



Trends in Part C & D Star Rating Measure Cut Points

Updated – 11/13/2019

Document Change Log

Previous Version	Description of Change	Revision Date
-	Initial release of the 2020 Star Ratings Cut Point Trend document	11/13/2019

Table of Contents

DOCUMENT CHANGE LOG.....	I
TABLE OF CONTENTS	II
INTRODUCTION	1
PART C MEASURES	2
Measure: C01 - Breast Cancer Screening	2
Measure: C02 - Colorectal Cancer Screening.....	3
Measure: C03 - Annual Flu Vaccine.....	4
Measure: C04 - Improving or Maintaining Physical Health	5
Measure: C05 - Improving or Maintaining Mental Health	6
Measure: C06 - Monitoring Physical Activity.....	7
Measure: C07 - Adult BMI Assessment.....	8
Measure: C08 - Special Needs Plan (SNP) Care Management.....	9
Measure: C09 - Care for Older Adults – Medication Review	10
Measure: C10 - Care for Older Adults – Functional Status Assessment.....	11
Measure: C11 - Care for Older Adults – Pain Assessment	12
Measure: C12 - Osteoporosis Management in Women who had a Fracture	13
Measure: C13 - Diabetes Care – Eye Exam.....	14
Measure: C14 - Diabetes Care – Kidney Disease Monitoring	15
Measure: C15 - Diabetes Care – Blood Sugar Controlled	16
Measure: C16 - Rheumatoid Arthritis Management	17
Measure: C17 - Reducing the Risk of Falling	18
Measure: C18 - Improving Bladder Control	19
Measure: C19 - Medication Reconciliation Post-Discharge.....	20
Measure: C20 - Plan All-Cause Readmissions	21
Measure: C21 – Statin Therapy for Patients with Cardiovascular Disease	22
Measure: C22 - Getting Needed Care	23
Measure: C23 - Getting Appointments and Care Quickly	24
Measure: C24 - Customer Service	25
Measure: C25 - Rating of Health Care Quality	26
Measure: C26 - Rating of Health Plan.....	27
Measure: C27 - Care Coordination	28
Measure: C28 - Complaints about the Health Plan	29
Measure: C29 - Members Choosing to Leave the Plan.....	30
Measure: C31 - Plan Makes Timely Decisions about Appeals.....	31
Measure: C32 - Reviewing Appeals Decisions	32
Measure: C33 - Call Center – Foreign Language Interpreter and TTY Availability	33
PART D MEASURES	34
Measure: D01 - Call Center – Foreign Language Interpreter and TTY Availability	34
Measure: D02 - Appeals Auto-Forward	36
Measure: D03 - Appeals Upheld.....	38
Measure: D04 - Complaints about the Drug Plan	40
Measure: D05 - Members Choosing to Leave the Plan.....	42
Measure: D07 - Rating of Drug Plan	44
Measure: D08 - Getting Needed Prescription Drugs.....	46
Measure: D10 - Medication Adherence for Diabetes Medications.....	48

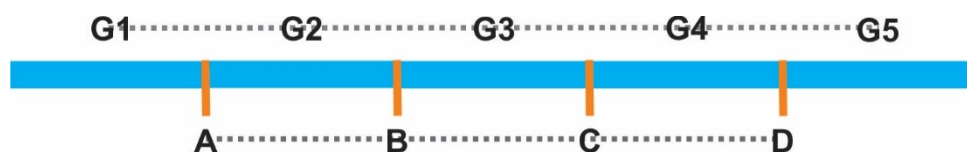
Measure: D11 - Medication Adherence for Hypertension (RAS antagonists)	50
Measure: D12 - Medication Adherence for Cholesterol (Statins)	52
Measure: D13 - MTM Program Completion Rate for CMR	54
Measure: D14 – Statin Use in Persons with Diabetes.....	56

Introduction

One of CMS' most important strategic goals is to improve quality of care and general health status for Medicare beneficiaries, and we continue to make enhancements to the current Star Ratings methodology to further align it with our policy goals.

The current Part C & D Star Rating Technical Notes, including specifications and methodology for all measures, is available at: <http://go.cms.gov/partcanddstarratings>. For the 2020 Star Ratings, there are a total of 47 Part C and Part D measures. Over the years, unless there were specification changes, we generally see gradual changes in star cut points. When there are shifts in the cut points, it is usually driven by changes in industry performance and/or the distribution of scores across contracts. In some cases, given the distribution of scores, there are less than five star categories for a measure in a year.

Measure cut points for non-CAHPS measures are determined using a clustering algorithm in SAS. Conceptually, the clustering algorithm identifies natural gaps that exist within the distribution of the scores and creates groups (clusters) that are then used to identify the cut points that result in the creation of a pre-specified number of categories. For Star Ratings, the algorithm is run with the goal of identifying four cut points (labeled in the diagram below as A, B, C, and D) to create five non-overlapping groups that correspond to each of the Star Ratings (labeled in the diagram below as G1, G2, G3, G4, and G5). The contracts are grouped such that scores within the same Star Rating category are as similar as possible, and scores in different categories are as different as possible.

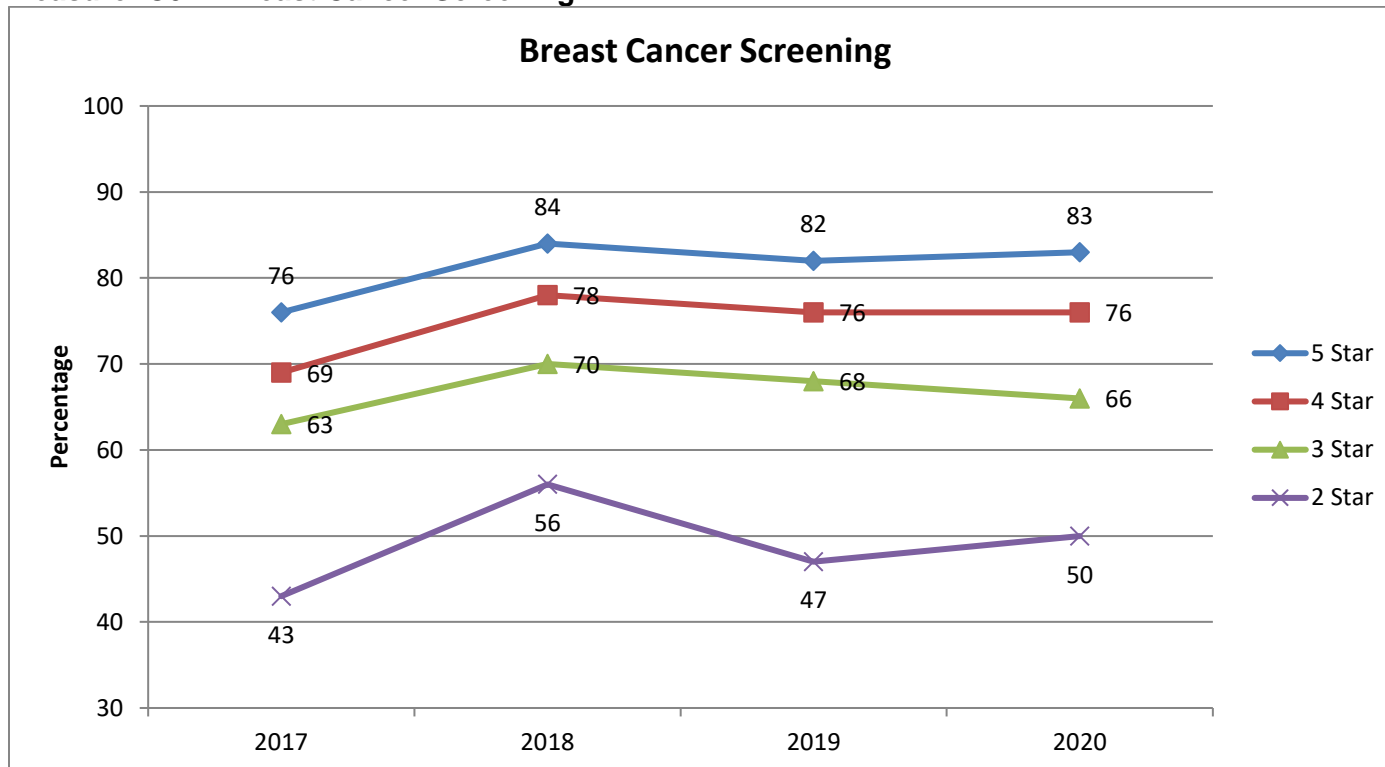


In this document, we display graphical trends of star cut points at the measure level, along with each measure's definition and data source. **Note, since various measures have specification changes over the years, not all changes in cut points indicate changes in average performance. Also, some measures are not included in all years. See the Part C & D Star Rating Technical Notes for specification changes each year.**

The last year that CMS used pre-determined 4-star thresholds was the 2015 Star Ratings. The Medicare Plan Finder (MPF) pricing measure is not included due to the narrow range of thresholds. The quality improvement measures are also not included here because numeric values for each contract are not published.

Part C Measures

Measure: C01 - Breast Cancer Screening



Title

Description

Description: Percent of female plan members aged 52-74 who had a mammogram during the past two years.

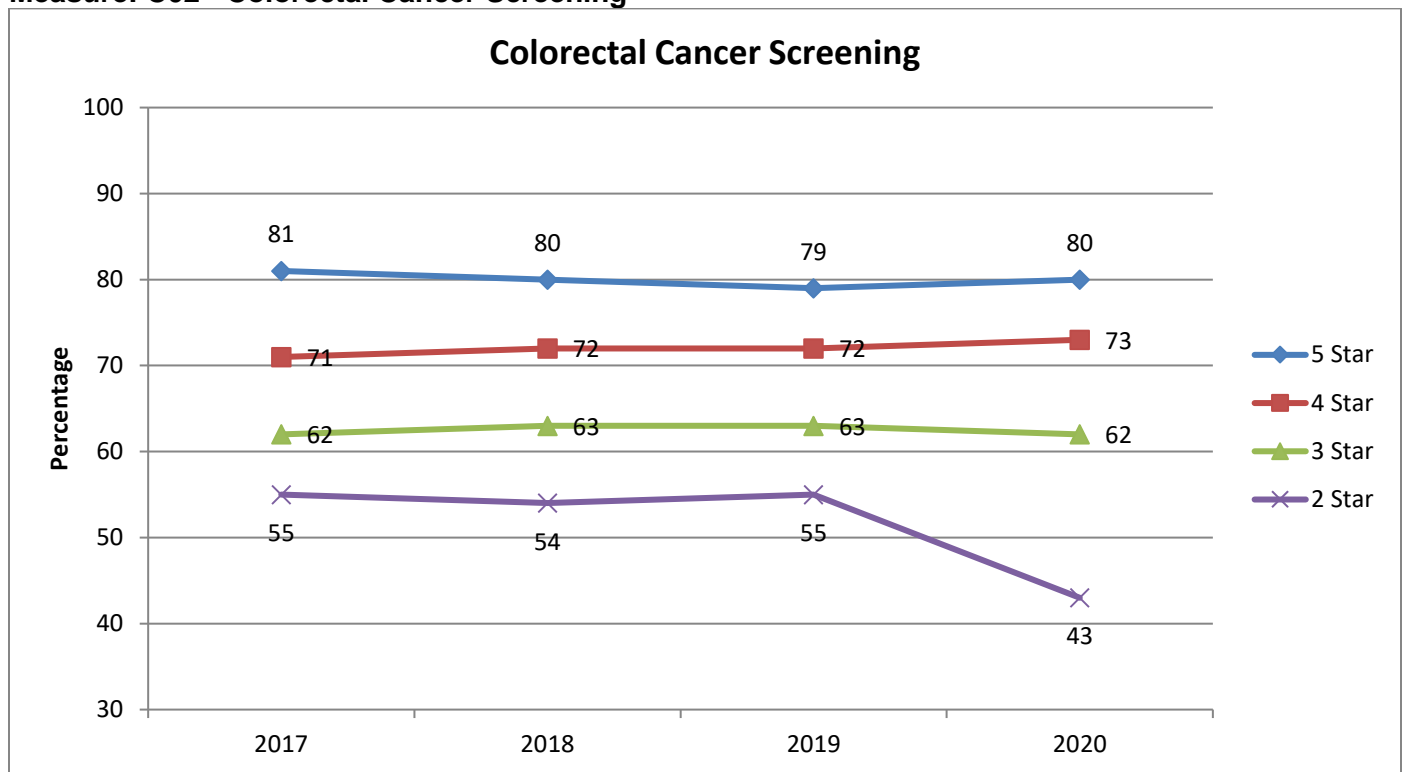
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 43%	≥ 43% to < 63%	≥ 63% to < 69%	≥ 69% to < 76%	≥ 76%
2018	< 56%	≥ 56% to < 70%	≥ 70% to < 78%	≥ 78% to < 84%	≥ 84%
2019	< 47%	≥ 47% to < 68%	≥ 68% to < 76%	≥ 76% to < 82%	≥ 82%
2020	< 50%	≥ 50% to < 66%	≥ 66% to < 76%	≥ 76% to < 83%	≥ 83%

Measure: C02 - Colorectal Cancer Screening



Title

Description

Description: Percent of plan members aged 50-75 who had appropriate screening for colon cancer.

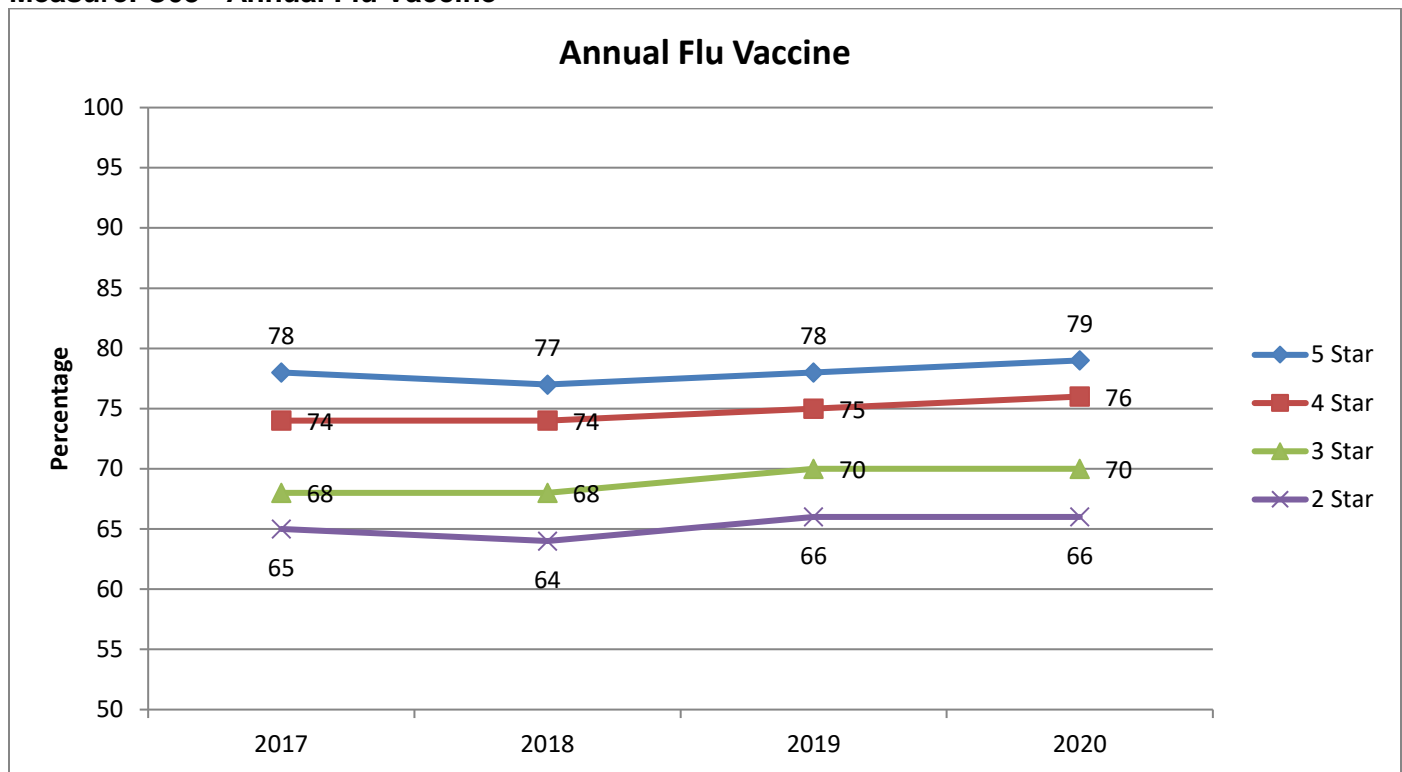
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 55%	≥ 55% to < 62%	≥ 62% to < 71%	≥ 71% to < 81%	≥ 81%
2018	< 54%	≥ 54% to < 63%	≥ 63% to < 72%	≥ 72% to < 80%	≥ 80%
2019	< 55%	≥ 55% to < 63%	≥ 63% to < 72%	≥ 72% to < 79%	≥ 79%
2020	< 43%	≥ 43% to < 62%	≥ 62% to < 73%	≥ 73% to < 80%	≥ 80%

Measure: C03 - Annual Flu Vaccine



Title	Description
-------	-------------

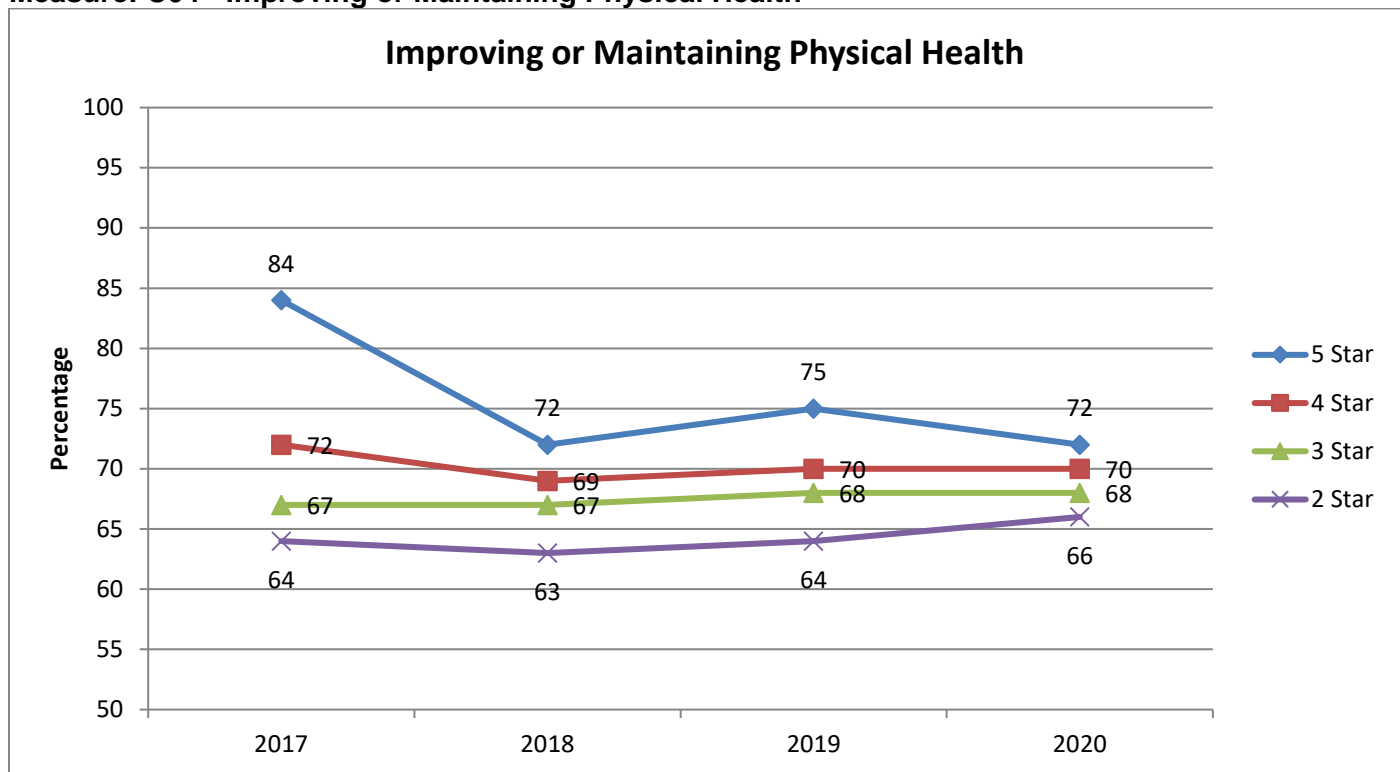
Description: Percent of plan members who got a vaccine (flu shot).

Data Source: CAHPS

General Trend: Higher is better

Cut Points:	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
	2017	< 65%	≥ 65% to < 68%	≥ 68% to < 74%	≥ 74% to < 78%	≥ 78%
	2018	< 64%	≥ 64% to < 68%	≥ 68% to < 74%	≥ 74% to < 77%	≥ 77%
	2019	< 66	≥ 66 to < 70	≥ 70 to < 75	≥ 75 to < 78	≥ 78
	2020	< 66	≥ 66 to < 70	≥ 70 to < 76	≥ 76 to < 79	≥ 79

Measure: C04 - Improving or Maintaining Physical Health



Title

Description

Description: Percent of plan members whose physical health was the same or better than expected after two years.

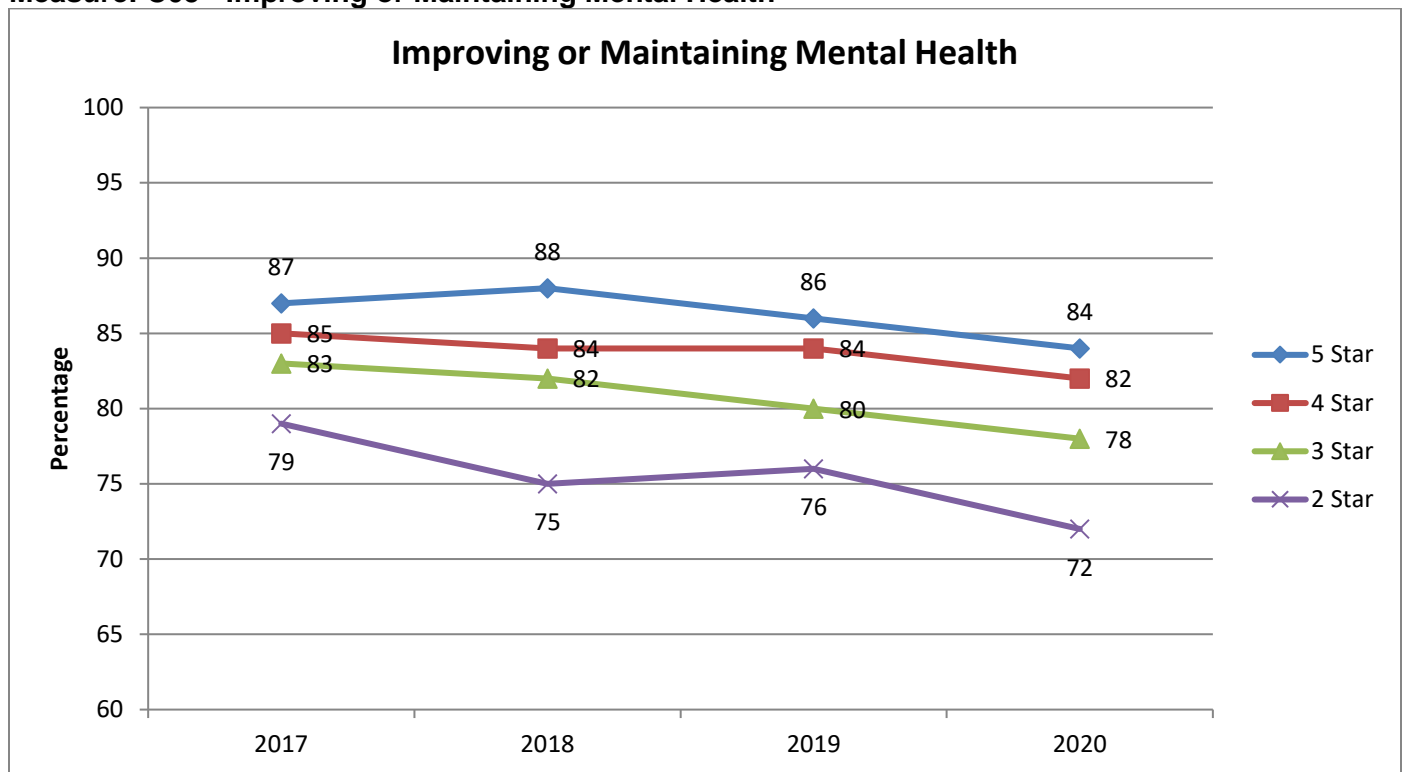
Data Source: HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 64%	≥ 64% to < 67%	≥ 67% to < 72%	≥ 72% to < 84%	≥ 84%
2018	< 63%	≥ 63% to < 67%	≥ 67% to < 69%	≥ 69% to < 72%	≥ 72%
2019	< 64%	≥ 64% to < 68%	≥ 68% to < 70%	≥ 70% to < 75%	≥ 75%
2020	< 66%	≥ 66% to < 68%	≥ 68% to < 70%	≥ 70% to < 72%	≥ 72%

Measure: C05 - Improving or Maintaining Mental Health



Title

Description

Description: Percent of plan members whose mental health was the same or better than expected after two years.

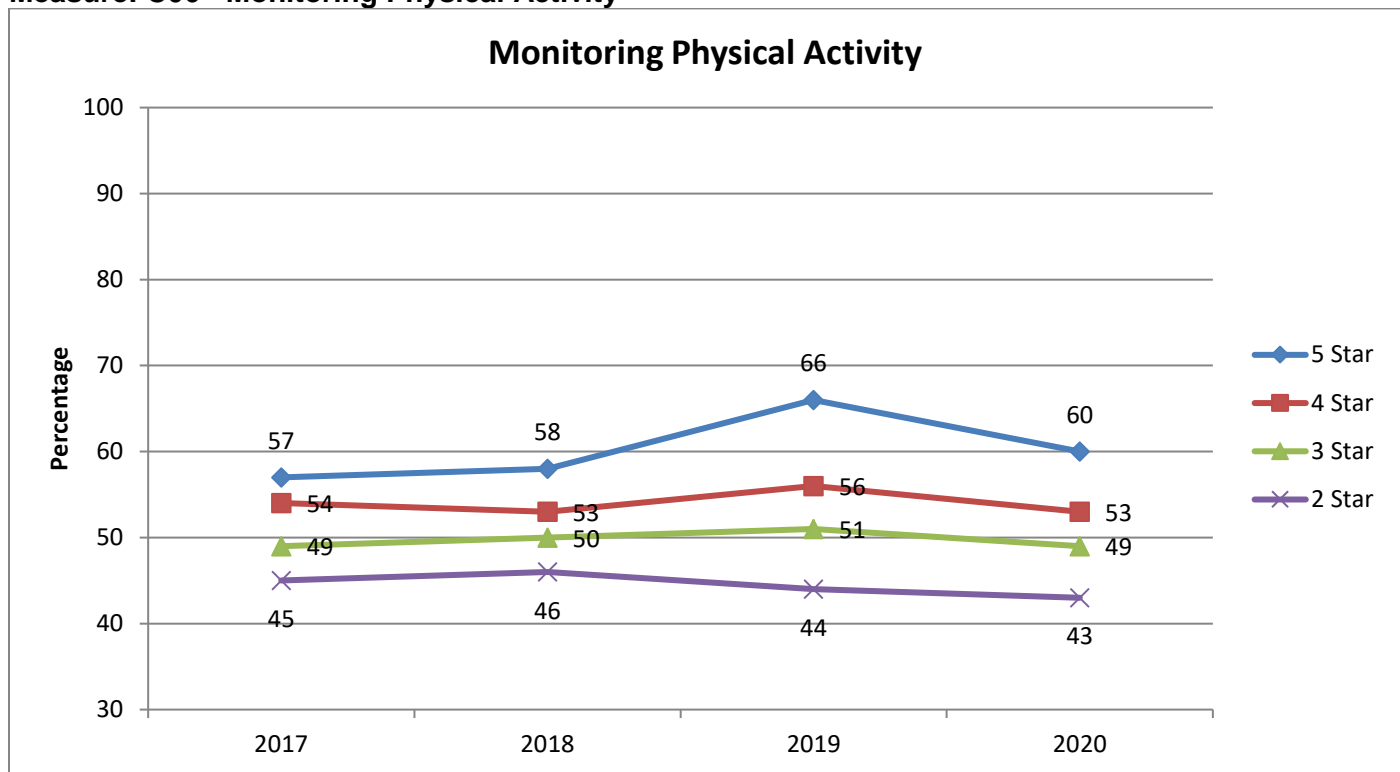
Data Source: HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 79%	≥ 79% to < 83%	≥ 83% to < 85%	≥ 85% to < 87%	≥ 87%
2018	< 75%	≥ 75% to < 82%	≥ 82% to < 84%	≥ 84% to < 88%	≥ 88%
2019	< 76%	≥ 76% to < 80%	≥ 80% to < 84%	≥ 84% to < 86%	≥ 86%
2020	< 72%	≥ 72% to < 78%	≥ 78% to < 82%	≥ 82% to < 84%	≥ 84%

Measure: C06 - Monitoring Physical Activity



Title

Description

Description: Percent of senior plan members who discussed exercise with their doctor and were advised to start, increase, or maintain their physical activity during the year.

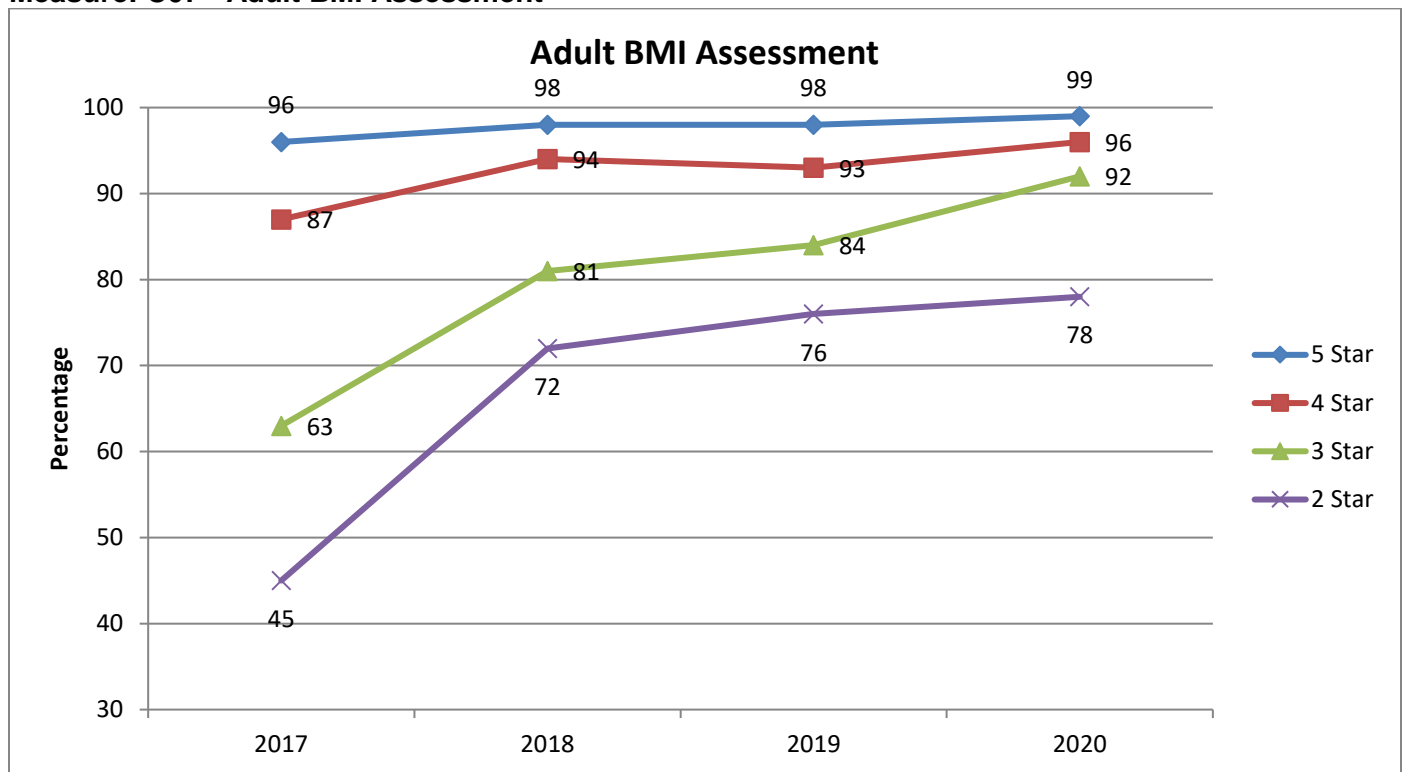
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 45%	≥ 45% to < 49%	≥ 49% to < 54%	≥ 54% to < 57%	≥ 57%
2018	< 46%	≥ 46% to < 50%	≥ 50% to < 53%	≥ 53% to < 58%	≥ 58%
2019	< 44%	≥ 44% to < 51%	≥ 51% to < 56%	≥ 56% to < 66%	≥ 66%
2020	< 43%	≥ 43% to < 49%	≥ 49% to < 53%	≥ 53% to < 60%	≥ 60%

Measure: C07 - Adult BMI Assessment



Title

Description

Description: Percent of plan members with an outpatient visit who had their Body Mass Index (BMI) calculated from their height and weight and recorded in their medical record.

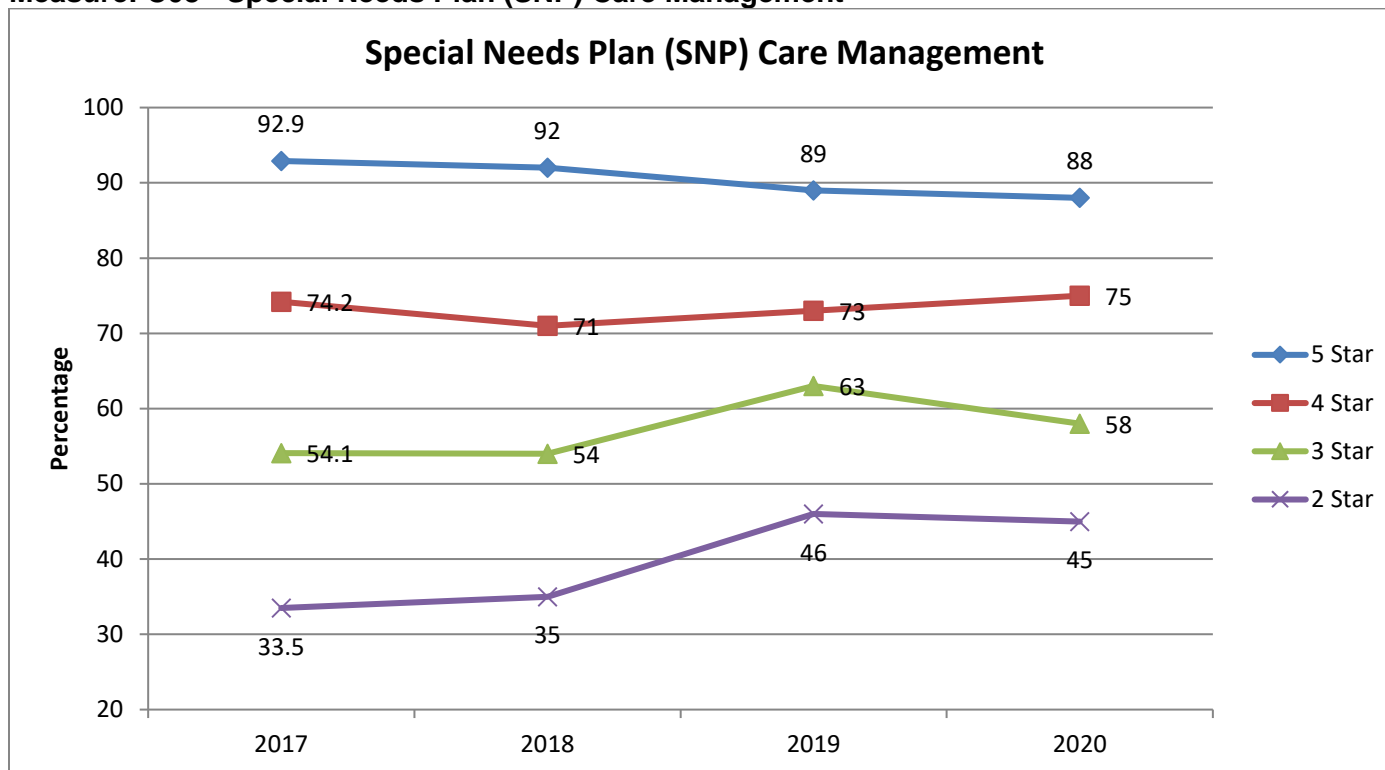
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 45%	≥ 45% to < 63%	≥ 63% to < 87%	≥ 87% to < 96%	≥ 96%
2018	< 72%	≥ 72% to < 81%	≥ 81% to < 94%	≥ 94% to < 98%	≥ 98%
2019	< 76%	≥ 76% to < 84%	≥ 84% to < 93%	≥ 93% to < 98%	≥ 98%
2020	< 78%	≥ 78% to < 92%	≥ 92% to < 96%	≥ 96% to < 99%	≥ 99%

Measure: C08 - Special Needs Plan (SNP) Care Management



Title

Description

Description: Percent of members whose plan did an assessment of their health needs and risks in the past year. The results of this review are used to help the member get the care they need. (Medicare does not collect this information from all plans. Medicare collects it only for Special Needs Plans. These plans are a type of Medicare Advantage plan designed for certain people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home.)

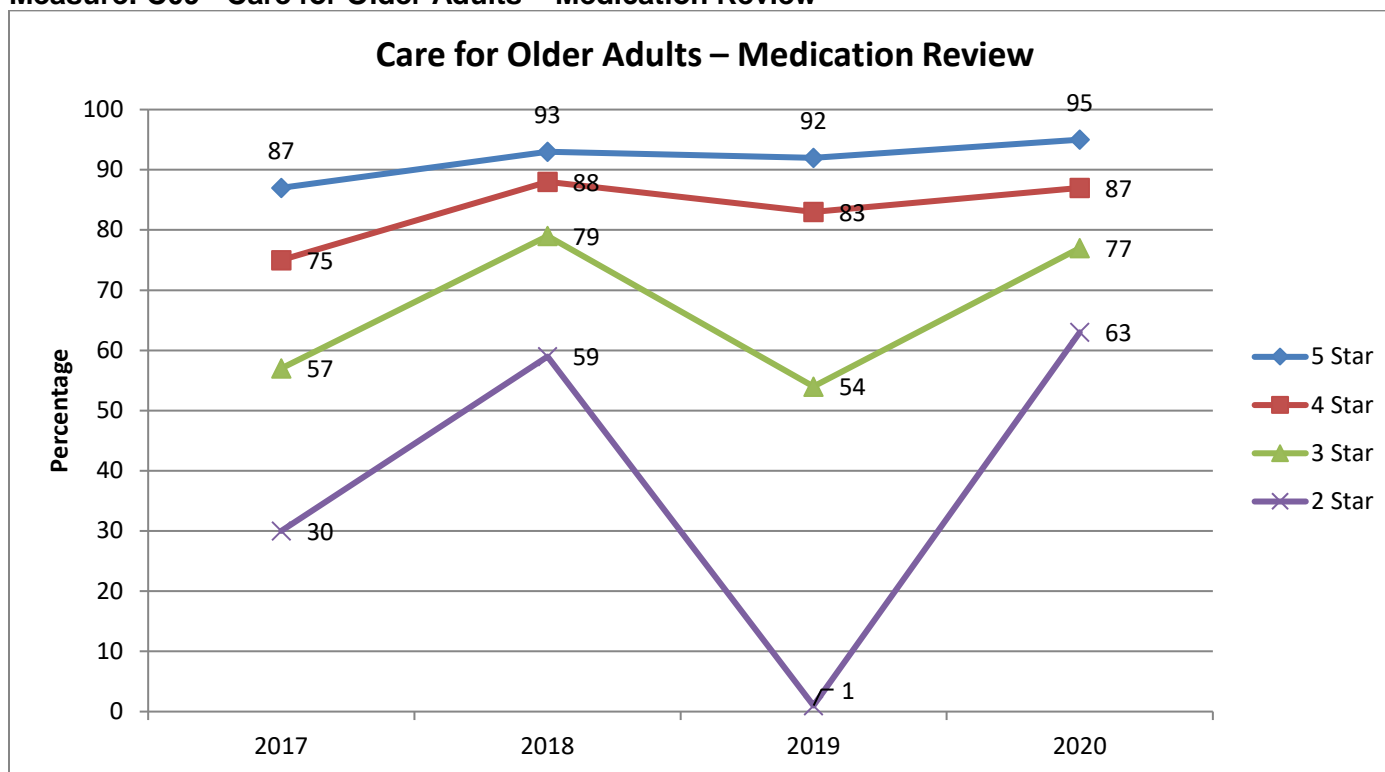
Data Source: Part C Plan Reporting

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 33.5%	≥ 33.5% to < 54.1%	≥ 54.1% to < 74.2%	≥ 74.2% to < 92.9%	≥ 92.9%
2018	< 35%	≥ 35% to < 54%	≥ 54% to < 71%	≥ 71% to < 92%	≥ 92%
2019	< 46%	≥ 46% to < 63%	≥ 63% to < 73%	≥ 73% to < 89%	≥ 89%
2020	< 45%	≥ 45% to < 58%	≥ 58% to < 75%	≥ 75% to < 88%	≥ 88%

Measure: C09 - Care for Older Adults – Medication Review



Title

Description

Description: Percent of plan members whose doctor or clinical pharmacist reviewed a list of everything they take (prescription and non-prescription drugs, vitamins, herbal remedies, other supplements) at least once a year.

(Medicare does not collect this information from all plans. Medicare collects it only for Special Needs Plans. These plans are a type of Medicare Advantage plan designed for certain people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home.)

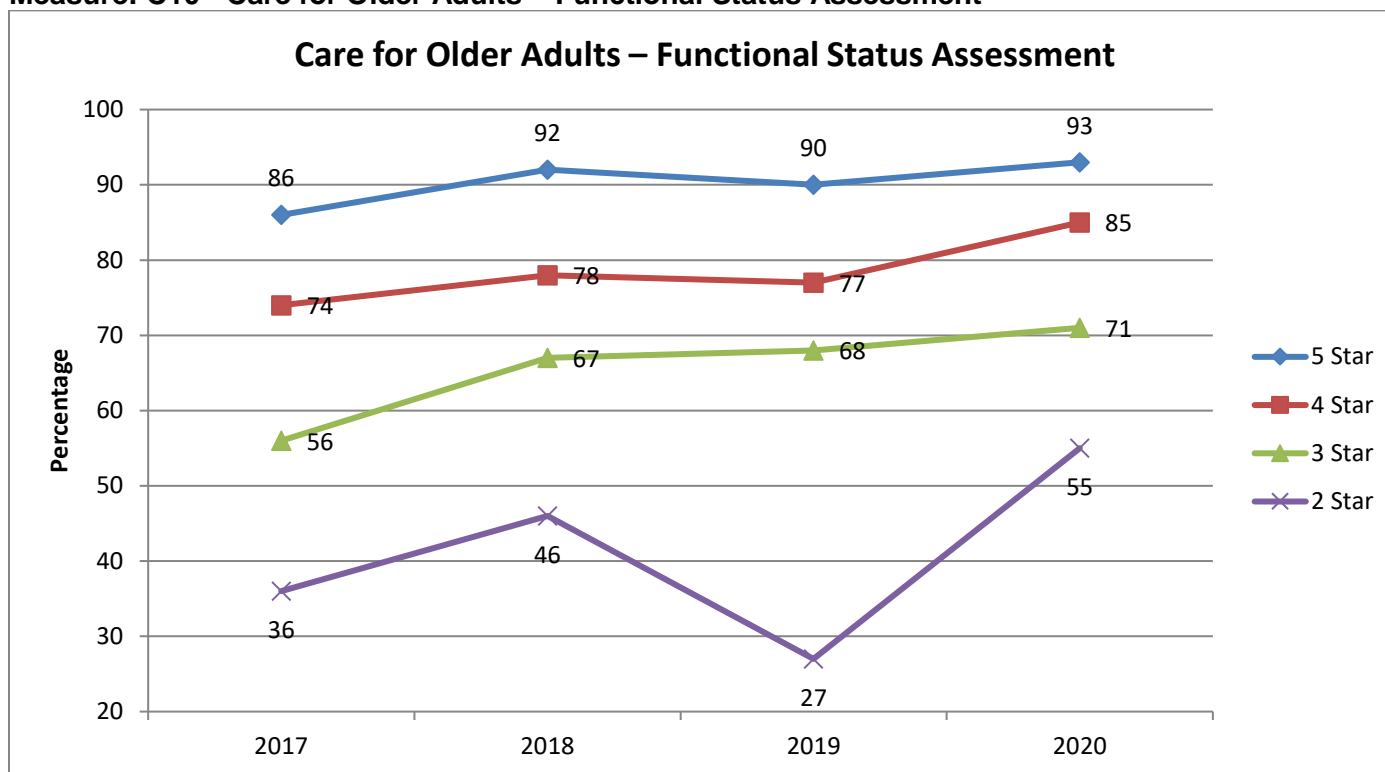
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 30%	≥ 30% to < 57%	≥ 57% to < 75%	≥ 75% to < 87%	≥ 87%
2018	< 59%	≥ 59% to < 79%	≥ 79% to < 88%	≥ 88% to < 93%	≥ 93%
2019	< 1%	≥ 1% to < 54%	≥ 54% to < 83%	≥ 83% to < 92%	≥ 92%
2020	< 63%	≥ 63% to < 77%	≥ 77% to < 87%	≥ 87% to < 95%	≥ 95%

Measure: C10 - Care for Older Adults – Functional Status Assessment



Title

Description

Description: Percent of plan members whose doctor has done a functional status assessment to see how well they are able to do Activities of Daily Living such as dressing, eating, and bathing. (Medicare does not collect this information from all plans. Medicare collects it only for Special Needs Plans. These plans are a type of Medicare Advantage plan designed for certain people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home.)

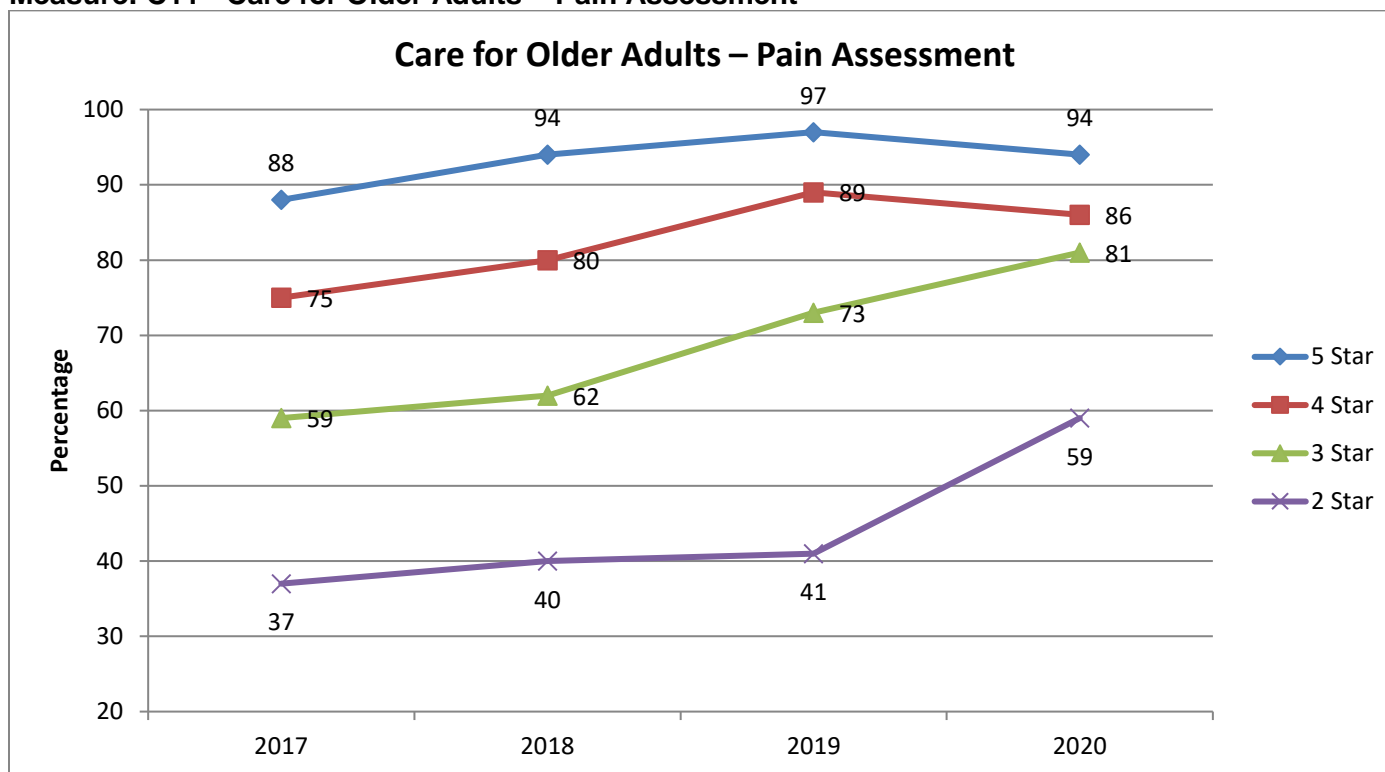
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 36%	≥ 36% to < 56%	≥ 56% to < 74%	≥ 74% to < 86%	≥ 86%
2018	< 46%	≥ 46% to < 67%	≥ 67% to < 78%	≥ 78% to < 92%	≥ 92%
2019	< 27%	≥ 27% to < 68%	≥ 68% to < 77%	≥ 77% to < 90%	≥ 90%
2020	< 55%	≥ 55% to < 71%	≥ 71% to < 85%	≥ 85% to < 93%	≥ 93%

Measure: C11 - Care for Older Adults – Pain Assessment



Title

Description

Description: Percent of plan members who had a pain screening at least once during the year. (Medicare does not collect this information from all plans. Medicare collects it only for Special Needs Plans. These plans are a type of Medicare Advantage plan designed for certain people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home.)

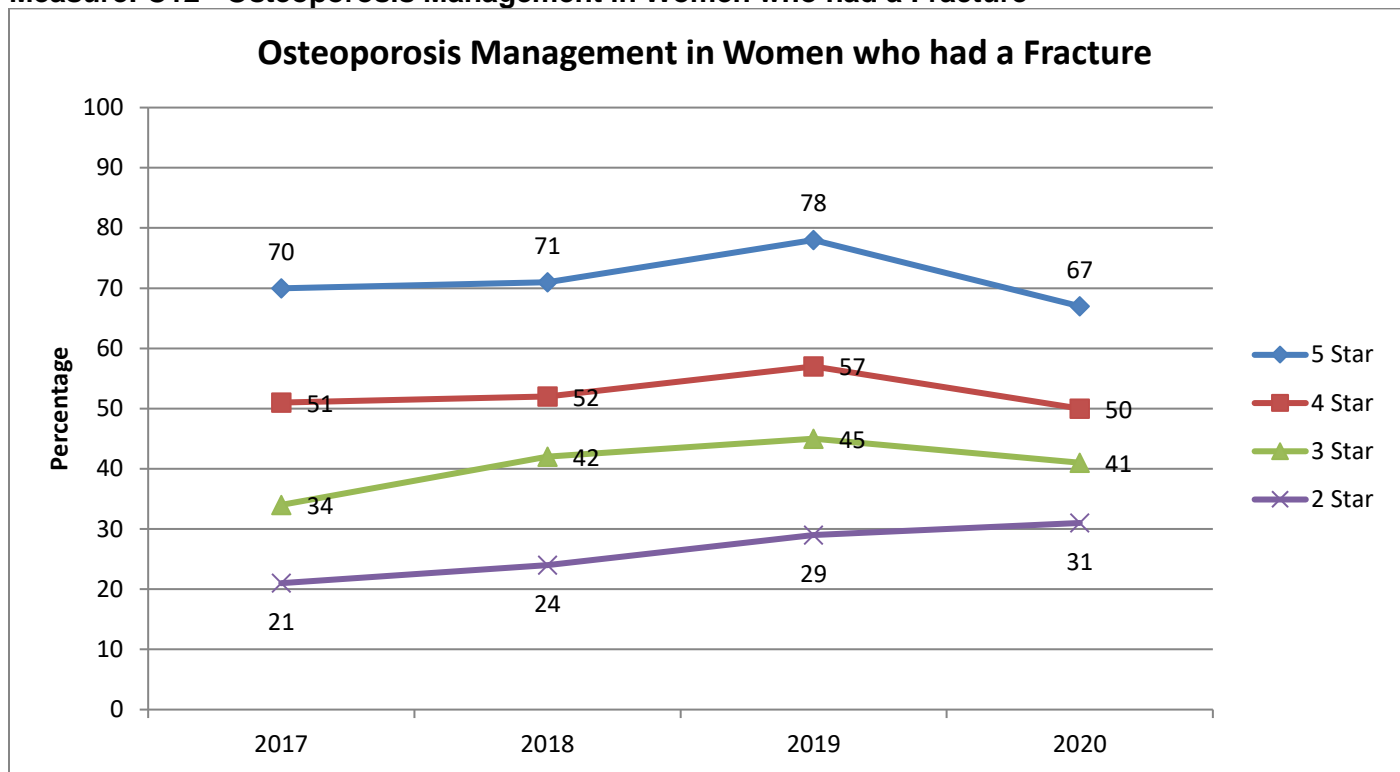
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 37%	≥ 37% to < 59%	≥ 59% to < 75%	≥ 75% to < 88%	≥ 88%
2018	< 40%	≥ 40% to < 62%	≥ 62% to < 80%	≥ 80% to < 94%	≥ 94%
2019	< 41%	≥ 41% to < 73%	≥ 73% to < 89%	≥ 89% to < 97%	≥ 97%
2020	< 59%	≥ 59% to < 81%	≥ 81% to < 86%	≥ 86% to < 94%	≥ 94%

Measure: C12 - Osteoporosis Management in Women who had a Fracture



Title

Description

Description: Percent of female plan members who broke a bone and got screening or treatment for osteoporosis within 6 months.

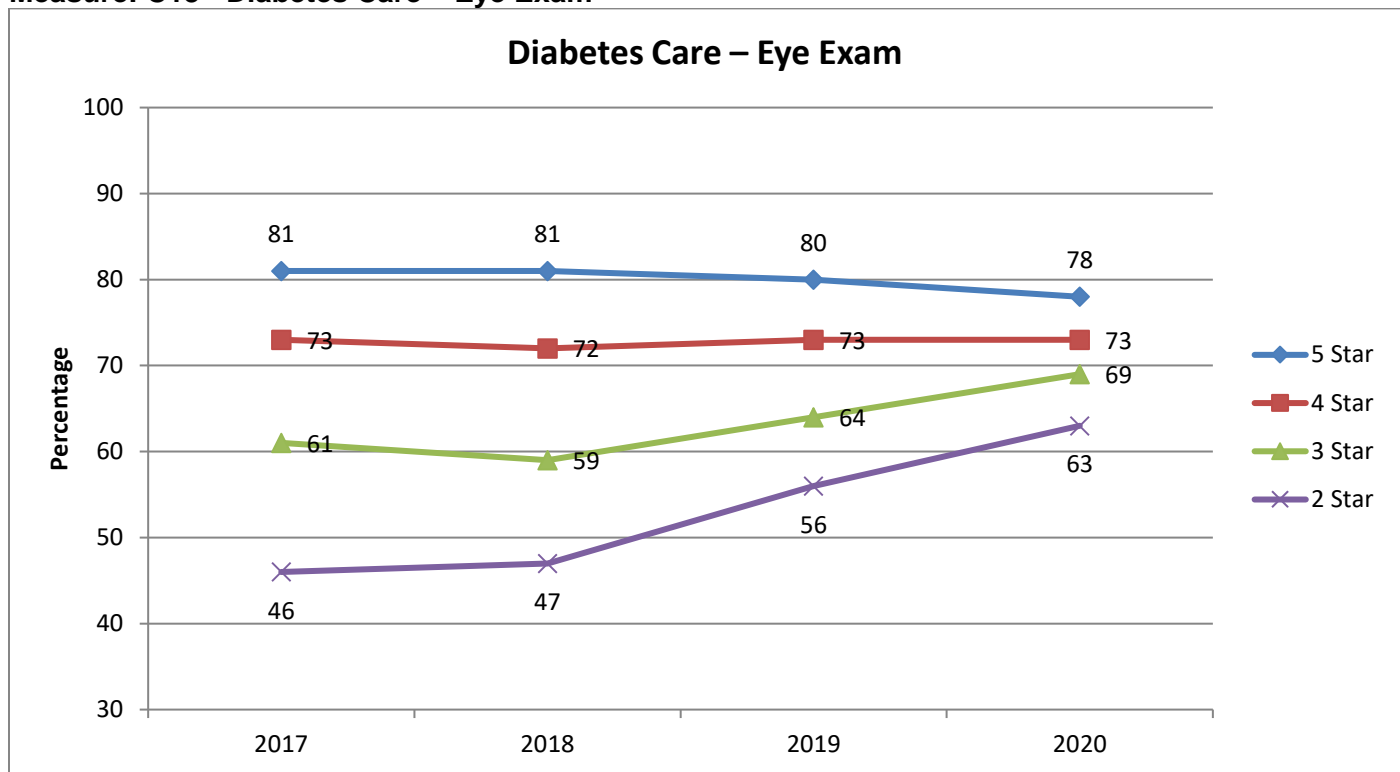
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 21%	≥ 21% to < 34%	≥ 34% to < 51%	≥ 51% to < 70%	≥ 70%
2018	< 24%	≥ 24% to < 42%	≥ 42% to < 52%	≥ 52% to < 71%	≥ 71%
2019	< 29%	≥ 29% to < 45%	≥ 45% to < 57%	≥ 57% to < 78%	≥ 78%
2020	< 31%	≥ 31% to < 41%	≥ 41% to < 50%	≥ 50% to < 67%	≥ 67%

Measure: C13 - Diabetes Care – Eye Exam



Title

Description

Description: Percent of plan members with diabetes who had an eye exam to check for damage from diabetes during the year.

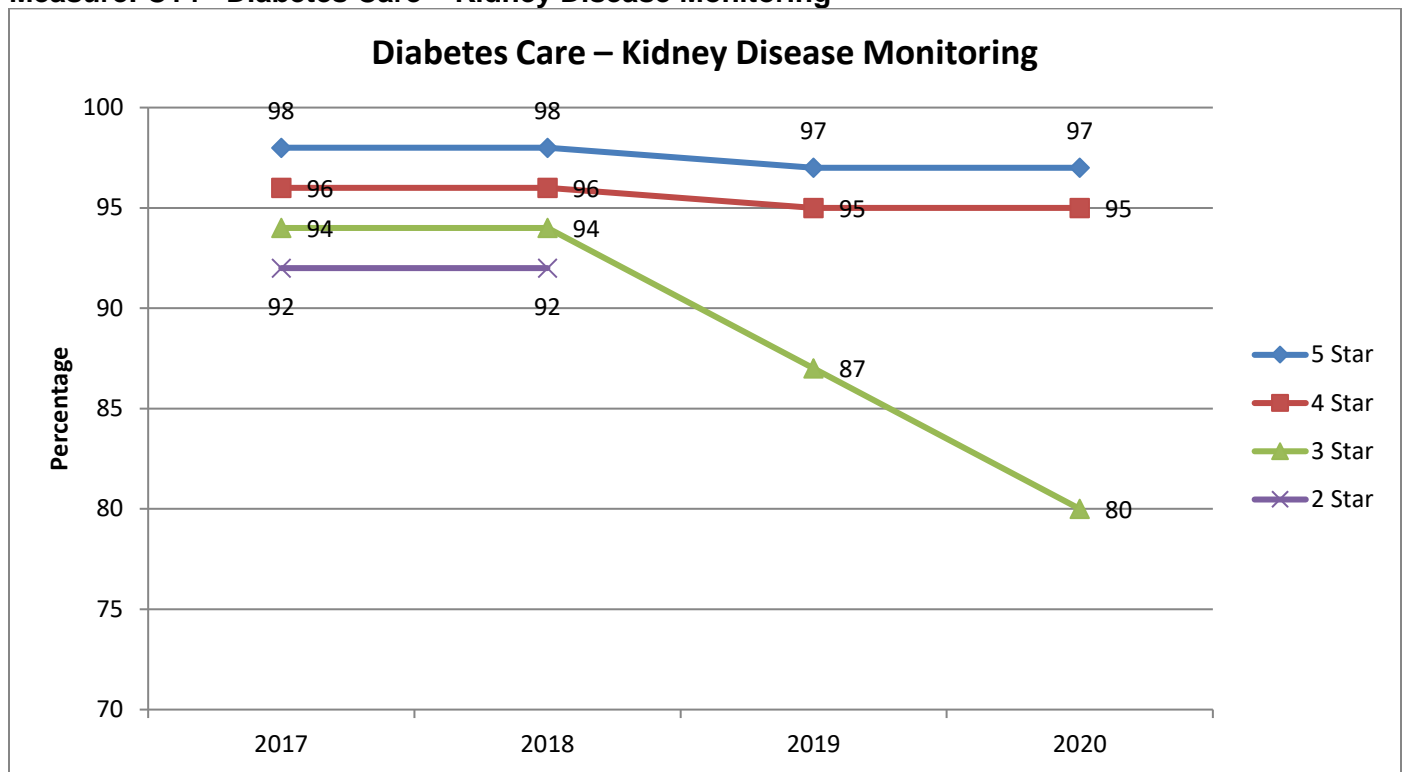
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 46%	≥ 46% to < 61%	≥ 61% to < 73%	≥ 73% to < 81%	≥ 81%
2018	< 47%	≥ 47% to < 59%	≥ 59% to < 72%	≥ 72% to < 81%	≥ 81%
2019	< 56%	≥ 56% to < 64%	≥ 64% to < 73%	≥ 73% to < 80%	≥ 80%
2020	< 63%	≥ 63% to < 69%	≥ 69% to < 73%	≥ 73% to < 78%	≥ 78%

Measure: C14 - Diabetes Care – Kidney Disease Monitoring



Title

Description

Description: Percent of plan members with diabetes who had a kidney function test during the year.

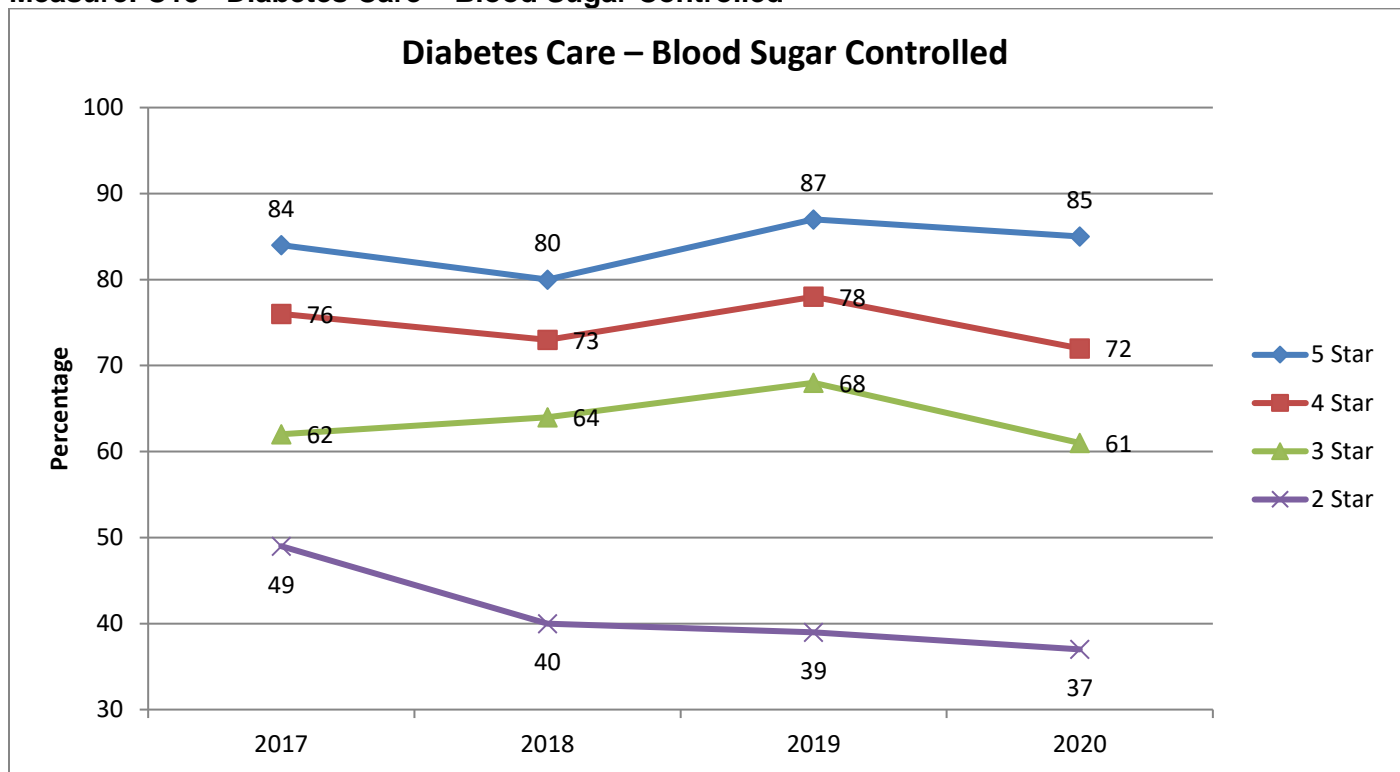
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 92%	≥ 92% to < 94%	≥ 94% to < 96%	≥ 96% to < 98%	≥ 98%
2018	< 92%	≥ 92% to < 94%	≥ 94% to < 96%	≥ 96% to < 98%	≥ 98%
2019	NA	NA	≥ 87% to < 95%	≥ 95% to < 97%	≥ 97%
2020	NA	NA	≥ 80% to < 95%	≥ 95% to < 97%	≥ 97%

Measure: C15 - Diabetes Care – Blood Sugar Controlled



Title

Description

Description: Percent of plan members with diabetes who had an A1C lab test during the year that showed their average blood sugar is under control.

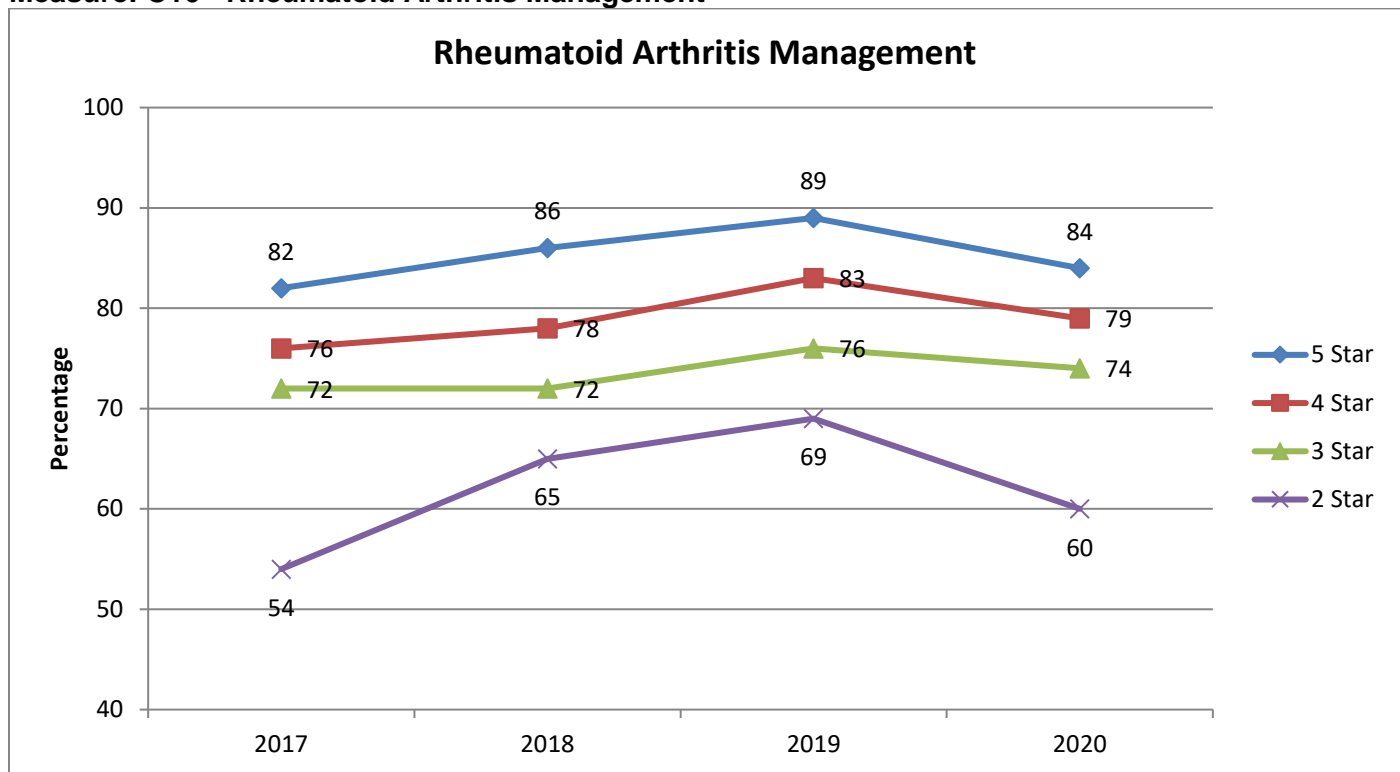
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 49%	≥ 49% to < 62%	≥ 62% to < 76%	≥ 76% to < 84%	≥ 84%
2018	< 40%	≥ 40% to < 64%	≥ 64% to < 73%	≥ 73% to < 80%	≥ 80%
2019	< 39%	≥ 39% to < 68%	≥ 68% to < 78%	≥ 78% to < 87%	≥ 87%
2020	< 37%	≥ 37% to < 61%	≥ 61% to < 72%	≥ 72% to < 85%	≥ 85%

Measure: C16 - Rheumatoid Arthritis Management



Title

Description

Description: Percent of plan members with rheumatoid arthritis who got one or more prescriptions for an anti-rheumatic drug.

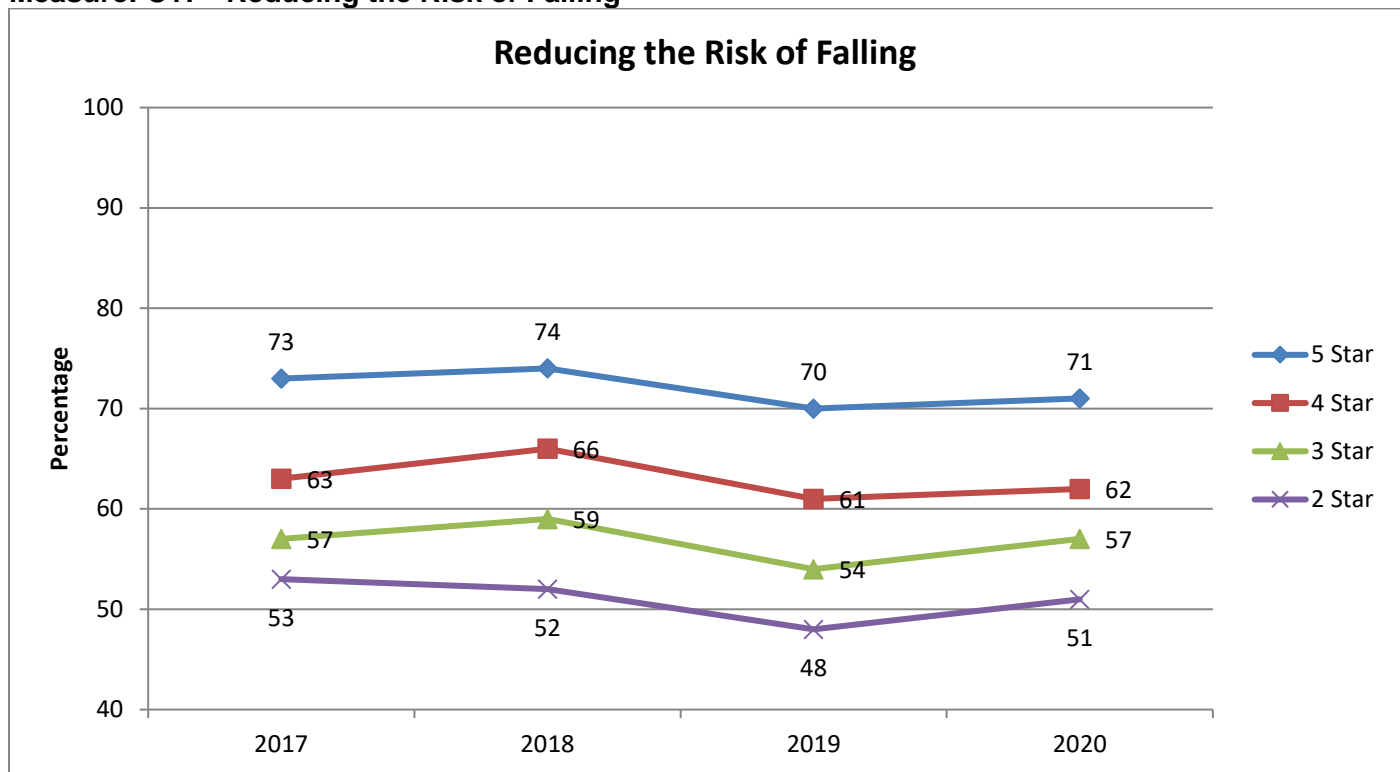
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 54%	≥ 54% to < 72%	≥ 72% to < 76%	≥ 76% to < 82%	≥ 82%
2018	< 65%	≥ 65% to < 72%	≥ 72% to < 78%	≥ 78% to < 86%	≥ 86%
2019	< 69%	≥ 69% to < 76%	≥ 76% to < 83%	≥ 83% to < 89%	≥ 89%
2020	< 60%	≥ 60% to < 74%	≥ 74% to < 79%	≥ 79% to < 84%	≥ 84%

Measure: C17 - Reducing the Risk of Falling



Title

Description

Description: Percent of plan members with a problem falling, walking, or balancing who discussed it with their doctor and received a recommendation for how to prevent falls during the year.

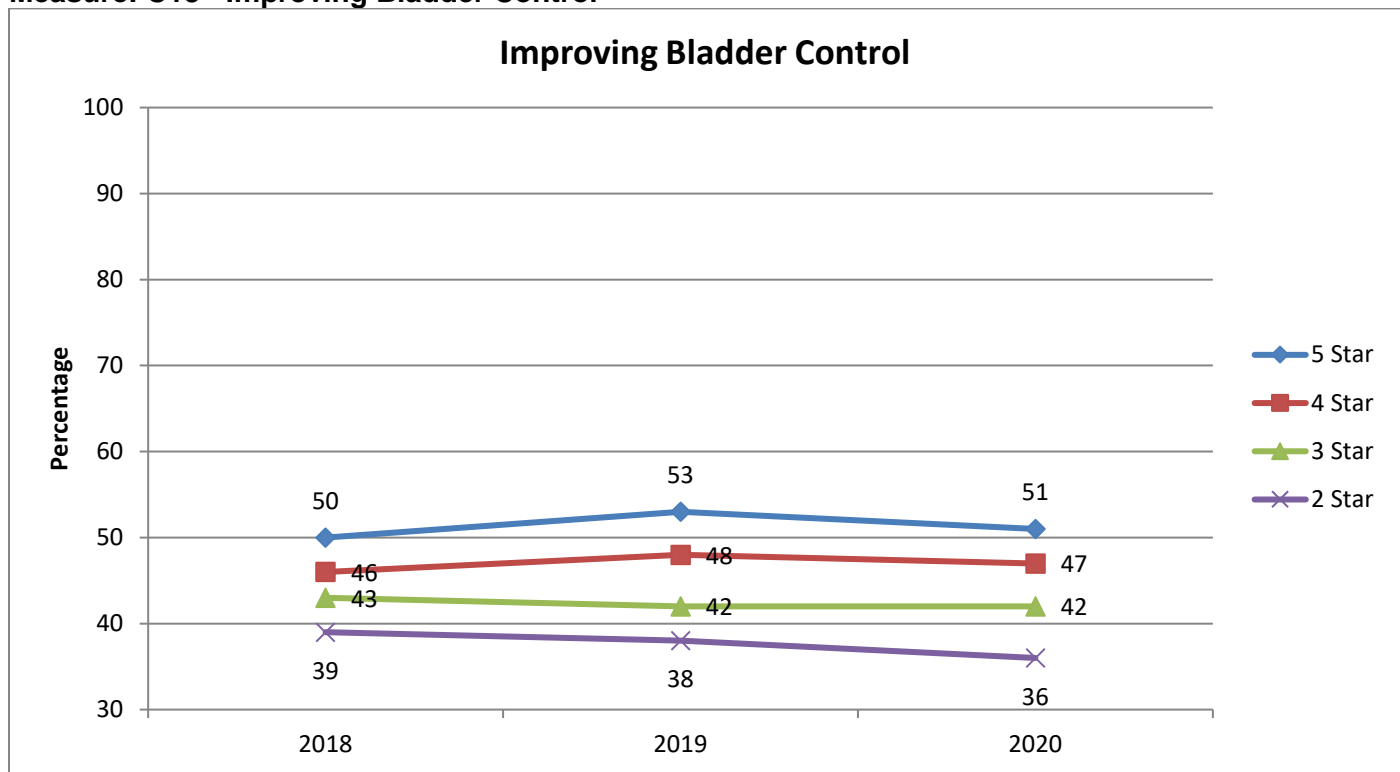
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 53%	≥ 53% to < 57%	≥ 57% to < 63%	≥ 63% to < 73%	≥ 73%
2018	< 52%	≥ 52% to < 59%	≥ 59% to < 66%	≥ 66% to < 74%	≥ 74%
2019	< 48%	≥ 48% to < 54%	≥ 54% to < 61%	≥ 61% to < 70%	≥ 70%
2020	< 51%	≥ 51% to < 57%	≥ 57% to < 62%	≥ 62% to < 71%	≥ 71%

Measure: C18 - Improving Bladder Control



Title

Description

Description: Percent of plan members with a urine leakage problem in the past 6 months who discussed treatment options with a provider.

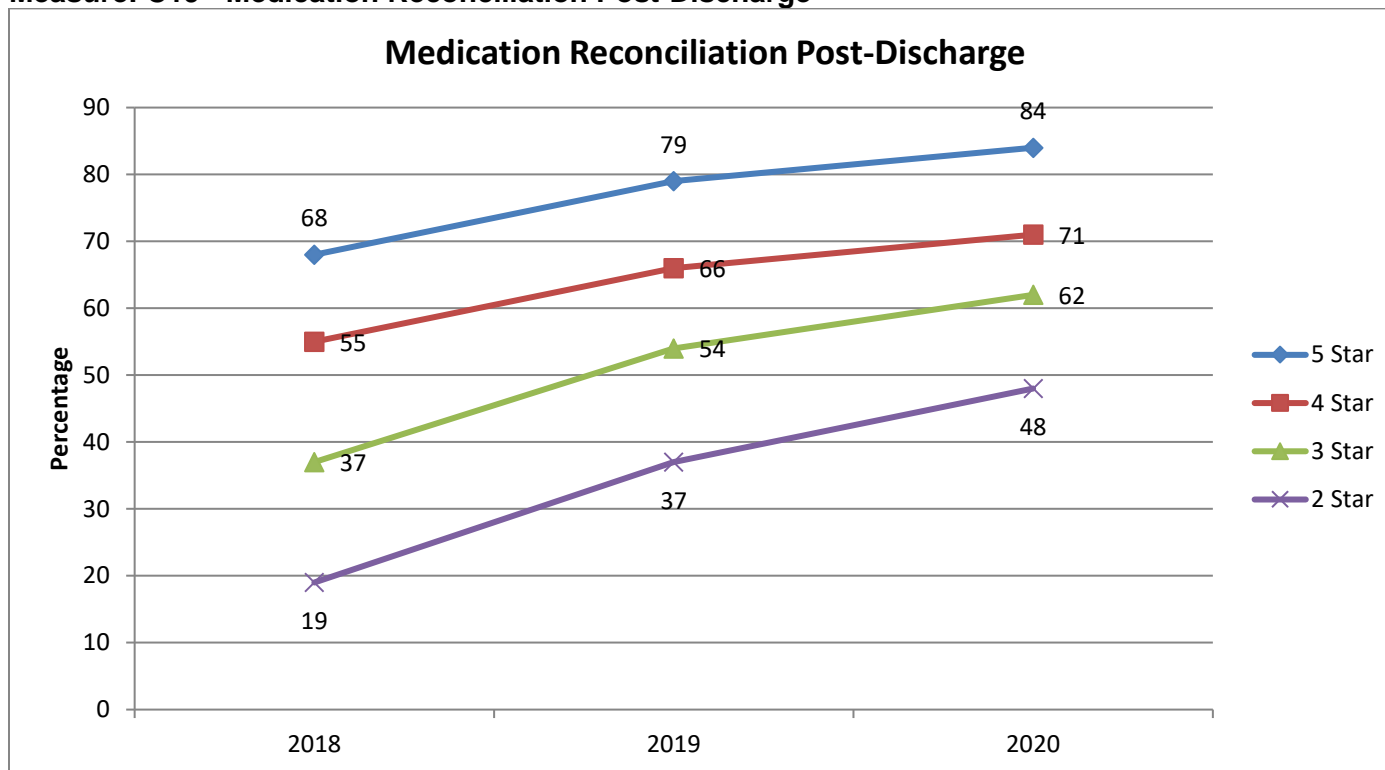
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 39%	≥ 39% to < 43%	≥ 43% to < 46%	≥ 46% to < 50%	≥ 50%
2019	< 38%	≥ 38% to < 42%	≥ 42% to < 48%	≥ 48% to < 53%	≥ 53%
2020	< 36%	≥ 36% to < 42%	≥ 42% to < 47%	≥ 47% to < 51%	≥ 51%

Measure: C19 - Medication Reconciliation Post-Discharge



Title

Description

Description: This shows the percent of plan members whose medication records were updated within 30 days after leaving the hospital. To update the record, a doctor or other health care professional looks at the new medications prescribed in the hospital and compares them with the other medications the patient takes. Updating medication records can help to prevent errors that can occur when medications are changed.

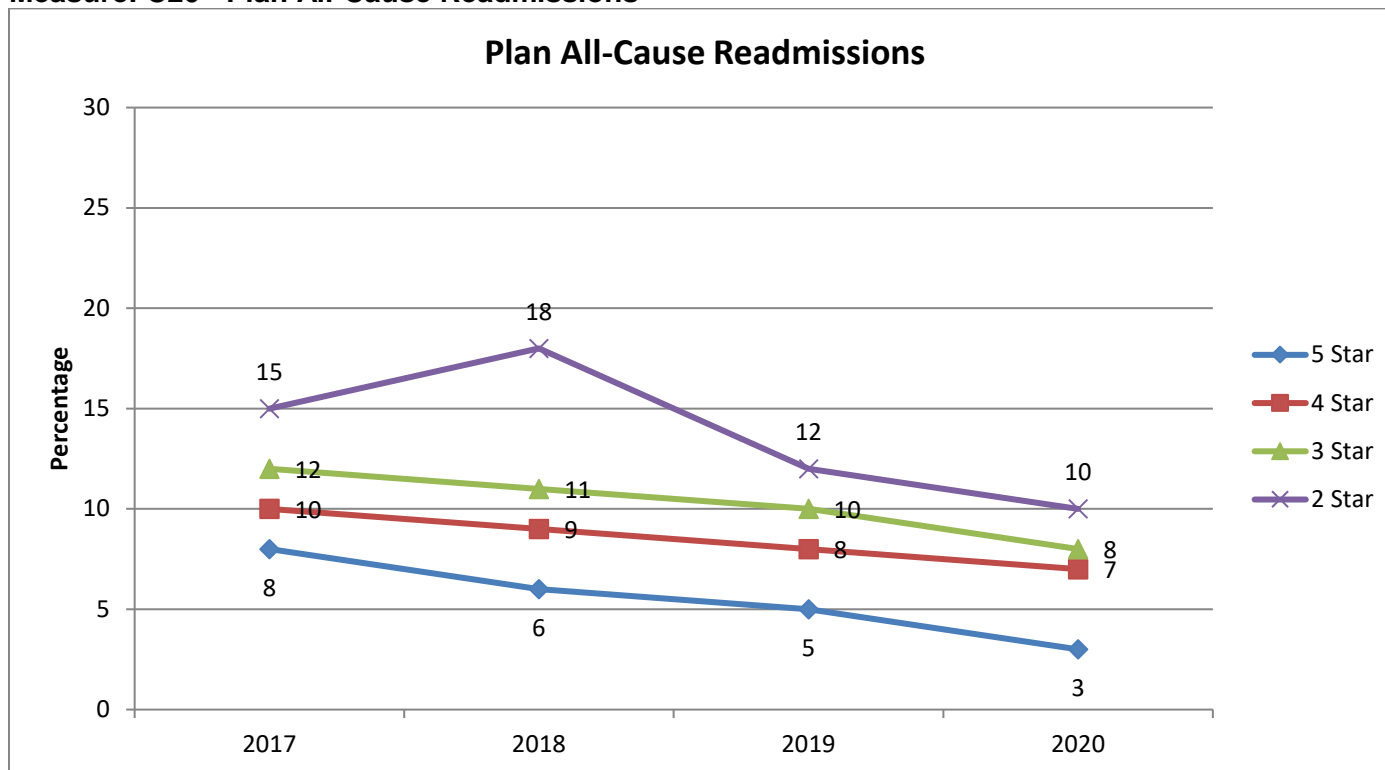
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 19%	≥ 19% to < 37%	≥ 37% to < 55%	≥ 55% to < 68%	≥ 68%
2019	< 37%	≥ 37% to < 54%	≥ 54% to < 66%	≥ 66% to < 79%	≥ 79%
2020	< 48%	≥ 48% to < 62%	≥ 62% to < 71%	≥ 71% to < 84%	≥ 84%

Measure: C20 - Plan All-Cause Readmissions



Title

Description

Description: Percent of senior plan members discharged from a hospital stay who were readmitted to a hospital within 30 days, either for the same condition as their recent hospital stay or for a different reason.

(Patients may have been readmitted back to the same hospital or to a different one. Rates of readmission take into account how sick patients were when they went into the hospital the first time. This “risk-adjustment” helps make the comparisons between plans fair and meaningful.)

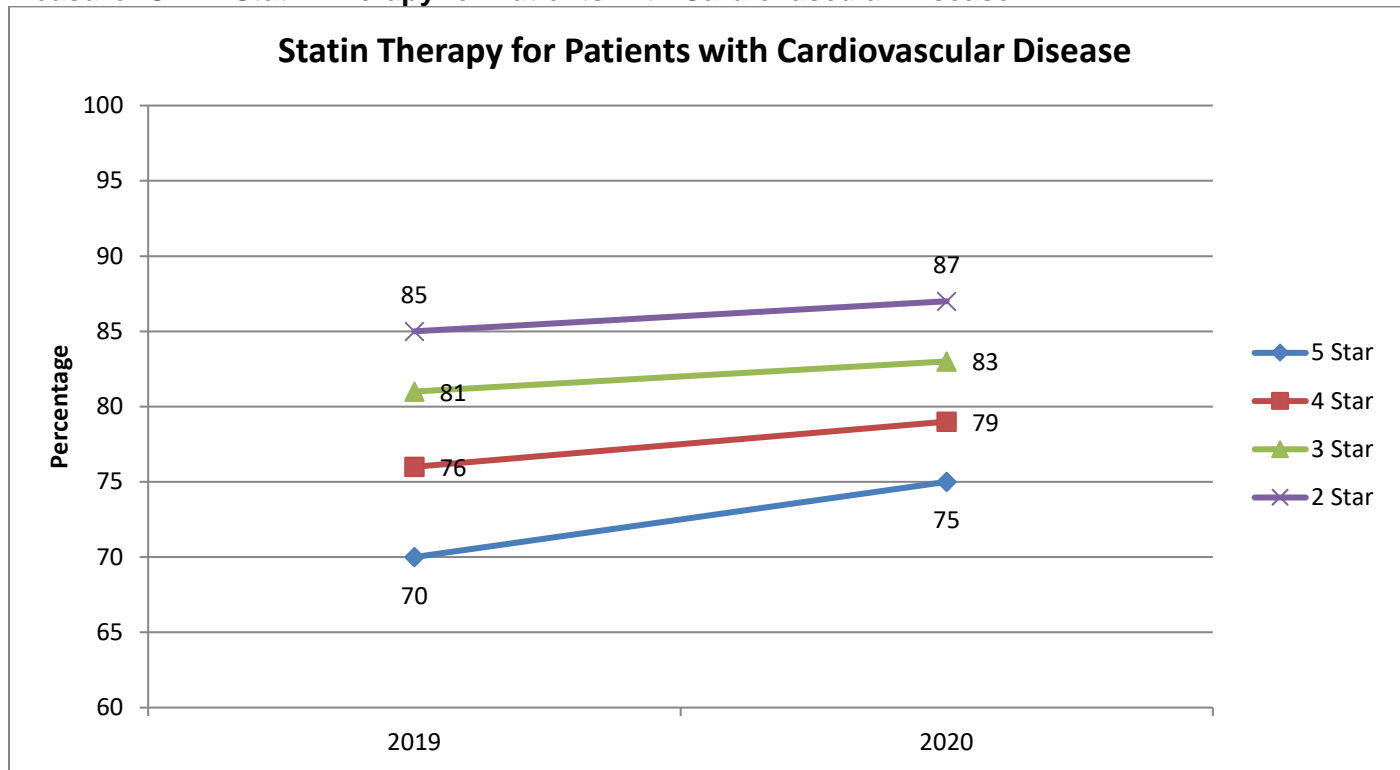
Data Source: HEDIS

General Trend: Lower is better

Cut Points:

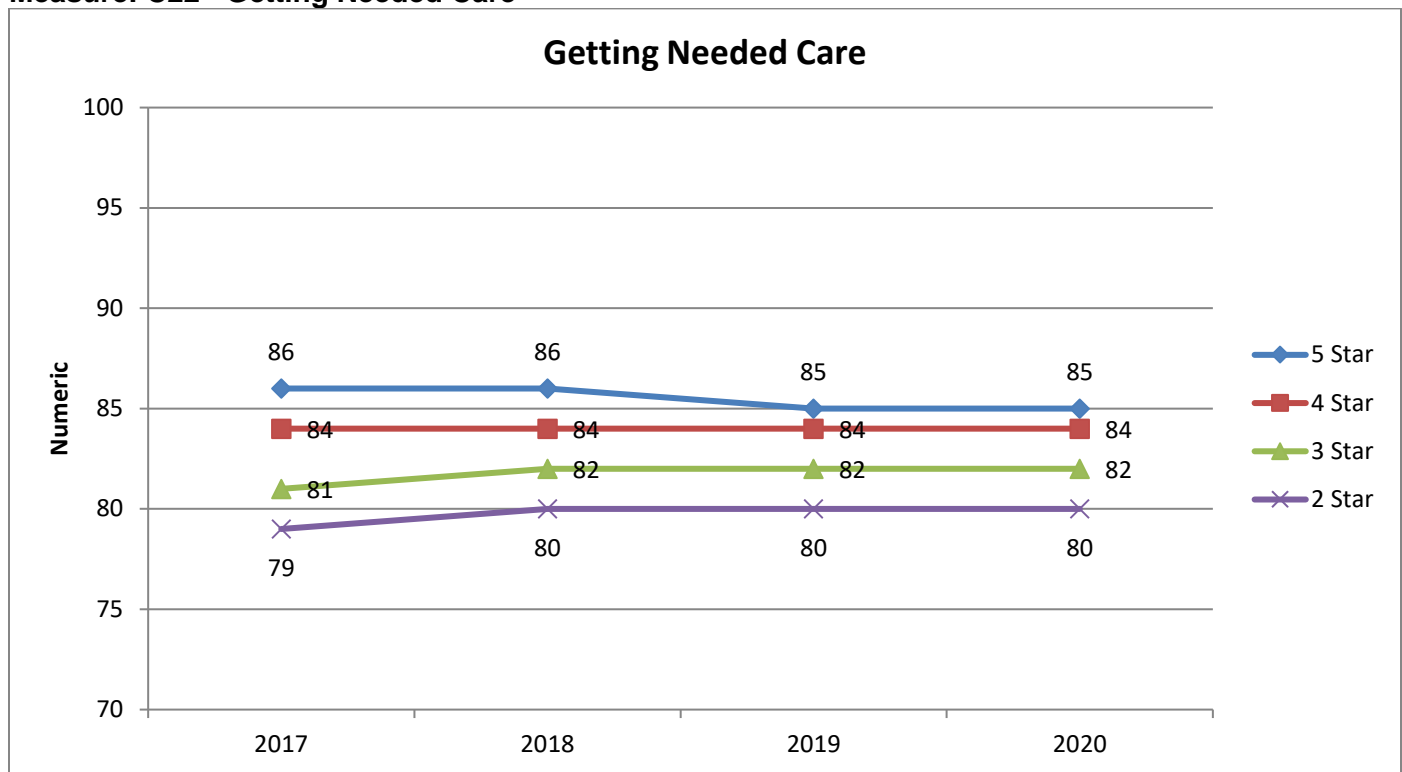
Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	> 15%	> 12% to ≤ 15%	> 10% to ≤ 12%	> 8% to ≤ 10%	≤ 8%
2018	> 18%	> 11% to ≤ 18%	> 9% to ≤ 11%	> 6% to ≤ 9%	≤ 6%
2019	> 12%	> 10% to ≤ 12%	> 8% to ≤ 10%	> 5% to ≤ 8%	≤ 5%
2020	> 10%	> 8% to ≤ 10%	> 7% to ≤ 8%	> 3% to ≤ 7%	≤ 3%

Measure: C21 – Statin Therapy for Patients with Cardiovascular Disease



Title	Description					
Description:	This rating is based on the percent of plan members with heart disease who get the right type of cholesterol-lowering drugs. Health plans can help make sure their members are prescribed medications that are more effective for them.					
Data Source:	HEDIS					
General Trend:	Higher is better					
Cut Points:	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
	2019	< 70%	≥ 70% to < 76%	≥ 76% to < 81%	≥ 81% to < 85%	≥ 85%
	2020	< 75%	≥ 75% to < 79%	≥ 79% to < 83%	≥ 83% to < 87%	≥ 87%

Measure: C22 - Getting Needed Care



Title

Description

Description: Percent of the best possible score the plan earned on how easy it is for members to get needed care, including care from specialists.

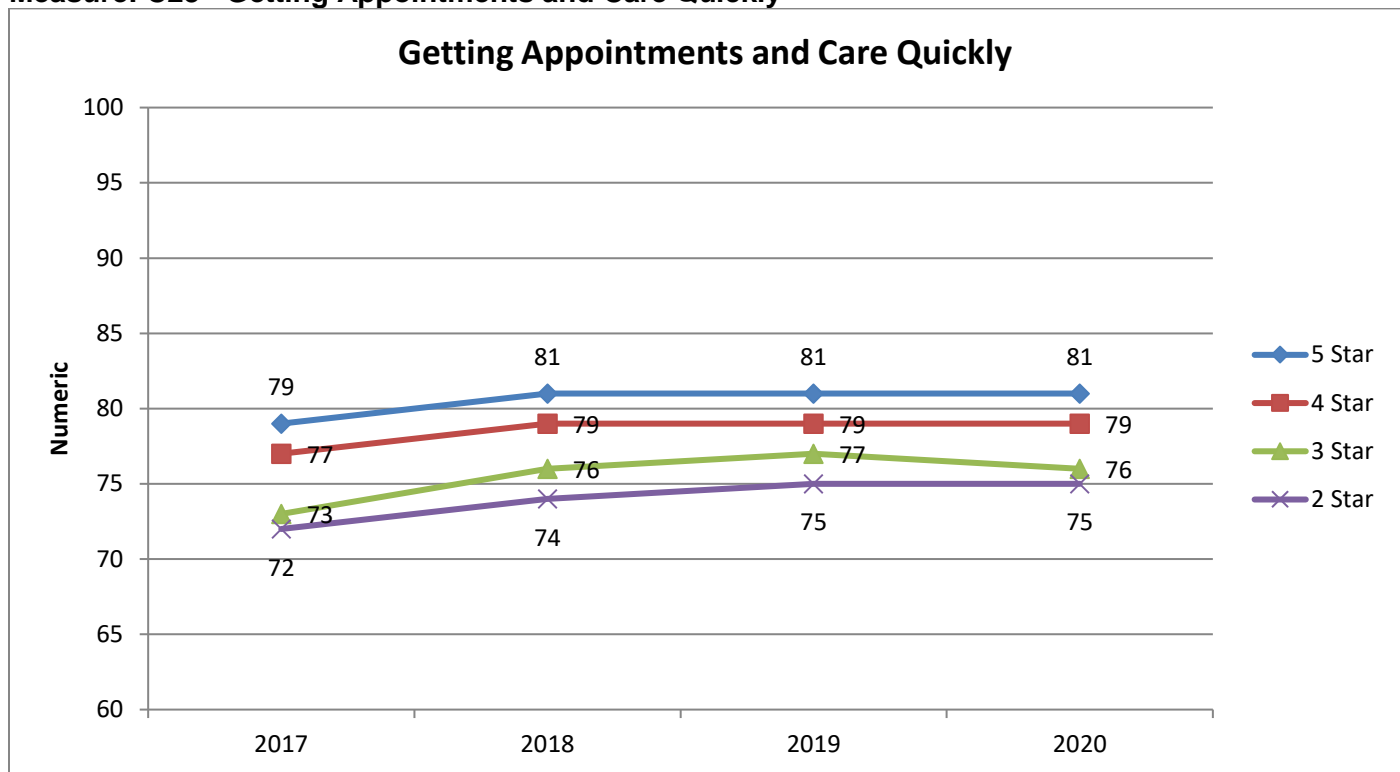
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2017	< 79	≥ 79 to < 81	≥ 81 to < 84	≥ 84 to < 86	≥ 86
2018	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 86	≥ 86
2019	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 85	≥ 85
2020	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 85	≥ 85

Measure: C23 - Getting Appointments and Care Quickly



Title

Description

Description: Percent of the best possible score the plan earned on how quickly members get appointments and care.

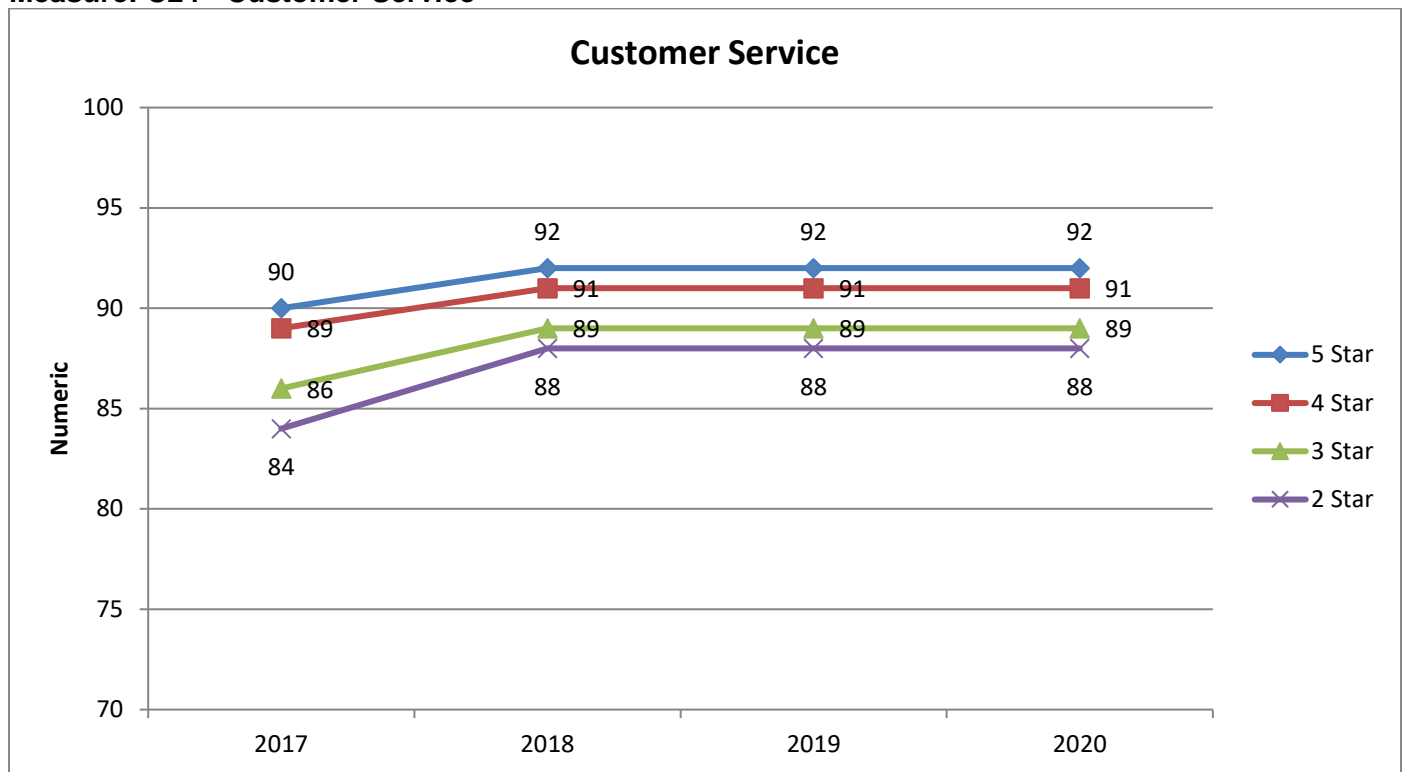
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2017	< 72	≥ 72 to < 73	≥ 73 to < 77	≥ 77 to < 79	≥ 79
2018	< 74	≥ 74 to < 76	≥ 76 to < 79	≥ 79 to < 81	≥ 81
2019	< 74	≥ 74 to < 77	≥ 77 to < 79	≥ 79 to < 81	≥ 81
2020	< 75	≥ 75 to < 76	≥ 76 to < 79	≥ 79 to < 81	≥ 81

Measure: C24 - Customer Service



Title	Description
-------	-------------

Description: Percent of the best possible score the plan earned on how easy it is for members to get information and help from the plan when needed.

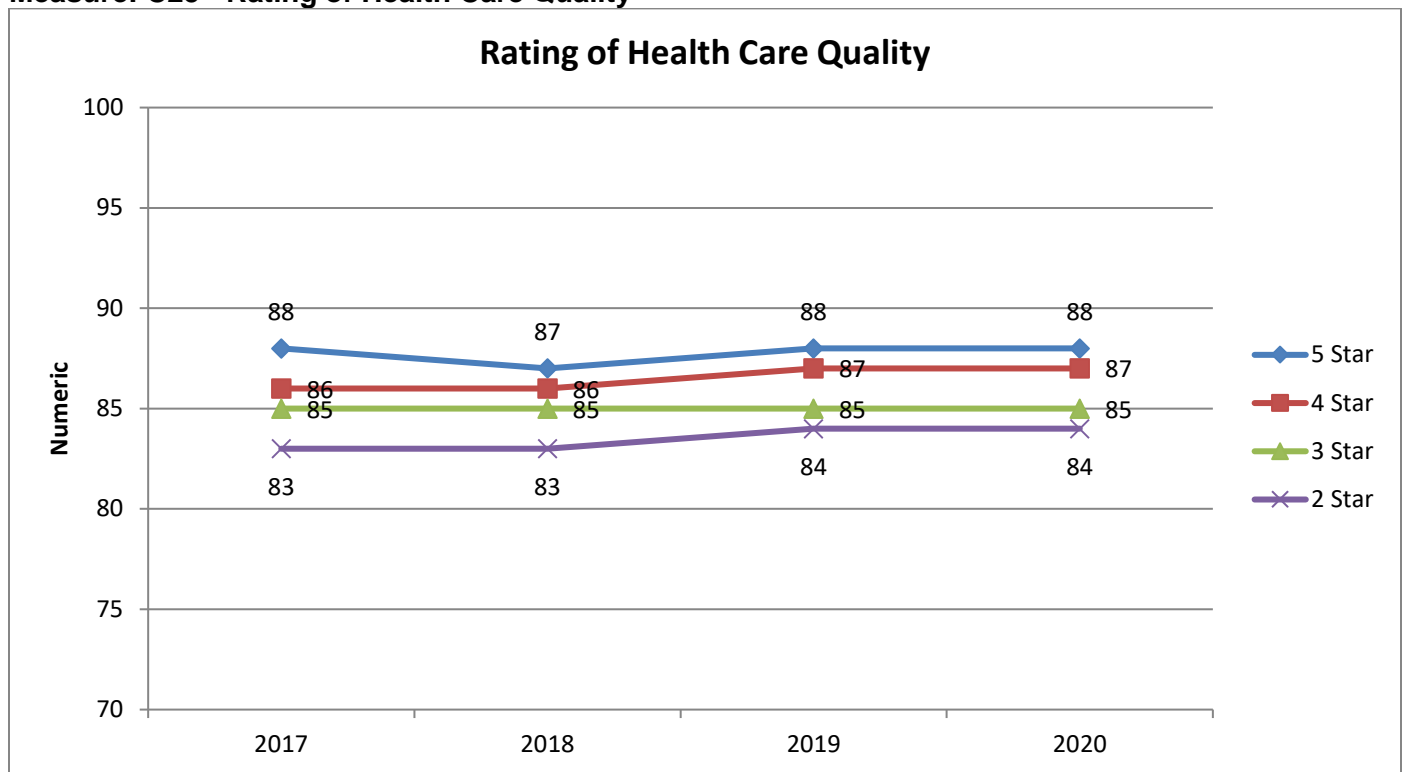
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2017	< 84	≥ 84 to < 86	≥ 86 to < 89	≥ 89 to < 90	≥ 90
2018	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	≥ 92
2019	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	≥ 92
2020	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	≥ 92

Measure: C25 - Rating of Health Care Quality



Title	Description
-------	-------------

Description: Percent of the best possible score the plan earned from members who rated the quality of the health care they received.

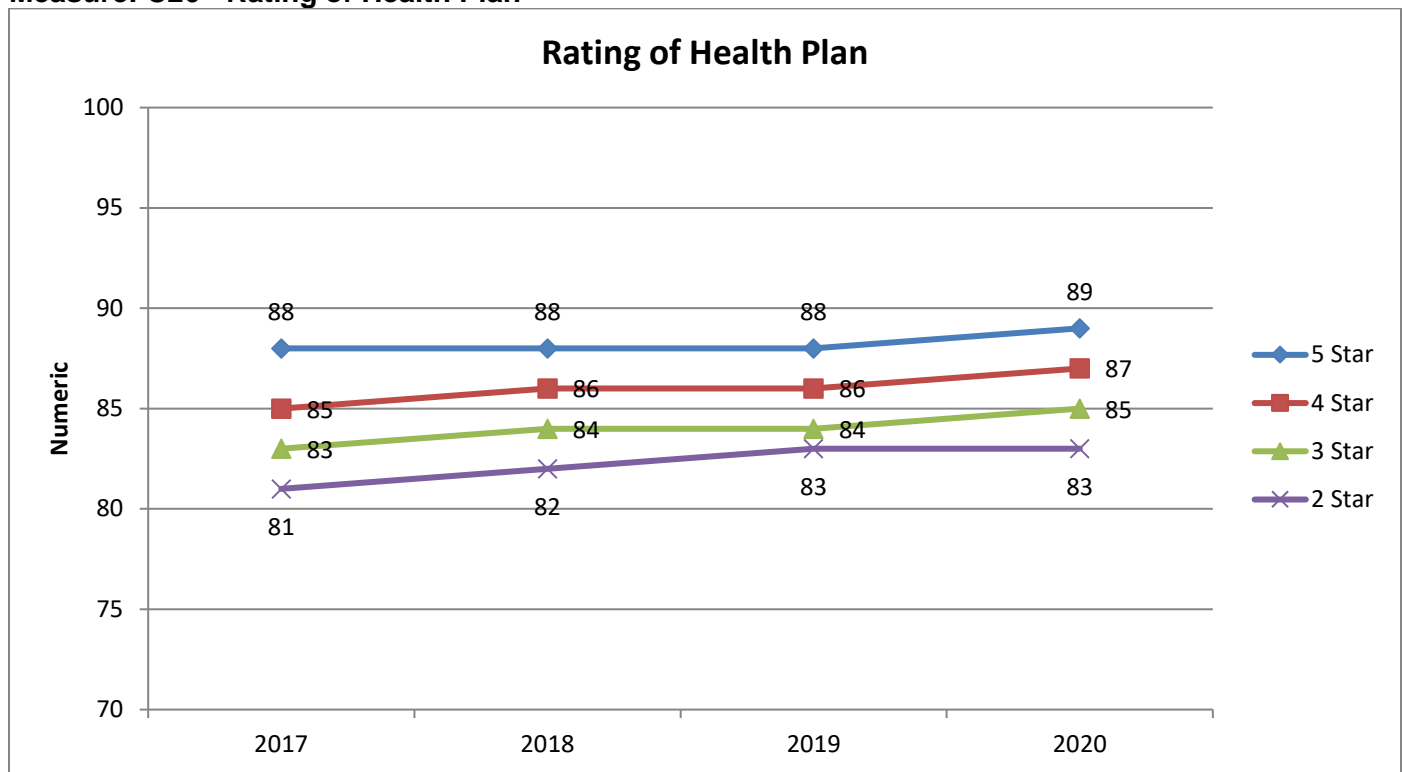
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2017	< 83	≥ 83 to < 85	≥ 85 to < 86	≥ 86 to < 88	≥ 88
2018	< 83	≥ 83 to < 85	≥ 85 to < 86	≥ 86 to < 87	≥ 87
2019	< 84	≥ 84 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88
2020	< 84	≥ 84 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88

Measure: C26 - Rating of Health Plan



Title

Description

Description: Percent of the best possible score the plan earned from members who rated the health plan.

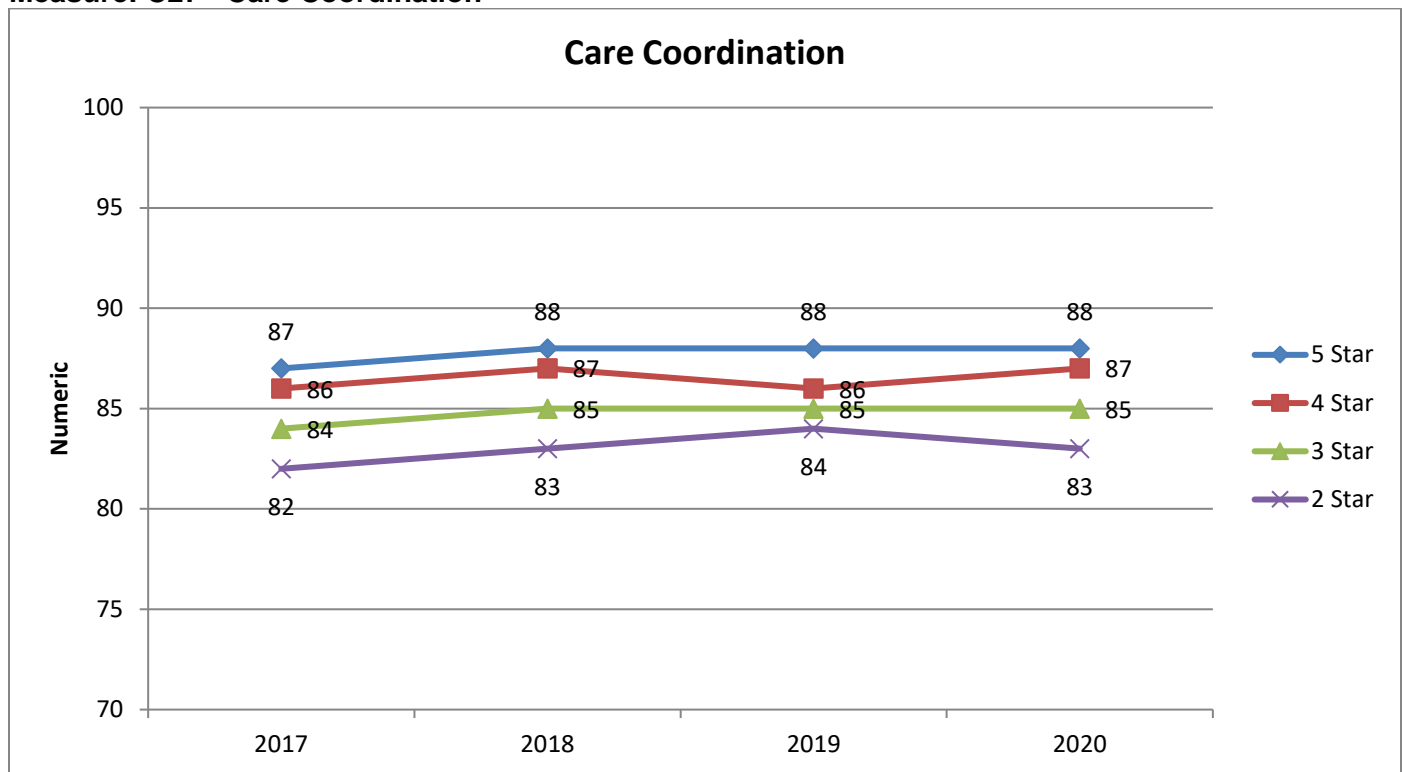
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2017	< 81	≥ 81 to < 83	≥ 83 to < 85	≥ 85 to < 88	≥ 88
2018	< 82	≥ 82 to < 84	≥ 84 to < 86	≥ 86 to < 88	≥ 88
2019	< 83	≥ 83 to < 84	≥ 84 to < 86	≥ 86 to < 88	≥ 88
2020	< 83	≥ 83 to < 85	≥ 85 to < 87	≥ 87 to < 89	≥ 89

Measure: C27 - Care Coordination



Title	Description
-------	-------------

Description: Percent of the best possible score the plan earned on how well the plan coordinates members' care. (This includes whether doctors had the records and information they needed about members' care and how quickly members got their test results.)

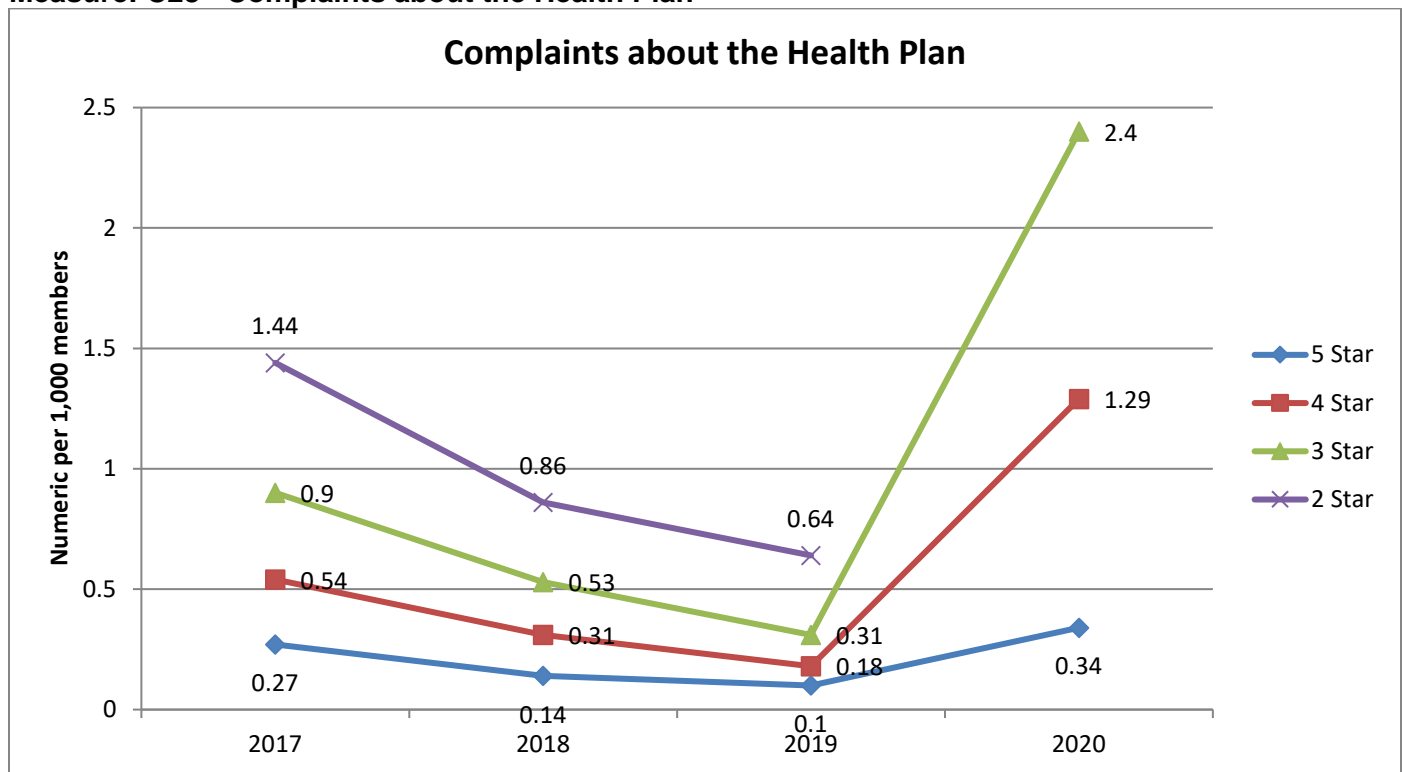
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2017	< 82	≥ 82 to < 84	≥ 84 to < 86	≥ 86 to < 87	≥ 87
2018	< 83	≥ 83 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88
2019	< 84	≥ 84 to < 85	≥ 85 to < 86	≥ 86 to < 88	≥ 88
2020	< 83	≥ 83 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88

Measure: C28 - Complaints about the Health Plan



Title

Description

Description: Percent of members filing complaints with Medicare about the health plan.

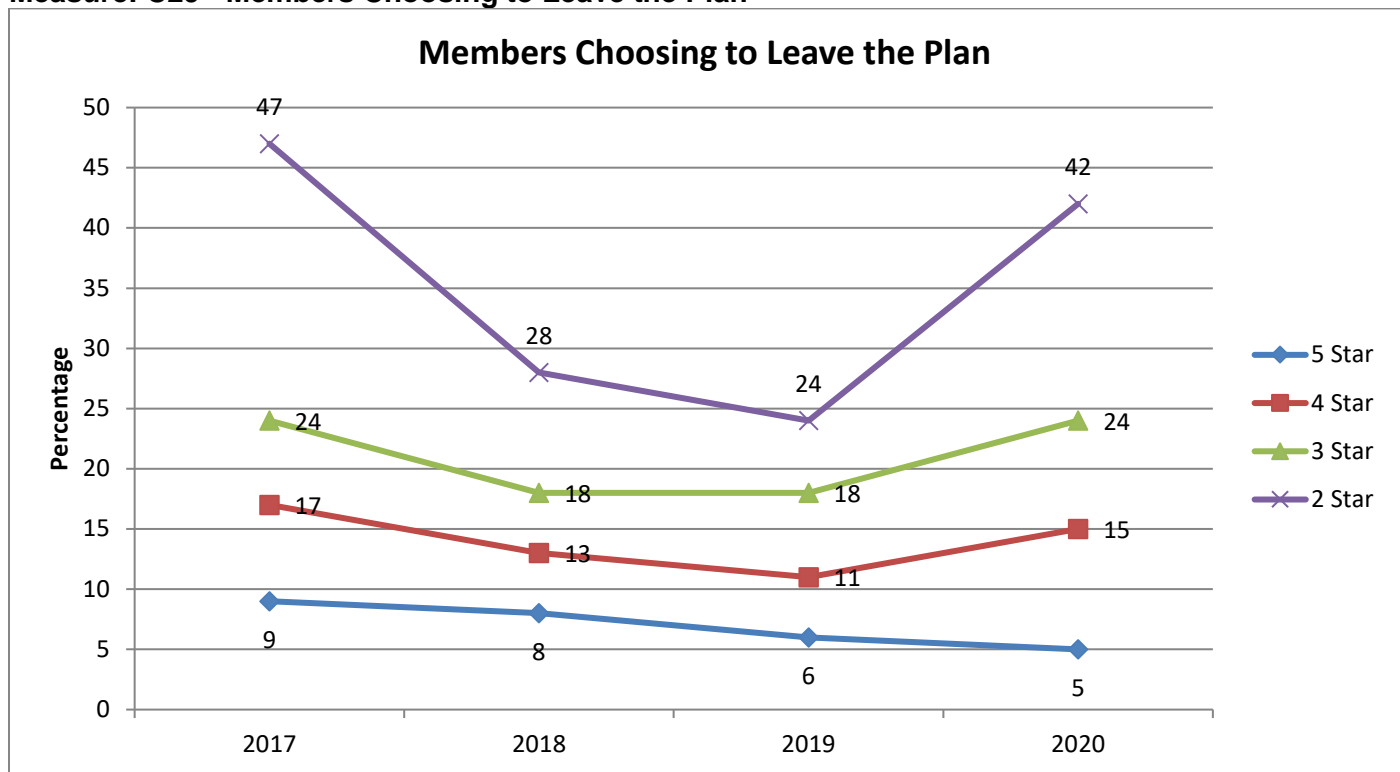
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	> 1.44	> 0.90 to ≤ 1.44	> 0.54 to ≤ 0.90	> 0.27 to ≤ 0.54	≤ 0.27
2018	> 0.86	> 0.53 to ≤ 0.86	> 0.31 to ≤ 0.53	> 0.14 to ≤ 0.31	≤ 0.14
2019	> 0.64	> 0.31 to ≤ 0.64	> 0.18 to ≤ 0.31	> 0.10 to ≤ 0.18	≤ 0.10
2020	NA	NA	> 1.29	> 0.34 to ≤ 1.29	≤ 0.34

Measure: C29 - Members Choosing to Leave the Plan



Title

Description

Description: Percent of plan members who chose to leave the plan.

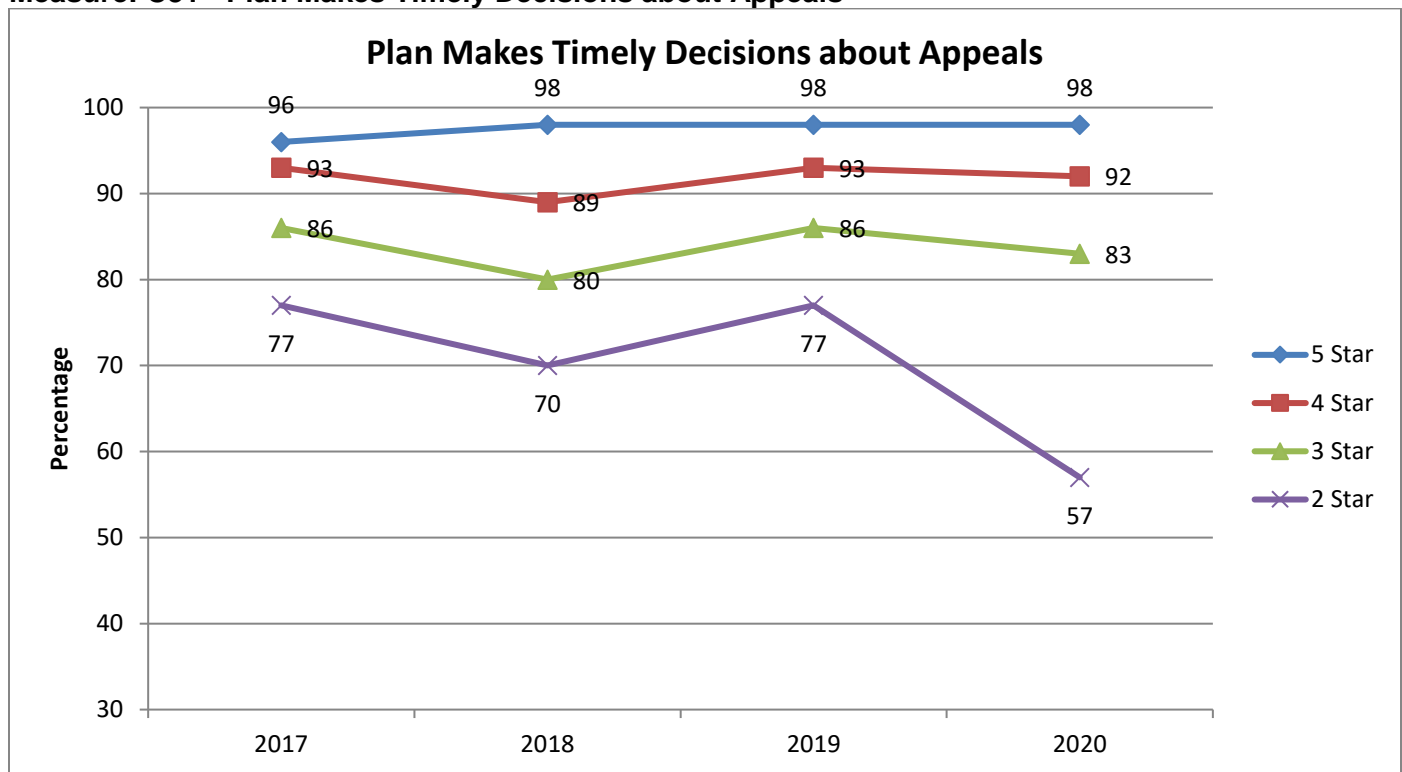
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	> 47%	> 24% to ≤ 47%	> 17% to ≤ 24%	> 9% to ≤ 17%	≤ 9%
2018	> 28%	> 18% to ≤ 28%	> 13% to ≤ 18%	> 8% to ≤ 13%	≤ 8%
2019	> 24%	> 18% to ≤ 24%	> 11% to ≤ 18%	> 6% to ≤ 11%	≤ 6%
2020	> 42%	> 24% to ≤ 42%	> 15% to ≤ 24%	> 5% to ≤ 15%	≤ 5%

Measure: C31 - Plan Makes Timely Decisions about Appeals



Title

Description

Description: Percent of plan members who got a timely response when they made an appeal request to the health plan about a decision to refuse payment or coverage.

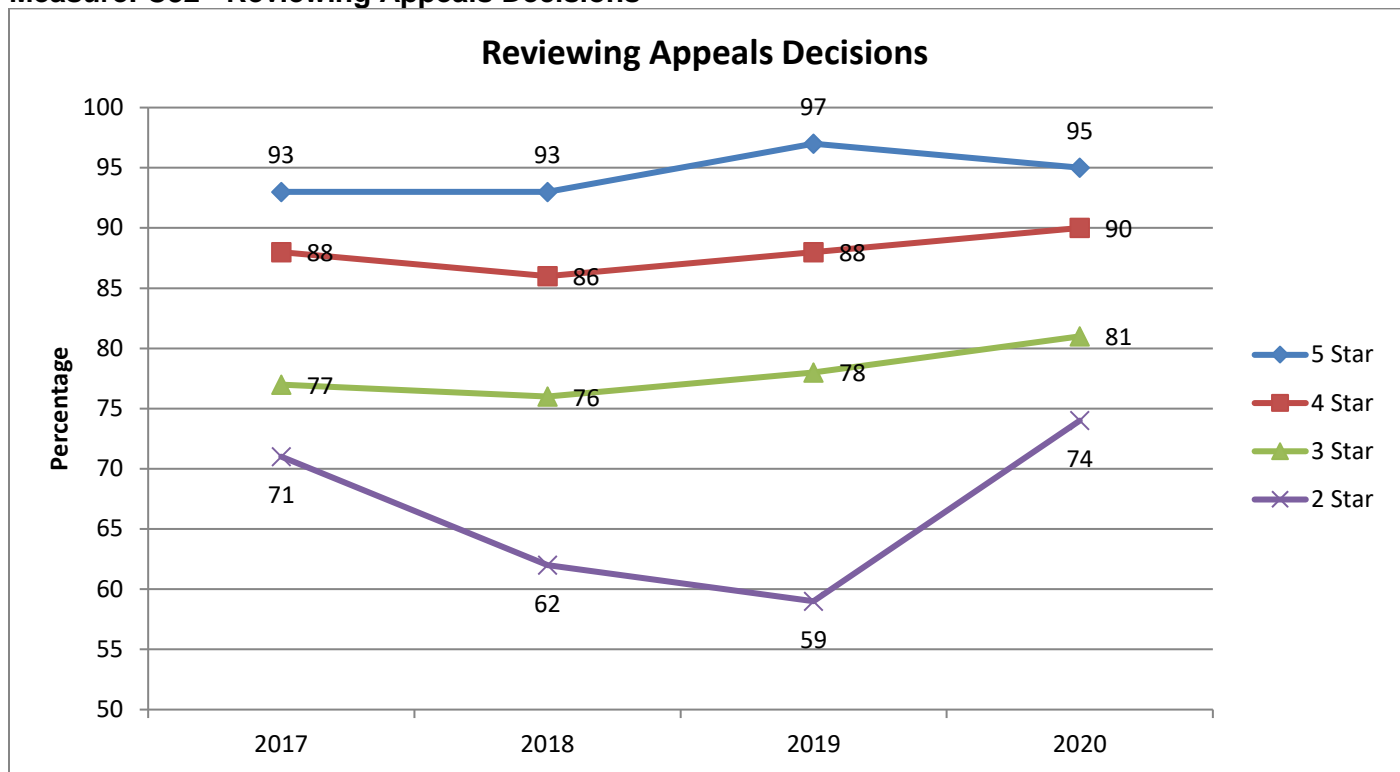
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 77%	≥ 77% to < 86%	≥ 86% to < 93%	≥ 93% to < 96%	≥ 96%
2018	< 70%	≥ 70% to < 80%	≥ 80% to < 89%	≥ 89% to < 98%	≥ 98%
2019	< 77%	≥ 77% to < 86%	≥ 86% to < 93%	≥ 93% to < 98%	≥ 98%
2020	< 57%	≥ 57% to < 83%	≥ 83% to < 92%	≥ 92% to < 98%	≥ 98%

Measure: C32 - Reviewing Appeals Decisions



Title

Description

Description: This rating shows how often an **independent reviewer** thought the health plan's decision to deny an appeal was fair. This includes appeals made by plan members and out-of-network providers. (This rating is not based on how often the plan denies appeals, but rather *how fair* the plan is when they deny an appeal.)

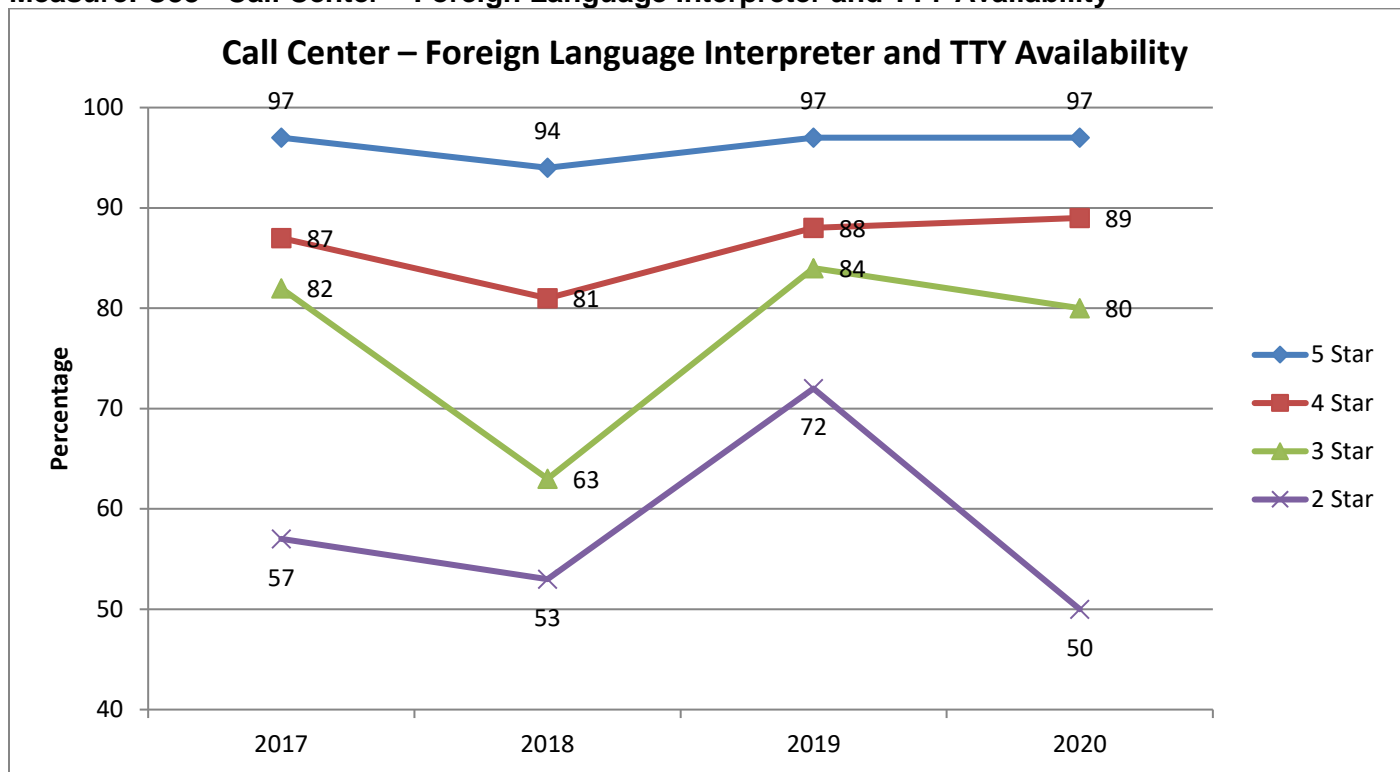
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 71%	≥ 71% to < 77%	≥ 77% to < 88%	≥ 88% to < 93%	≥ 93%
2018	< 62%	≥ 62% to < 76%	≥ 76% to < 86%	≥ 86% to < 93%	≥ 93%
2019	< 59%	≥ 59% to < 78%	≥ 78% to < 88%	≥ 88% to < 97%	≥ 97%
2020	< 74%	≥ 74% to < 81%	≥ 81% to < 90%	≥ 90% to < 95%	≥ 95%

Measure: C33 - Call Center – Foreign Language Interpreter and TTY Availability



Title

Description

Description: Percent of time that TTY services and foreign language interpretation were available when needed by people who called the health plan's prospective enrollee customer service phone line.

Data Source: Call Center Monitoring

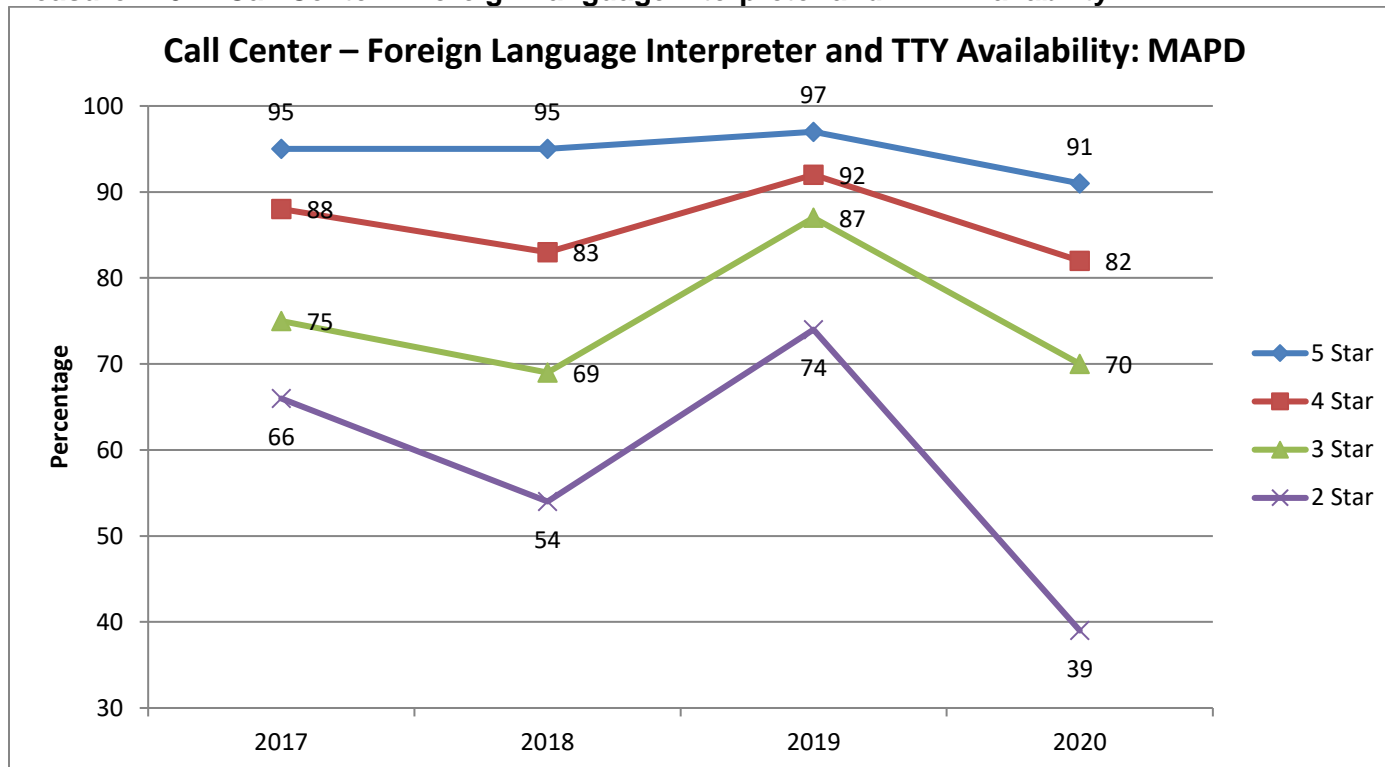
General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 57%	≥ 57% to < 82%	≥ 82% to < 87%	≥ 87% to < 97%	≥ 97%
2018	< 53%	≥ 53% to < 63%	≥ 63% to < 81%	≥ 81% to < 94%	≥ 94%
2019	< 72%	≥ 72% to < 84%	≥ 84% to < 88%	≥ 88% to < 97%	≥ 97%
2020	< 50%	≥ 50% to < 80%	≥ 80% to < 89%	≥ 89% to < 97%	≥ 97%

Part D Measures

Measure: D01 - Call Center – Foreign Language Interpreter and TTY Availability



Title	Description
-------	-------------

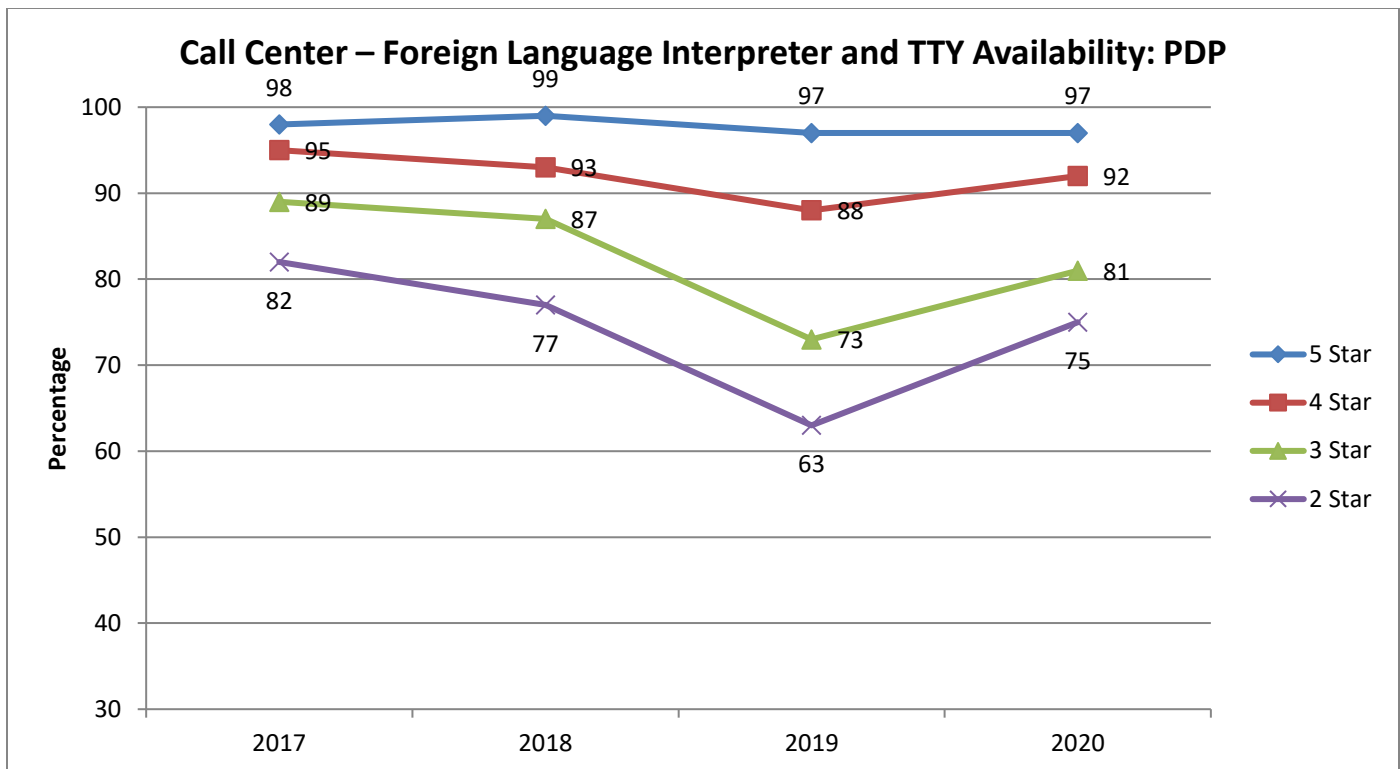
Description: Percent of time that TTY services and foreign language interpretation were available when needed by people who called the drug plan's prospective enrollee customer service line.

Data Source: Call Center Monitoring

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2017	< 66%	≥ 66% to < 75%	≥ 75% to < 88%	≥ 88% to < 95%	≥ 95%
MAPD	2018	< 54%	≥ 54% to < 69%	≥ 69% to < 83%	≥ 83% to < 95%	≥ 95%
MAPD	2019	< 74%	≥ 74% to < 87%	≥ 87% to < 92%	≥ 92% to < 97%	≥ 97%
MAPD	2020	< 39%	≥ 39% to < 70%	≥ 70% to < 82%	≥ 82% to < 91%	≥ 91%



Title	Description
-------	-------------

Description: Percent of time that TTY services and foreign language interpretation were available when needed by people who called the drug plan's prospective enrollee customer service line.

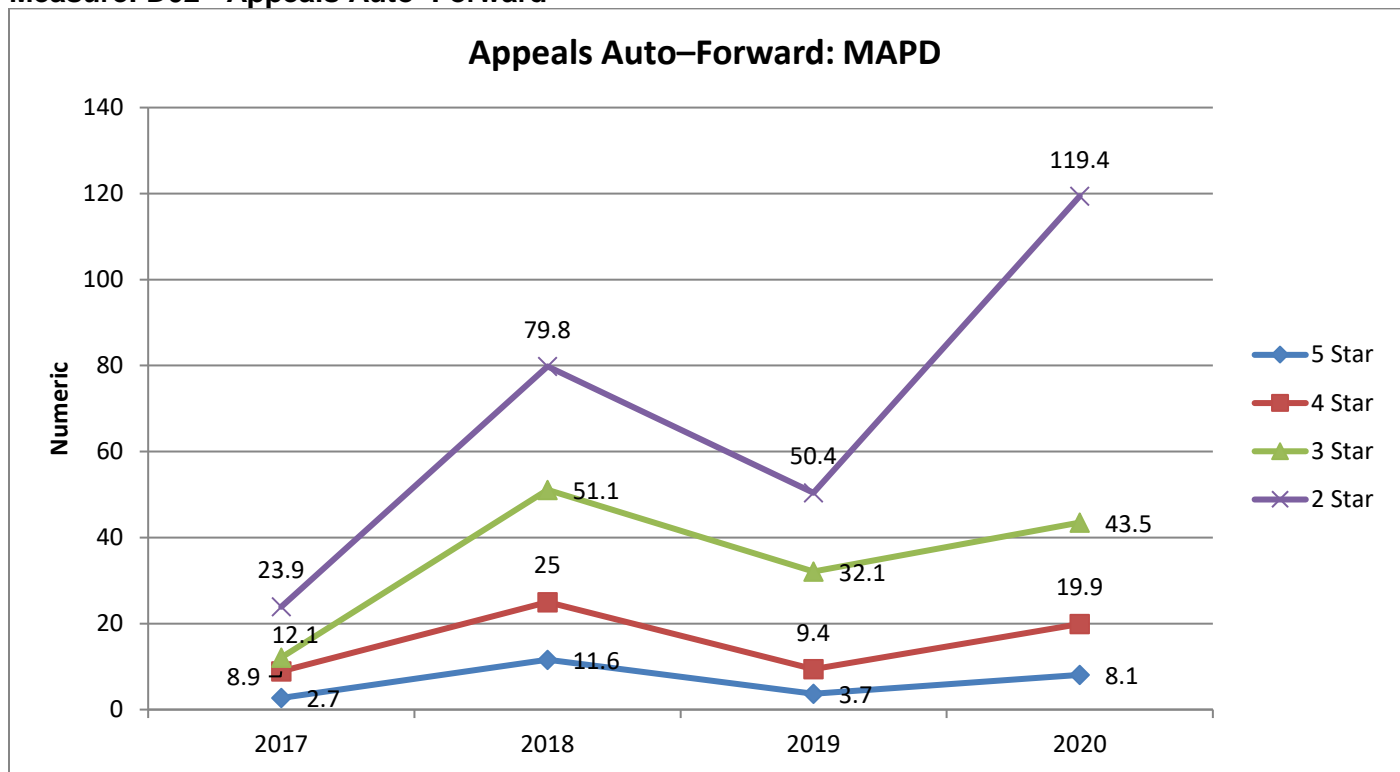
Data Source: Call Center Monitoring

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2017	< 82%	≥ 82% to < 89%	≥ 89% to < 95%	≥ 95% to < 98%	≥ 98%
PDP	2018	< 77%	≥ 77% to < 87%	≥ 87% to < 93%	≥ 93% to < 99%	≥ 99%
PDP	2019	< 63%	≥ 63% to < 73%	≥ 73% to < 88%	≥ 88% to < 97%	≥ 97%
PDP	2020	< 75%	≥ 75% to < 81%	≥ 81% to < 92%	≥ 92% to < 97%	≥ 97%

Measure: D02 - Appeals Auto-Forward



Title

Description

Description: Percent of plan members who failed to get a timely response when they made an appeal request to the drug plan about a decision to refuse payment or coverage. If you would like more information about Medicare appeals, click on <http://www.medicare.gov/claims-and-appeals/index.html>

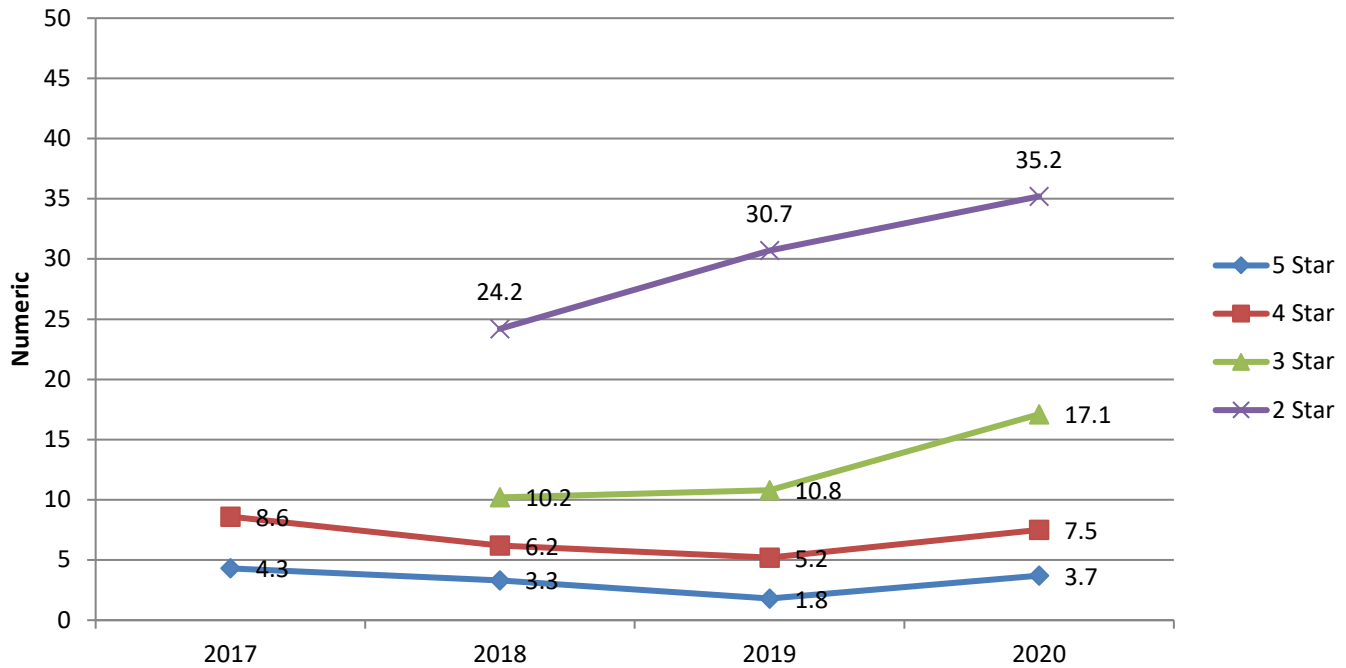
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2017	> 23.9	> 12.1 to ≤ 23.9	> 8.9 to ≤ 12.1	> 2.7 to ≤ 8.9	≤ 2.7
MAPD	2018	> 79.8	> 51.1 to ≤ 79.8	> 25.0 to ≤ 51.1	> 11.6 to ≤ 25.0	≤ 11.6
MAPD	2019	> 50.4	> 32.1 to ≤ 50.4	> 9.4 to ≤ 32.1	> 3.7 to ≤ 9.4	≤ 3.7
MAPD	2020	> 119.4	> 43.5 to ≤ 119.4	> 19.9 to ≤ 43.5	> 8.1 to ≤ 19.9	≤ 8.1

Appeals Auto-Forward: PDP



Title

Description

Description: Percent of plan members who failed to get a timely response when they made an appeal request to the drug plan about a decision to refuse payment or coverage. If you would like more information about Medicare appeals, click on <http://www.medicare.gov/claims-and-appeals/index.html>

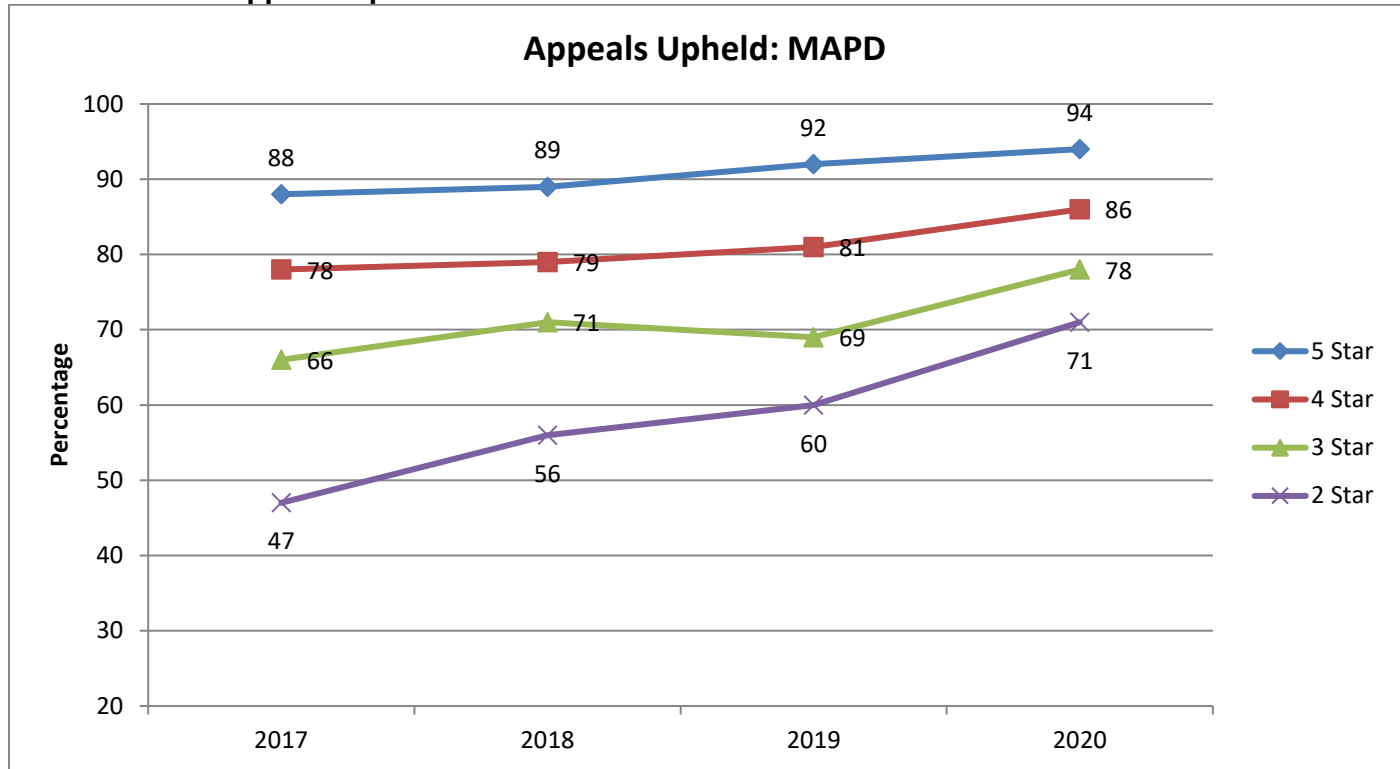
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2017	NA	NA	> 8.6	> 4.3 to ≤ 8.6	≤ 4.3
PDP	2018	> 24.2	> 10.2 to ≤ 24.2	> 6.2 to ≤ 10.2	> 3.3 to ≤ 6.2	≤ 3.3
PDP	2019	> 30.7	> 10.8 to ≤ 30.7	> 5.2 to ≤ 10.8	> 1.8 to ≤ 5.2	≤ 1.8
PDP	2020	> 35.2	> 17.1 to ≤ 35.2	> 7.5 to ≤ 17.1	> 3.7 to ≤ 7.5	≤ 3.7

Measure: D03 - Appeals Upheld



Title	Description
-------	-------------

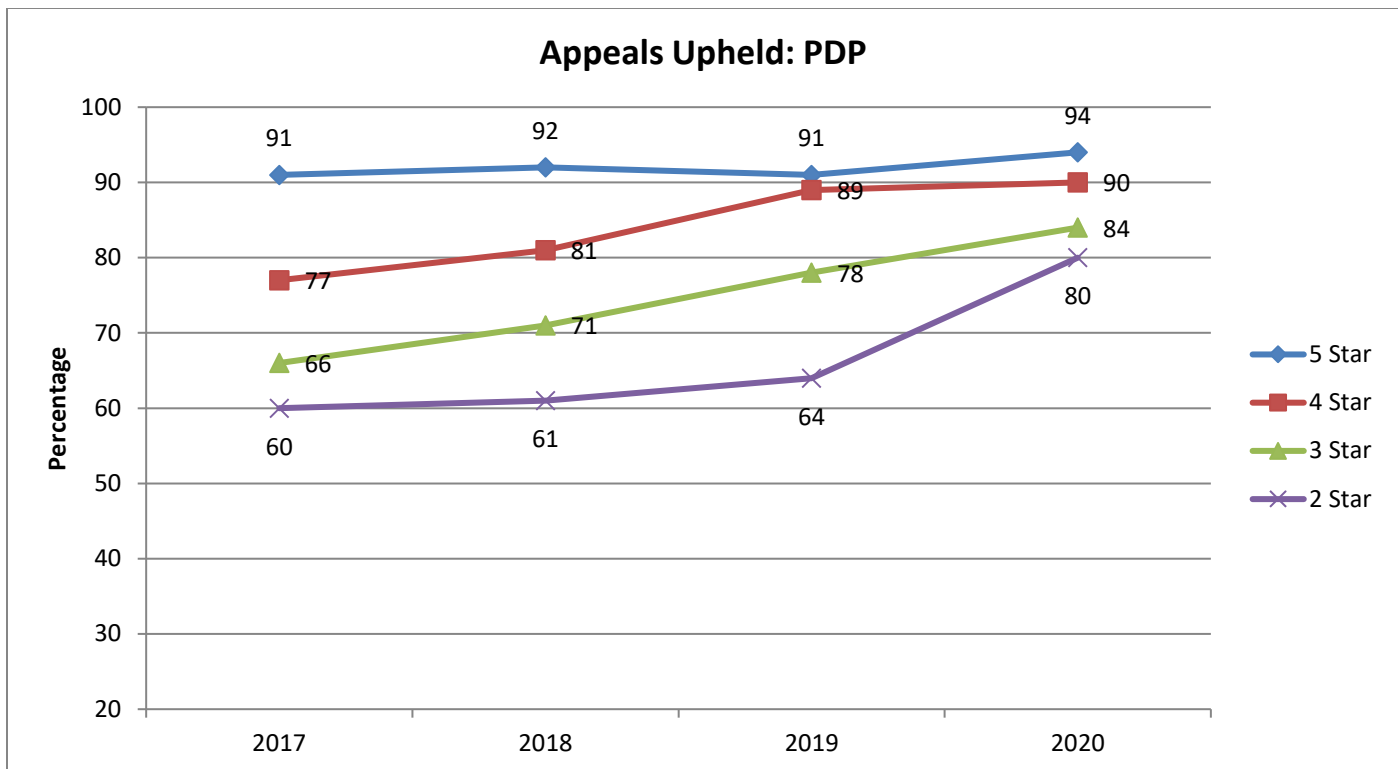
Description: How often an **independent reviewer** thought the drug plan's decision to deny an appeal was fair. This includes appeals made by plan members and out-of-network providers. (This rating is not based on how often the plan denies appeals, but rather *how fair* the plan is when they deny an appeal.)

Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2017	< 47%	≥ 47% to < 66%	≥ 66% to < 78%	≥ 78% to < 88%	≥ 88%
MAPD	2018	< 56%	≥ 56% to < 71%	≥ 71% to < 79%	≥ 79% to < 89%	≥ 89%
MAPD	2019	< 60%	≥ 60% to < 69%	≥ 69% to < 81%	≥ 81% to < 92%	≥ 92%
MAPD	2020	< 71%	≥ 71% to < 78%	≥ 78% to < 86%	≥ 86% to < 94%	≥ 94%



Title	Description
-------	-------------

Description: How often an **independent reviewer** thought the drug plan's decision to deny an appeal was fair. This includes appeals made by plan members and out-of-network providers. (This rating is not based on how often the plan denies appeals, but rather *how fair* the plan is when they deny an appeal.)

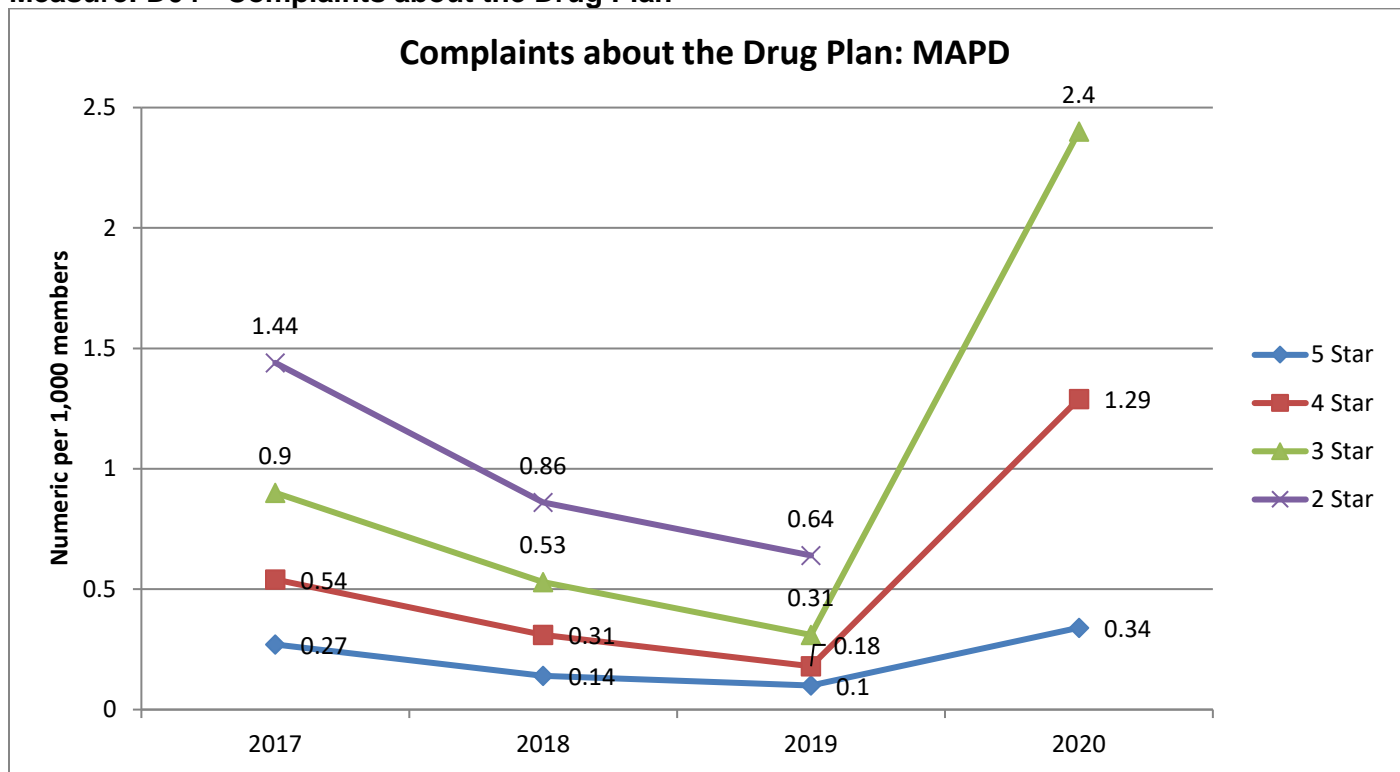
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2017	< 60%	≥ 60% to < 66%	≥ 66% to < 77%	≥ 77% to < 91%	≥ 91%
PDP	2018	< 61%	≥ 61% to < 71%	≥ 71% to < 81%	≥ 81% to < 92%	≥ 92%
PDP	2019	< 64%	≥ 64% to < 78%	≥ 78% to < 89%	≥ 89% to < 91%	≥ 91%
PDP	2020	< 80%	≥ 80% to < 84%	≥ 84% to < 90%	≥ 90% to < 94%	≥ 94%

Measure: D04 - Complaints about the Drug Plan



Title

Description

Description: Percent of members filing complaints with Medicare about the drug plan.

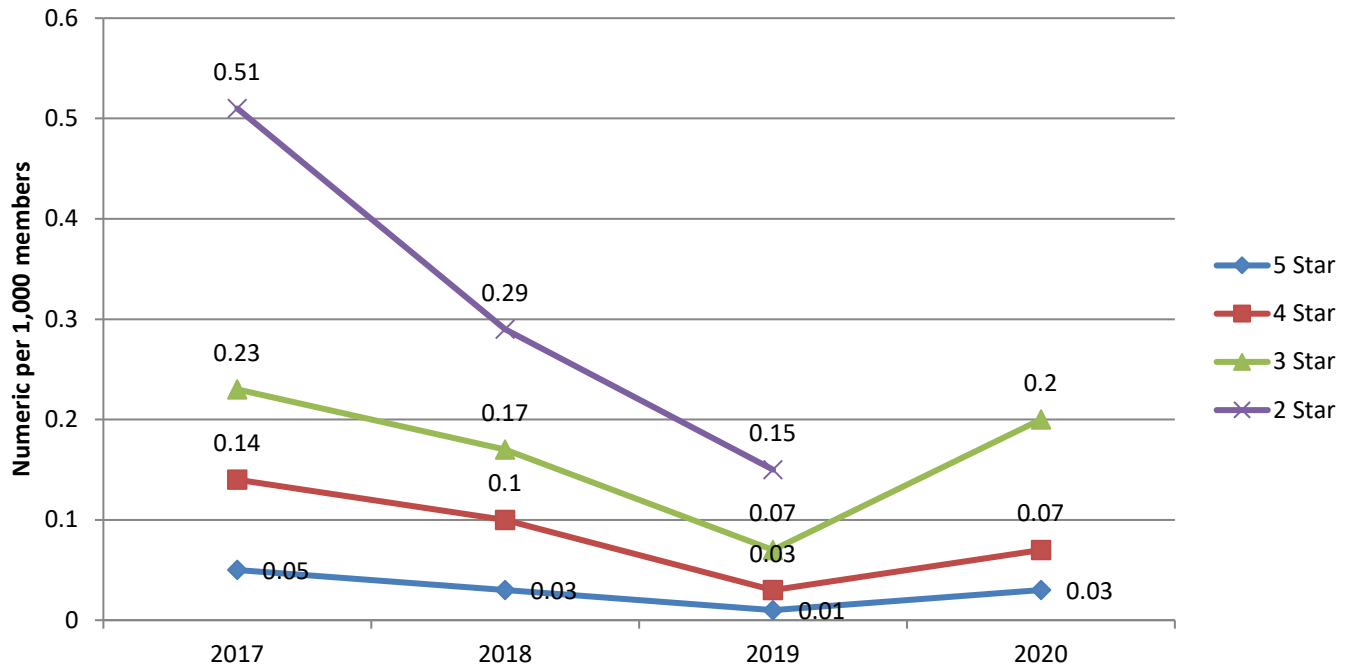
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2017	> 1.44	> 0.90 to ≤ 1.44	> 0.54 to ≤ 0.90	> 0.27 to ≤ 0.54	≤ 0.27
MAPD	2018	> 0.86	> 0.53 to ≤ 0.86	> 0.31 to ≤ 0.53	> 0.14 to ≤ 0.31	≤ 0.14
MAPD	2019	> 0.64	> 0.31 to ≤ 0.64	> 0.18 to ≤ 0.31	> 0.10 to ≤ 0.18	≤ 0.10
MAPD	2020	NA	NA	> 1.29	> 0.34 to ≤ 1.29	≤ 0.34

Complaints about the Drug Plan: PDP



Title

Description

Description: Percent of members filing complaints with Medicare about the drug plan.

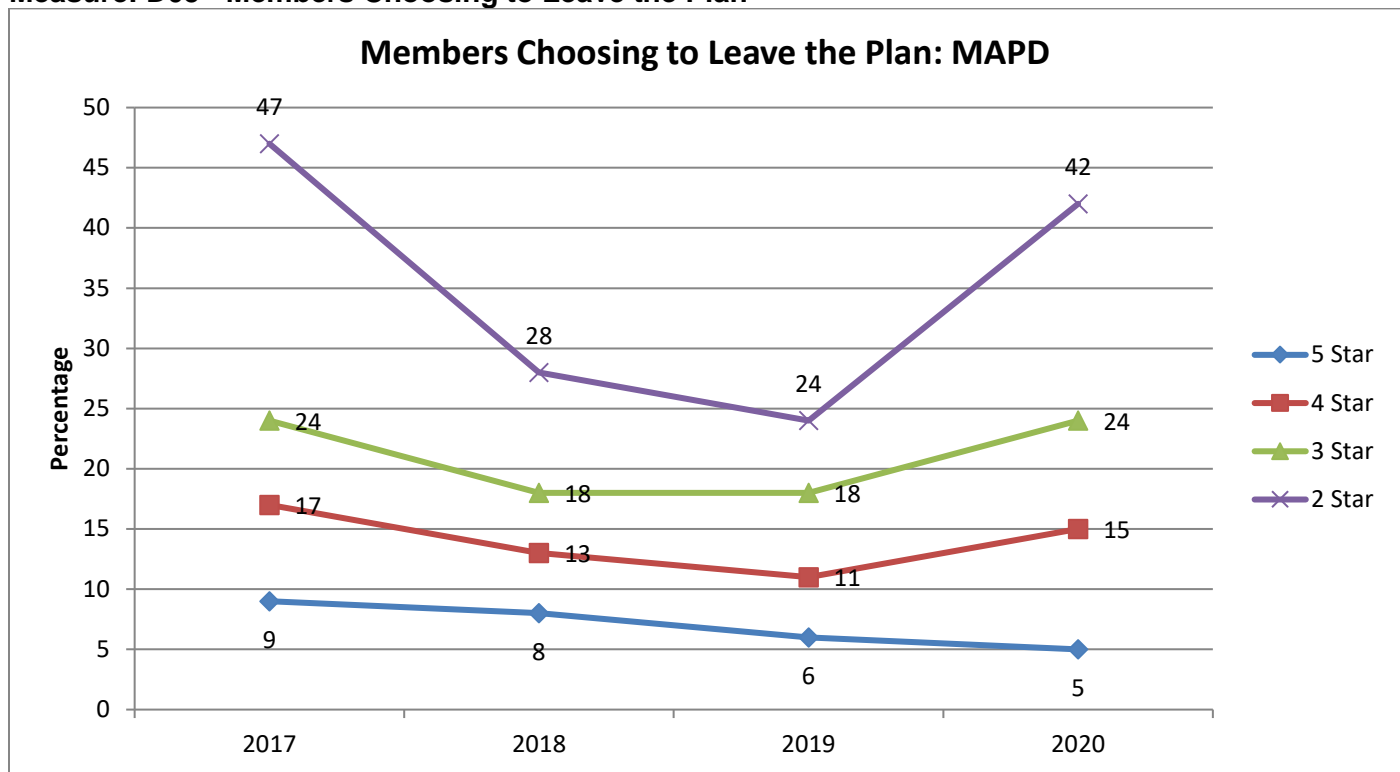
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2017	> 0.51	> 0.23 to ≤ 0.51	> 0.14 to ≤ 0.23	> 0.05 to ≤ 0.14	≤ 0.05
PDP	2018	> 0.29	> 0.17 to ≤ 0.29	> 0.10 to ≤ 0.17	> 0.03 to ≤ 0.10	≤ 0.03
PDP	2019	> 0.15	> 0.07 to ≤ 0.15	> 0.03 to ≤ 0.07	> 0.01 to ≤ 0.03	≤ 0.01
PDP	2020	NA	NA	> 0.07	> 0.03 to ≤ 0.07	≤ 0.03

Measure: D05 - Members Choosing to Leave the Plan



Title

Description

Description: Percent of plan members who chose to leave the plan.

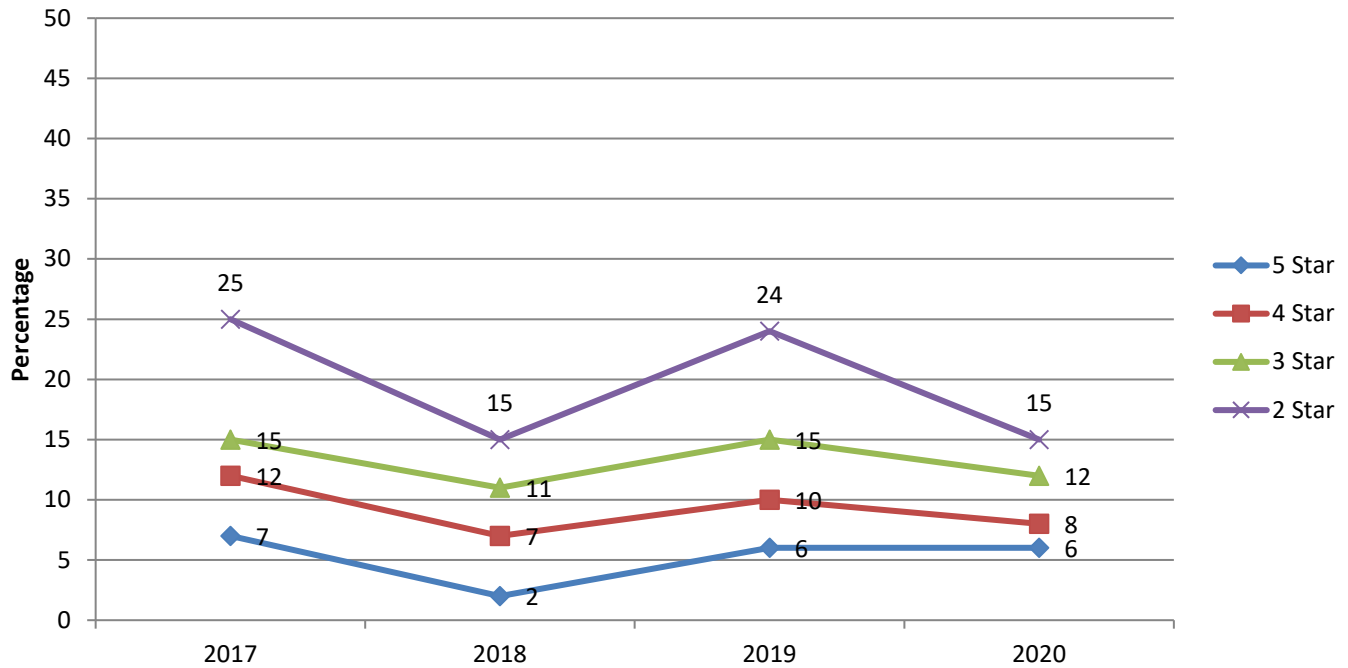
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2017	> 47%	> 24% to ≤ 47%	> 17% to ≤ 24%	> 9% to ≤ 17%	≤ 9%
MAPD	2018	> 28%	> 18% to ≤ 28%	> 13% to ≤ 18%	> 8% to ≤ 13%	≤ 8%
MAPD	2019	> 24%	> 18% to ≤ 24%	> 11% to ≤ 18%	> 6% to ≤ 11%	≤ 6%
MAPD	2020	> 42%	> 24% to ≤ 42%	> 15% to ≤ 24%	> 5% to ≤ 15%	≤ 5%

Members Choosing to Leave the Plan: PDP



Title

Description

Description: Percent of plan members who chose to leave the plan.

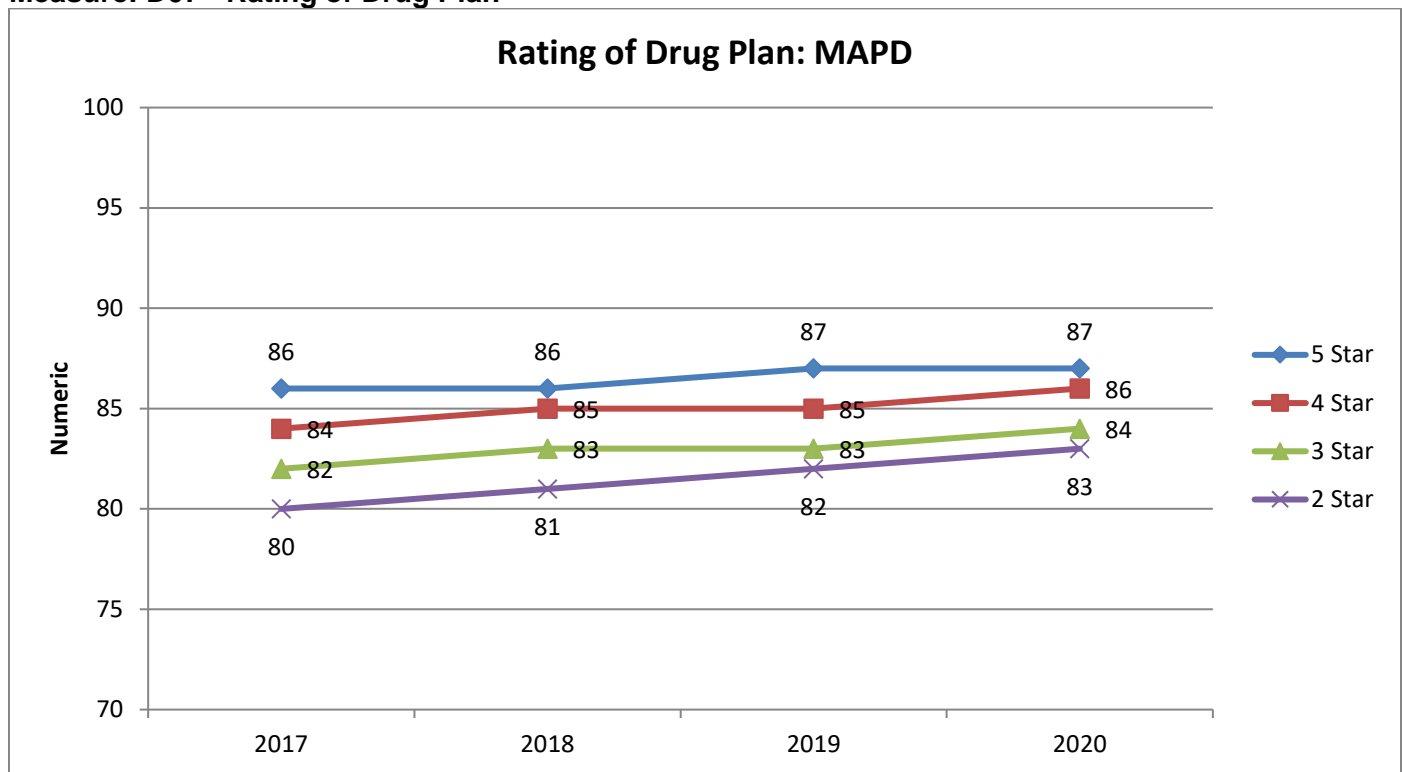
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2017	> 25%	> 15% to ≤ 25%	> 12% to ≤ 15%	> 7% to ≤ 12%	≤ 7%
PDP	2018	> 15%	> 11% to ≤ 15%	> 7% to ≤ 11%	> 2% to ≤ 7%	≤ 2%
PDP	2019	> 24%	> 15% to ≤ 24%	> 10% to ≤ 15%	> 6% to ≤ 10%	≤ 6%
PDP	2020	> 15%	> 12% to ≤ 15%	> 8% to ≤ 12%	> 6% to ≤ 8%	≤ 6%

Measure: D07 - Rating of Drug Plan



Title

Description

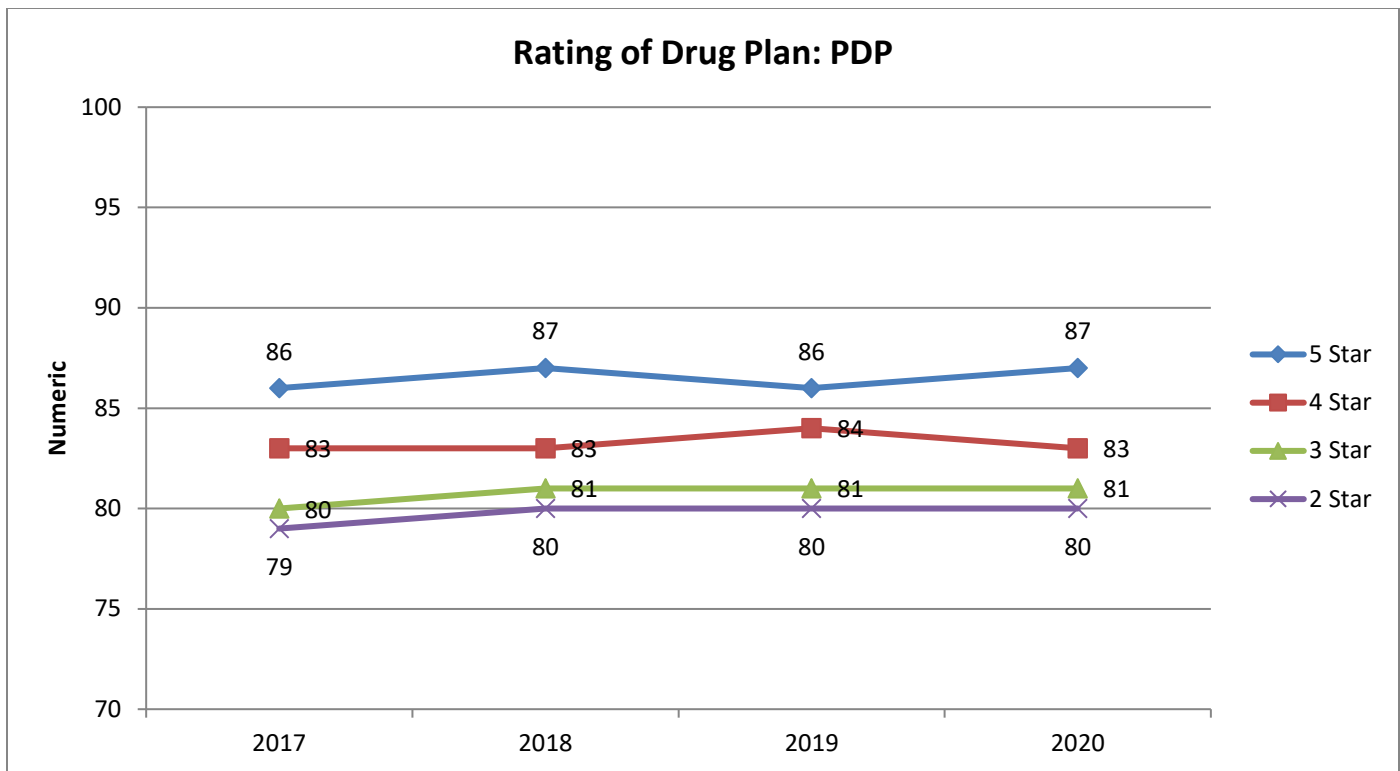
Description: Percent of the best possible score the plan earned from members who rated the prescription drug plan.

Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
MAPD	2017	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 86	≥ 86
MAPD	2018	< 81	≥ 81 to < 83	≥ 83 to < 85	≥ 85 to < 86	≥ 86
MAPD	2019	< 82	≥ 82 to < 83	≥ 83 to < 85	≥ 85 to < 87	≥ 87
MAPD	2020	< 83	≥ 83 to < 84	≥ 84 to < 86	≥ 86 to < 87	≥ 87



Title	Description
-------	-------------

Description: Percent of the best possible score the plan earned from members who rated the prescription drug plan.

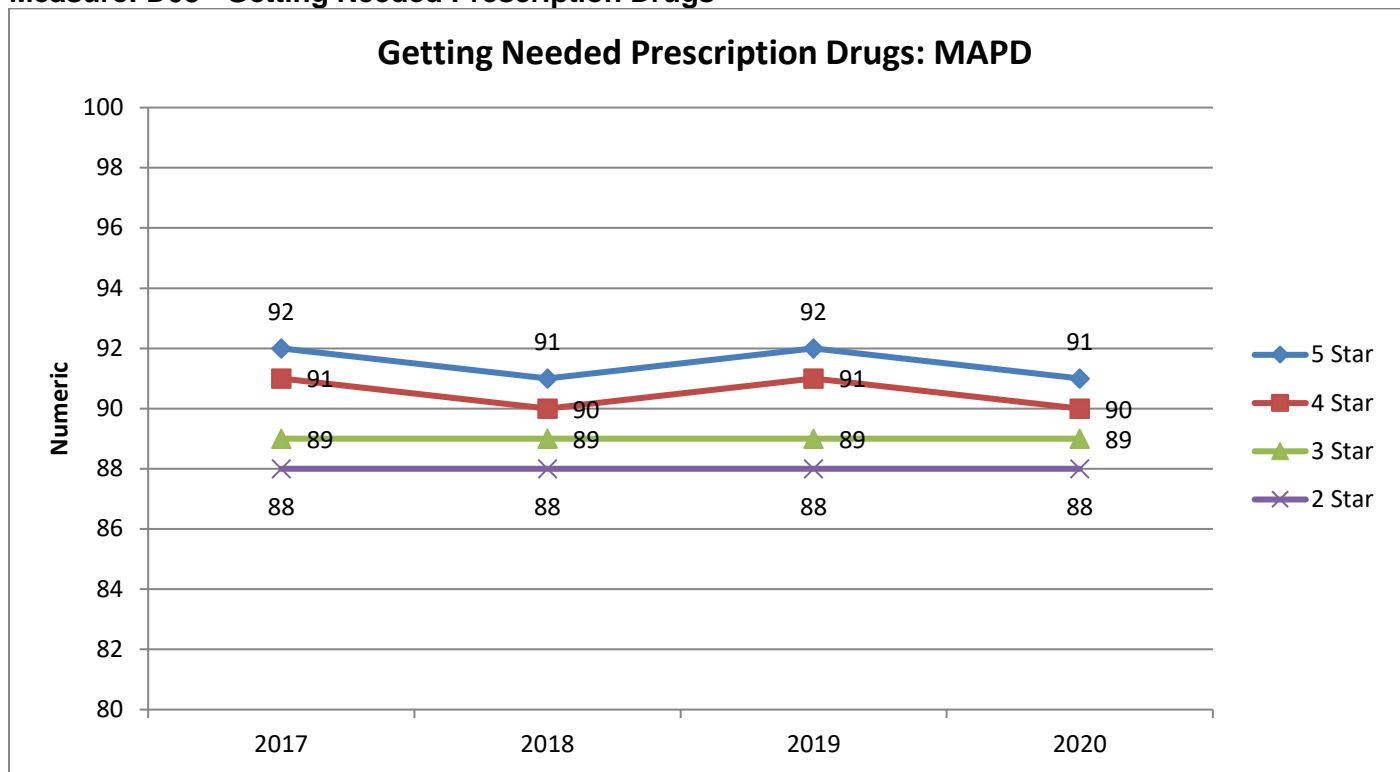
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
PDP	2017	< 79	≥ 79 to < 80	≥ 80 to < 83	≥ 83 to < 86	≥ 86
PDP	2018	< 80	≥ 80 to < 81	≥ 81 to < 83	≥ 83 to < 87	≥ 87
PDP	2019	< 80	≥ 80 to < 81	≥ 81 to < 84	≥ 84 to < 86	≥ 86
PDP	2020	< 80	≥ 80 to < 81	≥ 81 to < 83	≥ 83 to < 87	≥ 87

Measure: D08 - Getting Needed Prescription Drugs



Title	Description
-------	-------------

Description: Percent of the best possible score the plan earned on how easy it is for members to get the prescription drugs they need using the plan.

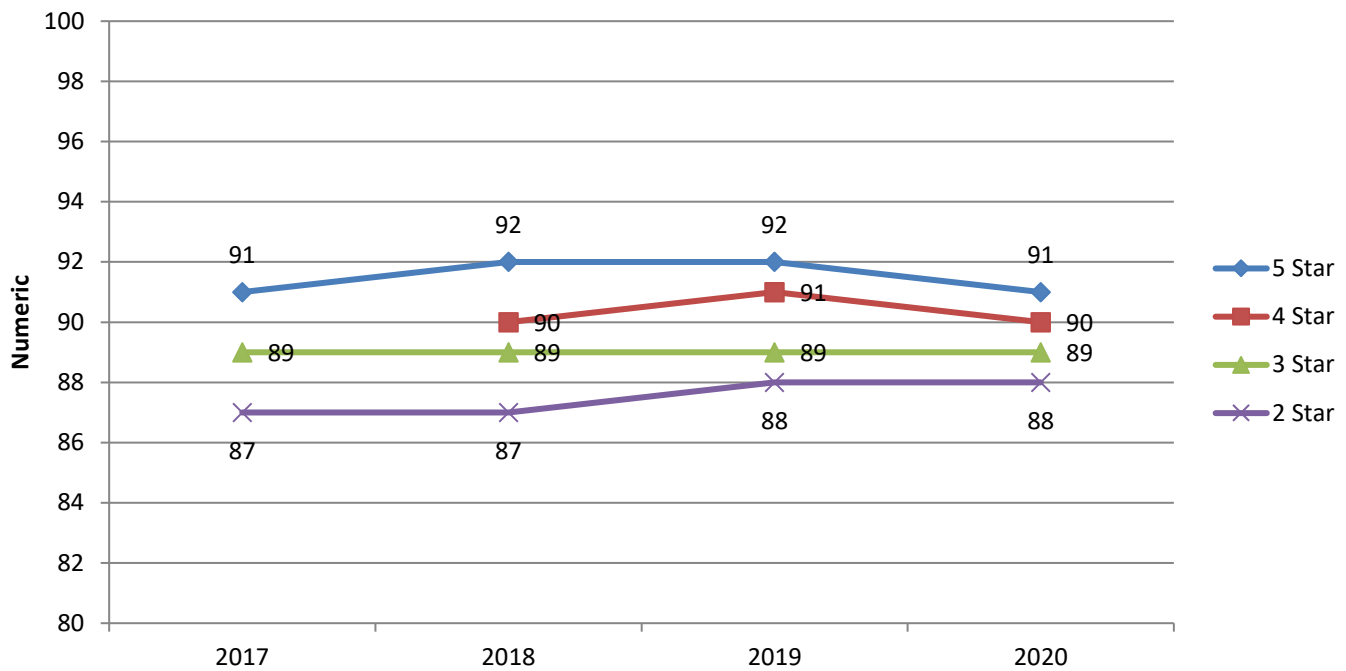
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
MAPD	2017	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	≥ 92
MAPD	2018	< 88	≥ 88 to < 89	≥ 89 to < 90	≥ 90 to < 91	≥ 91
MAPD	2019	< 88	≥ 88 to < 89	≥ 89 to < 90	≥ 90 to < 92	≥ 92
MAPD	2020	< 88	≥ 88 to < 89	≥ 89 to < 90	≥ 90 to < 91	≥ 91

Getting Needed Prescription Drugs: PDP



Title

Description

Description: Percent of the best possible score the plan earned on how easy it is for members to get the prescription drugs they need using the plan.

Data Source: CAHPS

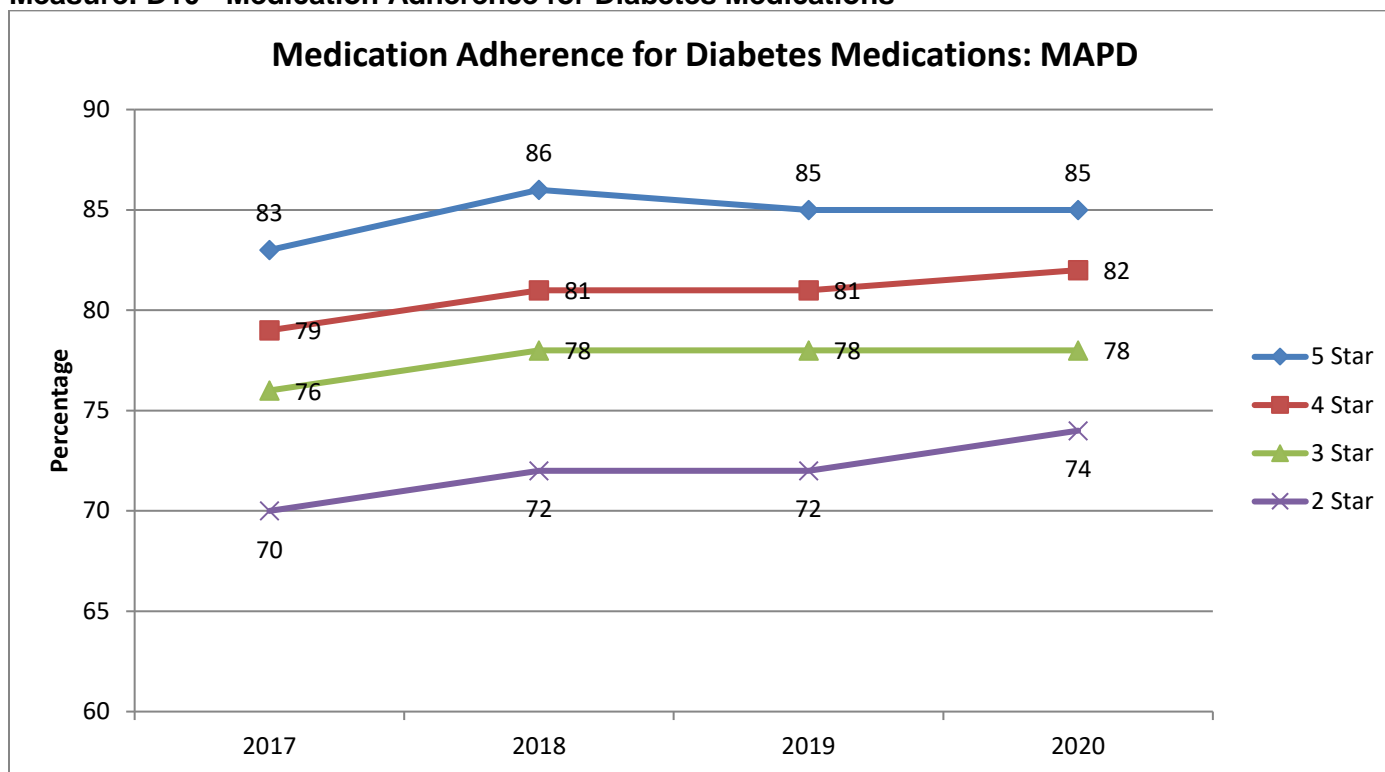
General Trend: Higher is better

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
PDP	2017	< 87	≥ 87 to < 89	≥ 89 to ≤ 91	*	≥ 91
PDP	2018	< 87	≥ 87 to < 89	≥ 89 to < 90	≥ 90 to < 92	≥ 92
PDP	2019	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	≥ 92
PDP	2020	< 88	≥ 88 to < 89	≥ 89 to < 90	≥ 90 to < 91	≥ 91

*Due to rounding, no contracts were assigned to this base group this year. However, after application of the further criteria of significance and reliability, some contracts may have received this star assignment in this year.

Measure: D10 - Medication Adherence for Diabetes Medications



Title	Description
-------	-------------

Description: Percent of plan members with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

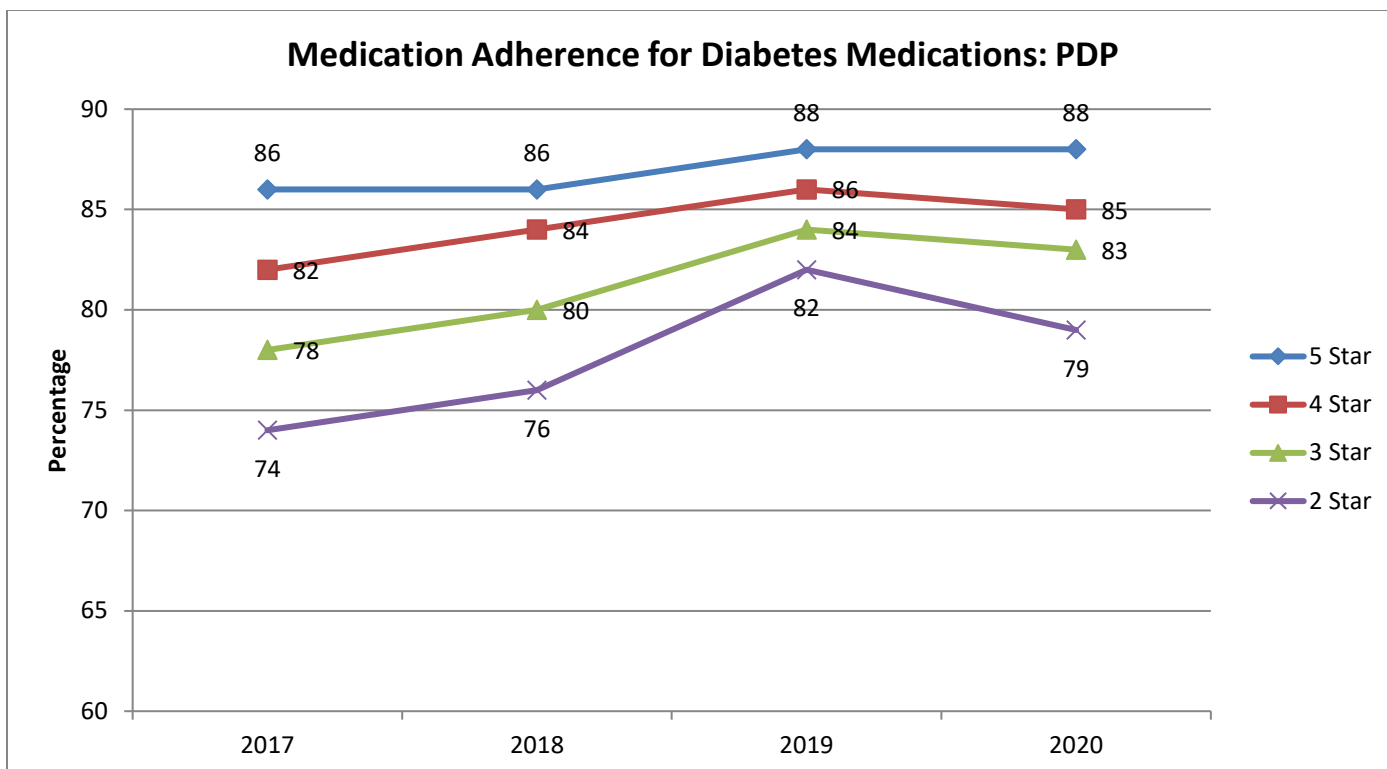
One of the most important ways people with diabetes can manage their health is by taking their medication as directed. The plan, the doctor, and the member can work together to find ways to do this. ("Diabetes medication" means a *biguanide drug*, a *sulfonylurea drug*, a *thiazolidinedione drug*, a *DPP-IV inhibitor*, an *incretin mimetic drug*, a *meglitinide drug*, or an *SGLT2 inhibitor*. Plan members who take insulin are not included.)

Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2017	< 70%	≥ 70% to < 76%	≥ 76% to < 79%	≥ 79% to < 83%	≥ 83%
MAPD	2018	< 72%	≥ 72% to < 78%	≥ 78% to < 81%	≥ 81% to < 86%	≥ 86%
MAPD	2019	< 72%	≥ 72% to < 78%	≥ 78% to < 81%	≥ 81% to < 85%	≥ 85%
MAPD	2020	< 74%	≥ 74% to < 78%	≥ 78% to < 82%	≥ 82% to < 85%	≥ 85%



Title	Description
-------	-------------

Description: Percent of plan members with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

One of the most important ways people with diabetes can manage their health is by taking their medication as directed. The plan, the doctor, and the member can work together to find ways to do this. ("Diabetes medication" means a *biguanide drug*, a *sulfonylurea drug*, a *thiazolidinedione drug*, a *DPP-IV inhibitor*, an *incretin mimetic drug*, a *meglitinide drug*, or an *SGLT2 inhibitor*. Plan members who take insulin are not included.)

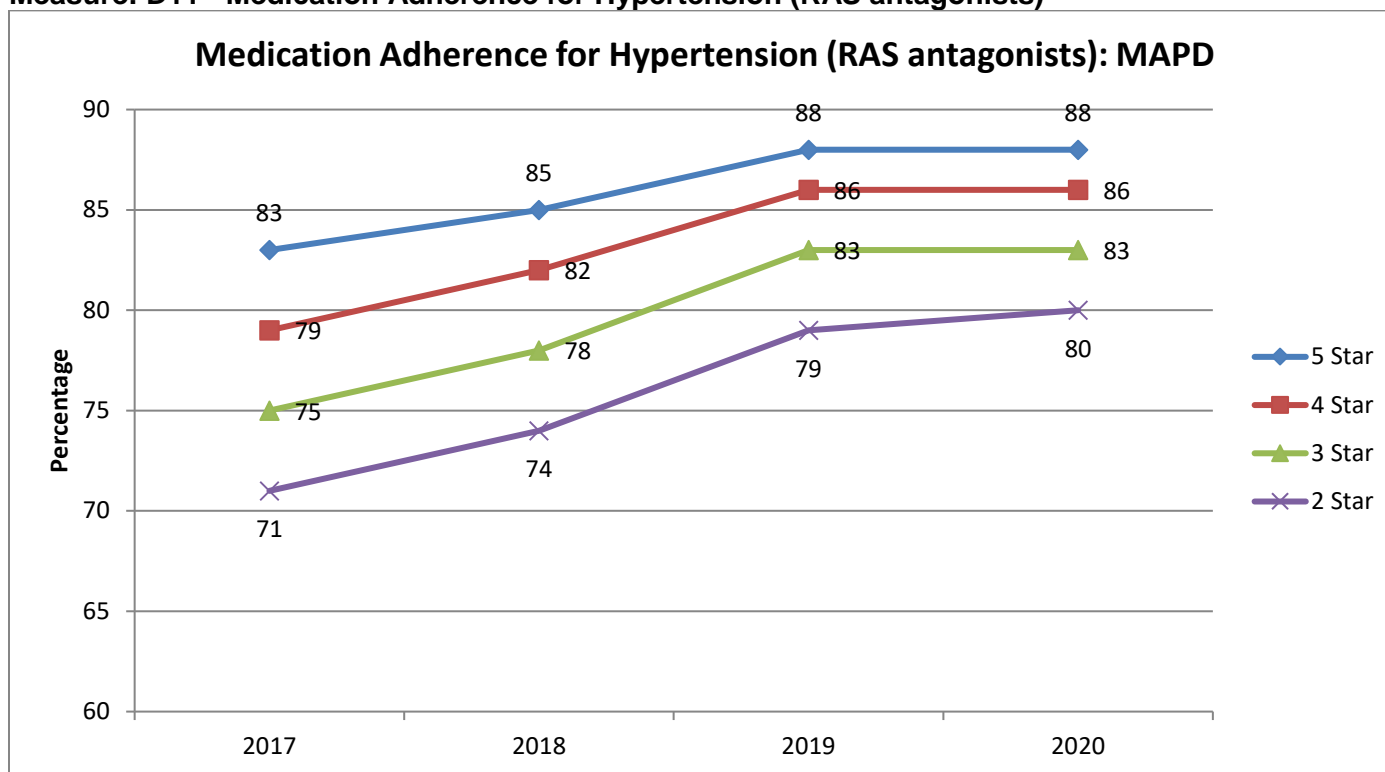
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2017	< 74%	≥ 74% to < 78%	≥ 78% to < 82%	≥ 82% to < 86%	≥ 86%
PDP	2018	< 76%	≥ 76% to < 80%	≥ 80% to < 84%	≥ 84% to < 86%	≥ 86%
PDP	2019	< 82%	≥ 82% to < 84%	≥ 84% to < 86%	≥ 86% to < 88%	≥ 88%
PDP	2020	< 79%	≥ 79% to < 83%	≥ 83% to < 85%	≥ 85% to < 88%	≥ 88%

Measure: D11 - Medication Adherence for Hypertension (RAS antagonists)



Title

Description

Description: Percent of plan members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

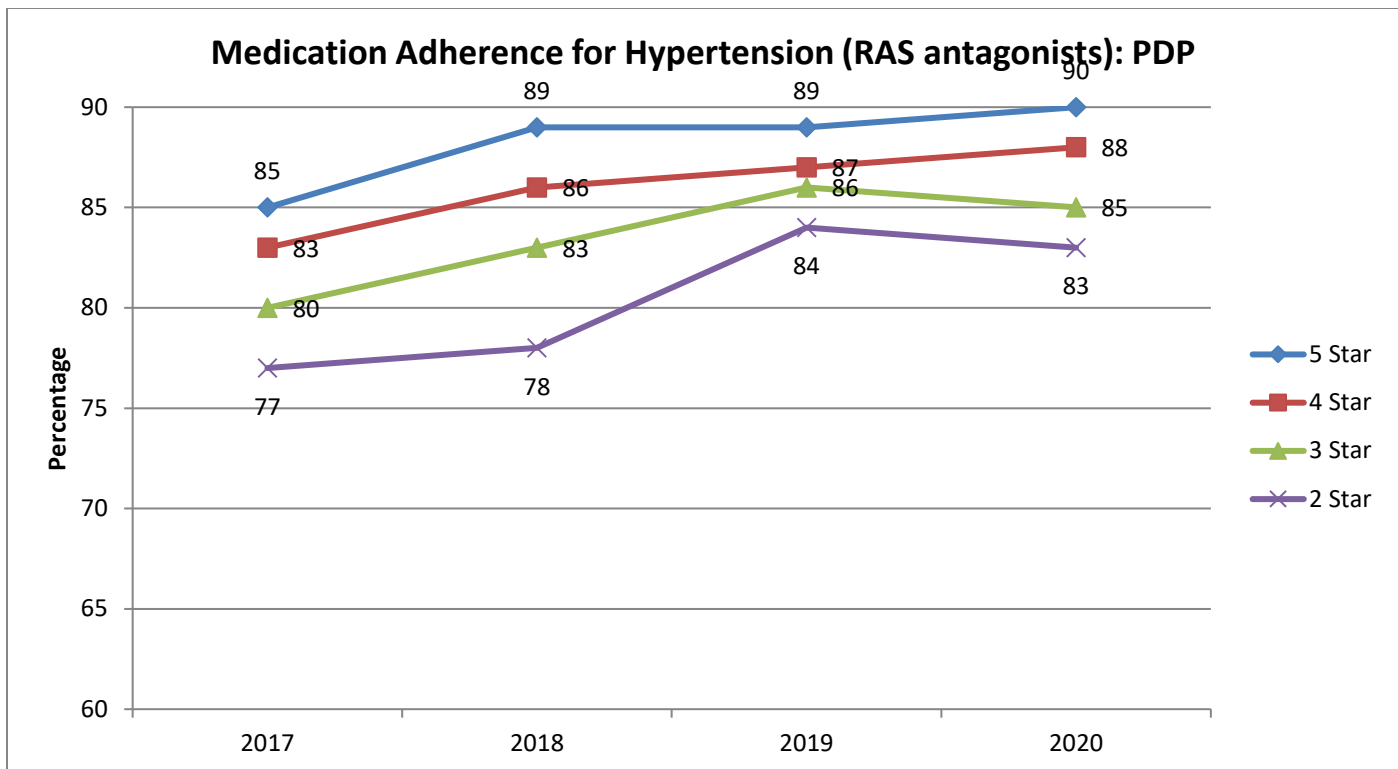
One of the most important ways people with high blood pressure can manage their health is by taking medication as directed. The plan, the doctor, and the member can work together to do this. ("Blood pressure medication" means an *ACE (angiotensin converting enzyme) inhibitor*, an *ARB (angiotensin receptor blocker)*, or a *direct renin inhibitor drug*.)

Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2017	< 71%	≥ 71% to < 75%	≥ 75% to < 79%	≥ 79% to < 83%	≥ 83%
MAPD	2018	< 74%	≥ 74% to < 78%	≥ 78% to < 82%	≥ 82% to < 85%	≥ 85%
MAPD	2019	< 79%	≥ 79% to < 83%	≥ 83% to < 86%	≥ 86% to < 88%	≥ 88%
MAPD	2020	< 80%	≥ 80% to < 83%	≥ 83% to < 86%	≥ 86% to < 88%	≥ 88%



Title	Description
-------	-------------

Description: Percent of plan members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

One of the most important ways people with high blood pressure can manage their health is by taking medication as directed. The plan, the doctor, and the member can work together to do this. ("Blood pressure medication" means an *ACE (angiotensin converting enzyme) inhibitor*, an *ARB (angiotensin receptor blocker)*, or a *direct renin inhibitor drug*.)

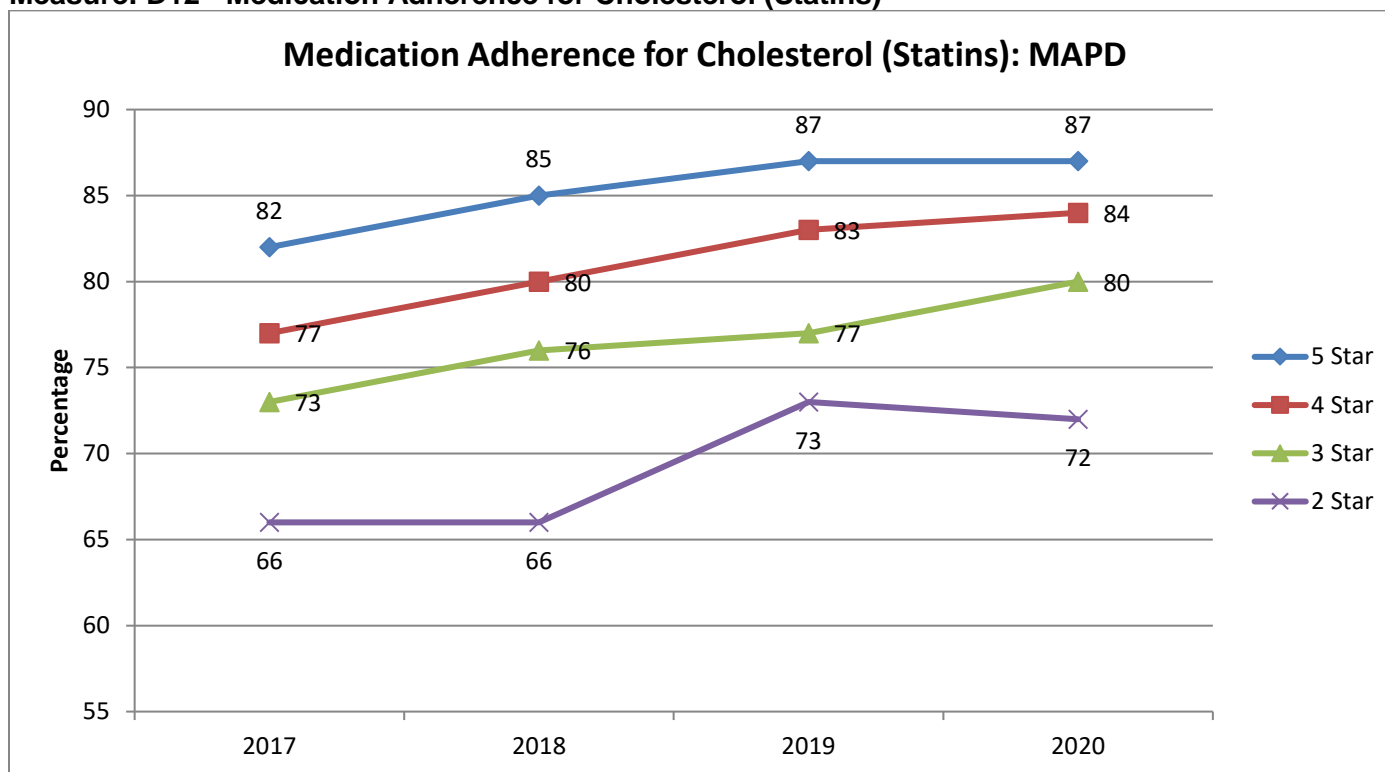
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2017	< 77%	≥ 77% to < 80%	≥ 80% to < 83%	≥ 83% to < 85%	≥ 85%
PDP	2018	< 78%	≥ 78% to < 83%	≥ 83% to < 86%	≥ 86% to < 89%	≥ 89%
PDP	2019	< 84%	≥ 84% to < 86%	≥ 86% to < 87%	≥ 87% to < 89%	≥ 89%
PDP	2020	< 83%	≥ 83% to < 85%	≥ 85% to < 88%	≥ 88% to < 90%	≥ 90%

Measure: D12 - Medication Adherence for Cholesterol (Statins)



Title	Description
-------	-------------

Description: Percent of plan members with a prescription for a cholesterol medication (a *statin drug*) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

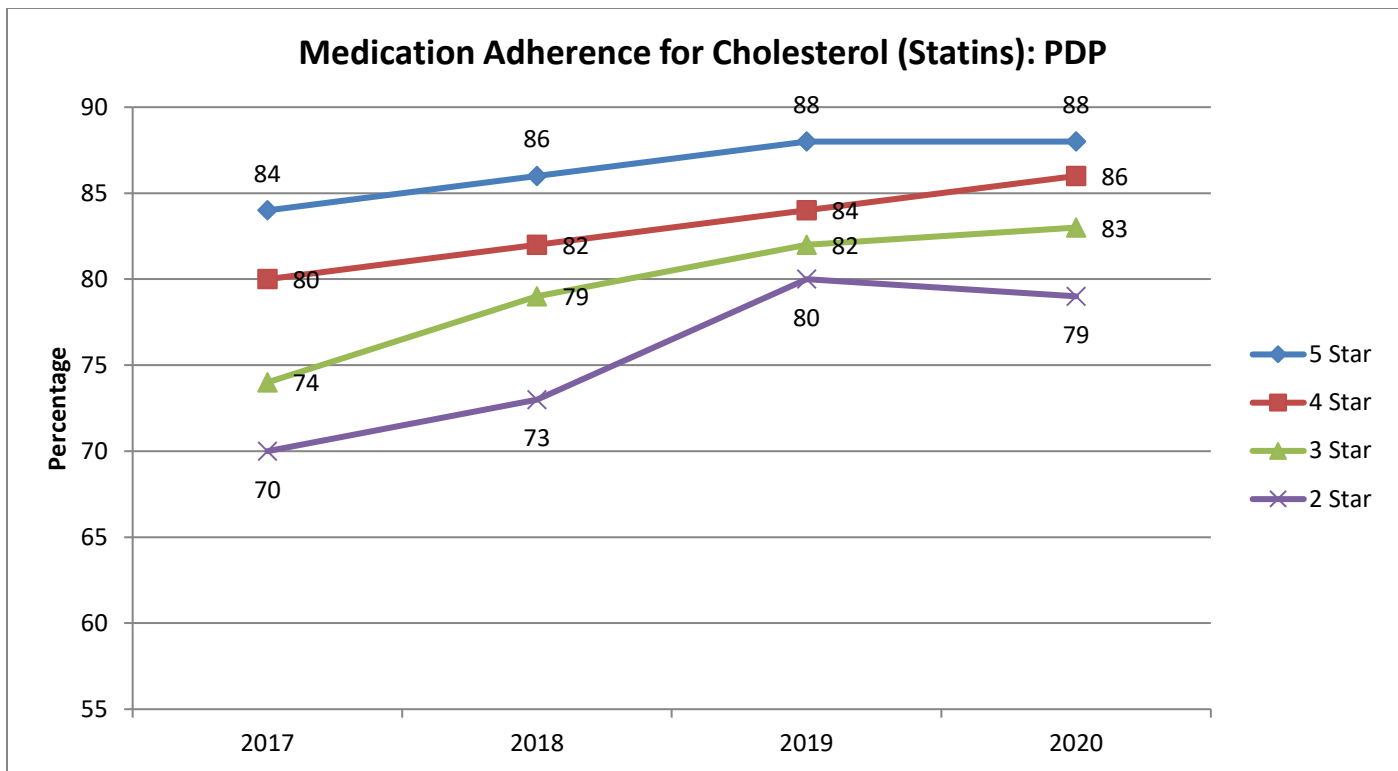
One of the most important ways people with high cholesterol can manage their health is by taking medication as directed. The plan, the doctor, and the member can work together to do this.

Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2017	< 66%	≥ 66% to < 73%	≥ 73% to < 77%	≥ 77% to < 82%	≥ 82%
MAPD	2018	< 66%	≥ 66% to < 76%	≥ 76% to < 80%	≥ 80% to < 85%	≥ 85%
MAPD	2019	< 73%	≥ 73% to < 77%	≥ 77% to < 83%	≥ 83% to < 87%	≥ 87%
MAPD	2020	< 72%	≥ 72% to < 80%	≥ 80% to < 84%	≥ 84% to < 87%	≥ 87%



Title	Description
-------	-------------

Description: Percent of plan members with a prescription for a cholesterol medication (a *statin drug*) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

One of the most important ways people with high cholesterol can manage their health is by taking medication as directed. The plan, the doctor, and the member can work together to do this.

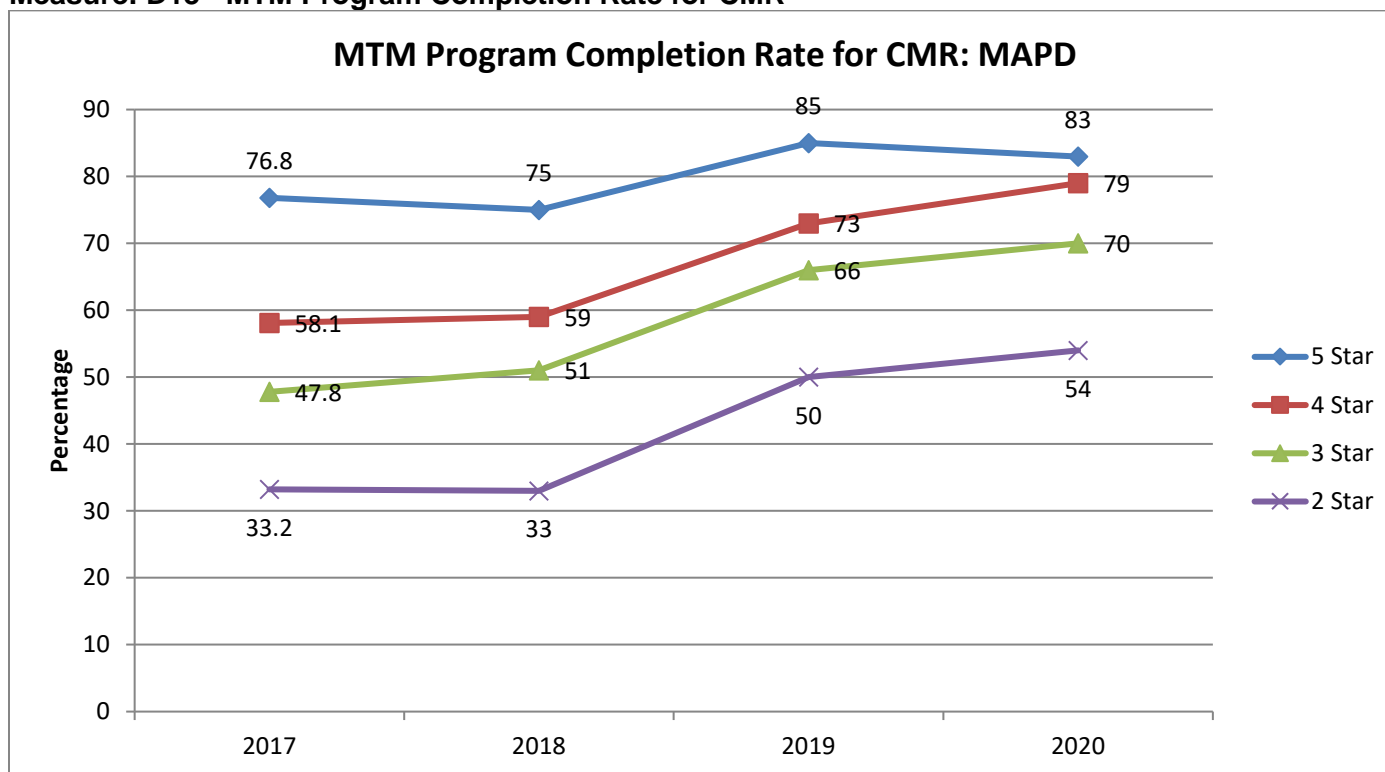
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2017	< 70%	≥ 70% to < 74%	≥ 74% to < 80%	≥ 80% to < 84%	≥ 84%
PDP	2018	< 73%	≥ 73% to < 79%	≥ 79% to < 82%	≥ 82% to < 86%	≥ 86%
PDP	2019	< 80%	≥ 80% to < 82%	≥ 82% to < 84%	≥ 84% to < 88%	≥ 88%
PDP	2020	< 79%	≥ 79% to < 83%	≥ 83% to < 86%	≥ 86% to < 88%	≥ 88%

Measure: D13 - MTM Program Completion Rate for CMR



Title	Description
-------	-------------

Description: Some plan members are in a program (called a *Medication Therapy Management* program) to help them manage their drugs. The measure shows how many members in the program had an assessment of their medications from the plan.

The assessment includes a discussion between the member and a pharmacist (or other health care professional) about all of the member's medications. The member also receives a written summary of the discussion, including an action plan that recommends what the member can do to better understand and use his or her medications.

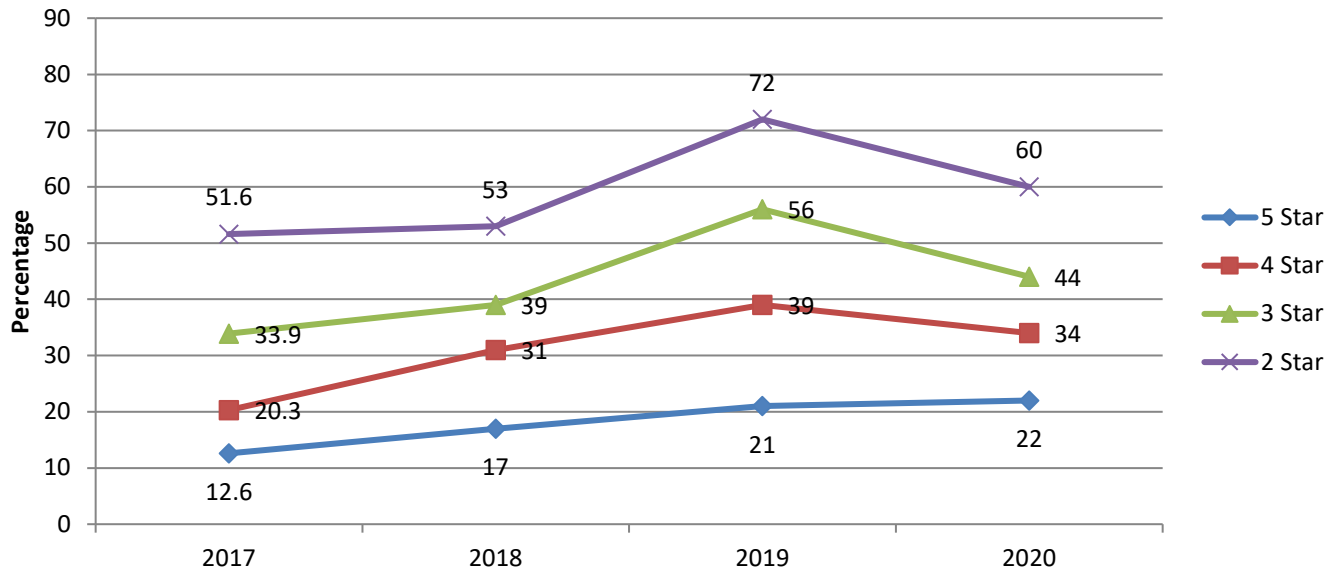
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2017	< 33.2%	≥ 33.2% to < 47.8%	≥ 47.8% to < 58.1%	≥ 58.1% to < 76.8%	≥ 76.8%
MAPD	2018	< 33%	≥ 33% to < 51%	≥ 51% to < 59%	≥ 59% to < 75%	≥ 75%
MAPD	2019	< 50%	≥ 50% to < 66%	≥ 66% to < 73%	≥ 73% to < 85%	≥ 85%
MAPD	2020	< 54%	≥ 54% to < 70%	≥ 70% to < 79%	≥ 79% to < 83%	≥ 83%

MTM Program Completion Rate for CMR: PDP



Title

Description

Description: Some plan members are in a program (called a *Medication Therapy Management* program) to help them manage their drugs. The measure shows how many members in the program had an assessment of their medications from the plan.

The assessment includes a discussion between the member and a pharmacist (or other health care professional) about all of the member's medications. The member also receives a written summary of the discussion, including an action plan that recommends what the member can do to better understand and use his or her medications.

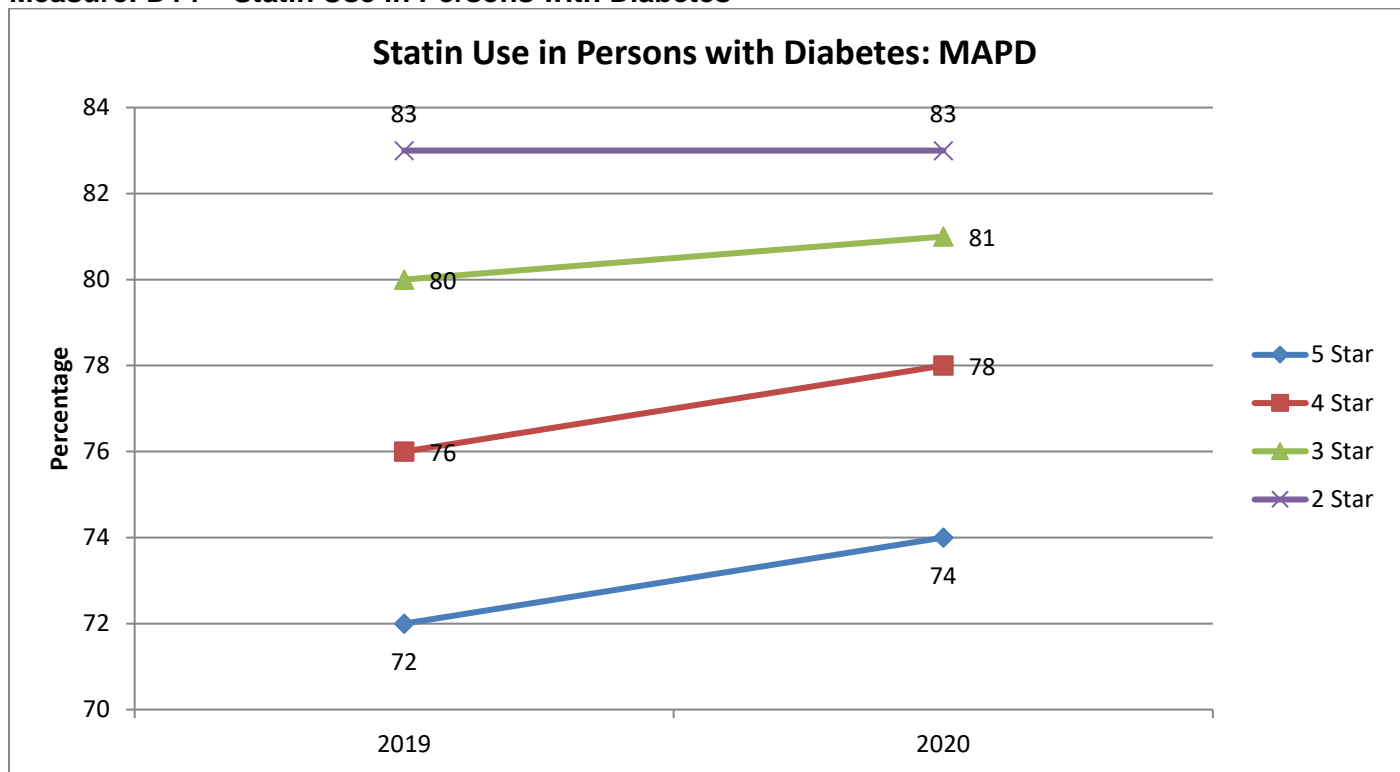
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2017	< 12.6%	≥ 12.6% to < 20.3%	≥ 20.3% to < 33.9%	≥ 33.9% to < 51.6%	≥ 51.6%
PDP	2018	< 17%	≥ 17% to < 31%	≥ 31% to < 39%	≥ 39% to < 53%	≥ 53%
PDP	2019	< 21%	≥ 21% to < 39%	≥ 39% to < 56%	≥ 56% to < 72%	≥ 72%
PDP	2020	< 22%	≥ 22% to < 34%	≥ 34% to < 44%	≥ 44% to < 60%	≥ 60%

Measure: D14 – Statin Use in Persons with Diabetes



Title	Description
-------	-------------

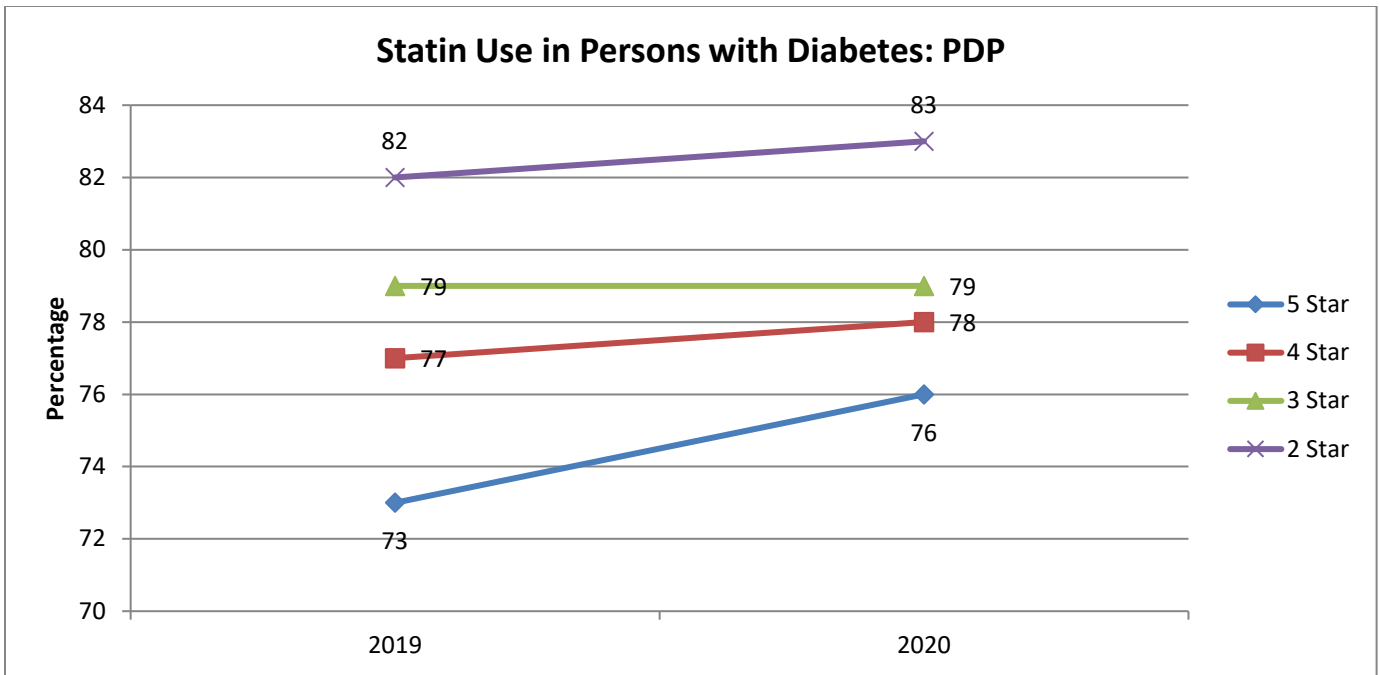
Description: To lower their risk of developing heart disease, most people with diabetes should take cholesterol medication. This rating is based on the percent of plan members with diabetes who take the most effective cholesterol-lowering drugs. Plans can help make sure their members get these prescriptions filled.

Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2019	< 72%	≥ 72% to < 76%	≥ 76% to < 80%	≥ 80% to < 83%	≥ 83%
MAPD	2020	< 74%	≥ 74% to < 78%	≥ 78% to < 81%	≥ 81% to < 83%	≥ 83%



Title	Description
-------	-------------

Description: To lower their risk of developing heart disease, most people with diabetes should take cholesterol medication. This rating is based on the percent of plan members with diabetes who take the most effective cholesterol-lowering drugs. Plans can help make sure their members get these prescriptions filled.

Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2019	< 73%	≥ 73% to < 77%	≥ 77% to < 79%	≥ 79% to < 82%	≥ 82%
PDP	2020	< 76%	≥ 76% to < 78%	≥ 78% to < 79%	≥ 79% to < 83%	≥ 83%