

California Health Care Quality Report Cards

2025-26 Edition Health Plan Report Card - Scoring Documentation for Public Reporting on CAHPS®¹ (Reporting Year 2025)

Background

The Office of the Patient Advocate (OPA) publicly reports health care quality data to help consumers make more informed decisions. OPA published its first HMO Health Care Quality Report Card in 2001 and successfully updated, enhanced, and expanded the Report Cards on HMOs, PPOs, and Medical Groups in subsequent annual editions. The online Health Care Quality Report Cards are available at <https://www.cdii.ca.gov/consumer-reports/>.

This document addresses the methodology used to produce the 2025-26 Health Plan Report Card's patient experience scores based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) commercial measure data. Performance results are reported at a health plan unit level.

Twelve (12) participating health plans report HMO CAHPS® results.

Aetna Health of California, Inc.*
Anthem Blue Cross of California*
Blue Shield of California*
CIGNA HealthCare of California, Inc.*
Health Net of California, Inc.*
Kaiser Foundation Health Plan of Northern California, Inc.
Kaiser Foundation Health Plan of Southern California, Inc.
Sanford Health Plan
Sharp Health Plan
Sutter Health Plan
United Healthcare of California, Inc.
Western Health Advantage

**Plans with an asterisk report HMO/POS combined.*

Seven (7) participating health plans report PPO CAHPS® results.

Aetna Life Insurance Company of California**
Anthem Blue Cross Life and Health Insurance Company**
Anthem Blue Cross of California**
Blue Shield of California
CIGNA Health and Life Insurance Company of California**
UnitedHealthcare Benefits Plan of California***

¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

United Healthcare Insurance Company of California***

***Plans with two asterisks report PPO/EPO combined.*

****Plans with three asterisks report POS/PPO combined.*

Sources of Data for California Health Care Quality Report Cards

The 2025-26 Edition of the Report Cards is published in Fall 2025 and Spring 2026 using data reported in Reporting Year (RY) 2025 for performance in Measurement Year (MY) 2024.

The data sources for the 2025-26 Edition Health Plan Report Card are:

1. The National Committee for Quality Assurance's (NCQA) publicly reported CAHPS® commercial measure data.
2. NCQA's HMO and PPO Healthcare Effectiveness Data and Information Set (HEDIS®)².

The HEDIS® Methodology description can be found in a separate document.

Additional data sources for other 2025-26 Edition Report Cards include the Integrated Healthcare Association ([IHA](#)) Align. Measure. Perform. ([AMP](#)) Commercial HMO program's medical group clinical performance data.

Stakeholder Preview and Corrections Period

Each year, prior to the public release of the Report Cards, all participating health plans and medical groups are invited to preview the Health Care Quality Report Cards. Health plans and medical groups are given access to a test web site with updated results and given several days to review their data and submit corrections and questions regarding the data and methodology to OPA and its contractors. If an error in the data is identified within the given time period, it is corrected prior to the public release of the Report Cards.

OPA values the opinions and perspectives of stakeholders with interest and expertise in the field of healthcare quality measurement, data collection and display and, as such, welcomes questions and comments sent to OPAReportCard@ncqa.org.

² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS® is a source for data contained in the California Health Care Quality Report Cards obtained from Quality Compass®2025 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2025 includes certain CAHPS® data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA.

Health Plan CAHPS® Scoring Methodology

There are three levels of measurement:

1. **Stand Alone CAHPS® Measures:** The eligible measures consist of the CAHPS®* 5.1H commercial measures for Reporting Year 2025, reported by NCQA.
2. **Topic:** There are three composite topic areas composed of nine (9) commercial CAHPS® measures.
3. **Summary Performance:** There is one composite category, “Patients Rate Overall Experience,” which is the aggregated All-CAHPS® summary performance score composed of nine (9) commercial CAHPS® measures.

*See Appendix A for mapping of CAHPS® measures to performance topics and Appendix B for mapping of CAHPS® measures to stand-alone patient experience ratings.

2-Year Rolling Average

There are two specific measures that are calculated manually by multi-question composites, based on a 2-year rolling average: *Plan Customer Service*, and *Paying Claims*. Each question over two years is summed, and the total of each question over two years is averaged to create the rate of performance for each composite (e.g. Question 24 responses are summed from MY 2023 and MY 2024 and averaged with the same sum for Question 25 to create the rate of performance displayed for Customer Service in RY2025). The purpose for a 2-year rolling average is to amass a denominator large enough to report, given the difficulty most plans have in reaching the minimum reporting threshold in one measurement year across the entire composite.

Performance Grading

HMOs and PPOs are graded on performance relative to the nation for CAHPS® for “Patients Rate Overall Experience” for HMO/PPOs. All of the performance results are expressed such that a higher score means better performance. Based on relative performance, plans are assigned star ratings for multi-level summary indicators.

Star rating performance grading is based on the NCQA RY 2025 Quality Compass® All Lines of Business (Health Maintenance Organization-HMO, Point of Service-POS, Preferred Provider Organization-PPO, and Exclusive Provider Organization-EPO) benchmarks. Quality Compass® RY 2025 values are used to set performance cutpoints for new or revised measures.

Summary Performance Indicator Scoring

One summary performance indicator result is reported: “Patients Rate Overall Experience.” This summary rating is an aggregation of the measures within the three composites: 1) “Getting Care Easily”, 2) “Satisfaction with Plan Services”, and 3) “Satisfaction with Plan Doctors.”

1. Refer to HEDIS® 2025 Volume 3: Specifications for Survey Measures for a detailed description of the composite results scoring method.

Composite Category and Topic Scoring

The NCQA CAHPS® proportional scoring specifications are used to score both topic and category composites in Appendix A. Per NCQA scoring rules, CAHPS® composite results are first rounded to the 100th decimal, and then to the 10th decimal, before adding a 0.5 point buffer to the rounded mean score. This sum (rounded mean + 0.5) is used to assign the star rating performance grade.

Handling Missing Data

Not all health plans are able to report valid rates for all measures. In order to calculate summary performance indicator star ratings for as many health plans as possible, we impute missing data under specific conditions using an adjusted half-scale rule. This is accomplished by developing an actual measure level result for plans with missing data and using those for star calculations. Imputed results are not reported as an individual rate. If a plan can report valid rates for at least half of its measures in a topic, then missing values are replaced using this adjusted half-scale rule for all measures in the topic. Because eligibility for missing value re-assignment (imputation) is assessed independently at the summary indicator level, it is possible to have a summary indicator score even if topic scores are missing.

Changes from the 2024-25 Edition Report Card to the 2025-26 Edition Report Card and Notes

- There are now nineteen (19) participating health plans: twelve (12) HMOs and seven (7) PPOs.
- Table 1 and 2 were reformatted to display cutpoints from lowest to highest to improve clarity.
- The reference to the Purchaser Business Group on Health (PBGH) Patient Assessment Survey's (PAS) patient experience data was removed from page 2 due to the discontinuation of the PAS program in calendar year 2025.

From Percentiles to Stars

1. Health plan performance in MY 2024 is graded against score thresholds derived from MY 2024 (RY 2025) data. There are four thresholds corresponding to five-star rating assignments. If a category performance indicator composite rate meets or exceeds the "Excellent" threshold, the plan is assigned a rating of five stars. If a summary performance indicator composite rate meets or exceeds the "Very Good" threshold (but is less than the "Excellent" threshold) then the plan is given a rating of four stars. If a summary performance indicator composite rate meets or exceeds the "Good" threshold (but is less than the "Very Good" threshold) then the plan is given a rating of three stars. If a summary performance indicator

composite rate meets or exceeds the “Fair” threshold (but is less than the “Good” threshold) then the plan is given a rating of two stars. Summary performance indicator scores that are less than the two star “Fair” threshold result in a rating of one star “Poor”.

2. The grade spans vary for each of the three summary performance indicator topics listed in Table 1:

- a) Top cutpoint: 90th percentile nationwide
- b) Middle-high cutpoint: 65th percentile nationwide
- c) Middle-low cutpoint: 35th percentile nationwide
- d) Low cutpoint: 10th percentile nationwide

Table 1. Health Plan CAHPS® Performance Cutpoints for the 2025-26 Edition Report Card

Topic Ratings	Number of Measures Included	Poor Cutpoint <10th percentile	Fair Cutpoint 10th percentile	Good Cutpoint 35th percentile	Very Good Cutpoint 65th percentile	Excellent Cutpoint 90th percentile
Getting Care Easily	2	<72	72	79	83	87
Satisfaction with Plan Services	3	<62	62	67	72	78
Satisfaction with Plan Doctors	4	<59	59	64	68	73

Table 2. Health Plan CAHPS® Summary Category Cutpoints for the 2025-26 Edition Report Card

Summary Category Rating	Number of Measures Included	Poor Cutpoint <10th percentile	Fair Cutpoint 10th percentile	Good Cutpoint 35th percentile	Very Good Cutpoint 65th percentile	Excellent Cutpoint 90th percentile
Patients Rate Overall Experience	9	<64	64	70	75	79

3. A buffer zone of a half-point (0.5) span is applied to the category and topic ratings. Any health plan whose score is in the buffer zone 0.5 point below the grade cutpoint is assigned the next highest category grade. For example, if an Excellent Cutpoint was set at 81, the plan whose score is 80.5 would be graded "Excellent." A score of 80.4, which is outside of the buffer zone, would be assigned a grade of "Very Good."

Appendix A - Mapping of CAHPS® Measures ⁱ to Topics

Summary Performance Indicator	Composite or Topic	Definition	Question #
Getting Care Easily	Getting Doctors and Care Easily	In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed? (never-always)	20
Getting Care Easily	Getting Doctors and Care Easily	In the last 12 months, how often was it easy to get the care, tests, or treatment you needed? (never-always)	9
Getting Care Easily	Getting Appointments and Care Quickly	In the last 12 months, when you needed care right away, how often did you get care as soon as you needed? (never-always)	4
Getting Care Easily	Getting Appointments and Care Quickly	In the last 12 months, how often did you get an appointment for a check-up or routine care as soon as you needed? (never-always)	6
Satisfaction with Plan Services	Plan Customer Service	In the last 12 months, how often did your health plan's customer service give you the information or help you needed? (never-always)	24
Satisfaction with Plan Services	Plan Customer Service	In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect? (never-always)	25
Satisfaction with Plan Services	Paying Claims	In the last 12 months, how often did your health plan handle your claims quickly? (never-always)	29
Satisfaction with Plan Services	Paying Claims	In the last 12 months, how often did your health plan handle your claims correctly? (never – always)	30
Satisfaction with Plan Services	Rate Their 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? (OPA uses the responses of 9 or 10 for this question).	31

Summary Performance Indicator	Composite or Topic	Definition	Question #
Satisfaction with Plan Doctors	Rating of Doctor	Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor? (OPA uses the responses of 9 or 10 for this question).	18
Satisfaction with Plan Doctors	Rating of Specialist	We want to know your rating of the specialist you talked to most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist? (OPA uses the responses of 9 or 10 for this question).	22
Satisfaction with Plan Doctors	Health Care Highly Rated	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 12 months? (OPA uses the responses of 9 or 10 for this question).	8
Satisfaction with Plan Doctors	Coordinated Care	In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	17

ⁱ The questions sampled in this table correspond with the CAHPS® 5.1H survey.

Appendix B - Stand-Alone Patient Experience Ratings (not included in star ratings)

Stand Alone Measure - Composite or Topic	Definition	Question #
Doctor Communication	In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand? (never-always)	12
Doctor Communication	In the last 12 months, how often did your personal doctor listen carefully to you? (never-always)	13
Doctor Communication	In the last 12 months, how often did your personal doctor show respect for what you had to say? (never-always)	14
Doctor Communication	In the last 12 months, how often did your personal doctor spend enough time with you? (never-always)	15