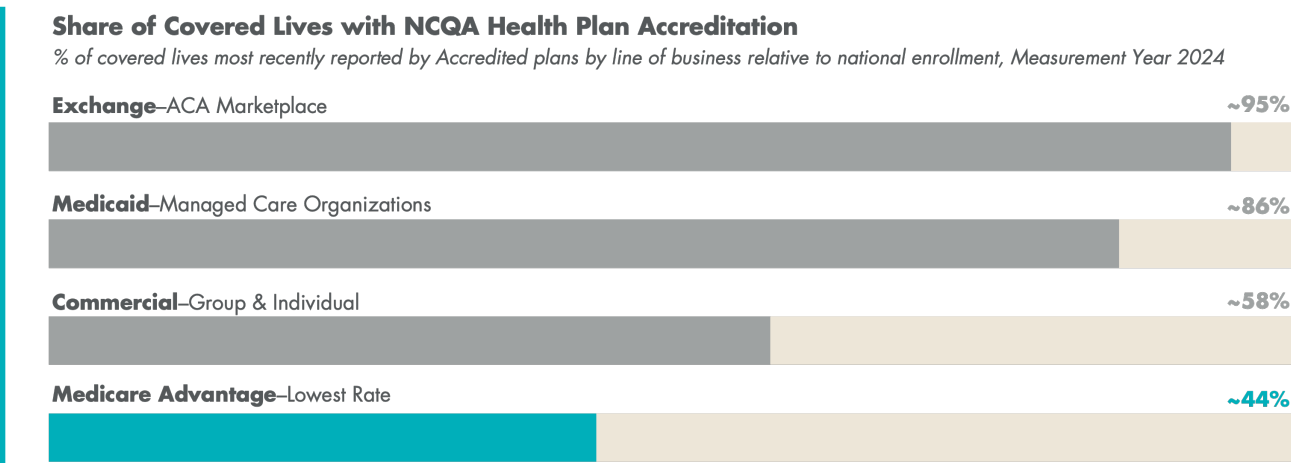
THE OPPORTUNITY IS SIGNIFICANT

If non-Accredited plans performed at Accredited-plan rates across the 13 HEDIS® measures analyzed, up to 7 more members per 100 eligible would reach their targets for preventive screening and chronic condition management—leading to more than 1.5 million care gap closures. Avoided Medicare medical spend could reach \$174M–\$320M annually.

MEDICARE ADVANTAGE LAGS OTHER LINES OF BUSINESS IN PLAN ACCREDITATION

In the Medicaid, commercial and exchange markets, Accreditation is a standard used to set a quality bar—built into contracting, procurement and participation requirements. Plans use it to differentiate, demonstrate operational discipline and win business. In Medicare Advantage—the line of business with high financial stakes through Star Ratings and bonus payments—the rate of Accreditation is the lowest.

This Accreditation gap represents substantial untapped potential for better cost control for plans and meaningful savings for the government entities that fund care.



Source: NCQA Accreditation and HEDIS data and publicly reported enrollment reports.^{3,5}

THE FINDINGS

NCQA-Accredited Medicare Advantage plans outperform non-Accredited plans

NCQA-Accredited Medicare Advantage plans outperform non-Accredited plans on clinical quality and achieve higher CMS Star Ratings, with a greater share of plans operating at 4 Stars or higher.

What *We Found*

- ▶ **Higher Star Ratings:** Higher percentage of Accredited plans operate at 4 Stars or higher.
- ▶ **Stronger HEDIS performance:** Accredited plans lead on core clinical quality measures across years.
- ▶ **Better cut point performance:** Accredited plans clear CMS thresholds (cut points) that are tied to higher ratings more often.
- ▶ **Modestly stronger CAHPS® results:** Accredited plans trend higher on several member experience measures.

Why *It Matters*

If non-Accredited plans performed at Accredited plan rates:

- ▶ **Care gap closure:** 1.5M additional care gaps closed for Medicare beneficiaries each year.
- ▶ **Lives saved:** 1,712–2,068 breast cancer and colorectal cancer deaths averted.*
- ▶ **Medicare costs averted:** \$174M to \$320M annual medical costs averted, which equates to \$1B (Net Present Value) over five years.

*Cancer deaths averted are calculated over the lifetime of the population screened.

AT-A-GLANCE Measurement Year 2024

66%
vs.
52%

Percentage of Accredited plans that achieved 4+ Stars (66%) versus non-Accredited plans (52%).

13 out of **13**

Number of HEDIS measures that show higher average performance for Accredited vs. non-Accredited plans.

These findings are particularly relevant in a market defined by increasing financial pressure, regulatory scrutiny and competition for members. Star Ratings directly influence bonus payments, benefit design and market positioning, making quality performance a strategic priority.

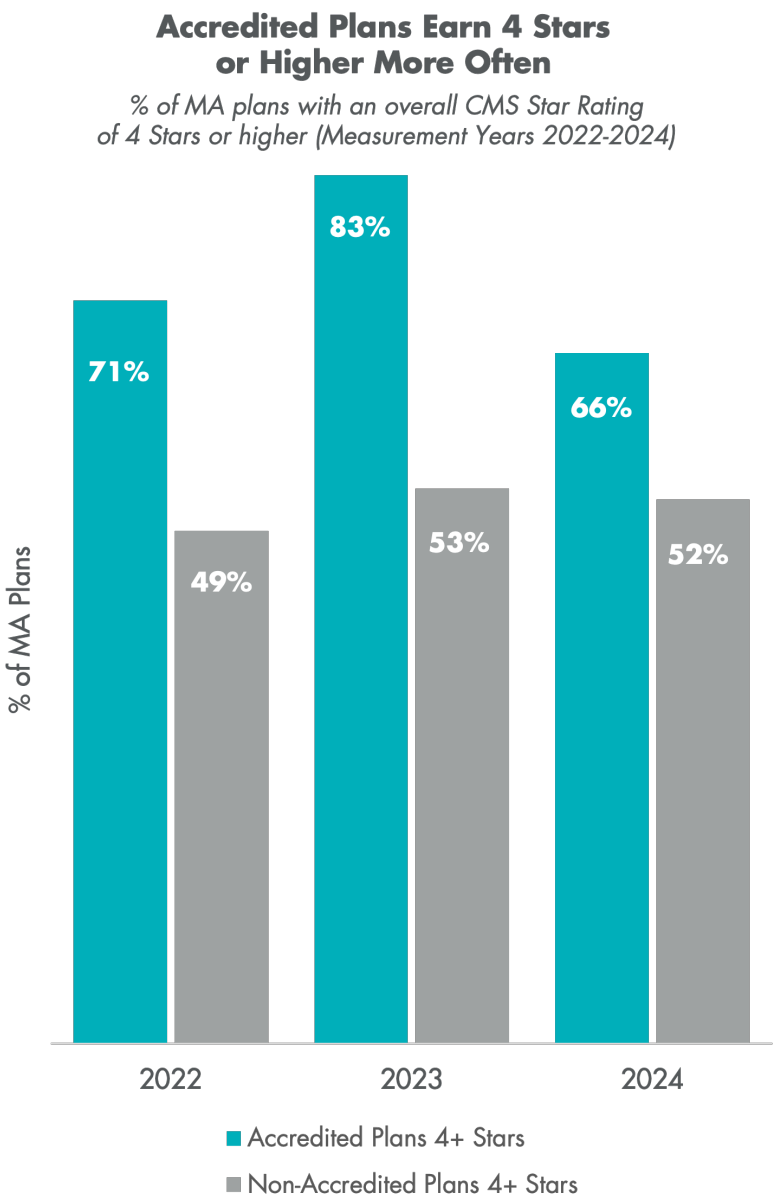
NCQA's Health Plan Accreditation is a pathway for quality improvement. It makes quality everyone's business.

Director of HEDIS and Accreditation
at a Medicare Advantage Plan

KEY FINDING #1: STAR RATINGS

Accredited plans consistently achieve higher overall Star Ratings year over year

Accreditation is associated with stronger outcomes and offers a structured framework that plans use to sustain quality improvement over time. NCQA has set quality standards for health plans for more than 35 years and our Health Plan Accreditation is widely recognized as a rigorous framework for quality improvement and operational excellence.



AT-A-GLANCE

+14PTS

Share of Accredited plans earning 4+ Stars in Measurement Year 2024 vs. non-Accredited plans.

LESS VARIABILITY

Accredited plans also show fewer low-performing outliers and a greater concentration of plans at higher performance levels.

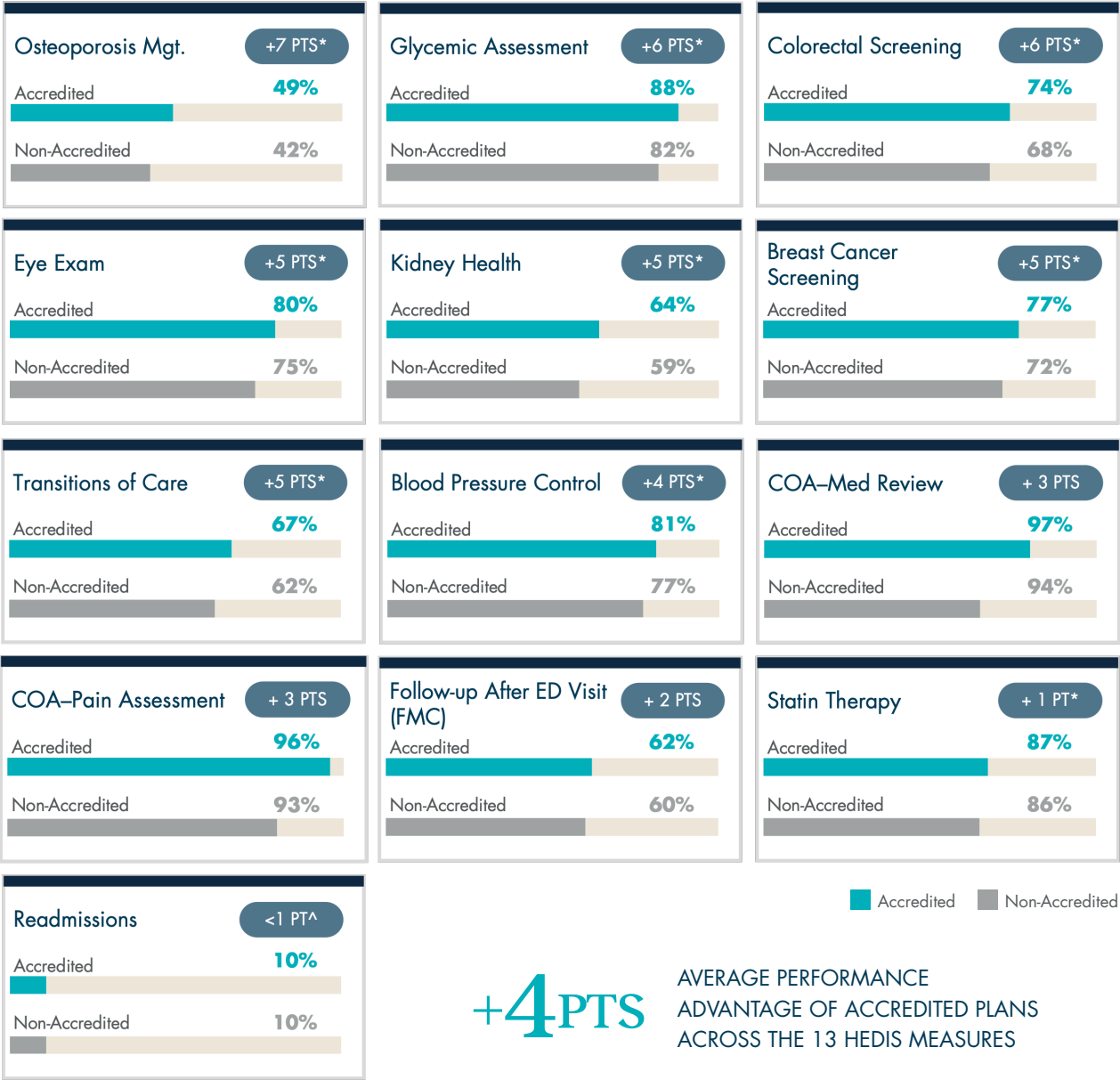
Source: NCQA Accreditation data and CMS publicly reported Star Ratings performance and Star assignment data.⁶

KEY FINDING #2: HEDIS PERFORMANCE

Accredited plans outperform non-Accredited plans on HEDIS measures in Star Ratings

HEDIS is one of the most widely used quality measurement frameworks in healthcare. The consistent advantage observed among Accredited plans suggests that Accreditation is associated with the development of performance-improvement capabilities in a systematic and repeatable way.

Accredited Versus Non-Accredited Plan Performance on 13 HEDIS Measures Included in the CMS Star Ratings for Measurement Year 2024 (CMS Star Ratings 2026)



^A lower score is better for this measure. The performance difference is less than 1 percentage point, in favor of Accredited plans.

*Indicates statistically significant differences between Accredited and non-Accredited plan averages for Measurement Year 2024. Source: NCQA Accreditation data and performance rate data from HEDIS, stewarded by NCQA (Regression Analysis Method).

KEY FINDING #3: CUT POINT PERFORMANCE

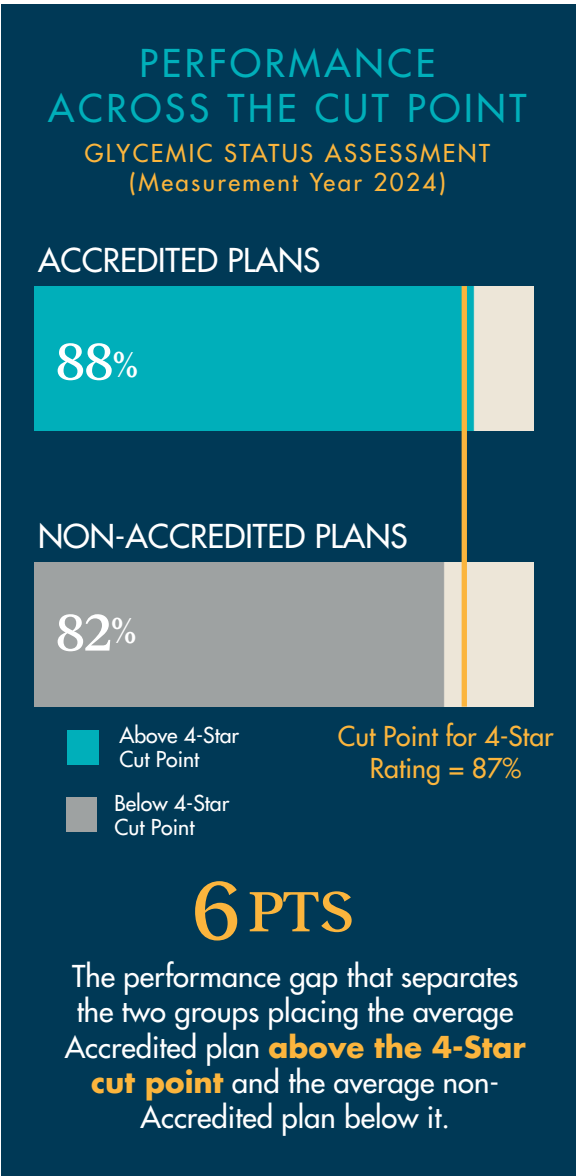
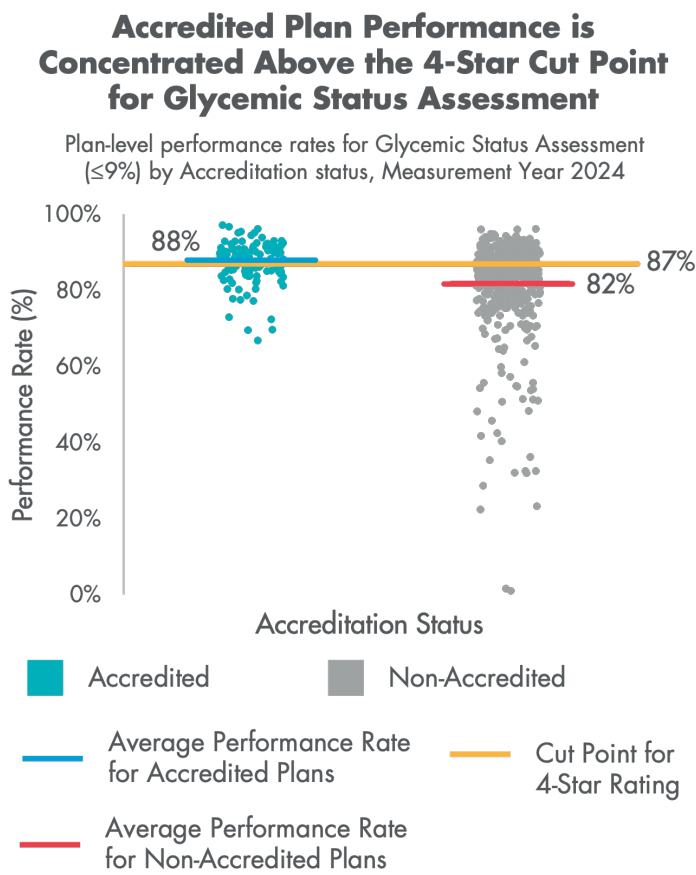
Accredited plans clear the 4-Star threshold more often—and with less variation

CMS establishes performance thresholds, known as cut points, that determine Star Ratings at the individual measure level. Performance on these measures contributes to the overall Star Rating, making movement around key cut points particularly important.

Accredited plan averages exceeded the 4-Star cut point for eight measures in Measurement Year 2024, versus only one measure for non-Accredited plans.

Accreditation Promotes Consistency

Accredited plans show fewer low-performing outliers and a greater concentration of plans at higher performance levels, as shown in the example below for Glycemic Status Assessment for Patients with Diabetes, a triple-weighted measure in the Star Ratings for Measurement Year 2024.



Source: NCQA Accreditation data and CMS publicly reported Star Ratings performance and Star assignment data.⁶

KEY FINDING #4: REAL-WORLD IMPACT

What it could mean if non-Accredited plans performed as well as Accredited plans

Differences in performance translate to real-world impact in terms of care gaps closed, Medicare costs averted and lives saved.

Modeled Population Health Impact for Measurement Year 2024

If non-Accredited plans performed at Accredited plan rates.

HEDIS Measure	Additional Members Reaching Target	Clinical Outcomes		
Breast Cancer Screening	128K (5.1 per 100 eligible)	51-154 Cancers detected in earlier stages		
Colorectal Cancer Screening	328K (5.7 per 100 eligible)	295-656 Cancers prevented	134-524 Cases caught earlier	
Controlling High Blood Pressure	186K (3.4 per 100 eligible)	780-1,801 Heart failure events and strokes prevented		
Eye Exam for Patients With Diabetes	149K (5.9 per 100 eligible)	149-804 Vision loss cases prevented		
Glycemic Status Assessment for Patients With Diabetes	144K (5.7 per 100 eligible)	433-866 Progressions to chronic kidney disease prevented	289-577 Acute myocardial infarctions prevented	72-217 Dialysis years prevented
Kidney Health Evaluation for Patients With Diabetes	197K (5.9 per 100 eligible)	197-983 Years of dialysis prevented		
Follow-Up After Emergency Department Visit - Multiple Chronic Conditions	33K (1.7 per 100 eligible)	82-655 Emergency department revisits and admissions prevented		
Osteoporosis Management in Women Who Had a Fracture	3,262 (7.1 per 100 eligible)	34-65 Fractures prevented in older women		
Plan All-Cause Readmissions	5,254 (0.3 per 100 eligible)	5,254 Avoidable readmissions prevented		
Statin Therapy	7,987 (1.2 per 100 eligible)	80-112 Recurrent cardiovascular events prevented		
Transitions of Care	156K (5.8 per 100 eligible)	1,641-4,690 Readmissions prevented		

MEDICARE COSTS AVERTED (IN 2026 DOLLARS)

IF ACCREDITED-LEVEL PERFORMANCE IS SUSTAINED BY NON-ACCREDITED PLANS

\$174M-\$320M

ANNUAL MEDICARE MEDICAL COSTS AVERTED

\$795M-\$1.5B

5-YEAR MEDICARE MEDICAL COSTS AVERTED (NET PRESENT VALUE)

\$1.5B-\$2.7B

10-YEAR MEDICARE MEDICAL COSTS AVERTED (NET PRESENT VALUE)

Priced on the specific clinical events each measure averts, at Medicare costs, with shared events counted only once.

Source: Real-world impact calculation inputs are based on findings from research studies related to the HEDIS measures in the CMS Star Ratings (Distribution Shift Impact Method). All studies are referenced on our methods page at: <https://www.ncqa.org/accreditation-advantage-methods>

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KEY FINDING #5: CAHPS® PERFORMANCE

Accredited MA plans lead on most CAHPS measures of patient experience

Similar to the HEDIS measures, most CAHPS measures show that Accredited plans trend toward better performance, but with greater variability and smaller differences. Even small variations can be significant for plans that sit close to a cut point in the Star Ratings.

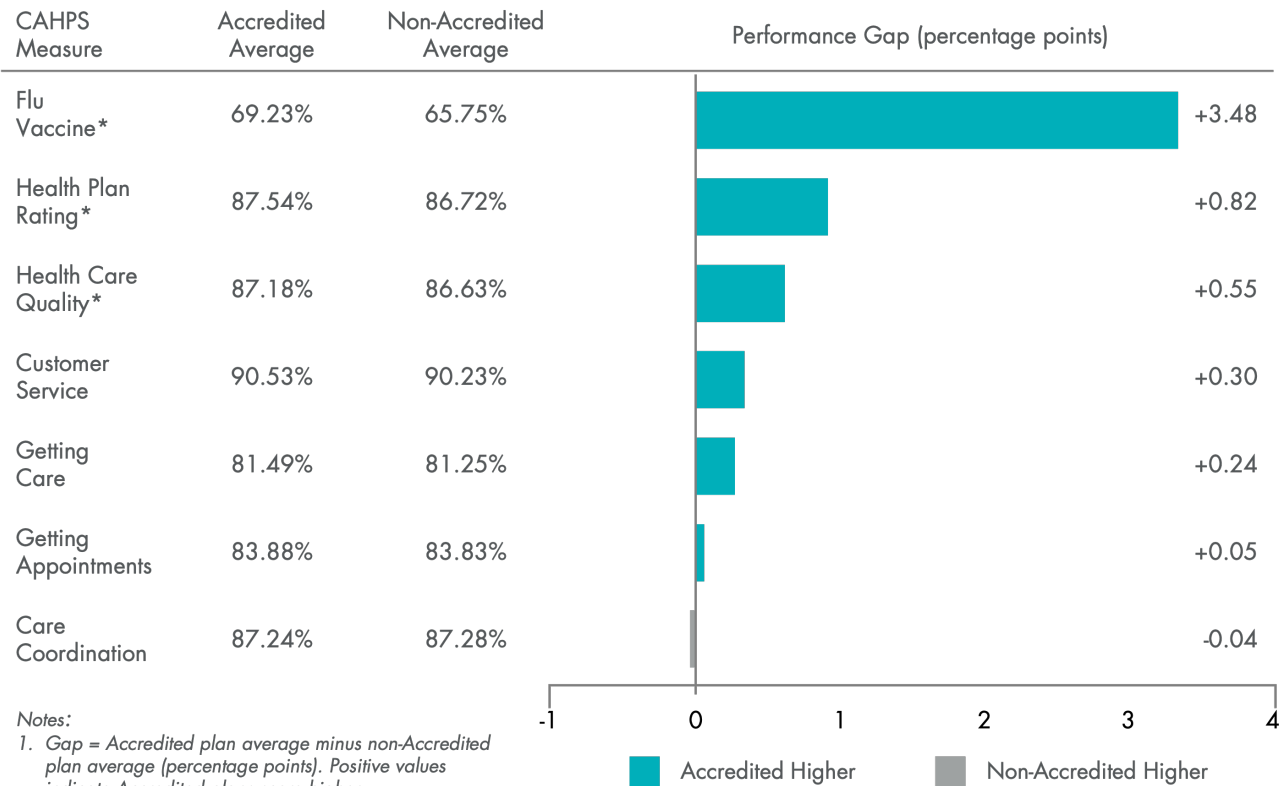
CAHPS measures add a **MEMBER EXPERIENCE LENS** to plan performance

Accredited plans generally **TREND HIGHER** on measures of access, quality and communication

Accredited Plans Perform Better Than Non-Accredited Plans on Most CAHPS Measures
Performance gap in percentage points, Measurement Year 2024



6 of 7 measures favor Accredited plans



*Indicates statistically significant differences between Accredited and non-Accredited plan averages for Measurement Year 2024.
Source: NCQA Accreditation data and CMS publicly reported Star Ratings performance and Star assignment data.⁶

HEALTH PLAN PERSPECTIVES

How Accredited plans operationalize standards to drive performance

Strong HEDIS and Star Ratings performance is rarely the result of a single program or intervention. It requires a long-term investment in data, infrastructure and clinical programs to improve the health of members and communities. NCQA interviewed quality and clinical leaders from high-performing Accredited MA plans and several common themes emerged:

► **Create a Culture of Quality**

The most successful MA plans view quality as an organizational responsibility, not the work of a single department. Leaders prioritize quality from the top down and create shared accountability for outcomes.

► **Use Accreditation as a Roadmap for Improvement**

Many plans describe Accreditation as a strategic improvement framework—a structured way to identify gaps, strengthen accountability and drive organizational performance.

► **Double Down on Data Acquisition and Analysis**

High-performing MA plans view data as a strategic asset. They are combining multiple streams of information—claims, clinical, provider, pharmacy and member experience data—to create actionable intelligence that supports quality improvement and population health management.

► **Focus on Whole-Person Care**

Successful MA plans go beyond traditional claims-based analysis to develop a comprehensive understanding of each member's health status, risks and needs. The focus shifts from simply identifying care gaps to understanding the barriers that created those gaps and deploying targeted interventions that make it easier for members to receive the care they need.

► **Build Strong Care Delivery Partnerships**

The strongest plans do not simply encourage clinicians to improve quality performance. They actively equip them to succeed—from providing actionable data to support value-based contracting to investing in equipment and infrastructure to improve access to care.

► **Invest in Communities and Address Needs Beyond Clinical Care**

Many drivers of population health occur outside the walls of traditional healthcare. As a result, high-performing MA plans are investing in community partnerships and programs that address access, health literacy, social needs and member engagement.

During last year's annual enrollment our plan nearly doubled in size, and that's been a huge eye-opener for us because we are bringing on new members with limited information about their health history. That's where our laser-focused quality programs are helping us to quickly assess the population and get the care they need.

Vice President, Quality and Clinical Integration
at a Medicare Advantage Plan

IMPLICATIONS

How these findings relate to the broader healthcare industry and what to do next

These findings point to specific actions for plans and policymakers who want to close performance gaps, reduce financial risk and improve outcomes.

For *Medicare Advantage Plans*

► **Accreditation and Star Ratings Work Together**

Plans that pursue Accreditation are building the exact infrastructure that helps drive Star Ratings results. These investments compound and do not compete.

► **Focus on Clinical Quality as the Primary Driver of Star Ratings Performance**

Strong execution on HEDIS measures is a consistent and controllable lever for improving overall performance.

► **Prioritize Performance at Critical Thresholds**

Small improvements near CMS thresholds (cut points) can meaningfully influence Star Ratings outcomes, making targeted interventions particularly impactful.

► **Invest in Repeatable Quality Improvement Capabilities**

Plans that embed structured processes for identifying care gaps, engaging providers and tracking performance are better positioned to sustain results over time.

For *Policymakers & Purchasers*

► **Accreditation Aligns with Quality-based Incentive Priorities**

Accreditation reinforces performance on measures directly tied to outcomes, supporting broader efforts to improve quality and accountability.

► **Performance Gaps Have Real Public Health Consequences**

Closing the gap between Accredited and non-Accredited plans could mean thousands of breast and colorectal cancer deaths averted, as just one example. Annual savings could be in the hundreds of millions, allowing for reinvestment in services and overall quality improvement efforts.

► **Standardization of Quality Improvement Practices Promotes Consistency**

Accredited plans showed fewer low-performing outliers and a tighter concentration at higher performance levels, suggesting a relationship between Accreditation and consistency.

► **Independent Assessment Strengthens Plan Oversight**

Federal programs that rely on managed care—Medicaid, the exchanges and the Federal Employees Health Benefits Program—use Accreditation to establish operational rigor and protect members. The findings here are consistent with that rationale: Accredited plans performed better across the HEDIS measures studied, and with greater consistency than non-Accredited plans.

ANALYTIC METHODS

How we evaluated Accredited versus non-Accredited plan Star Ratings performance

This analysis evaluates the relationship between NCQA Health Plan Accreditation and performance in the CMS MA Star Ratings program. NCQA evaluated the performance of Accredited MA plans and non-Accredited MA plans on 13 HEDIS measures and 7 CAHPS measures, all of which are in the Star Ratings for Measurement Year 2024 (equivalent to CMS Stars 2026). The Medicare Health Outcomes Survey and administrative measures were excluded from this analysis.

DATA SOURCES

This study used publicly reported Star Rating and performance rate data from CMS as well as Accreditation status and performance rate data from HEDIS, stewarded by NCQA. For the real-world impact calculation inputs, the data were supplemented with findings from research studies related to measures in Star Ratings.

ANALYTIC METHODS

We analyzed performance at the contract (plan) level using member or event level data. Results are based on Measurement Year 2024 unless otherwise noted.

Accredited Plan Performance Versus Non-Accredited Plan Performance

A linear regression analysis was conducted at the measure level to examine the relationship of Accreditation status, measurement year, and their interaction on performance rates.

Real-World Impact and Net Present Value Calculations

A distribution-shift impact was calculated by mapping each non-Accredited plan to the equivalent rank in the Accredited plan distribution, modeling the expected members reaching target, events and costs impacted if non-Accredited plans matched the Accredited plan distribution. Mortality is reported separately and is never monetized. Cost figures are an annual run-rate; multi-year totals assume performance is sustained. Estimates are associational, not causal. Ranges reflect the spread of underlying parameters, not confidence intervals.

The two Care for Older Adults measures contribute to the 1.5 million care gaps closed, but have no quantified clinical or cost impact. Statin Therapy, Transitions of Care and Follow-Up After ED Visit share clinical endpoints with other measures—their events are counted once, under Controlling High Blood Pressure and Plan All-Cause Readmissions, and contribute \$0 incremental to the cost total.

Portions of this analysis were provided by Huron Consulting Group under a contract with NCQA.

LEARN MORE

Visit ncqa.org/accreditation-advantage-methods to explore more details about our analytic methods.

References

- ¹ <https://www.kff.org/medicare/medicare-advantage-in-2026-enrollment-update-and-key-trends>
- ² <https://www.kff.org/medicare/medicare-will-spend-more-than-13-billion-on-the-medicare-advantage-quality-bonus-program-in-2026>
- ³ <https://www.cms.gov/files/document/effectuated-enrollment-early-snapshot-2025-and-full-year-2024-average.pdf>
- ⁴ <https://data.medicare.gov/dataset/52ed908b-0cb8-5dd2-846d-99d4af12b369?conditions%5b0%5d%5bproperty%5d=year&conditions%5b0%5d%5bvalue%5d=2024&conditions%5b0%5d%5boperator%5d=%3D>
- ⁵ <https://www.census.gov/library/publications/2025/demo/p60-288.html>
- ⁶ <https://www.cms.gov/medicare/health-drug-plans/part-c-d-performance-data>

The Accreditation Advantage

When you are an NCQA-Accredited entity, you are demonstrating a high standard of commitment to your members. It shows that you are willing to go through scrutiny and validation by NCQA to become the best health plan you can be. NCQA Accreditation is the roadmap or guidebook to get you there.

Manager, Quality Program Governance
at a Medicare Advantage Plan

Scan the QR code below or visit ncqa.org/accreditation-advantage to explore more data, learn about our analytic methods and find out how NCQA-Accredited Medicare Advantage plans are improving population health and outcomes.



ncqa.org/accreditation-advantage

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