



Assessing Health Plan Quality: Leveraging NCQA Data to Choose a Quality Partner

Each year, nearly 80% of health plans in the United States go through NCQA Health Plan Accreditation (HPA) to demonstrate their adherence to the quality improvement processes that position them to deliver high-quality care. Accreditation gives plans the incentive to monitor their performance across a variety of areas—such as clinical quality, population health management and employee experience—and make necessary improvements.

The Accreditation process also provides employers with data and information they can use to ensure that they select a health plan partner that emphasizes quality processes and outcomes. As employers begin the selection process, they should ask current and prospective plans the following questions.

➔ 1. Is this health plan accredited by NCQA?

HPA evaluates over 100 standards across 6 categories. To earn Accreditation, plans must score at least 80% in each category and annually report outcomes achieved through HEDIS® (the Healthcare Effectiveness Data and Information Set) and CAHPS® (the Consumer Assessment of Healthcare Providers and Systems).

Employers can be assured that they are partnering with a plan that prioritizes quality by asking whether it has earned NCQA Accreditation and by asking about Accreditation results, which highlight a plan's strengths (and weaknesses).



EMPLOYERS SHOULD ASK...

- Is this health plan NCQA Accredited?
- What were the plan's scores by category?
- Which elements were scored Partially Met or Not Met? Did you fail any must-pass elements?
- What is being done to improve scores?
- Is there documented evidence of improvement over the last 1–2 years?

Want to require Accreditation? Find sample contract language in Mandating Health Plan Quality at [ncqa.org/employertoolkit](https://www.ncqa.org/employertoolkit)

Are Health Plans Accredited at the National Level?

Self-insured employers that contract at the national account level may wonder if health plans are Accredited at the national level. The answer can be complicated. Health plans apply for NCQA Accreditation at the state level, but often have specific functions centralized at the national level.

An employer that contracts with a national plan should find out:

- What functions, processes and policies are centralized at the national level vs. at the state or local plan level.
- Whether the health plan is Accredited in states where the employer has a high concentration of employees.
- By understanding what is accomplished at the state level vs. the national level, employers can understand how the health plan ensures that it complies with evidence-based standards.

➔ 2. What is the Health Plan Rating?

As part of the NCQA Accreditation process, health plans submit HEDIS and CAHPS data annually to disclose their clinical quality and patient experience results. NCQA uses a select set of these measures to give plans a rating of 0–5 (5 is highest). Plan Ratings give employers a way to understand a plan's overall performance.



A plan with 5 stars is in the top decile of plans.



A plan with 4 stars is in the top third of plans, but not in the top 10th.



A plan with 3 stars is in the middle third of all plans.



A plan with 2 stars is in the bottom third of plans, but not in the bottom 10 percent.



A plan with 1 star is in the bottom 10 percent of plans.

Health Plan Ratings also provide category-specific scores for each of three categories: Consumer Satisfaction, Prevention and Treatment. Employers can request a copy of the Health Plan Report Card to see a plan's overall and categorical ratings.



Of the 540 commercial health plans rated in 2019, only 6 earned the highest rating of 5. Twenty commercial plans earned 1.0 or 1.5.



EMPLOYERS SHOULD ASK...

- What is the overall Health Plan Rating for this plan?
- What rating did this plan achieve for Consumer Satisfaction? Prevention? Treatment?
- What areas were rated lowest?
- What is being done to improve these ratings?
- Has the plan's scores improved year-over-year?

➔ 3. How do the plan's HEDIS scores compare to national benchmarks?

HEDIS measures provide a way to measure plan and provider performance against evidence-based standards of care each year. Over 90 measures quantify various aspects of prevention and treatment, such as the frequency of childhood and adult immunizations, cancer screenings and prenatal and post-partum care, as well as appropriate care for diabetes, high blood pressure and mental health issues.

Employers can leverage HEDIS data to gain insight into the quality of care their employees might receive from a health plan. Because plan performance varies significantly, employers can also compare data across plans to determine which plan might provide the best care. For example, the most recent HEDIS data shows that 79% of eligible women in the top-performing health plans were appropriately screened for breast cancer, while 65% of women in the lowest-performing plans were appropriately screened.

In addition to comparing HEDIS measures across plans, national and state benchmarks can provide additional—and often better—context about a plan's performance. Depending on the situation, employers could discover that a plan is performing below the 50th (or the 25th) percentile nationally and be able to implement strategies to drive quality improvement.

Employers can assess how well a plan is performing in areas of interest by requesting the corresponding HEDIS measures during the RFP process.



EMPLOYERS SHOULD ASK...

- What are the most recent HEDIS scores for [areas of interest]?
- How do the scores compare to national benchmarks?

Want to set a minimal score threshold? Find sample contract language in Mandating Health Plan Quality at ncqa.org/employertoolkit.

For more information, visit www.ncqa.org



The National Committee for Quality Assurance (NCQA) is a 501(c)(3) not-for-profit that uses measurement, transparency and accountability to improve health care. NCQA creates standards, measures performance and highlights organizations that do well. All this helps drive improvement, save lives, keep people healthy and save money.

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