



Trends in Part C & D Star Rating Measure Cut Points

Updated – 12/14/2017

Document Change Log

Previous Version	Description of Change	Revision Date
-	Initial release of the 2018 Star Ratings Cut Point Trend document	12/14/2017

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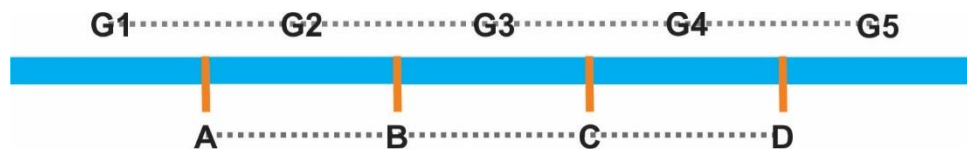
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Introduction

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 2018 Star Ratings, there are a total of 48 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 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.

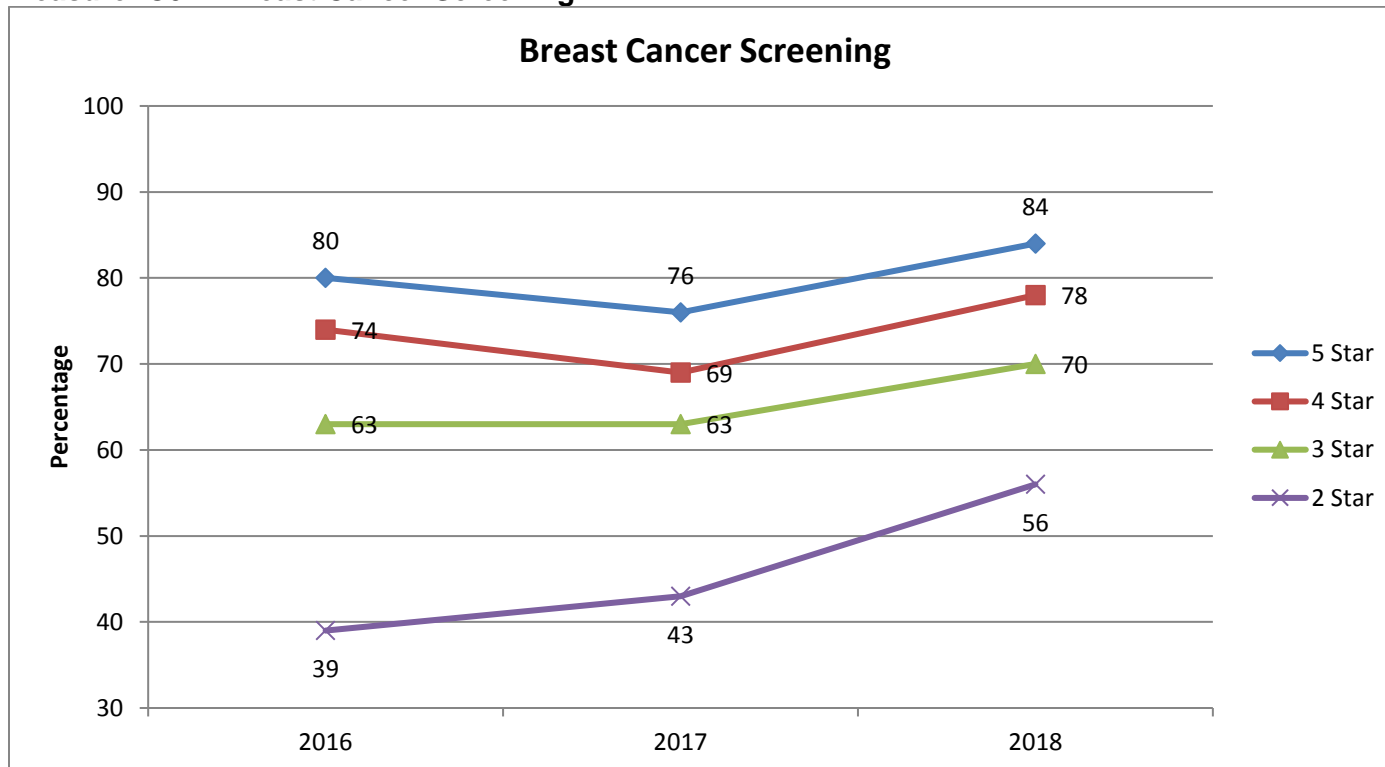


In this document, we display graphical trends of star cut points at the measure level, along with each measure's definition and data source. **Note, since various measures have specification changes over the years, not all changes in cut points indicate changes in average performance. Also, some measures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

The last year CMS used pre-determined 4-star thresholds was the 2015 Star Ratings. The Medication Reconciliation Post-Discharge measure is not included in this analysis because it is a new measure for 2018, the Medicare Plan Finder (MPF) pricing measure is not included due to the narrow range of thresholds and the Beneficiary Access and Performance Problems measure is not included because of the fixed cut points. 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
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Description: Percent of female plan members aged 52-74 who had a mammogram during the past 2 years.

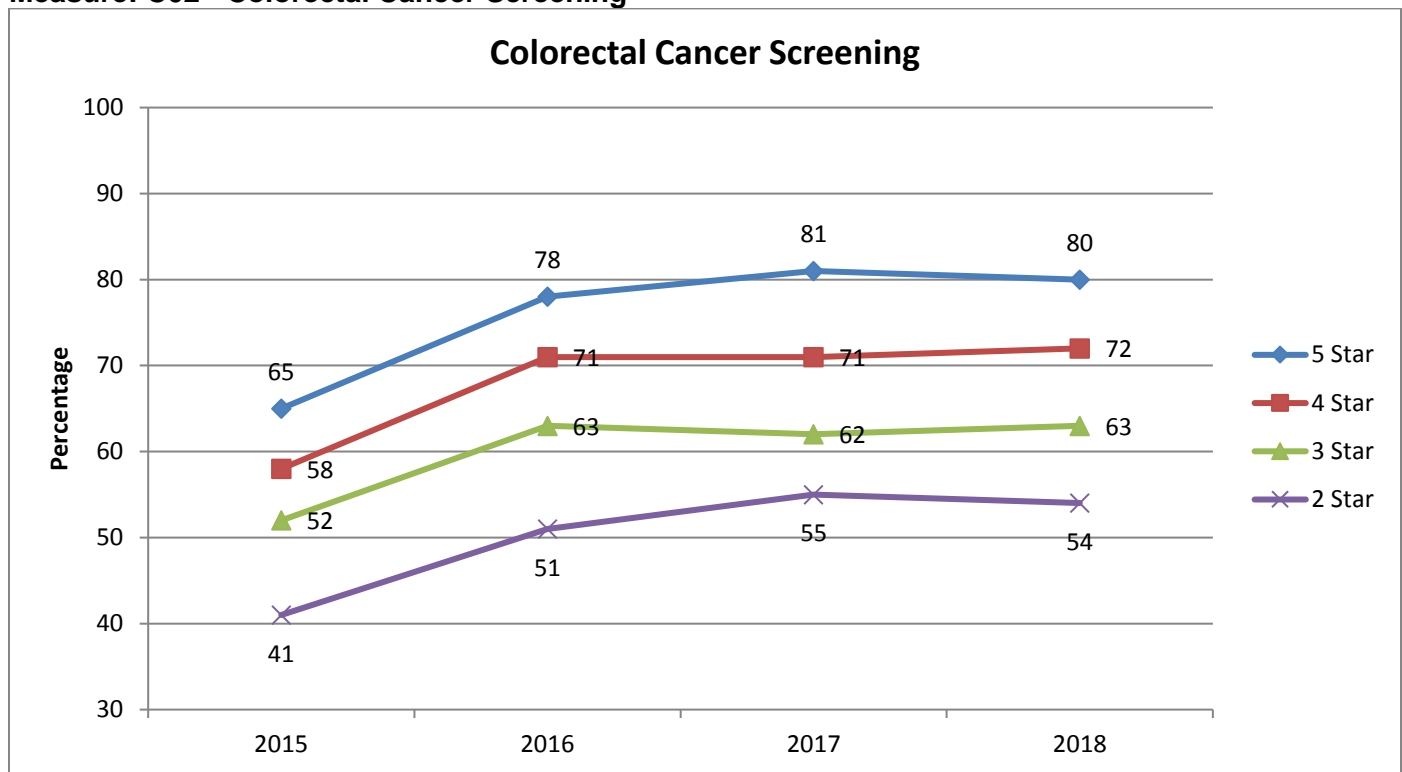
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2016	< 39%	≥ 39% to < 63%	≥ 63% to < 74%	≥ 74% to < 80%	Not predetermined	≥ 80%
2017	< 43%	≥ 43% to < 63%	≥ 63% to < 69%	≥ 69% to < 76%	Not predetermined	≥ 76%
2018	< 56%	≥ 56% to < 70%	≥ 70% to < 78%	≥ 78% to < 84%	Not predetermined	≥ 84%

Measure: C02 - Colorectal Cancer Screening



Title

Description

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

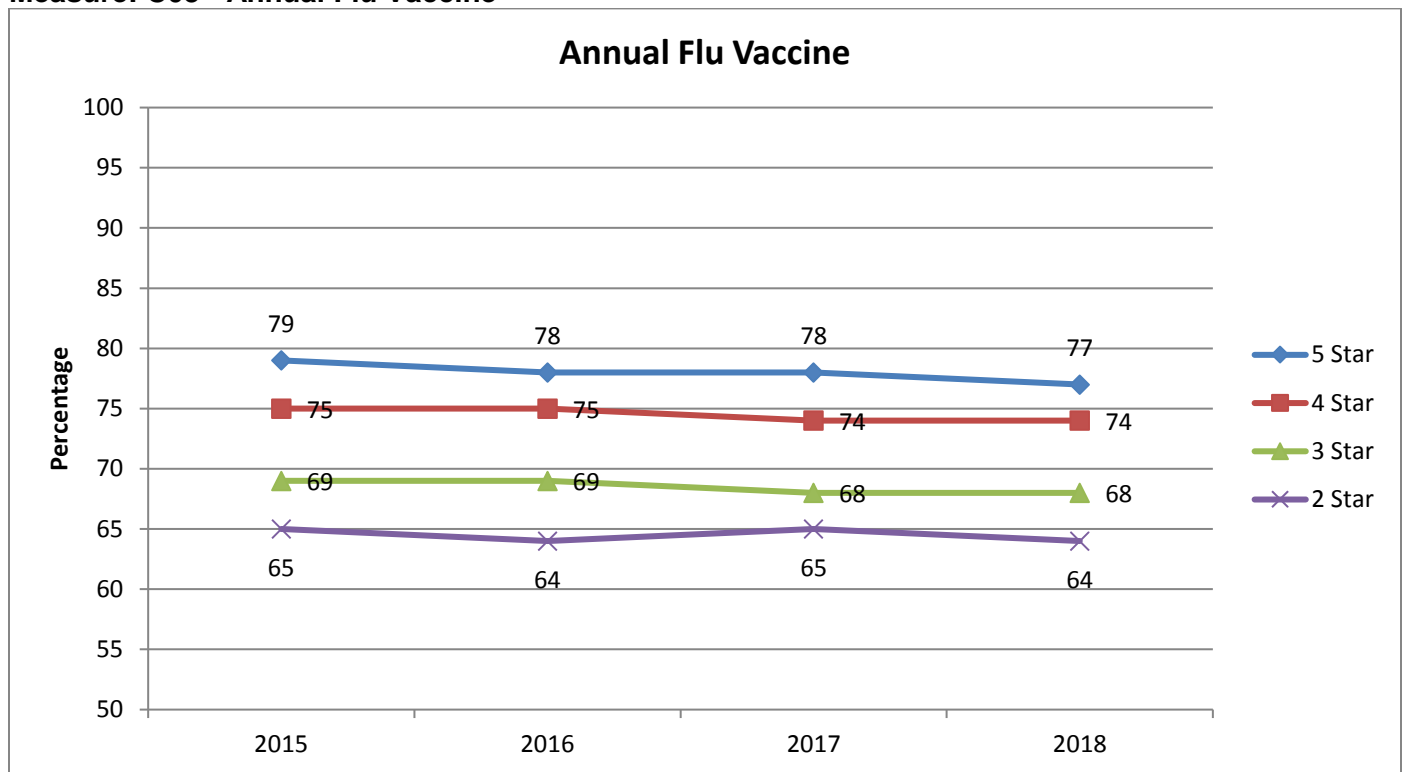
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 55%	≥ 55% to < 62%	≥ 62% to < 71%	≥ 71% to < 81%	Not predetermined	≥ 81%
2018	< 54%	≥ 54% to < 63%	≥ 63% to < 72%	≥ 72% to < 80%	Not predetermined	≥ 80%

Measure: C03 - Annual Flu Vaccine



Title

Description

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

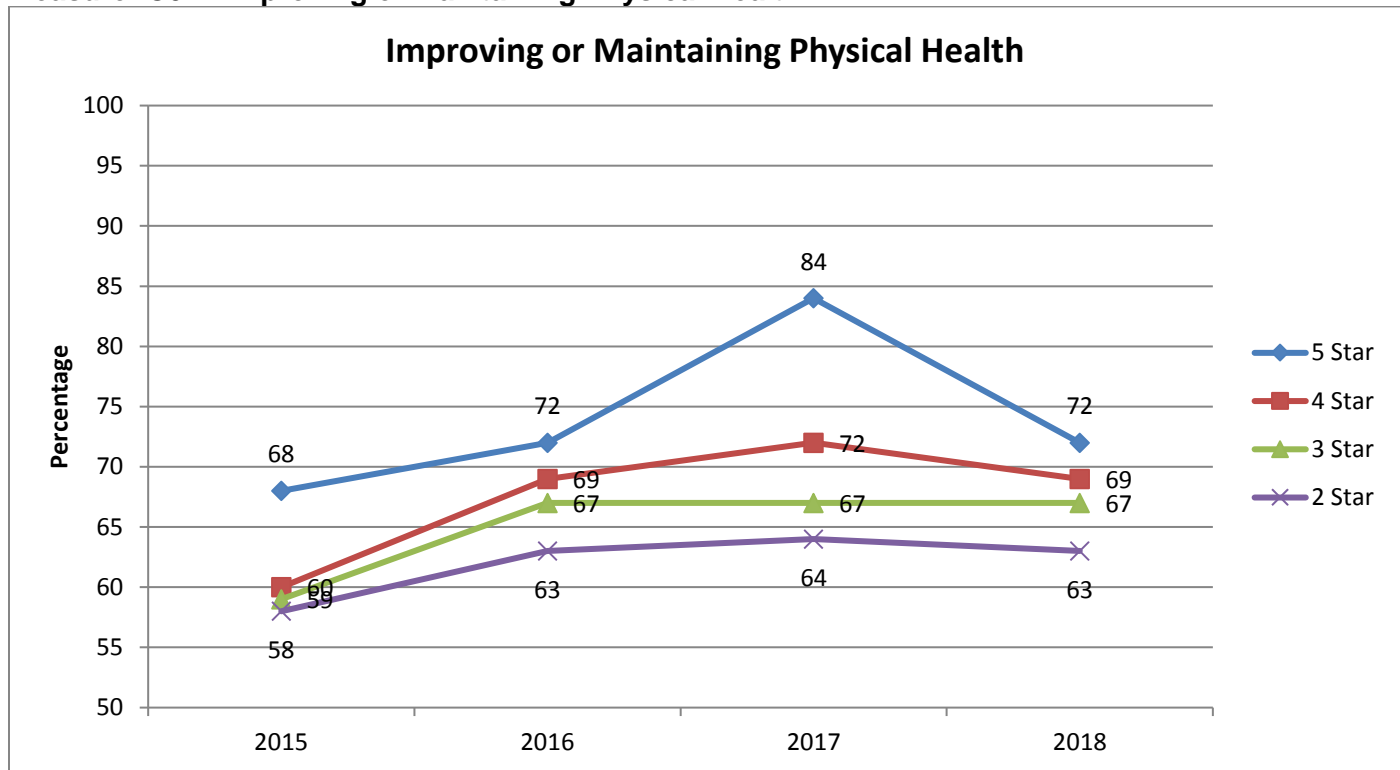
Data Source: CAHPS

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
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%
2017	< 65%	≥ 65% to < 68%	≥ 68% to < 74%	≥ 74% to < 78%	Not predetermined	≥ 78%
2018	< 64%	≥ 64% to < 68%	≥ 68% to < 74%	≥ 74% to < 77%	Not predetermined	≥ 77%

Measure: C04 - Improving or Maintaining Physical Health



Title

Description

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

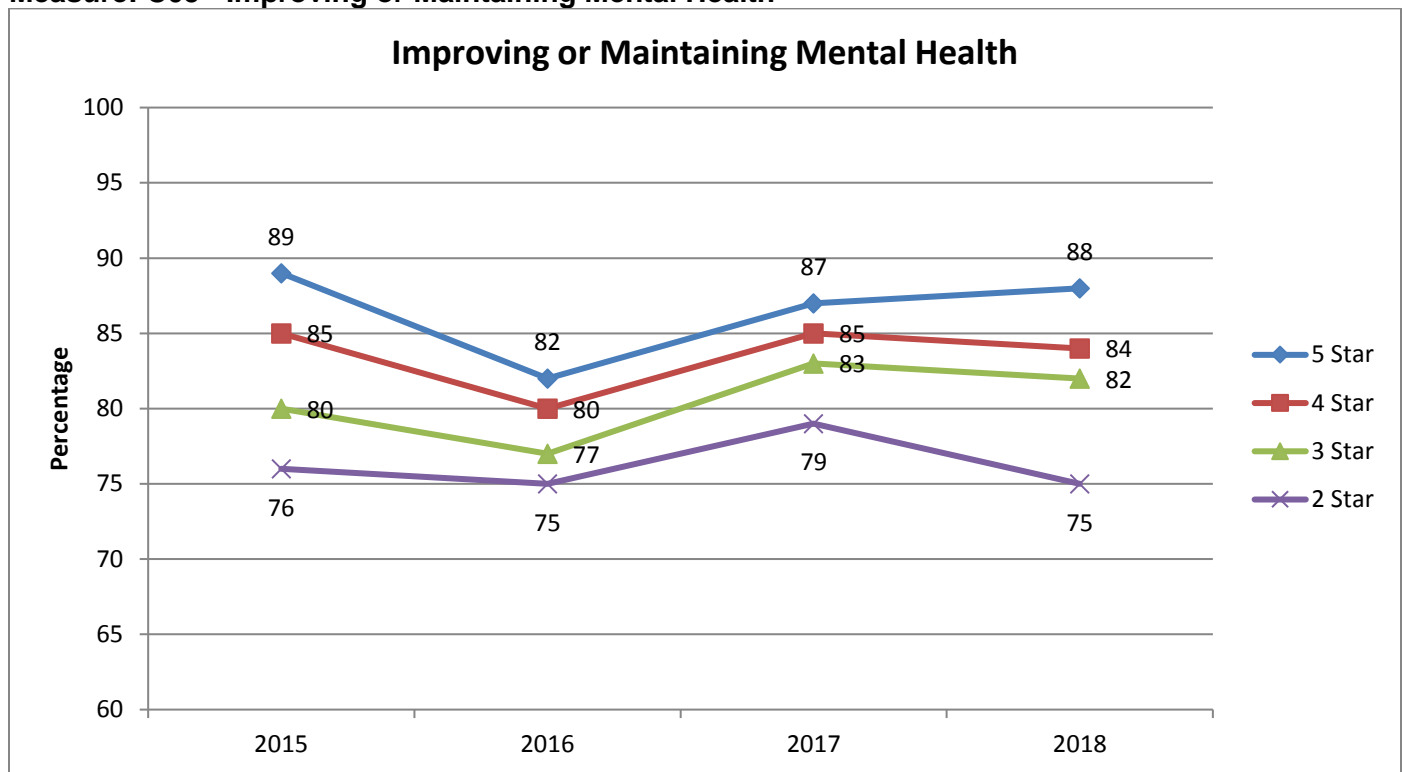
Data Source: HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 64%	≥ 64% to < 67%	≥ 67% to < 72%	≥ 72% to < 84%	Not predetermined	≥ 84%
2018	< 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.

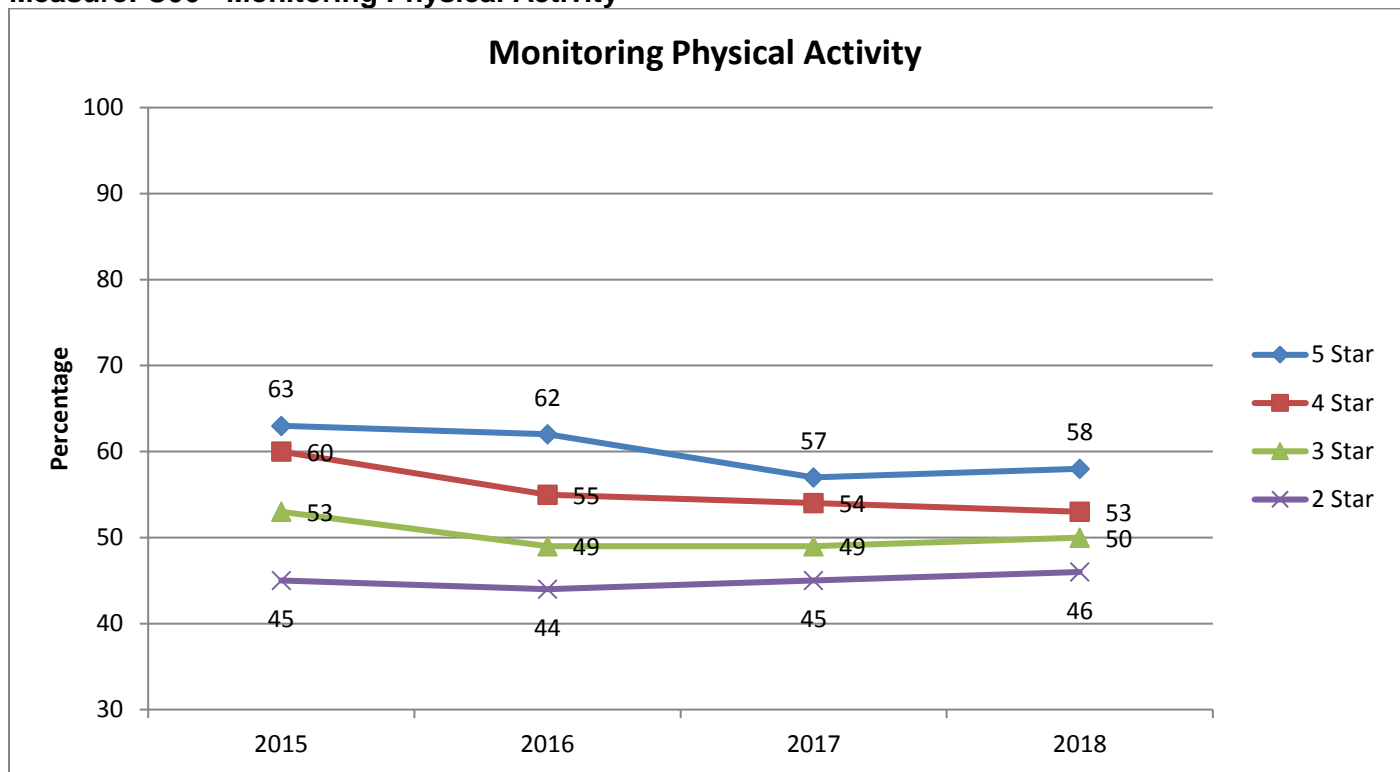
Data Source: HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 79%	≥ 79% to < 83%	≥ 83% to < 85%	≥ 85% to < 87%	Not predetermined	≥ 87%
2018	< 75%	≥ 75% to < 82%	≥ 82% to < 84%	≥ 84% to < 88%	Not predetermined	≥ 88%

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.

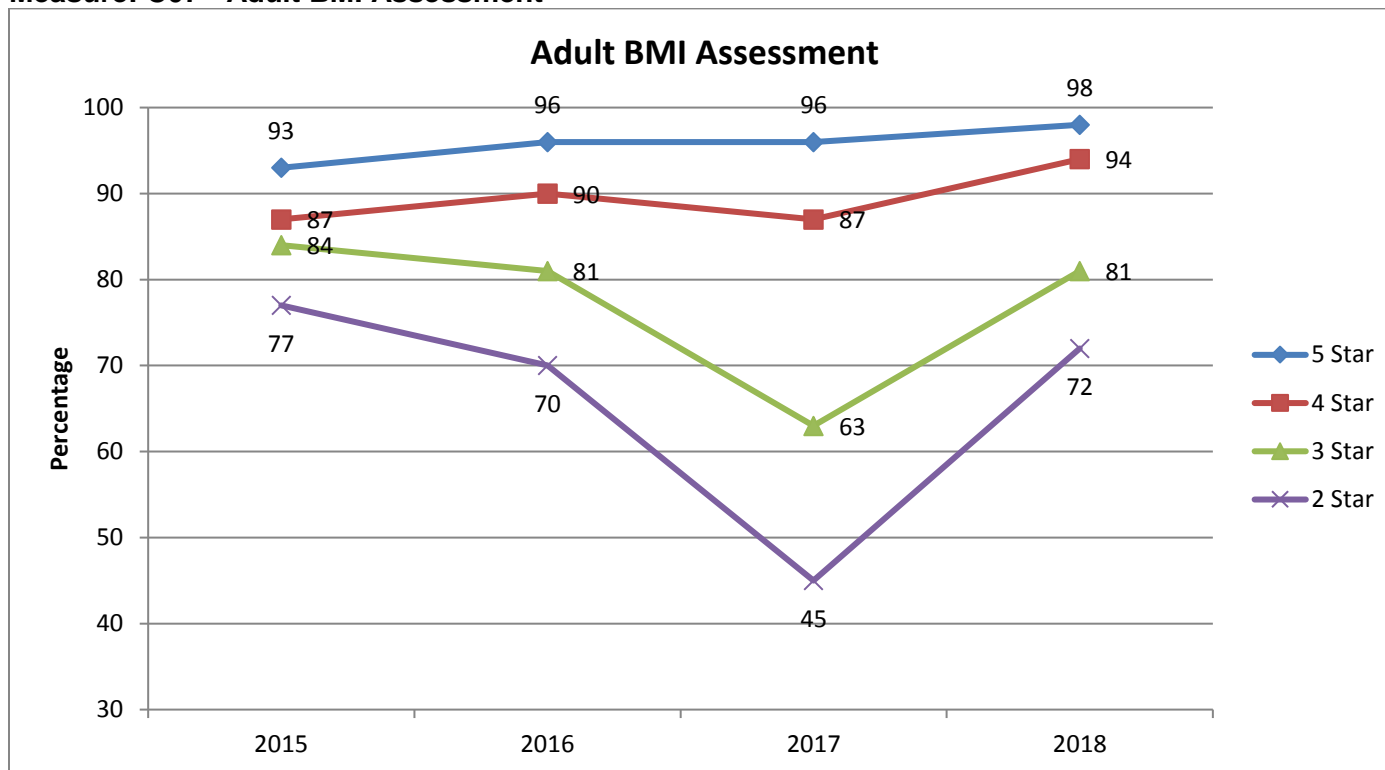
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 45%	≥ 45% to < 49%	≥ 49% to < 54%	≥ 54% to < 57%	Not predetermined	≥ 57%
2018	< 46%	≥ 46% to < 50%	≥ 50% to < 53%	≥ 53% to < 58%	Not predetermined	≥ 58%

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 records.

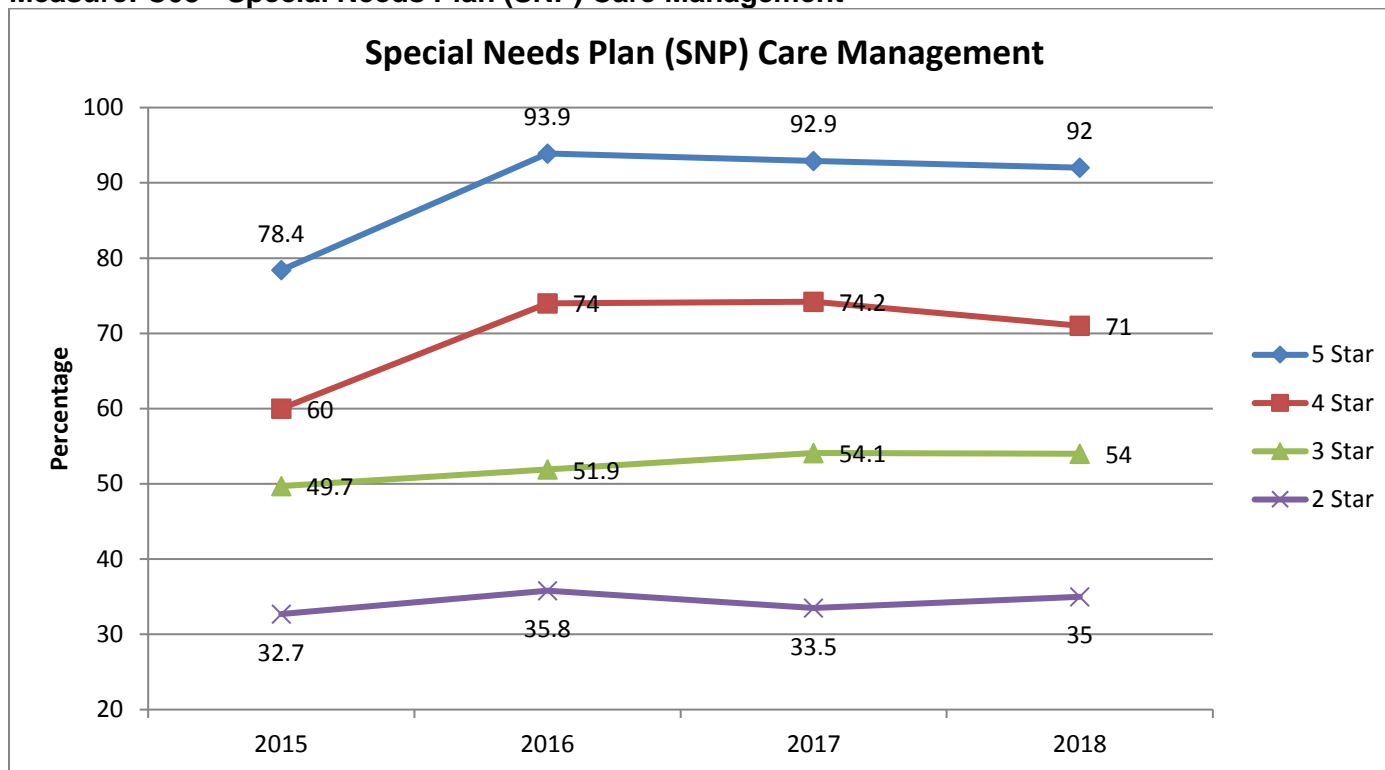
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 45%	≥ 45% to < 63%	≥ 63% to < 87%	≥ 87% to < 96%	Not predetermined	≥ 96%
2018	< 72%	≥ 72% to < 81%	≥ 81% to < 94%	≥ 94% to < 98%	Not predetermined	≥ 98%

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



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

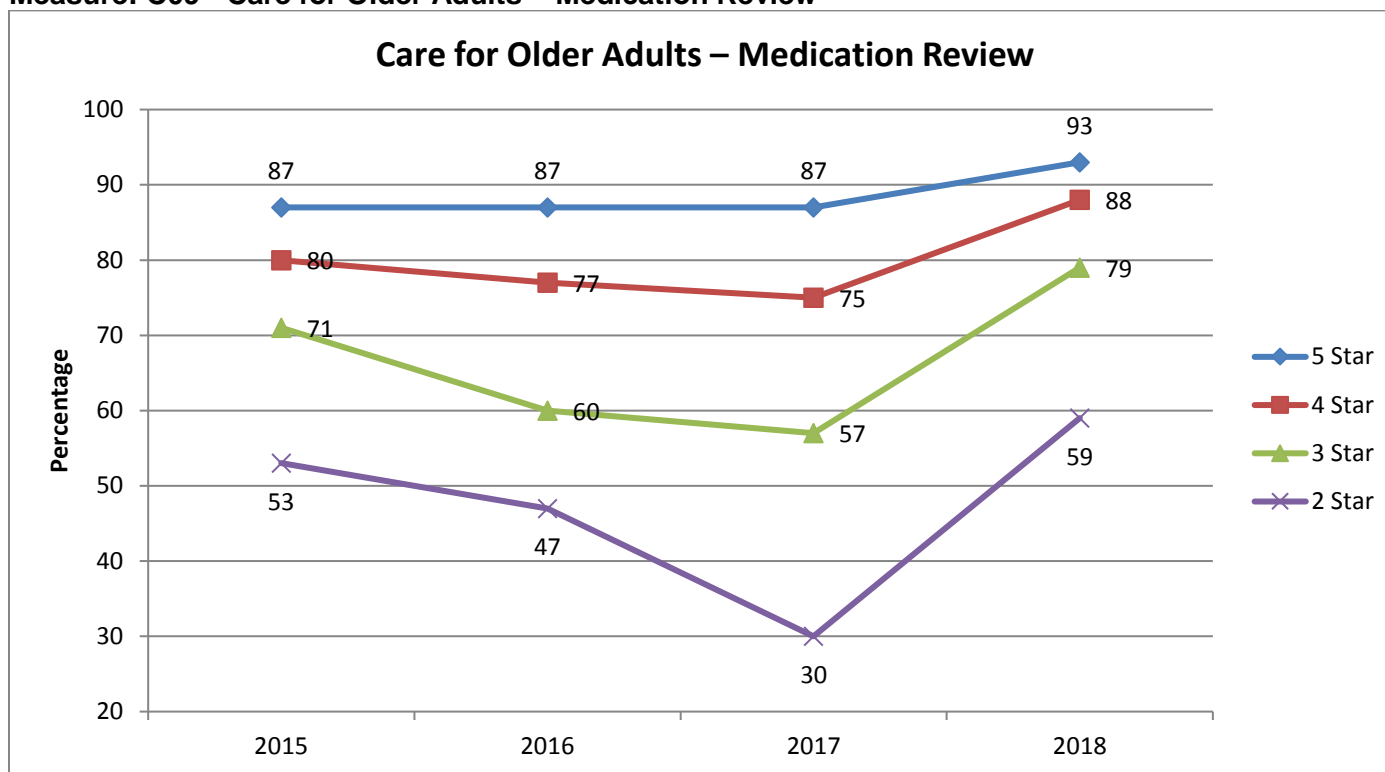
Data Source: Part C Plan Reporting

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%
2017	< 33.5%	≥ 33.5% to < 54.1%	≥ 54.1% to < 74.2%	≥ 74.2% to < 92.9%	Not predetermined	≥ 92.9%
2018	< 35%	≥ 35% to < 54%	≥ 54% to < 71%	≥ 71% to < 92%	Not predetermined	≥ 92%

Measure: C09 - Care for Older Adults – Medication Review



Title

Description

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.)

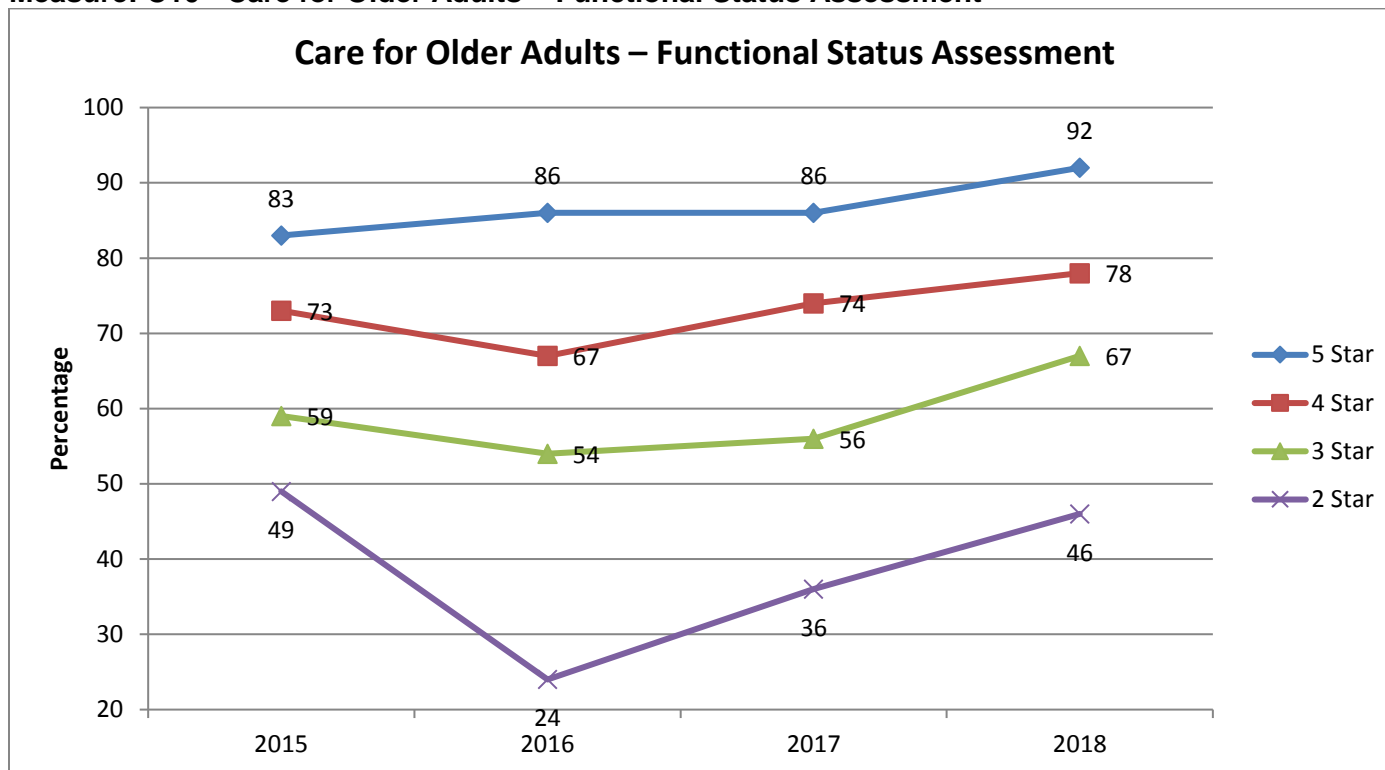
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 30%	≥ 30% to < 57%	≥ 57% to < 75%	≥ 75% to < 87%	Not predetermined	≥ 87%
2018	< 59%	≥ 59% to < 79%	≥ 79% to < 88%	≥ 88% to < 93%	Not predetermined	≥ 93%

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). (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.)

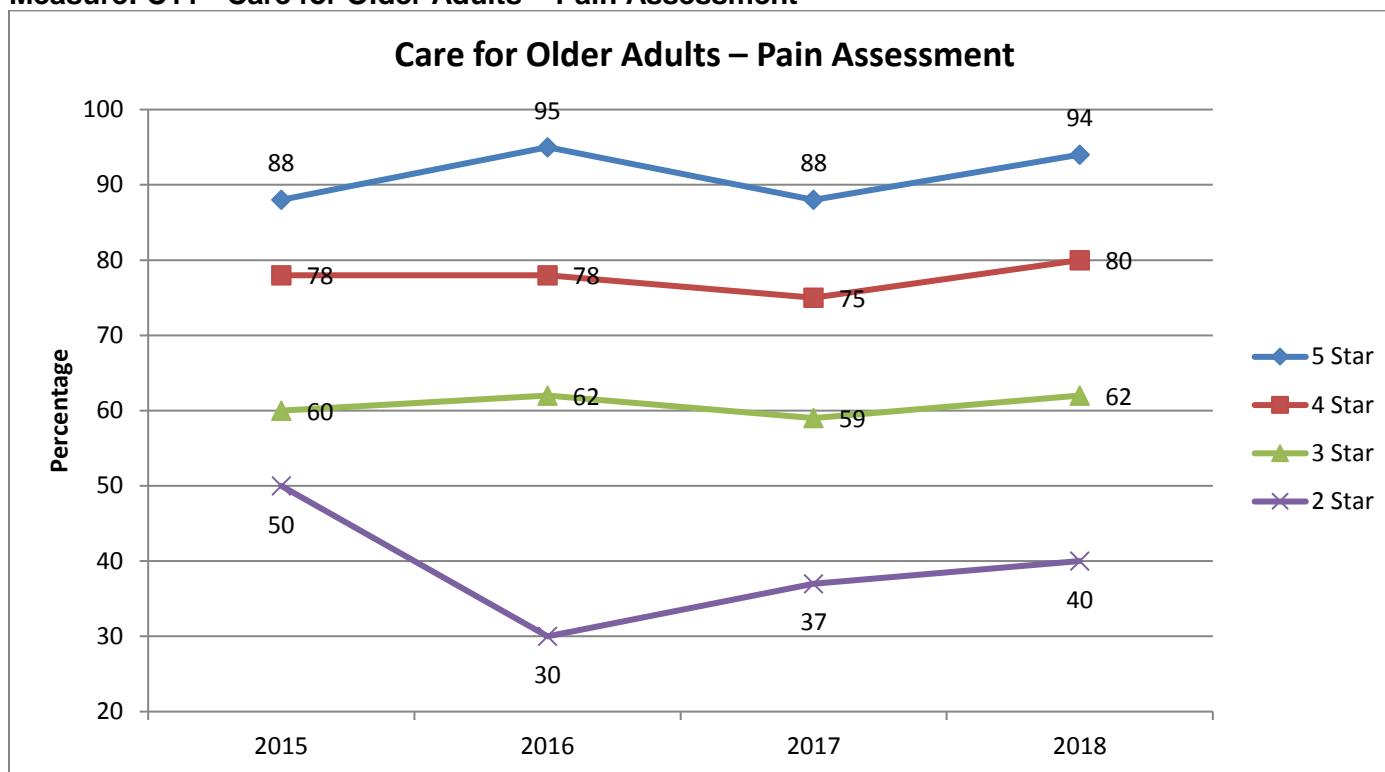
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 36%	≥ 36% to < 56%	≥ 56% to < 74%	≥ 74% to < 86%	Not predetermined	≥ 86%
2018	< 46%	≥ 46% to < 67%	≥ 67% to < 78%	≥ 78% to < 92%	Not predetermined	≥ 92%

Measure: C11 - Care for Older Adults – Pain Assessment



Title

Description

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.)

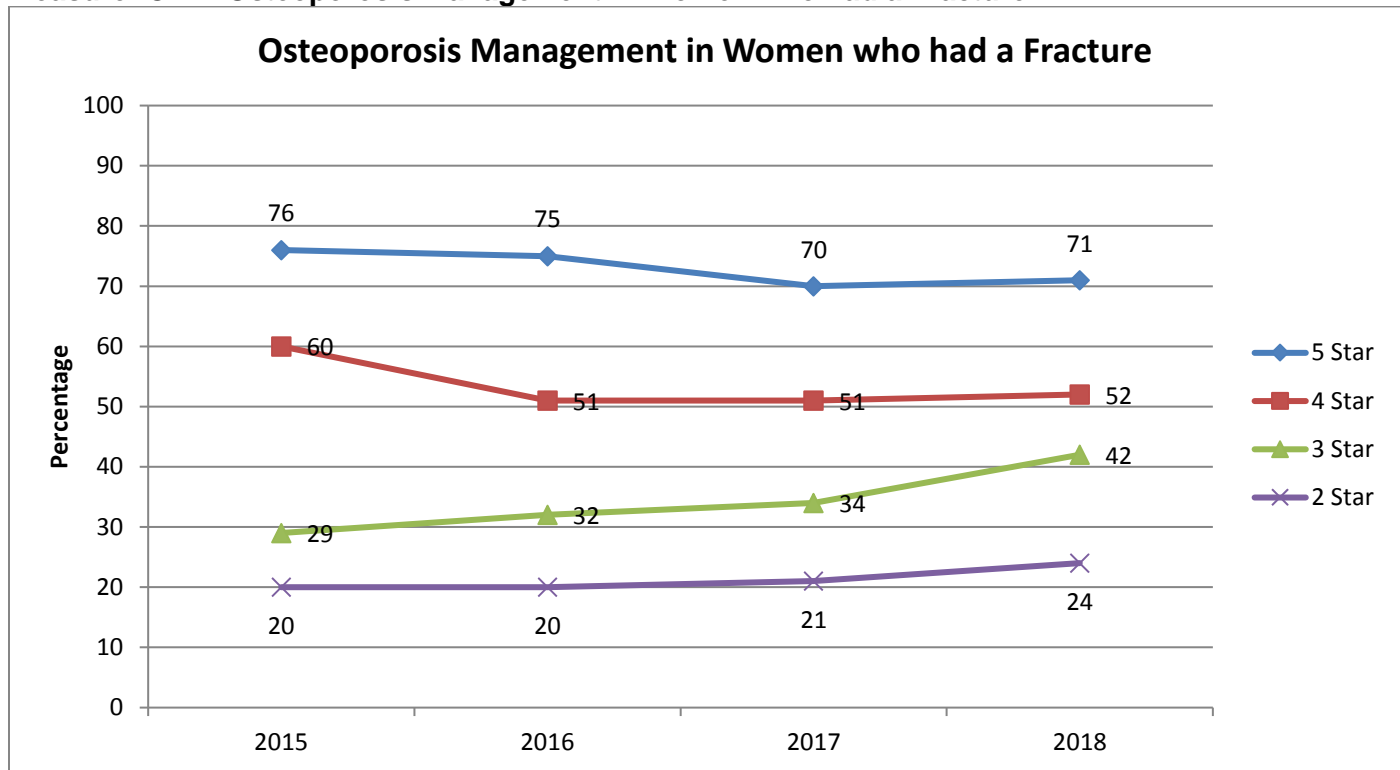
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 37%	≥ 37% to < 59%	≥ 59% to < 75%	≥ 75% to < 88%	Not predetermined	≥ 88%
2018	< 40%	≥ 40% to < 62%	≥ 62% to < 80%	≥ 80% to < 94%	Not predetermined	≥ 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.

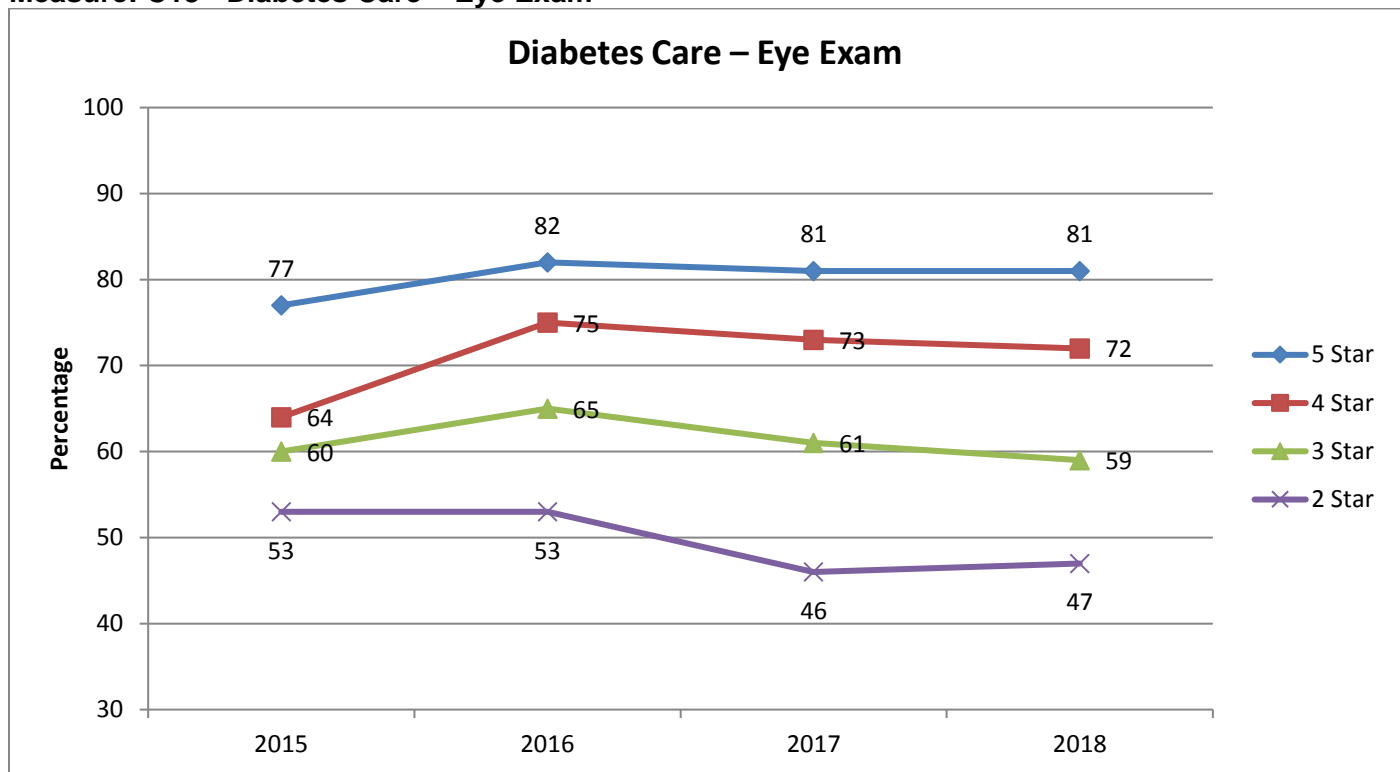
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 21%	≥ 21% to < 34%	≥ 34% to < 51%	≥ 51% to < 70%	Not predetermined	≥ 70%
2018	< 24%	≥ 24% to < 42%	≥ 42% to < 52%	≥ 52% to < 71%	Not predetermined	≥ 71%

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.

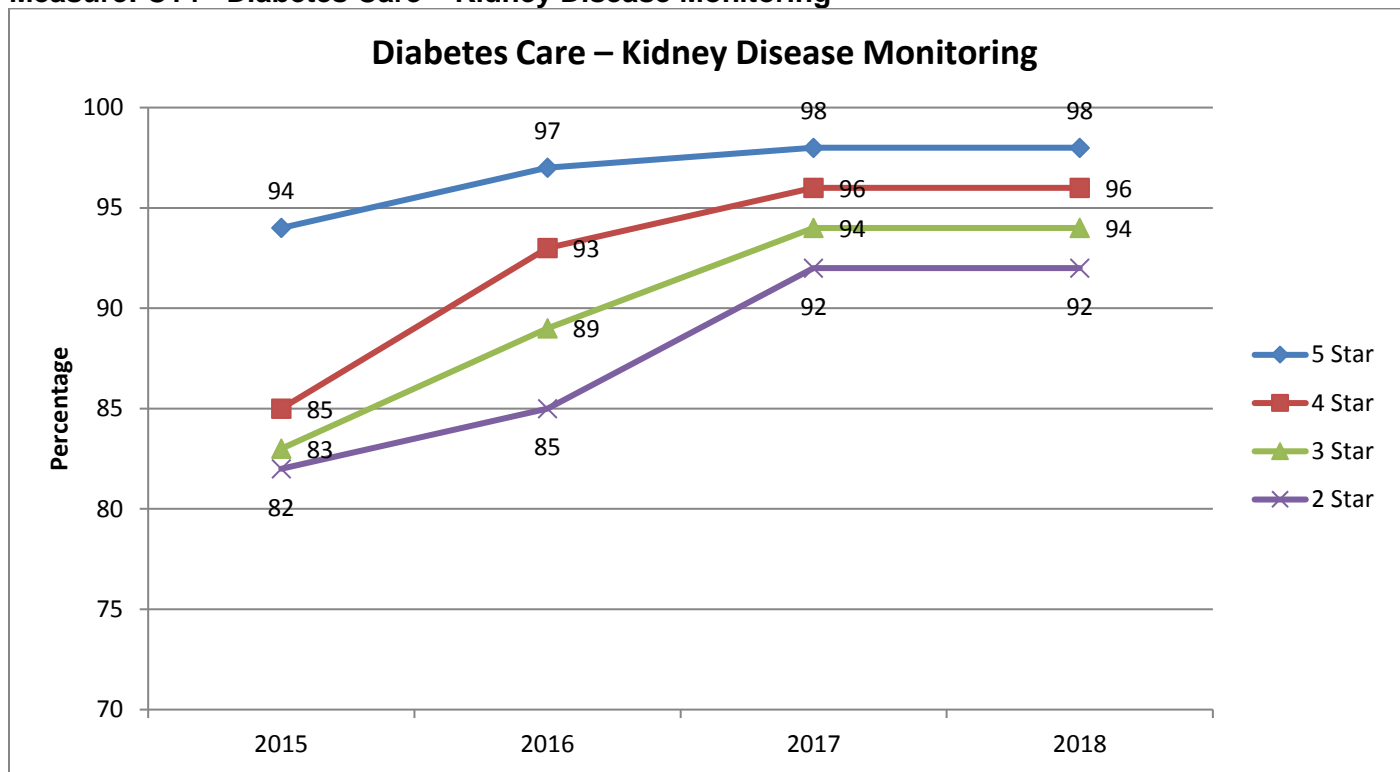
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 46%	≥ 46% to < 61%	≥ 61% to < 73%	≥ 73% to < 81%	Not predetermined	≥ 81%
2018	< 47%	≥ 47% to < 59%	≥ 59% to < 72%	≥ 72% to < 81%	Not predetermined	≥ 81%

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.

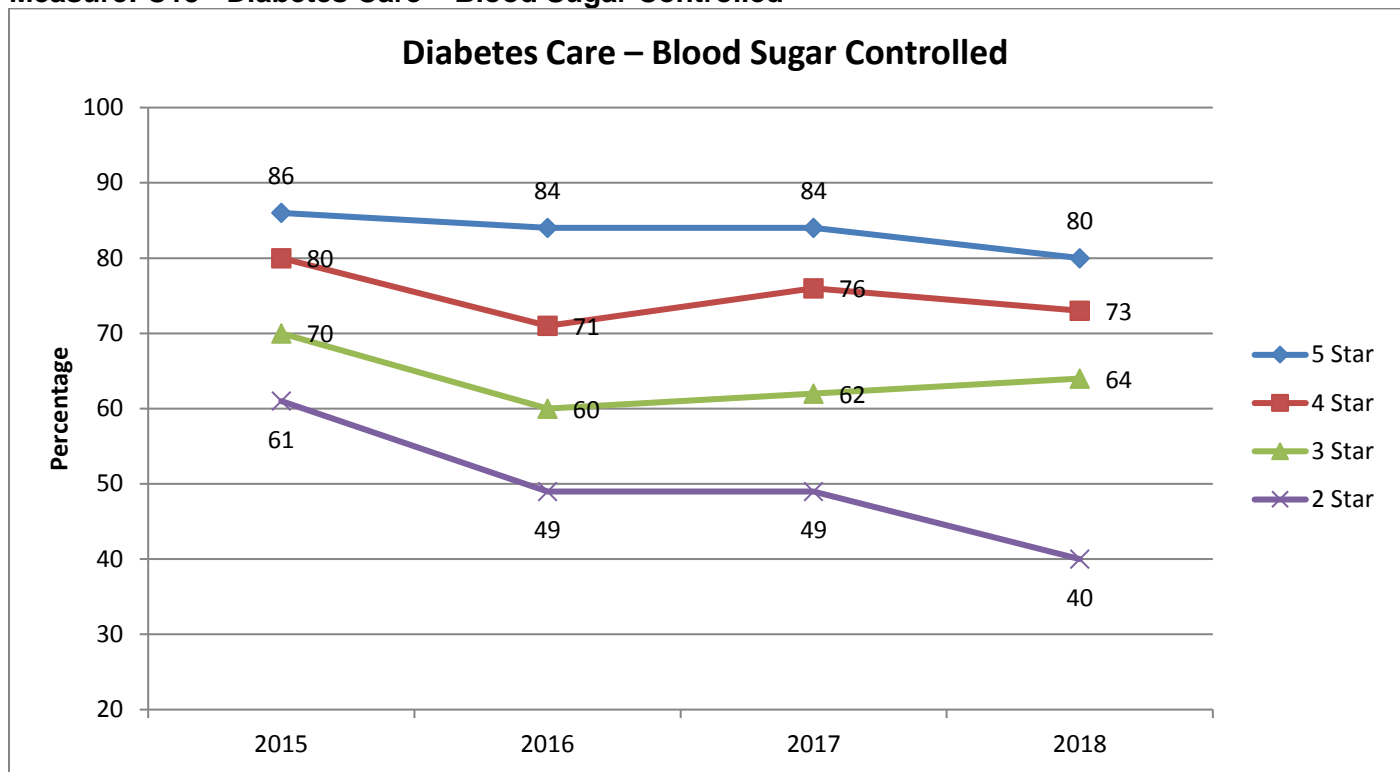
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 92%	≥ 92% to < 94%	≥ 94% to < 96%	≥ 96% to < 98%	Not predetermined	≥ 98%
2018	< 92%	≥ 92% to < 94%	≥ 94% to < 96%	≥ 96% to < 98%	Not predetermined	≥ 98%

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.

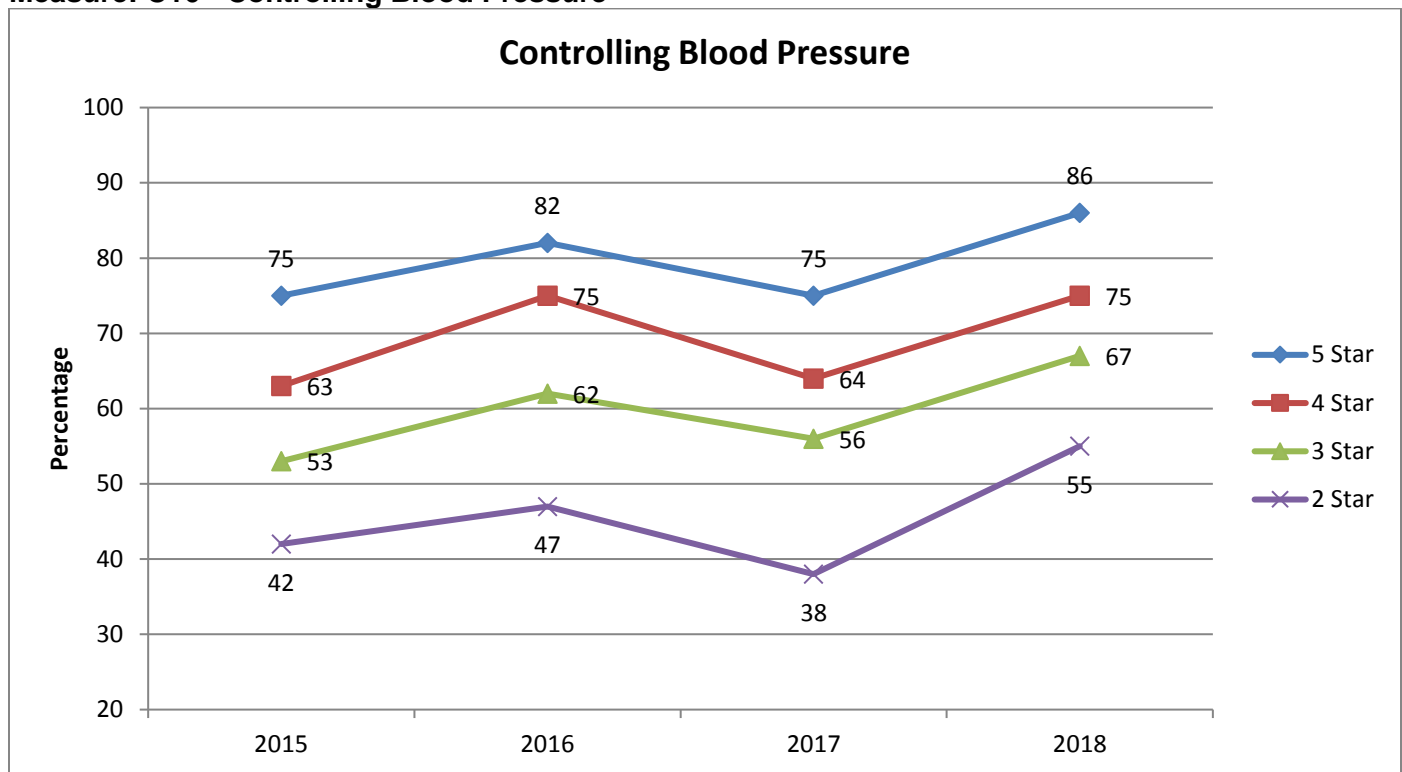
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 49%	≥ 49% to < 62%	≥ 62% to < 76%	≥ 76% to < 84%	Not predetermined	≥ 84%
2018	< 40%	≥ 40% to < 64%	≥ 64% to < 73%	≥ 73% to < 80%	Not predetermined	≥ 80%

Measure: C16 - Controlling Blood Pressure



Title

Description

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

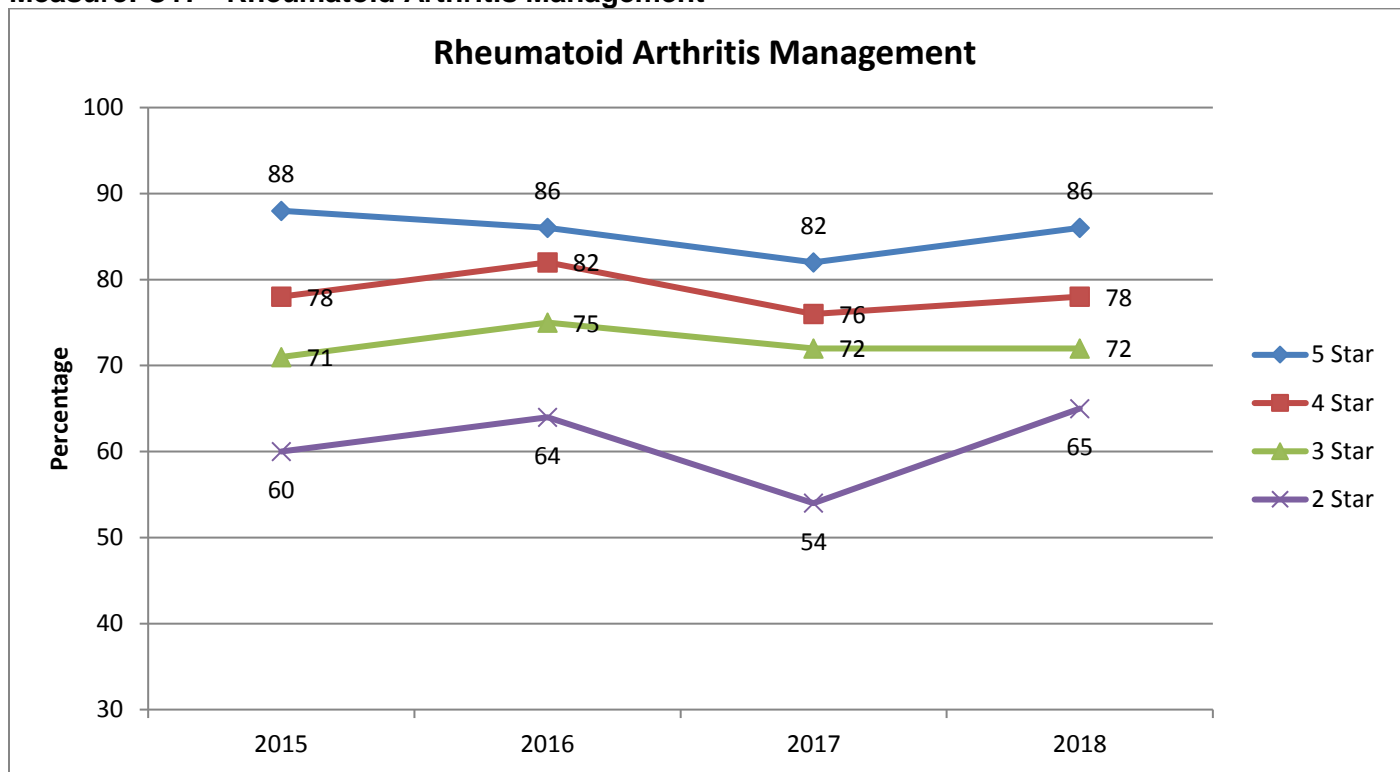
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 38%	≥ 38% to < 56%	≥ 56% to < 64%	≥ 64% to < 75%	Not predetermined	≥ 75%
2018	< 55%	≥ 55% to < 67%	≥ 67% to < 75%	≥ 75% to < 86%	Not predetermined	≥ 86%

Measure: C17 - Rheumatoid Arthritis Management



Title

Description

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

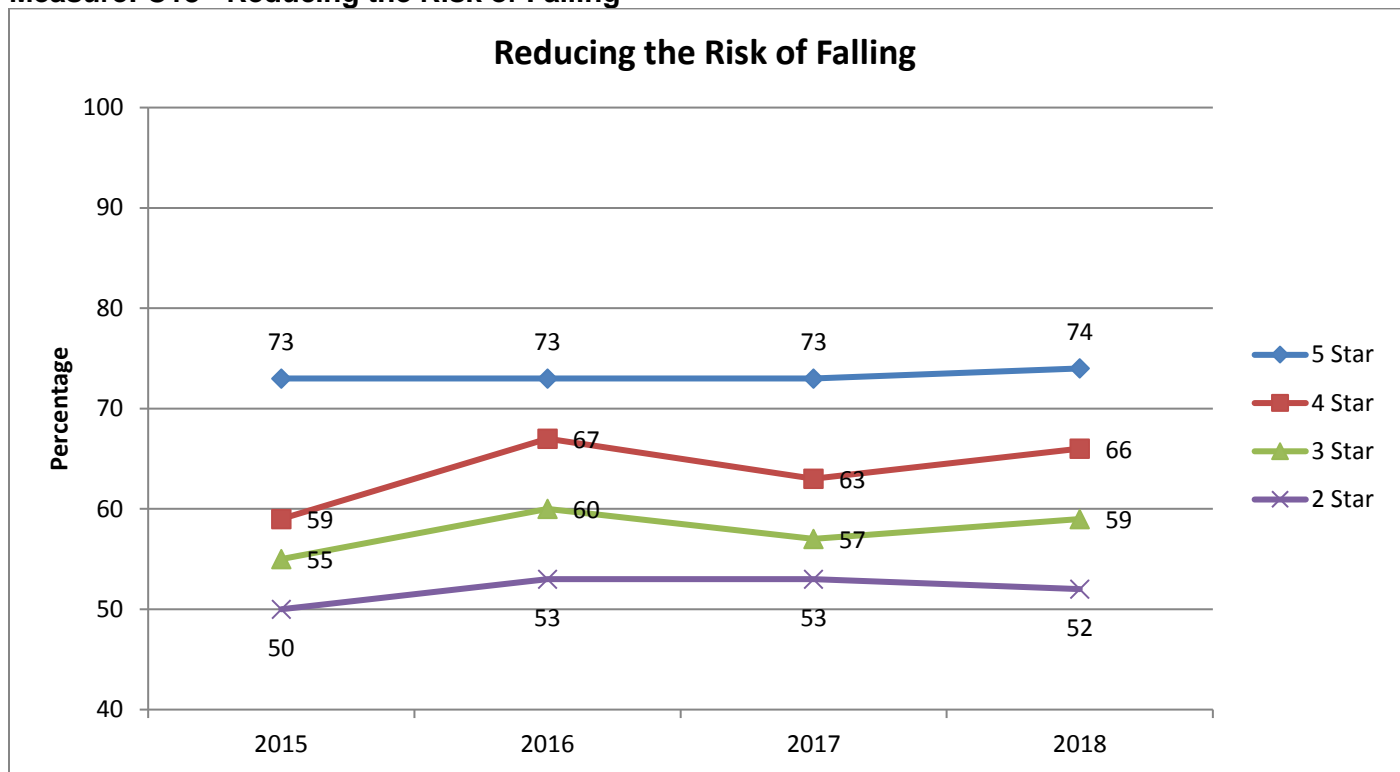
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 54%	≥ 54% to < 72%	≥ 72% to < 76%	≥ 76% to < 82%	Not predetermined	≥ 82%
2018	< 65%	≥ 65% to < 72%	≥ 72% to < 78%	≥ 78% to < 86%	Not predetermined	≥ 86%

Measure: C18 - 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 got treatment for it during the year.

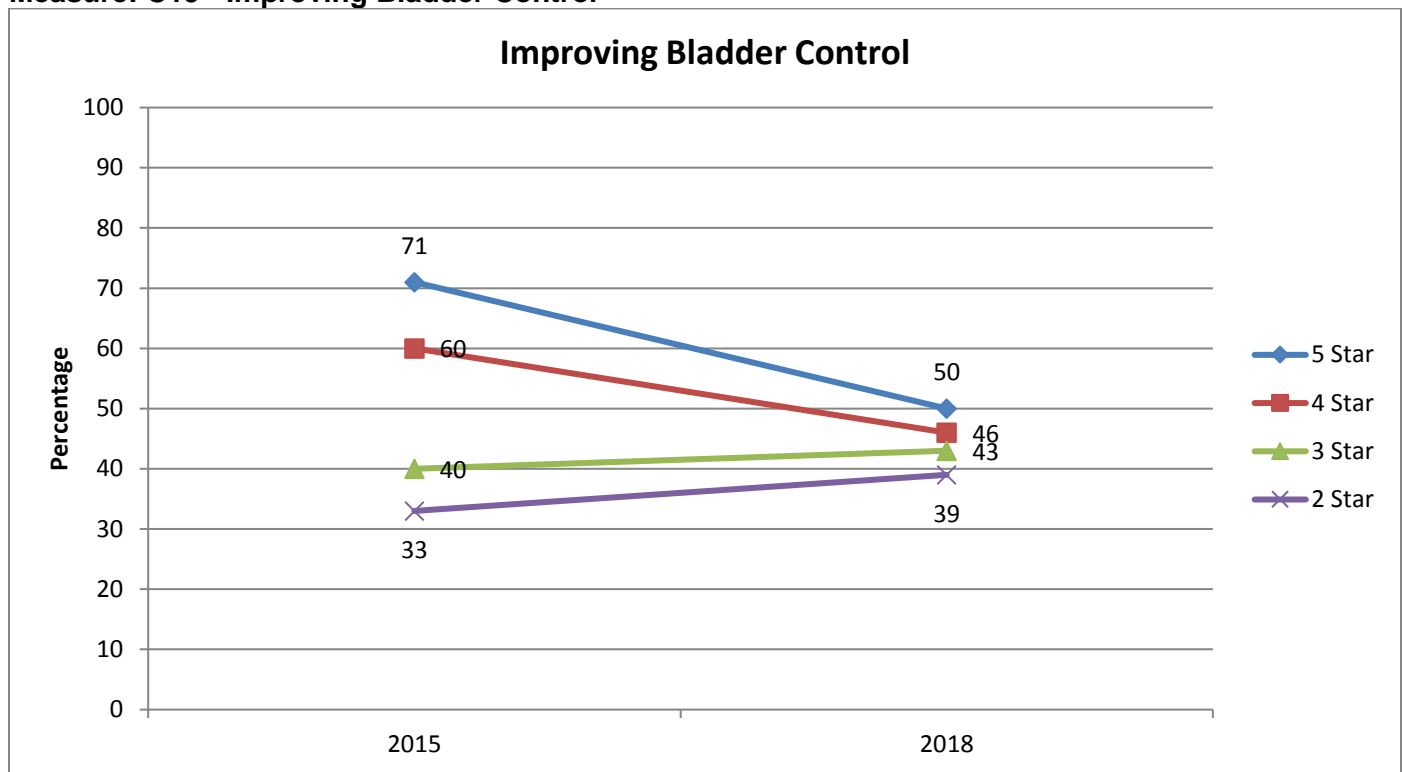
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 53%	≥ 53% to < 57%	≥ 57% to < 63%	≥ 63% to < 73%	Not predetermined	≥ 73%
2018	< 52%	≥ 52% to < 59%	≥ 59% to < 66%	≥ 66% to < 74%	Not predetermined	≥ 74%

Measure: C19 - 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.

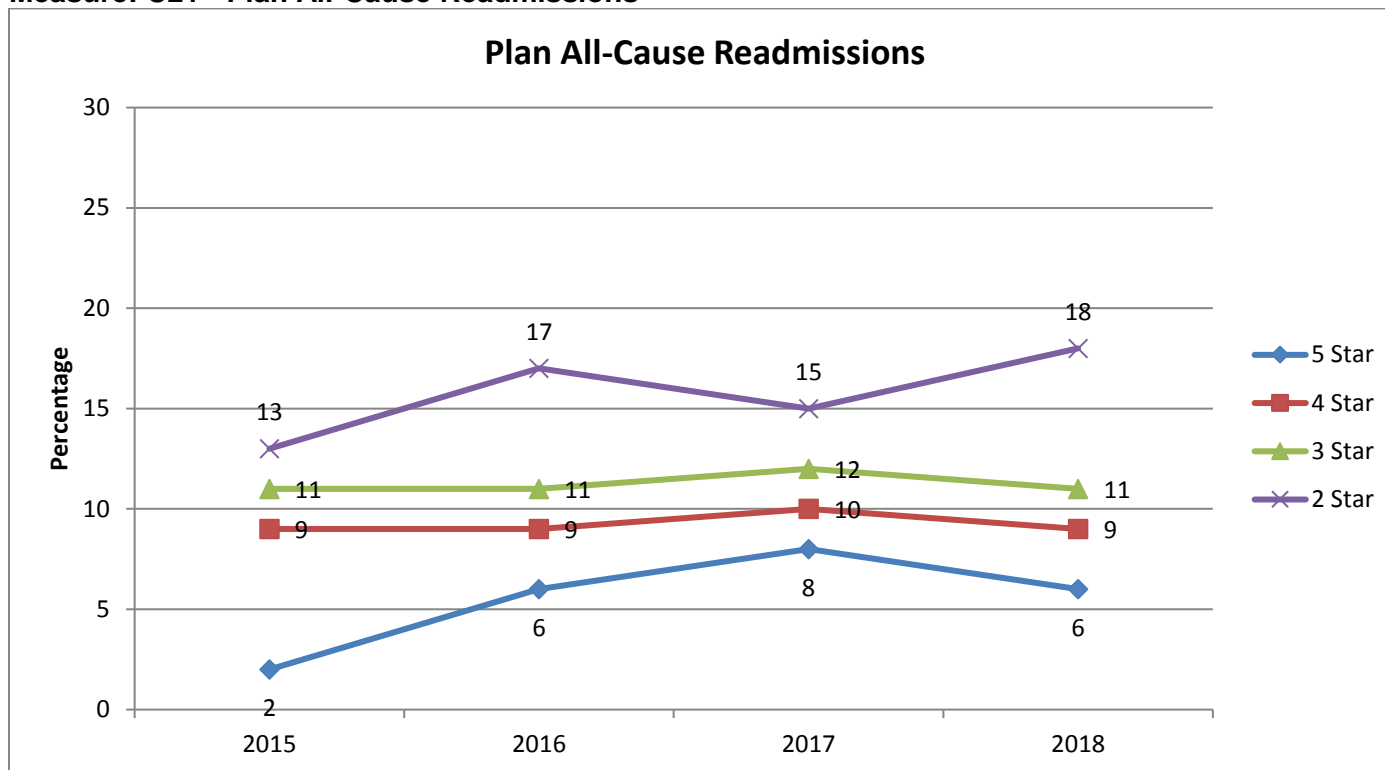
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2015	< 33%	≥ 33% to < 40%	≥ 40% to < 60%	≥ 60% to < 71%	≥ 60%	≥ 71%
2018	< 39%	≥ 39% to < 43%	≥ 43% to < 46%	≥ 46% to < 50%	Not predetermined	≥ 50%

Measure: C21 - 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.)

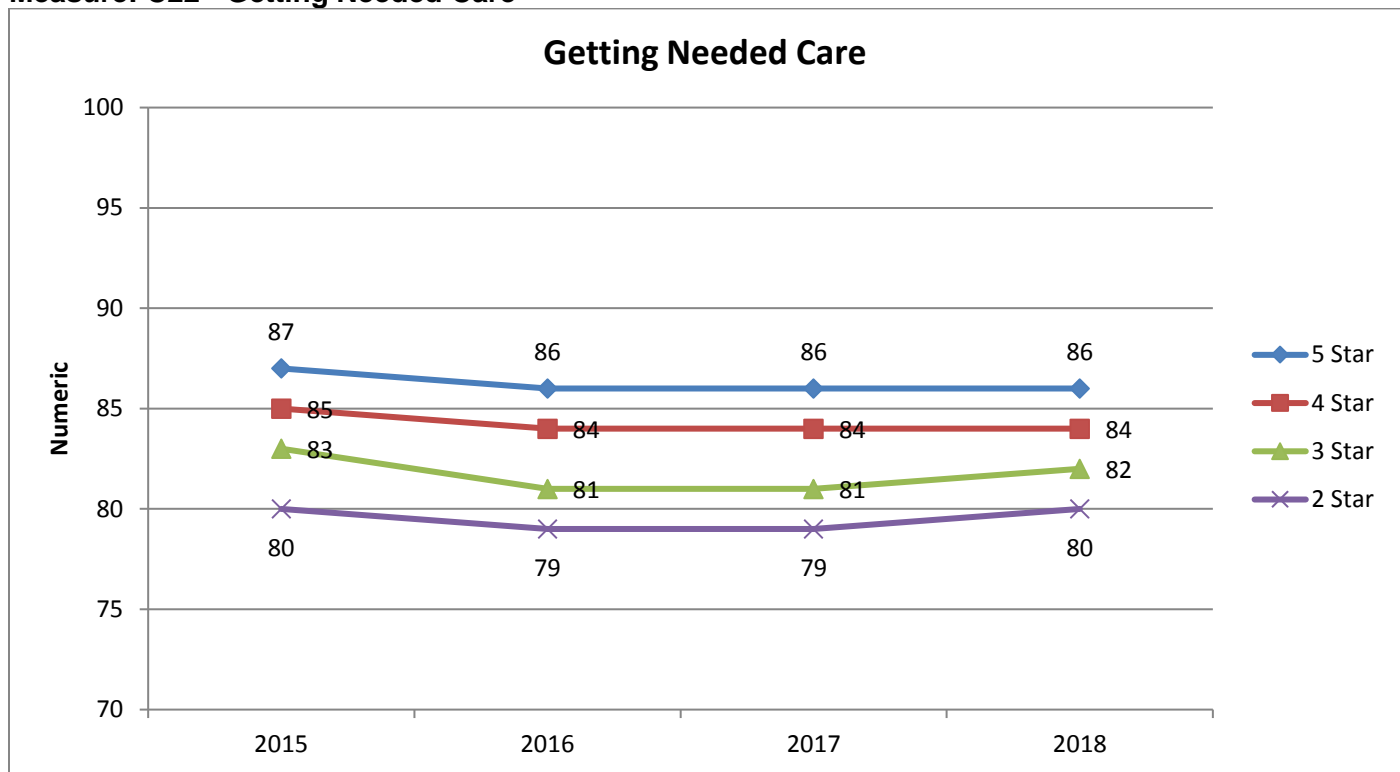
Data Source: HEDIS

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	> 15%	> 12% to ≤ 15%	> 10% to ≤ 12%	> 8% to ≤ 10%	Not predetermined	≤ 8%
2018	> 18%	> 11% to ≤ 18%	> 9% to ≤ 11%	> 6% to ≤ 9%	Not predetermined	≤ 6%

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.

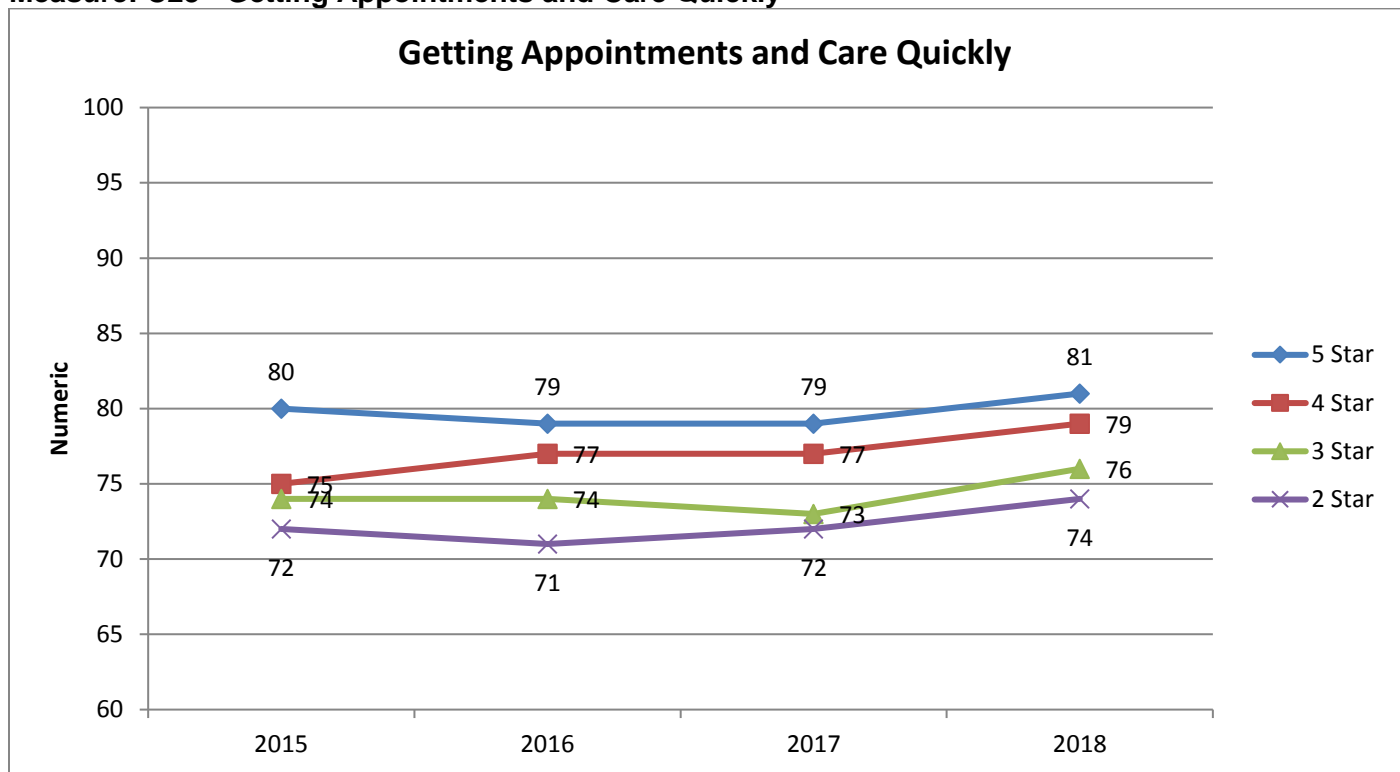
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
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%
2017	< 79	≥ 79 to < 81	≥ 81 to < 84	≥ 84 to < 86	Not predetermined	≥ 86
2018	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 86	Not predetermined	≥ 86

Measure: C23 - 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.

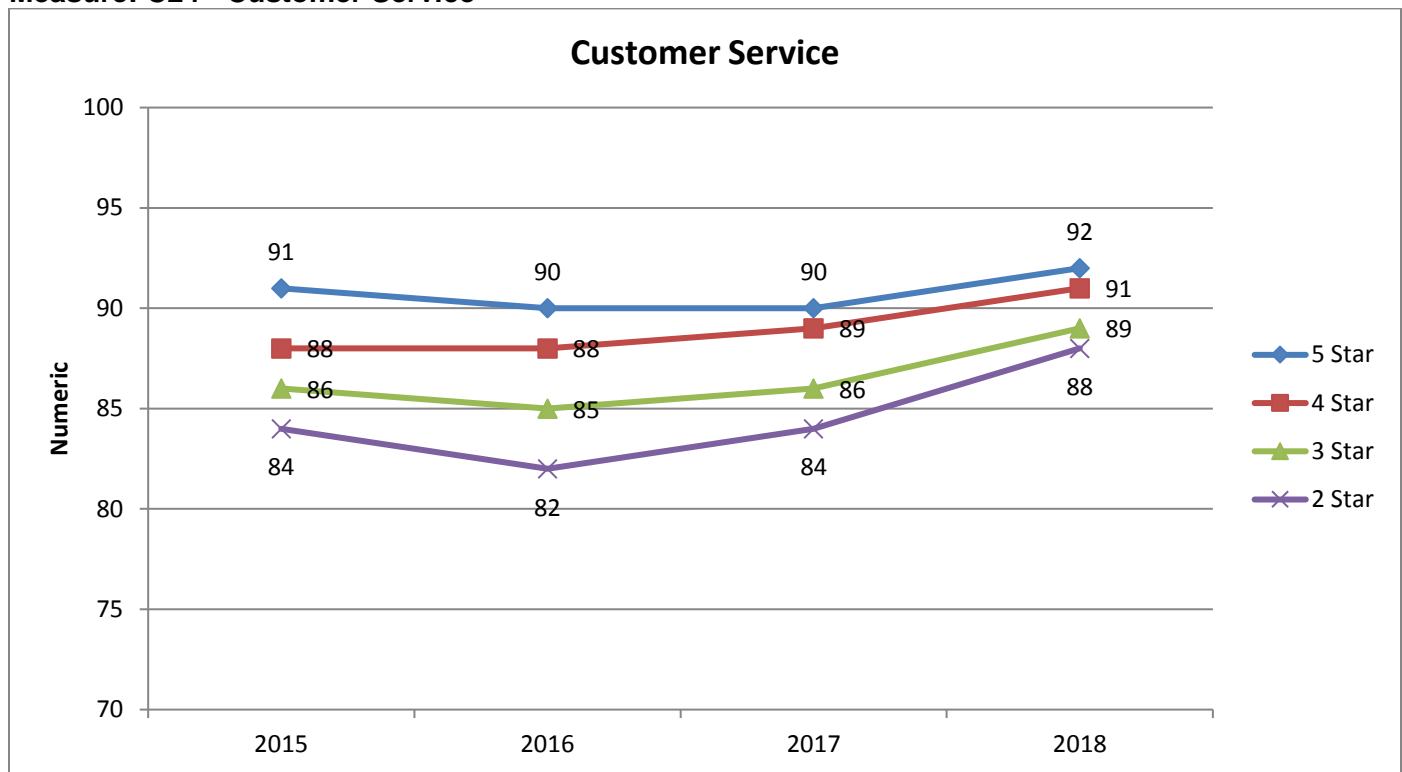
Data Source: CAHPS

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
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%
2017	< 72	≥ 72 to < 73	≥ 73 to < 77	≥ 77 to < 79	Not predetermined	≥ 79
2018	< 74	≥ 74 to < 76	≥ 76 to < 79	≥ 79 to < 81	Not predetermined	≥ 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.

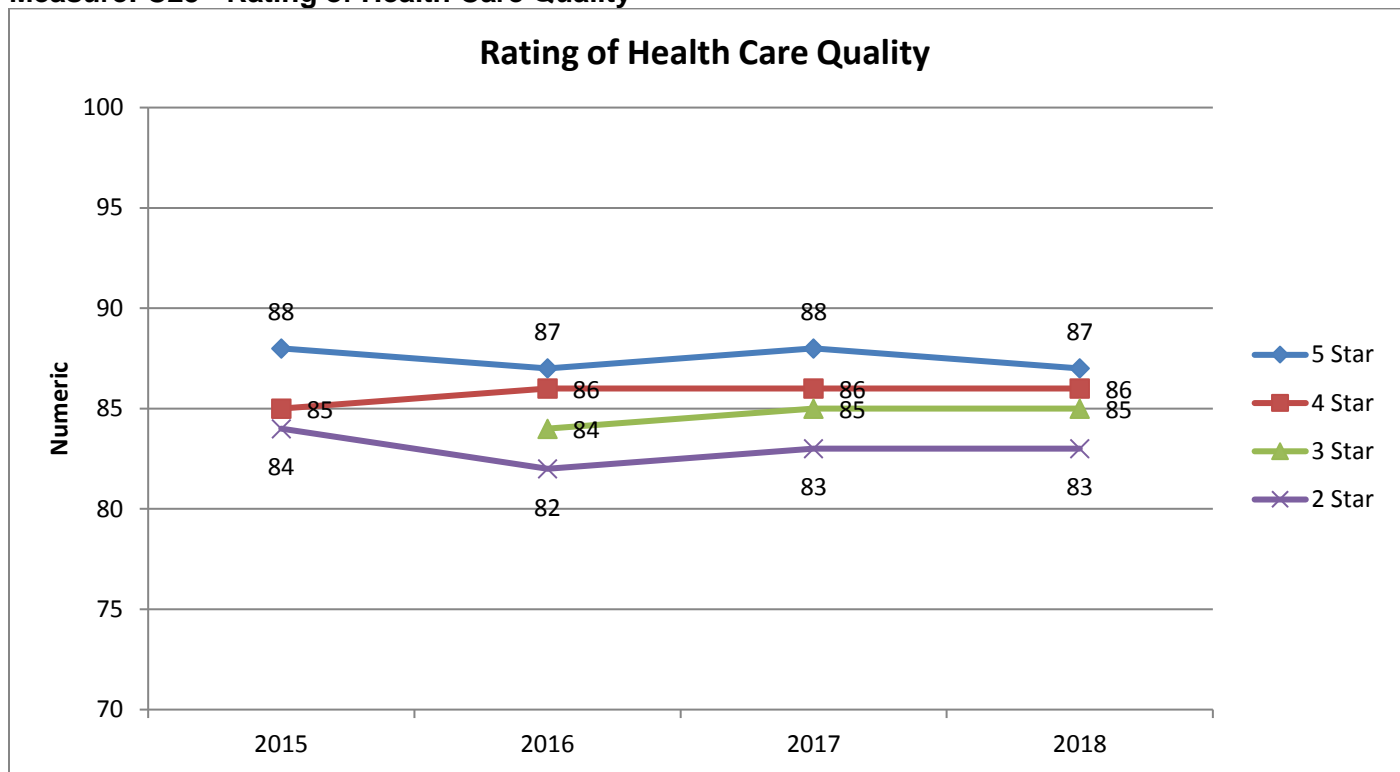
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
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%
2017	< 84	≥ 84 to < 86	≥ 86 to < 89	≥ 89 to < 90	Not predetermined	≥ 90
2018	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	Not predetermined	≥ 92

Measure: C25 - 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

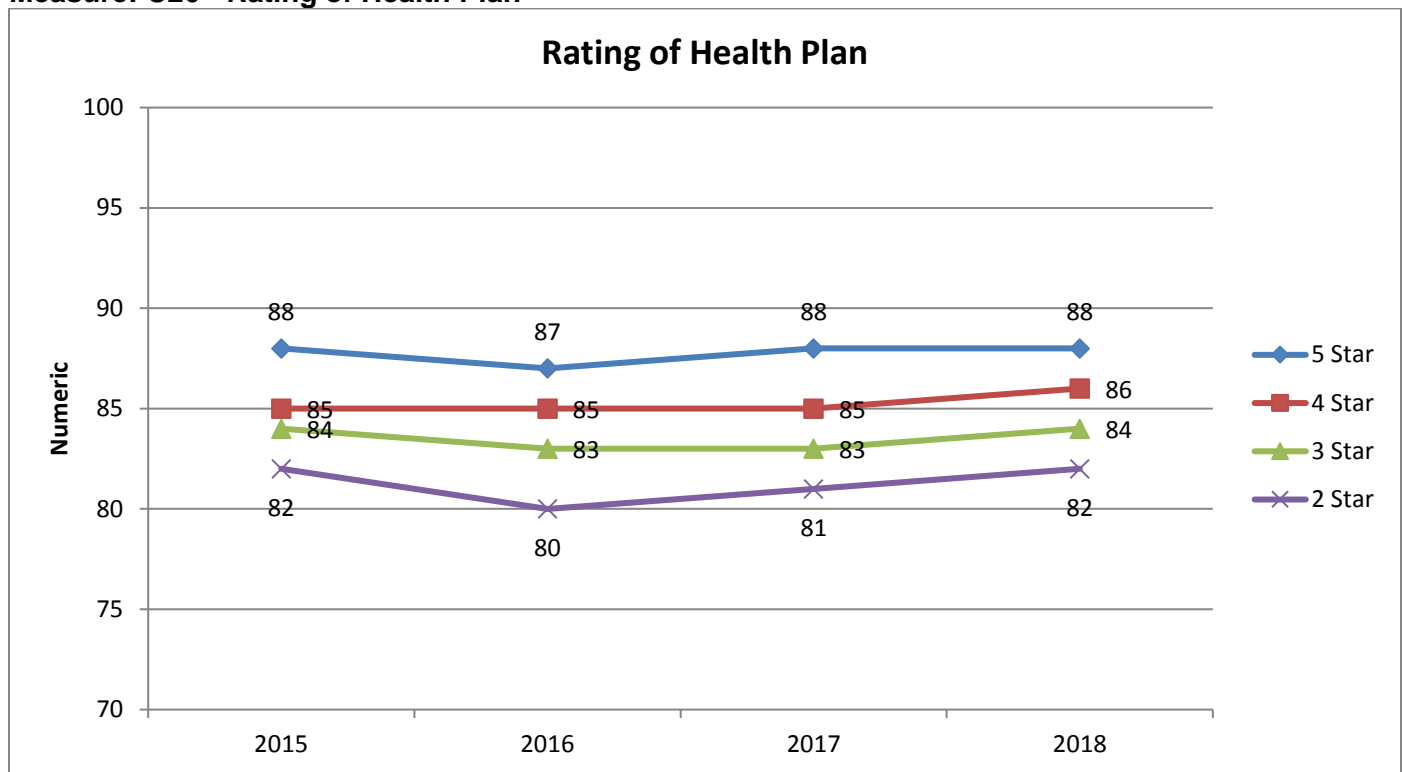
General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
2015	< 84%	≥ 84% to < 85%	*	≥ 85% to < 88%	≥ 85%	≥ 88%
2016	< 83%	≥ 83% to < 84%	≥ 84% to < 86%	≥ 86% to < 87%	Not predetermined	≥ 87%
2017	< 83	≥ 83 to < 85	≥ 85 to < 86	≥ 86 to < 88	Not predetermined	≥ 88
2018	< 83	≥ 83 to < 85	≥ 85 to < 86	≥ 86 to < 87	Not predetermined	≥ 87

*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: C26 - Rating of Health Plan



Title

Description

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

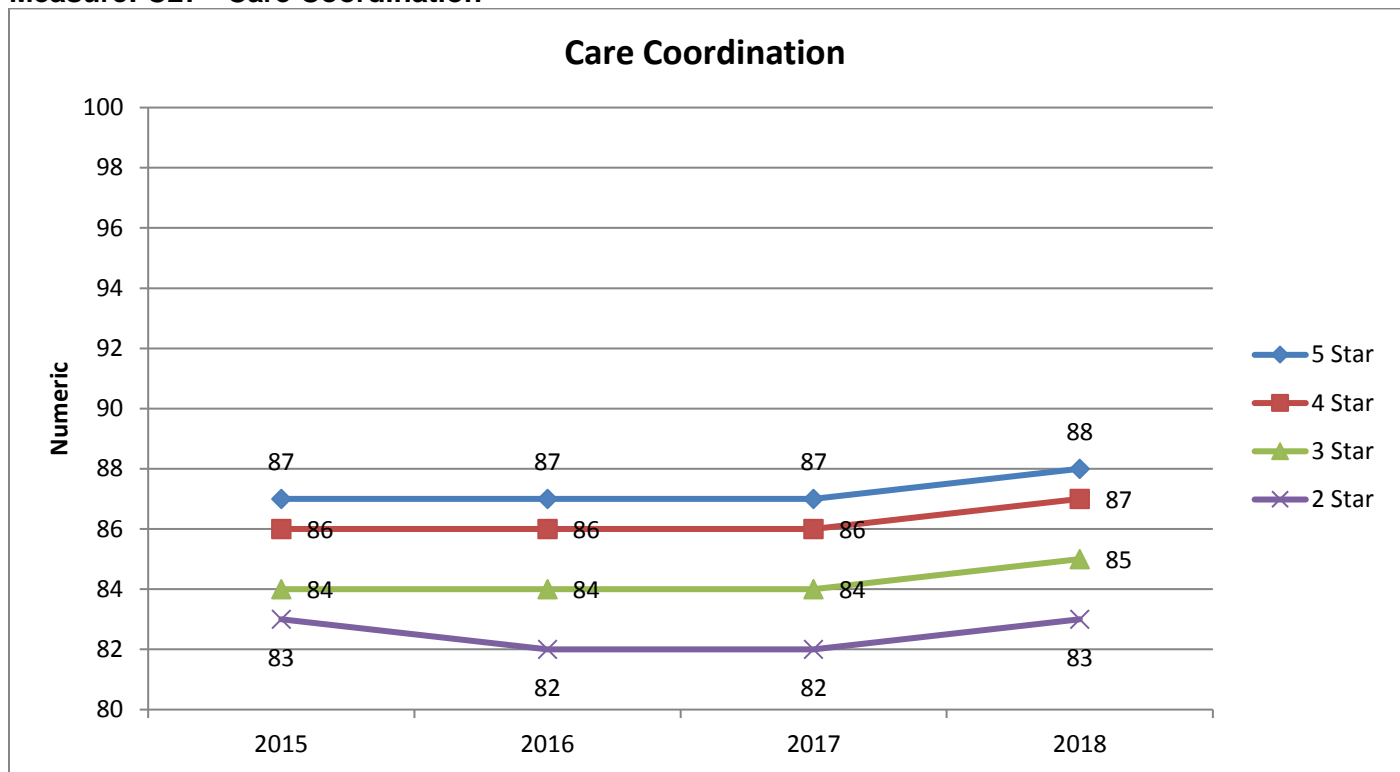
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
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%
2017	< 81	≥ 81 to < 83	≥ 83 to < 85	≥ 85 to < 88	Not predetermined	≥ 88
2018	< 82	≥ 82 to < 84	≥ 84 to < 86	≥ 86 to < 88	Not predetermined	≥ 88

Measure: C27 - 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 needed about members' care and how quickly members got their test results.)

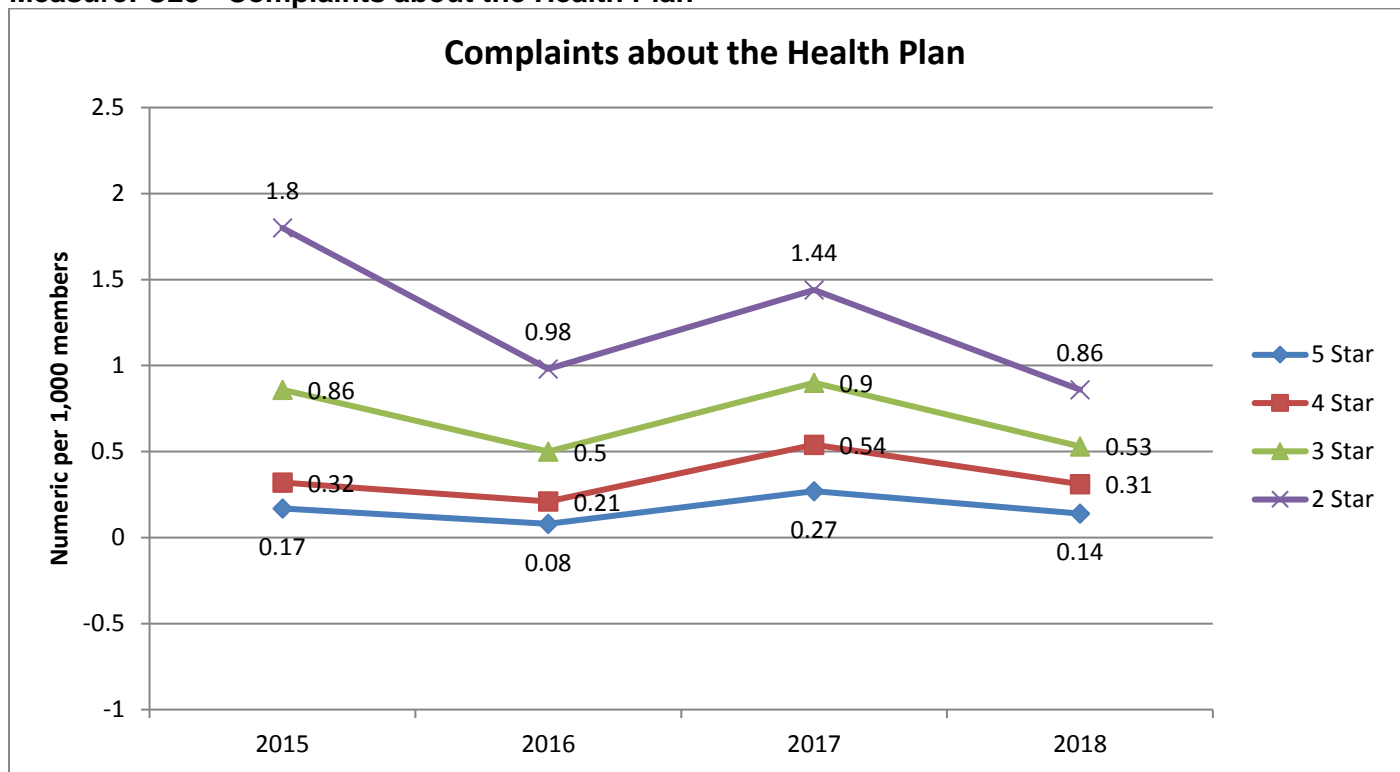
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
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%
2017	< 82	≥ 82 to < 84	≥ 84 to < 86	≥ 86 to < 87	Not predetermined	≥ 87
2018	< 83	≥ 83 to < 85	≥ 85 to < 87	≥ 87 to < 88	Not predetermined	≥ 88

Measure: C28 - Complaints about the Health Plan



Title

Description

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

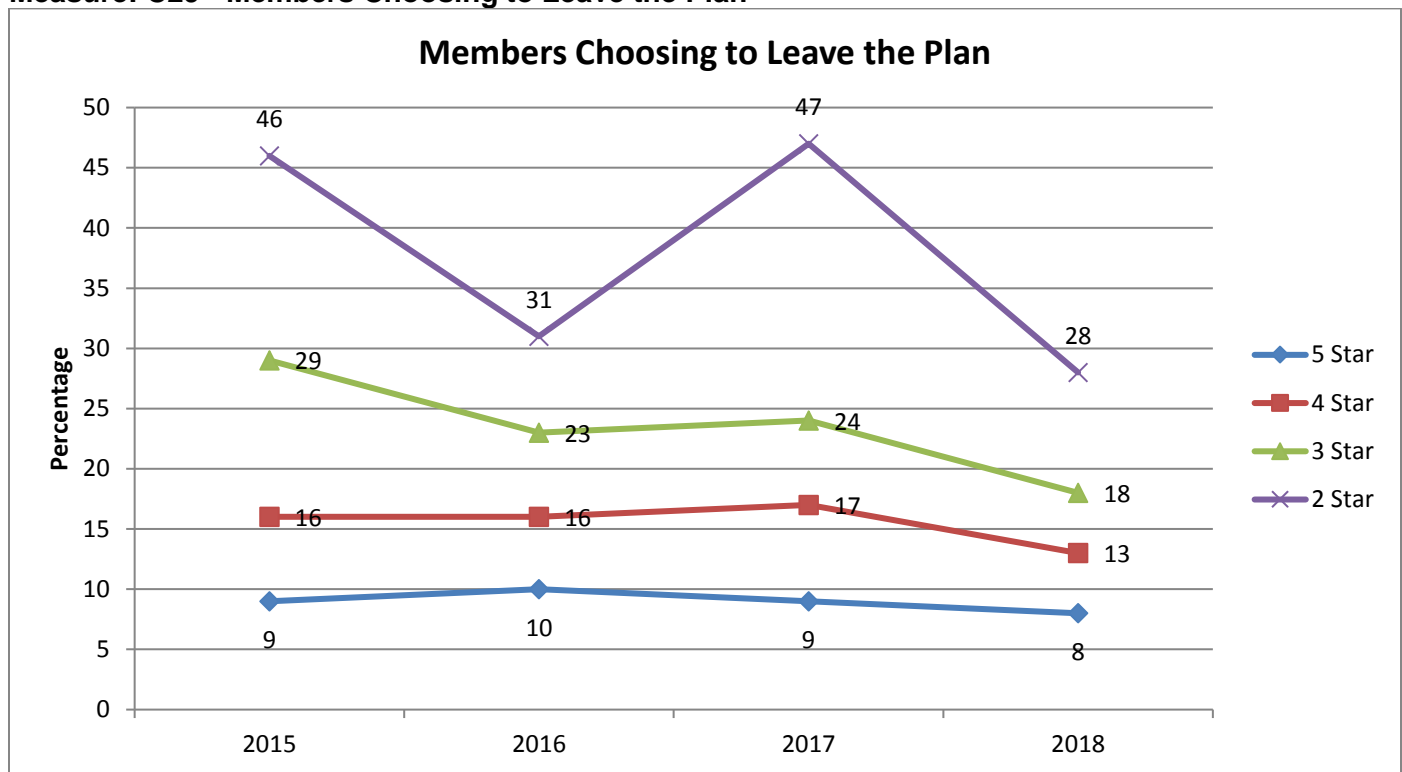
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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
2017	> 1.44	> 0.90 to ≤ 1.44	> 0.54 to ≤ 0.90	> 0.27 to ≤ 0.54	Not predetermined	≤ 0.27
2018	> 0.86	> 0.53 to ≤ 0.86	> 0.31 to ≤ 0.53	> 0.14 to ≤ 0.31	Not predetermined	≤ 0.14

Measure: C29 - Members Choosing to Leave the Plan



Title

Description

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

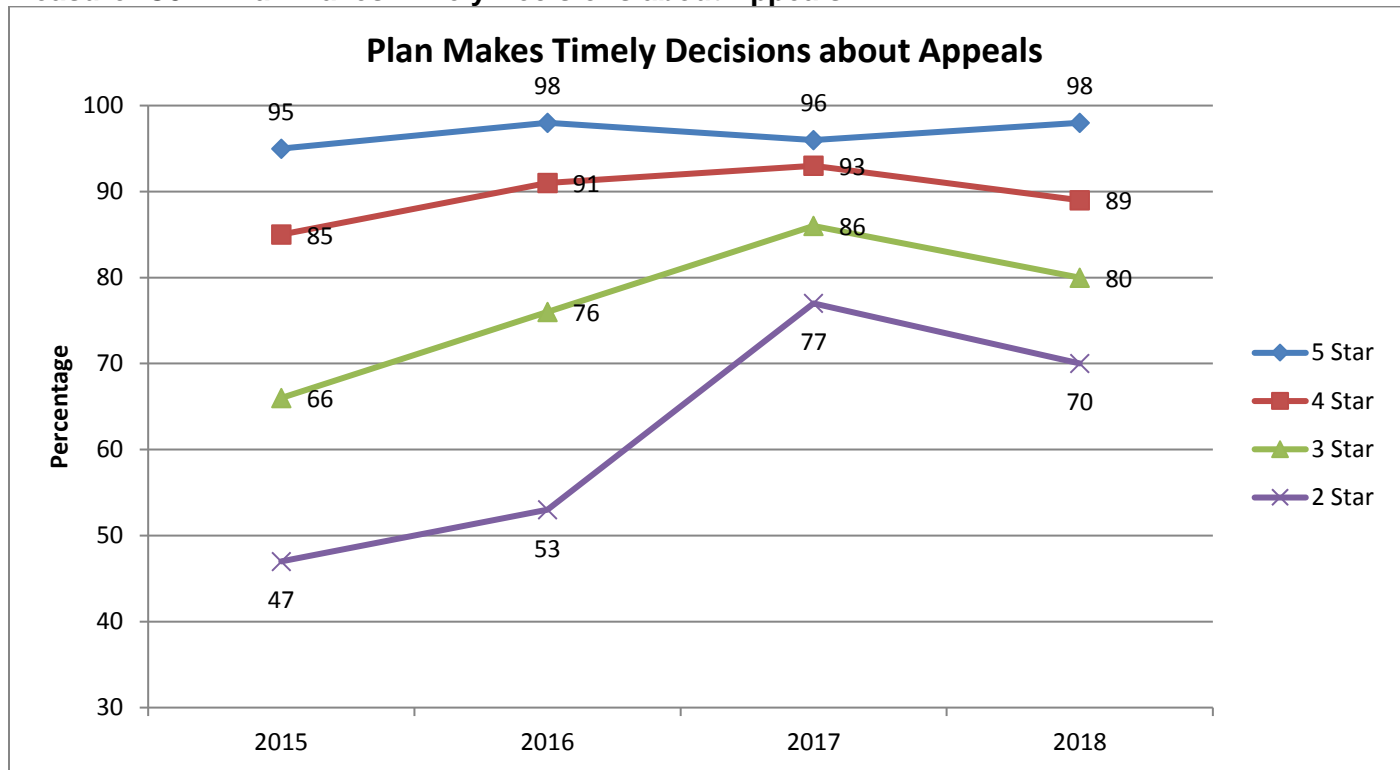
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	> 47%	> 24% to ≤ 47%	> 17% to ≤ 24%	> 9% to ≤ 17%	Not predetermined	≤ 9%
2018	> 28%	> 18% to ≤ 28%	> 13% to ≤ 18%	> 8% to ≤ 13%	Not predetermined	≤ 8%

Measure: C32 - 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.

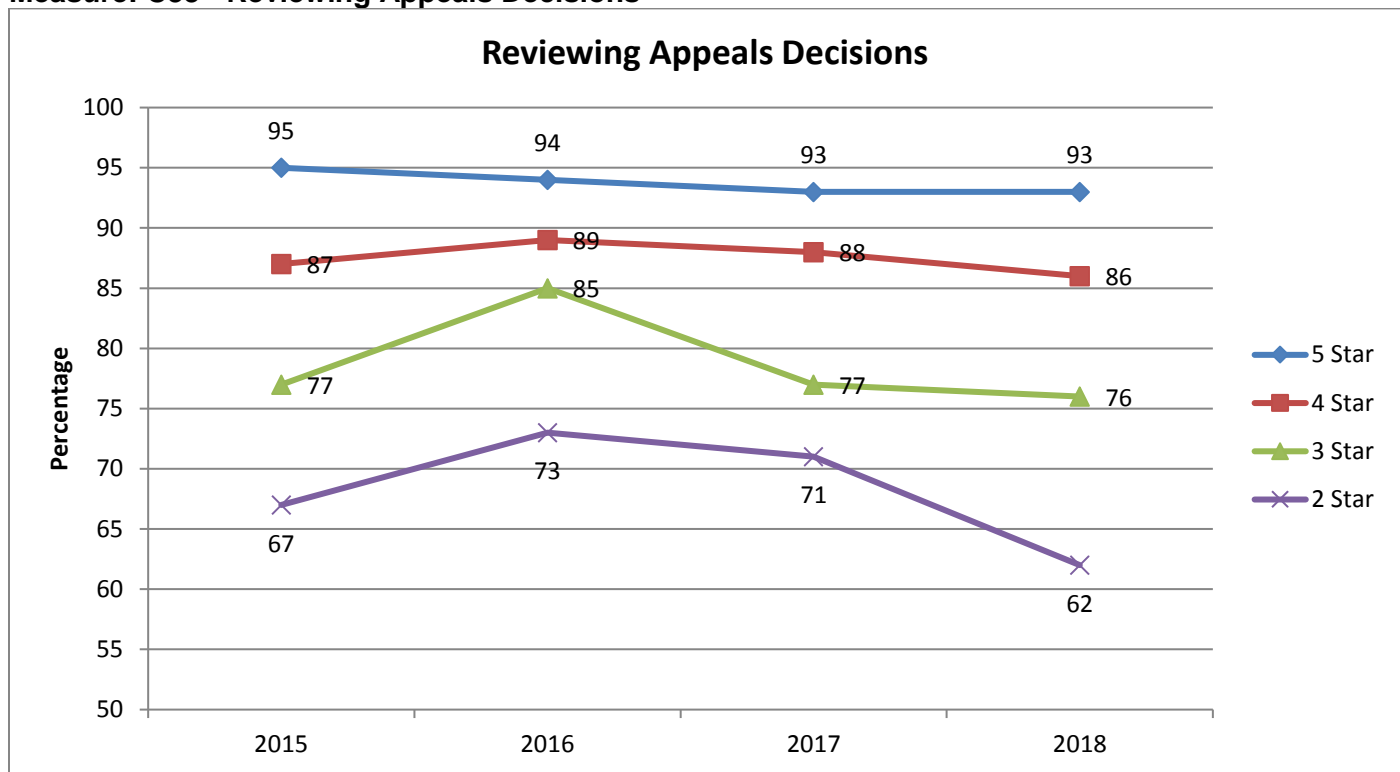
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 77%	≥ 77% to < 86%	≥ 86% to < 93%	≥ 93% to < 96%	Not predetermined	≥ 96%
2018	< 70%	≥ 70% to < 80%	≥ 80% to < 89%	≥ 89% to < 98%	Not predetermined	≥ 98%

Measure: C33 - Reviewing Appeals Decisions



Title	Description
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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 do deny an appeal.)

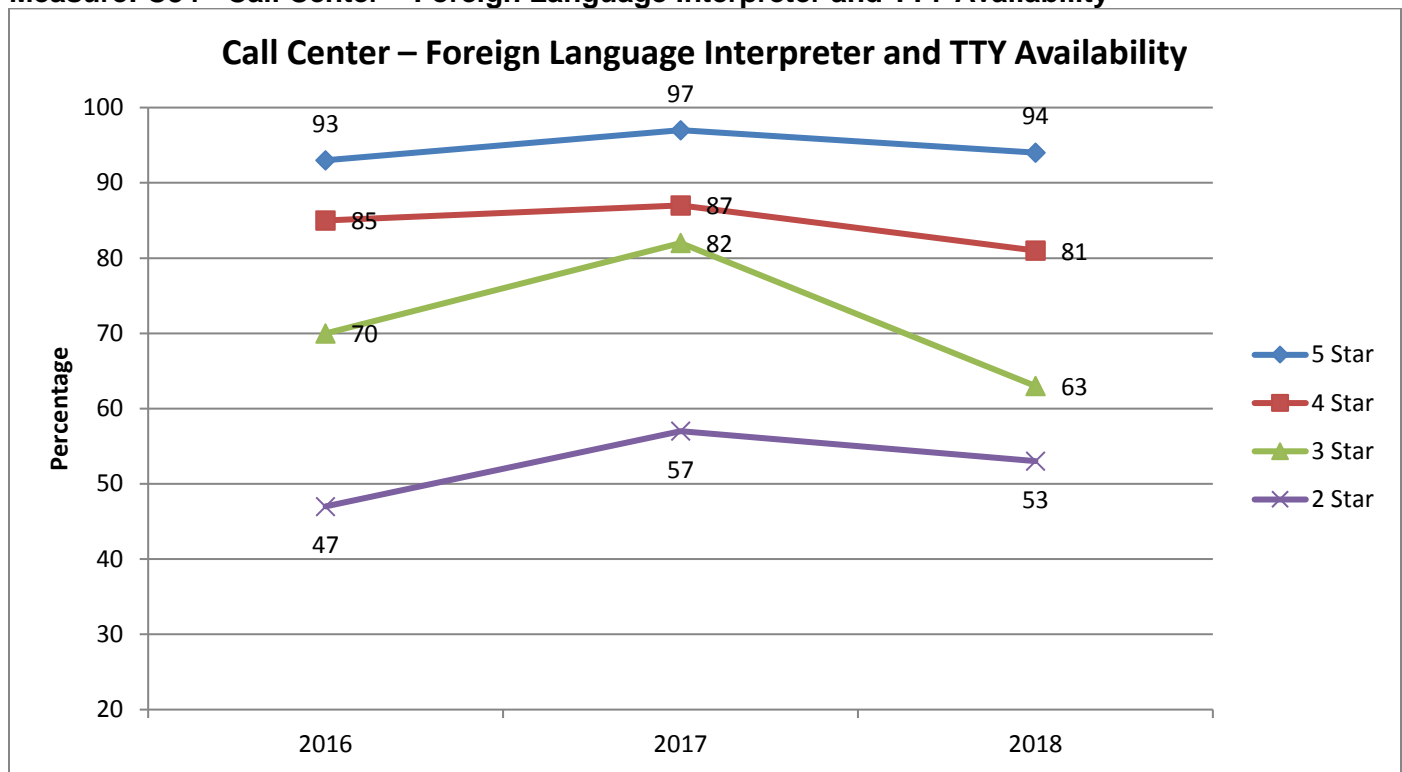
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
2017	< 71%	≥ 71% to < 77%	≥ 77% to < 88%	≥ 88% to < 93%	Not predetermined	≥ 93%
2018	< 62%	≥ 62% to < 76%	≥ 76% to < 86%	≥ 86% to < 93%	Not predetermined	≥ 93%

Measure: C34 - Call Center – Foreign Language Interpreter and TTY Availability



Title	Description
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Description: Percent of time that 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

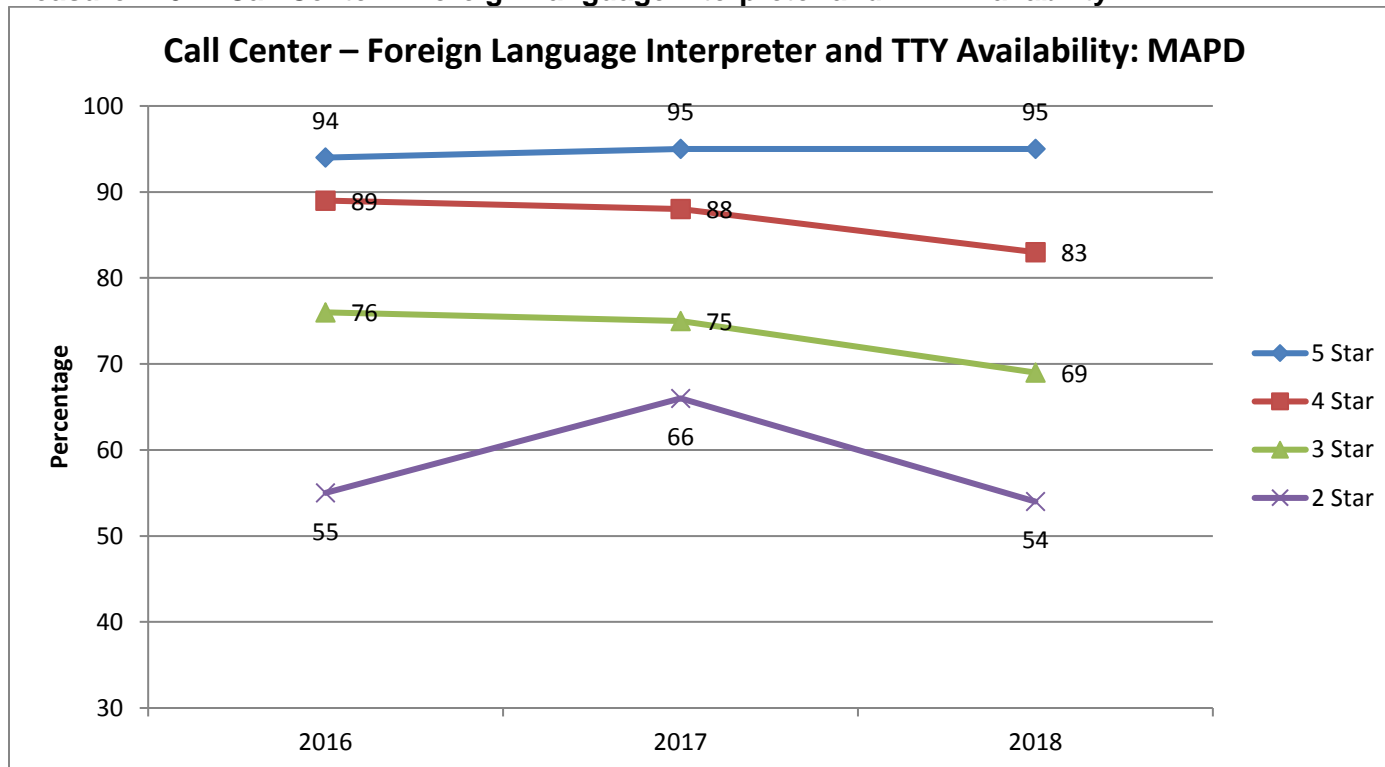
General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
2016	< 47%	≥ 47% to < 70%	≥ 70% to < 85%	≥ 85% to < 93%	Not predetermined	≥ 93%
2017	< 57%	≥ 57% to < 82%	≥ 82% to < 87%	≥ 87% to < 97%	Not predetermined	≥ 97%
2018	< 53%	≥ 53% to < 63%	≥ 63% to < 81%	≥ 81% to < 94%	Not predetermined	≥ 94%

Part D Measures

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



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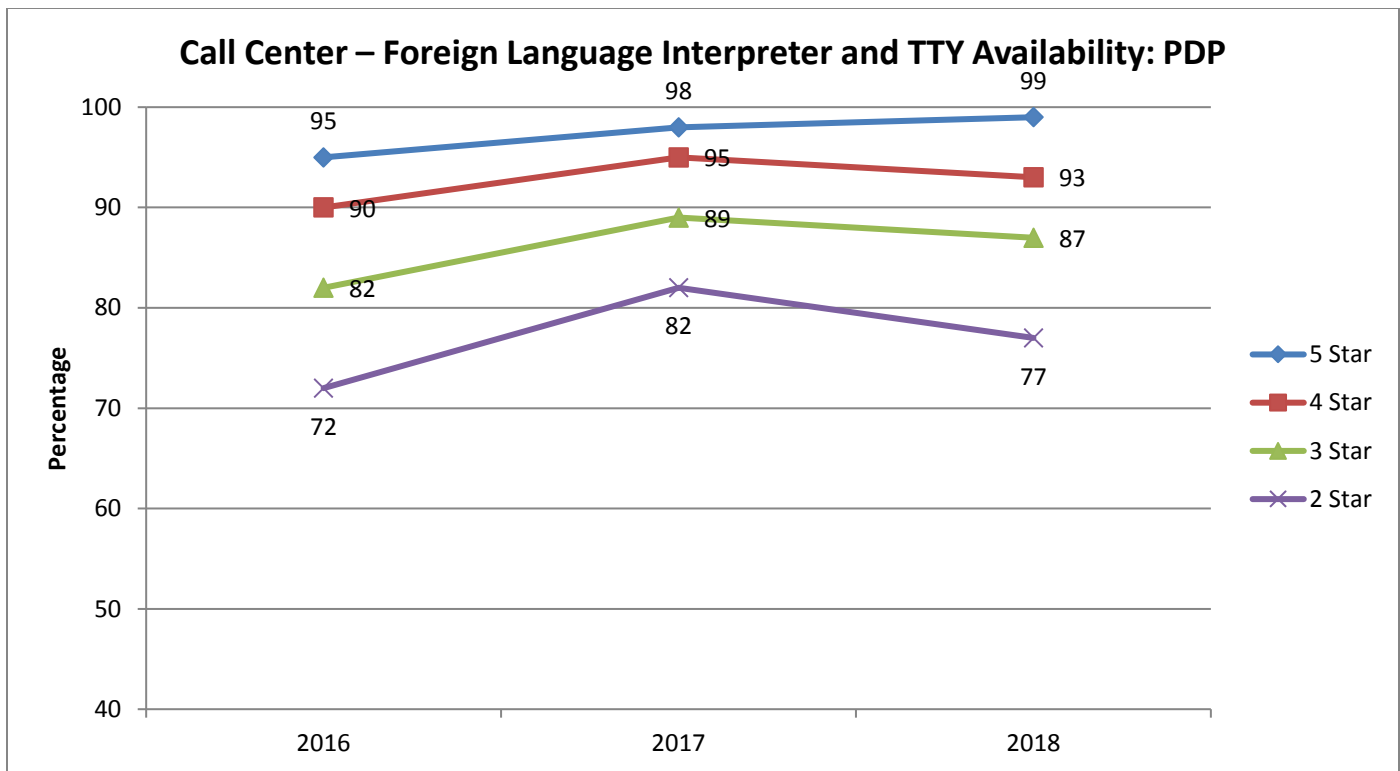
Description: Percent of time that TTY services and foreign language interpretation were available when needed by prospective members who called the drug plan's prospective enrollee customer service phone number.

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	2016	< 55%	≥ 55% to < 76%	≥ 76% to < 89%	≥ 89% to < 94%	Not predetermined	≥ 94%
MAPD	2017	< 66%	≥ 66% to < 75%	≥ 75% to < 88%	≥ 88% to < 95%	Not predetermined	≥ 95%
MAPD	2018	< 54%	≥ 54% to < 69%	≥ 69% to < 83%	≥ 83% to < 95%	Not predetermined	≥ 95%



Title	Description
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Description: Percent of time that 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.

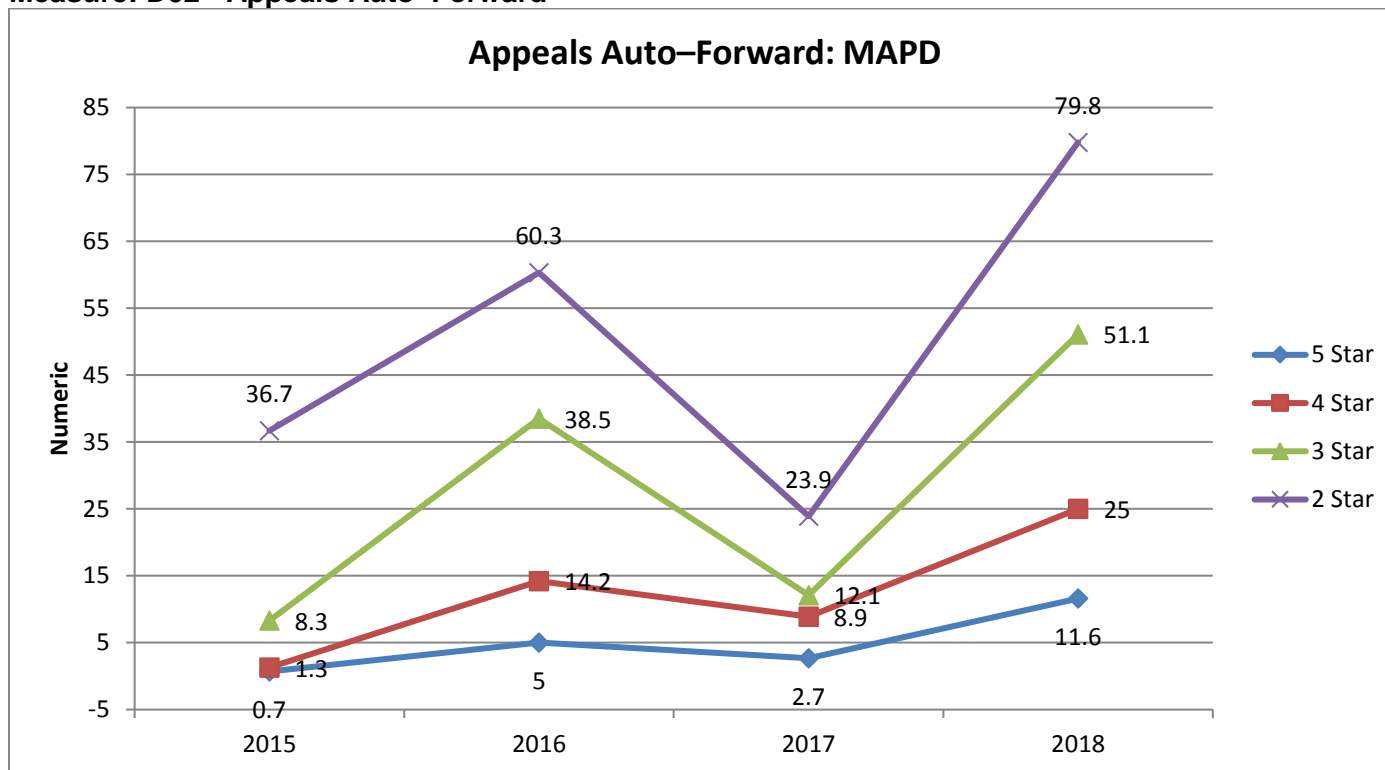
Data Source: Call Center Monitoring

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
PDP	2016	< 72%	≥ 72% to < 82%	≥ 82% to < 90%	≥ 90% to < 95%	Not predetermined	≥ 95%
PDP	2017	< 82%	≥ 82% to < 89%	≥ 89% to < 95%	≥ 95% to < 98%	Not predetermined	≥ 98%
PDP	2018	< 77%	≥ 77% to < 87%	≥ 87% to < 93%	≥ 93% to < 99%	Not predetermined	≥ 99%

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>

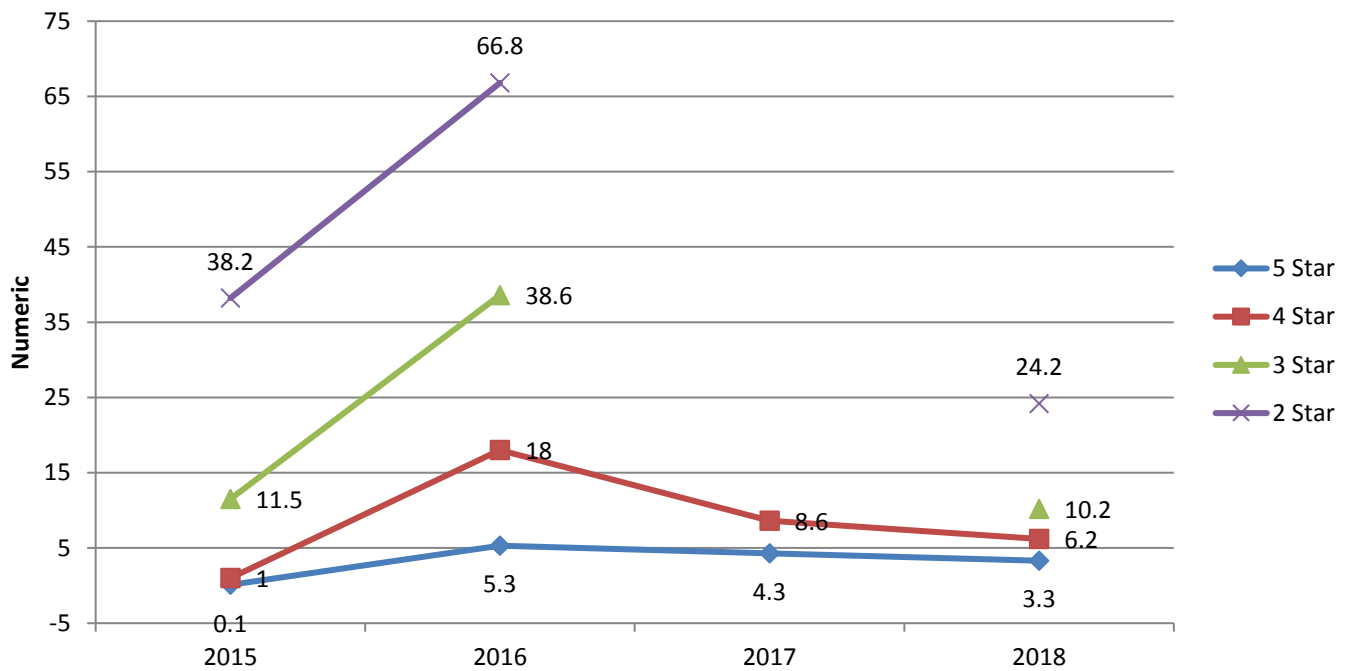
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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
MAPD	2017	> 23.9	> 12.1 to ≤ 23.9	> 8.9 to ≤ 12.1	> 2.7 to ≤ 8.9	Not predetermined	≤ 2.7
MAPD	2018	> 79.8	> 51.1 to ≤ 79.8	> 25.0 to ≤ 51.1	> 11.6 to ≤ 25.0	Not predetermined	≤ 11.6

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>

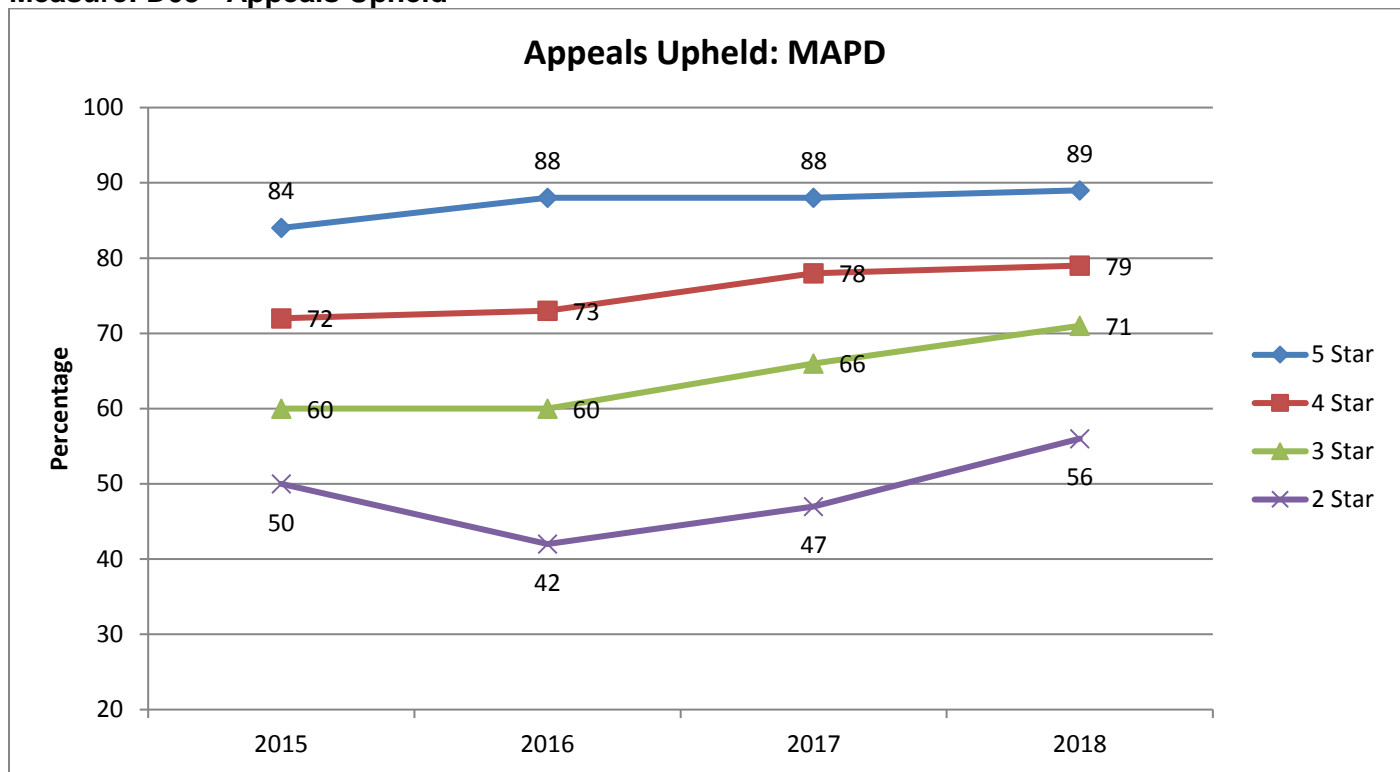
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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
PDP	2017	NA	NA	> 8.6	> 4.3 to ≤ 8.6	Not predetermined	≤ 4.3
PDP	2018	> 24.2	> 10.2 to ≤ 24.2	> 6.2 to ≤ 10.2	> 3.3 to ≤ 6.2	Not predetermined	≤ 3.3

Measure: D03 - Appeals Upheld



Title

Description

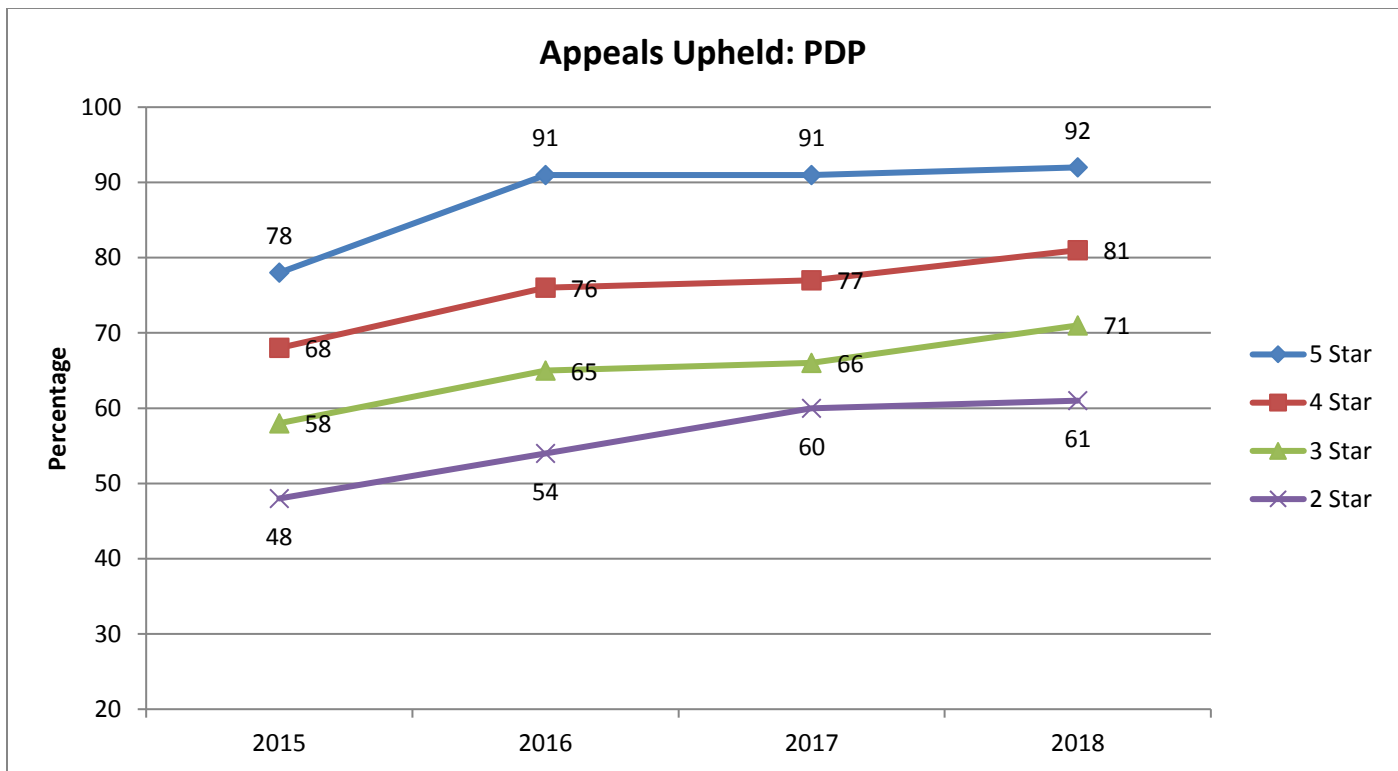
Description: How often an Independent Reviewer thought the drug plan's decision to deny an appeal was fair. This includes appeals made by plan members and out-of-network providers. (This rating is not based on how often the plan denies appeals, but rather *how fair* the plan is when they do deny an appeal.)

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	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%
MAPD	2017	< 47%	≥ 47% to < 66%	≥ 66% to < 78%	≥ 78% to < 88%	Not predetermined	≥ 88%
MAPD	2018	< 56%	≥ 56% to < 71%	≥ 71% to < 79%	≥ 79% to < 89%	Not predetermined	≥ 89%



Title	Description
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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 do deny an appeal.)

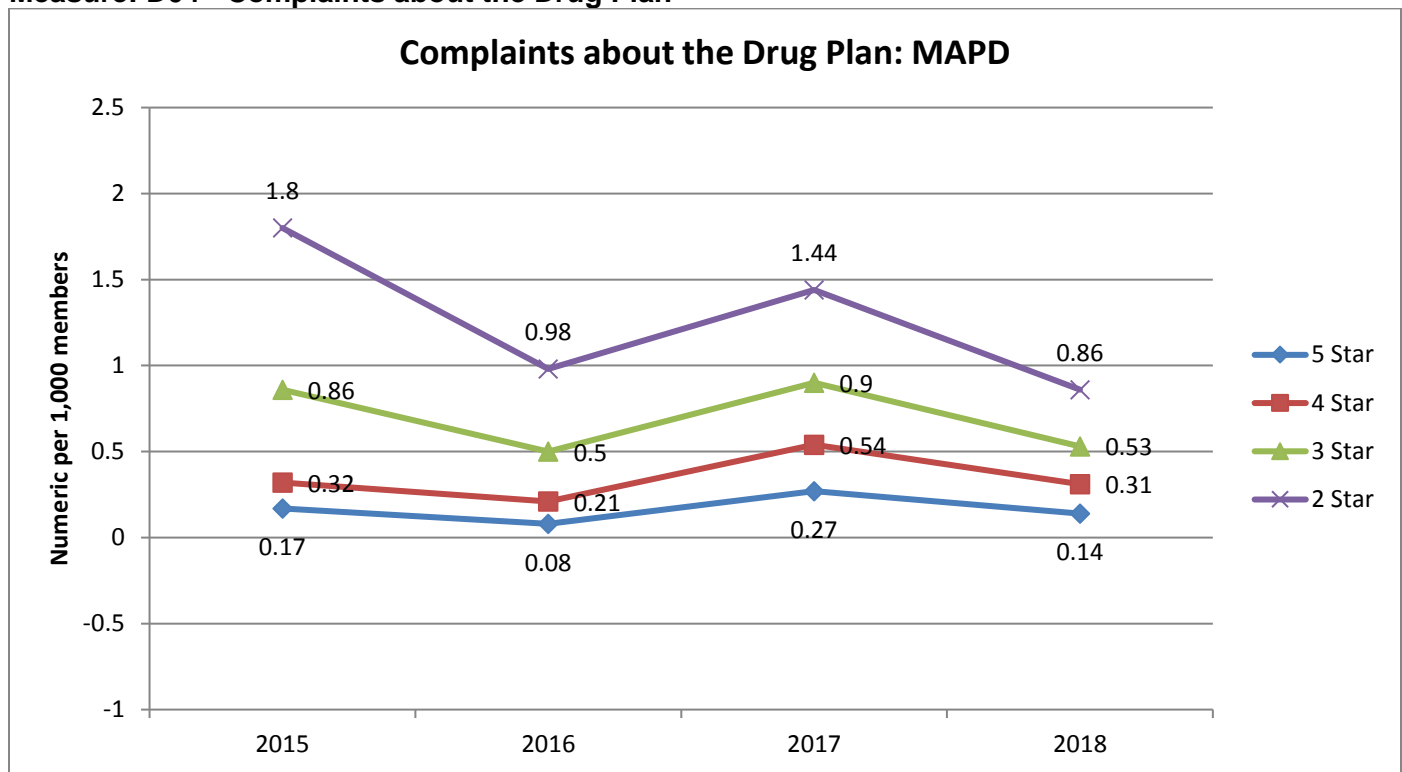
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
PDP	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%
PDP	2017	< 60%	≥ 60% to < 66%	≥ 66% to < 77%	≥ 77% to < 91%	Not predetermined	≥ 91%
PDP	2018	< 61%	≥ 61% to < 71%	≥ 71% to < 81%	≥ 81% to < 92%	Not predetermined	≥ 92%

Measure: D04 - Complaints about the Drug Plan



Title

Description

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

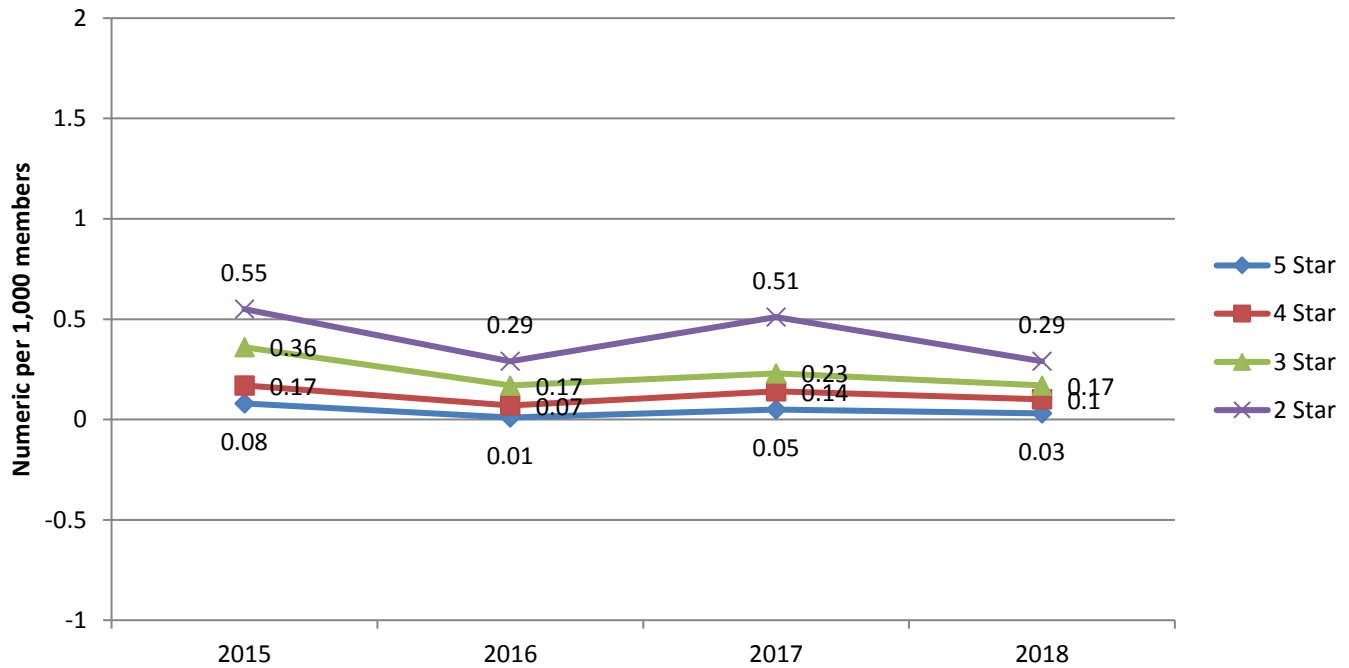
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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
MAPD	2017	> 1.44	> 0.90 to ≤ 1.44	> 0.54 to ≤ 0.90	> 0.27 to ≤ 0.54	Not predetermined	≤ 0.27
MAPD	2018	> 0.86	> 0.53 to ≤ 0.86	> 0.31 to ≤ 0.53	> 0.14 to ≤ 0.31	Not predetermined	≤ 0.14

Complaints about the Drug Plan: PDP



Title

Description

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

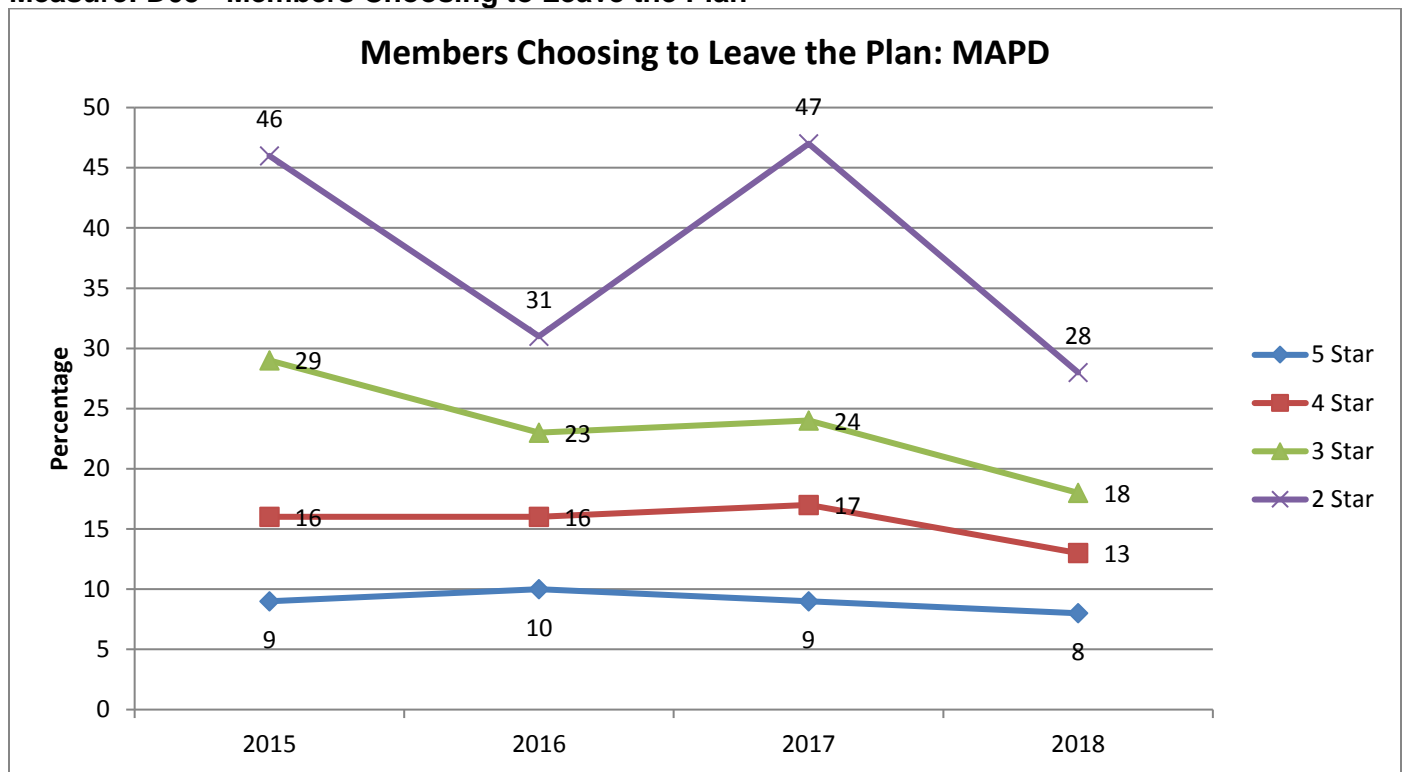
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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
PDP	2017	> 0.51	> 0.23 to ≤ 0.51	> 0.14 to ≤ 0.23	> 0.05 to ≤ 0.14	Not predetermined	≤ 0.05
PDP	2018	> 0.29	> 0.17 to ≤ 0.29	> 0.10 to ≤ 0.17	> 0.03 to ≤ 0.10	Not predetermined	≤ 0.03

Measure: D05 - Members Choosing to Leave the Plan



Title

Description

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

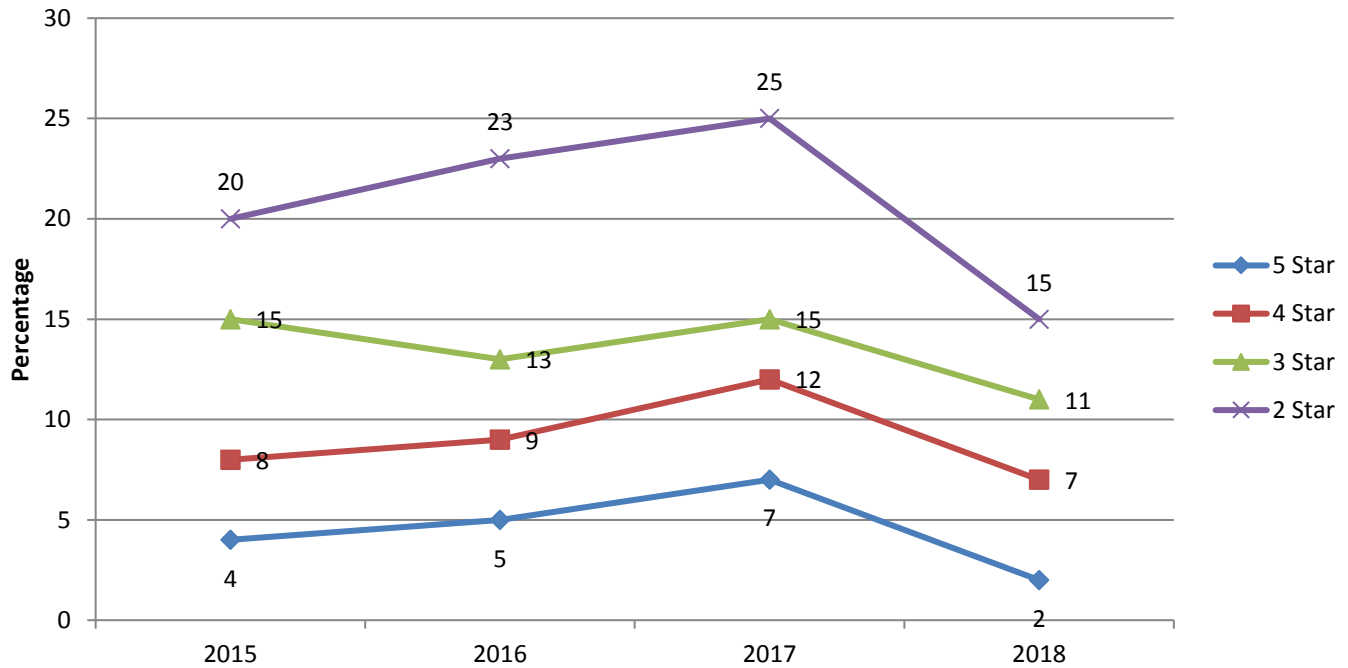
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
MAPD	2017	> 47%	> 24% to ≤ 47%	> 17% to ≤ 24%	> 9% to ≤ 17%	Not predetermined	≤ 9%
MAPD	2018	> 28%	> 18% to ≤ 28%	> 13% to ≤ 18%	> 8% to ≤ 13%	Not predetermined	≤ 8%

Members Choosing to Leave the Plan: PDP



Title

Description

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

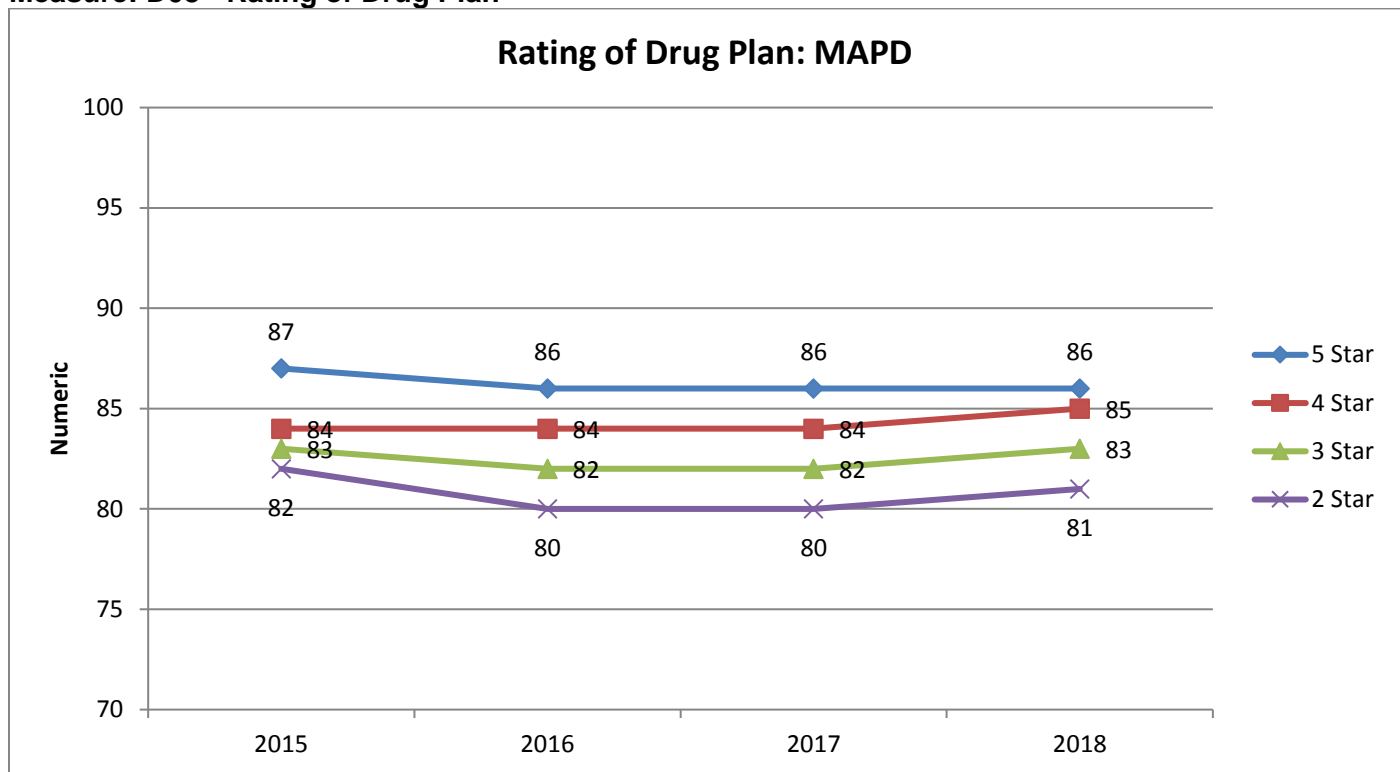
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
PDP	2017	> 25%	> 15% to ≤ 25%	> 12% to ≤ 15%	> 7% to ≤ 12%	Not predetermined	≤ 7%
PDP	2018	> 15%	> 11% to ≤ 15%	> 7% to ≤ 11%	> 2% to ≤ 7%	Not predetermined	≤ 2%

Measure: D08 - Rating of Drug Plan



Title

Description

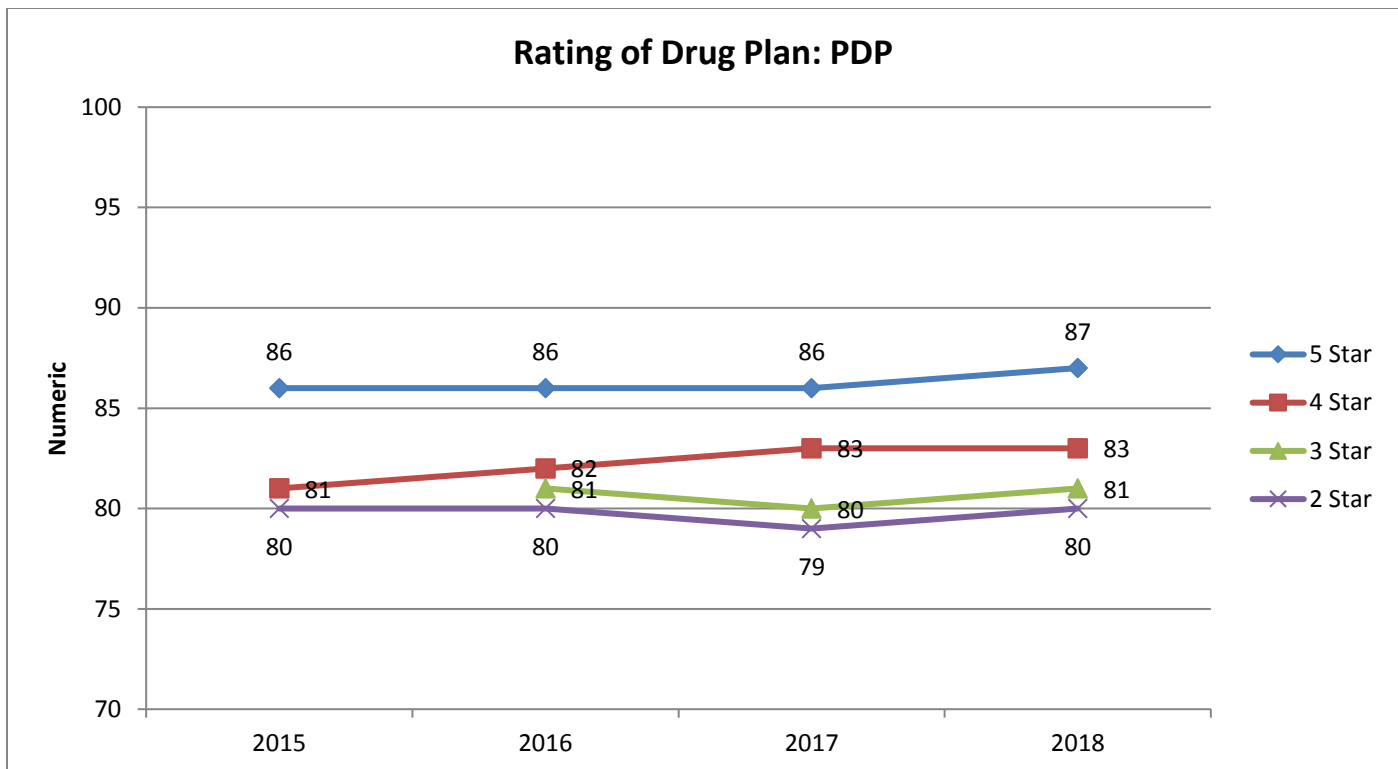
Description: Percent of the best possible score the plan earned from members who rated the prescription drug plan.

Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
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%
MAPD	2017	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 86	Not predetermined	≥ 86
MAPD	2018	< 81	≥ 81 to < 83	≥ 83 to < 85	≥ 85 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

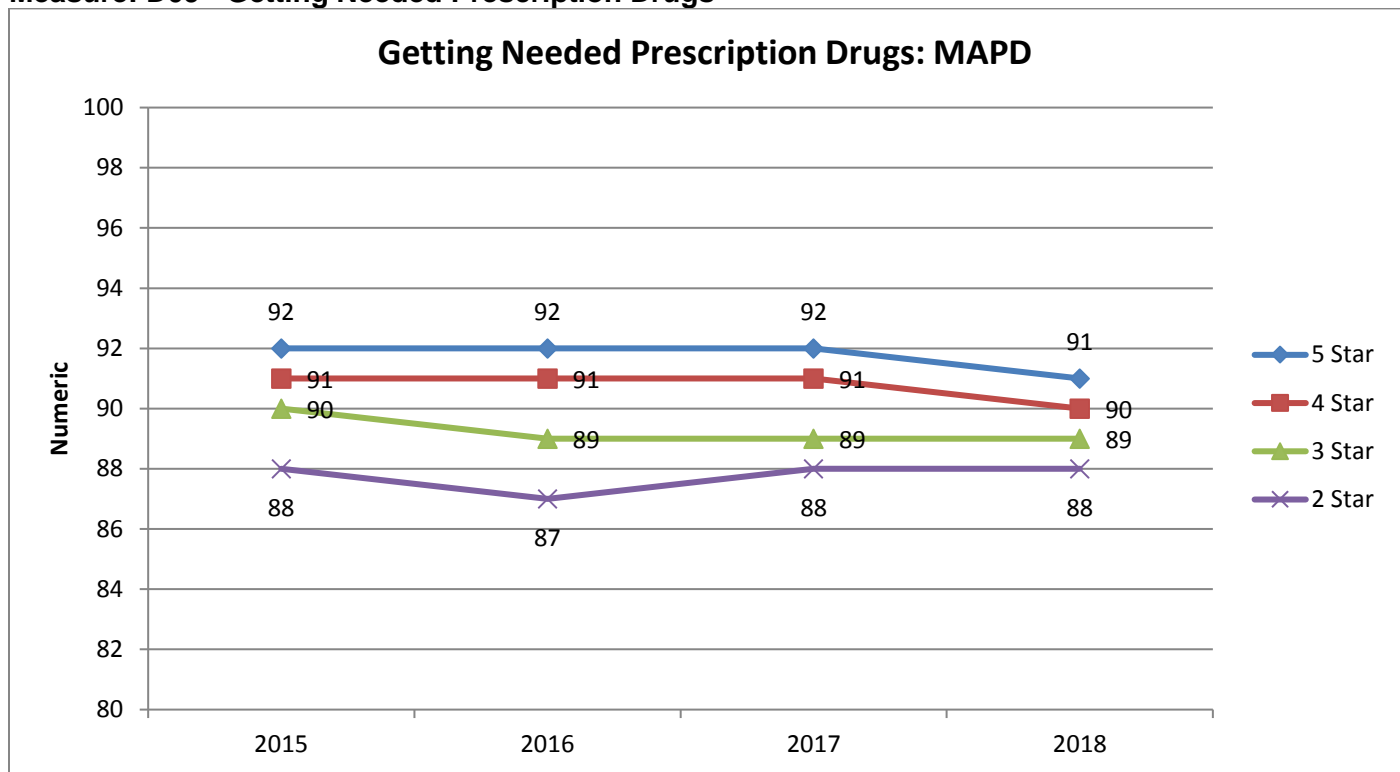
General Trend: Higher is better

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
PDP	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%
PDP	2017	< 79	≥ 79 to < 80	≥ 80 to < 83	≥ 83 to < 86	Not predetermined	≥ 86
PDP	2018	< 80	≥ 80 to < 81	≥ 81 to < 83	≥ 83 to < 87	Not predetermined	≥ 87

*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: D09 - 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.

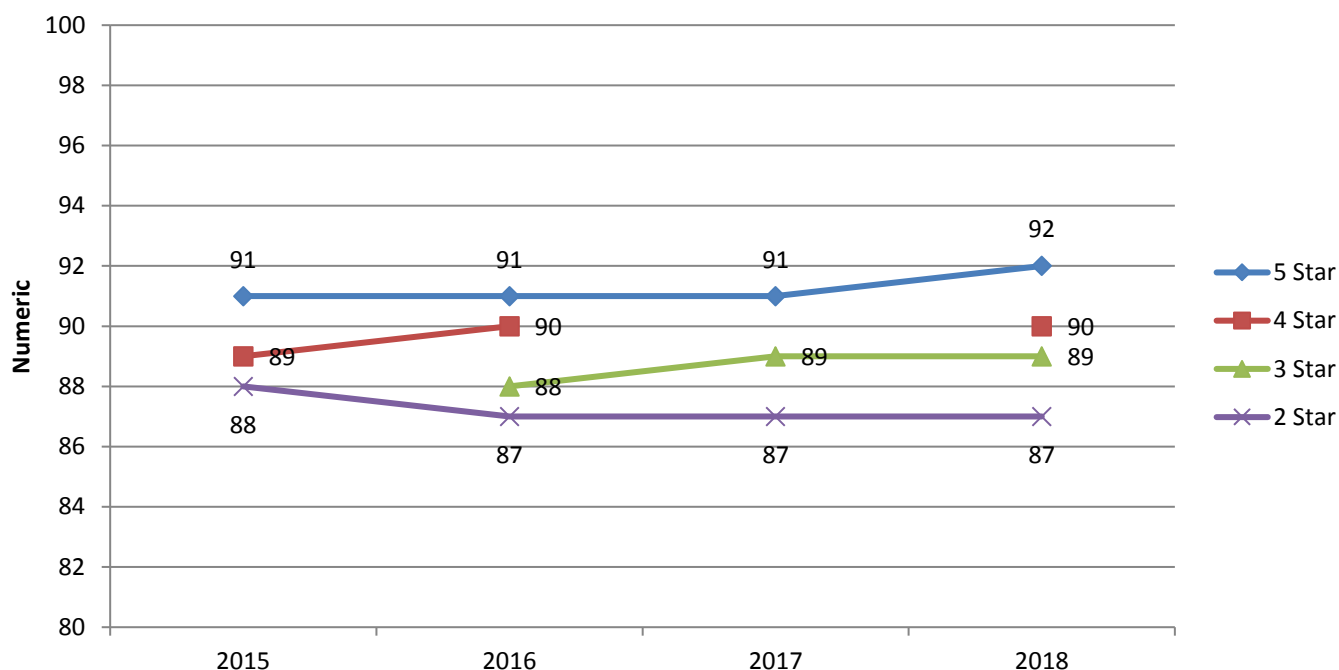
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
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%
MAPD	2017	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	Not predetermined	≥ 92
MAPD	2018	< 88	≥ 88 to < 89	≥ 89 to < 90	≥ 90 to < 91	Not predetermined	≥ 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

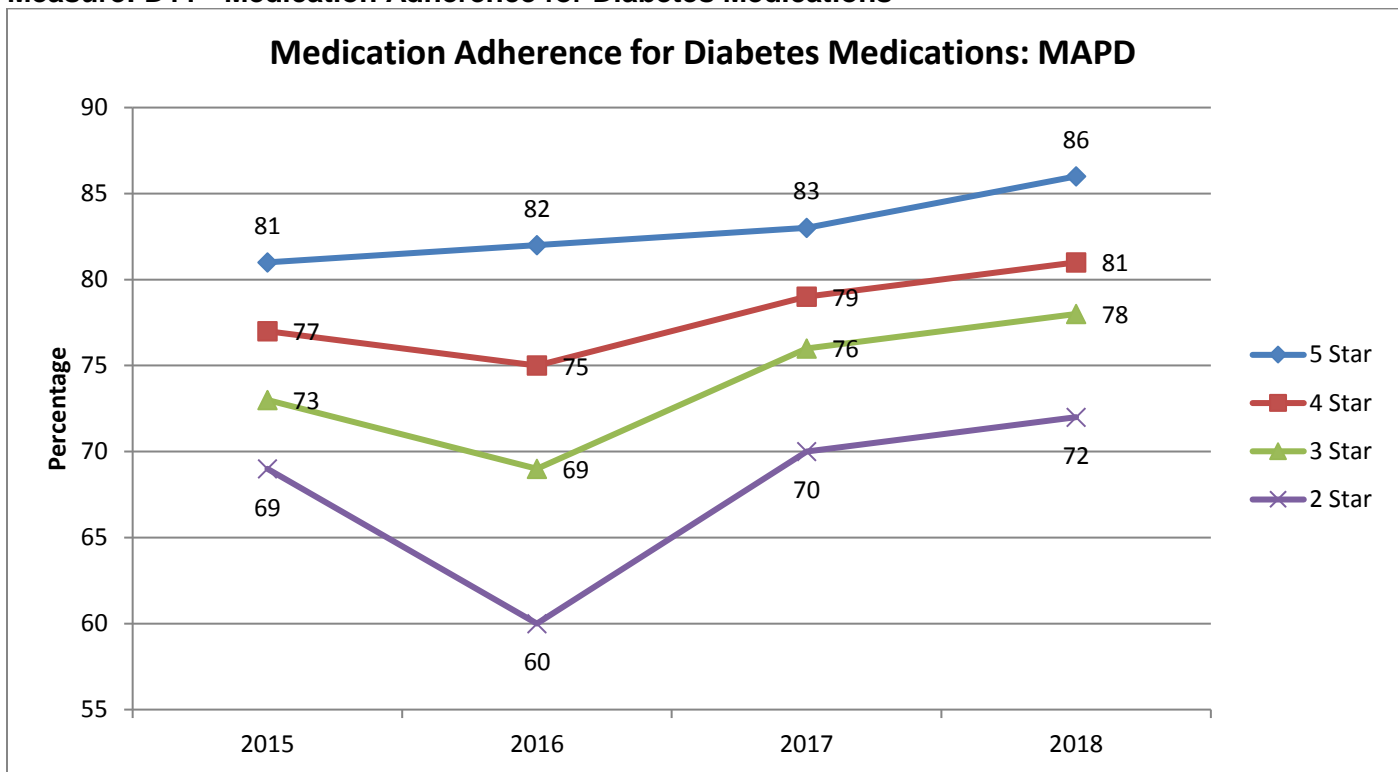
General Trend: Higher is better

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	4 Star Threshold	Base Group 5
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%
PDP	2017	< 87	≥ 87 to < 89	≥ 89 to ≤ 91	*	Not predetermined	≥ 91
PDP	2018	< 87	≥ 87 to < 89	≥ 89 to < 90	≥ 90 to < 92	Not predetermined	≥ 92

*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: D11 - Medication Adherence for Diabetes Medications



Title	Description
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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.)

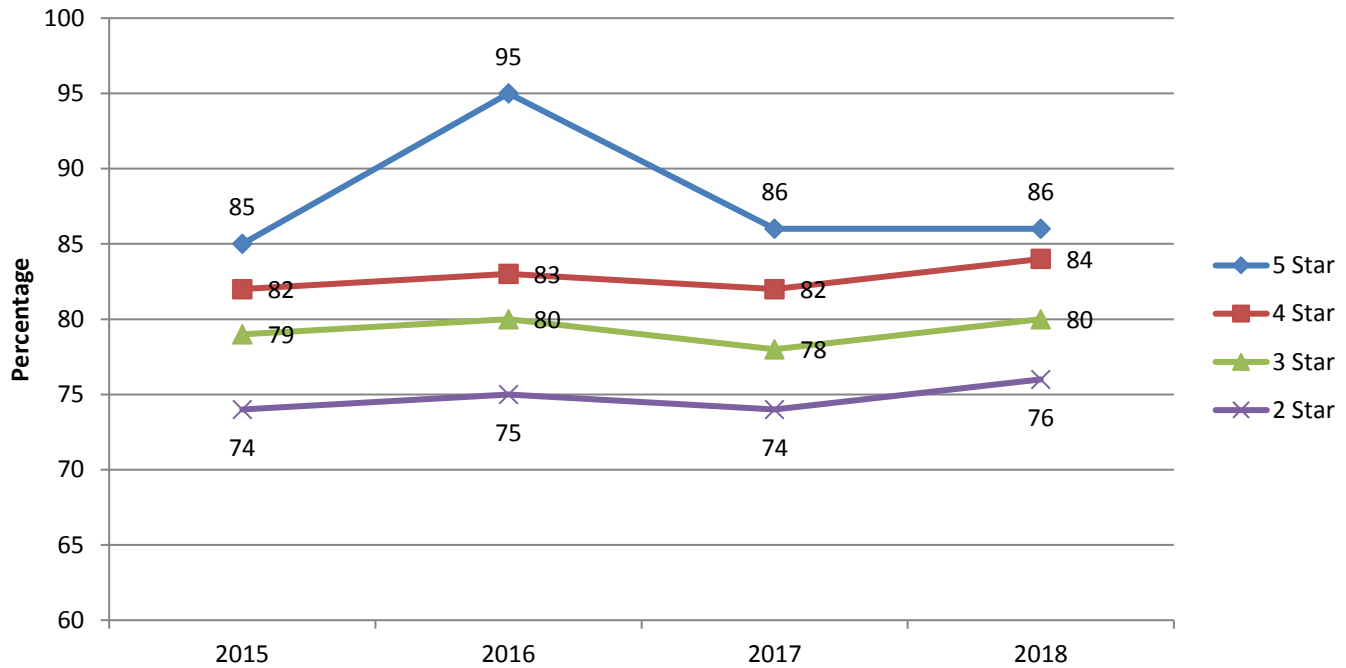
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
MAPD	2017	< 70%	≥ 70% to < 76%	≥ 76% to < 79%	≥ 79% to < 83%	Not predetermined	≥ 83%
MAPD	2018	< 72%	≥ 72% to < 78%	≥ 78% to < 81%	≥ 81% to < 86%	Not predetermined	≥ 86%

Medication Adherence for Diabetes Medications: PDP



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.)

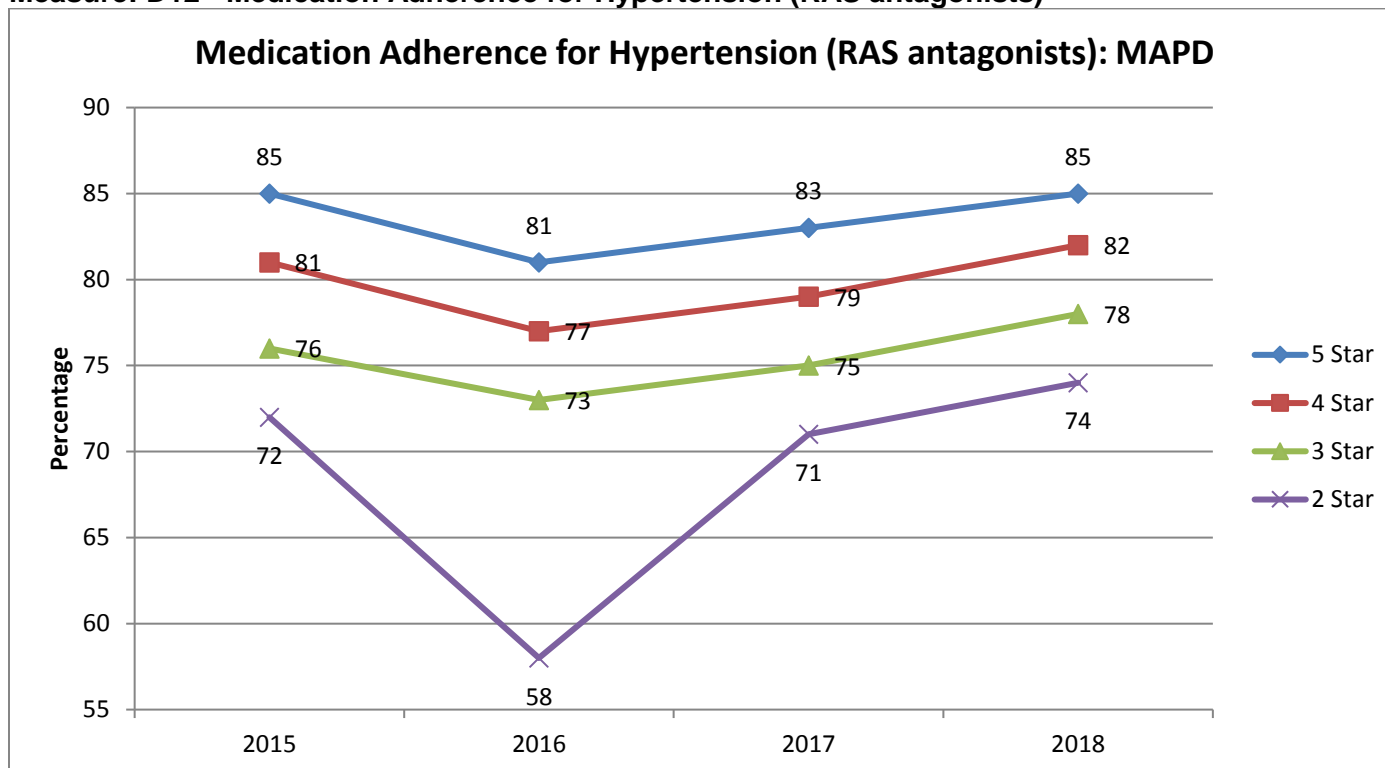
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
PDP	2017	< 74%	≥ 74% to < 78%	≥ 78% to < 82%	≥ 82% to < 86%	Not predetermined	≥ 86%
PDP	2018	< 76%	≥ 76% to < 80%	≥ 80% to < 84%	≥ 84% to < 86%	Not predetermined	≥ 86%

Measure: D12 - Medication Adherence for Hypertension (RAS antagonists)



Title	Description
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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.

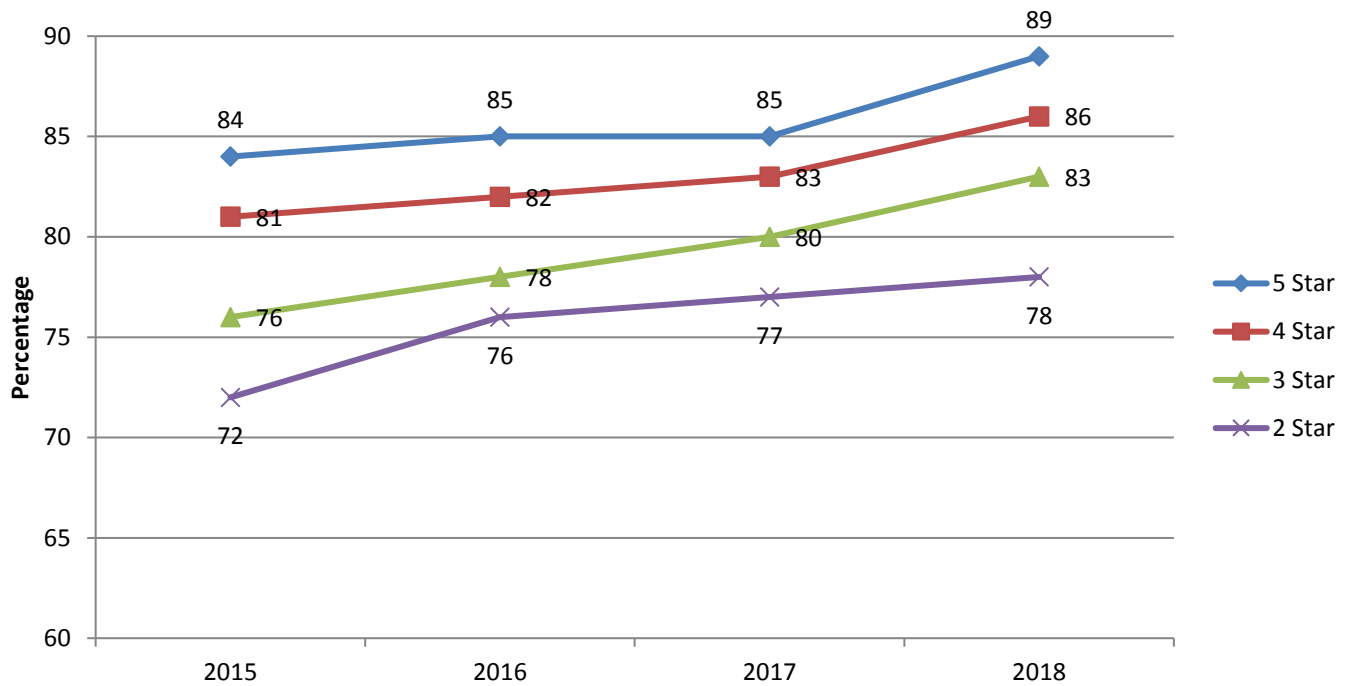
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
MAPD	2017	< 71%	≥ 71% to < 75%	≥ 75% to < 79%	≥ 79% to < 83%	Not predetermined	≥ 83%
MAPD	2018	< 74%	≥ 74% to < 78%	≥ 78% to < 82%	≥ 82% to < 85%	Not predetermined	≥ 85%

Medication Adherence for Hypertension (RAS antagonists): PDP



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.

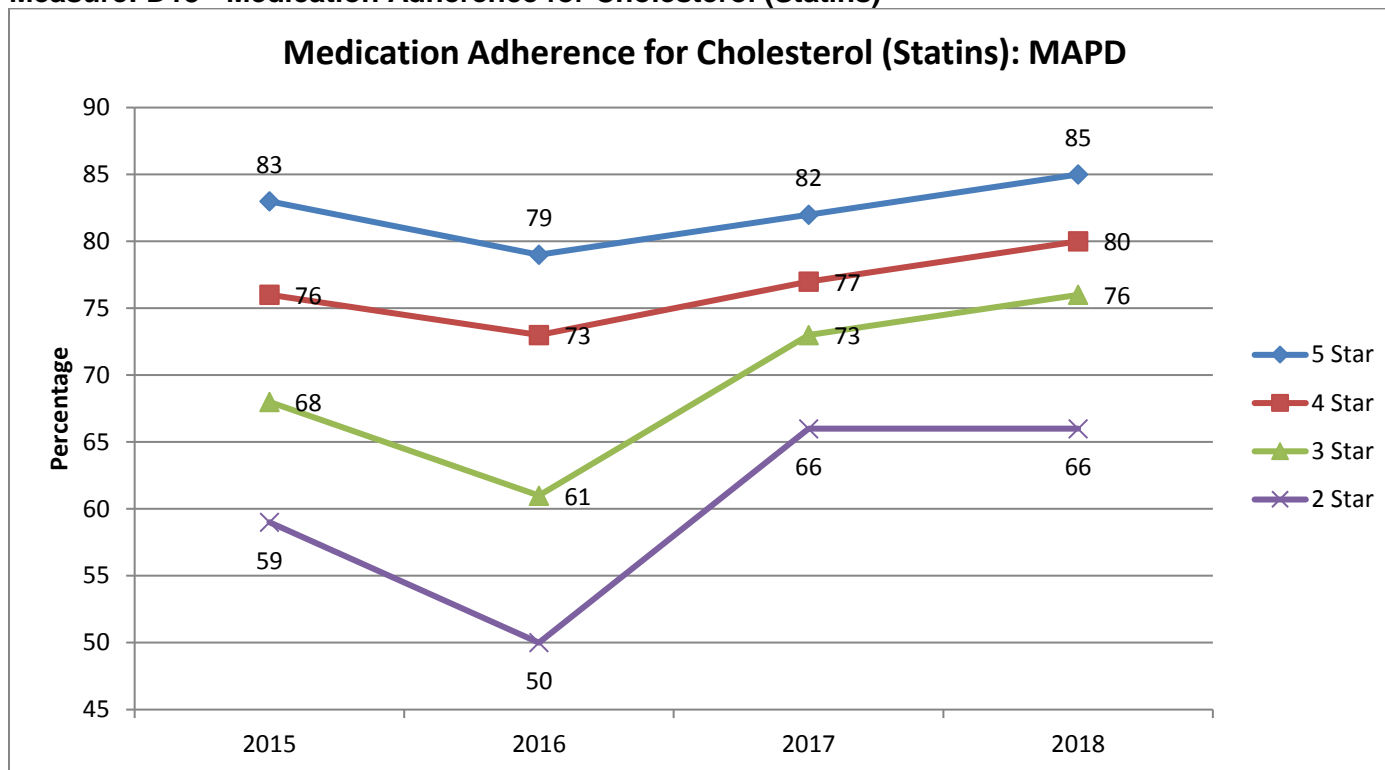
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
PDP	2017	< 77%	≥ 77% to < 80%	≥ 80% to < 83%	≥ 83% to < 85%	Not predetermined	≥ 85%
PDP	2018	< 78%	≥ 78% to < 83%	≥ 83% to < 86%	≥ 86% to < 89%	Not predetermined	≥ 89%

Measure: D13 - Medication Adherence for Cholesterol (Statins)



Title	Description
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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.

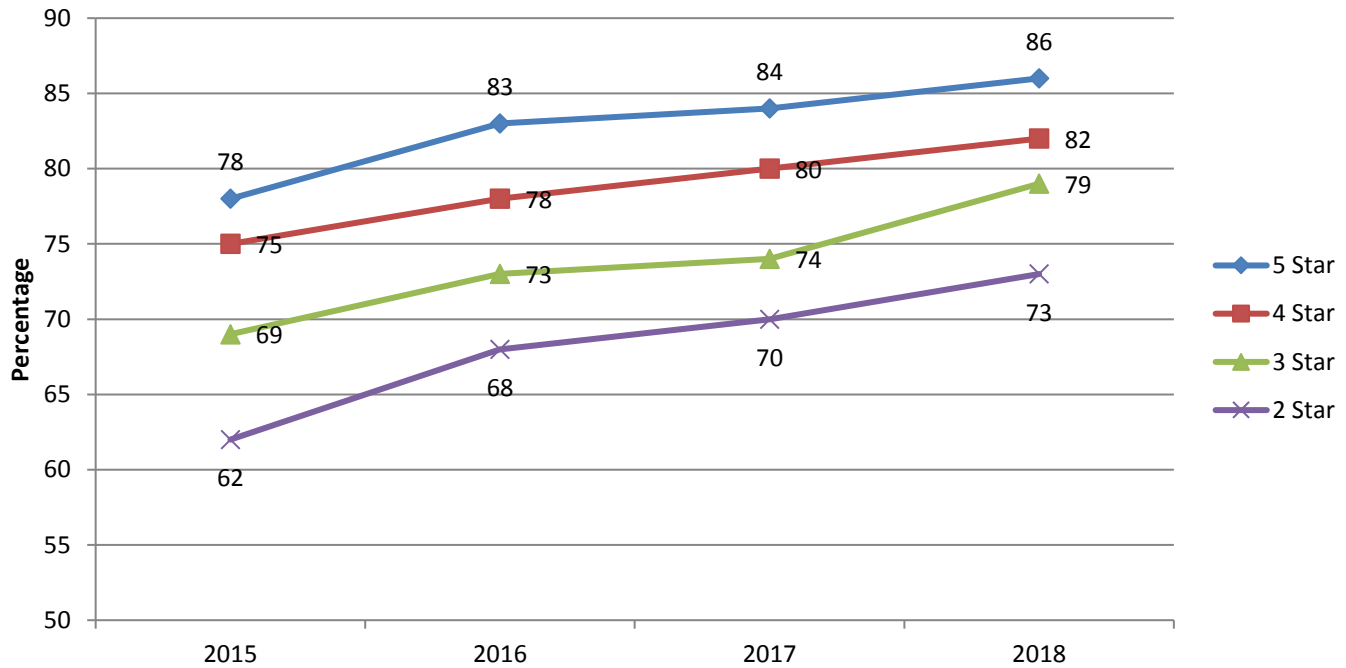
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
MAPD	2017	< 66%	≥ 66% to < 73%	≥ 73% to < 77%	≥ 77% to < 82%	Not predetermined	≥ 82%
MAPD	2018	< 66%	≥ 66% to < 76%	≥ 76% to < 80%	≥ 80% to < 85%	Not predetermined	≥ 85%

Medication Adherence for Cholesterol (Statins): PDP



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.

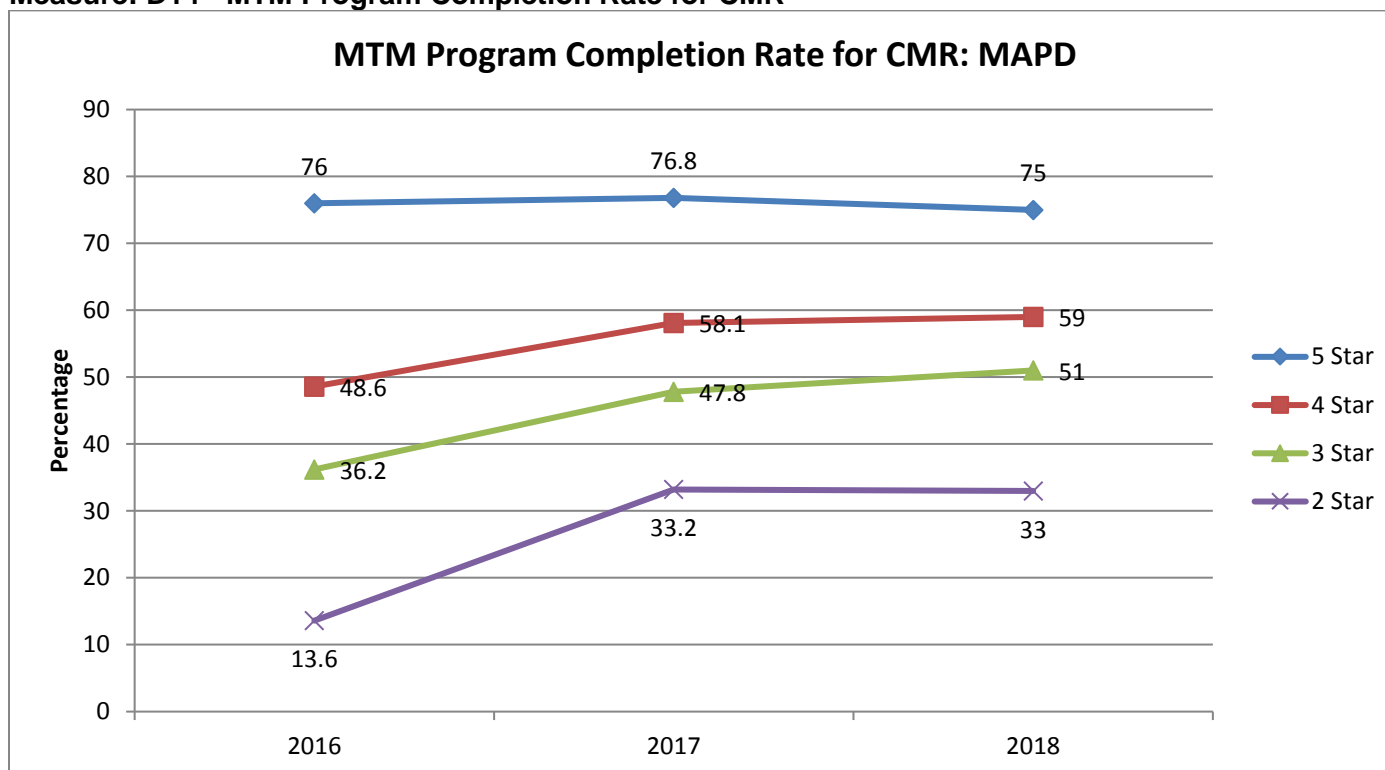
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
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%
PDP	2017	< 70%	≥ 70% to < 74%	≥ 74% to < 80%	≥ 80% to < 84%	Not predetermined	≥ 84%
PDP	2018	< 73%	≥ 73% to < 79%	≥ 79% to < 82%	≥ 82% to < 86%	Not predetermined	≥ 86%

Measure: D14 - MTM Program Completion Rate for CMR



Title	Description
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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. **Note:** If you would like more information about your plan's Medication Therapy Management program, including whether you might be eligible for the program: Return to Star Ratings information page, scroll up to the top of the page, and then click on the "Manage Drugs" tab.

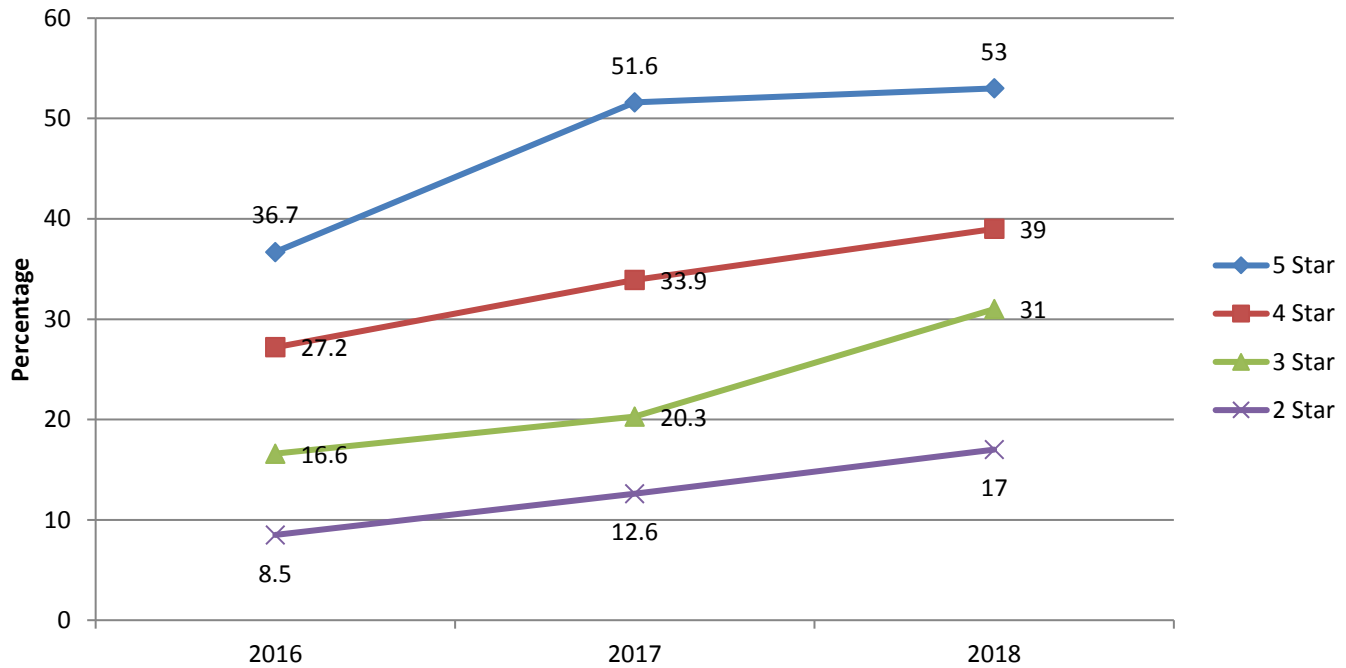
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	4 Star Threshold	5 Stars
MAPD	2016	< 13.6%	≥ 13.6% to < 36.2%	≥ 36.2% to < 48.6%	≥ 48.6% to < 76.0%	Not predetermined	≥ 76.0%
MAPD	2017	< 33.2%	≥ 33.2% to < 47.8%	≥ 47.8% to < 58.1%	≥ 58.1% to < 76.8%	Not predetermined	≥ 76.8%
MAPD	2018	< 33%	≥ 33% to < 51%	≥ 51% to < 59%	≥ 59% to < 75%	Not predetermined	≥ 75%

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. **Note:** If you would like more information about your plan's Medication Therapy Management program, including whether you might be eligible for the program: Return to Star Ratings information page, scroll up to the top of the page, and then click on the "Manage Drugs" tab.

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	2016	< 8.5%	≥ 8.5% to < 16.6%	≥ 16.6% to < 27.2%	≥ 27.2% to < 36.7%	Not predetermined	≥ 36.7%
PDP	2017	< 12.6%	≥ 12.6% to < 20.3%	≥ 20.3% to < 33.9%	≥ 33.9% to < 51.6%	Not predetermined	≥ 51.6%
PDP	2018	< 17%	≥ 17% to < 31%	≥ 31% to < 39%	≥ 39% to < 53%	Not predetermined	≥ 53%