Part C and D Star Ratings Overview

June 2024

Overview

- Medicare Advantage plans, including dual eligible Special Needs plans, get a rating from 1 to 5 stars.
- The Star Ratings are based on how well a plan performs on up to approximately 40 different measures.
- Star Ratings help Medicare beneficiaries shop for a plan that best meets their needs, but other factors also matter in choosing a plan.
- Medicare Advantage plans with higher Star Ratings get more funding allowing them to offer more generous benefits, including supplemental benefits and lower premiums.
- Therefore, Medicare Advantage organizations have a strong incentive to improve Star Ratings.

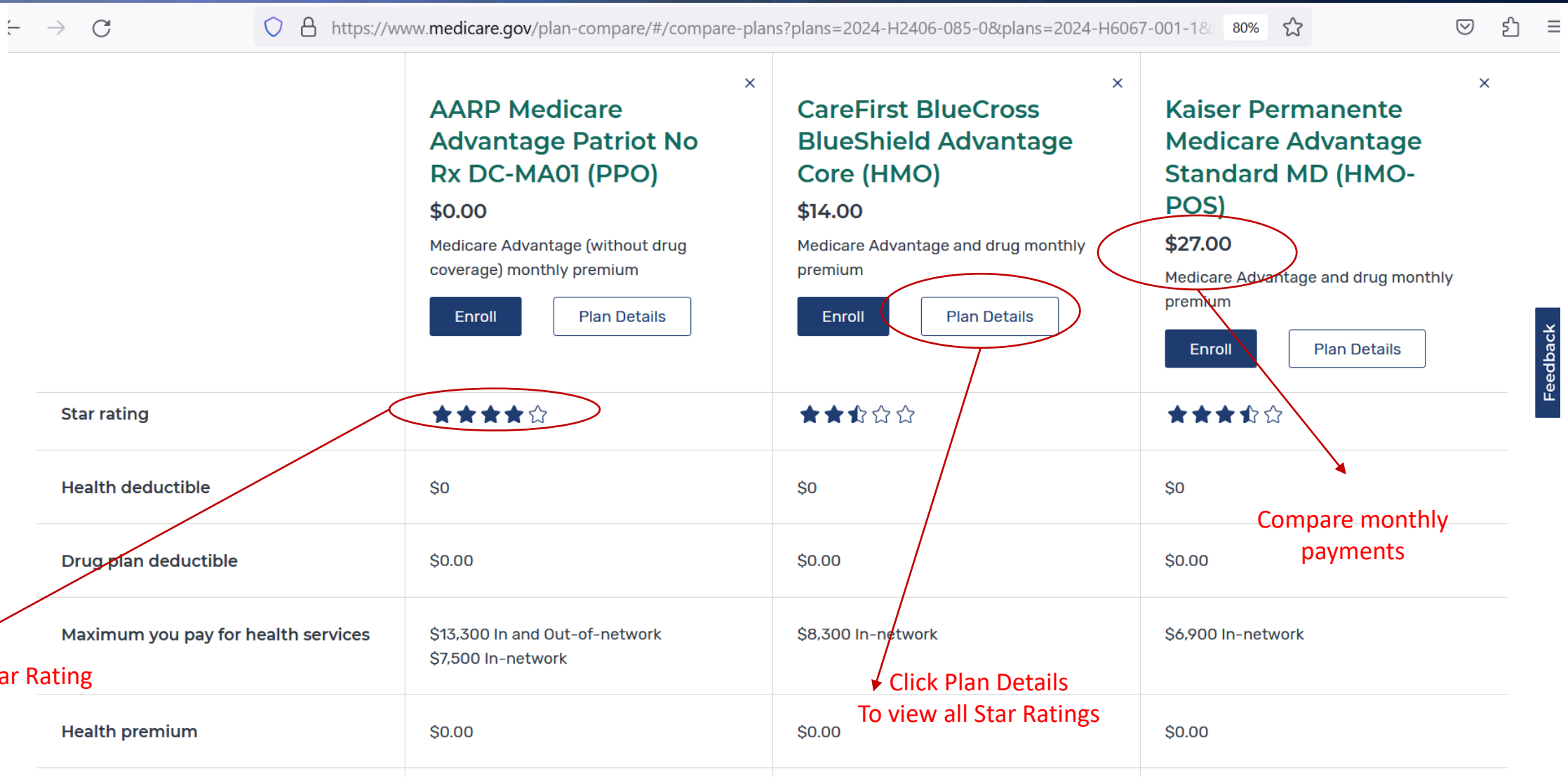
CMS Priorities

- The Star Ratings Program is consistent with the "Meaningful Measures" framework
- Focus on the highest priority areas for quality measurement and improvement, including to:
  - Promote effective communication and coordination of care
  - Promote effective prevention and treatment of chronic disease
  - Work with communities to promote best practices of healthy living
  - Make care affordable
  - Make care safer by reducing harm caused by the delivery of care
  - Strengthen person and family engagement as partners in their care

Release of Star Ratings

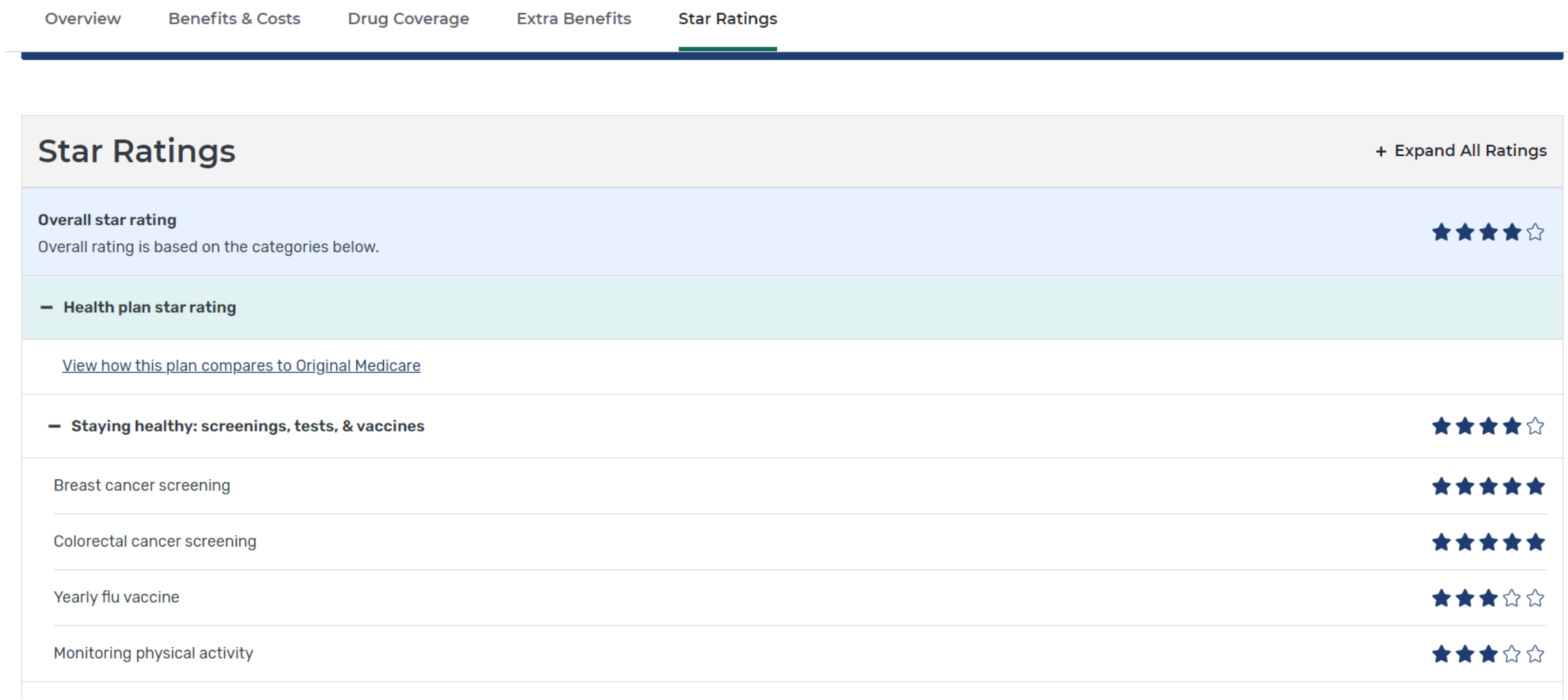
- Star Ratings are released prior to October 15th each year based on performance in the prior year for most measures.
- 2025 Star Ratings to be released in October 2024 will be:
  - Based on performance during 2023 for most measures
  - The basis for the 2026 Quality Bonus Payment ratings.

Medicare Plan Finder Display



Medicare Plan Finder: Your Star Ratings Page

Once you've clicked on Plan Details, it takes you to view all Star Ratings



Medicare Plan Finder: Your Star Ratings Page (Comparison to Original Medicare)

You can also view how this plan compares to original Medicare

Overview | Benefits & Costs | Drug Coverage | Extra Benef

Overall star rating
Overall rating is based on the categories below.

– Health plan star rating

View how this plan compares to Original Medicare

– Staying healthy: screenings, tests, & vaccines

- Breast cancer screening
- Colorectal cancer screening
- Yearly flu vaccine
- Monitoring physical activity

+ Managing chronic (long term) conditions

+ Member experience with health plan

View how this plan compares to Original Medicare

Rating categories	Original Medicare ratings	This plan's ratings
Yearly flu vaccine	★★★★★	★★★☆☆
Ease of getting needed care and seeing specialists	★★★☆☆	★★★☆☆
Getting appointments and care quickly	★★☆☆☆	★★★☆☆
Health plan provides information or help when members need it	Not enough data available	★★★☆☆
Members' rating of health care quality	★★☆☆☆	★★★☆☆
Members' rating of health plan	★☆☆☆☆	★★★☆☆
Coordination of members' health care services	★★★☆☆	★★☆☆☆

Feedback

Medicare Plan Finder: Part D Summary Ratings

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You can also see the breakdown of the Star Ratings for Part D

Overview | Drug Coverage | Star Ratings

Star Ratings

+ Expand All Ratings

Overall star rating
Overall rating is based on the categories below.

– Drug plan star rating

– Drug plan customer service

Availability of TTY services and foreign language interpretation when prospective members call the drug plan

– Member complaints & changes in the drug plan's performance

Complaints about the drug plan (more stars are better because it means fewer complaints)

Members choosing to leave the plan (more stars are better because it means fewer members choose to leave the plan)

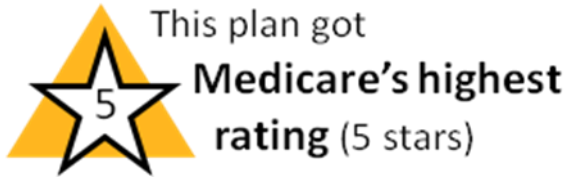
Improvement (if any) in the drug plan's performance

+ Member experience with the drug plan

High Performing Plans and Low Performing Plans

High Performing Plans

- CMS highlights contracts receiving 5 stars for their highest rating on MPF:



- Beneficiaries may enroll in a 5-star MA-PD, MA-only, or PDP through a Special Election Period (SEP).
- 5-star plans may market year-round.
- Tend to focus on the needs of each enrollee rather than focusing on particular Star Ratings measures.

Low Performing Plans

- Icon displayed for contracts rated less than 3 stars for at least the last 3 years in a row for their Part C and/or D summary rating.

- Beneficiaries cannot enroll online via the MPF in a Low Performing Icon (LPI) plan. Beneficiaries must contact the plan directly.
- Notices are sent to beneficiaries in LPI plans explaining they are eligible for an SEP to move to a higher quality plan.
- Contracts with consistently low performance on Part C or consistently low performance on Part D for 3 consecutive years are eligible for termination from the program.

2025 Star Ratings across 9 Domains (42 measures for Parts C & D)

Ratings of Health Plans (Part C)
Staying healthy: screenings, tests and vaccines
Managing chronic (long-term) conditions
Member experience with health plan
Member complaints and changes in the health plan's performance
Health plan customer service

Ratings of Drug Plans (Part D)
Drug plan customer service
Member complaints and changes in the drug plan's performance
Member experience with the drug plan
Drug safety and accuracy of drug pricing

Ongoing Work Related to SRFs

- Implementing a Health Equity Index (HEI) reward beginning with the 2027 Star Ratings to incentivize improved performance among enrollees with specified social risk factors (SRFs).
  - Included SRFs are receipt of low-income subsidy, dual eligibility, and disability. Additional SRFs may be added over time through rulemaking.
- Added question related to perceived unfair treatment on the 2024 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.
- Beginning with the 2028 Star Ratings, adding sociodemographic risk adjustment of the three Part D Medication Adherence measures for age, gender, low income subsidy/dual eligible, and disability.
- Planning to field test new Health Outcomes Survey questions on health-related social needs.

Stakeholder Input

- We solicit input regarding the measures and methodology for the Star Ratings program through the Advance Notice/Rate Announcement process (https://www.cms.gov/medicare/payment/medicare-advantage-rates-statistics/announcements-and-documents) each year as well as through the rulemaking process.

Additional Resources

Part C & D Star Ratings and Display Measure data, Technical Notes, and other key information posted on CMS website:

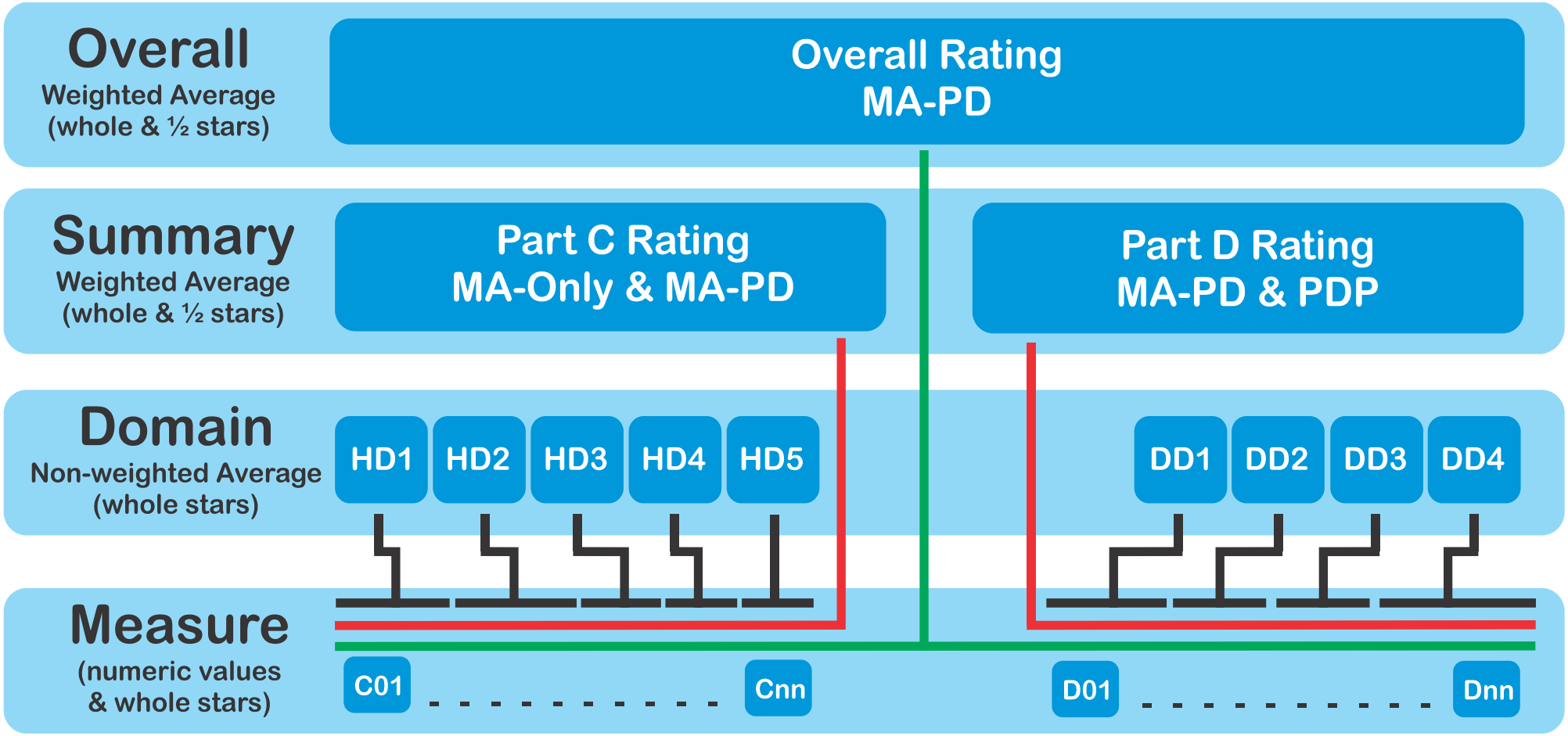
https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData

Mailbox for questions:

PartCandDStarRatings@cms.hhs.gov

Appendix

Structure of the Star Ratings



2025 Star Ratings Measures - 1

Part C or D	Measure	Measure Type
C	Breast Cancer Screening	Process Measure
C	Colorectal Cancer Screening	Process Measure
C	Annual Flu Vaccine	Process Measure
C	Controlling Blood Pressure	Intermediate Outcome Measure
C	Monitoring Physical Activity	Process Measure
C	Special Needs Plan (SNP) Care Management	Process Measure
C	Care for Older Adults – Medication Review	Process Measure
C	Care for Older Adults – Pain Assessment	Process Measure
C	Osteoporosis Management in Women who had a Fracture	Process Measure

2025 Star Ratings Measures - 2

Part C or D	Measure	Measure Type
C	Diabetes Care – Eye Exam	Process Measure
C	Diabetes Care – Blood Sugar Controlled	Intermediate Outcome Measure
C	Reducing the Risk of Falling	Process Measure
C	Improving Bladder Control	Process Measure
C	Medication Reconciliation Post-Discharge	Process Measure
C	Plan All-Cause Readmissions	Outcome Measure
C	Transitions of Care	Process Measure
C	Follow-up after Emergency Room Visit	Process Measure
C	Getting Needed Care	Patients' Experience and Complaints Measure

2025 Star Ratings Measures - 3

Part C or D	Measure	Measure Type
C	Getting Appointments and Care Quickly	Patients' Experience and Complaints Measure
C	Customer Service	Patients' Experience and Complaints Measure
C	Rating of Health Care Quality	Patients' Experience and Complaints Measure
C	Getting Appointments and Care Quickly	Patients' Experience and Complaints Measure
C	Customer Service	Patients' Experience and Complaints Measure
C	Rating of Health Care Quality	Patients' Experience and Complaints Measure

2025 Star Ratings Measures - 4

Part C or D	Measure	Measure Type
C	Members Choosing to Leave the Plan	Patients' Experience and Complaints Measure
C	Health Plan Quality Improvement	Improvement Measure
C	Plan Makes Timely Decisions about Appeals	Measures Capturing Access
C	Reviewing Appeals Decisions	Measures Capturing Access
C	Call Center – Foreign Language Interpreter and TTY Availability	Measures Capturing Access
C	Statin Therapy for Patients with Cardiovascular Disease	Process Measure
D	Call Center – Foreign Language Interpreter and TTY Availability	Measures Capturing Access

2025 Star Ratings Measures - 5

Part C or D	Measure	Measure Type
D	Complaints about the Drug Plan	Patients' Experience and Complaints Measure
D	Members Choosing to Leave the Plan	Patients' Experience and Complaints Measure
D	Drug Plan Quality Improvement	Improvement Measure
D	Rating of Drug Plan	Patients' Experience and Complaints Measure
D	Getting Needed Prescription Drugs	Patients' Experience and Complaints Measure
D	MPF Price Accuracy	Process Measure

2025 Star Ratings Measures - 6

Part C or D	Measure	Measure Type
D	Medication Adherence for Diabetes Medications	Intermediate Outcome Measure
D	Medication Adherence for Hypertension (RAS antagonists)	Intermediate Outcome Measure
D	Medication Adherence for Cholesterol (Statins)	Intermediate Outcome Measure
D	MTM Program Completion Rate for CMR	Process Measure
D	Statin Use in Persons with Diabetes	Process Measure