



# **Trends in Part C & D Star Rating Measure Cut Points**

Updated – 07/18/2016

## Document Change Log

Previous Version	Description of Change	Revision Date

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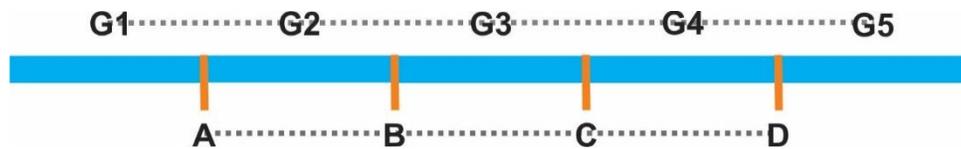
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## Introduction

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. Effective for the 2016 Star Ratings, CMS no longer applies predetermined 4-star thresholds for specific measures. These had previously been used in the Star Ratings program as an attempt to help contracts set achievement goals, but analyses over time found they contributed to misclassification in star assignments and discouraged plans from focusing on a holistic approach of higher quality.

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 2016 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. This relative stability in cut points from year to year should enable plans to establish a baseline for performance for each measure.

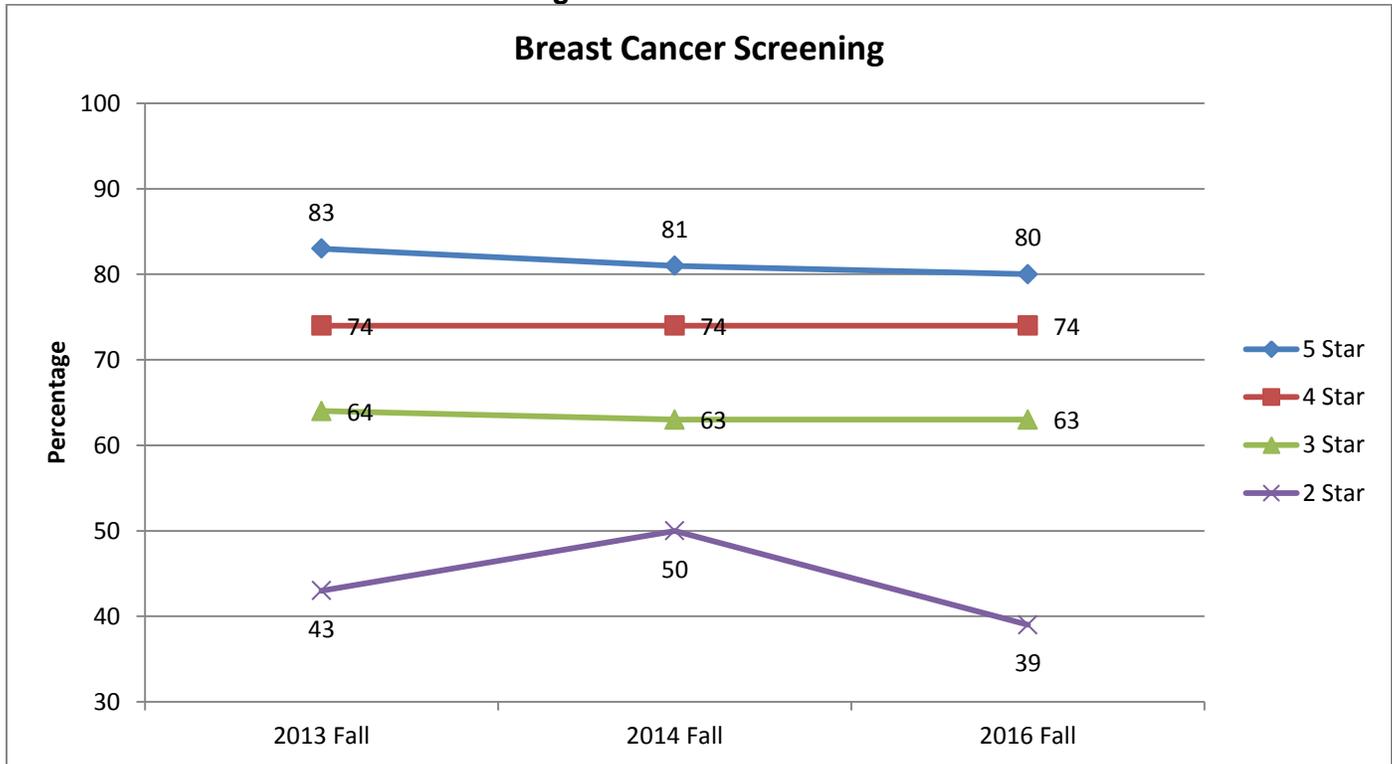
Measure cut points are determined using a clustering algorithm in SAS. Conceptually, the clustering algorithm identifies the natural gaps that exist within the distribution of the scores and creates groups (clusters) that are then used to identify the cut points that result in the creation of a pre-specified 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 Medication Therapy Management measure is not included in this analysis because it is a new measure for 2016, and 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.

Part C Measures

Measure: C01 - Breast Cancer Screening



Title	Description
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Description: Percent of female plan members aged 52-74 who had a mammogram during the past 2 years.

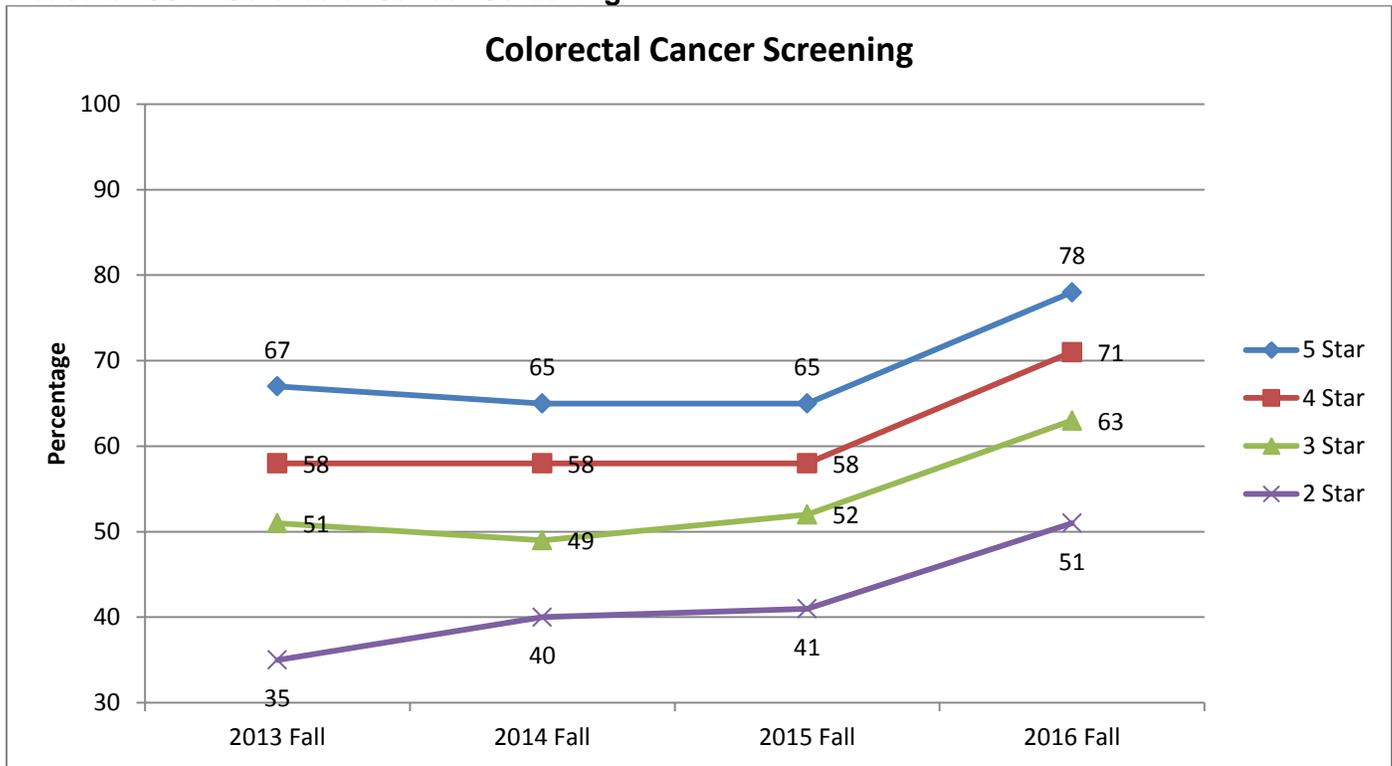
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 43%	≥ 43% to < 64%	≥ 64% to < 74%	≥ 74% to < 83%	≥ 74%	≥ 83%
2014	< 50%	≥ 50% to < 63%	≥ 63% to < 74%	≥ 74% to < 81%	≥ 74%	≥ 81%
2016	< 39%	≥ 39% to < 63%	≥ 63% to < 74%	≥ 74% to < 80%	Not predetermined	≥ 80%

**Measure: C02 - Colorectal Cancer Screening**



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

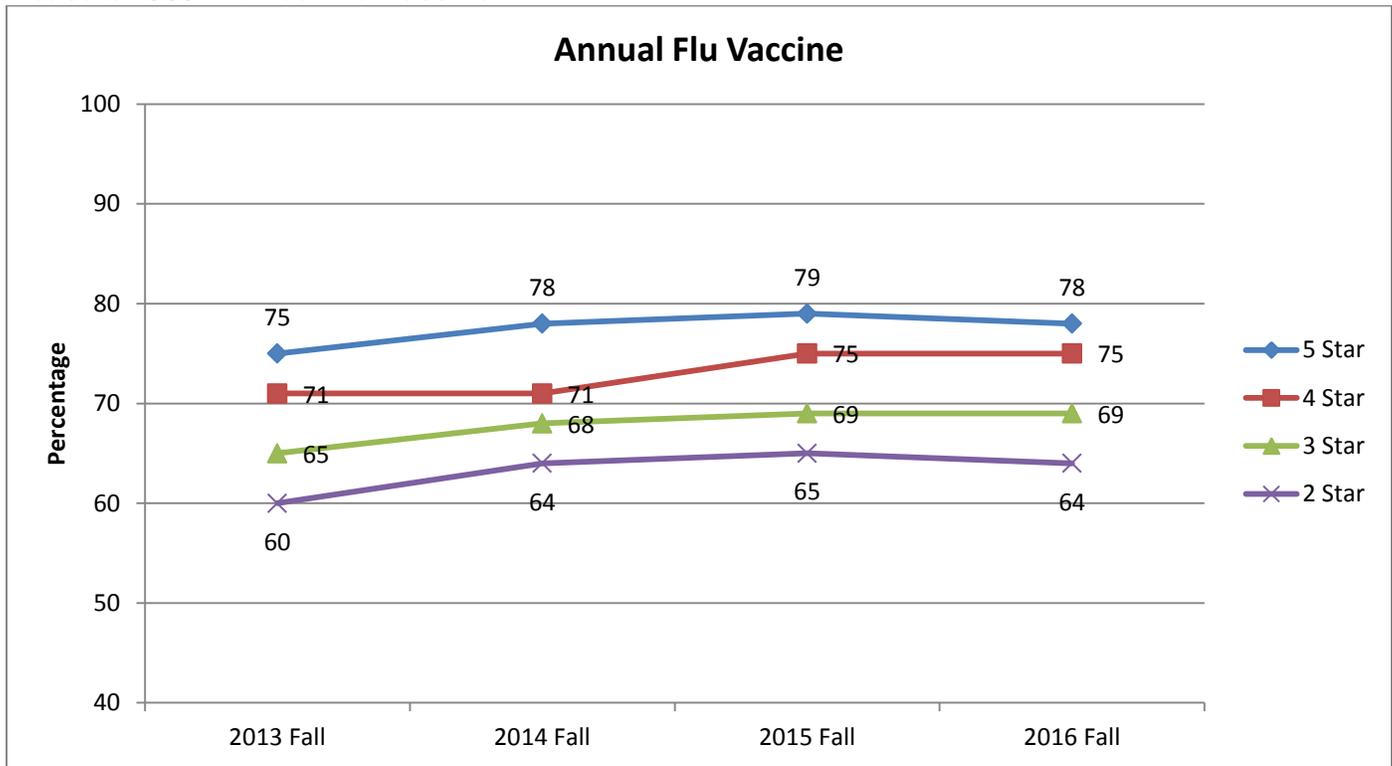
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 35%	≥ 35% to < 51%	≥ 51% to < 58%	≥ 58% to < 67%	≥ 58%	≥ 67%
2014	< 40%	≥ 40% to < 49%	≥ 49% to < 58%	≥ 58% to < 65%	≥ 58%	≥ 65%
2015	< 41%	≥ 41% to < 52%	≥ 52% to < 58%	≥ 58% to < 65%	≥ 58%	≥ 65%
2016	< 51%	≥ 51% to < 63%	≥ 63% to < 71%	≥ 71% to < 78%	Not predetermined	≥ 78%

**Measure: C03 - Annual Flu Vaccine**



Title	Description
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Description: Percent of plan members who got a vaccine (flu shot) prior to flu season.

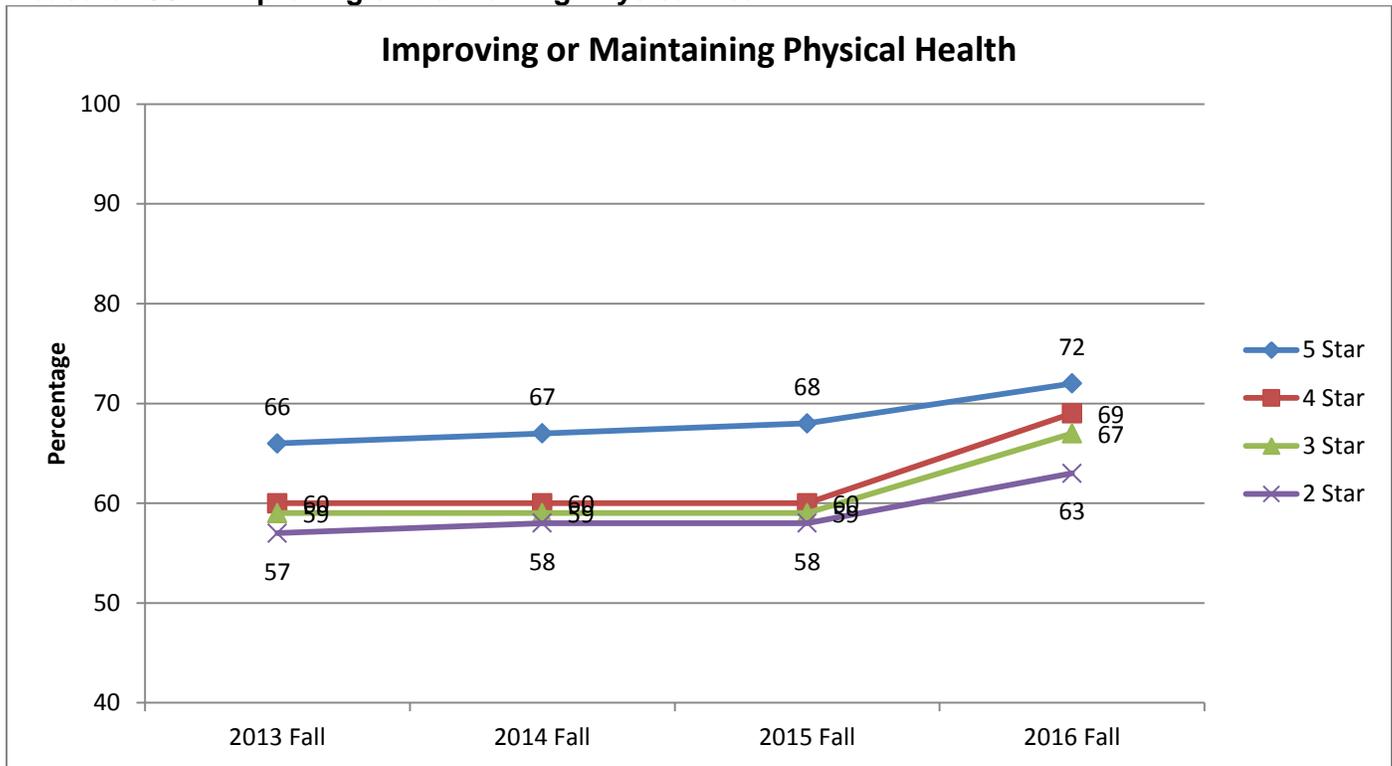
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
2013	< 60%	≥ 60% to < 65%	≥ 65% to < 71%	≥ 71% to < 75%	≥ 71%	≥ 75%
2014	< 64%	≥ 64% to < 68%	≥ 68% to < 71%	≥ 71% to < 78%	≥ 71%	≥ 78%
2015	< 65%	≥ 65% to < 69%	≥ 69% to < 75%	≥ 75% to < 79%	Not predetermined	≥ 79%
2016	< 64%	≥ 64% to < 69%	≥ 69% to < 75%	≥ 75% to < 78%	Not predetermined	≥ 78%

**Measure: C04 - Improving or Maintaining Physical Health**



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

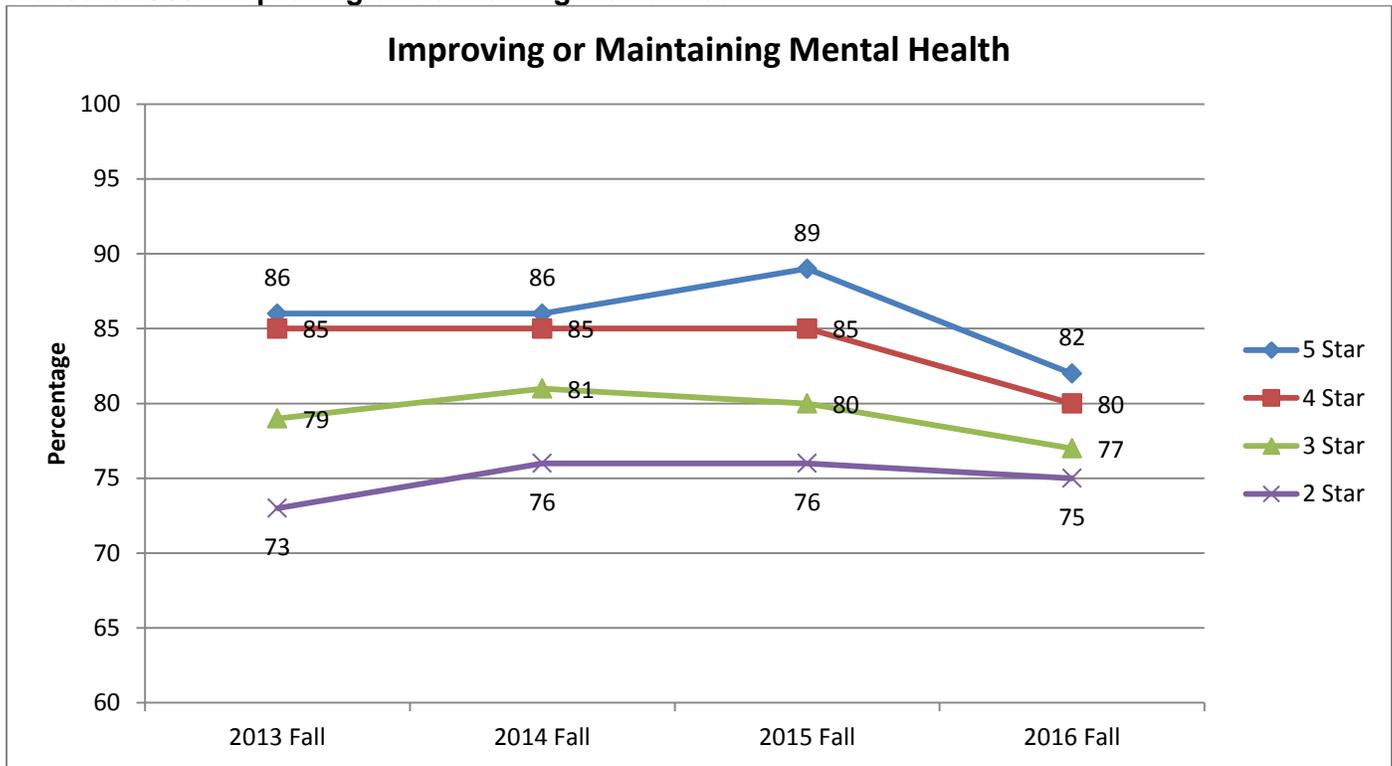
Data Source: HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 57%	≥ 57% to < 59%	≥ 59% to < 60%	≥ 60% to < 66%	≥ 60%	≥ 66%
2014	< 58%	≥ 58% to < 59%	≥ 59% to < 60%	≥ 60% to < 67%	≥ 60%	≥ 67%
2015	< 58%	≥ 58% to < 59%	≥ 59% to < 60%	≥ 60% to < 68%	≥ 60%	≥ 68%
2016	< 63%	≥ 63% to < 67%	≥ 67% to < 69%	≥ 69% to < 72%	Not predetermined	≥ 72%

**Measure: C05 - Improving or Maintaining Mental Health**



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

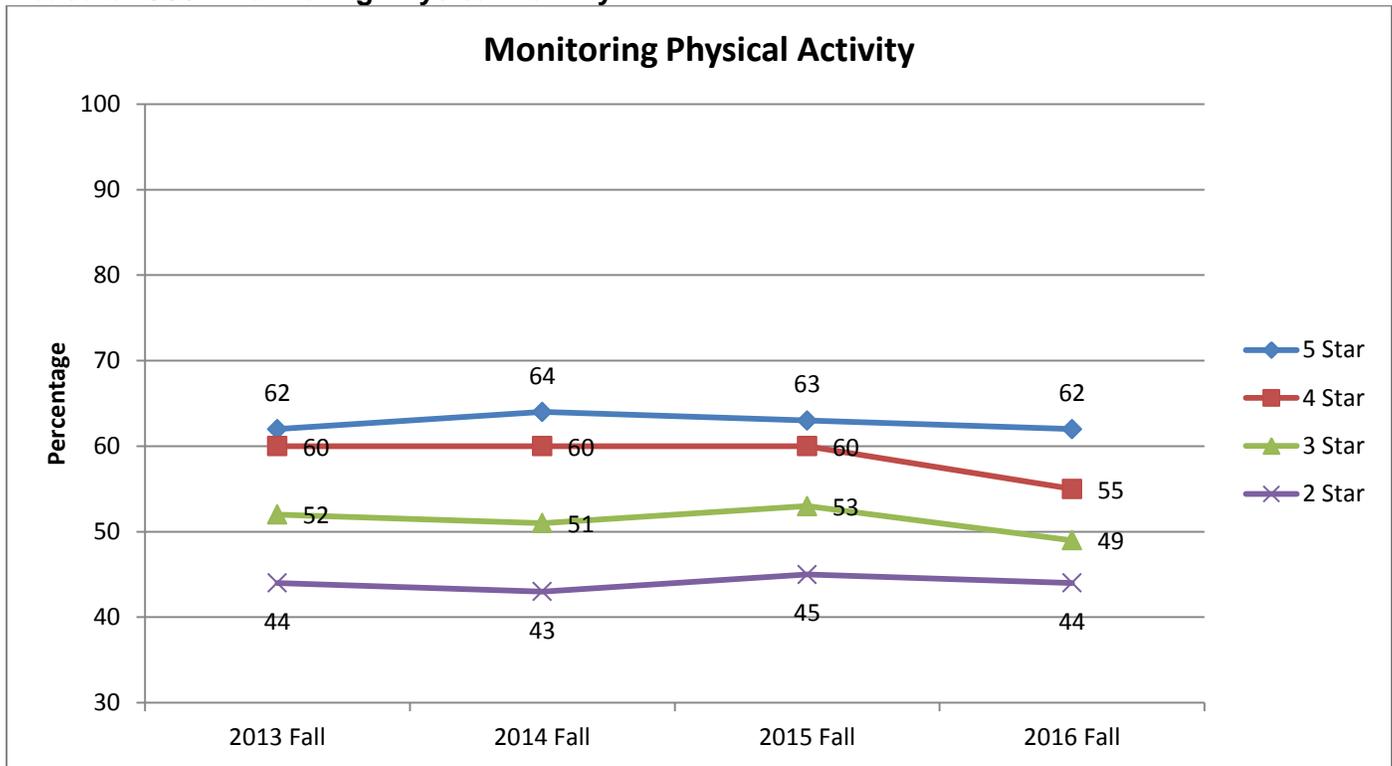
Data Source: HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 73%	≥ 73% to < 79%	≥ 79% to < 85%	≥ 85% to < 86%	≥ 85%	≥ 86%
2014	< 76%	≥ 76% to < 81%	≥ 81% to < 85%	≥ 85% to < 86%	≥ 85%	≥ 86%
2015	< 76%	≥ 76% to < 80%	≥ 80% to < 85%	≥ 85% to < 89%	≥ 85%	≥ 89%
2016	< 75%	≥ 75% to < 77%	≥ 77% to < 80%	≥ 80% to < 82%	Not predetermined	≥ 82%

**Measure: C06 - Monitoring Physical Activity**



Title	Description
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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.

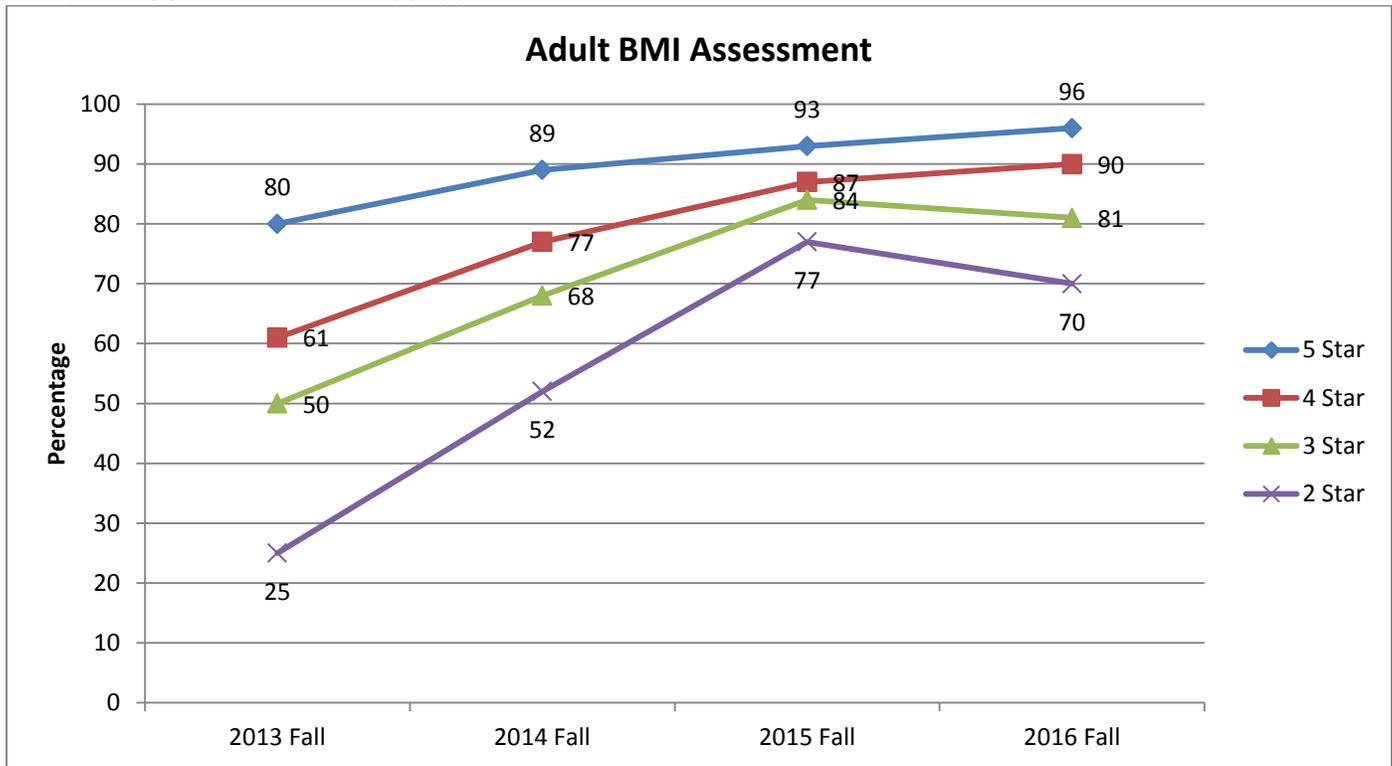
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 44%	≥ 44% to < 52%	≥ 52% to < 60%	≥ 60% to < 62%	≥ 60%	≥ 62%
2014	< 43%	≥ 43% to < 51%	≥ 51% to < 60%	≥ 60% to < 64%	≥ 60%	≥ 64%
2015	< 45%	≥ 45% to < 53%	≥ 53% to < 60%	≥ 60% to < 63%	≥ 60%	≥ 63%
2016	< 44%	≥ 44% to < 49%	≥ 49% to < 55%	≥ 55% to < 62%	Not predetermined	≥ 62%

**Measure: C07 - Adult BMI Assessment**



Title	Description
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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 records.

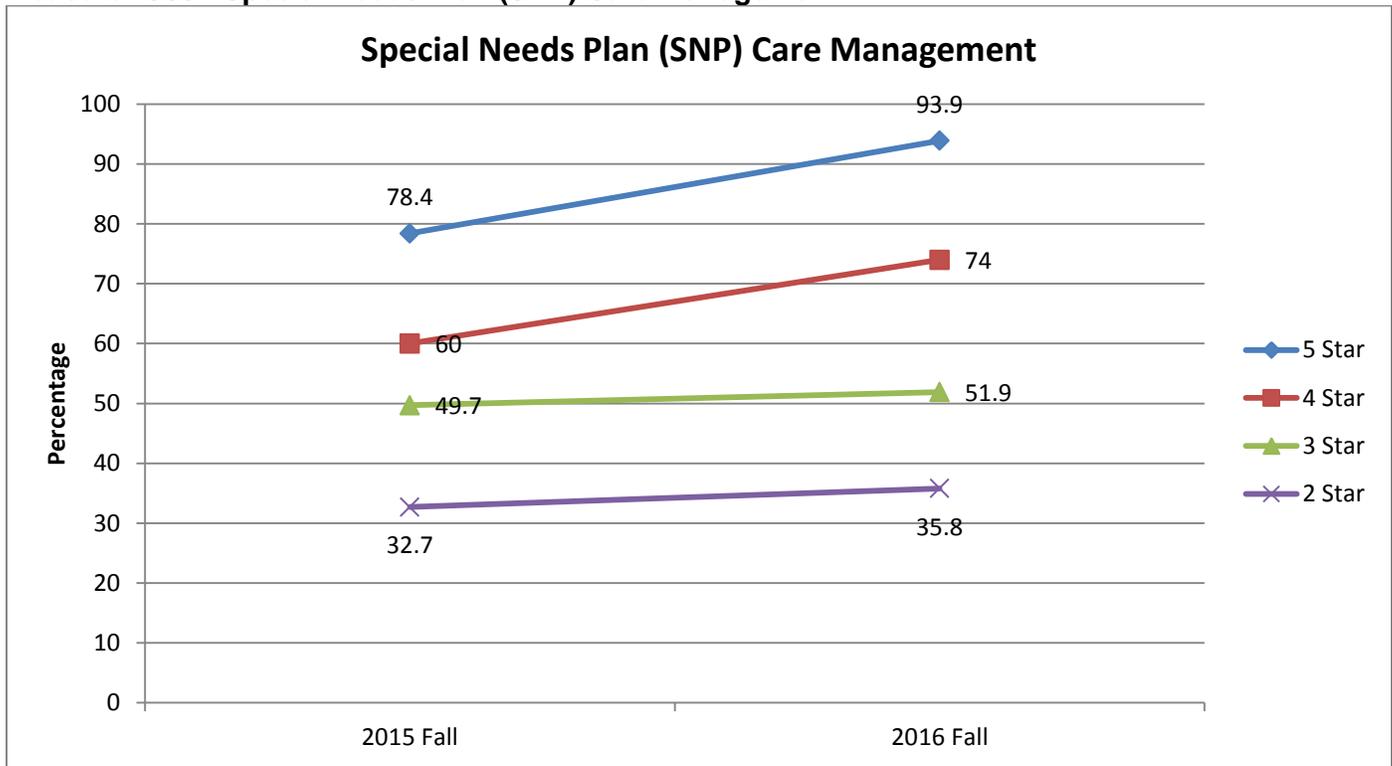
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 25%	≥ 25% to < 50%	≥ 50% to < 61%	≥ 61% to < 80%	Not predetermined	≥ 80%
2014	< 52%	≥ 52% to < 68%	≥ 68% to < 77%	≥ 77% to < 89%	Not predetermined	≥ 89%
2015	< 77%	≥ 77% to < 84%	≥ 84% to < 87%	≥ 87% to < 93%	Not predetermined	≥ 93%
2016	< 70%	≥ 70% to < 81%	≥ 81% to < 90%	≥ 90% to < 96%	Not predetermined	≥ 96%

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



Title	Description
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Description: The 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 collects this information only from Medicare Special Needs Plans. Medicare does not collect this information from other types of plans.)

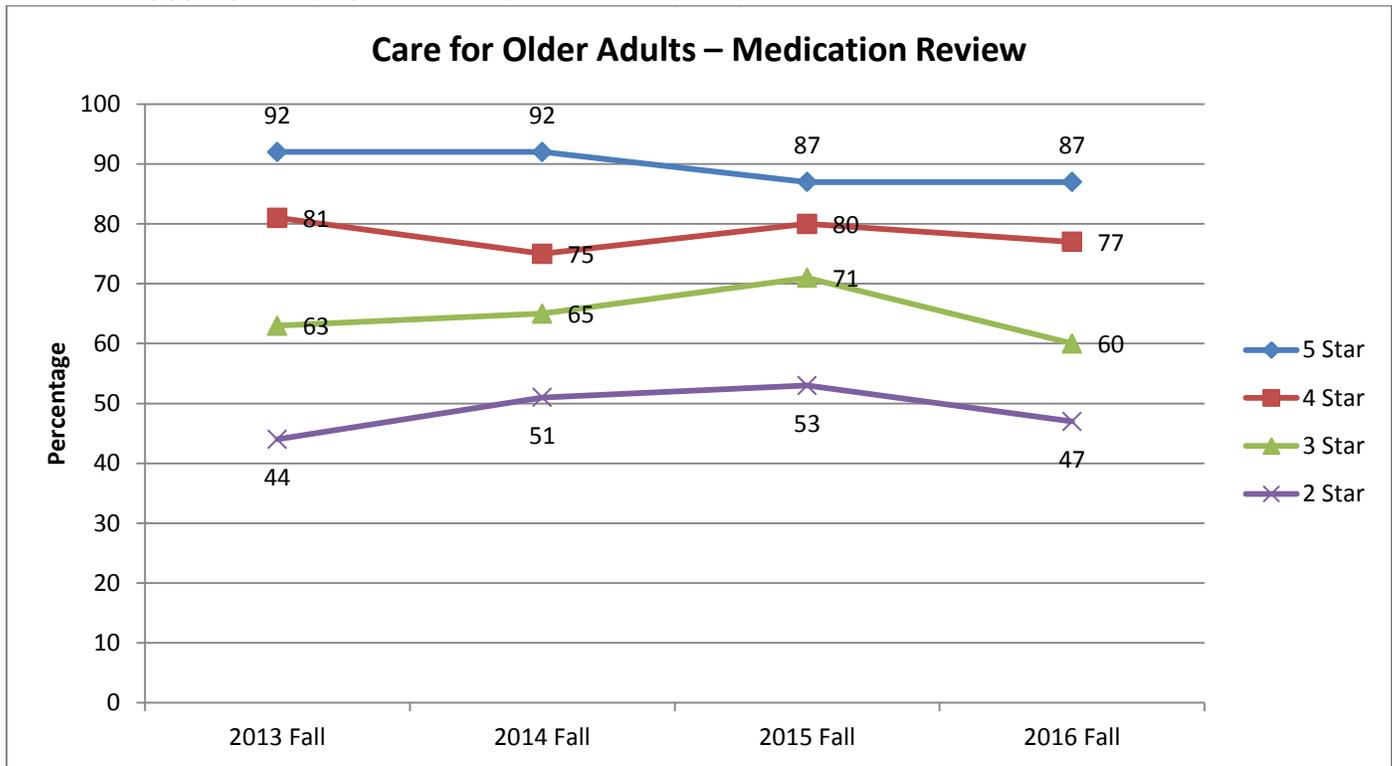
Data Source: Part C Plan Reporting

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2015	< 32.7%	≥ 32.7% to < 49.7%	≥ 49.7% to < 60.0%	≥ 60.0% to < 78.4%	Not predetermined	≥ 78.4%
2016	< 35.8%	≥ 35.8% to < 51.9%	≥ 51.9% to < 74.0%	≥ 74.0% to < 93.9%	Not predetermined	≥ 93.9%

**Measure: C09 - Care for Older Adults – Medication Review**



Title	Description
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Description: Percent of plan members whose doctor or clinical pharmacist has reviewed a list of everything they take (prescription and non-prescription drugs, vitamins, herbal remedies, other supplements) at least once a year. (This information about a yearly review of medications is collected for Medicare Special Needs Plans only. These plans are a type of Medicare Advantage Plan designed for certain types of 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.)

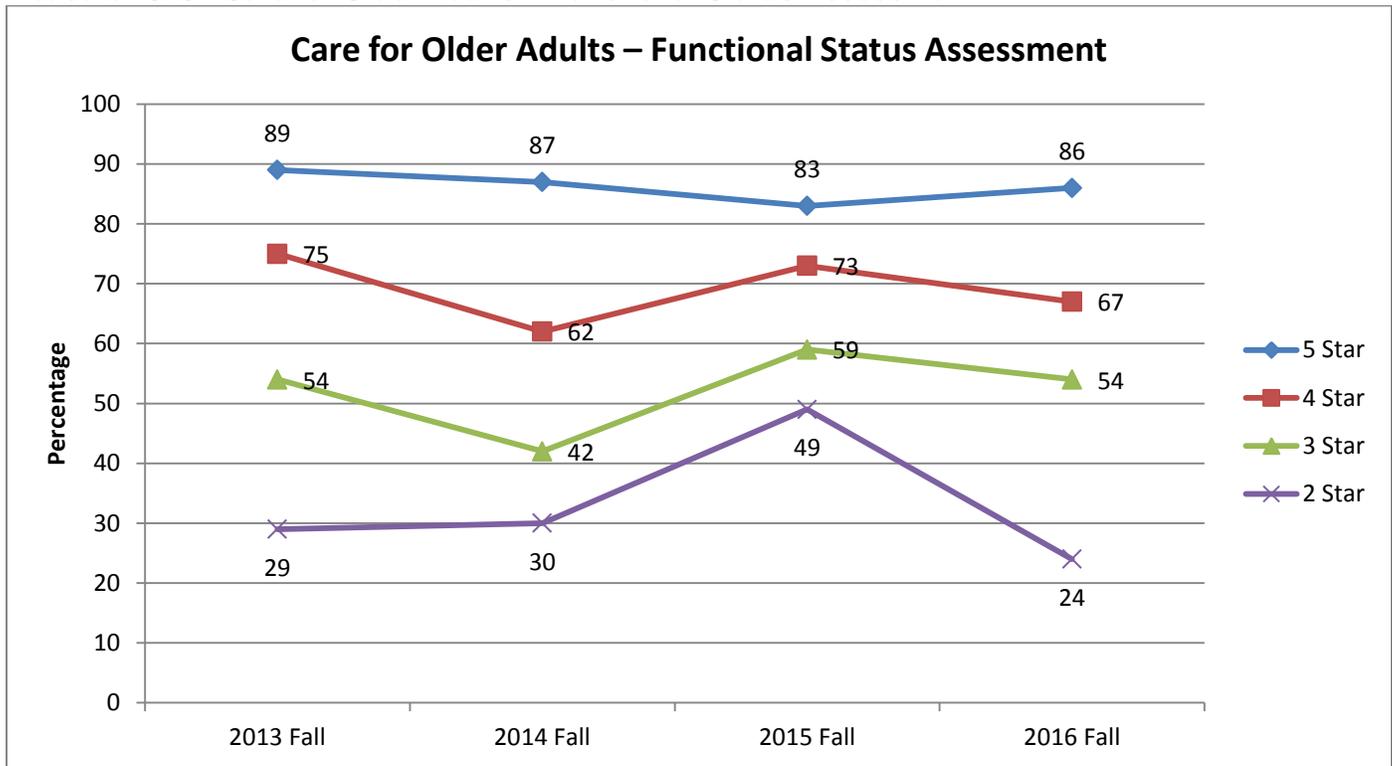
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 44%	≥ 44% to < 63%	≥ 63% to < 81%	≥ 81% to < 92%	Not predetermined	≥ 92%
2014	< 51%	≥ 51% to < 65%	≥ 65% to < 75%	≥ 75% to < 92%	Not predetermined	≥ 92%
2015	< 53%	≥ 53% to < 71%	≥ 71% to < 80%	≥ 80% to < 87%	Not predetermined	≥ 87%
2016	< 47%	≥ 47% to < 60%	≥ 60% to < 77%	≥ 77% to < 87%	Not predetermined	≥ 87%

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



Title	Description
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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). (This information about the yearly assessment is collected for Medicare Special Needs Plans only. These plans are a type of Medicare Advantage Plan designed for certain types of 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.)

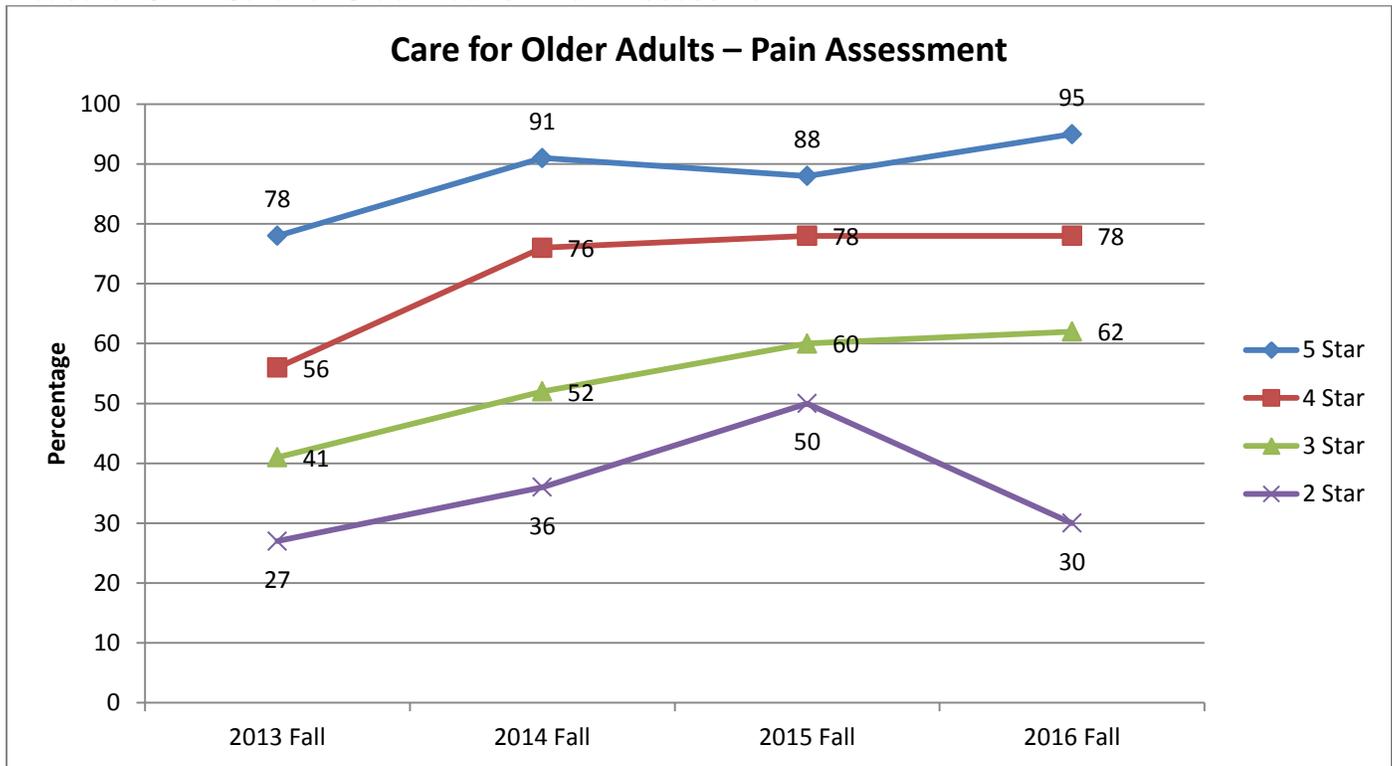
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 29%	≥ 29% to < 54%	≥ 54% to < 75%	≥ 75% to < 89%	Not predetermined	≥ 89%
2014	< 30%	≥ 30% to < 42%	≥ 42% to < 62%	≥ 62% to < 87%	Not predetermined	≥ 87%
2015	< 49%	≥ 49% to < 59%	≥ 59% to < 73%	≥ 73% to < 83%	Not predetermined	≥ 83%
2016	< 24%	≥ 24% to < 54%	≥ 54% to < 67%	≥ 67% to < 86%	Not predetermined	≥ 86%

**Measure: C11 - Care for Older Adults – Pain Assessment**



Title	Description
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Description: Percent of plan members who had a pain screening or pain management plan at least once during the year. (This information about pain screening or pain management is collected for Medicare Special Needs Plans only. These plans are a type of Medicare Advantage Plan designed for certain types of 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.)

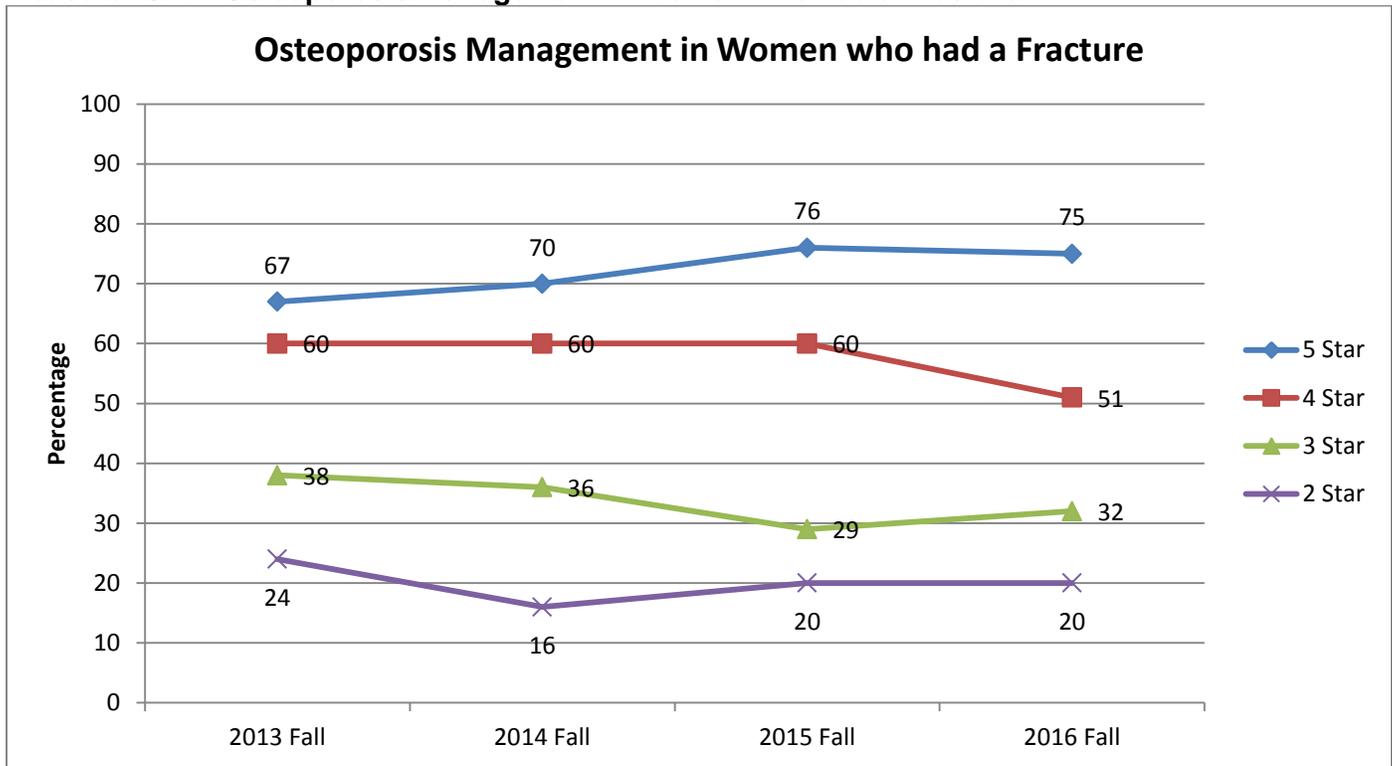
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 27%	≥ 27% to < 41%	≥ 41% to < 56%	≥ 56% to < 78%	Not predetermined	≥ 78%
2014	< 36%	≥ 36% to < 52%	≥ 52% to < 76%	≥ 76% to < 91%	Not predetermined	≥ 91%
2015	< 50%	≥ 50% to < 60%	≥ 60% to < 78%	≥ 78% to < 88%	Not predetermined	≥ 88%
2016	< 30%	≥ 30% to < 62%	≥ 62% to < 78%	≥ 78% to < 95%	Not predetermined	≥ 95%

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



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

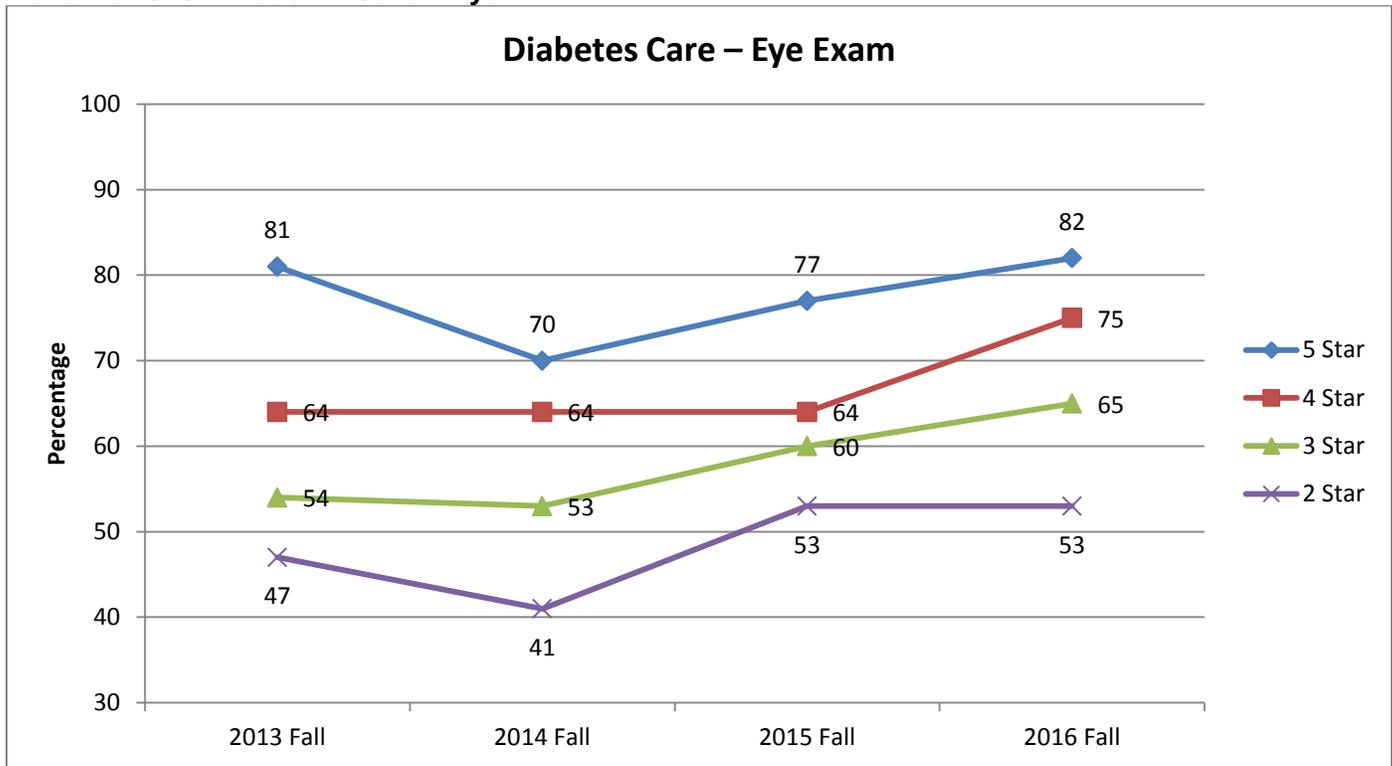
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 24%	≥ 24% to < 38%	≥ 38% to < 60%	≥ 60% to < 67%	≥ 60%	≥ 67%
2014	< 16%	≥ 16% to < 36%	≥ 36% to < 60%	≥ 60% to < 70%	≥ 60%	≥ 70%
2015	< 20%	≥ 20% to < 29%	≥ 29% to < 60%	≥ 60% to < 76%	≥ 60%	≥ 76%
2016	< 20%	≥ 20% to < 32%	≥ 32% to < 51%	≥ 51% to < 75%	Not predetermined	≥ 75%

**Measure: C13 - Diabetes Care – Eye Exam**



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

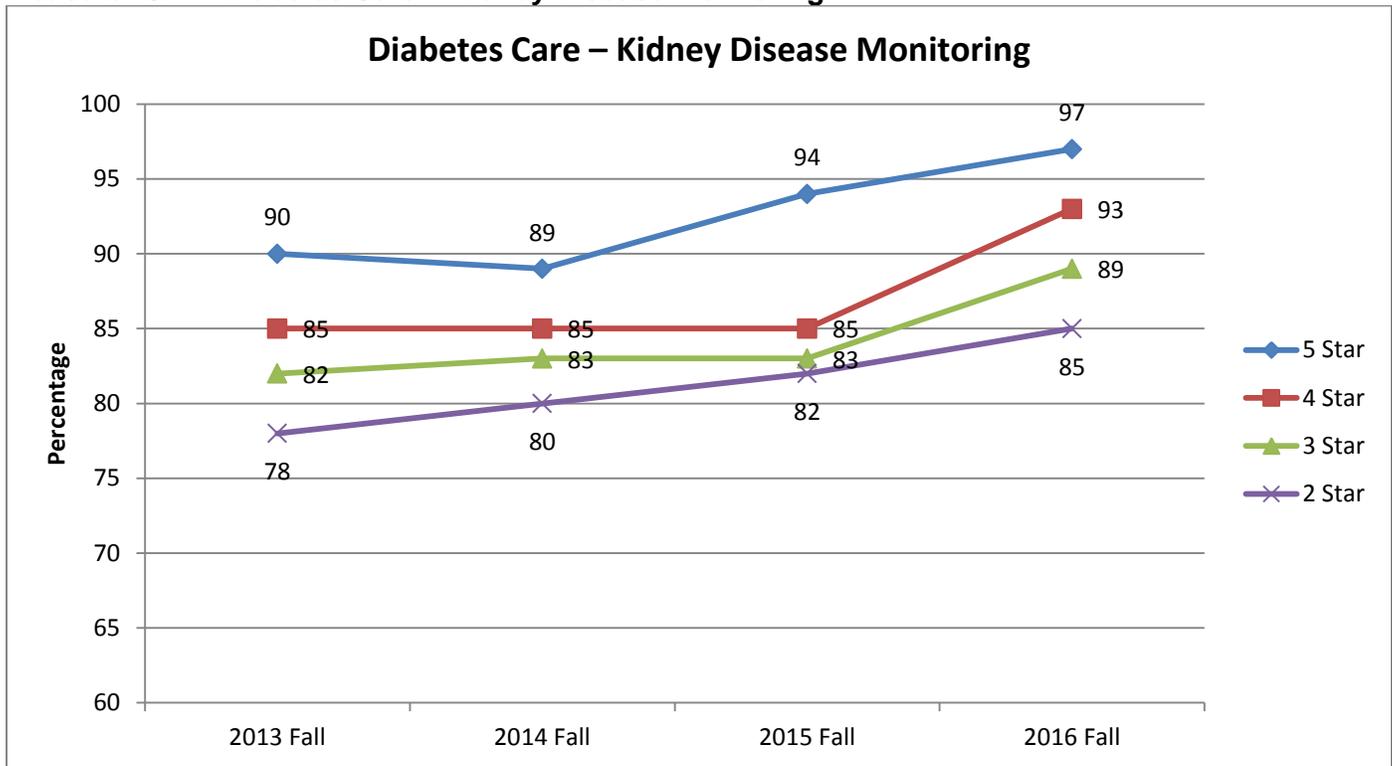
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 47%	≥ 47% to < 54%	≥ 54% to < 64%	≥ 64% to < 81%	≥ 64%	≥ 81%
2014	< 41%	≥ 41% to < 53%	≥ 53% to < 64%	≥ 64% to < 70%	≥ 64%	≥ 70%
2015	< 53%	≥ 53% to < 60%	≥ 60% to < 64%	≥ 64% to < 77%	≥ 64%	≥ 77%
2016	< 53%	≥ 53% to < 65%	≥ 65% to < 75%	≥ 75% to < 82%	Not predetermined	≥ 82%

**Measure: C14 - Diabetes Care – Kidney Disease Monitoring**



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

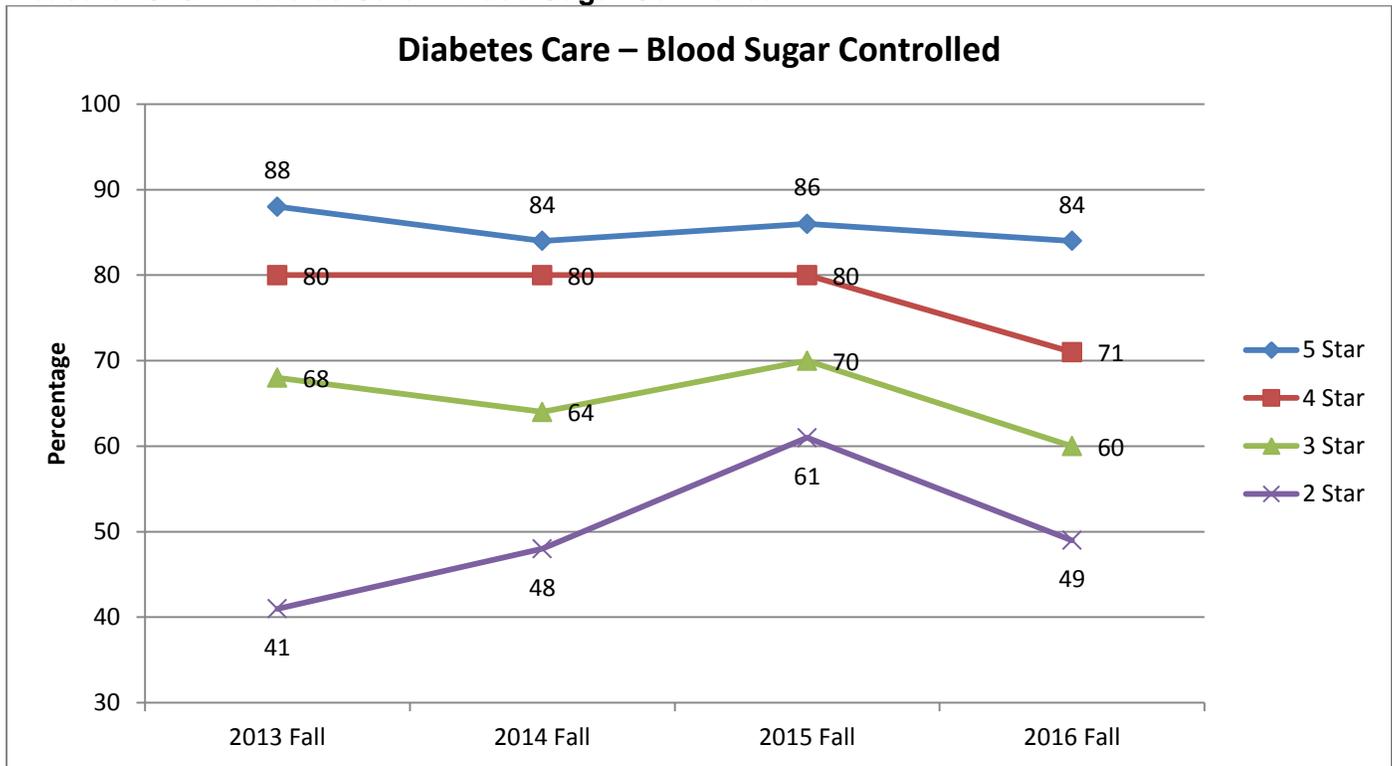
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 78%	≥ 78% to < 82%	≥ 82% to < 85%	≥ 85% to < 90%	≥ 85%	≥ 90%
2014	< 80%	≥ 80% to < 83%	≥ 83% to < 85%	≥ 85% to < 89%	≥ 85%	≥ 89%
2015	< 82%	≥ 82% to < 83%	≥ 83% to < 85%	≥ 85% to < 94%	≥ 85%	≥ 94%
2016	< 85%	≥ 85% to < 89%	≥ 89% to < 93%	≥ 93% to < 97%	Not predetermined	≥ 97%

**Measure: C15 - Diabetes Care – Blood Sugar Controlled**



Title	Description
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Description: Percent of plan members with diabetes who had an A-1-C lab test during the year that showed their average blood sugar is under control.

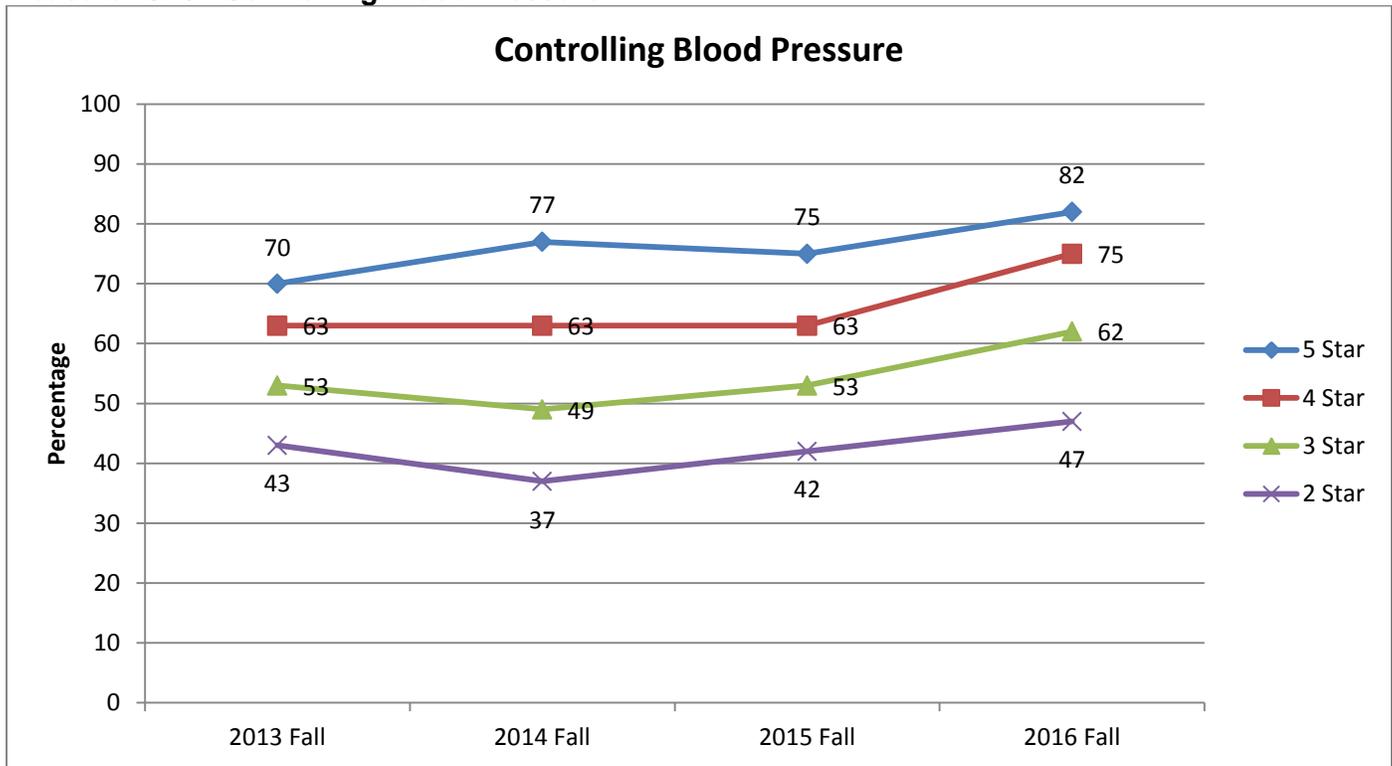
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 41%	≥ 41% to < 68%	≥ 68% to < 80%	≥ 80% to < 88%	≥ 80%	≥ 88%
2014	< 48%	≥ 48% to < 64%	≥ 64% to < 80%	≥ 80% to < 84%	≥ 80%	≥ 84%
2015	< 61%	≥ 61% to < 70%	≥ 70% to < 80%	≥ 80% to < 86%	≥ 80%	≥ 86%
2016	< 49%	≥ 49% to < 60%	≥ 60% to < 71%	≥ 71% to < 84%	Not predetermined	≥ 84%

**Measure: C16 - Controlling Blood Pressure**



Title	Description
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Description: Percent of plan members with high blood pressure who got treatment and were able to maintain a healthy pressure.

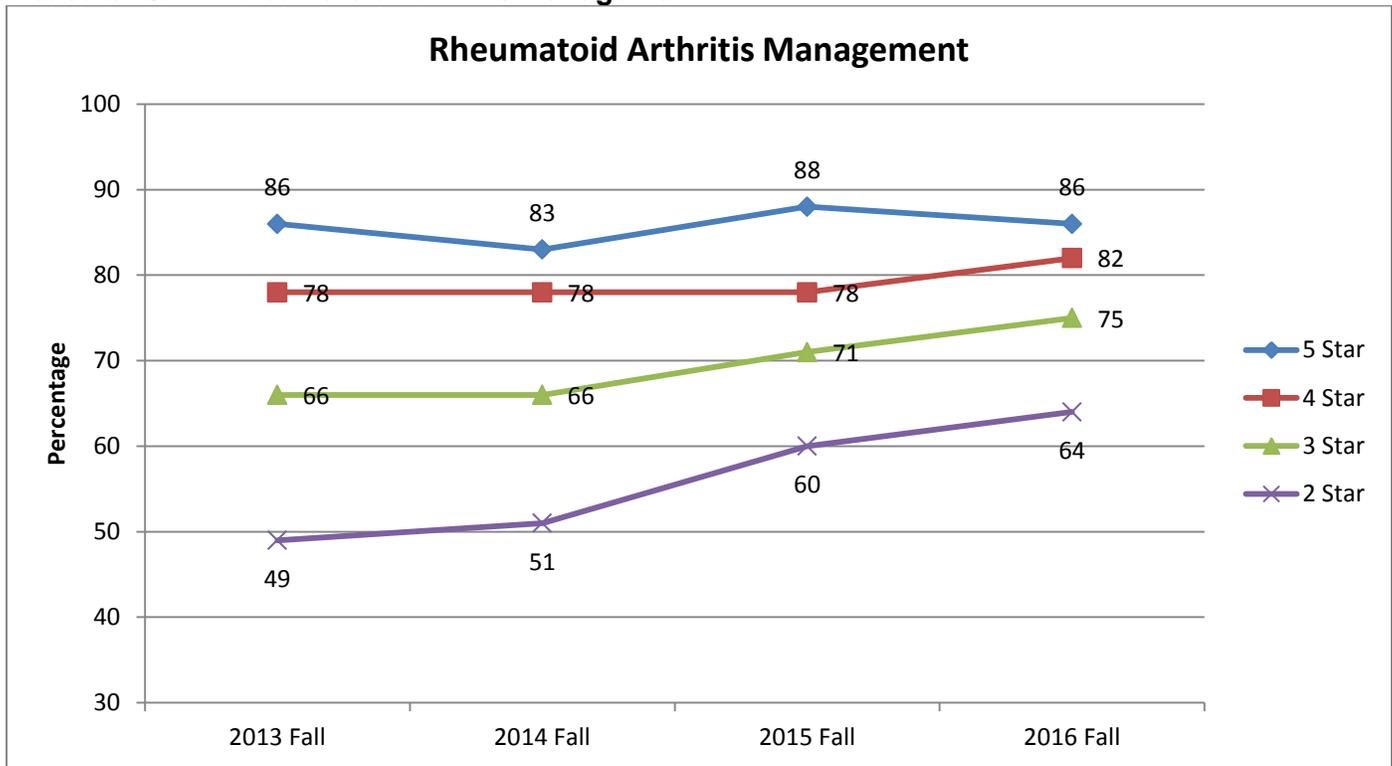
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 43%	≥ 43% to < 53%	≥ 53% to < 63%	≥ 63% to < 70%	≥ 63%	≥ 70%
2014	< 37%	≥ 37% to < 49%	≥ 49% to < 63%	≥ 63% to < 77%	≥ 63%	≥ 77%
2015	< 42%	≥ 42% to < 53%	≥ 53% to < 63%	≥ 63% to < 75%	≥ 63%	≥ 75%
2016	< 47%	≥ 47% to < 62%	≥ 62% to < 75%	≥ 75% to < 82%	Not predetermined	≥ 82%

**Measure: C17 - Rheumatoid Arthritis Management**



Title	Description
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Description: Percent of plan members with Rheumatoid Arthritis who got one or more prescription(s) for an anti-rheumatic drug.

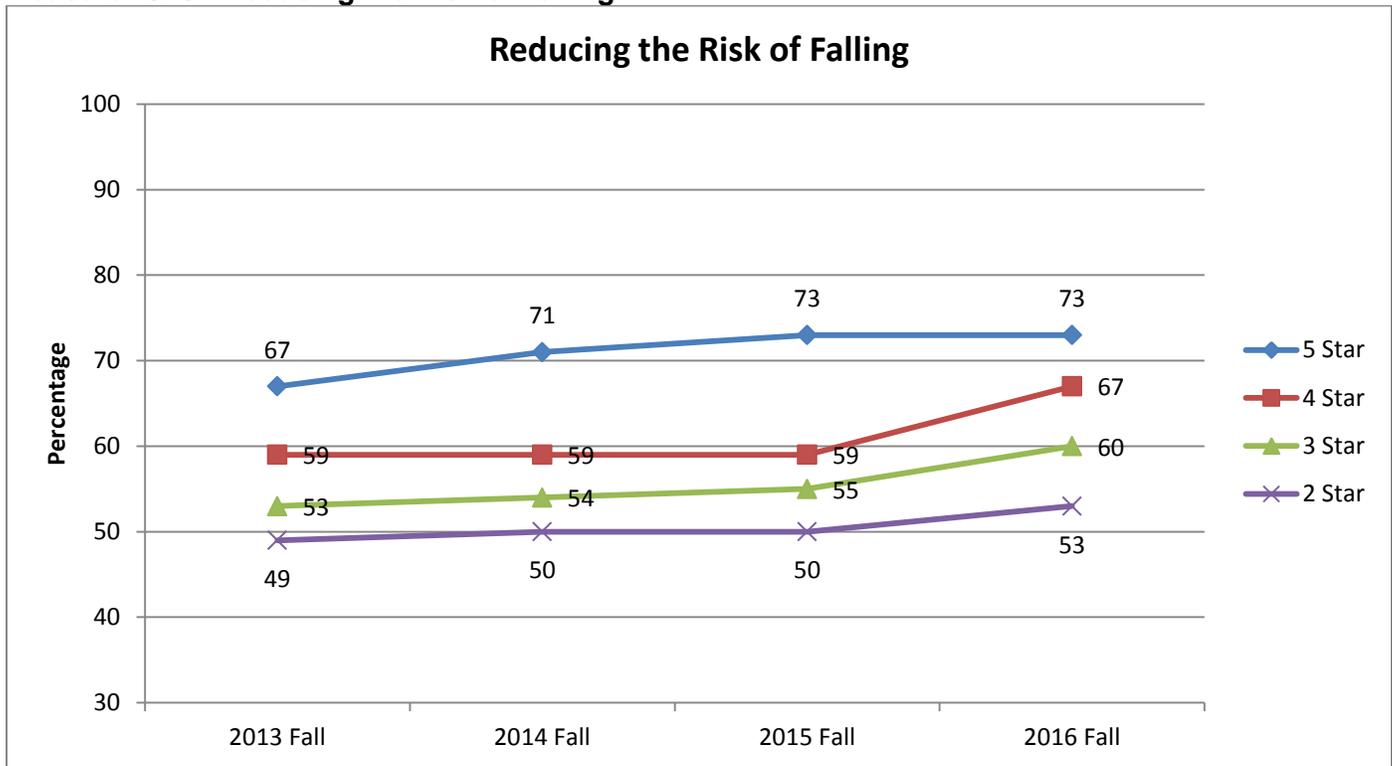
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 49%	≥ 49% to < 66%	≥ 66% to < 78%	≥ 78% to < 86%	≥ 78%	≥ 86%
2014	< 51%	≥ 51% to < 66%	≥ 66% to < 78%	≥ 78% to < 83%	≥ 78%	≥ 83%
2015	< 60%	≥ 60% to < 71%	≥ 71% to < 78%	≥ 78% to < 88%	≥ 78%	≥ 88%
2016	< 64%	≥ 64% to < 75%	≥ 75% to < 82%	≥ 82% to < 86%	Not predetermined	≥ 86%

**Measure: C18 - Reducing the Risk of Falling**



Title	Description
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Description: Percent of plan members with a problem falling, walking or balancing who discussed it with their doctor and got treatment for it during the year.

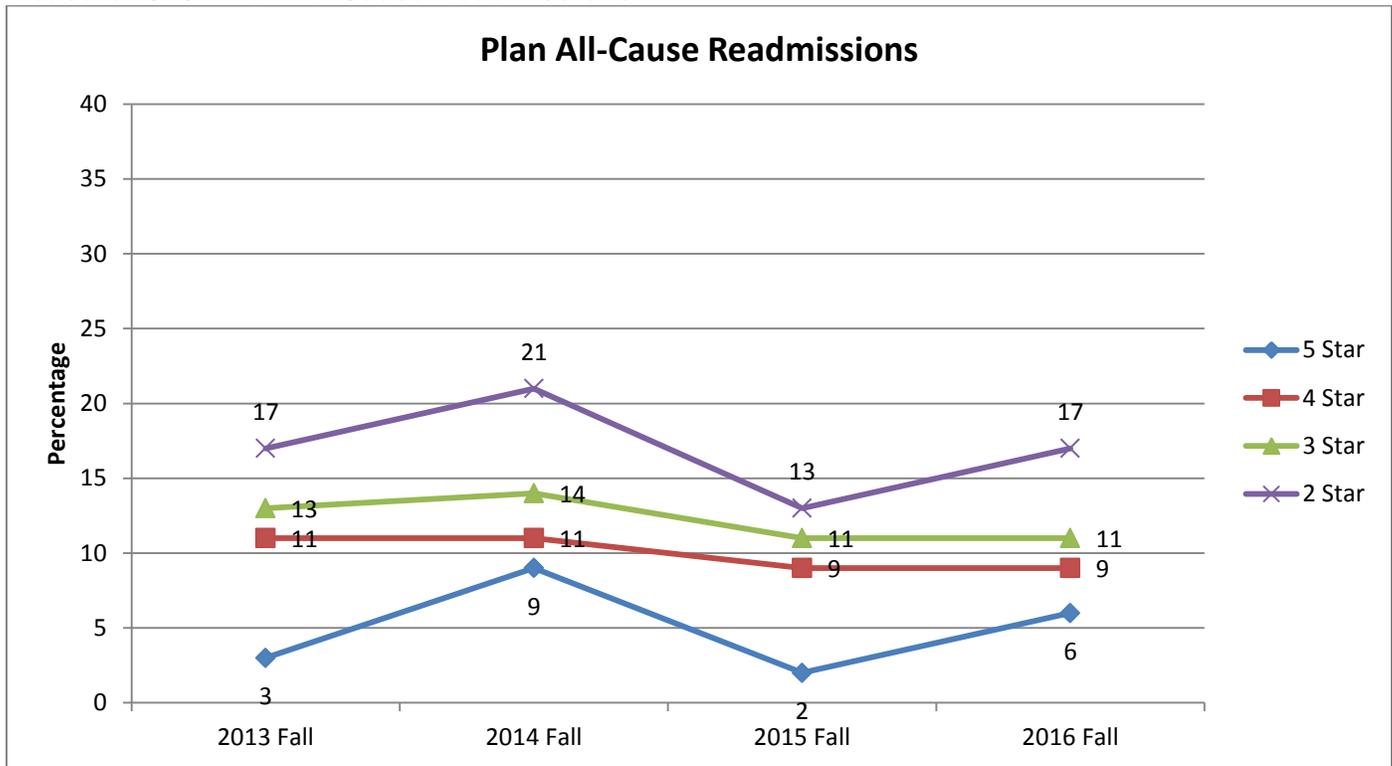
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 49%	≥ 49% to < 53%	≥ 53% to < 59%	≥ 59% to < 67%	≥ 59%	≥ 67%
2014	< 50%	≥ 50% to < 54%	≥ 54% to < 59%	≥ 59% to < 71%	≥ 59%	≥ 71%
2015	< 50%	≥ 50% to < 55%	≥ 55% to < 59%	≥ 59% to < 73%	≥ 59%	≥ 73%
2016	< 53%	≥ 53% to < 60%	≥ 60% to < 67%	≥ 67% to < 73%	Not predetermined	≥ 73%

**Measure: C19 - Plan All-Cause Readmissions**



Title	Description
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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.)

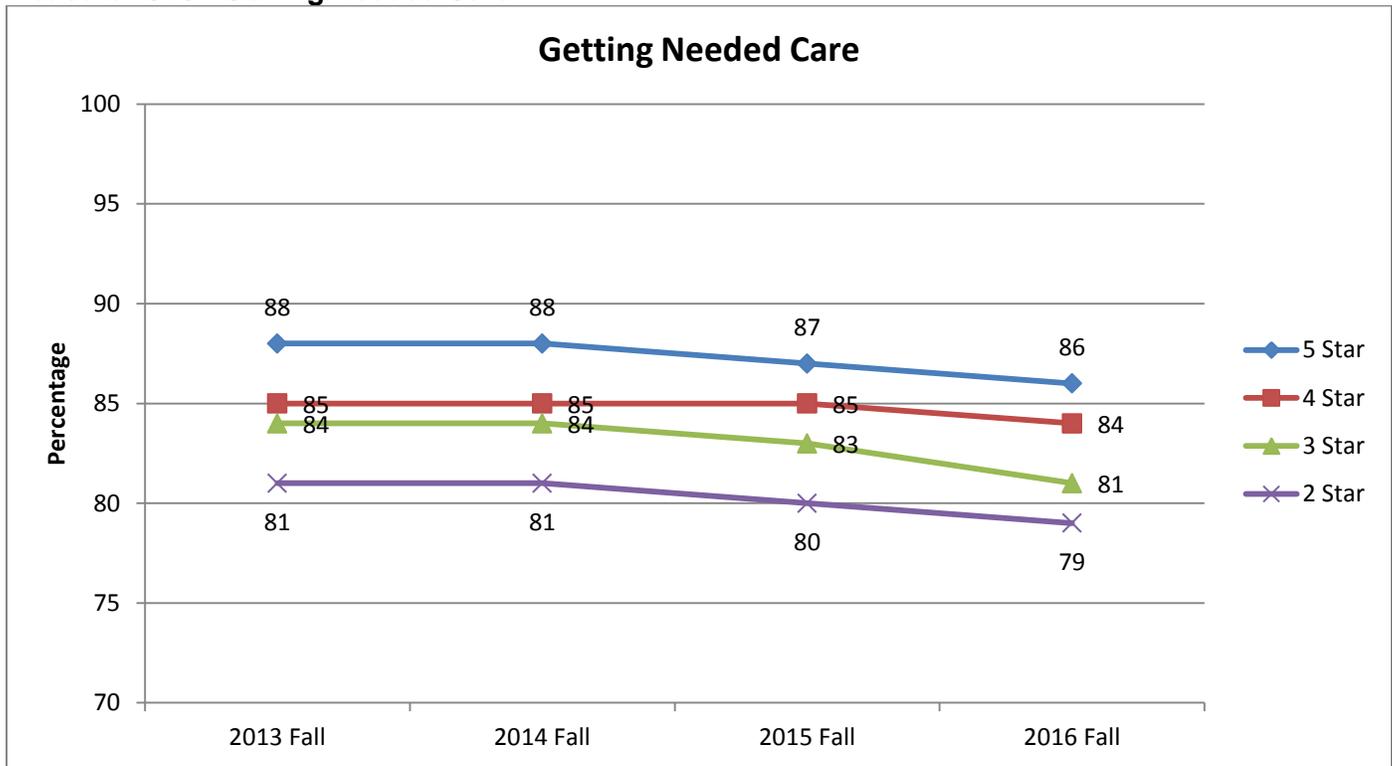
Data Source: HEDIS

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	> 17%	> 13% to ≤ 17%	> 11% to ≤ 13%	> 3% to ≤ 11%	Not predetermined	≤ 3%
2014	> 21%	> 14% to ≤ 21%	> 11% to ≤ 14%	> 9% to ≤ 11%	Not predetermined	≤ 9%
2015	> 13%	> 11% to ≤ 13%	> 9% to ≤ 11%	> 2% to ≤ 9%	Not predetermined	≤ 2%
2016	> 17%	> 11% to ≤ 17%	> 9% to ≤ 11%	> 6% to ≤ 9%	Not predetermined	≤ 6%

**Measure: C20 - Getting Needed Care**



Title	Description
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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.

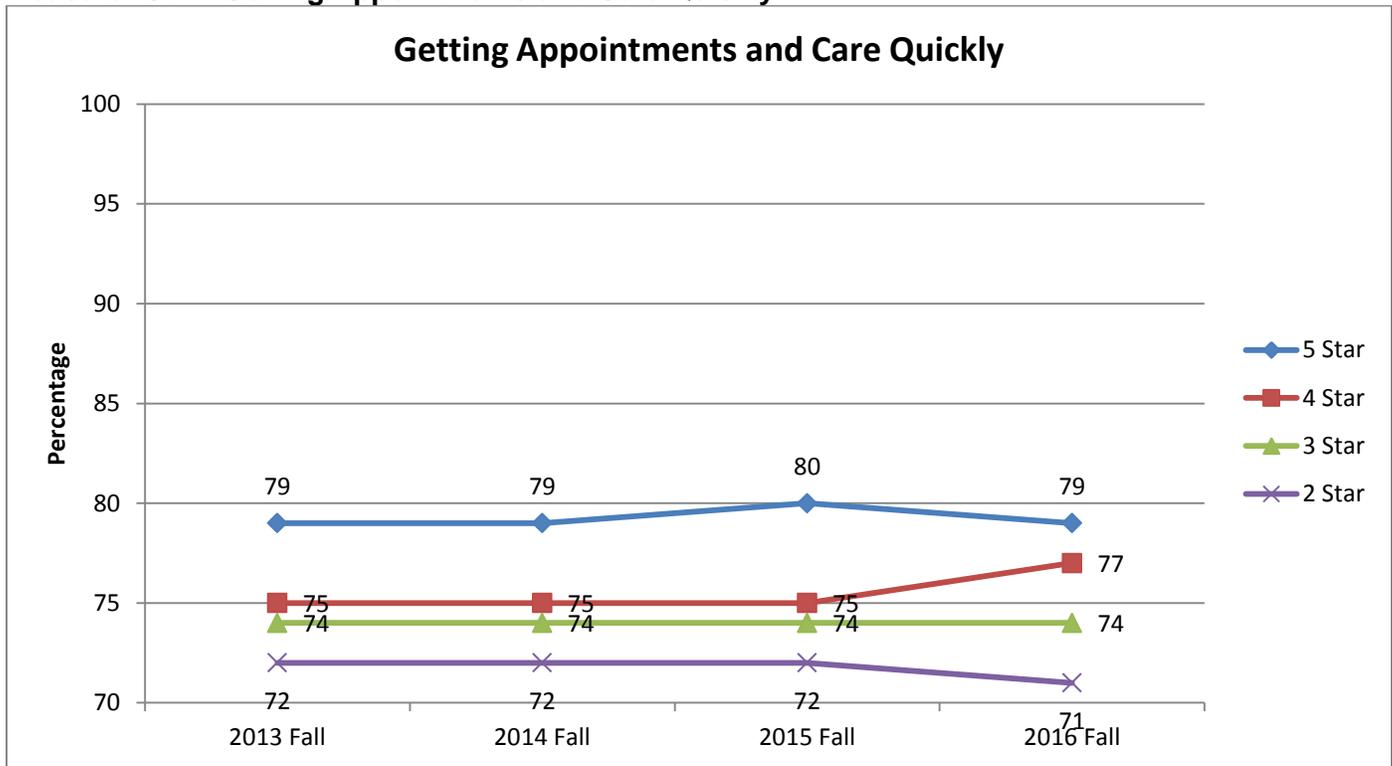
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
2013	< 81%	≥ 81% to < 84%	≥ 84% to < 85%	≥ 85% to < 88%	≥ 85%	≥ 88%
2014	< 81%	≥ 81% to < 84%	≥ 84% to < 85%	≥ 85% to < 88%	≥ 85%	≥ 88%
2015	< 80%	≥ 80% to < 83%	≥ 83% to < 85%	≥ 85% to < 87%	≥ 85%	≥ 87%
2016	< 79%	≥ 79% to < 81%	≥ 81% to < 84%	≥ 84% to < 86%	Not predetermined	≥ 86%

**Measure: C21 - Getting Appointments and Care Quickly**



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

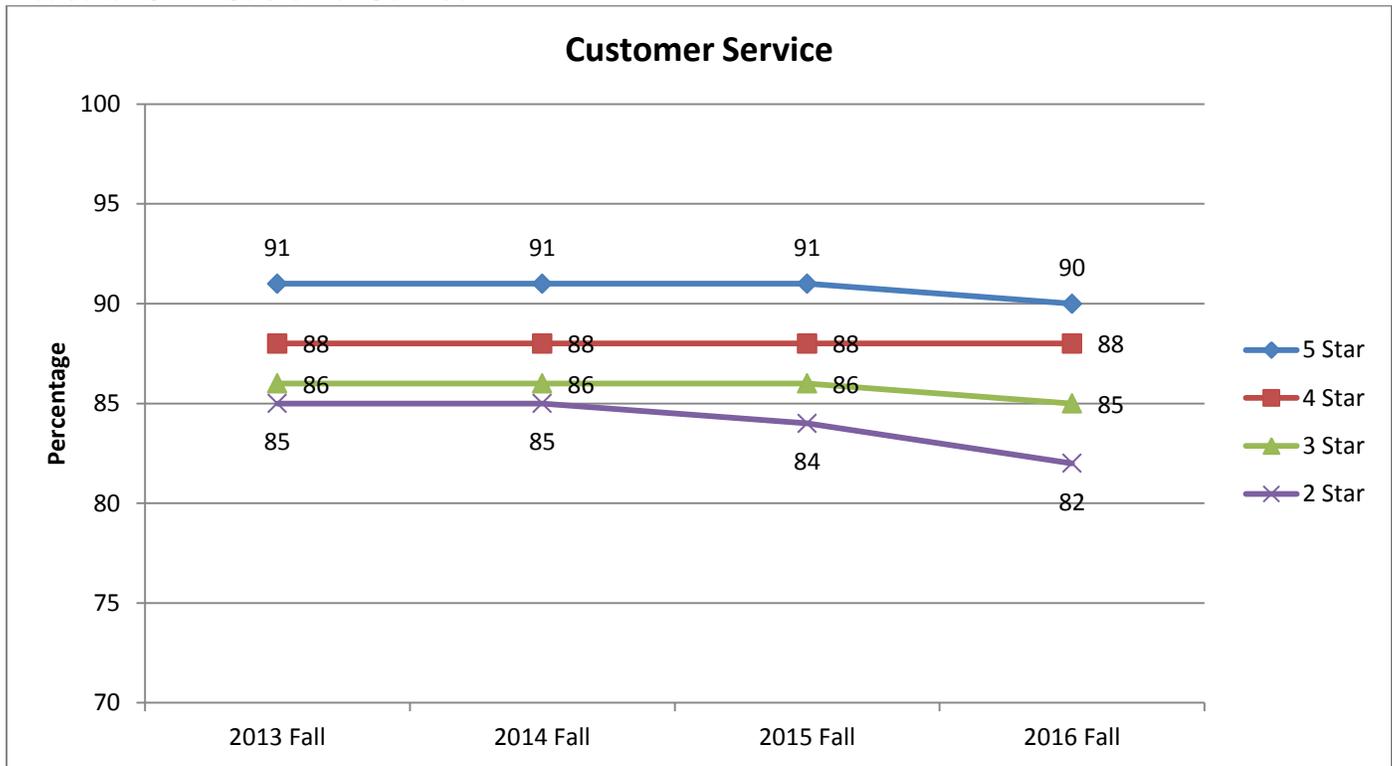
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
2013	< 72%	≥ 72% to < 74%	≥ 74% to < 75%	≥ 75% to < 79%	≥ 75%	≥ 79%
2014	< 72%	≥ 72% to < 74%	≥ 74% to < 75%	≥ 75% to < 79%	≥ 75%	≥ 79%
2015	< 72%	≥ 72% to < 74%	≥ 74% to < 75%	≥ 75% to < 80%	≥ 75%	≥ 80%
2016	< 71%	≥ 71% to < 74%	≥ 74% to < 77%	≥ 77% to < 79%	Not predetermined	≥ 79%

**Measure: C22 - Customer Service**



Title	Description
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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.

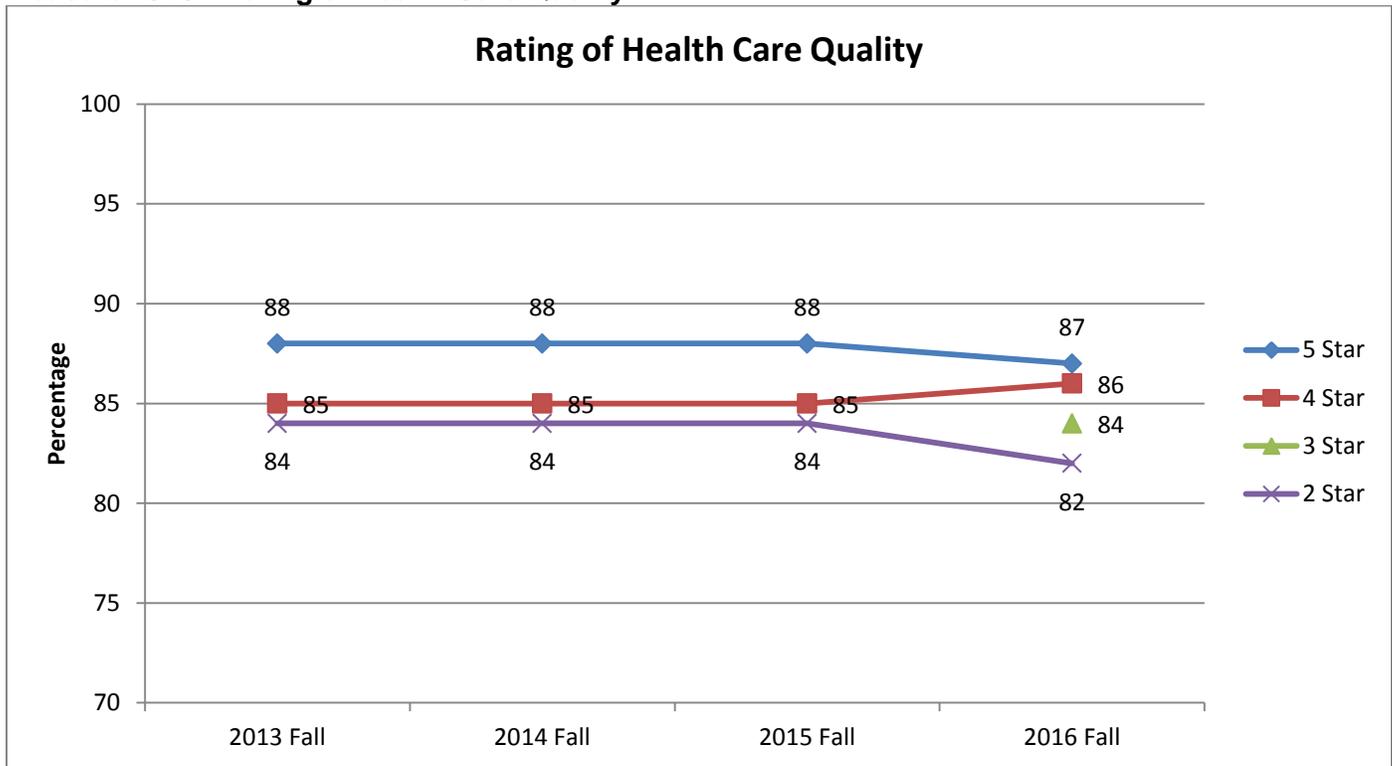
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
2013	< 85%	≥ 85% to ≤ 86%	> 86% to < 88%	≥ 88% to < 91%	≥ 88%	≥ 91%
2014	< 85%	≥ 85% to < 86%	≥ 86% to < 88%	≥ 88% to < 91%	≥ 88%	≥ 91%
2015	< 84%	≥ 84% to < 86%	≥ 86% to < 88%	≥ 88% to < 91%	≥ 88%	≥ 91%
2016	< 83%	≥ 83% to < 85%	≥ 85% to < 88%	≥ 88% to < 90%	Not predetermined	≥ 90%

**Measure: C23 - Rating of Health Care Quality**



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

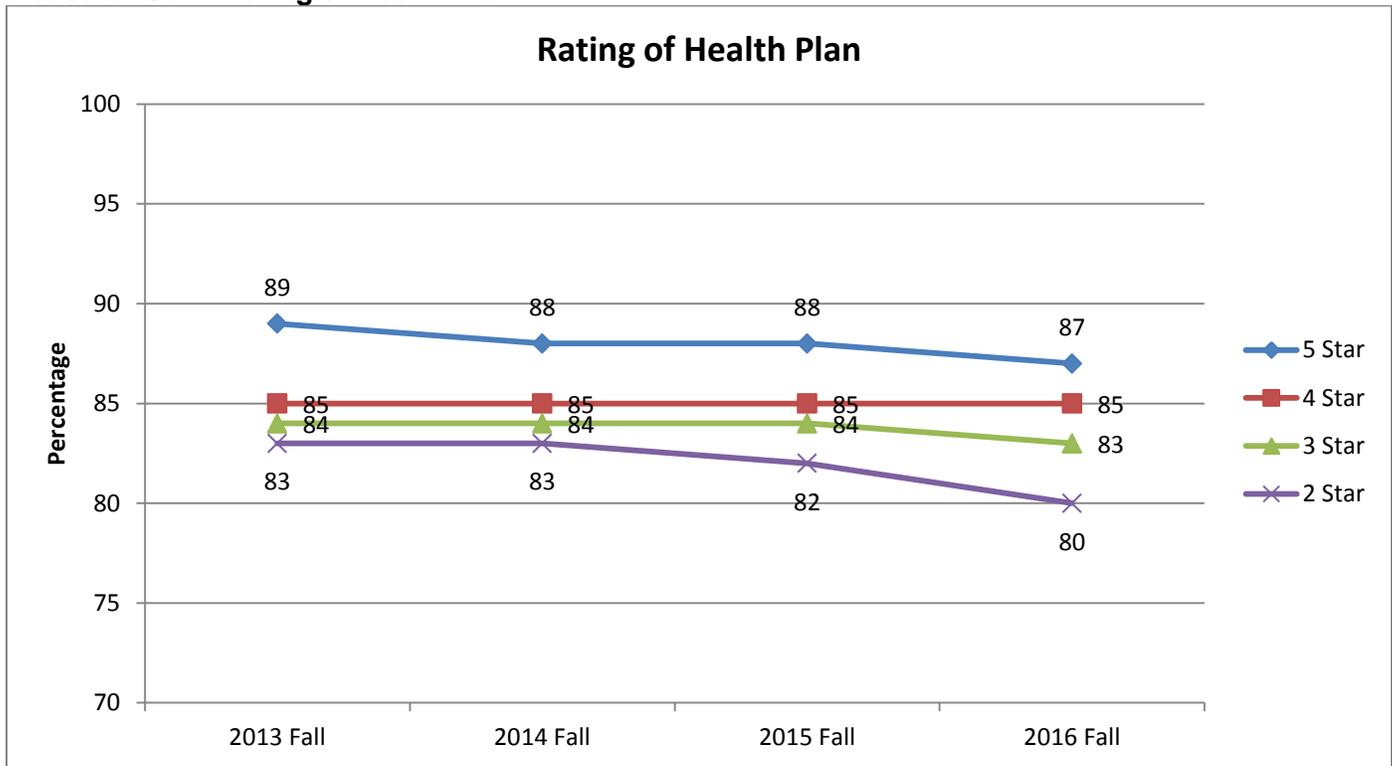
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
2013	< 84%	≥ 84% to < 85%	*	≥ 85% to < 88%	≥ 85%	≥ 88%
2014	< 84%	≥ 84% to < 85%	*	≥ 85% to < 88%	≥ 85%	≥ 88%
2015	< 84%	≥ 84% to < 85%	*	≥ 85% to < 88%	≥ 85%	≥ 88%
2016	< 83%	≥ 83% to < 84%	≥ 84% to < 86%	≥ 86% to < 87%	Not predetermined	≥ 87%

**Measure: C24 - Rating of Health Plan**



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

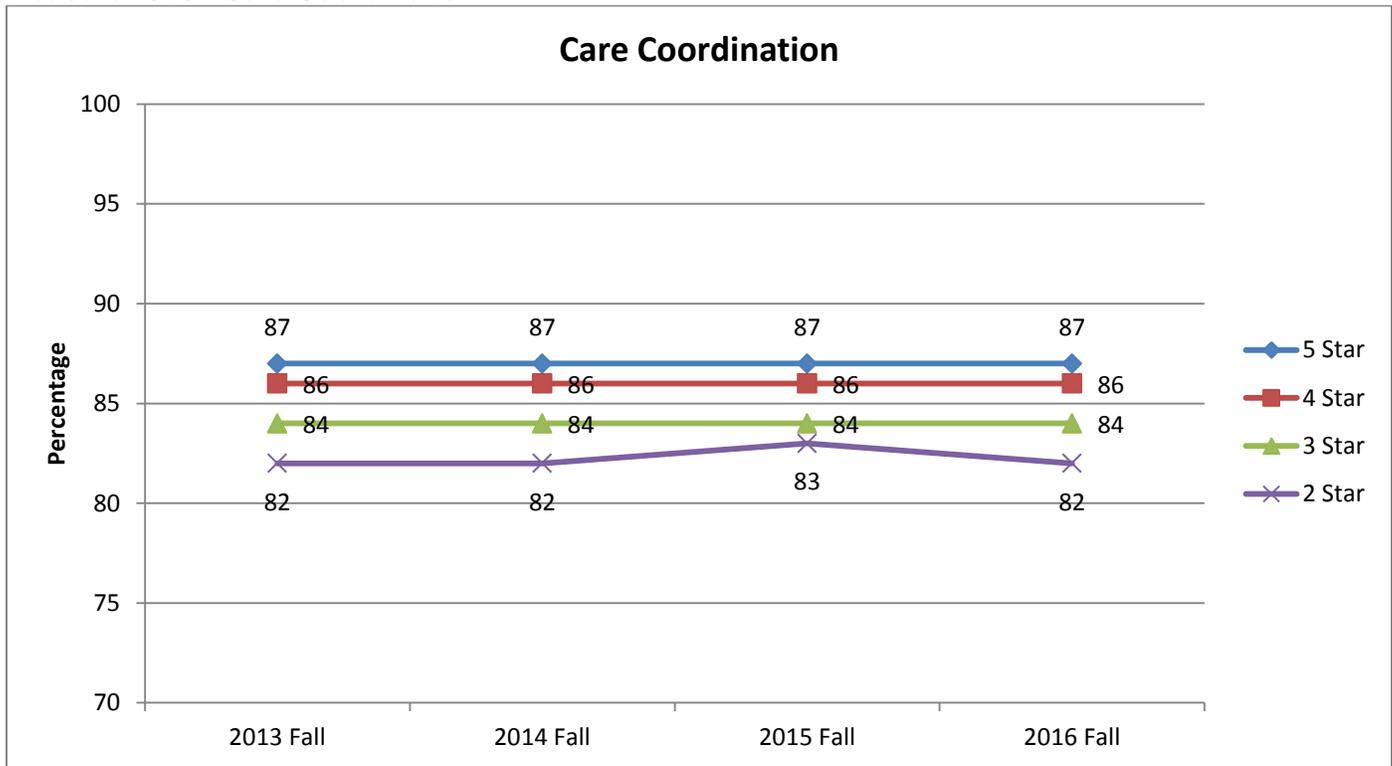
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
2013	< 83%	≥ 83% to < 84%	≥ 84% to < 85%	≥ 85% to < 89%	≥ 85%	≥ 89%
2014	< 83%	≥ 83% to < 84%	≥ 84% to < 85%	≥ 85% to < 88%	≥ 85%	≥ 88%
2015	< 82%	≥ 82% to < 84%	≥ 84% to < 85%	≥ 85% to < 88%	≥ 85%	≥ 88%
2016	< 80%	≥ 80% to < 83%	≥ 83% to < 85%	≥ 85% to < 87%	Not predetermined	≥ 87%

**Measure: C25 - Care Coordination**



Title	Description
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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 need about members' care and how quickly members got their test results.)

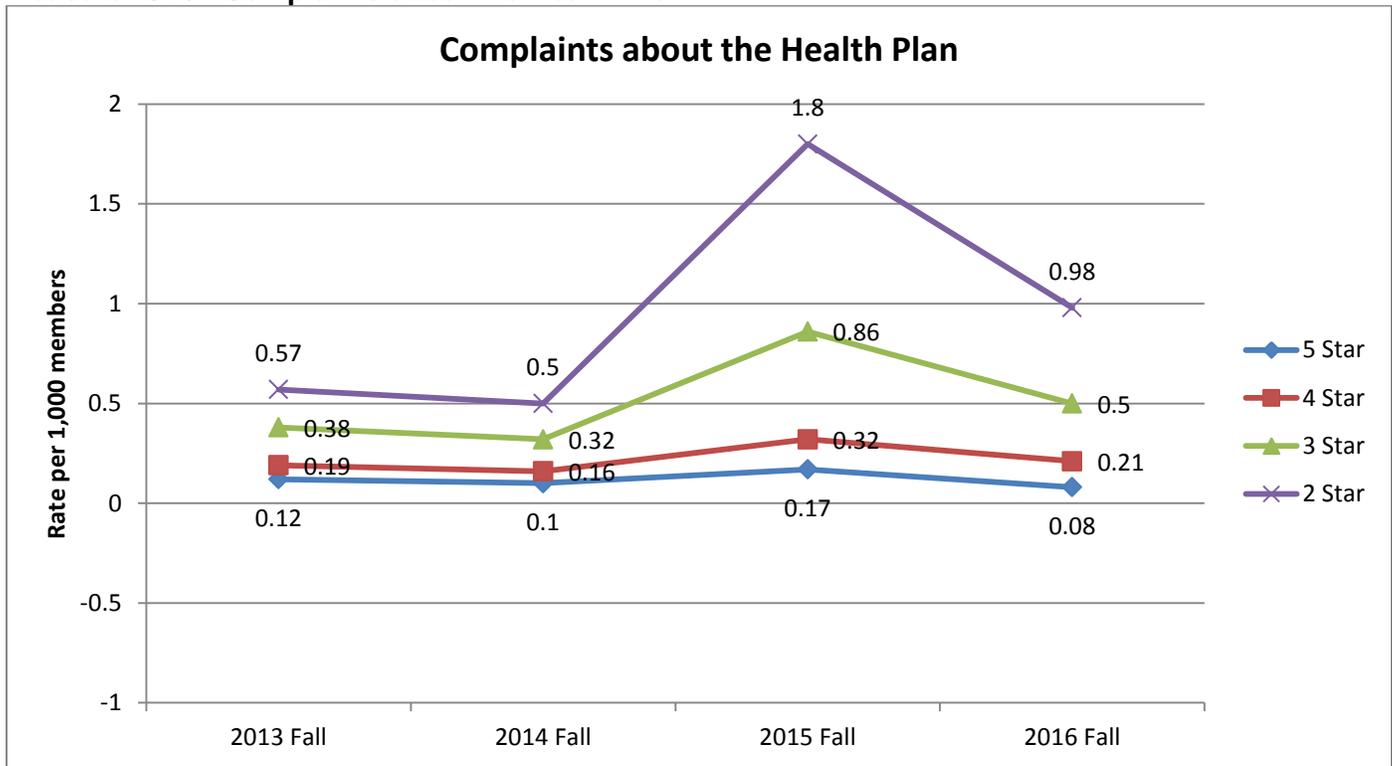
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
2013	< 82%	≥ 82% to < 84%	≥ 84% to < 86%	≥ 86% to < 87%	Not Predetermined	≥ 87%
2014	< 82%	≥ 82% to < 84%	≥ 84% to < 86%	≥ 86% to < 87%	Not predetermined	≥ 87%
2015	< 83%	≥ 83% to < 84%	≥ 84% to < 86%	≥ 86% to < 87%	Not predetermined	≥ 87%
2016	< 82%	≥ 82% to < 84%	≥ 84% to < 86%	≥ 86% to < 87%	Not predetermined	≥ 87%

**Measure: C26 - Complaints about the Health Plan**



Title	Description
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Description: How many complaints Medicare received about the health plan.

Data Source: Complaint Tracking Module (CTM)

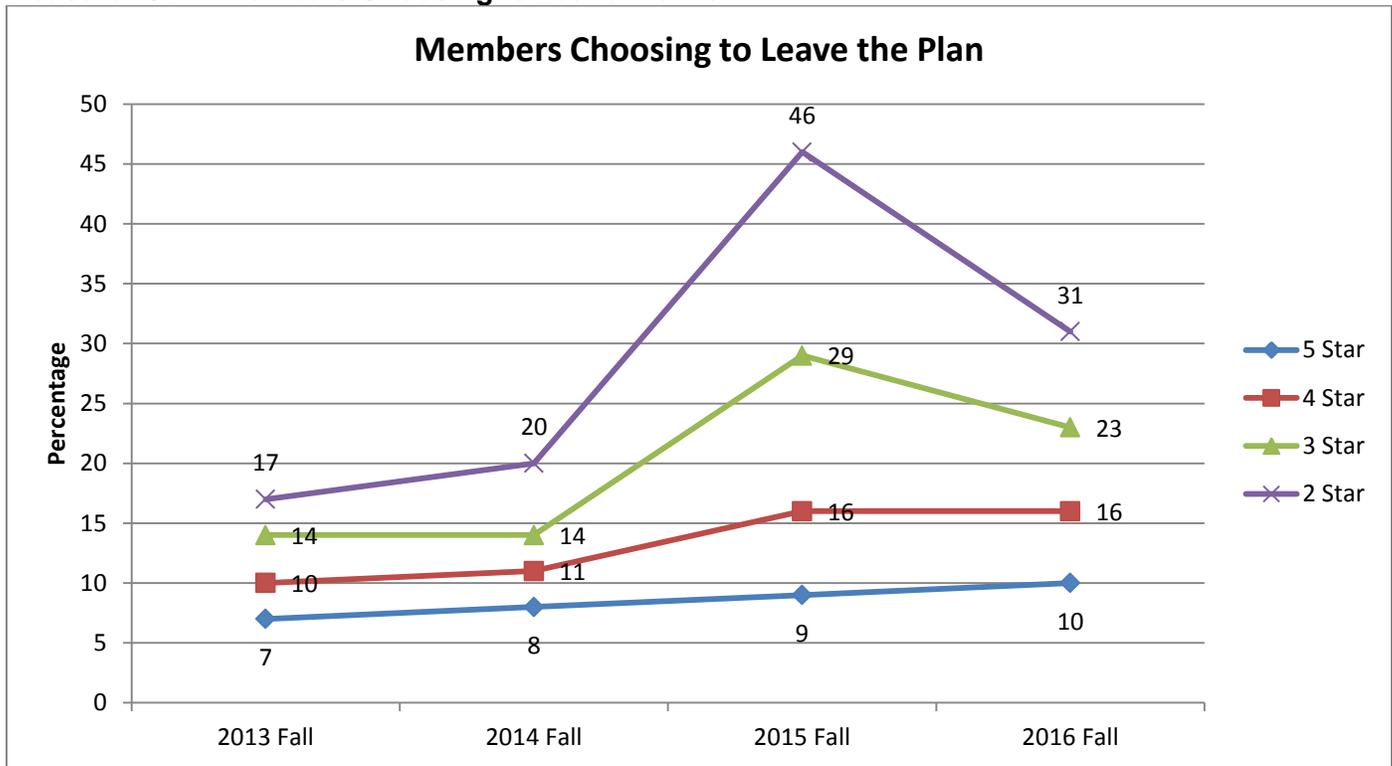
General Trend: Lower is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	> 0.57	> 0.38 to ≤ 0.57	> 0.19 to ≤ 0.38	> 0.12 to ≤ 0.19	Not predetermined	≤ 0.12
2014	> 0.50	> 0.32 to ≤ 0.50	> 0.16 to ≤ 0.32	> 0.10 to ≤ 0.16	Not predetermined	≤ 0.10
2015	> 1.80	> 0.86 to ≤ 1.80	> 0.32 to ≤ 0.86	> 0.17 to ≤ 0.32	Not predetermined	≤ 0.17
2016	> 0.98	> 0.50 to ≤ 0.98	> 0.21 to ≤ 0.50	> 0.08 to ≤ 0.21	Not predetermined	≤ 0.08

\* Due to rounding and the placement of the predetermined 4-star cutoff, no contracts were assigned 3 base stars; all contracts meeting the cutoff for 3 base stars also met the cutoff for 4 base stars. However after application of the further criteria of significance and reliability, some plans with fewer than 3 base stars may have been assigned 3 final stars.

**Measure: C27 - Members Choosing to Leave the Plan**



Title	Description
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Description: The percent of plan members who chose to leave the plan in 2014. (This does not include members who did not choose to leave the plan, such as members who moved out of the service area.)

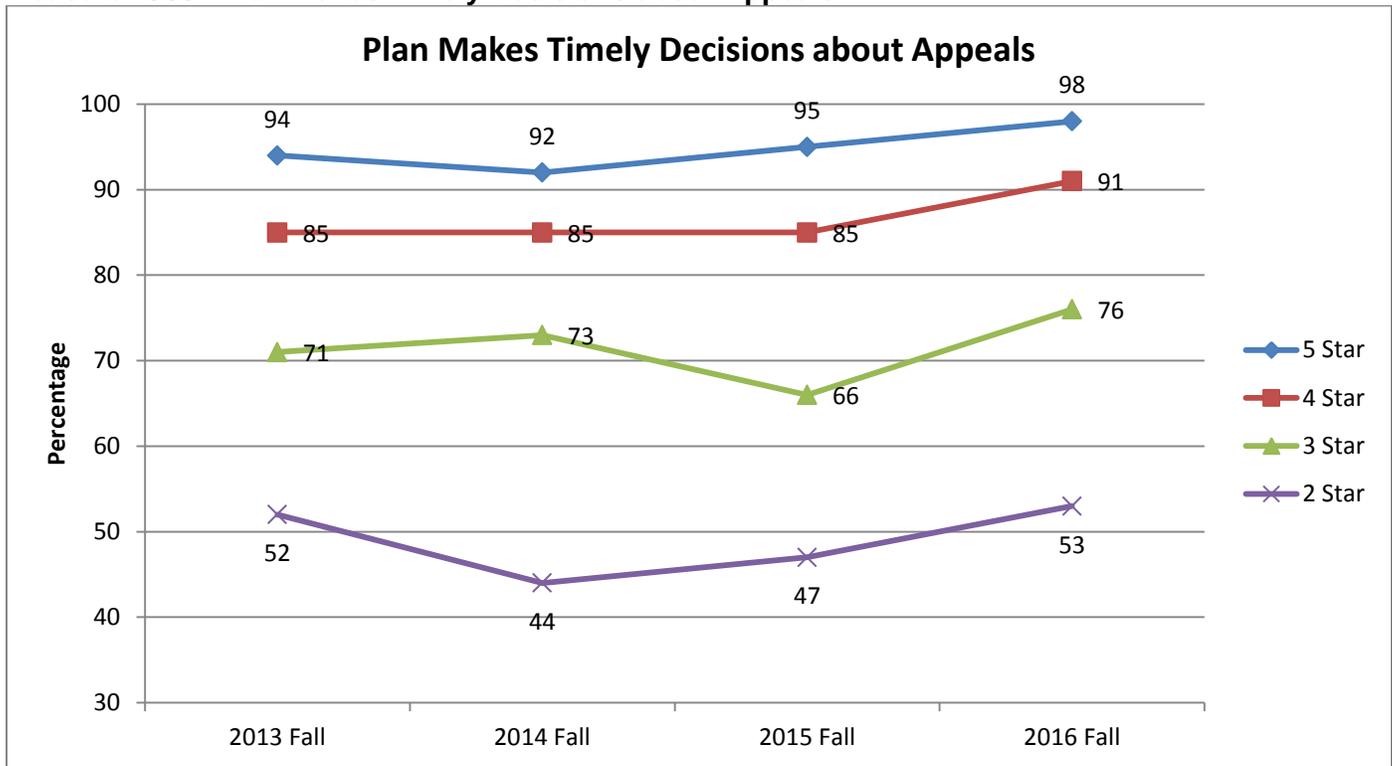
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	> 17%	> 14% to ≤ 17%	> 10% to ≤ 14%	> 7% to ≤ 10%	Not predetermined	≤ 7%
2014	> 20%	> 14% to ≤ 20%	> 11% to ≤ 14%	> 8% to ≤ 11%	Not predetermined	≤ 8%
2015	> 46%	> 29% to ≤ 46%	> 16% to ≤ 29%	> 9% to ≤ 16%	Not predetermined	≤ 9%
2016	> 31%	> 23% to ≤ 31%	> 16% to ≤ 23%	> 10% to ≤ 16%	Not predetermined	≤ 10%

**Measure: C30 - Plan Makes Timely Decisions about Appeals**



Title	Description
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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.

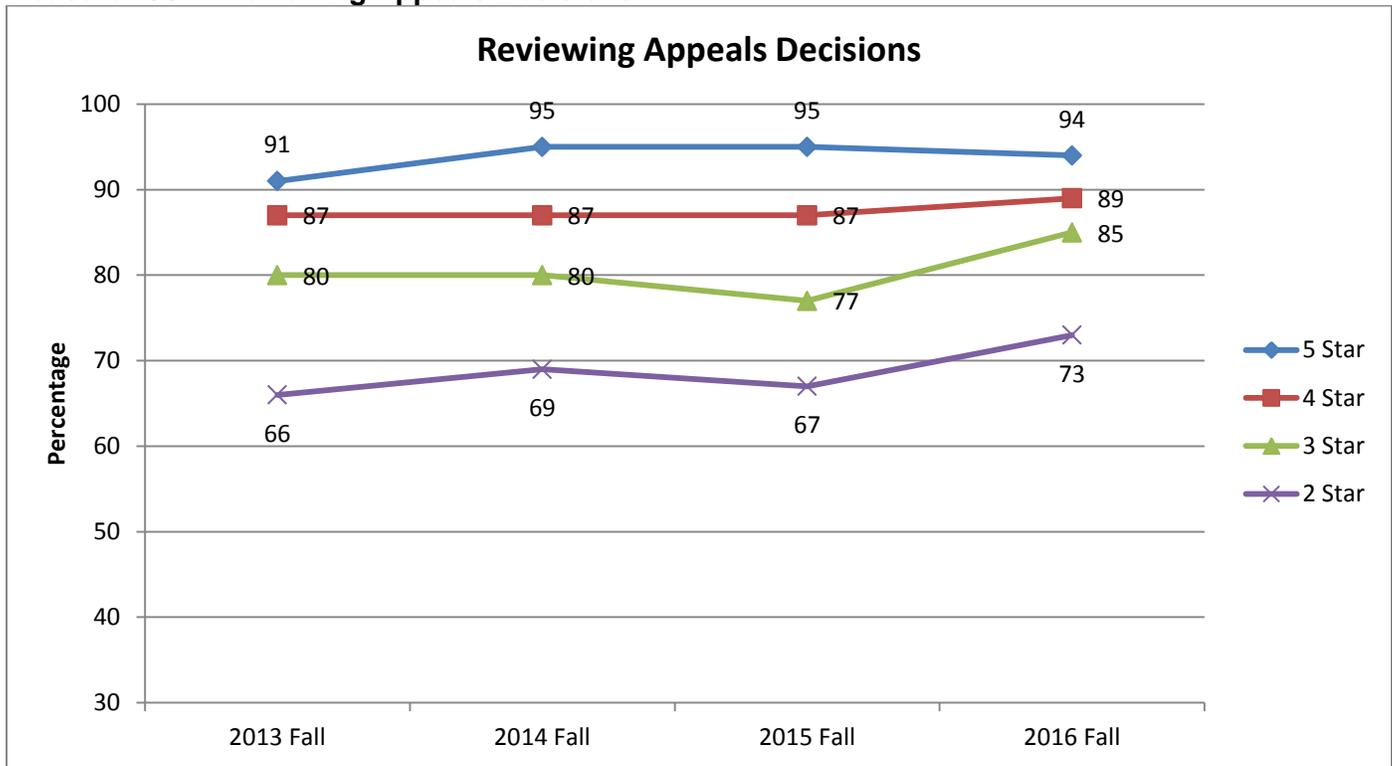
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 52%	≥ 52% to < 71%	≥ 71% to < 85%	≥ 85% to < 94%	≥ 85%	≥ 94%
2014	< 44%	≥ 44% to < 73%	≥ 73% to < 85%	≥ 85% to < 92%	≥ 85%	≥ 92%
2015	< 47%	≥ 47% to < 66%	≥ 66% to < 85%	≥ 85% to < 95%	≥ 85%	≥ 95%
2016	< 53%	≥ 53% to < 76%	≥ 76% to < 91%	≥ 91% to < 98%	Not predetermined	≥ 98%

**Measure: C31 - Reviewing Appeals Decisions**



Title	Description
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Description: This measure/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 do deny an appeal.)

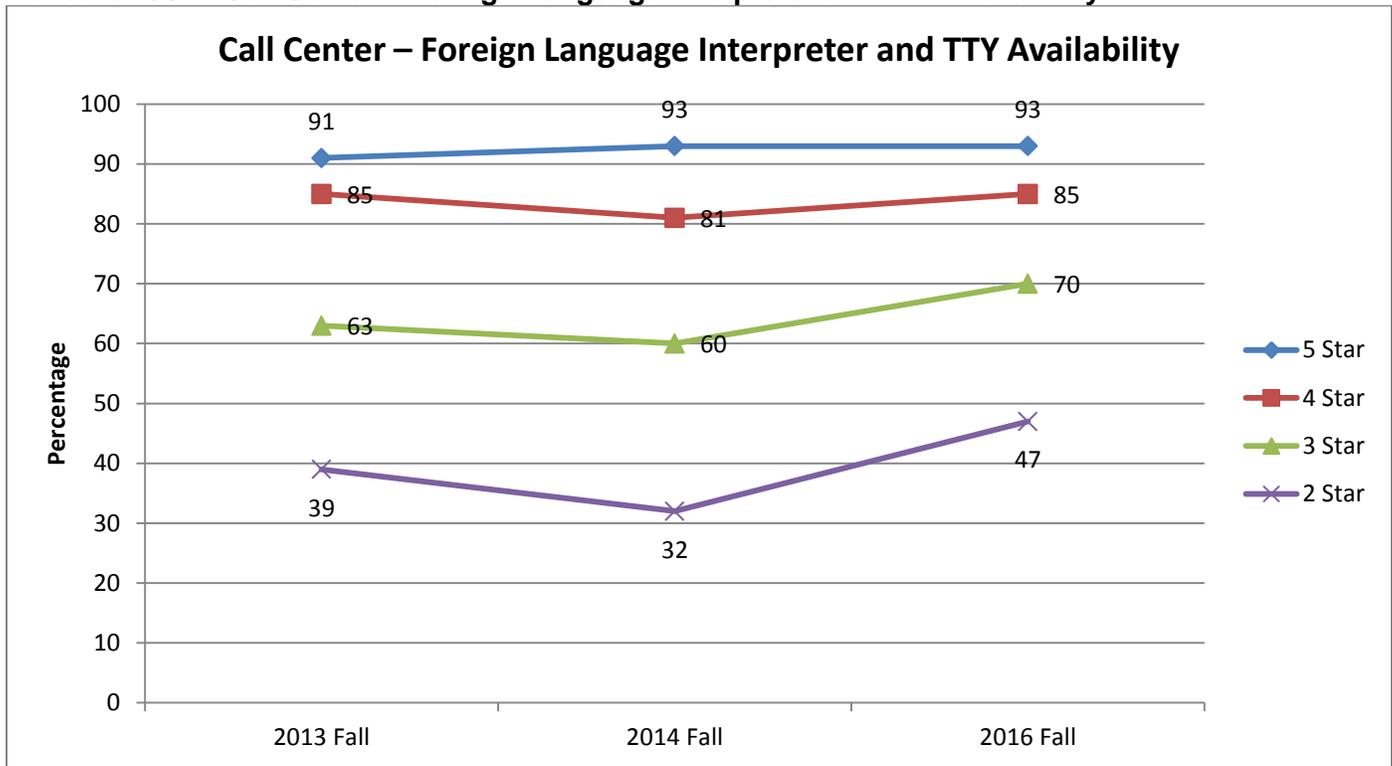
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 66%	≥ 66% to < 80%	≥ 80% to < 87%	≥ 87% to < 91%	≥ 87%	≥ 91%
2014	< 69%	≥ 69% to < 80%	≥ 80% to < 87%	≥ 87% to < 95%	≥ 87%	≥ 95%
2015	< 67%	≥ 67% to < 77%	≥ 77% to < 87%	≥ 87% to < 95%	≥ 87%	≥ 95%
2016	< 73%	≥ 73% to < 85%	≥ 85% to < 89%	≥ 89% to < 94%	Not predetermined	≥ 94%

**Measure: C32 - Call Center – Foreign Language Interpreter and TTY Availability**



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

Data Source: Call Center Monitoring

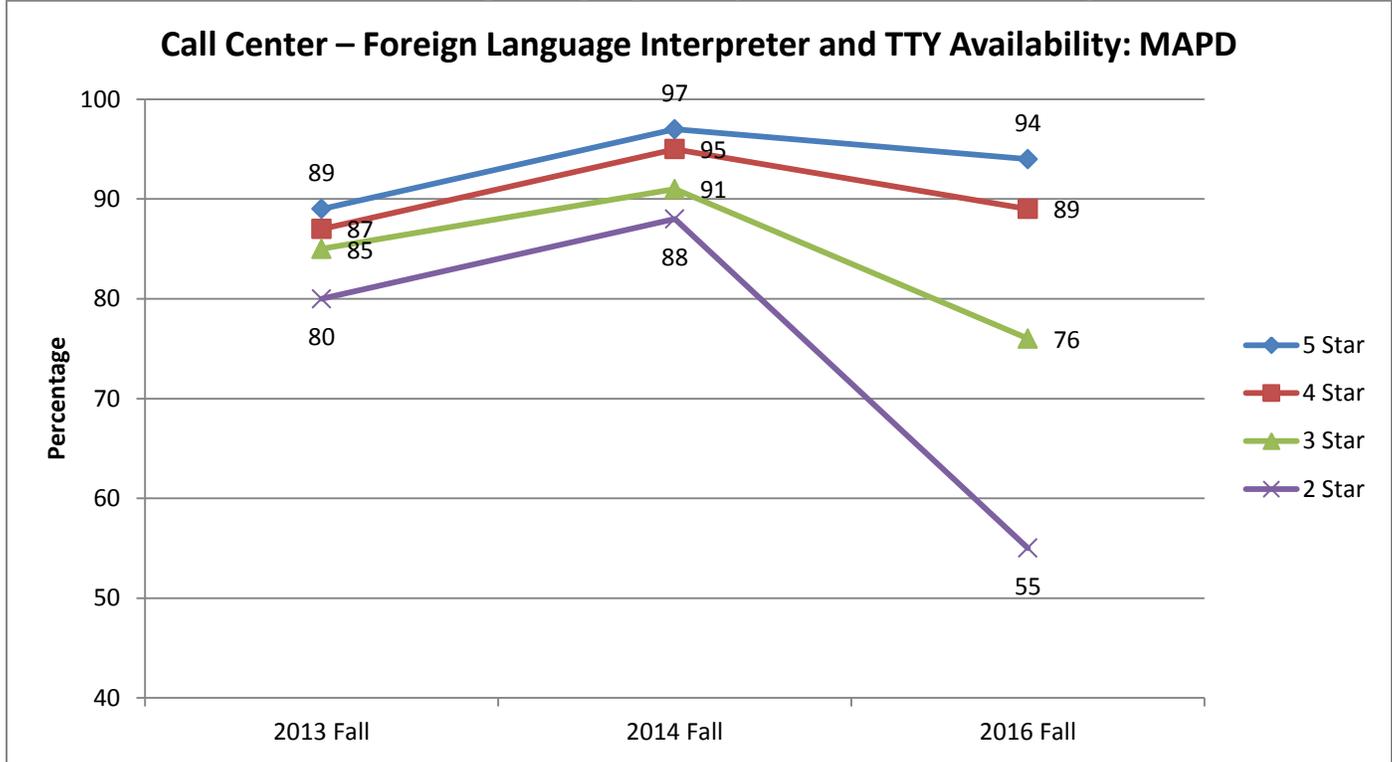
General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2013	< 39%	≥ 39% to < 63%	≥ 63% to < 85%	≥ 85% to < 91%	Not predetermined	≥ 91%
2014	< 32%	≥ 32% to < 60%	≥ 60% to < 81%	≥ 81% to < 93%	Not predetermined	≥ 93%
2016	< 47%	≥ 47% to < 70%	≥ 70% to < 85%	≥ 85% to < 93%	Not predetermined	≥ 93%

Part D Measures

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



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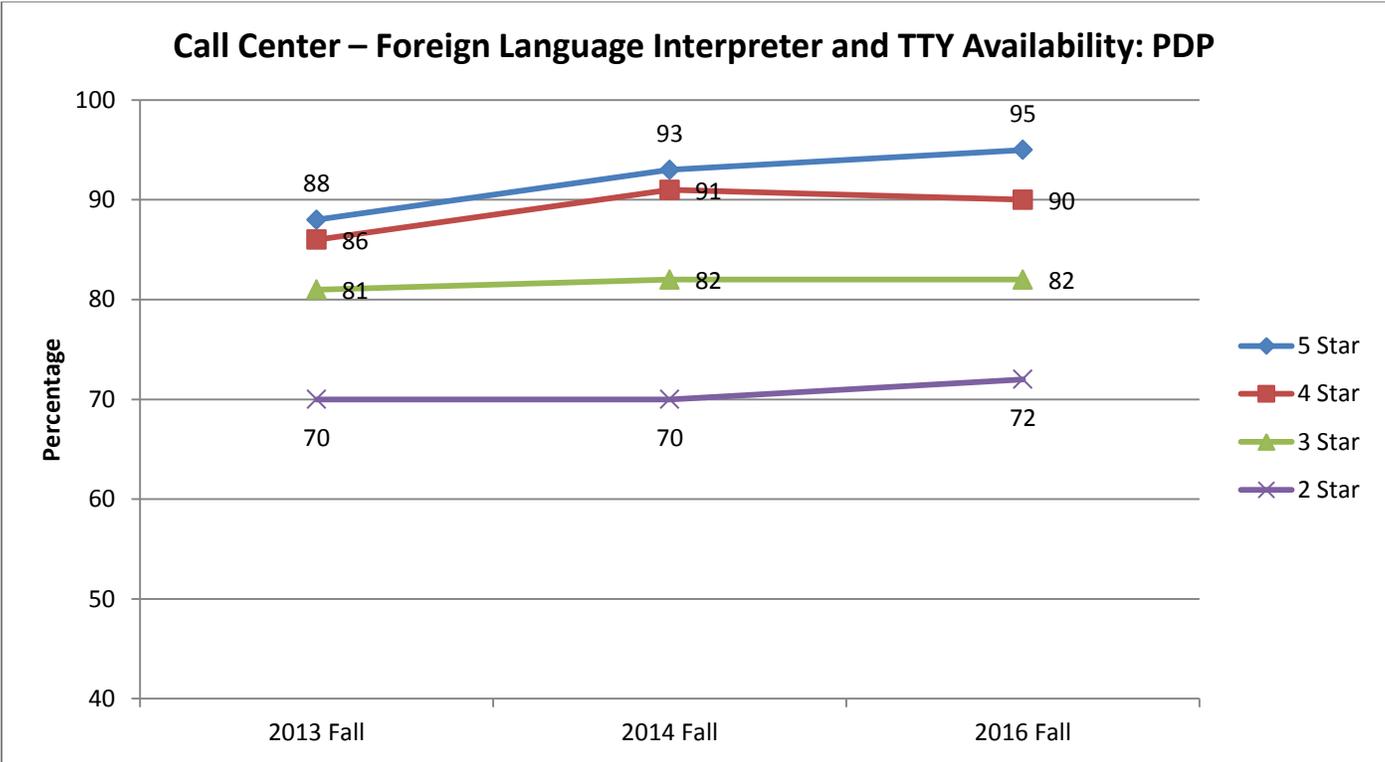
Description: Percent of the time that the TTY services and foreign language interpretation were available when needed by prospective members who called the drug plan's prospective enrollee customer service phone number.

Data Source: Call Center Monitoring

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
MAPD	2013	< 80%	≥ 80% to < 85%	≥ 85% to < 87%	≥ 87% to < 89%	≥ 80%	≥ 89%
MAPD	2014	< 88%	≥ 88% to < 91%	≥ 91% to < 95%	≥ 95% to < 97%	Not predetermined	≥ 97%
MAPD	2016	< 55%	≥ 55% to < 76%	≥ 76% to < 89%	≥ 89% to < 94%	Not predetermined	≥ 94%



Title	Description
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Description: Percent of the time that the TTY services and foreign language interpretation were available when needed by prospective members who called the drug plan’s prospective enrollee customer service phone number.

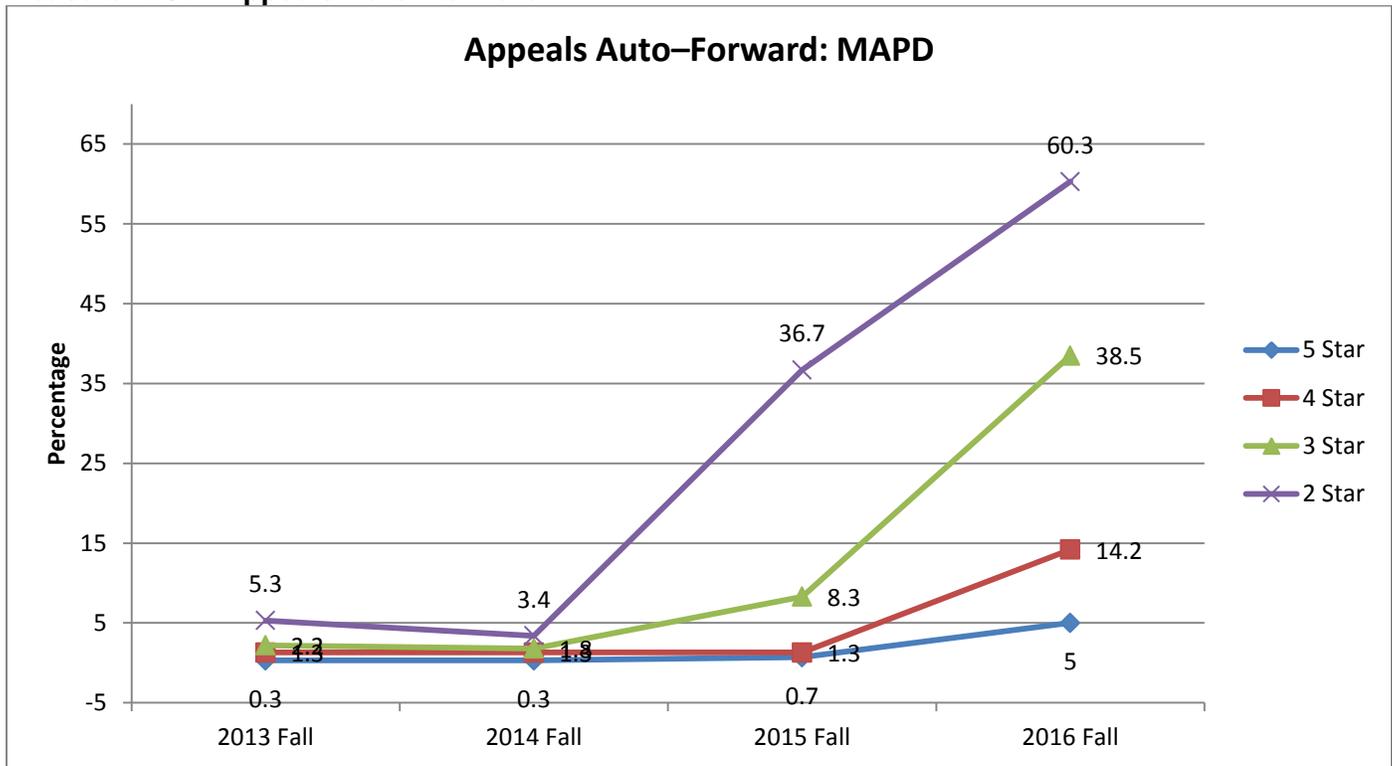
Data Source: Call Center Monitoring

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
PDP	2013	< 70%	≥ 70% to < 81%	≥ 81% to < 86%	≥ 86% to < 88%	≥ 82%	≥ 88%
PDP	2014	< 70%	≥ 70% to < 82%	≥ 82% to < 91%	≥ 91% to < 93%	Not predetermined	≥ 93%
PDP	2016	< 72%	≥ 72% to < 82%	≥ 82% to < 90%	≥ 90% to < 95%	Not predetermined	≥ 95%

**Measure: D02 - Appeals Auto-Forward**



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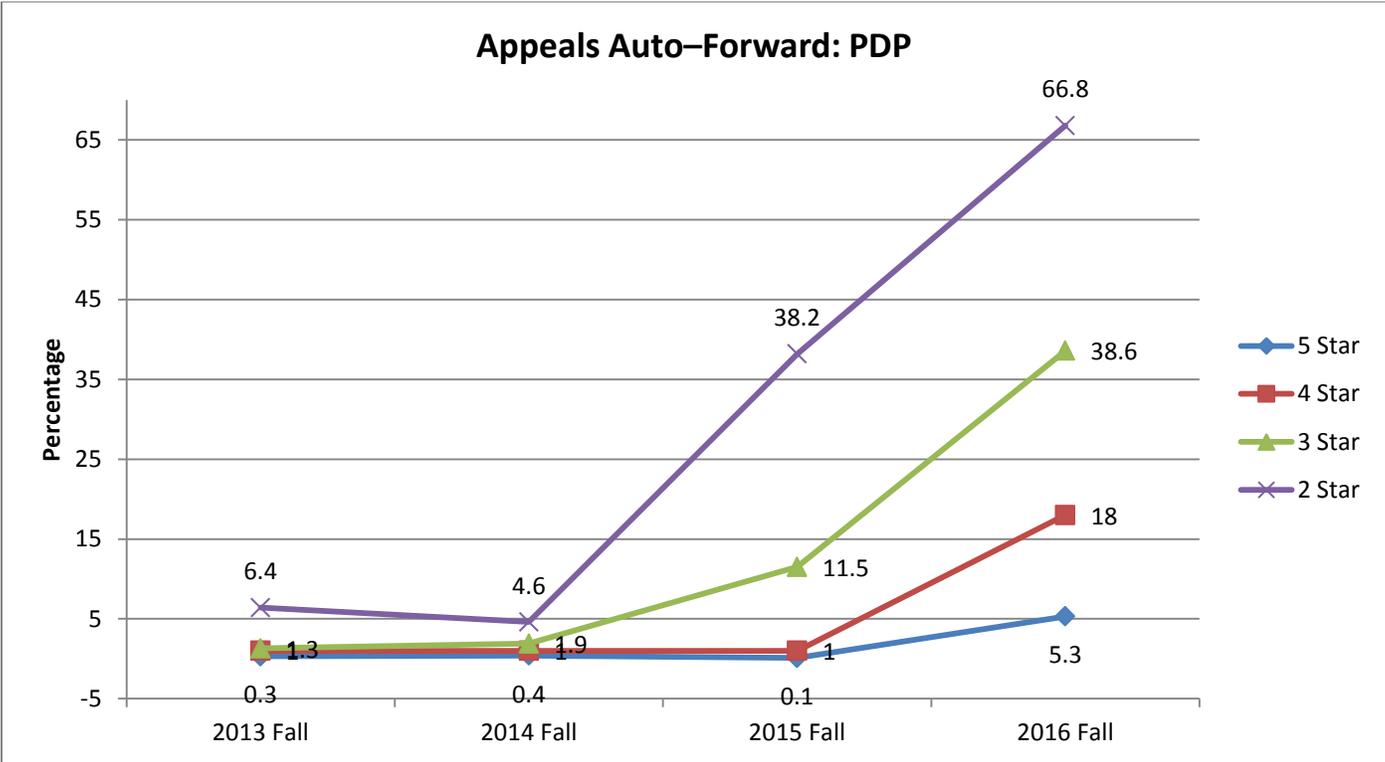
Description: Percent of plan members who failed to get a timely response when they made an appeal request to the drug plan about a decision to refuse payment or coverage. If you would like more information about Medicare appeals, click on <http://www.medicare.gov/claims-and-appeals/index.html>

Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
MAPD	2013	> 5.3	> 2.2 to ≤ 5.3	> 1.3 to ≤ 2.2	> 0.3 to ≤ 1.3	≤ 1.3	≤ 0.3
MAPD	2014	> 3.4	> 1.8 to ≤ 3.4	> 1.3 to ≤ 1.8	> 0.3 to ≤ 1.3	≤ 1.3	≤ 0.3
MAPD	2015	> 36.7	> 8.3 to ≤ 36.7	> 1.3 to ≤ 8.3	> 0.7 to ≤ 1.3	≤ 1.3	≤ 0.7
MAPD	2016	> 60.3	> 38.5 to ≤ 60.3	> 14.2 to ≤ 38.5	> 5.0 to ≤ 14.2	Not predetermined	≤ 5.0



Title	Description
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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>

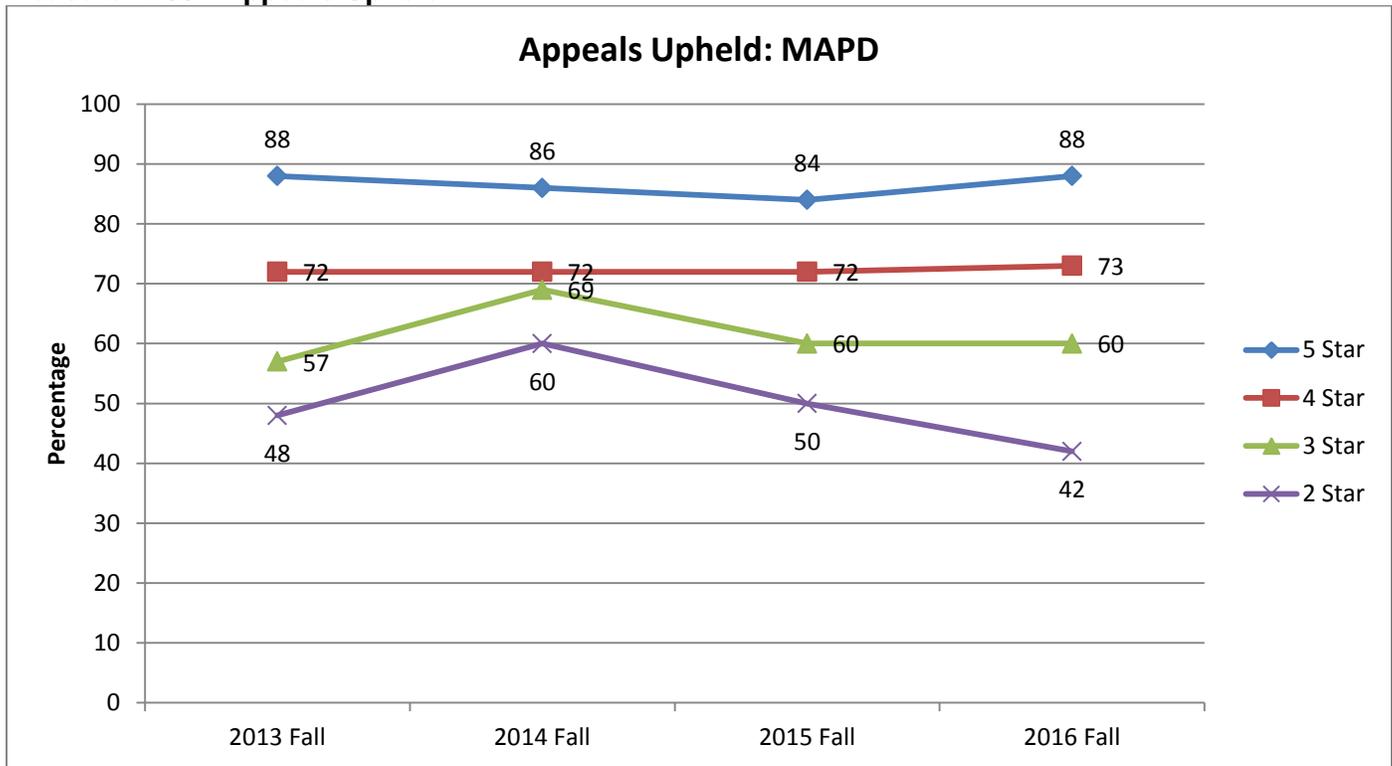
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
PDP	2013	> 6.4	> 1.3 to ≤ 6.4	> 1.0 to ≤ 1.3	> 0.3 to ≤ 1.0	≤ 1.0	≤ 0.3
PDP	2014	> 4.6	> 1.9 to ≤ 4.6	> 1.0 to ≤ 1.9	> 0.4 to ≤ 1.0	≤ 1.0	≤ 0.4
PDP	2015	> 38.2	> 11.5 to ≤ 38.2	> 1.0 to ≤ 11.5	> 0.1 to ≤ 1.0	≤ 1.0	≤ 0.1
PDP	2016	> 66.8	> 38.6 to ≤ 66.8	> 18.0 to ≤ 38.6	> 5.3 to ≤ 18.0	Not predetermined	≤ 5.3

Measure: D03 - Appeals Upheld



Title	Description
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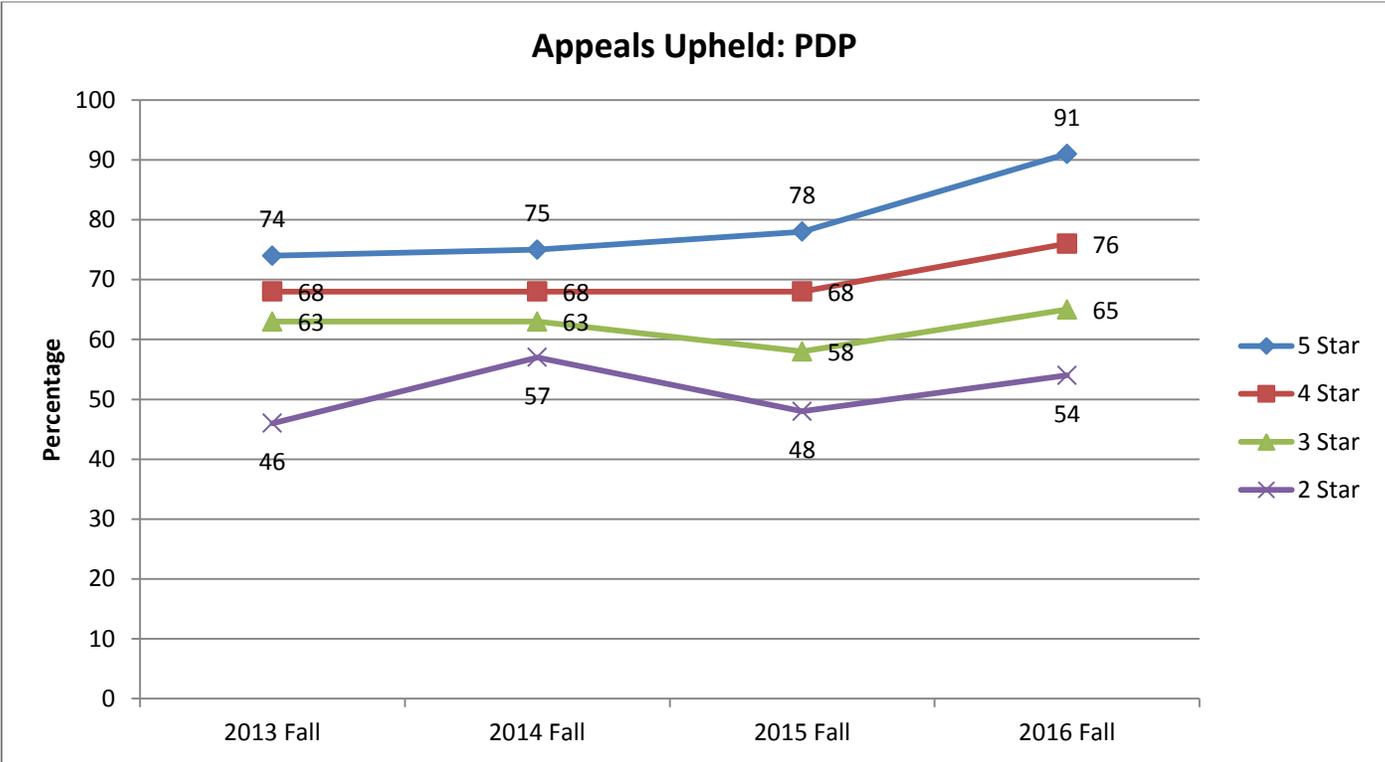
Description: This measure/rating shows how often an Independent Reviewer thought the drug plan’s decision to deny an appeal was fair. This includes appeals made by plan members and out-of-network providers. (This rating is not based on how often the plan denies appeals, but rather *how fair* the plan is when they do 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	4 Star Threshold	5 Stars
MAPD	2013	< 48%	≥ 48% to < 57%	≥ 57% to < 72%	≥ 72% to < 88%	≥ 72%	≥ 88%
MAPD	2014	< 60%	≥ 60% to < 69%	≥ 69% to < 72%	≥ 72% to < 86%	≥ 72%	≥ 86%
MAPD	2015	< 50%	≥ 50% to < 60%	≥ 60% to < 72%	≥ 72% to < 84%	≥ 72%	≥ 84%
MAPD	2016	< 42%	≥ 42% to < 60%	≥ 60% to < 73%	≥ 73% to < 88%	Not predetermined	≥ 88%



Title	Description
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Description: This measure/rating shows 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 do deny an appeal.)

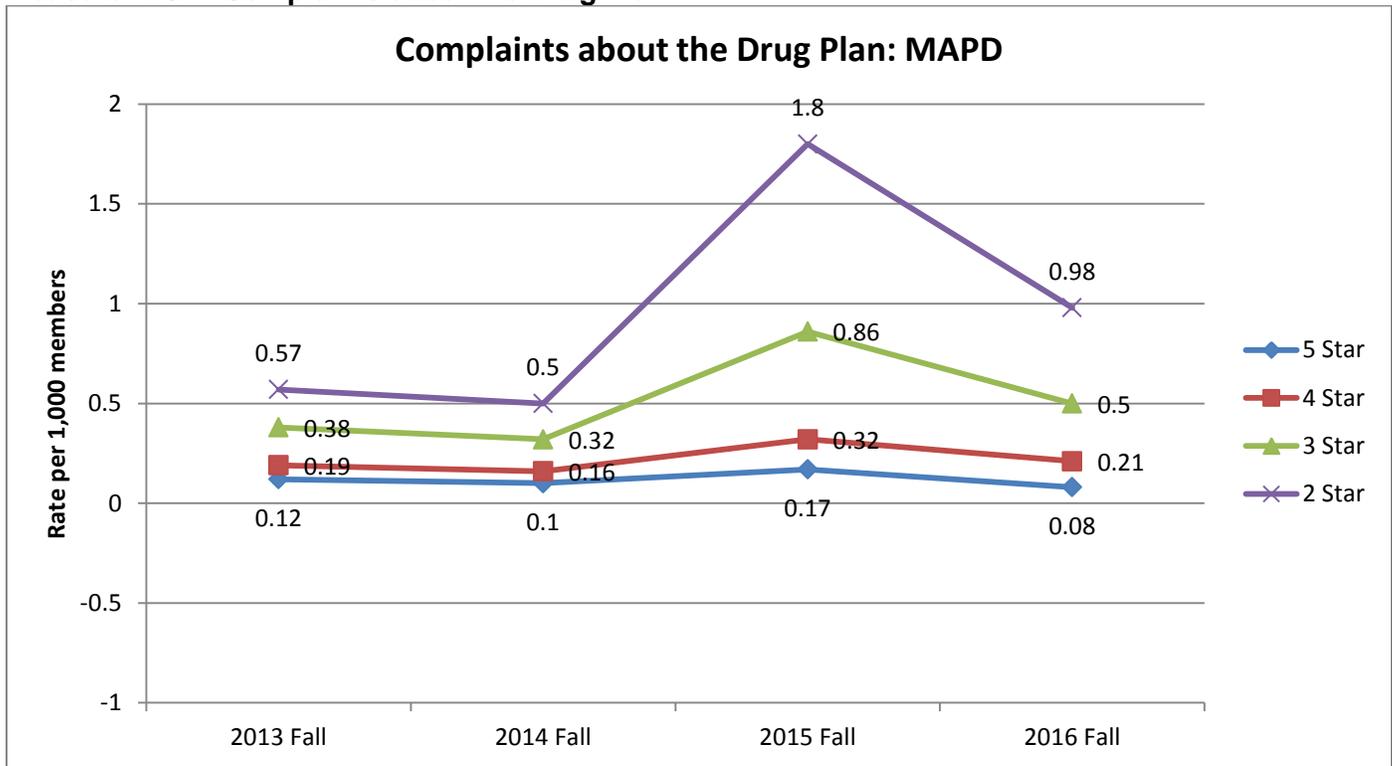
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
PDP	2013	< 46%	≥ 46% to < 63%	≥ 63% to < 68%	≥ 68% to < 74%	≥ 68%	≥ 74%
PDP	2014	< 57%	≥ 57% to < 63%	≥ 63% to < 68%	≥ 68% to < 75%	≥ 68%	≥ 75%
PDP	2015	< 48%	≥ 48% to < 58%	≥ 58% to < 68%	≥ 68% to < 78%	≥ 68%	≥ 78%
PDP	2016	< 54%	≥ 54% to < 65%	≥ 65% to < 76%	≥ 76% to < 91%	Not predetermined	≥ 91%

**Measure: D04 - Complaints about the Drug Plan**



Title	Description
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Description: How many complaints Medicare received about the drug plan.

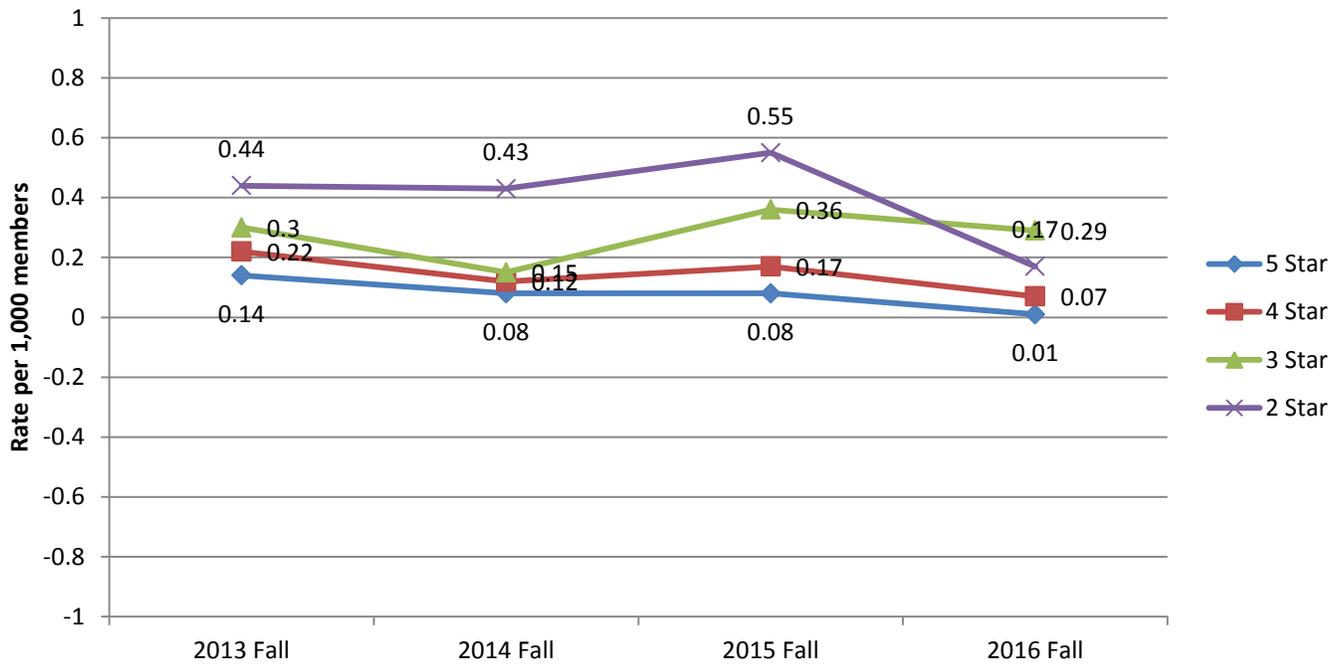
Data Source: Complaint Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
MAPD	2013	> 0.57	> 0.38 to ≤ 0.57	> 0.19 to ≤ 0.38	> 0.12 to ≤ 0.19	Not predetermined	≤ 0.12
MAPD	2014	> 0.50	> 0.32 to ≤ 0.50	> 0.16 to ≤ 0.32	> 0.10 to ≤ 0.16	Not predetermined	≤ 0.10
MAPD	2015	> 1.80	> 0.86 to ≤ 1.80	> 0.32 to ≤ 0.86	> 0.17 to ≤ 0.32	Not predetermined	≤ 0.17
MAPD	2016	> 0.98	> 0.50 to ≤ 0.98	> 0.21 to ≤ 0.50	> 0.08 to ≤ 0.21	Not predetermined	≤ 0.08

### Complaints about the Drug Plan: PDP



**Title**

**Description**

Description: How many complaints Medicare received about the drug plan.

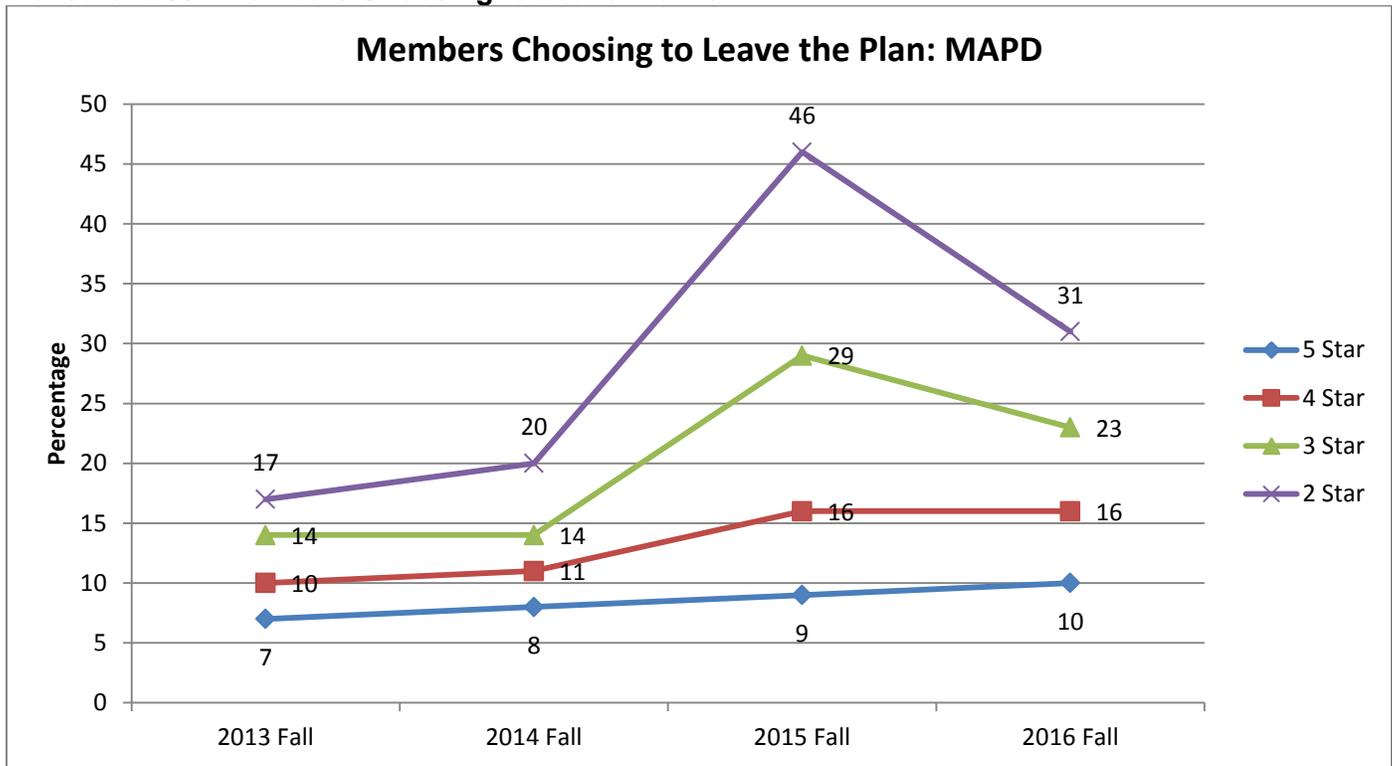
Data Source: Complaint Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
PDP	2013	> 0.44	> 0.30 to ≤ 0.44	> 0.22 to ≤ 0.30	> 0.14 to ≤ 0.22	Not predetermined	≤ 0.14
PDP	2014	> 0.43	> 0.15 to ≤ 0.43	> 0.12 to ≤ 0.15	> 0.08 to ≤ 0.12	Not predetermined	≤ 0.08
PDP	2015	> 0.55	> 0.36 to ≤ 0.55	> 0.17 to ≤ 0.36	> 0.08 to ≤ 0.17	Not predetermined	≤ 0.08
PDP	2016	> 0.29	> 0.17 to ≤ 0.29	> 0.07 to ≤ 0.17	> 0.01 to ≤ 0.07	Not predetermined	≤ 0.01

**Measure: D05 - Members Choosing to Leave the Plan**



Title	Description
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Description: The percent of plan members who chose to leave the plan in 2014. (This does not include members who did not choose to leave the plan, such as members who moved out of the service area.)

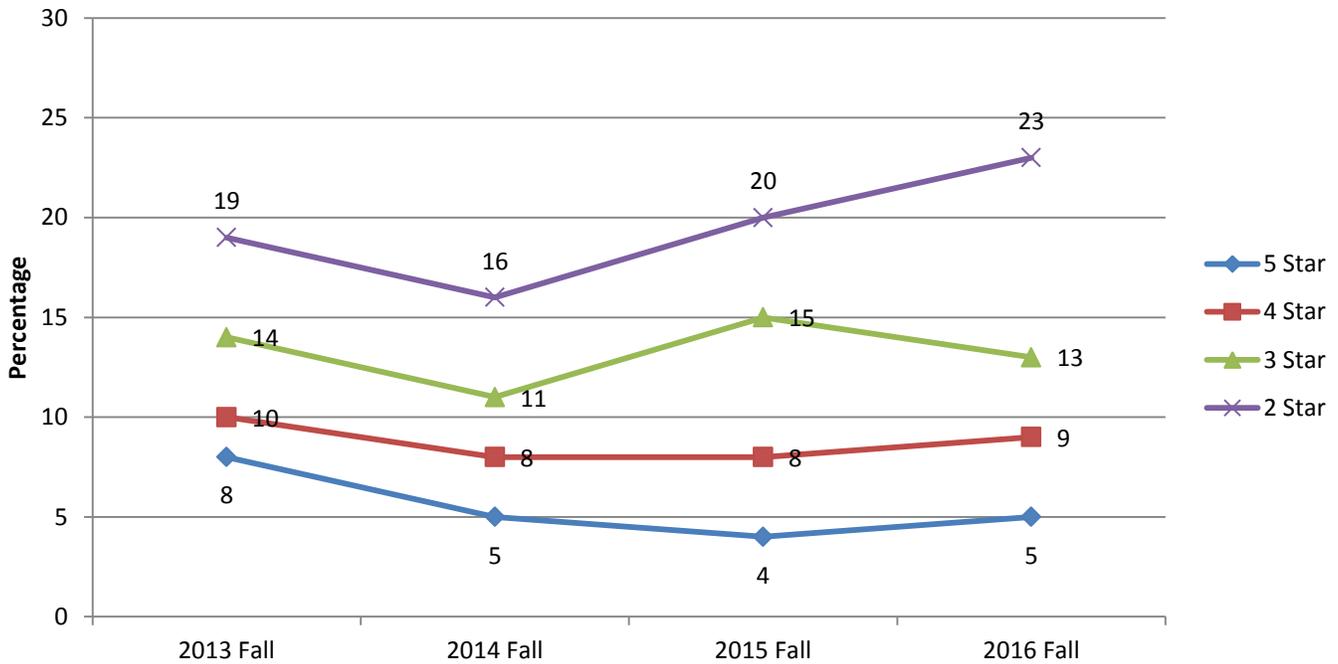
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
MAPD	2013	> 17%	> 14% to ≤ 17%	> 10% to ≤ 14%	> 7% to ≤ 10%	Not predetermined	≤ 7%
MAPD	2014	> 20%	> 14% to ≤ 20%	> 11% to ≤ 14%	> 8% to ≤ 11%	Not predetermined	≤ 8%
MAPD	2015	> 46%	> 29% to ≤ 46%	> 16% to ≤ 29%	> 9% to ≤ 16%	Not predetermined	≤ 9%
MAPD	2016	> 31%	> 23% to ≤ 31%	> 16% to ≤ 23%	> 10% to ≤ 16%	Not predetermined	≤ 10%

### Members Choosing to Leave the Plan: PDP



**Title**

**Description**

Description: The percent of plan members who chose to leave the plan in 2014. (This does not include members who did not choose to leave the plan, such as members who moved out of the service area.)

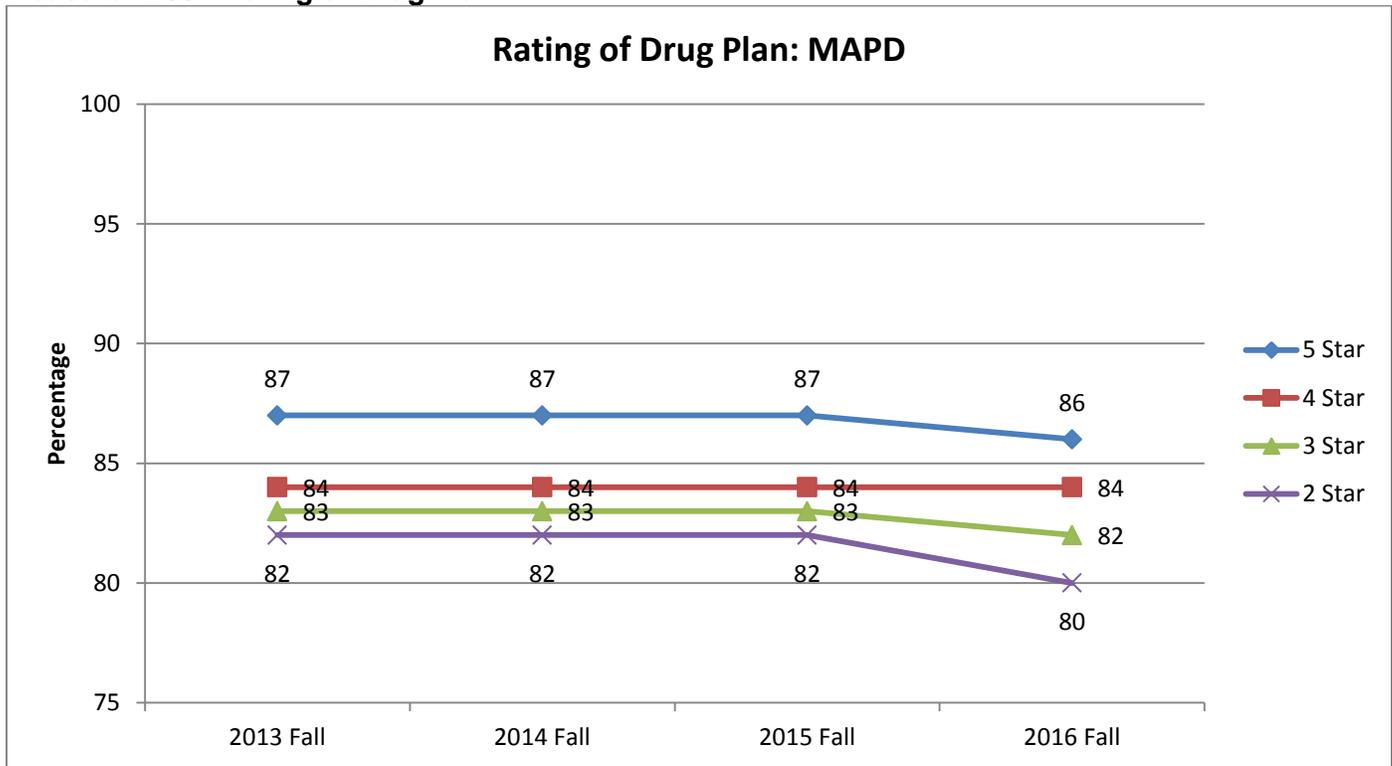
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
PDP	2013	> 19%	> 14% to ≤ 19%	> 10% to ≤ 14%	> 8% to ≤ 10%	Not predetermined	≤ 8%
PDP	2014	> 16%	> 11% to ≤ 16%	> 8% to ≤ 11%	> 5% to ≤ 8%	Not predetermined	≤ 5%
PDP	2015	> 20%	> 15% to ≤ 20%	> 8% to ≤ 15%	> 4% to ≤ 8%	Not predetermined	≤ 4%
PDP	2016	> 23%	> 13% to ≤ 23%	> 9% to ≤ 13%	> 5% to ≤ 9%	Not predetermined	≤ 5%

Measure: D08 - Rating of Drug Plan



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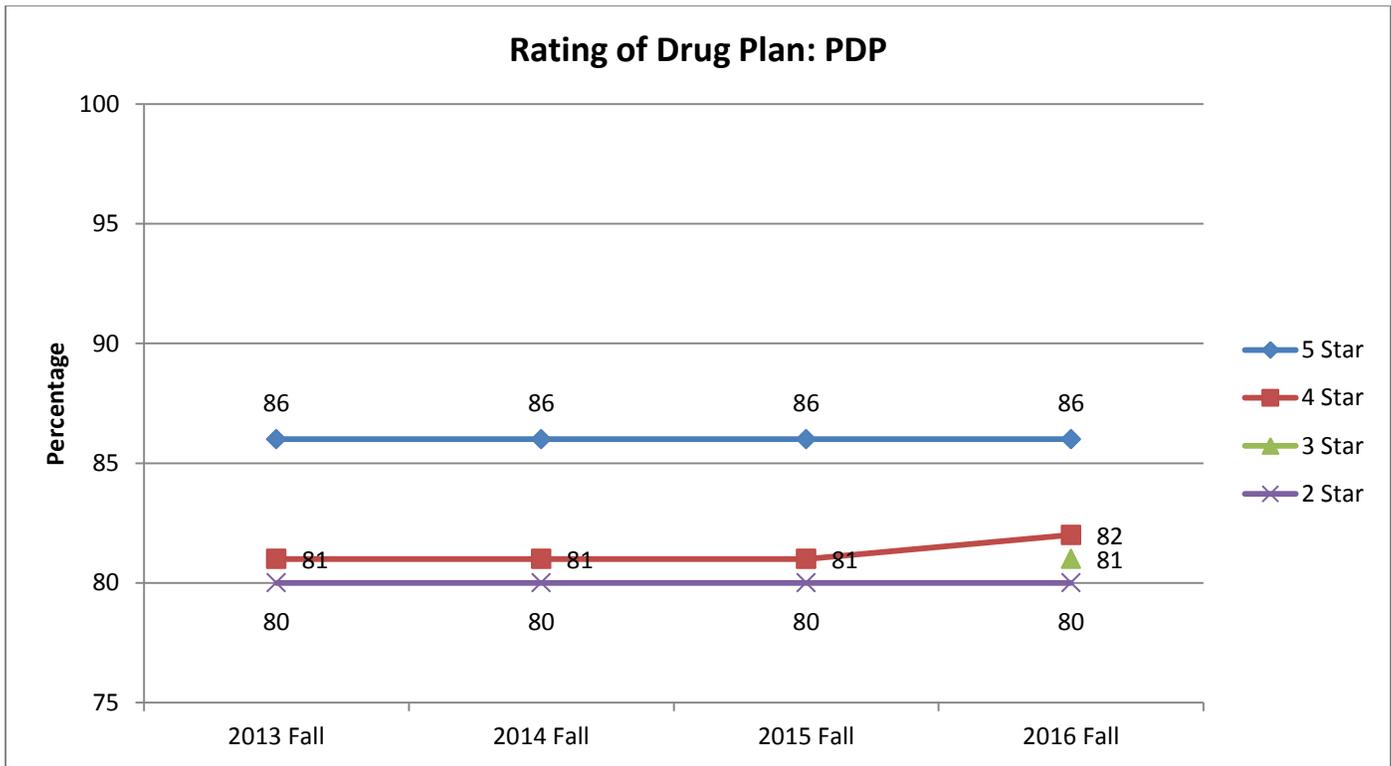
Description: Percent of the best possible score the plan earned from members who rated the prescription drug plan.

Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
MAPD	2013	< 82%	≥ 82% to < 83%	≥ 83% to < 84%	≥ 84% to < 87%	≥ 84%	≥ 87%
MAPD	2014	< 82%	≥ 82% to < 83%	≥ 83% to < 84%	≥ 84% to < 87%	≥ 84%	≥ 87%
MAPD	2015	< 82%	≥ 82% to < 83%	≥ 83% to < 84%	≥ 84% to < 87%	≥ 84%	≥ 87%
MAPD	2016	< 80%	≥ 80% to < 82%	≥ 82% to < 84%	≥ 84% to < 86%	Not predetermined	≥ 86%



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

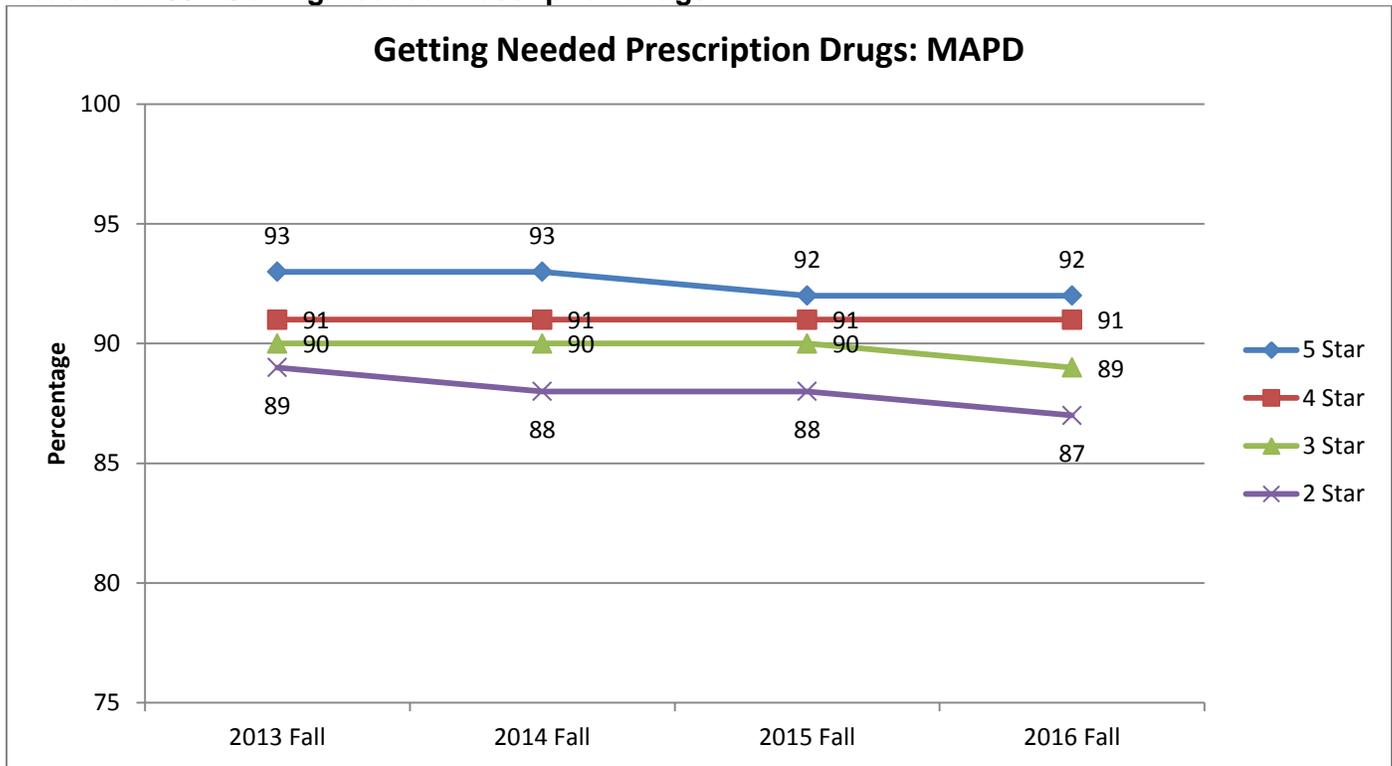
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
PDP	2013	< 80%	≥ 80% to < 81%	*	≥ 81% to < 86%	≥ 81%	≥ 86%
PDP	2014	< 80%	≥ 80% to < 81%	*	≥ 81% to < 86%	≥ 81%	≥ 86%
PDP	2015	< 80%	≥ 80% to < 81%	*	≥ 81% to < 86%	≥ 81%	≥ 86%
PDP	2016	< 80%	≥ 80% to < 81%	≥ 81% to < 82%	≥ 82% to < 86%	Not predetermined	≥ 86%

**Measure: D09 - Getting Needed Prescription Drugs**



Title	Description
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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.

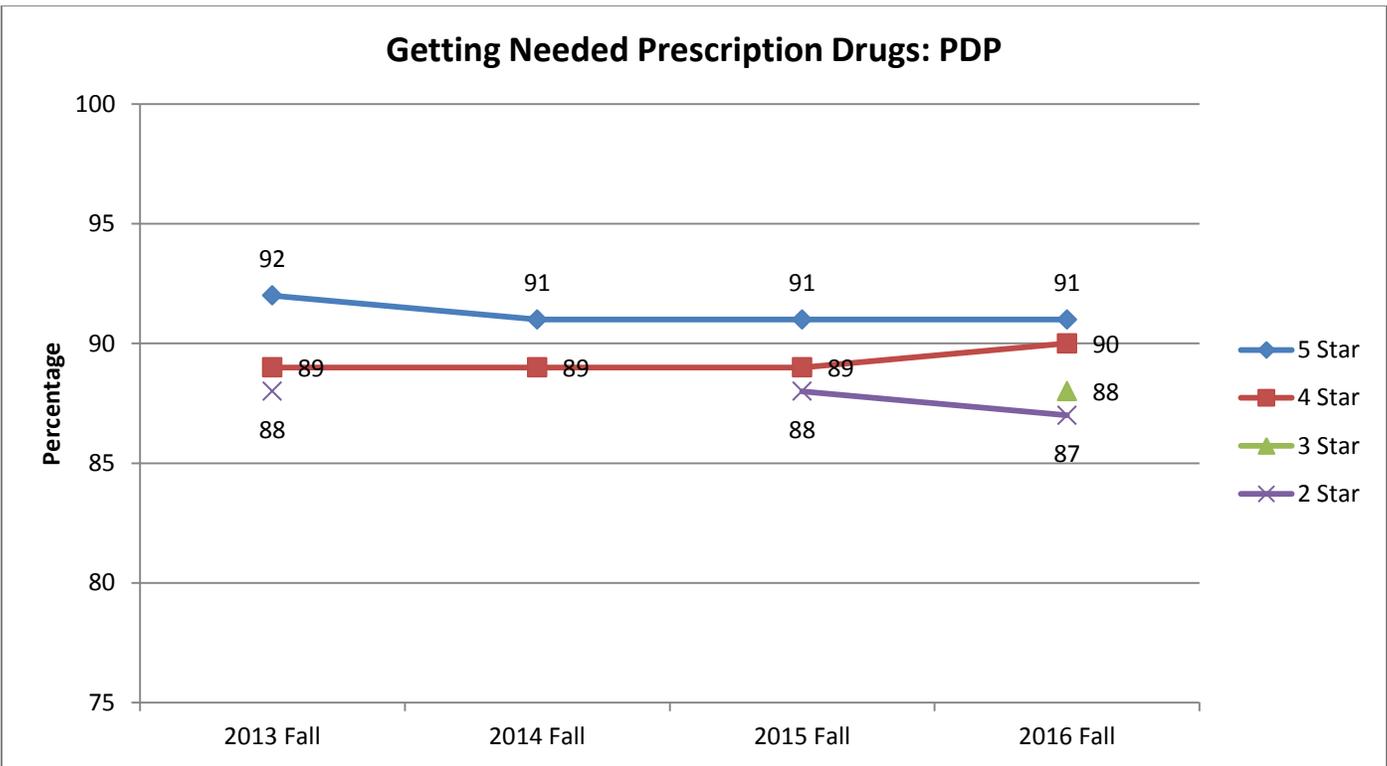
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
MAPD	2013	< 89%	≥ 89% to < 90%	≥ 90% to < 91%	≥ 91% to < 93%	≥ 91%	≥ 93%
MAPD	2014	< 88%	≥ 88% to < 90%	≥ 90% to < 91%	≥ 91% to < 93%	≥ 91%	≥ 93%
MAPD	2015	< 88%	≥ 88% to < 90%	≥ 90% to < 91%	≥ 91% to < 92%	≥ 91%	≥ 92%
MAPD	2016	< 87%	≥ 87% to < 89%	≥ 89% to < 91%	≥ 91% to < 92%	Not predetermined	≥ 92%

### Getting Needed Prescription Drugs: PDP



Title	Description
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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.

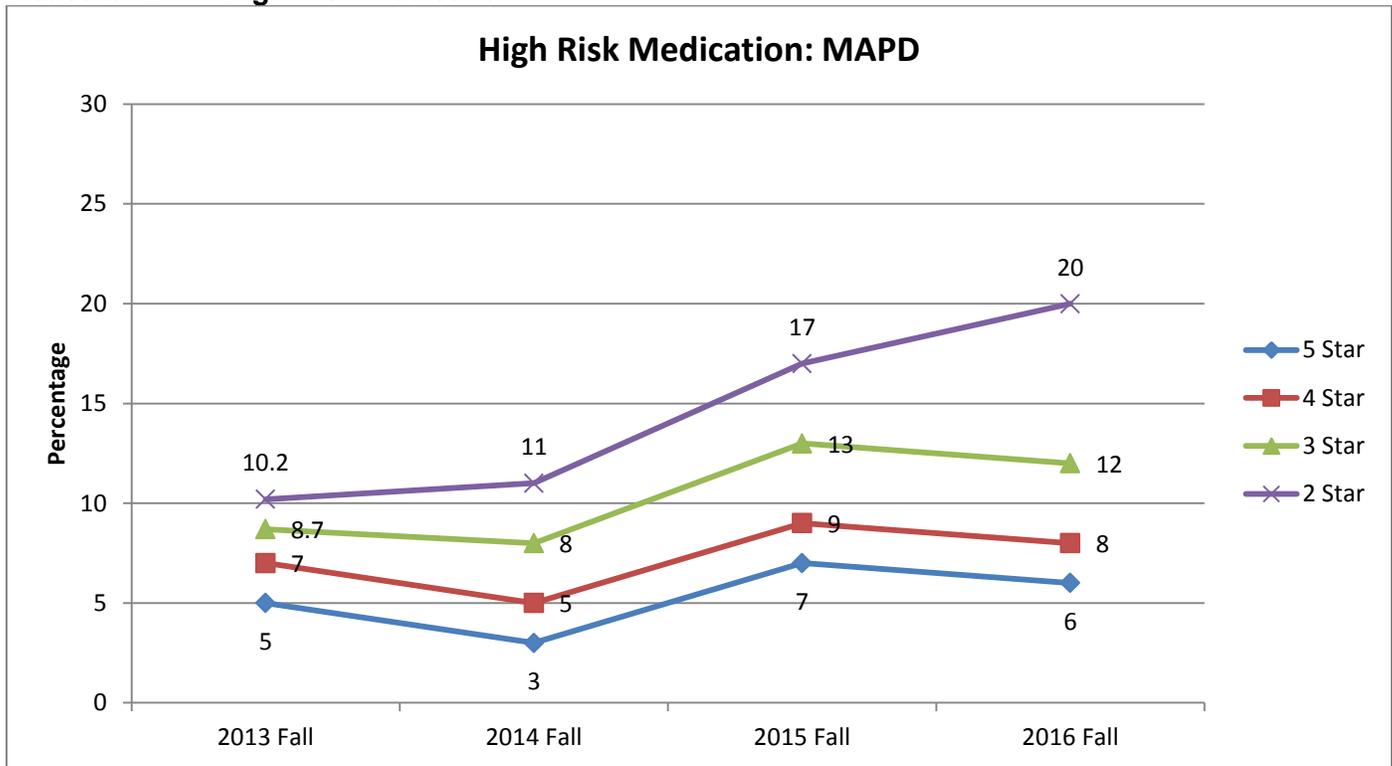
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
PDP	2013	< 88%	≥ 88% to < 89%	*	≥ 89% to < 92%	≥ 89%	≥ 92%
PDP	2014	< 89%	*	*	≥ 89% to < 91%	≥ 89%	≥ 91%
PDP	2015	< 88%	≥ 88% to < 89%	*	≥ 89% to < 91%	≥ 89%	≥ 91%
PDP	2016	< 87%	≥ 87% to < 88%	≥ 88% to < 90%	≥ 90% to < 91%	Not predetermined	≥ 91%

**Measure: D11 - High Risk Medication**



Title	Description
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Description: The percent of plan members who got prescriptions for certain drugs with a high risk of serious side effects, when there may be safer drug choices.

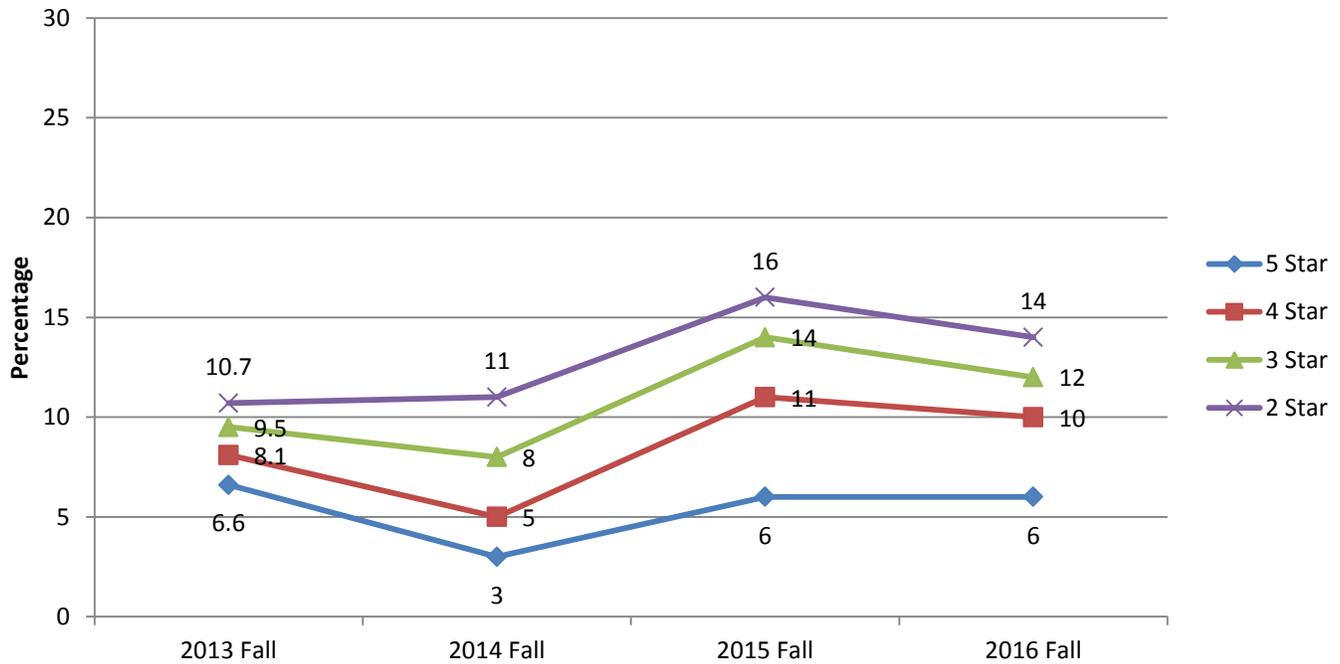
Data Source: Prescription Drug Event (PDE) Data

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
MAPD	2013	> 10.2%	> 8.7% to ≤ 10.2%	> 7.0% to ≤ 8.7%	> 5.0% to ≤ 7.0%	Not predetermined	≤ 5.0%
MAPD	2014	> 11%	> 8% to ≤ 11%	> 5% to ≤ 8%	> 3% to ≤ 5%	Not predetermined	≤ 3%
MAPD	2015	> 17%	> 13% to ≤ 17%	> 9% to ≤ 13%	> 7% to ≤ 9%	Not predetermined	≤ 7%
MAPD	2016	> 20%	> 12% to ≤ 20%	> 8% to ≤ 12%	> 6% to ≤ 8%	Not predetermined	≤ 6%

### High Risk Medication: PDP



**Title**

**Description**

Description: The percent of plan members who got prescriptions for certain drugs with a high risk of serious side effects, when there may be safer drug choices.

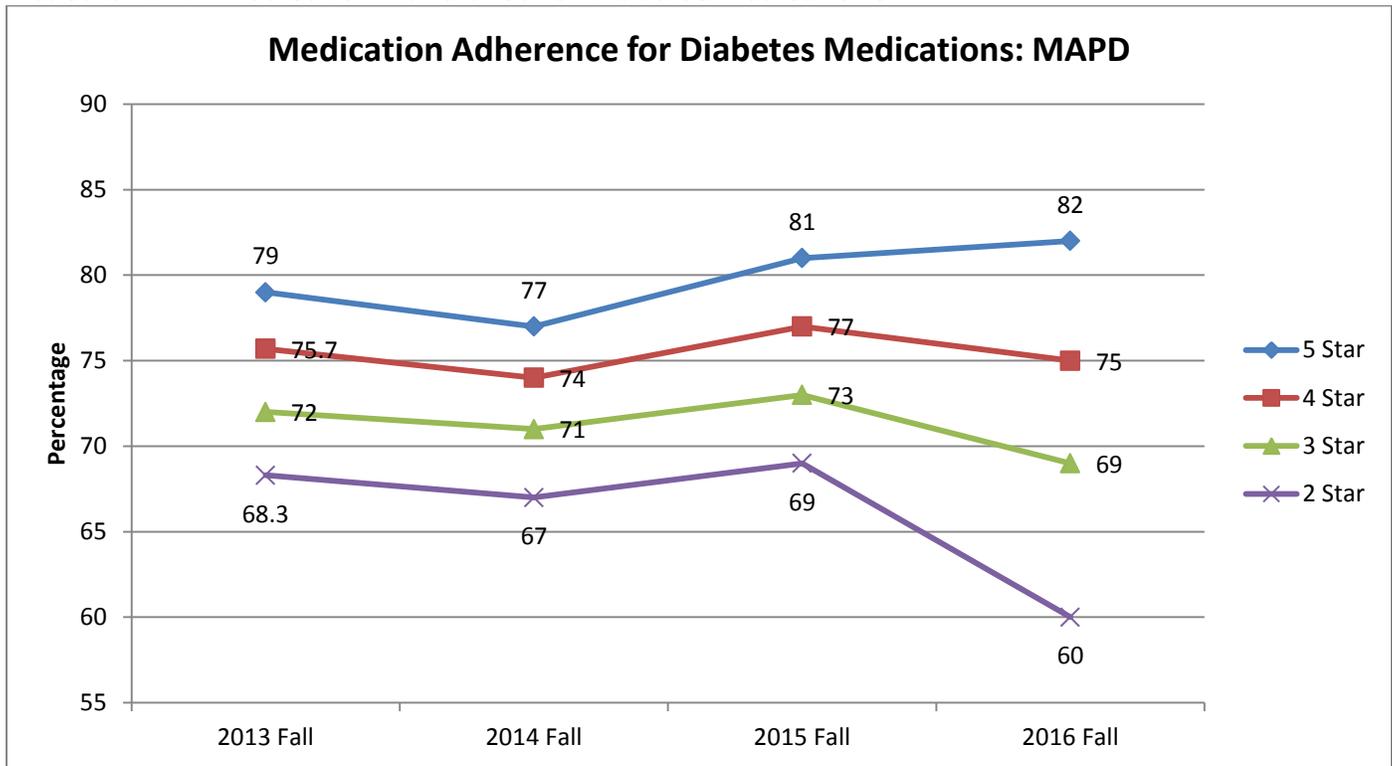
Data Source: Prescription Drug Event (PDE) Data

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
PDP	2013	> 10.7%	> 9.5% to ≤ 10.7%	> 8.1% to ≤ 9.5%	> 6.6% to ≤ 8.1%	Not predetermined	≤ 6.6%
PDP	2014	> 11%	> 8% to ≤ 11%	> 5% to ≤ 8%	> 3% to ≤ 5%	Not predetermined	≤ 3%
PDP	2015	> 16%	> 14% to ≤ 16%	> 11% to ≤ 14%	> 6% to ≤ 11%	Not predetermined	≤ 6%
PDP	2016	> 14%	> 12% to ≤ 14%	> 10% to ≤ 12%	> 6% to ≤ 10%	Not predetermined	≤ 6%

**Measure: D12 - Medication Adherence for Diabetes Medications**



Title	Description
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Description: One of the most important ways you can manage your health is by taking your medication as directed. The plan, the doctor, and the member can work together to find ways to help the member take their medication as directed. 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. (“Diabetes medication” means a *biguanide drug*, a *sulfonylurea drug*, a *thiazolidinedione drug*, a *DPP-IV inhibitor*, an *incretin mimetic drug*, a *meglitinide drug* or a *SGLT2 inhibitor*. Plan members who take insulin are not included.)

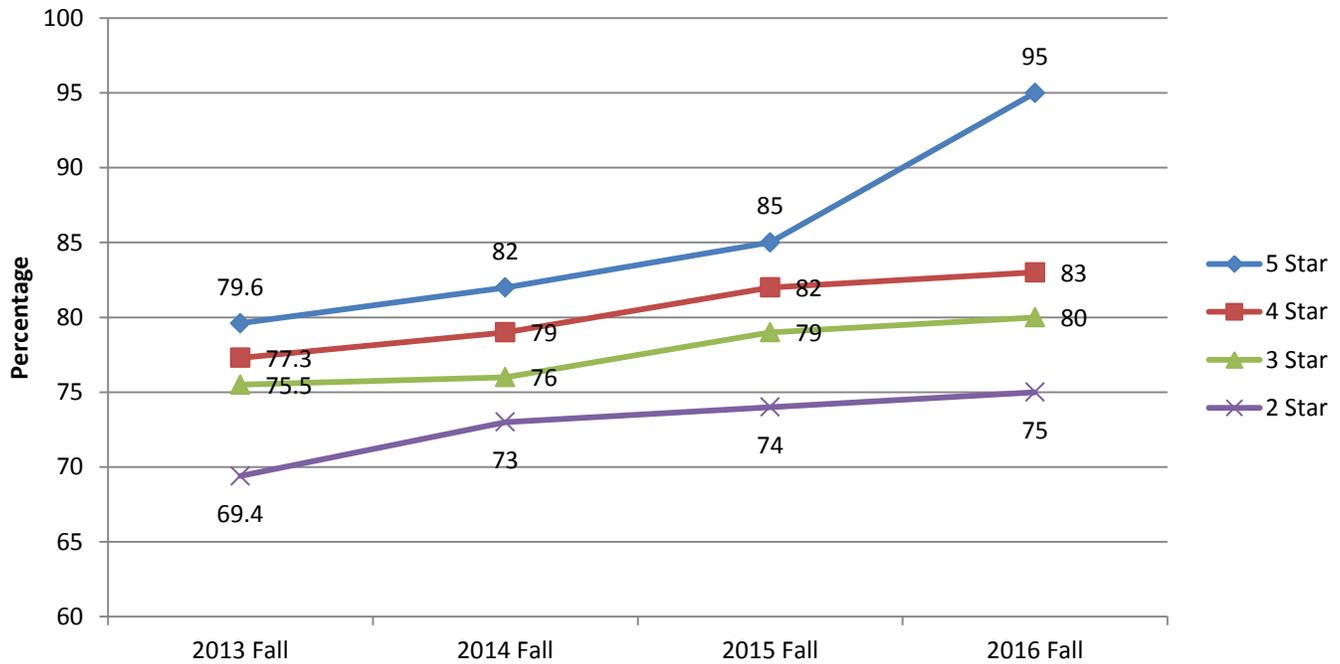
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
MAPD	2013	< 68.3%	≥ 68.3% to < 72.0%	≥ 72.0% to < 75.7%	≥ 75.7% to < 79.0%	Not predetermined	≥ 79.0%
MAPD	2014	< 67%	≥ 67% to < 71%	≥ 71% to < 74%	≥ 74% to < 77%	Not predetermined	≥ 77%
MAPD	2015	< 69%	≥ 69% to < 73%	≥ 73% to < 77%	≥ 77% to < 81%	Not predetermined	≥ 81%
MAPD	2016	< 60%	≥ 60% to < 69%	≥ 69% to < 75%	≥ 75% to < 82%	Not predetermined	≥ 82%

### Medication Adherence for Diabetes Medications: PDP



**Title**

**Description**

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

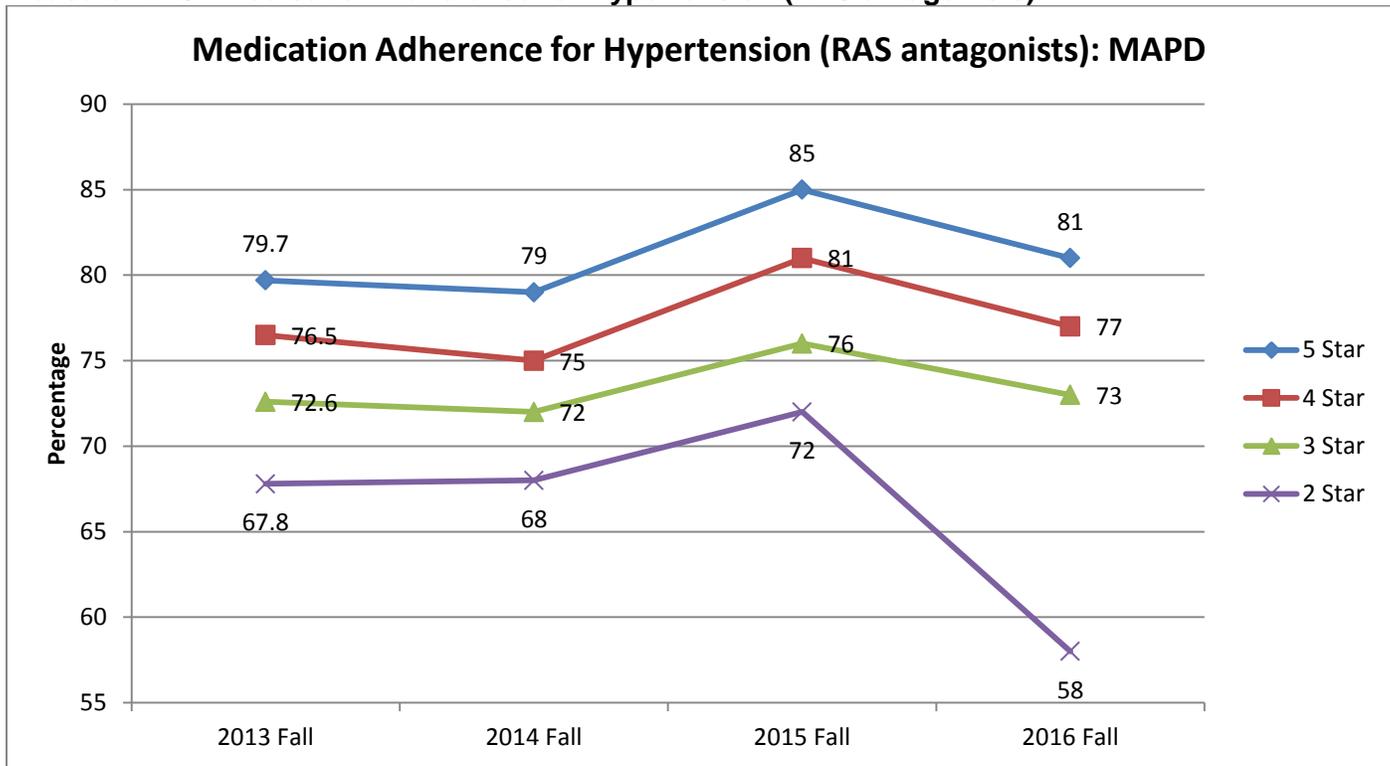
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
PDP	2013	< 69.4%	≥ 69.4% to < 75.5%	≥ 75.5% to < 77.3%	≥ 77.3% to < 79.6%	Not predetermined	≥ 79.6%
PDP	2014	< 73%	≥ 73% to < 76%	≥ 76% to < 79%	≥ 79% to < 82%	Not predetermined	≥ 82%
PDP	2015	< 74%	≥ 74% to < 79%	≥ 79% to < 82%	≥ 82% to < 85%	Not predetermined	≥ 85%
PDP	2016	< 75%	≥ 75% to < 80%	≥ 80% to < 83%	≥ 83% to < 95%	Not predetermined	≥ 95%

**Measure: D13 - Medication Adherence for Hypertension (RAS antagonists)**



Title	Description
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Description: One of the most important ways you can manage your health is by taking your medication as directed. The plan, the doctor, and the member can work together to find ways to help the member take their medication as directed. 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. (“Blood pressure medication” means an ACE (angiotensin converting enzyme) inhibitor, an ARB (angiotensin receptor blocker), or a direct renin inhibitor drug.)

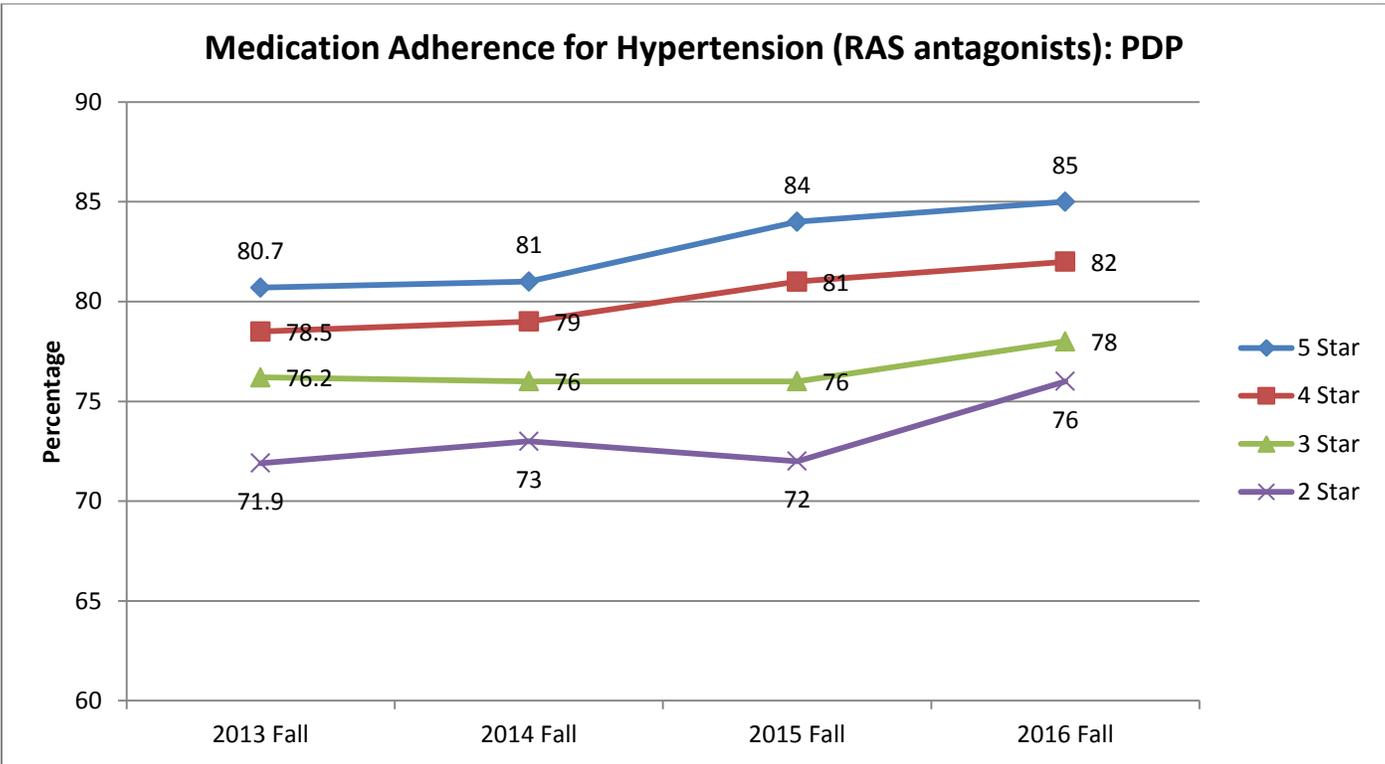
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
MAPD	2013	< 67.8%	≥ 67.8% to < 72.6%	≥ 72.6% to < 76.5%	≥ 76.5% to < 79.7%	Not predetermined	≥ 79.7%
MAPD	2014	< 68%	≥ 68% to < 72%	≥ 72% to < 75%	≥ 75% to < 79%	Not predetermined	≥ 79%
MAPD	2015	< 72%	≥ 72% to < 76%	≥ 76% to < 81%	≥ 81% to < 85%	Not predetermined	≥ 85%
MAPD	2016	< 58%	≥ 58% to < 73%	≥ 73% to < 77%	≥ 77% to < 81%	Not predetermined	≥ 81%

### Medication Adherence for Hypertension (RAS antagonists): PDP



Title	Description
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Description: One of the most important ways you can manage your health is by taking your medication as directed. The plan, the doctor, and the member can work together to find ways to help the member take their medication as directed. 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. (“Blood pressure medication” means an ACE (angiotensin converting enzyme) inhibitor, an ARB (angiotensin receptor blocker), or a direct renin inhibitor drug.)

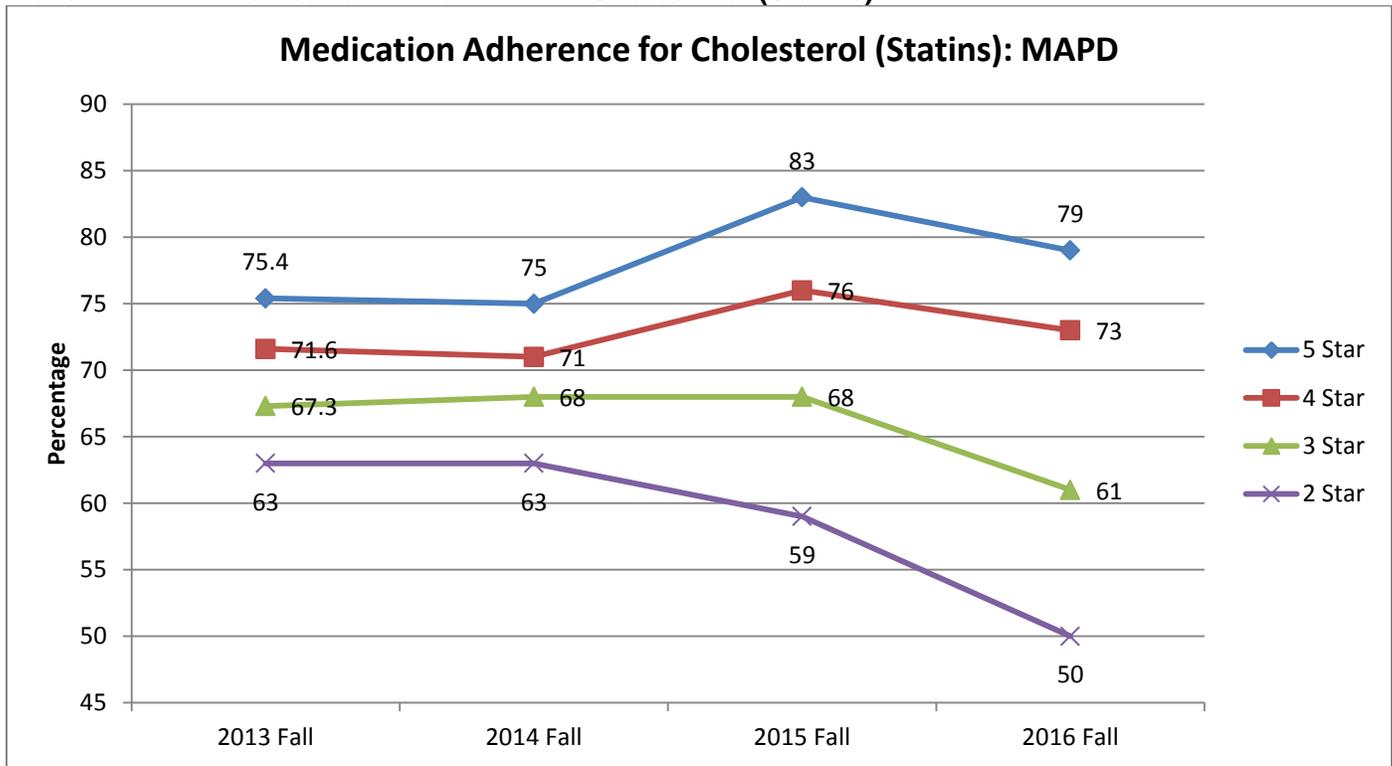
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
PDP	2013	< 71.9%	≥ 71.9% to < 76.2%	≥ 76.2% to < 78.5%	≥ 78.5% to < 80.7%	Not predetermined	≥ 80.7%
PDP	2014	< 73%	≥ 73% to < 76%	≥ 76% to < 79%	≥ 79% to < 81%	Not predetermined	≥ 81%
PDP	2015	< 72%	≥ 72% to < 76%	≥ 76% to < 81%	≥ 81% to < 84%	Not predetermined	≥ 84%
PDP	2016	< 76%	≥ 76% to < 78%	≥ 78% to < 82%	≥ 82% to < 85%	Not predetermined	≥ 85%

**Measure: D14 - Medication Adherence for Cholesterol (Statins)**



Title	Description
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Description: One of the most important ways you can manage your health is by taking your medication as directed. The plan, the doctor, and the member can work together to find ways to help the member take their medication as directed. 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.

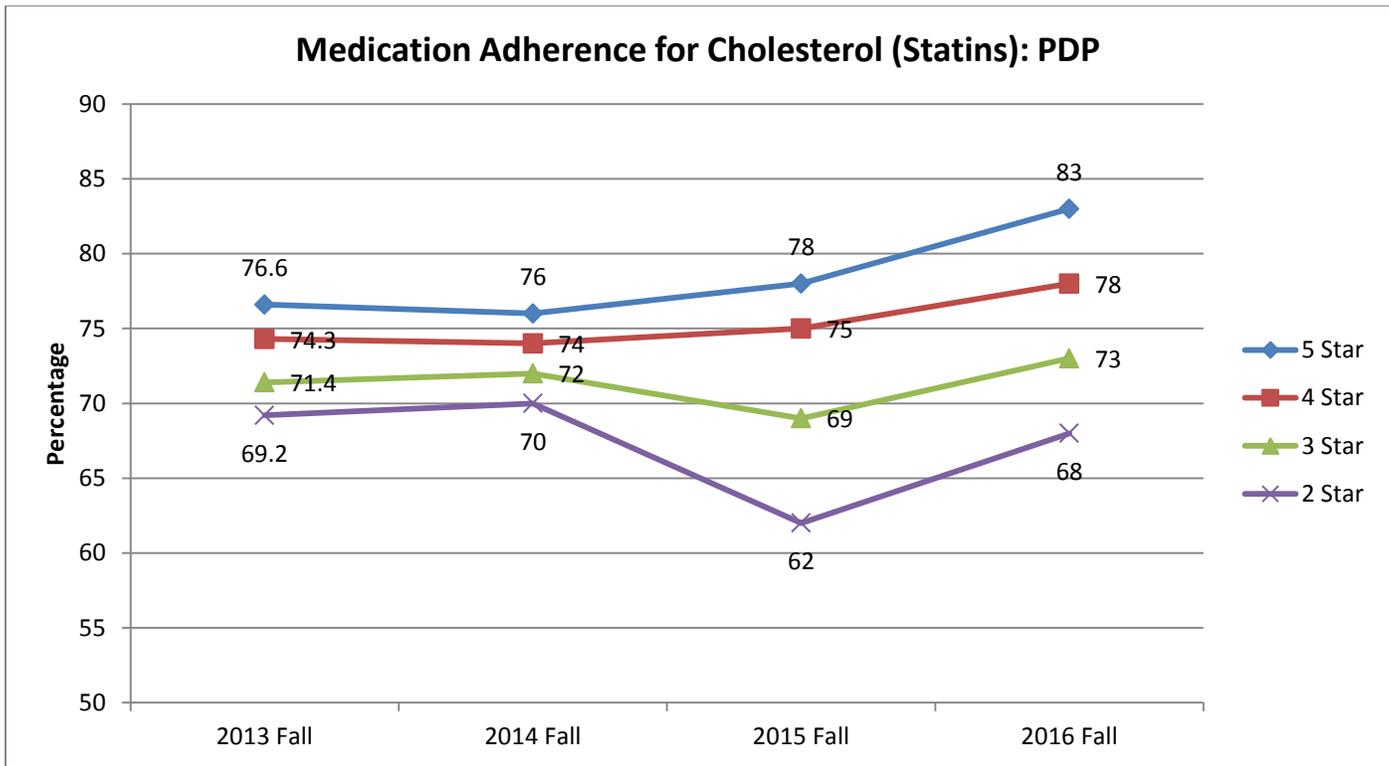
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
MAPD	2013	< 63.0%	≥ 63.0% to < 67.3%	≥ 67.3% to < 71.6%	≥ 71.6% to < 75.4%	Not predetermined	≥ 75.4%
MAPD	2014	< 63%	≥ 63% to < 68%	≥ 68% to < 71%	≥ 71% to < 75%	Not predetermined	≥ 75%
MAPD	2015	< 59%	≥ 59% to < 68%	≥ 68% to < 76%	≥ 76% to < 83%	Not predetermined	≥ 83%
MAPD	2016	< 50%	≥ 50% to < 61%	≥ 61% to < 73%	≥ 73% to < 79%	Not predetermined	≥ 79%

### Medication Adherence for Cholesterol (Statins): PDP



Title	Description
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Description: One of the most important ways you can manage your health is by taking your medication as directed. The plan, the doctor, and the member can work together to find ways to help the member take their medication as directed. 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.

Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
PDP	2013	< 69.2%	≥ 69.2% to < 71.4%	≥ 71.4% to < 74.3%	≥ 74.3% to < 76.6%	Not predetermined	≥ 76.6%
PDP	2014	< 70%	≥ 70% to < 72%	≥ 72% to < 74%	≥ 74% to < 76%	Not predetermined	≥ 76%
PDP	2015	< 62%	≥ 62% to < 69%	≥ 69% to < 75%	≥ 75% to < 78%	Not predetermined	≥ 78%
PDP	2016	< 68%	≥ 68% to < 73%	≥ 73% to < 78%	≥ 78% to < 83%	Not predetermined	≥ 83%