Health Plan Ratings FAQs

2016–2017

"Ratings" vs. "Rankings"

NCQA will continue with the Ratings methodology for 2016. The Ratings methodology displays the overall "rating" (in half-point increments) on a scale of 0–5, where 5 is the highest score and 0 is the lowest score.

Individual measures are rated in whole points against the All Lines of Business (All LOB) 10th, 33.33rd, 66.67th and 90th percentiles. The percentiles will be available in Quality Compass 2016 for all measures and product lines, with the exception of Medicare CAHPS and HOS measures which aren't reported in Quality Compass.

This year's ratings will not include marketplace plans because they have not yet developed sufficient data for analysis.

How does NCQA weight measures in the ratings?

Weights align with the Medicare Stars ratings and other programs, and are assigned as follows:

- "1" = Process measures (e.g., screenings, visits).
- "1.5" = Patient Experience measures (i.e., CAHPS)
- "3" = Outcome measures (e.g., HbA1c Control, BP Control).

What measures are included in the ratings methodology?

Measures included in the ratings are listed in the appendix of the Methodology Overview. Measures will be removed from the methodology if less than 40 percent of plans provide a scorable (i.e., non NA or NB) rate. The final measure list is determined based on the discretion of NCQA. We also exclude some measures based on the following rules:

- Where there were paired process and outcome measures (e.g., HbA1c screening and HbA1c control), we kept the outcome measure.
- Where there were paired process measures (e.g., initiation and engagement), we kept one of the pair. Usually this was the measure that was first in the chain from process to outcome (e.g., we kept initiation, which precedes engagement).

How does NCQA handle missing values?

Plan measures may have "missing values" (i.e., Not Reported [NR], Not Required [NQ], Biased Rate [BR], Not Applicable [NA], No Benefit [NB]). NA and NB measures are not scored in the ratings; NR, NQ, and BR measures receive a rating of "0" (zero). NR, NQ, and BR scores are included in composite and overall calculation of ratings. For more information, refer below to *What are the rating categories?*

To determine if plans have insufficient data for ratings, we test whether the rates are based on at least 50% of the data by weight. To do this, the program combines all measures by plan, and then identifies whether the health plan has scorable (non NA or NB) data for at least 50% of the weight of measures that make up the overall score. If the plan does not meet the 50% threshold, the plan is assigned a Partial Data Reported rating status.

What plans are rated?

To be rated, Private (commercial), Medicaid, and Medicare plans must submit scorable (non NA or NB) rates for at least 50 percent of the *weight* of measures and have submitted both HEDIS and CAHPS. Plans with partial data or no data are not rated, but will be listed.

Rated plans and plans with partial data are scored on the measures they submit.

Accreditation in the ratings

Accreditation accounts for up-to 10 percent of the weight of valid submitted measures and serves as bonus points. An unaccredited plan can earn an overall rating of "5". NCQA uses the June 30th Accreditation status and any status modifiers for the display in Ratings. For example, if as of June 30th, a plan was "Under Review by NCQA" then their Accreditation status for the year will be "Yes – Under Review by NCQA."

NCQA Accreditation	Accreditation Standards Score	Accreditation Ratings Score	Ratings Display (NCQA Accreditation =)
Health Plan	actual points/possible points	(Actual/possible pts) x 5 x 10% of the weight of valid reported measures	**Yes**
Interim	actual points/ possible points	(Actual/possible pts) x 5 x (1/3) x 10% of the weight of valid reported measures	**Yes—Interim**
New Health Plan	actual points/ possible points	(Actual/possible pts) x 5 x 10% of the weight of valid reported measures	**Yes**
In process	No score	**0.0000**	**No (In process)**
Scheduled	No score	**0.0000**	**No (Scheduled)**
None	No score	**0.0000**	**No**

Overall rating

The overall rating is rounded from a multi-decimal rating to one decimal place. For example, a raw rating of "3.749999" rounds down to "3.5"; a rating of "3.750111" rounds up to "4."

Rounding Rules		
0.000–0.249	→	0.0
0.250–0.749	→	0.5
0.750–1.249	→	1.0
1.250–1.749	→	1.5
1.750–2.249	→	2.0
2.250–2.749	→	2.5
2.750–3.249	→	3.0
3.250–3.749	→	3.5
3.750–4.249	→	4.0
4.250–4.749	→	4.5
≥4.750	→	5.0

HEDIS

What is HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set) is a tool that measures health plan performance on dimensions of care and service. HEDIS 2016 comprises 88 measures across 7 domains of care, and is used by more than 90 percent of America's health plans. Because so many plans collect HEDIS data, and because the measures are specific, health plans can be compared on the same things—on an "apples-to-apples" basis. Health plans also use HEDIS results to identify areas that need improvement.

How are HEDIS data reported to NCQA?

NCQA collects HEDIS data directly from health plans through online portals. For more information, go to http://www.ncqa.org/tabid/219/Default.aspx.

Accreditation

How do health plans earn accreditation points?

Health plans earn points by going through NCQA Accreditation, an independent review of health plan systems, processes and results on multiple dimensions of care, service and efficiency. An NCQA Accreditation Survey involves onsite and offsite evaluations conducted by a survey team of physicians and managed care experts. For more information on the NCQA Accreditation process, go to http://www.ncqa.org/tabid/689/Default.aspx.

How is the accreditation score included in the ratings?

The “actual” standards score is divided by the “possible” standards score and multiplied by 5 (the highest rating [i.e., actual/possible x 5]) and then multiplied by 10% of the weight of the valid measures. The accreditation score is then added to the sum of the HEDIS and CAHPS weighted ratings points.

- Accredited plans may increase their overall rating by up to a half-point.
- Interim accredited plans may increase their overall rating by one-third the amount that accredited plans can.
- Non-accredited plans receive a score of “0” (zero) on the accreditation score.

How are non-accredited plans rated against accredited plans?

Non-accredited plans, as of June 30th, receive a score of “0” (zero) on the accreditation score but can receive points for their public reported HEDIS and CAHPS data.

Plans that are scheduled for an NCQA Accreditation Survey or are in the survey process as of June 30 receive a score of “0,” but are listed as “NCQA Accreditation = No (Scheduled)” or “NCQA Accreditation = No (In Process)” on the final report.

CAHPS

What is CAHPS?

The CAHPS (Consumer Assessment of Healthcare Providers and Systems) 5.0 survey, included in HEDIS, measures member satisfaction in areas such as claims processing, customer service and getting needed care quickly. For more information about CAHPS, go to http://www.cahps.ahrq.gov/Surveys-Guidance/HP.aspx.

Is the CAHPS survey given to all health plan members, or to a random or stratified sample?

The survey goes to a random sample of plan members.

Who administers the CAHPS survey and collects the data?

Certified survey vendors administer the survey and collect the data. Commercial and Medicaid CAHPS data are submitted to NCQA; Medicare CAHPS data are submitted to a CMS contractor.

Medicaid CAHPS Component

Medicaid plans are given the option to be scored on either their Adult CAHPS or Child CAHPS data. Plans make this selection through the Healthcare Organization Questionnaire (HOQ) in February. Both NCQA Accreditation and Health Plan Ratings use the same plan’s CAHPS component selection.

Medicare CAHPS and HOS Timing

Due to the timing of Medicare HOS and CAHPS, NCQA uses the prior year’s data for Ratings. Therefore, for the 2016 Health Plan Ratings, NCQA will use Medicare HEDIS 2016 but Medicare CAHPS and HOS 2015 data.

Ratings

What are the rating categories?

Plans fall into one of three categories:

1. *Ratable.* The plan submitted both HEDIS and CAHPS data for public reporting (regardless of their Accreditation status) and is assigned a score from 0–5, in half point increments.
2. *Partial Data Reported.* More than 50 percent of the weight of the plan's submitted measures are "NA," or "NB"; ***or*** the plan submitted HEDIS data but did not submit CAHPS data (or vice versa); ***or*** the plan earned an NCQA Accreditation status that does not require HEDIS and did not submit HEDIS or opted not to public report their data.
3. *No Data Reported.* The plan did not submit data or opted not to report data publicly.

What plans are included in the ratings?

All plans that submit both HEDIS and CAHPS for public reporting are eligible for ratings. All HMOs, POS organizations and PPOs with coverage in the 50 states, DC, Guam, Puerto Rico and Virgin Islands are included in the ratings.

Plans are rated separately by product line: Private, Medicaid and Medicare. PPO, HMOs and POS plans (i.e., HMO; EPO, HMO/EPO combined, POS; HMO/POS combined; PPO; HMO/PPO combined; HMO/POS/PPO combined; POS/PPO combined) report on the same measures and are compared in the same list.

All Medicare plans required by CMS to submit HEDIS are included in the published ratings. Medicare plans that are not required by CMS to submit HEDIS are not included in the published ratings unless they have achieved NCQA accreditation.

Note: *Ratings do not include Medicaid PPO products, Marketplace plans, or Medicare Supplemental plans.*

How does NCQA define "state coverage"?

NCQA defines "state coverage" as the states where a plan is licensed to operate. Plans that submit HEDIS/CAHPS data provide this information each year during the HOQ process. For plans that do not submit these data, NCQA uses state licensing and membership data provided for accreditation or gathered from external sources.

How do the ratings display information of accredited plans vs. nonaccredited plans, or plans that report publicly vs. plans that do not report publicly?

- *Plans that are NCQA Accredited with HEDIS and marked their submission "Not Publicly Reported"* on the Attestation are eligible for ratings. All measures are used to calculate the overall rating, but only scores for measures required for accreditation are displayed. Measures not required for accreditation are displayed as "Not Public [NP]."
- *Plans that are not NCQA Accredited and marked their submission "Not Publicly Reported"* on the Attestation, or that do not submit HEDIS or CAHPS data, are displayed as "No Data Reported" in the ratings and receive "No Credit [NC]" for the display of their measure information. Non-reporting plans with enrollments of fewer than 8,000 members are not listed in the report.
- *Plans that are NCQA Accredited Standards Only or Interim and marked their submission "Not Publicly Reported"* on the Attestation are displayed in the ratings as "Partial Data Reported" and all measures are displayed as "No Credit [NC]."
- *Plans that are NCQA Accredited Standards Only or Interim and marked their submission "Yes" to public reporting* on the Attestation are rated on the data they submitted.

Projected Ratings (Early August 2016)

Why are plans required to affirm their projected rating?

NCQA requires plans to review their projected rating as a final quality assurance step in the ratings process. Although the projected information is subject to change (from continued quality checks), plans must affirm that they reviewed their information and have no questions regarding their accreditation status or projected rating.

What's the difference between HOQ, plan confirmation, IDSS and projected ratings?

- The Health Organization Questionnaire (HOQ) is released in January. It requires plans to identify and create submissions for the upcoming HEDIS and accreditation programs.
- Plan confirmation is a ratings-specific process that is released in May/June. All plans must confirm that NCQA has accurate information (e.g., Plan Name, Accreditation status, states) on each plan eligible for ratings.
- The Interactive Data Submission System (IDSS) is used to submit HEDIS and CAHPS data to NCQA. Data are used in the ratings, in addition to plans' scores on the accreditation standards. The HEDIS Attestation, required with each HEDIS submission, determines how a plan will be scored and displayed in the ratings.
- Projected ratings are the plan's current rating scores and are made available in early August. All plans must confirm their information.

How does NCQA determine a plan's accreditation status?

Accreditation status is based on NCQA's records as of June 30. If you think we identified your plan's status incorrectly, contact https://my.ncqa.org immediately. NCQA also uses any status modifiers such as "Under Review by NCQA" should a plan have one as of June 30.

Why is our submission ID "0"?

There are two reasons why this might happen:

1. Your plan is NCQA Accredited, Interim, Scheduled or In-Process, but is not required to submit HEDIS data and only submits standards data via the Interactive Review Tool (IRT).
2. Your plan does not submit data to NCQA, but is eligible to be included in the ratings based on our research.

Why are only some of our submissions listed?

NCQA ratings exclude some submission types:

- FFS plans.
- Medicaid PPOs.
- Special projects or state-specific submissions.
- Marketplace plans.

Only plans eligible for NCQA programs and validated during the plan confirmation process are included in the ratings.

Our plan does not want to be included in NCQA's Health Plan Ratings or does not plan to submit data to NCQA. Will we be listed in the ratings?

Yes. NCQA includes all eligible plans in the ratings. Refer to *How do the ratings display information…,* above.

How can our plan update its information?

Plans can update certain information (i.e., URL, state coverage area) during the confirmation process in May/June. NCQA reserves the right to approve all changes. Because plans can have multiple submissions that are licensed to operate in multiple states, NCQA reserves the right to change a plan's name, to distinguish submissions.

What source is used for the "SNP Only" identifier?

CMS provides a list to NCQA that identified Medicare Advantage contract numbers containing SNP-only members. NCQA will identify these plans in the final ratings list with a superscript identifier after their name.

General

Where can I find information about the ratings?

Find information about the 2016 ratings here: http://www.ncqa.org/ReportCards/HealthPlans/HealthInsurancePlanRatings/NCQAHealthInsurancePlanRatings2016.aspx.

Where should I send questions about ratings?

Direct all questions and requests about ratings to https://my.ncqa.org.

Resources

Can our plan get a list of the ratings from a previous year?

The *2015-2016 Health Insurance Plan Ratings* was the first year that ratings were published. You can view the 2015-2016 *Health Insurance Plan Ratings* at http://healthinsuranceratings.ncqa.org/. Or you can purchase an Excel version of the Ratings here.

Can our plan see its individual HEDIS scores or our competitor's?

A plan's individual HEDIS scores are available in the IDSS tool for the current data collection year (i.e., data collected during the year when the product is released).

The last three years of HEDIS and CAHPS scores are in NCQA's Quality Compass product for plans that publically reported their results. Go to http://www.ncqa.org/tabid/177/Default.aspx.

Corrections and Data Display

Are there duplicate plans on the ratings list?

No. Some plans have similar names but are distinct legal entities. NCQA's policy requires them to be listed separately and attempts to differentiate plan names where possible.

Our plan is not listed in the ratings. Why?

Non accredited plans that do not publicly report and have an enrollment fewer than 8,000 members are not listed in the ratings.

Our Medicare plan is not listed in the ratings. Why?

NCQA lists only Medicare plans that are required to submit HEDIS by CMS or are NCQA Accredited. Use of Medicare data in the NCQA ratings methodology depends on yearly CMS approval. NCQA does not rate Medicare Supplemental plans, only Medicare Advantage plans.

Our plan is accredited, but not all of our submissions were used in the ratings. Why?

If your plan achieved NCQA Accreditation using HEDIS data, only submissions used for accreditation scoring are used in the ratings.

Our plan submitted HEDIS but is not listed in the ratings. Why?

Plan data submissions are excluded from the ratings if the submission is for a “special” product (e.g., CHIP, HOS only, or SNP), Medicaid PPO, Marketplace, or outside of the 50 states, DC, Guam, Puerto Rico or Virgin Islands.

Other Questions

Our plan’s onsite Accreditation Survey is scheduled after May 31. How will our status be displayed in the ratings?

A plan’s accreditation status is available approximately one month after the onsite survey. Because your plan’s new accreditation status will probably not be available before June 30, the ratings will display the accreditation status as “No (In process).”

Although your plan receives “0” points for accreditation, the “In process” notation will indicate to purchasers and consumers that your plan embraces the measurement and transparency that are the foundation of serious quality improvement.

If your plan is accredited and is scheduled for a Renewal Survey before its current expiration date, the ratings will display the accreditation status as “Yes,” and your plan’s accreditation points will be based on its current accreditation score.

Our plan has a separate submission that represents a different set of members from our regular submission. May we also get credit for this submission in the ratings?

Yes. The submission will be listed as an additional plan in the ratings.