



Trends in Part C & D Star Rating Measure Cut Points

Updated – 11/13/2019

Document Change Log

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

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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.

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

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

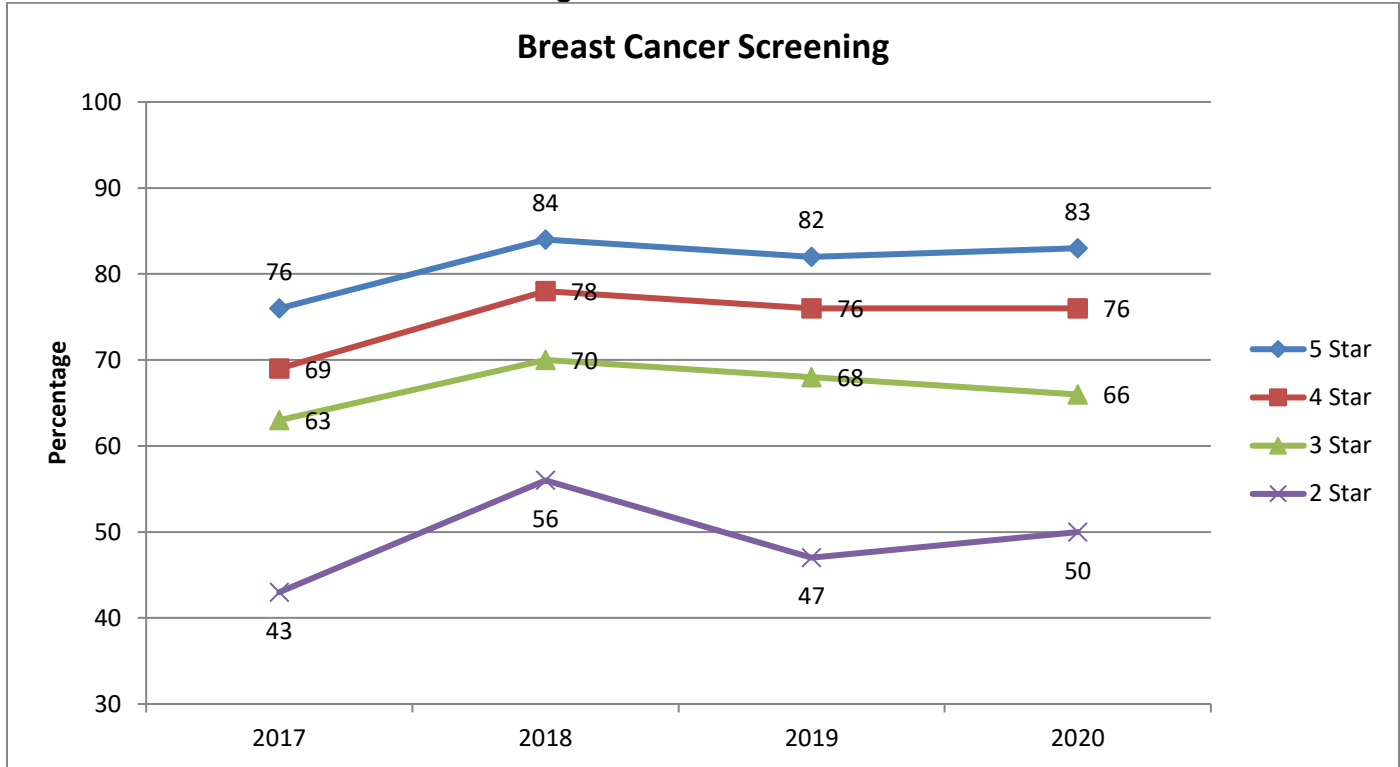


In this document, we display graphical trends of star cut points at the measure level, along with each measure's definition and data source. **Note, since various measures have specification changes over the years, not all changes in cut points indicate changes in average performance. Also, some measures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

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

Part C Measures

Measure: C01 - Breast Cancer Screening



| Title | Description |
|-------|-------------|
|-------|-------------|

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

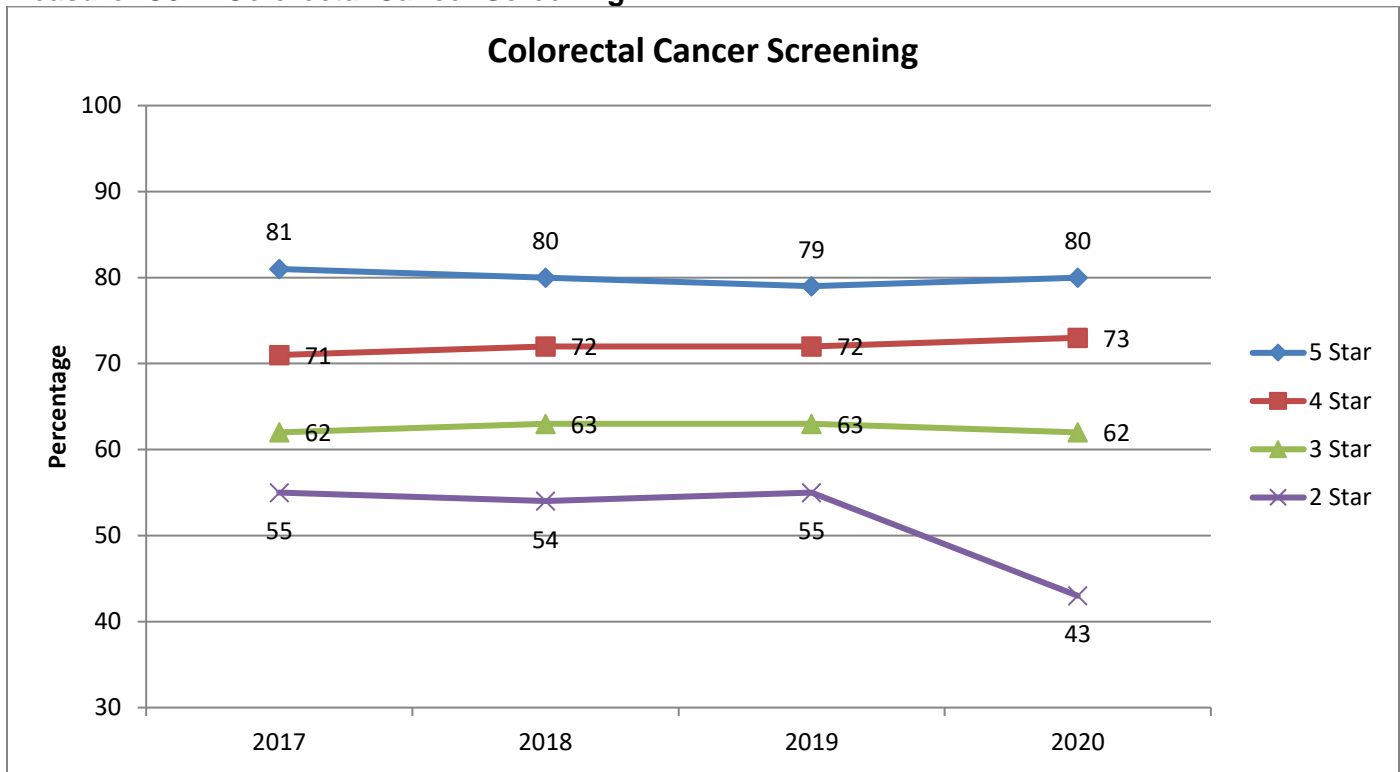
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

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

Measure: C02 - Colorectal Cancer Screening



| Title | Description |
|-------|-------------|
|-------|-------------|

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

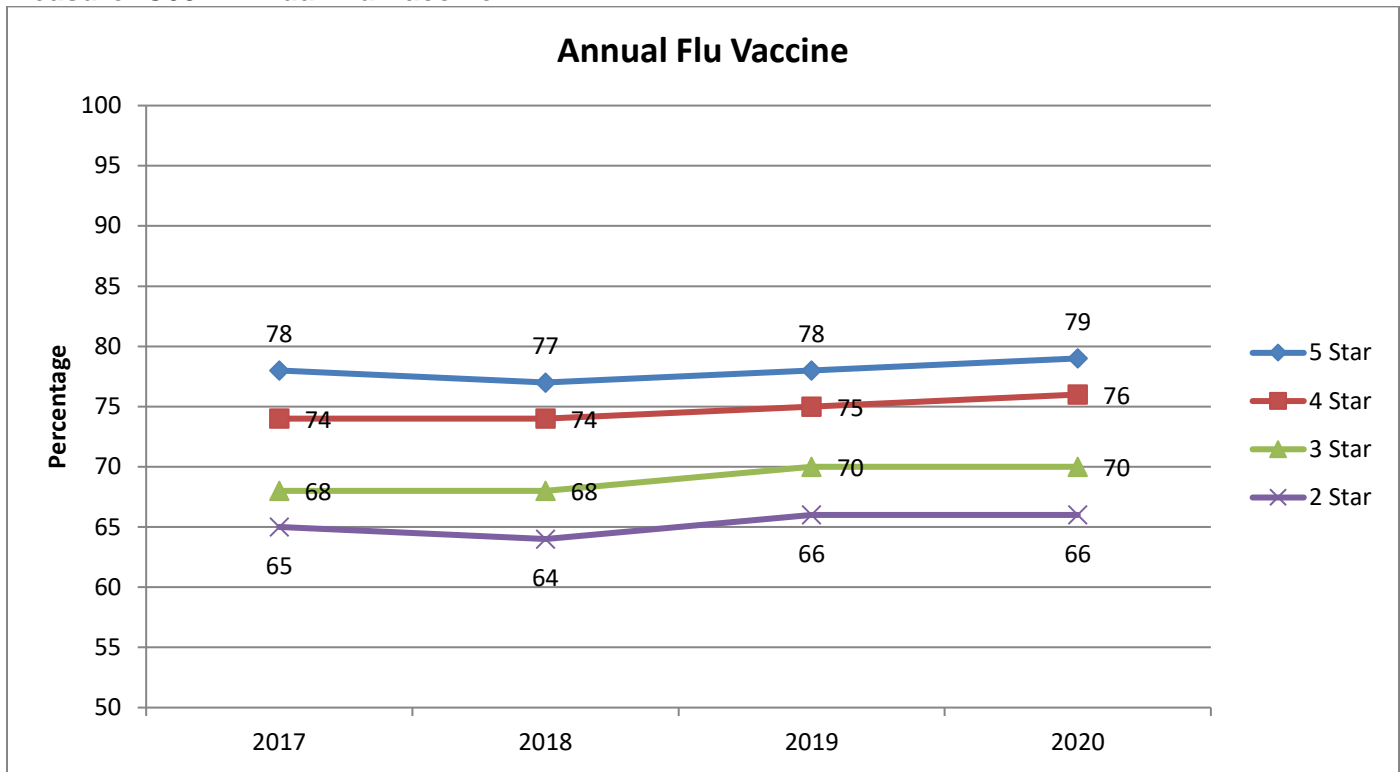
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

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

Measure: C03 - Annual Flu Vaccine



| Title | Description |
|-------|-------------|
|-------|-------------|

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

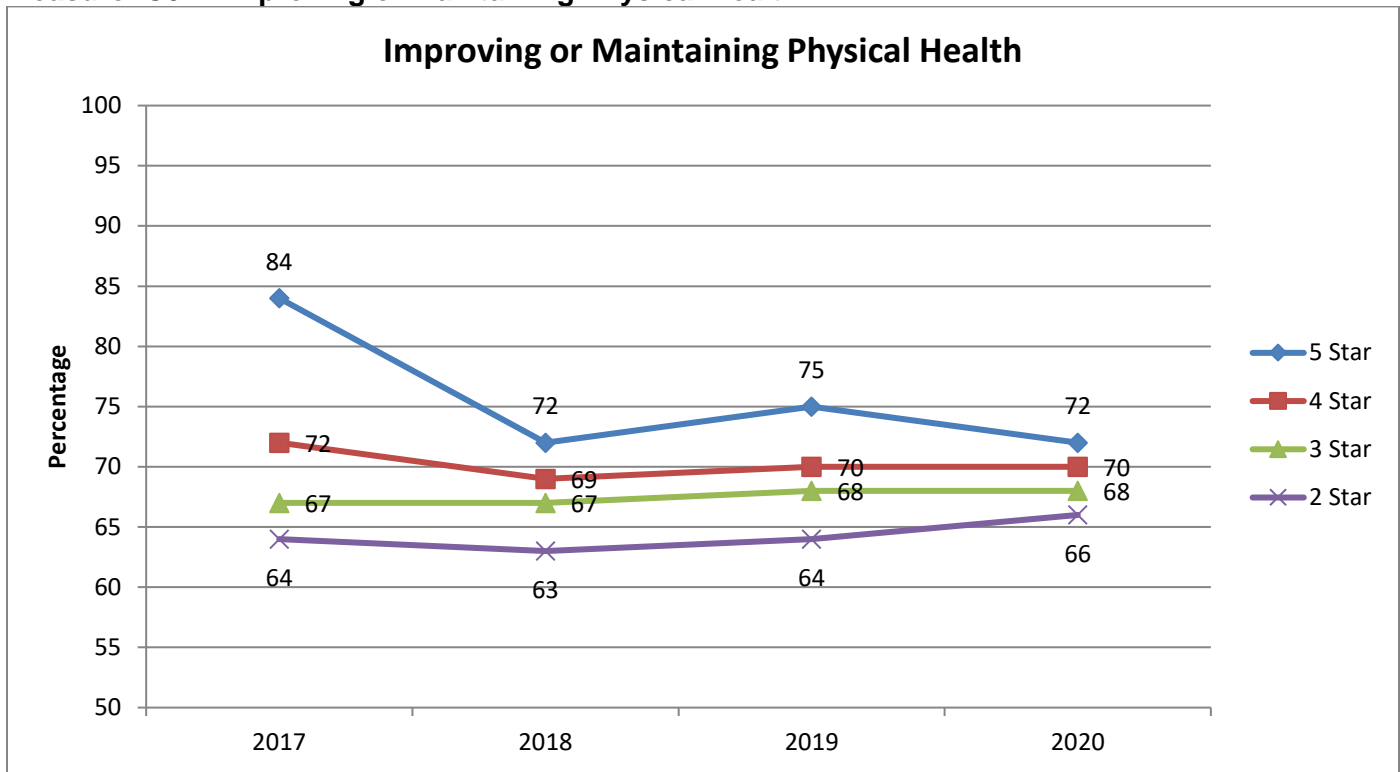
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

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

Measure: C04 - Improving or Maintaining Physical Health



| Title | Description |
|-------|-------------|
|-------|-------------|

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

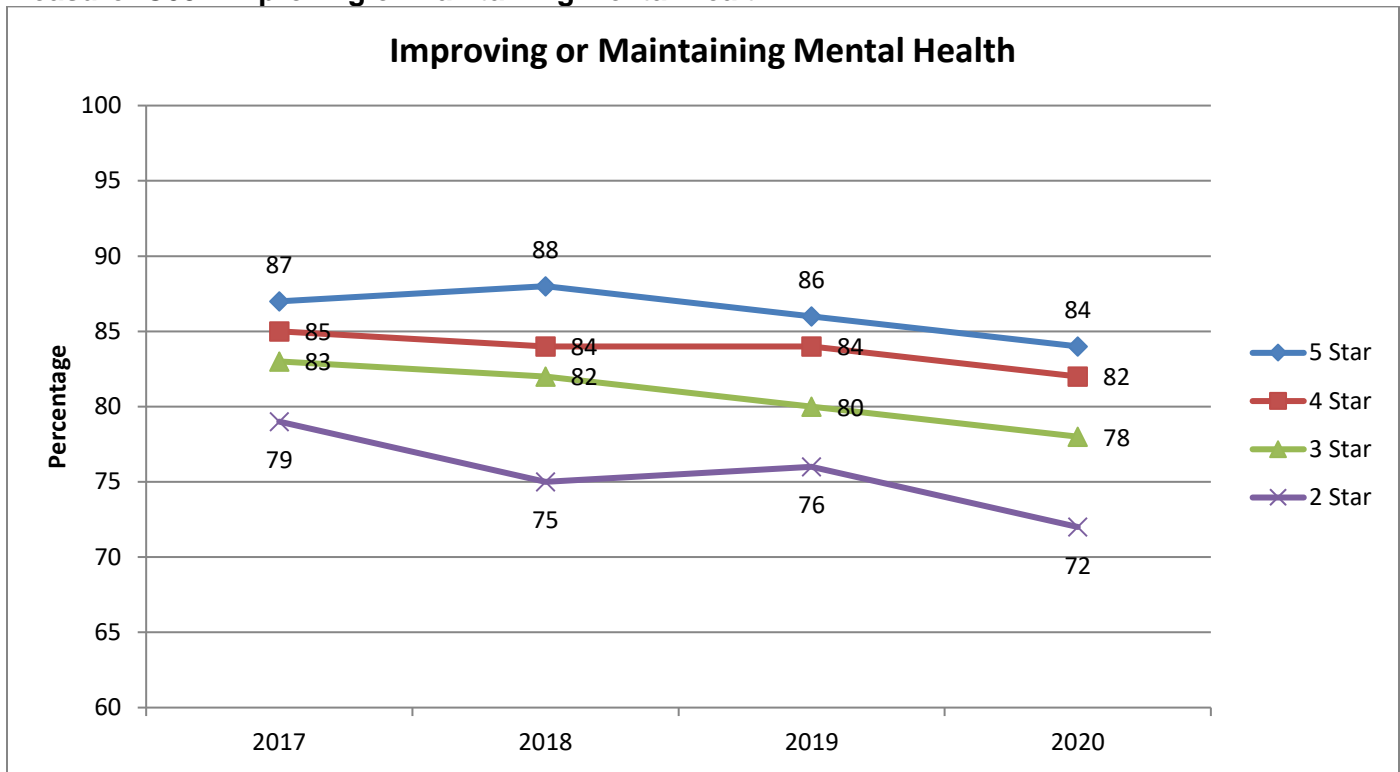
Data Source: HOS

General Trend: Higher is better

Cut Points:

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

Measure: C05 - Improving or Maintaining Mental Health



| Title | Description |
|-------|-------------|
|-------|-------------|

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

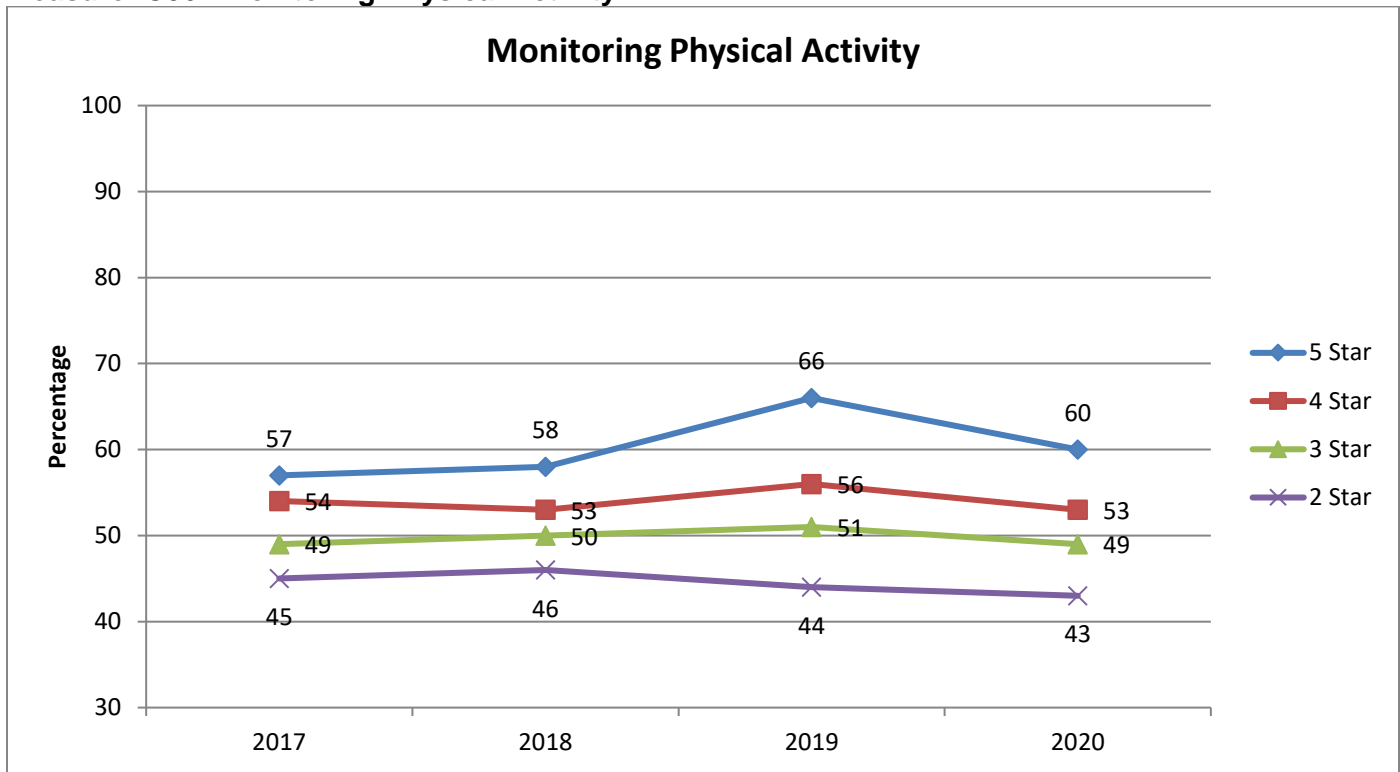
Data Source: HOS

General Trend: Higher is better

Cut Points:

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

Measure: C06 - Monitoring Physical Activity



| Title | Description |
|-------|-------------|
|-------|-------------|

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

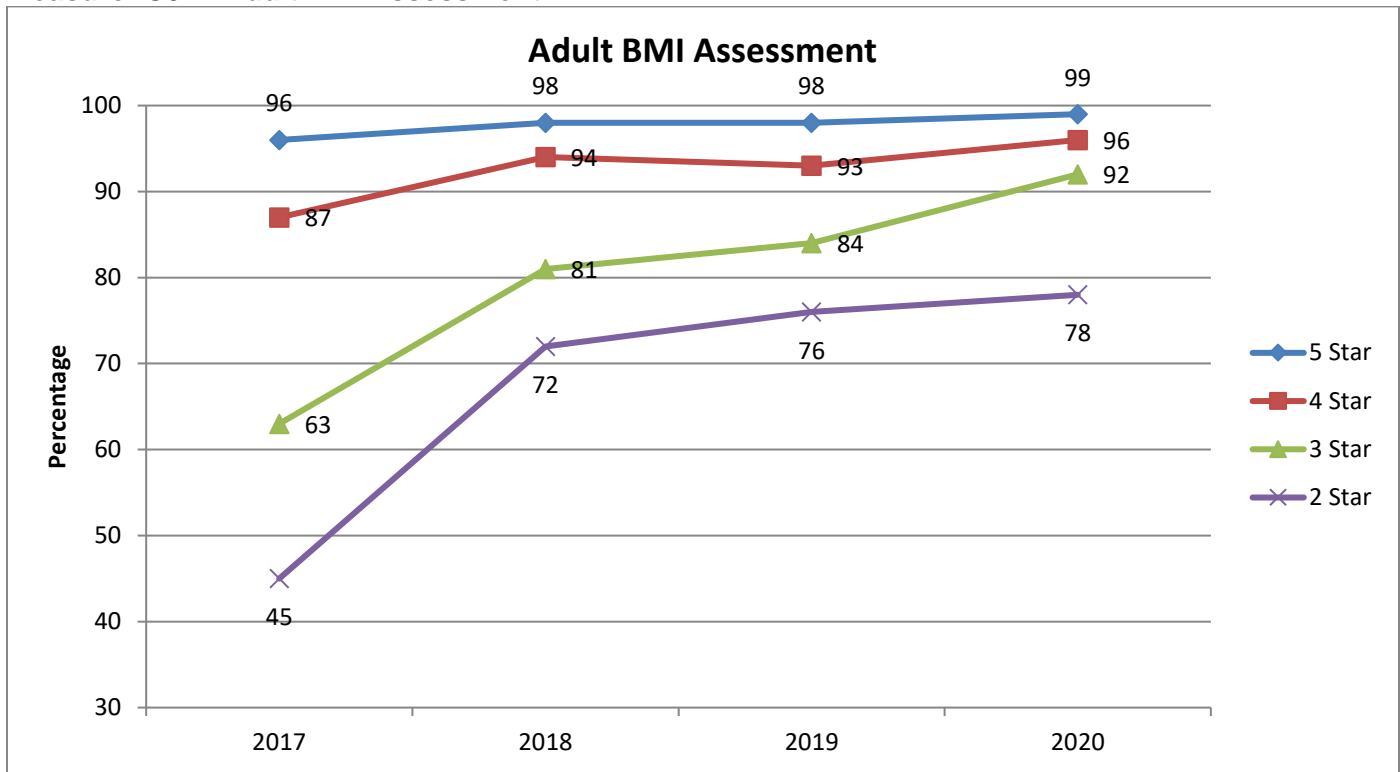
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

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

Measure: C07 - Adult BMI Assessment



| Title | Description |
|-------|-------------|
|-------|-------------|

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

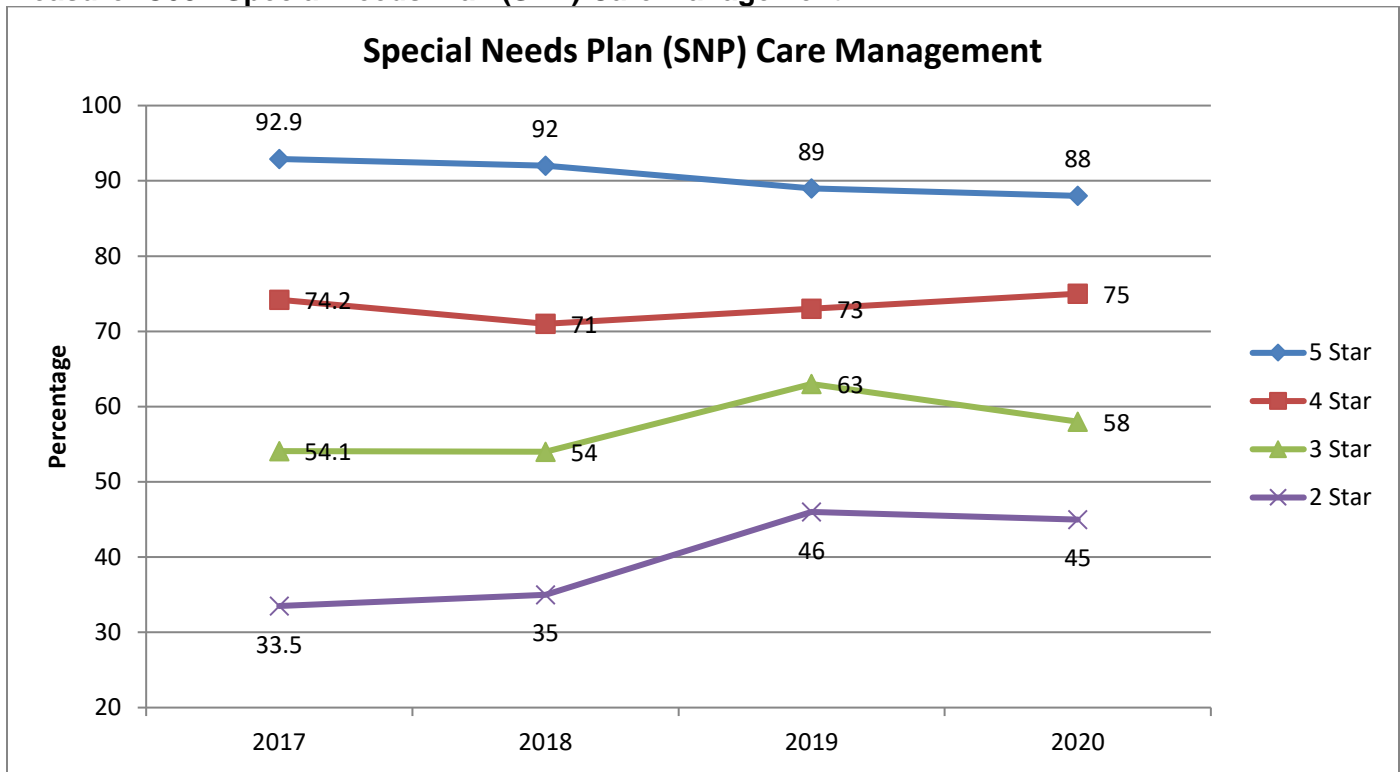
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

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

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



| Title | Description |
|-------|-------------|
|-------|-------------|

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

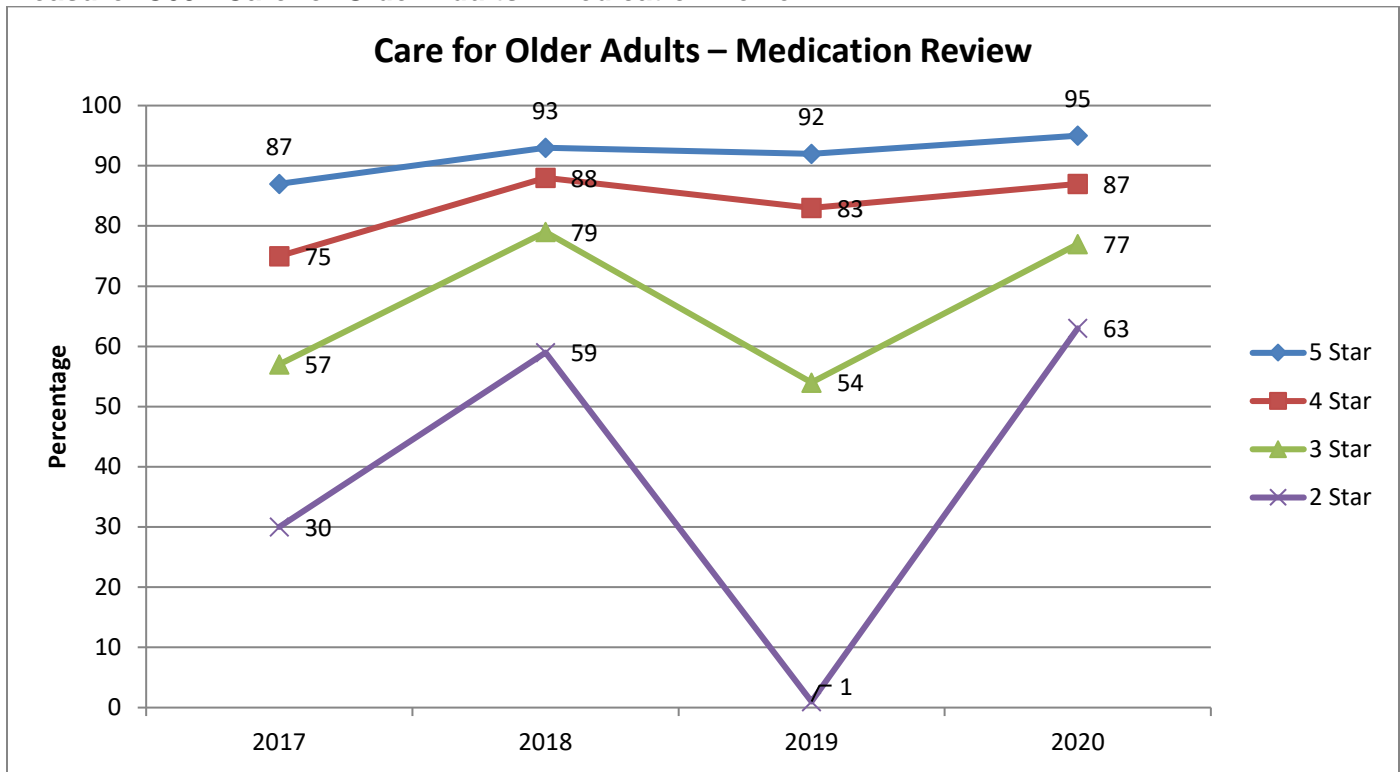
Data Source: Part C Plan Reporting

General Trend: Higher is better

Cut Points:

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

Measure: C09 - Care for Older Adults – Medication Review



| Title | Description |
|-------|-------------|
|-------|-------------|

Description: Percent of plan members whose doctor or clinical pharmacist reviewed a list of everything they take (prescription and non-prescription drugs, vitamins, herbal remedies, other supplements) at least once a year.
 (Medicare does not collect this information from all plans. Medicare collects it only for Special Needs Plans. These plans are a type of Medicare Advantage plan designed for certain people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home.)

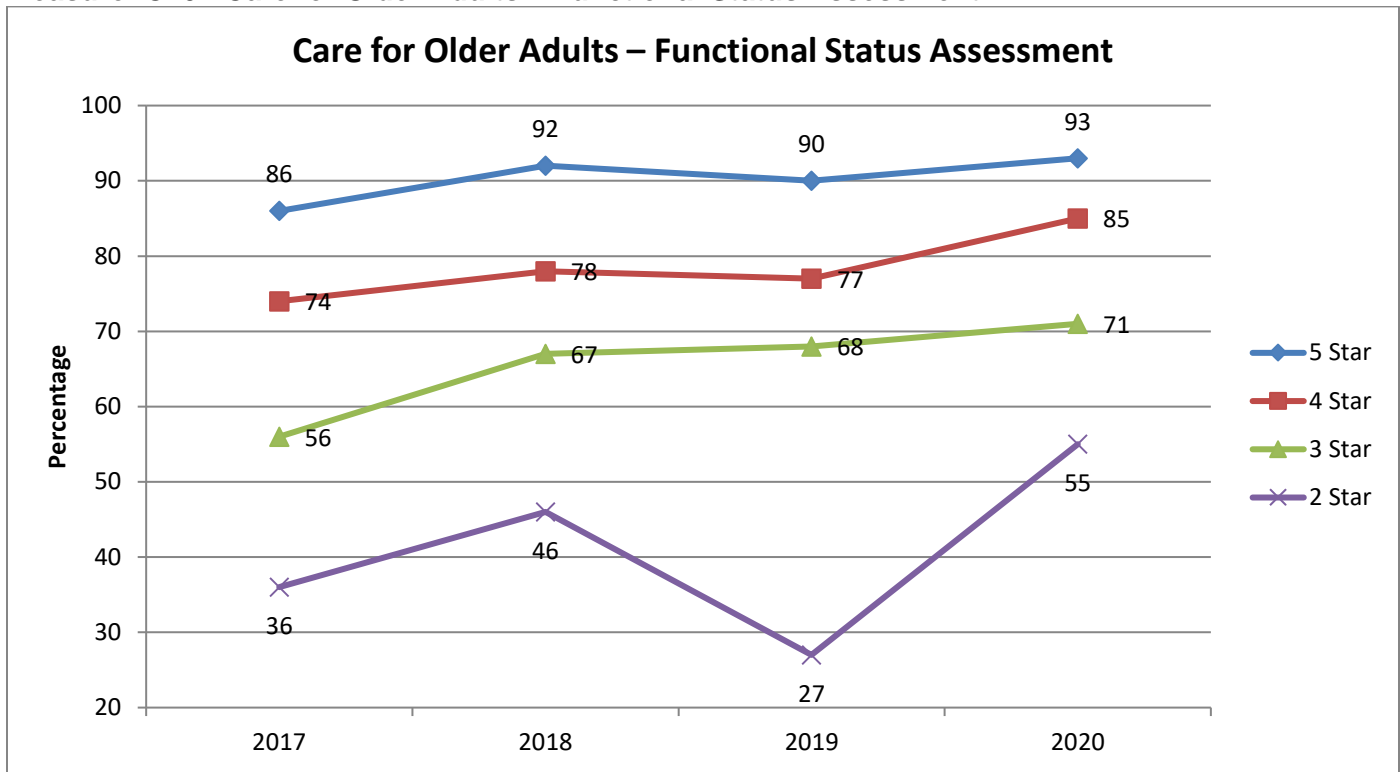
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

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

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



| Title | Description |
|-------|-------------|
|-------|-------------|

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

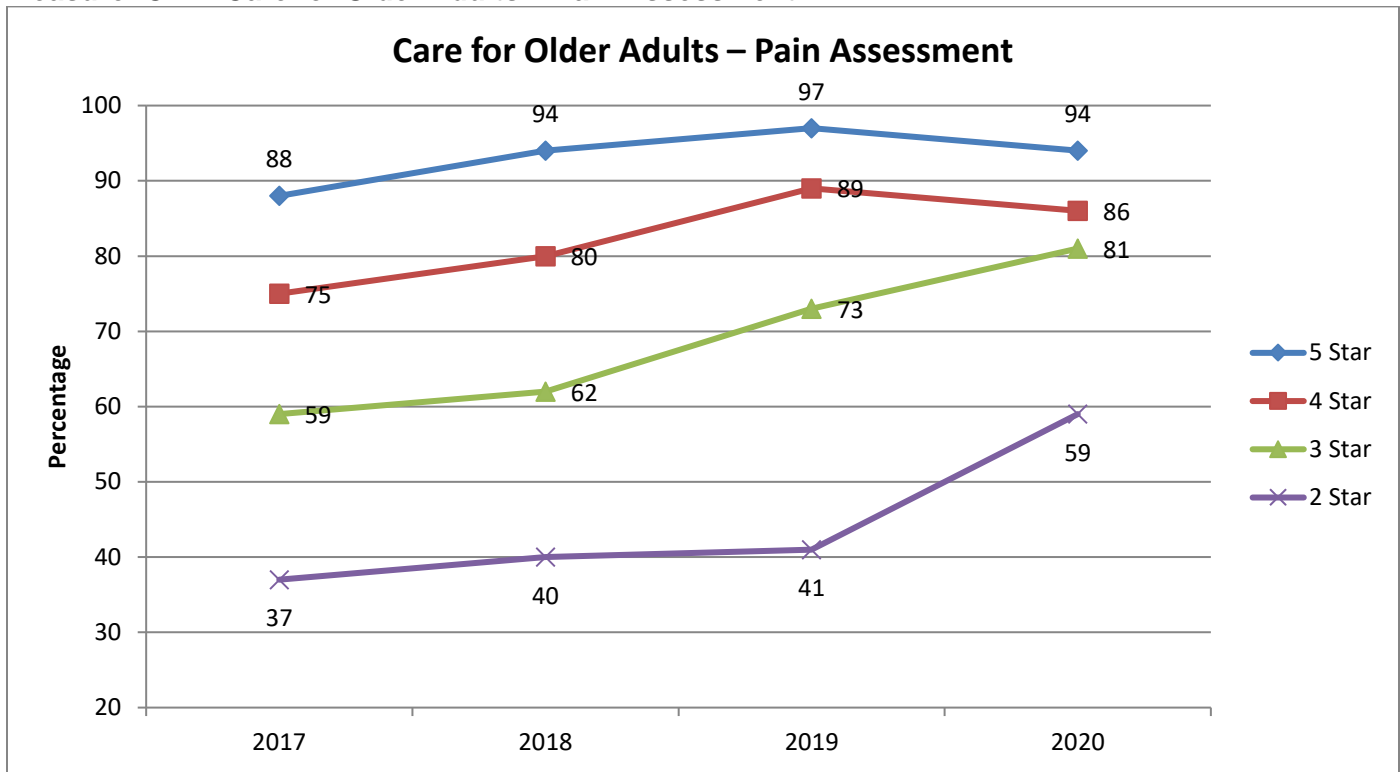
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

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

Measure: C11 - Care for Older Adults – Pain Assessment



| Title | Description |
|-------|-------------|
|-------|-------------|

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

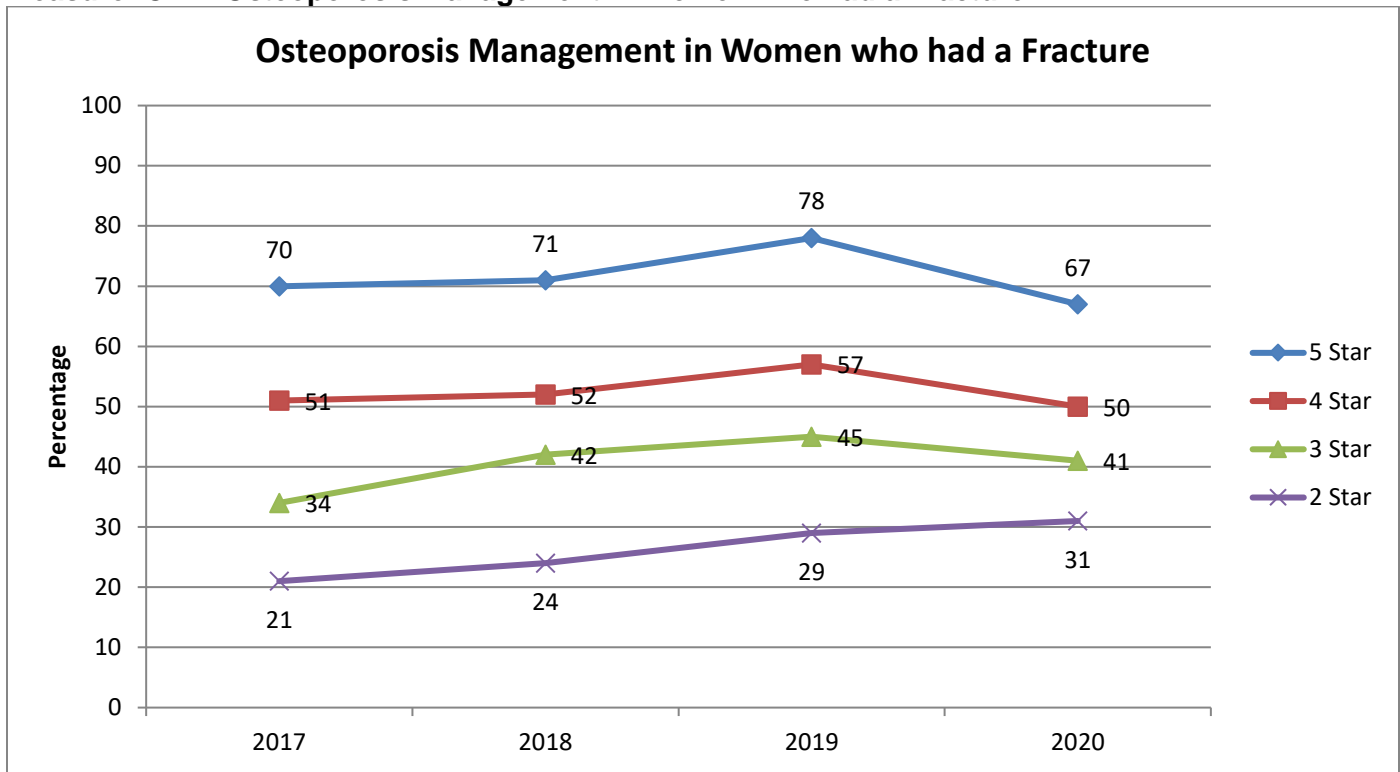
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

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

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



| Title | Description |
|-------|-------------|
|-------|-------------|

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

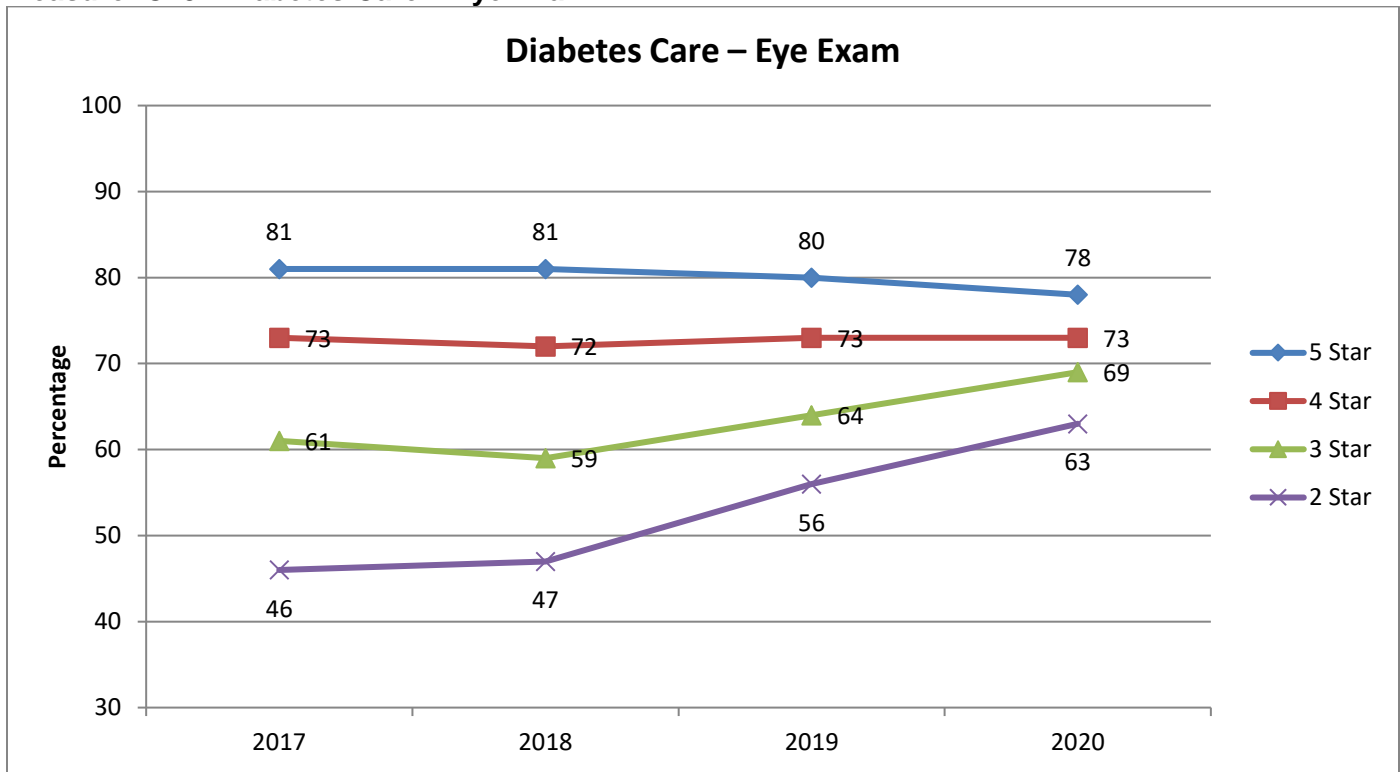
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

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

Measure: C13 - Diabetes Care – Eye Exam



| Title | Description |
|-------|-------------|
|-------|-------------|

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

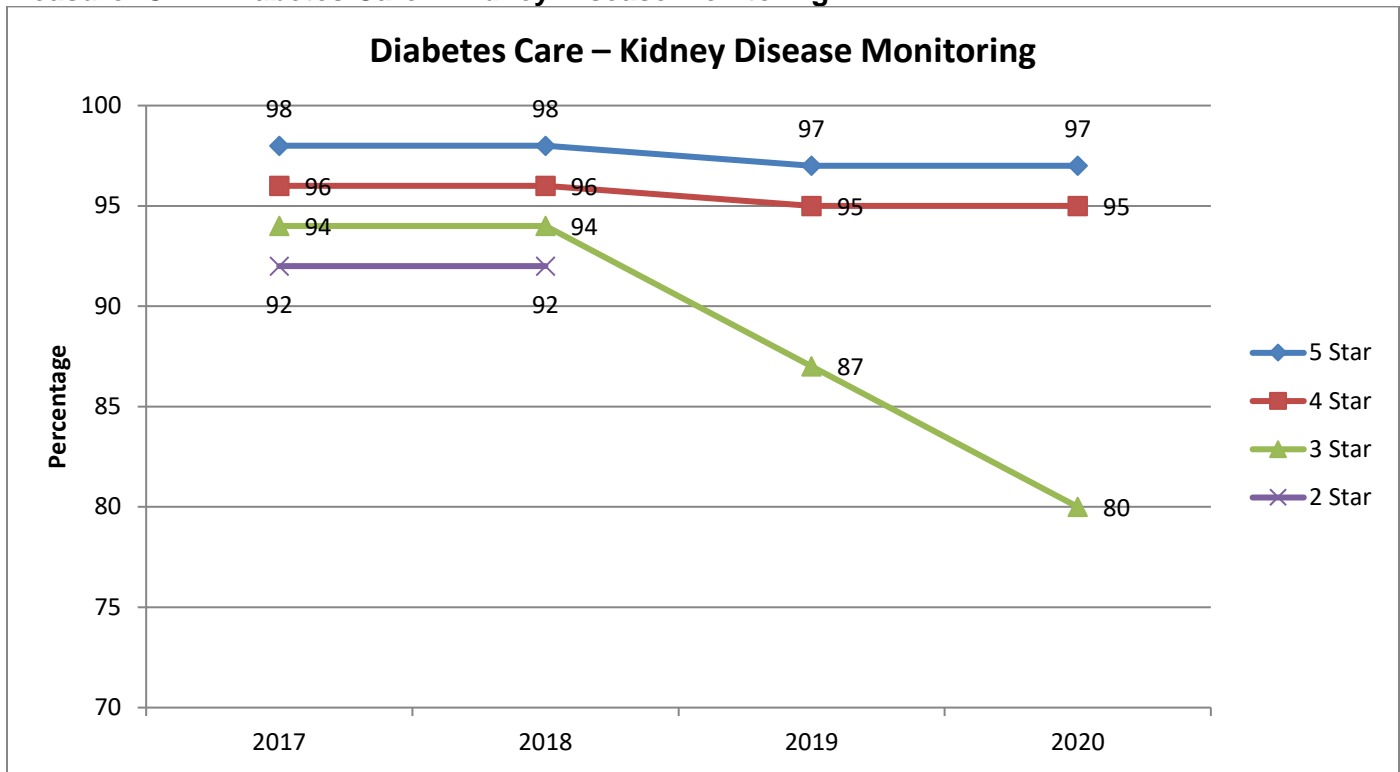
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

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

Measure: C14 - Diabetes Care – Kidney Disease Monitoring



| Title | Description |
|-------|-------------|
|-------|-------------|

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

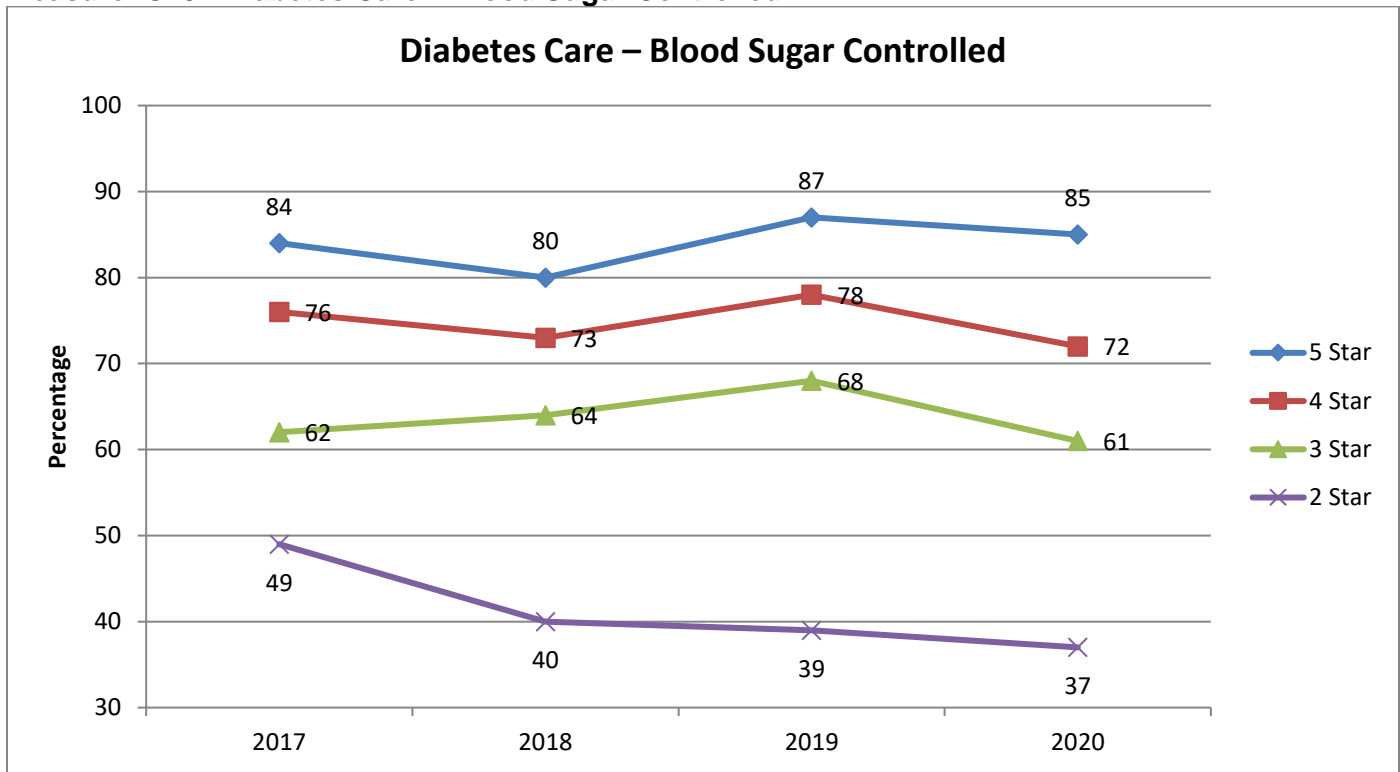
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

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

Measure: C15 - Diabetes Care – Blood Sugar Controlled



| Title | Description |
|-------|-------------|
|-------|-------------|

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

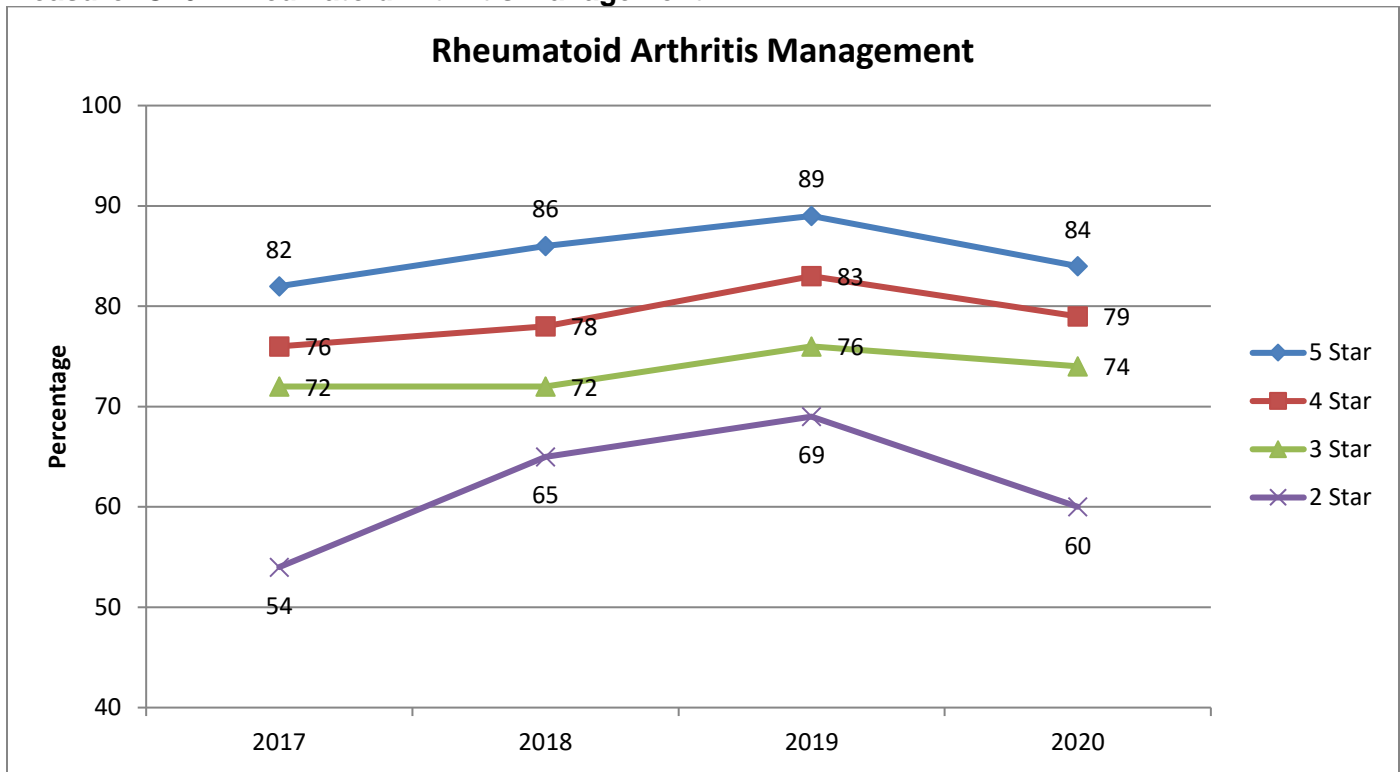
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

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

Measure: C16 - Rheumatoid Arthritis Management



| Title | Description |
|-------|-------------|
|-------|-------------|

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

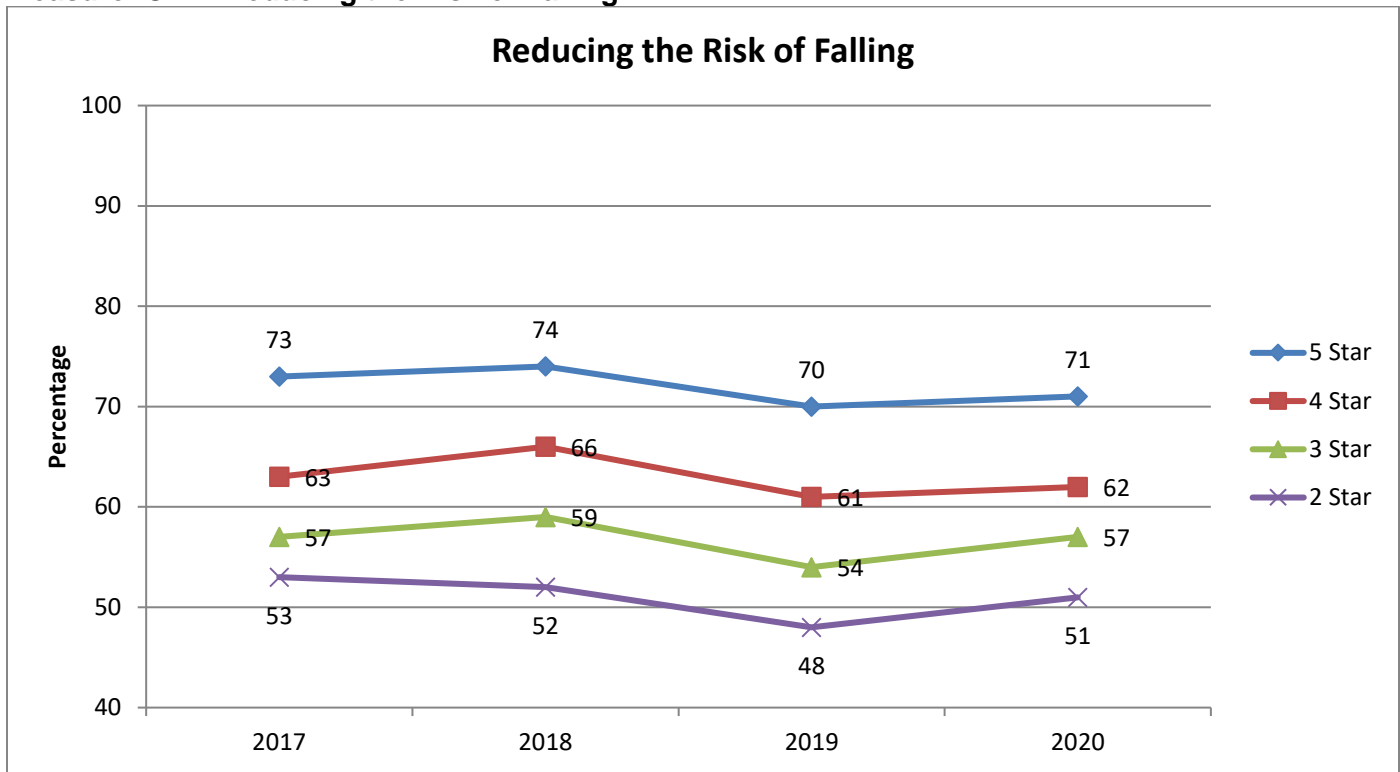
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

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

Measure: C17 - Reducing the Risk of Falling



| Title | Description |
|-------|-------------|
|-------|-------------|

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

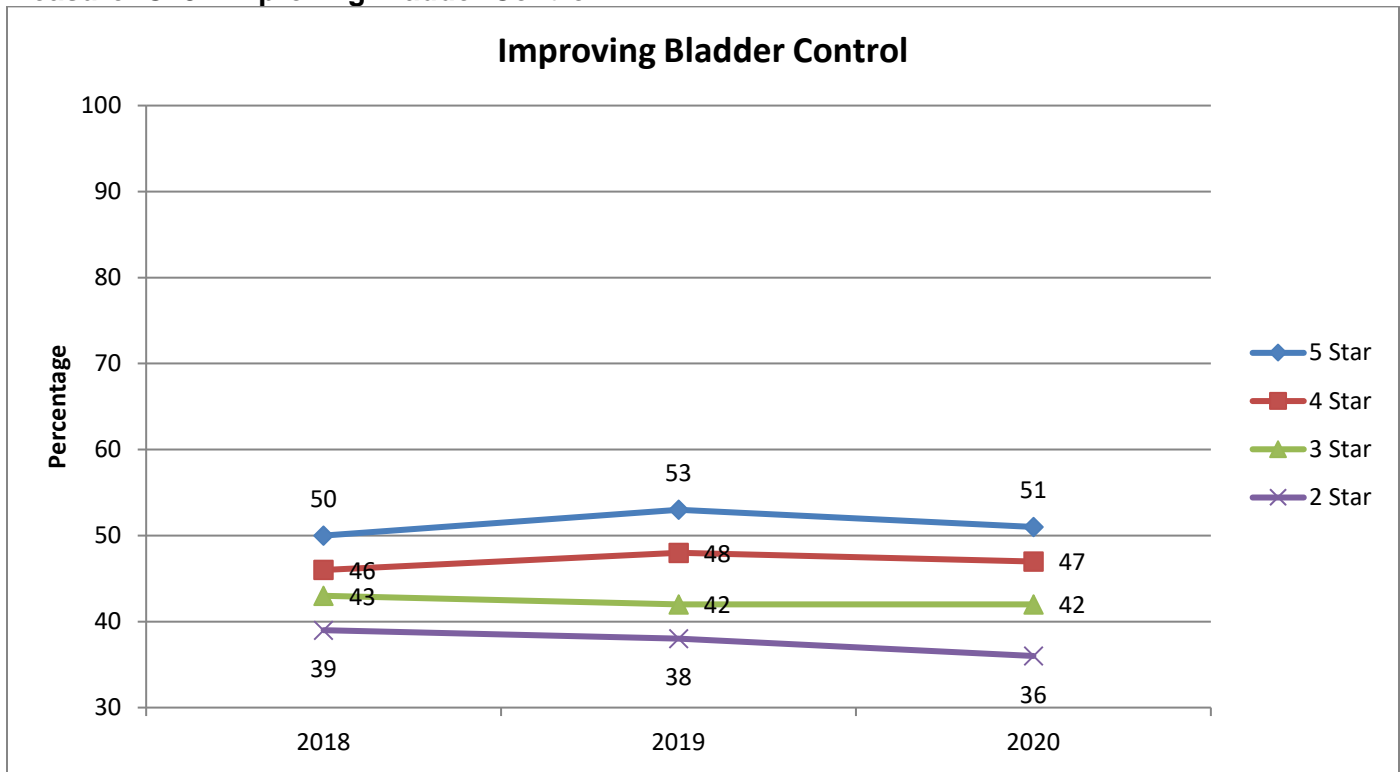
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

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

Measure: C18 - Improving Bladder Control



| Title | Description |
|-------|-------------|
|-------|-------------|

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

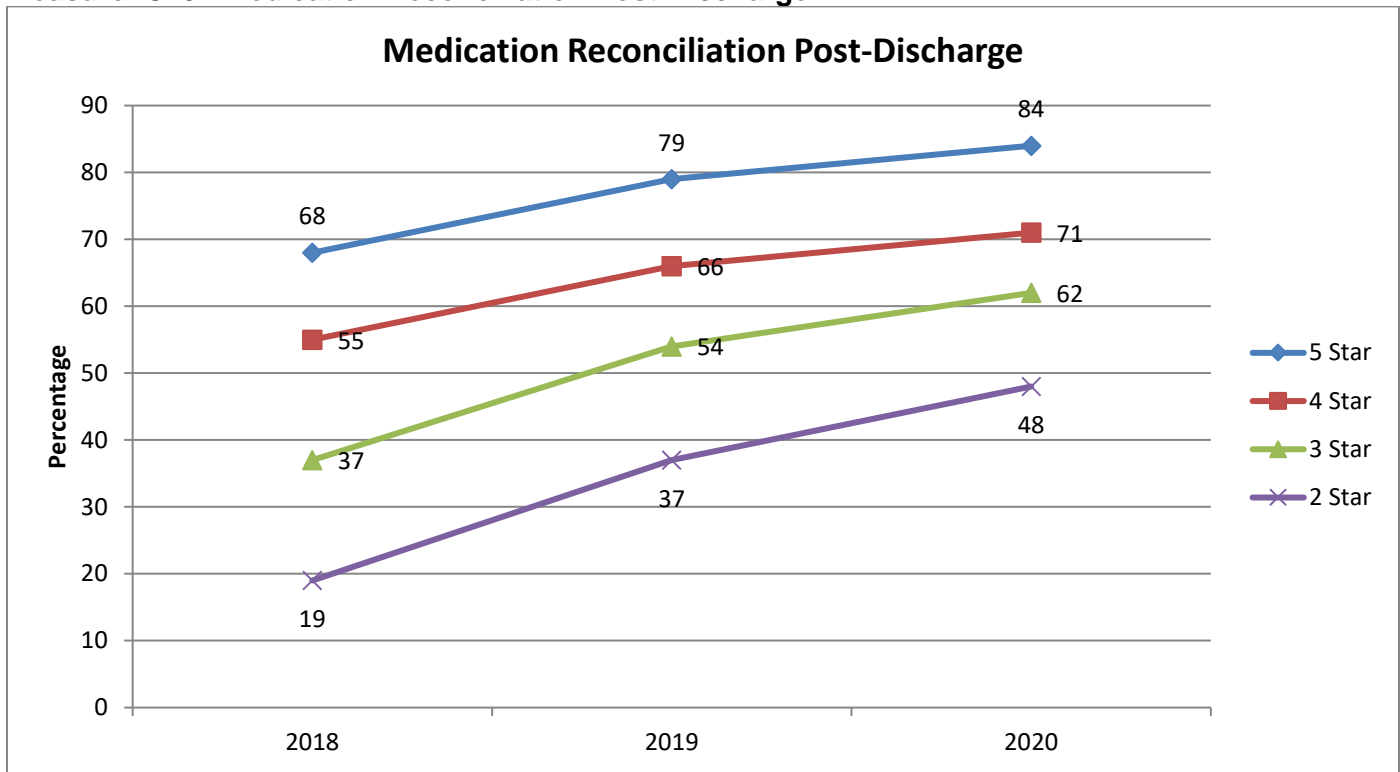
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

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

Measure: C19 - Medication Reconciliation Post-Discharge



| Title | Description |
|-------|-------------|
|-------|-------------|

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

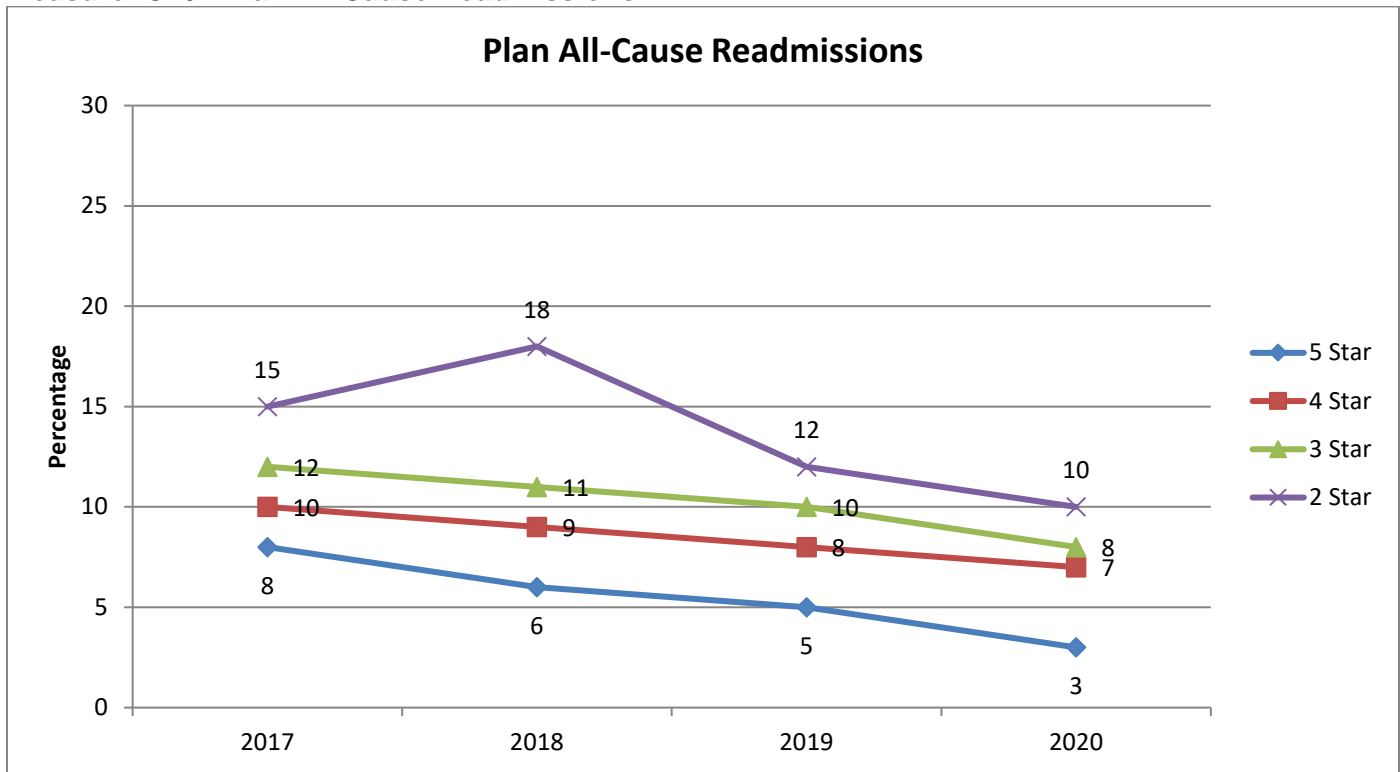
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

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

Measure: C20 - Plan All-Cause Readmissions



| Title | Description |
|-------|-------------|
|-------|-------------|

Description: Percent of senior plan members discharged from a hospital stay who were readmitted to a hospital within 30 days, either for the same condition as their recent hospital stay or for a different reason.
 (Patients may have been readmitted back to the same hospital or to a different one. Rates of readmission take into account how sick patients were when they went into the hospital the first time. This “risk-adjustment” helps make the comparisons between plans fair and meaningful.)

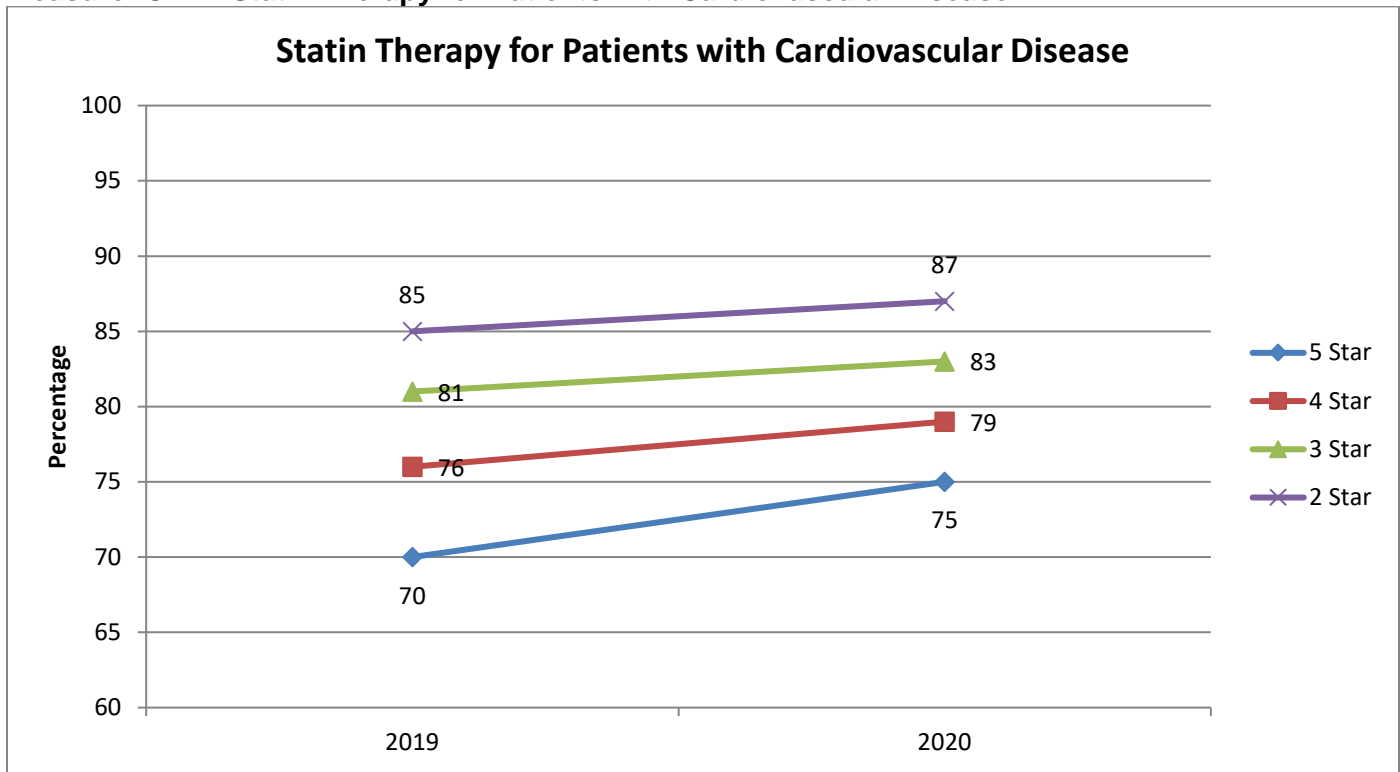
Data Source: HEDIS

General Trend: Lower is better

Cut Points:

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

Measure: C21 – Statin Therapy for Patients with Cardiovascular Disease



| Title | Description |
|-------|-------------|
|-------|-------------|

Description: This rating is based on the percent of plan members with heart disease who get the right type of cholesterol-lowering drugs. Health plans can help make sure their members are prescribed medications that are more effective for them.

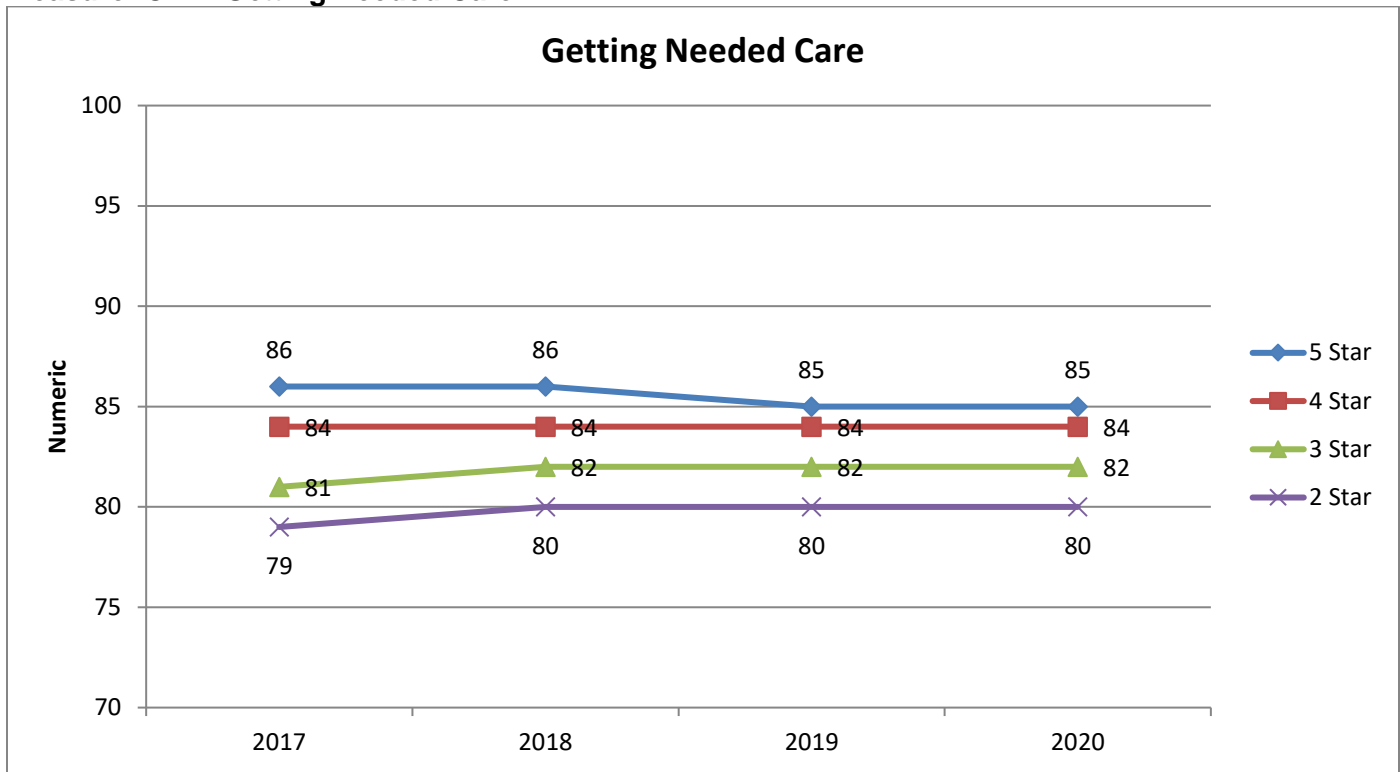
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

| Year | 1 Star | 2 Stars | 3 Stars | 4 Stars | 5 Stars |
|------|--------|----------------|----------------|----------------|---------|
| 2019 | < 70% | ≥ 70% to < 76% | ≥ 76% to < 81% | ≥ 81% to < 85% | ≥ 85% |
| 2020 | < 75% | ≥ 75% to < 79% | ≥ 79% to < 83% | ≥ 83% to < 87% | ≥ 87% |

Measure: C22 - Getting Needed Care



| Title | Description |
|-------|-------------|
|-------|-------------|

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

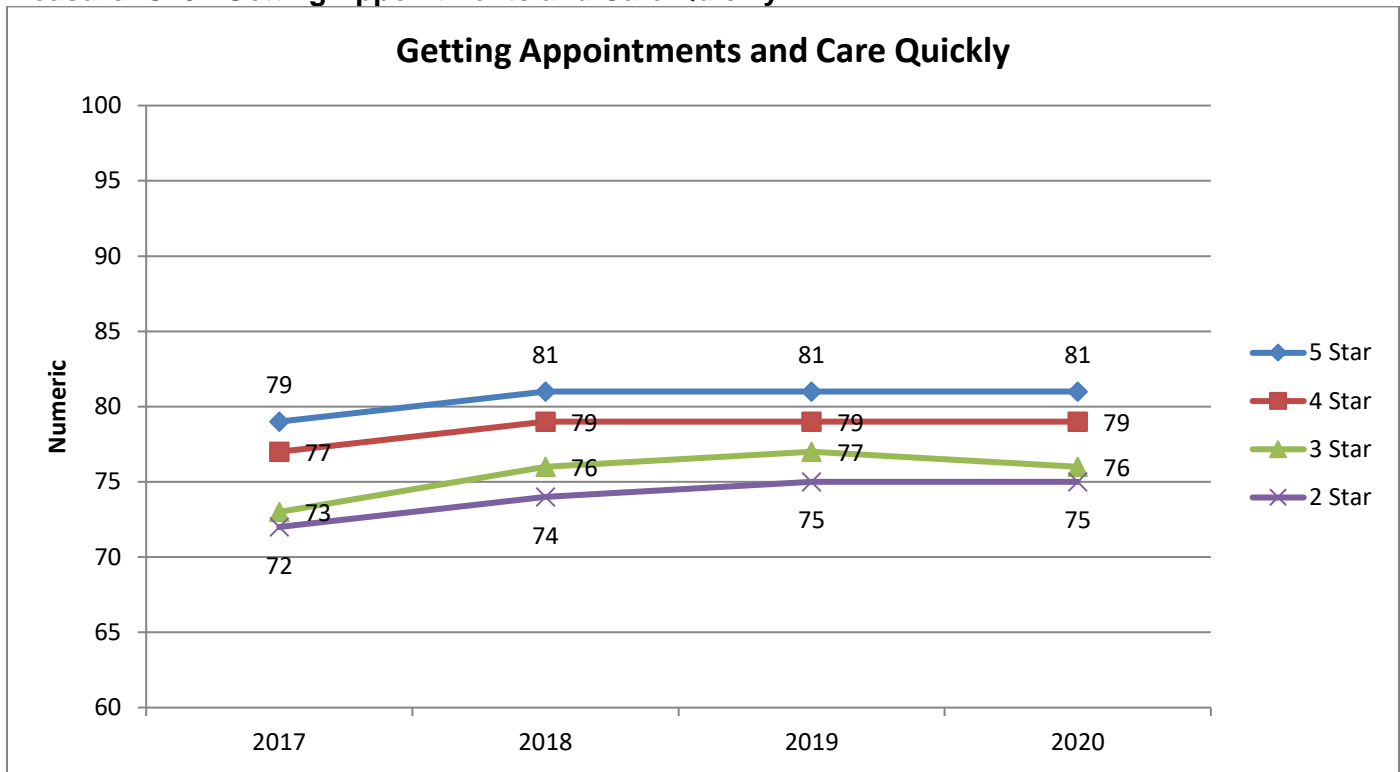
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

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

Measure: C23 - Getting Appointments and Care Quickly



| Title | Description |
|-------|-------------|
|-------|-------------|

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

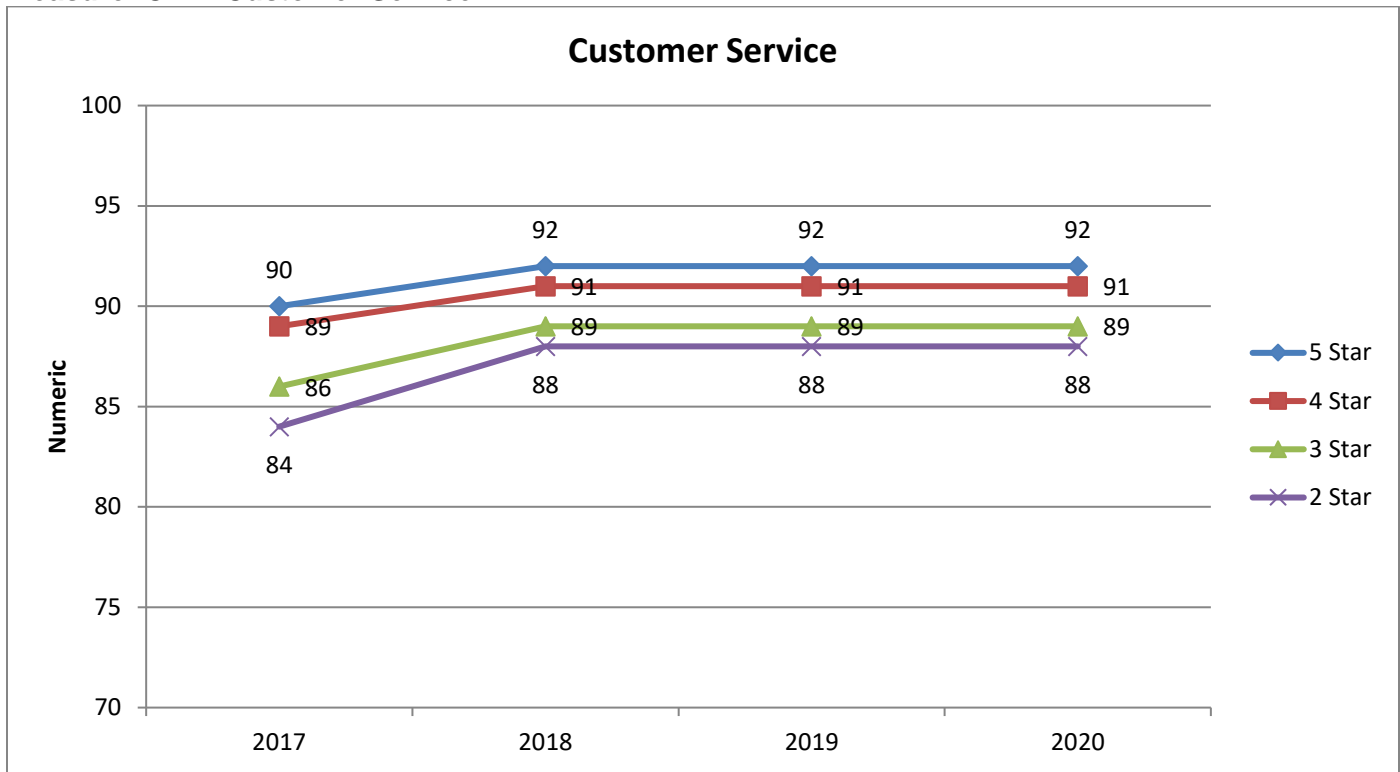
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

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

Measure: C24 - Customer Service



| Title | Description |
|-------|-------------|
|-------|-------------|

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

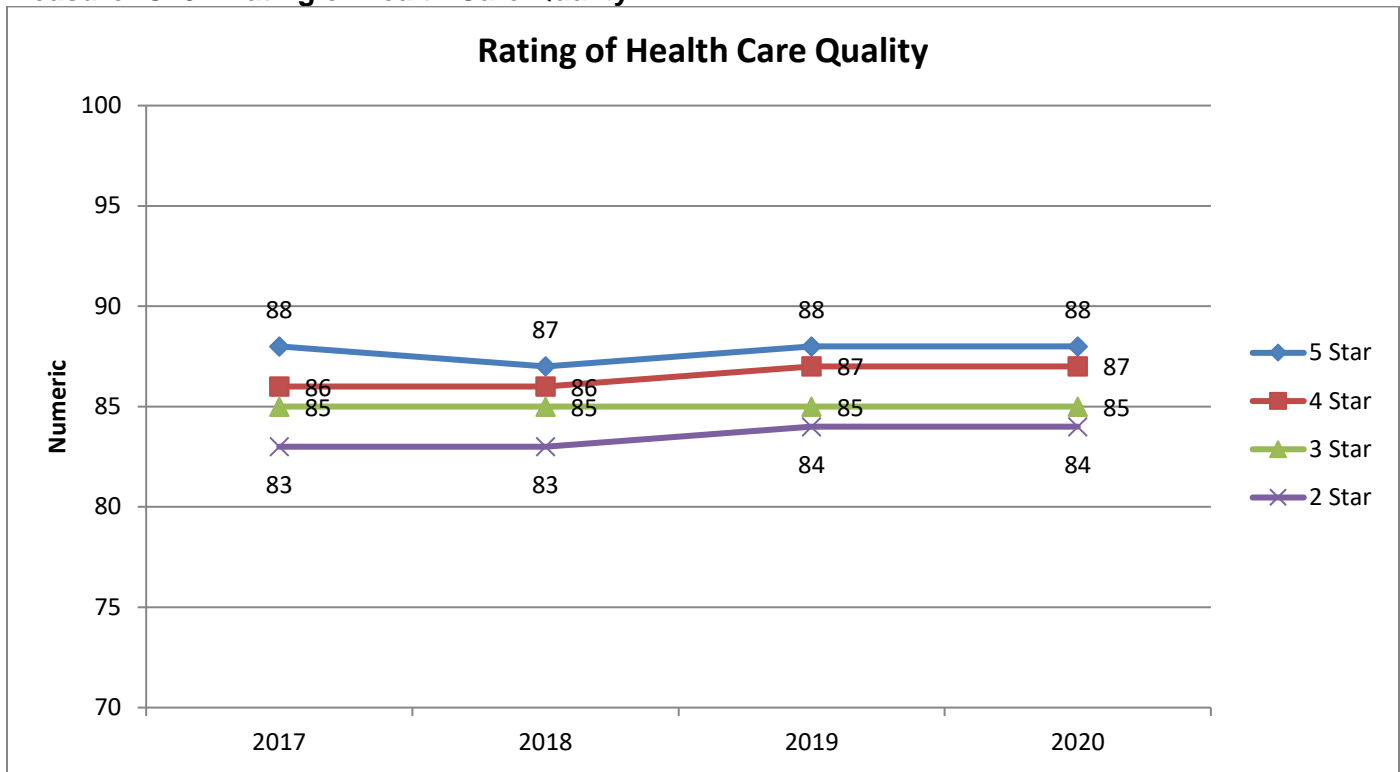
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

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

Measure: C25 - Rating of Health Care Quality



| Title | Description |
|-------|-------------|
|-------|-------------|

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

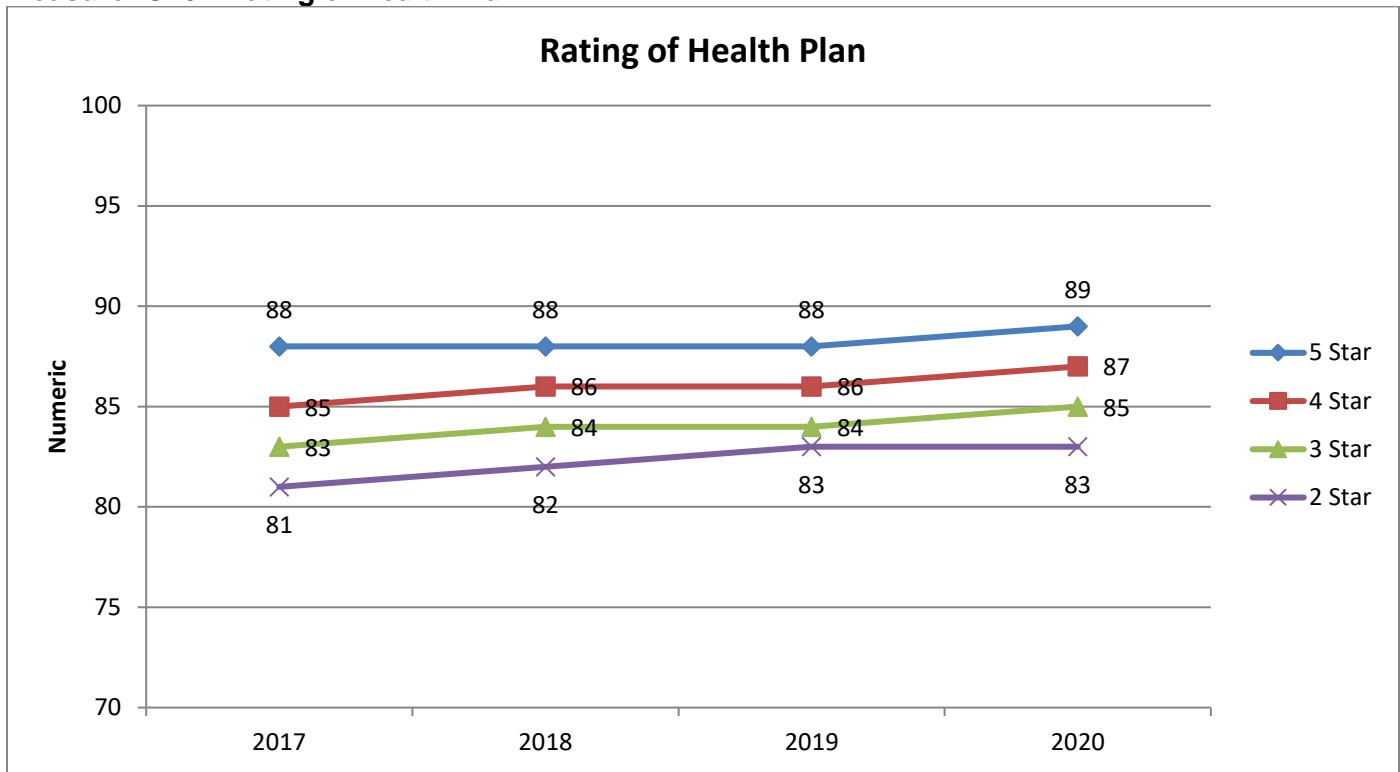
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

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

Measure: C26 - Rating of Health Plan



| Title | Description |
|-------|-------------|
|-------|-------------|

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

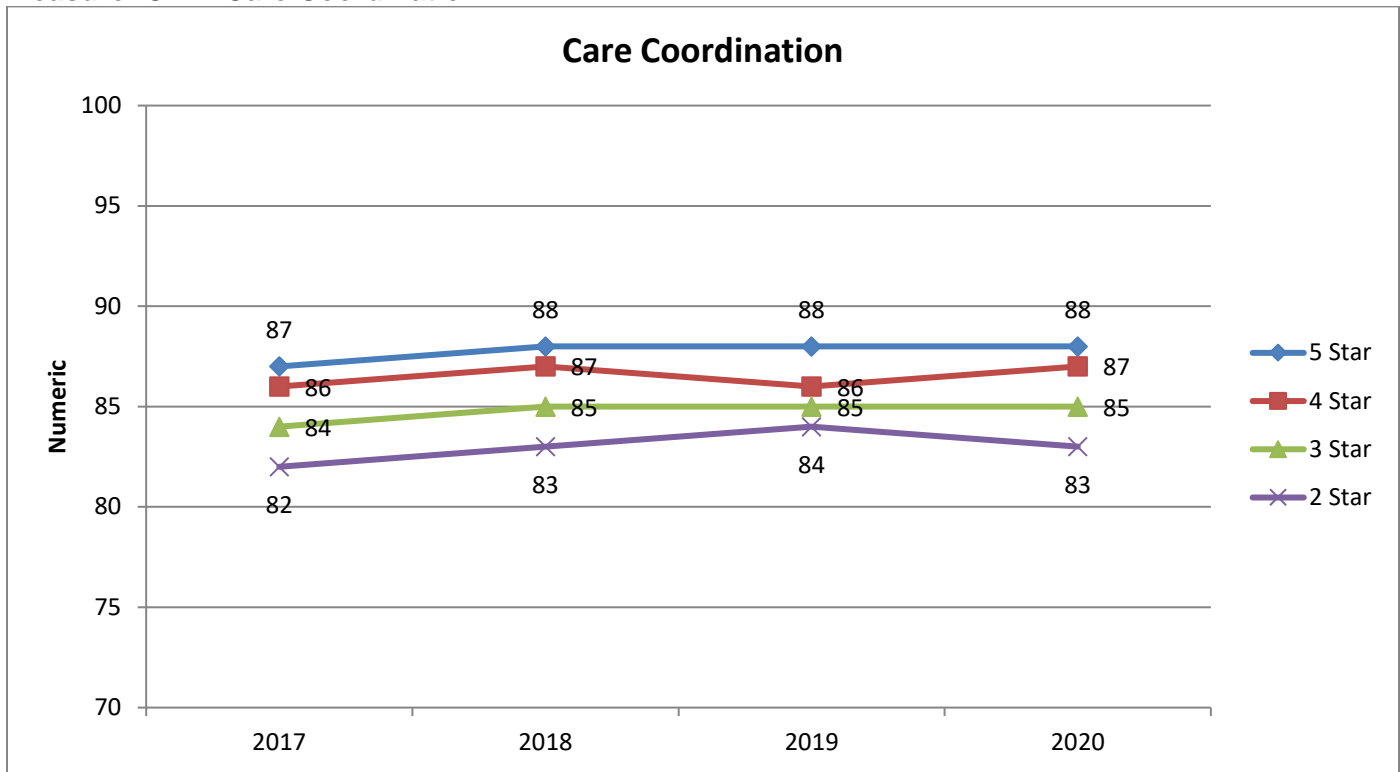
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

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

Measure: C27 - Care Coordination



| Title | Description |
|-------|-------------|
|-------|-------------|

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

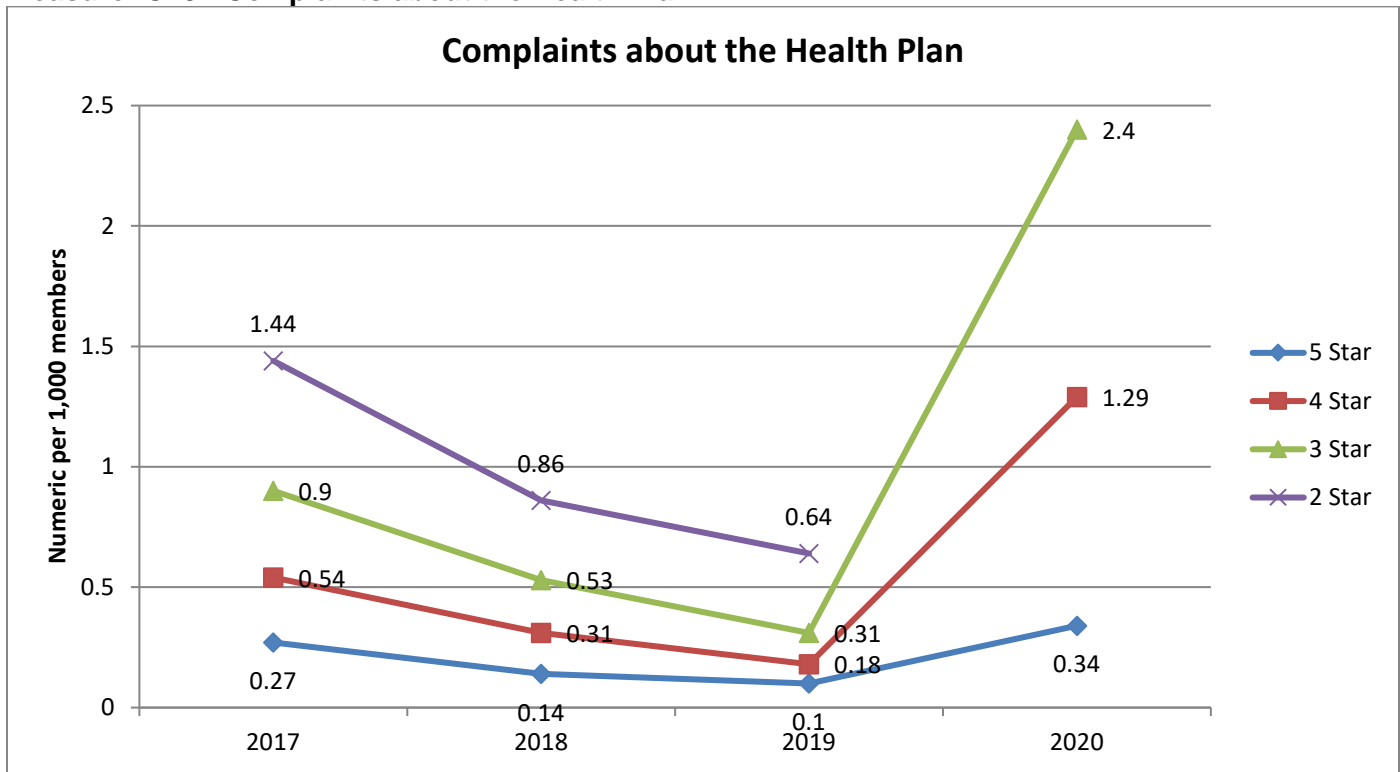
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

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

Measure: C28 - Complaints about the Health Plan



| Title | Description |
|-------|-------------|
|-------|-------------|

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

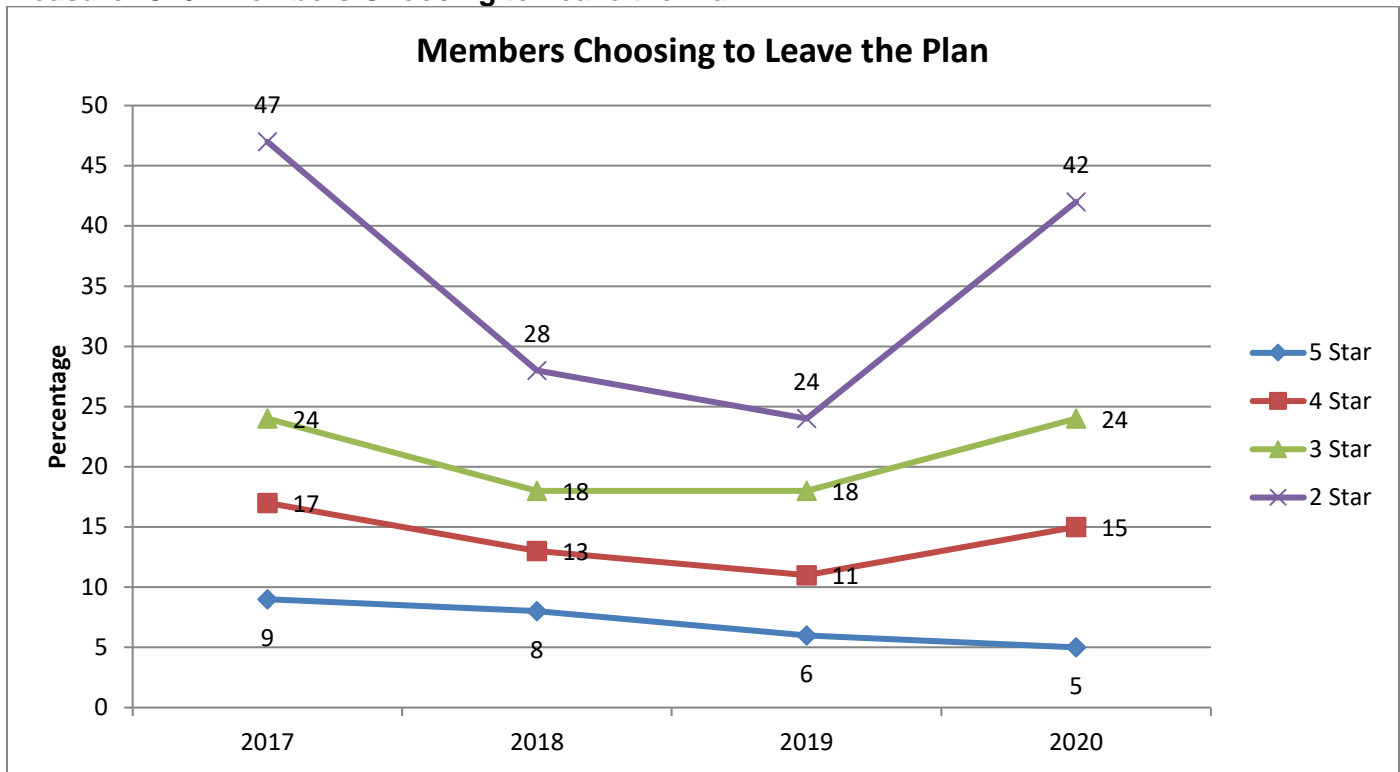
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

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

Measure: C29 - Members Choosing to Leave the Plan



| Title | Description |
|-------|-------------|
|-------|-------------|

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

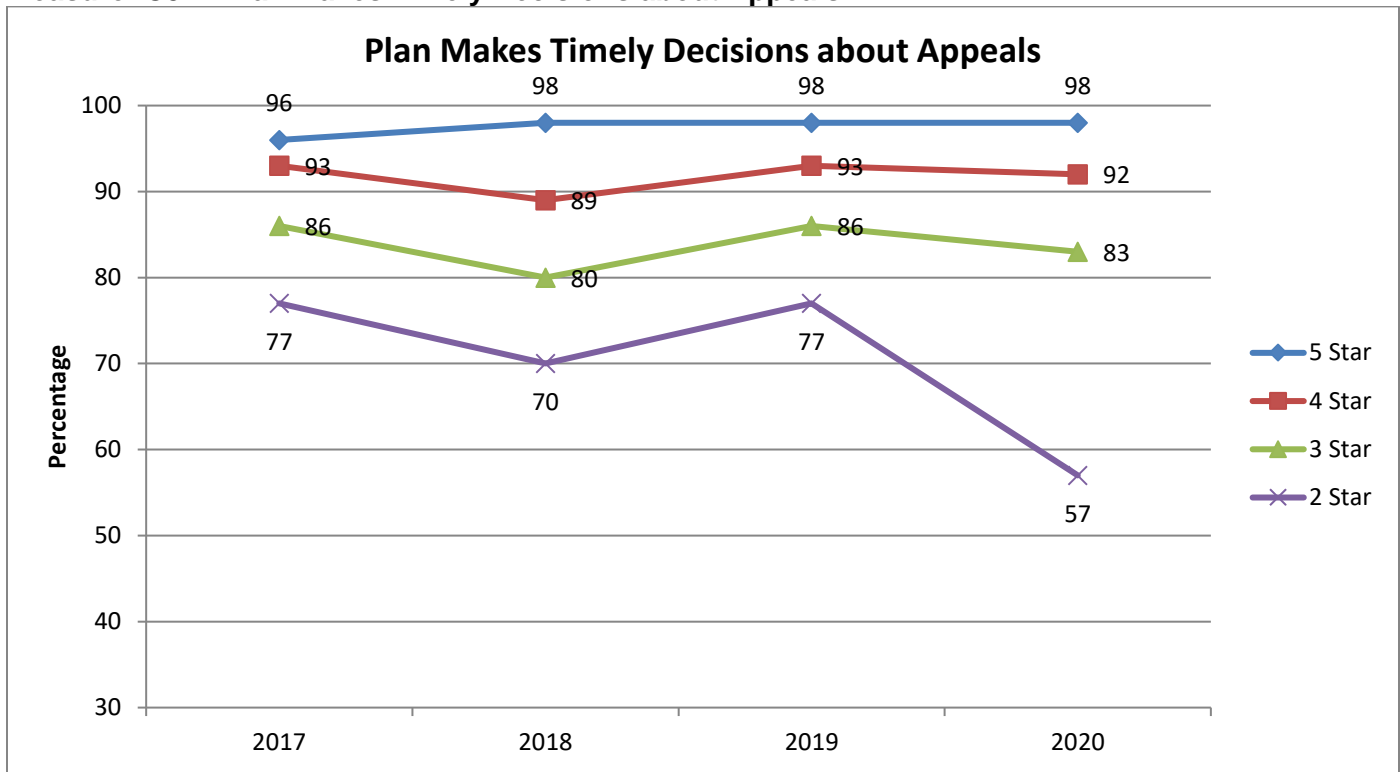
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

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

Measure: C31 - Plan Makes Timely Decisions about Appeals



| Title | Description |
|-------|-------------|
|-------|-------------|

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

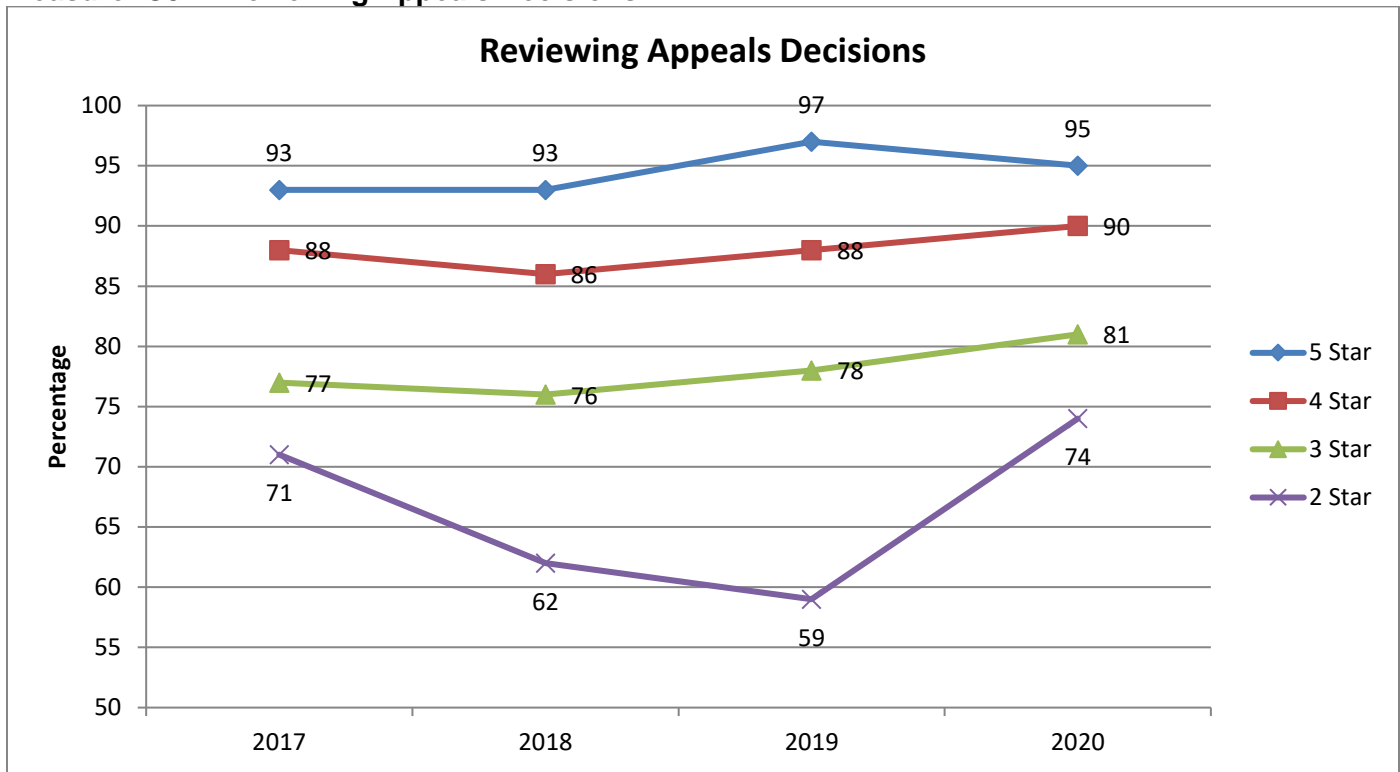
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

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

Measure: C32 - Reviewing Appeals Decisions



| Title | Description |
|-------|-------------|
|-------|-------------|

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

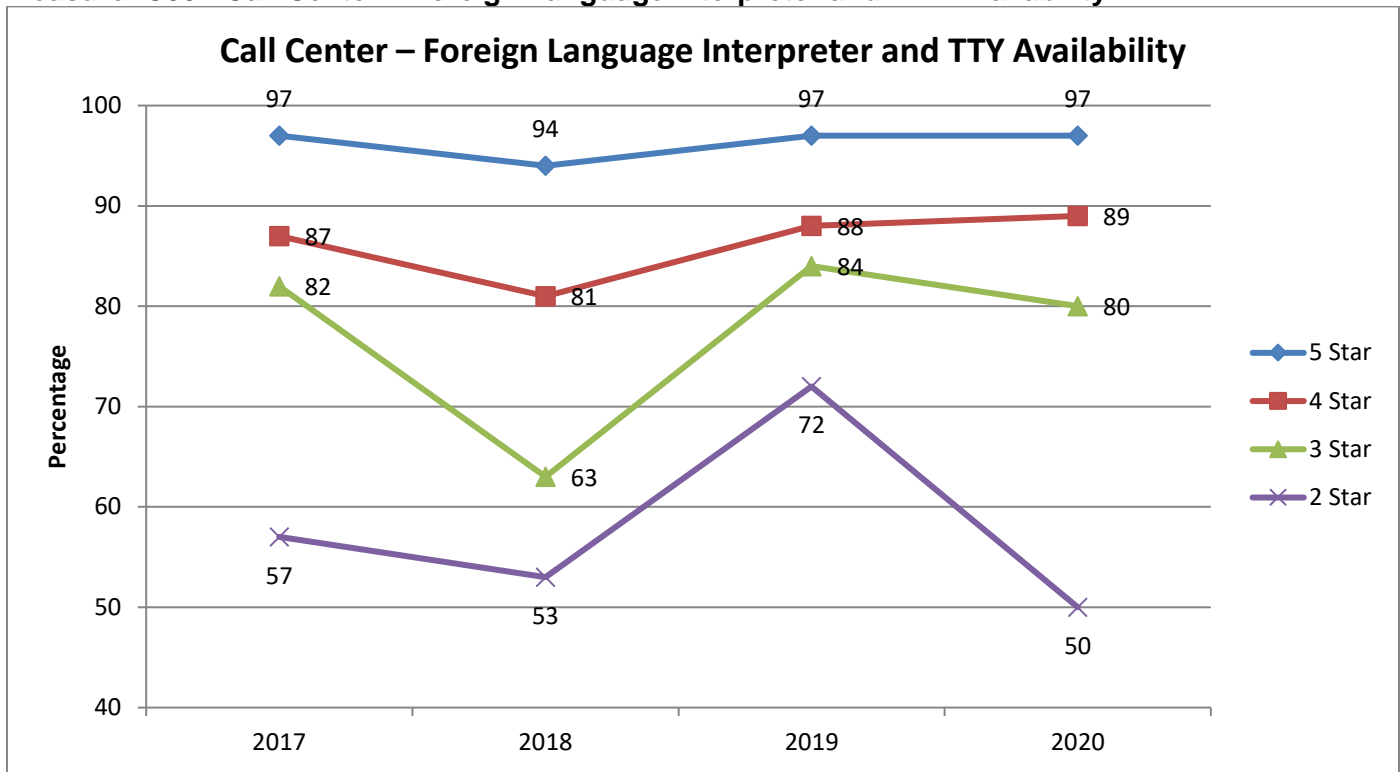
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

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

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



| Title | Description |
|-------|-------------|
|-------|-------------|

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

Data Source: Call Center Monitoring

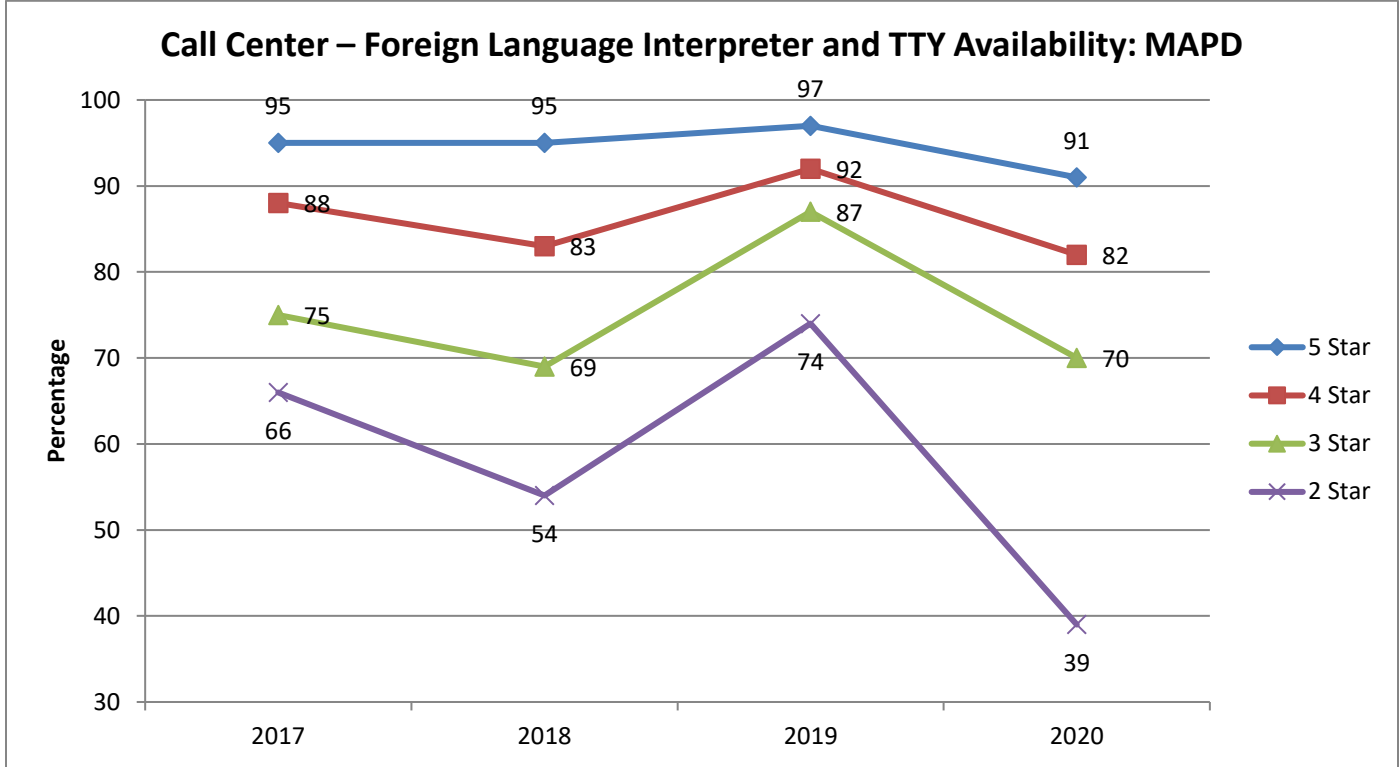
General Trend: Higher is better

Cut Points:

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

Part D Measures

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



| Title | Description |
|-------|-------------|
|-------|-------------|

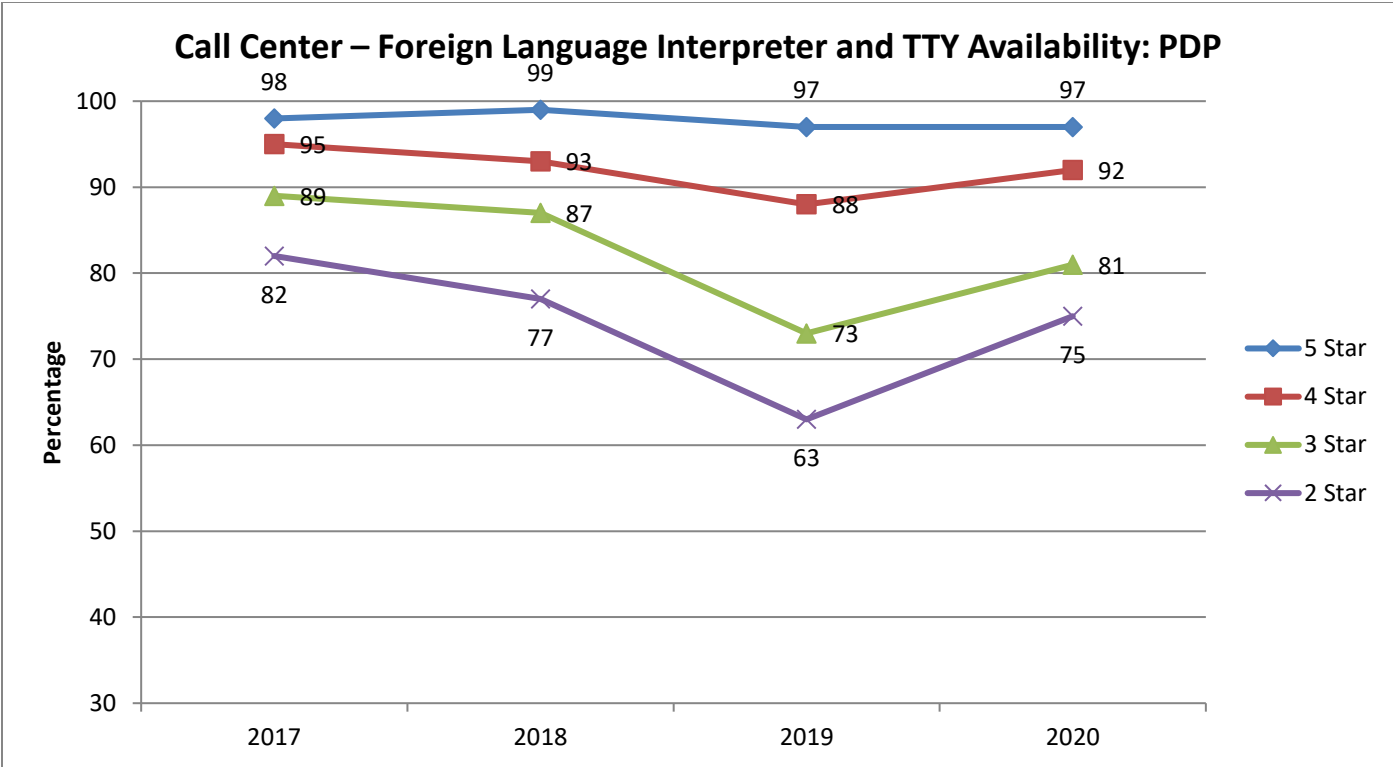
Description: Percent of time that TTY services and foreign language interpretation were available when needed by people who called the drug plan’s prospective enrollee customer service line.

Data Source: Call Center Monitoring

General Trend: Higher is better

Cut Points:

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



| Title | Description |
|-------|-------------|
|-------|-------------|

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

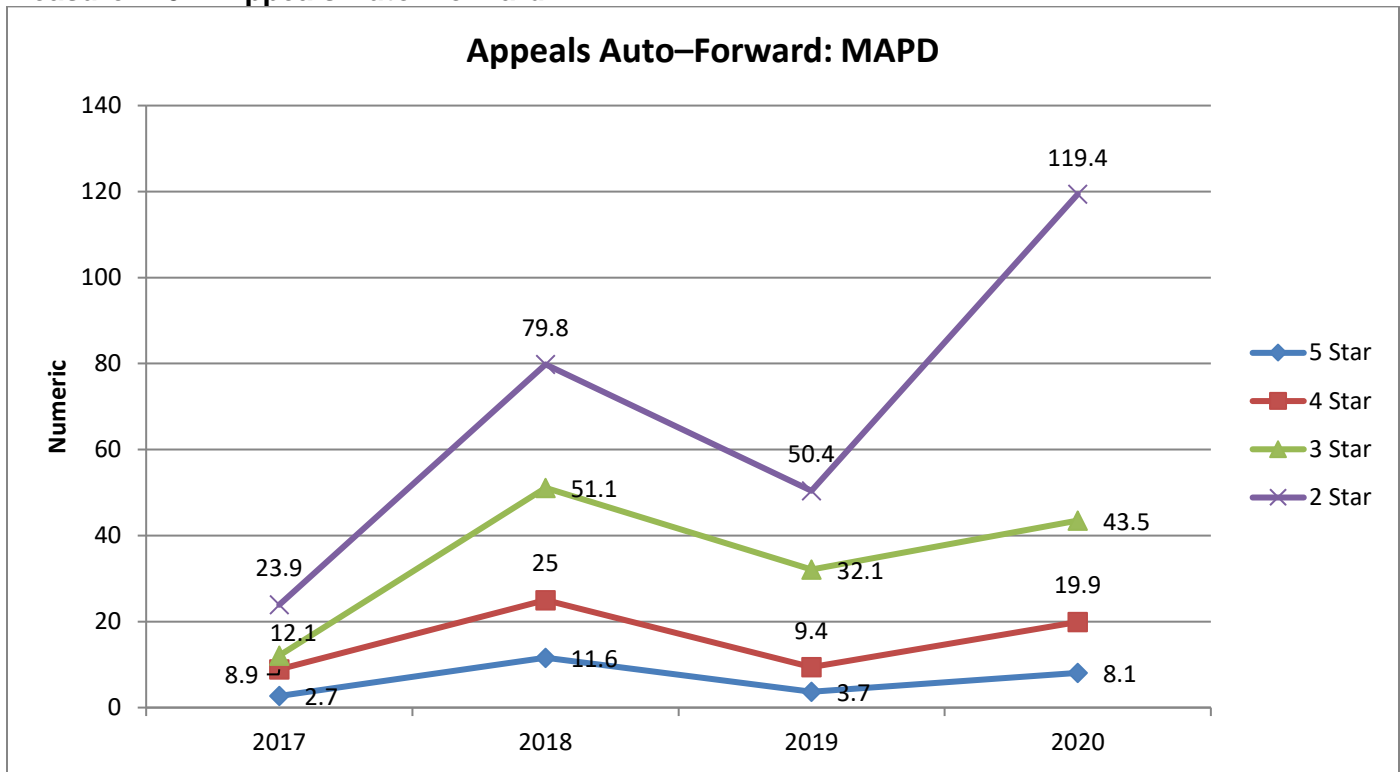
Data Source: Call Center Monitoring

General Trend: Higher is better

Cut Points:

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

Measure: D02 - Appeals Auto-Forward



| Title | Description |
|-------|-------------|
|-------|-------------|

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

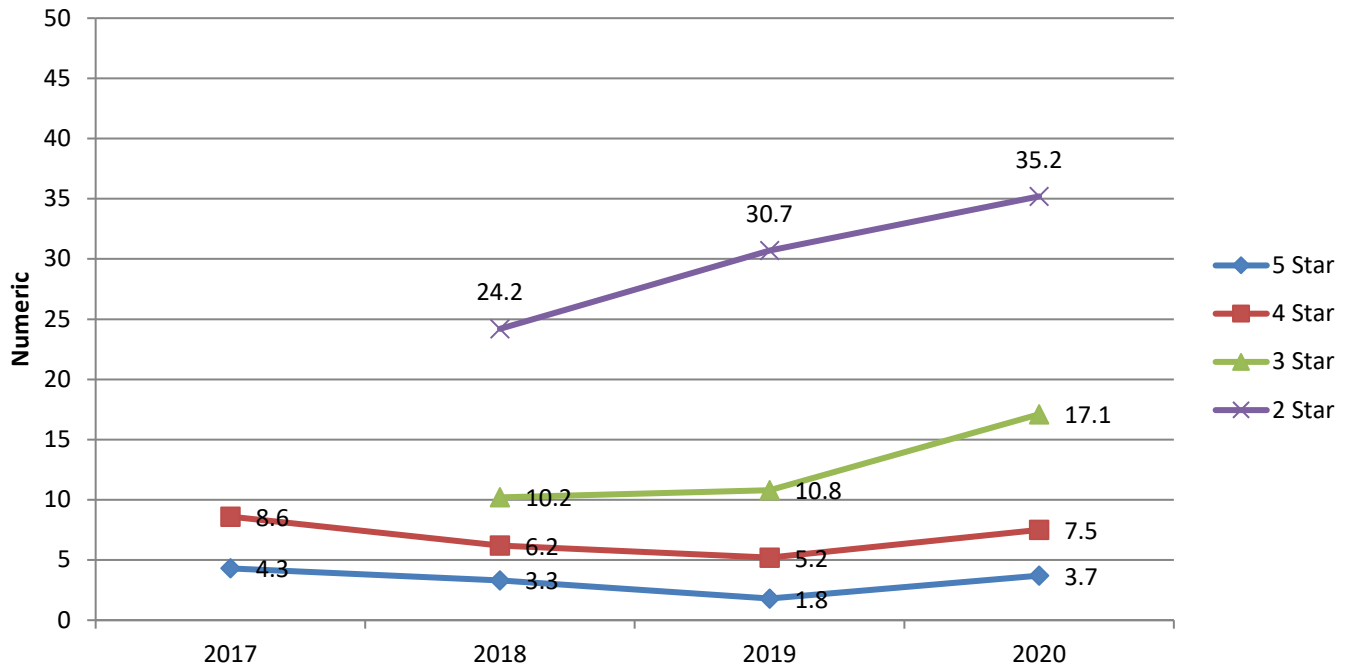
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Lower is better

Cut Points:

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

Appeals Auto-Forward: PDP



Title

Description

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

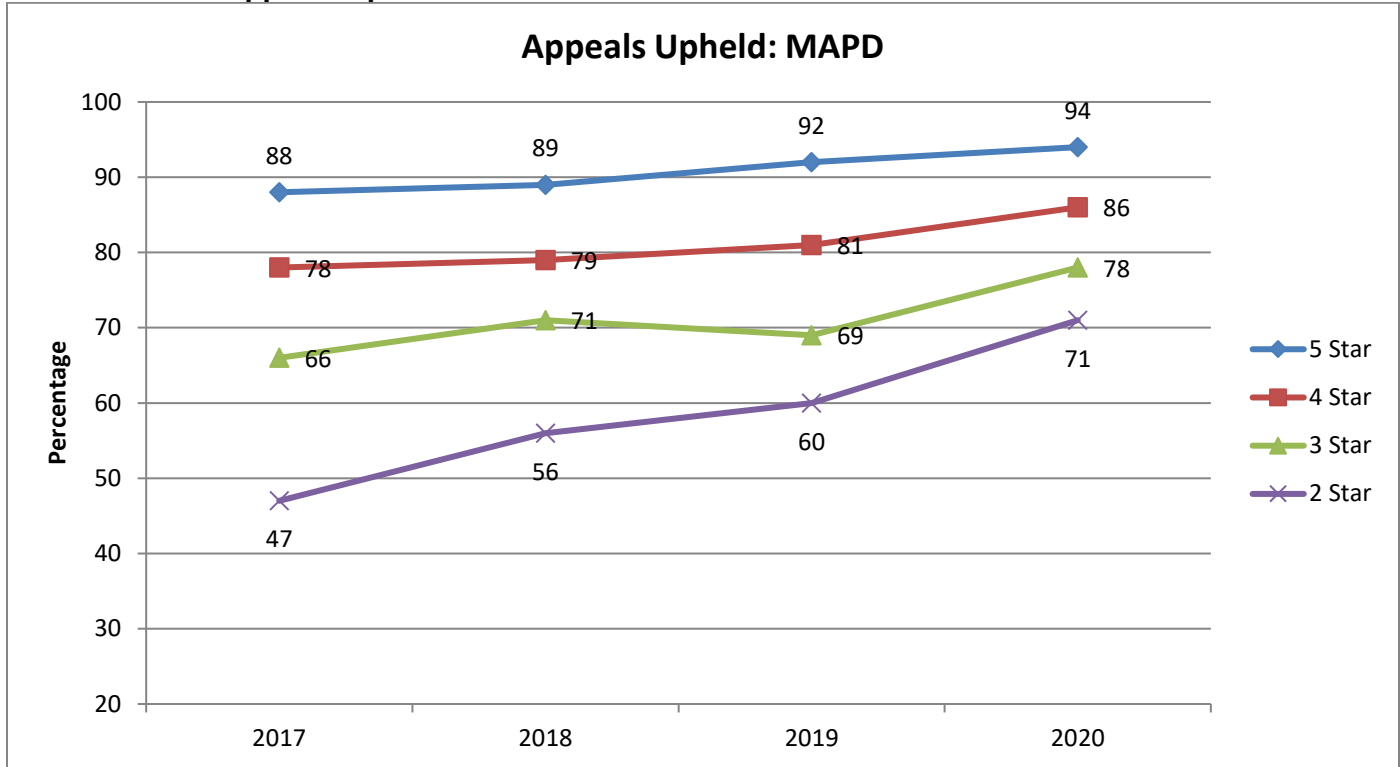
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Lower is better

Cut Points:

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

Measure: D03 - Appeals Upheld



| Title | Description |
|-------|-------------|
|-------|-------------|

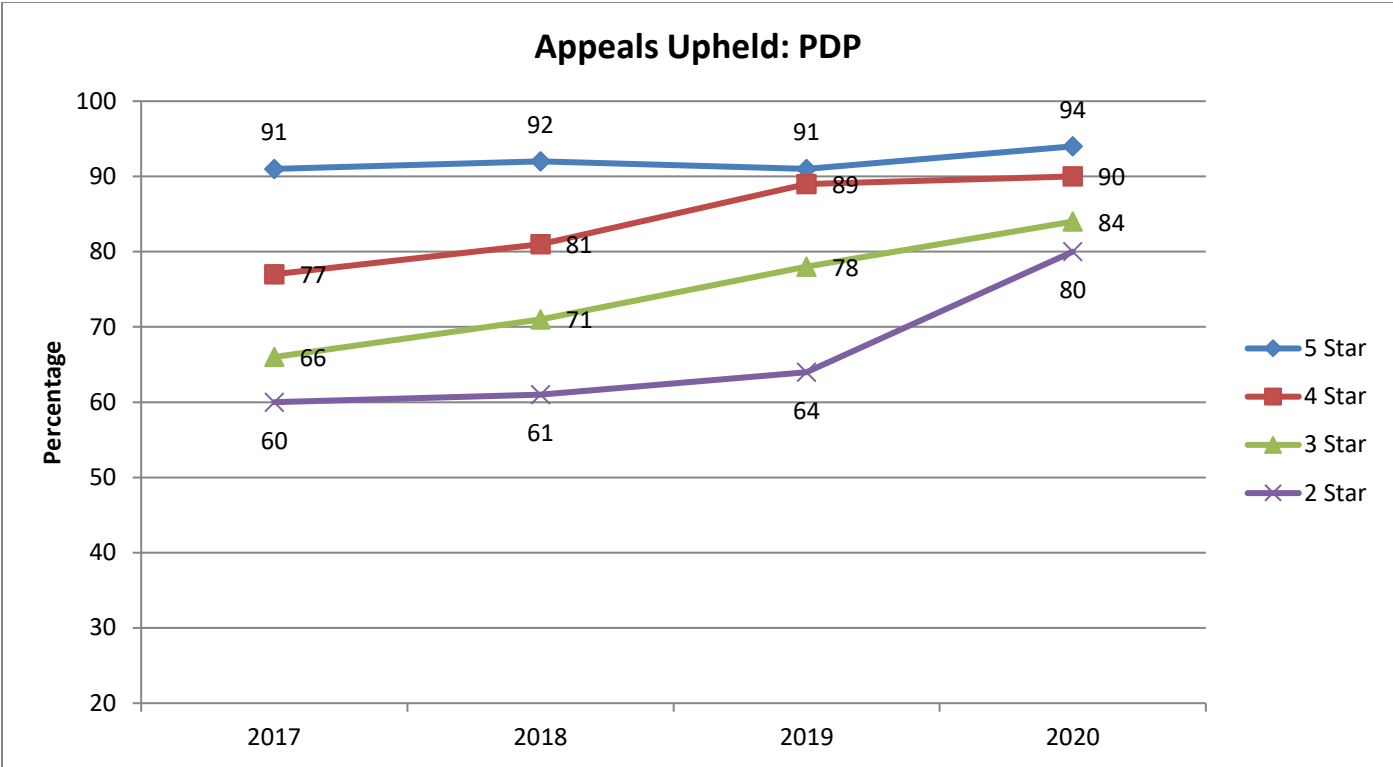
Description: How often an **independent reviewer** thought the drug plan’s decision to deny an appeal was fair. This includes appeals made by plan members and out-of-network providers. (This rating is not based on how often the plan denies appeals, but rather *how fair* the plan is when they deny an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

Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

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



| Title | Description |
|-------|-------------|
|-------|-------------|

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

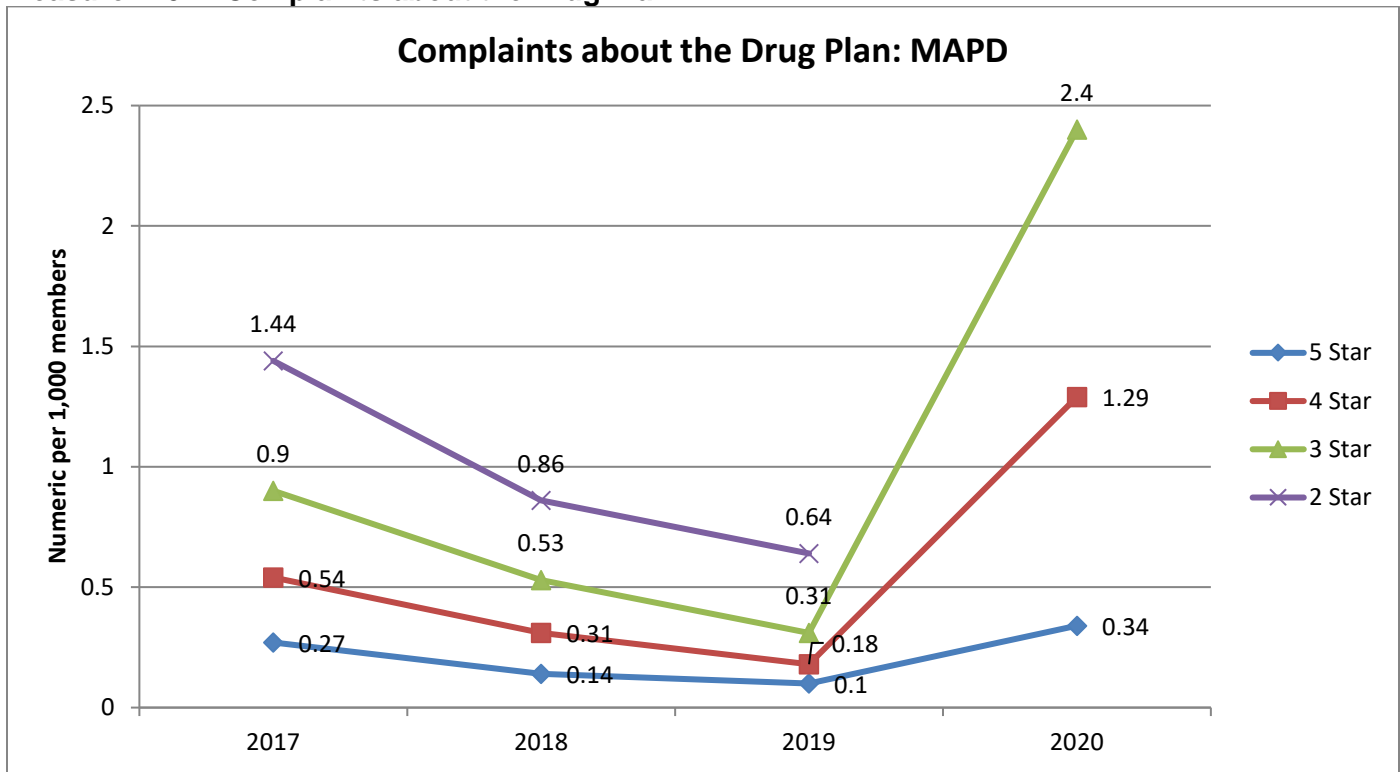
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

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

Measure: D04 - Complaints about the Drug Plan



| Title | Description |
|-------|-------------|
|-------|-------------|

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

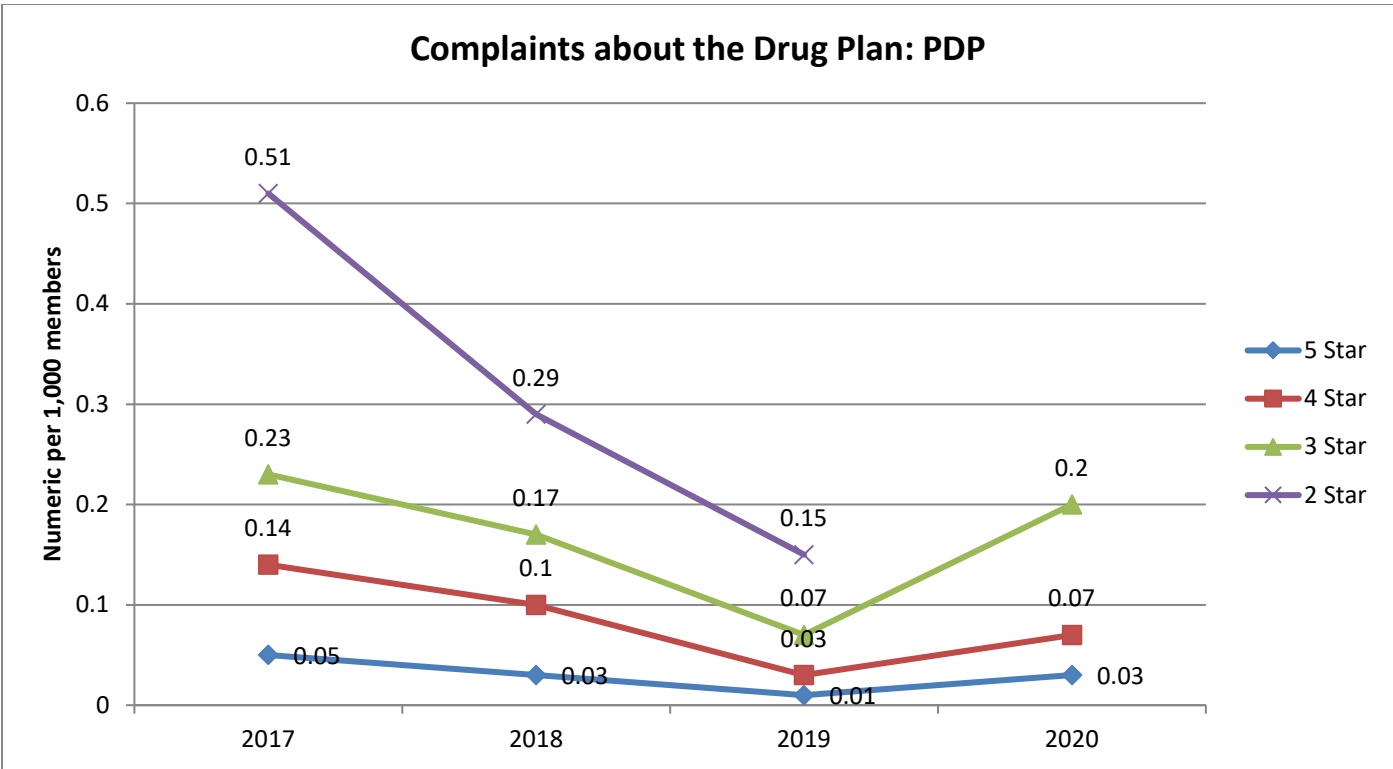
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

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

Complaints about the Drug Plan: PDP



| Title | Description |
|-------|-------------|
|-------|-------------|

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

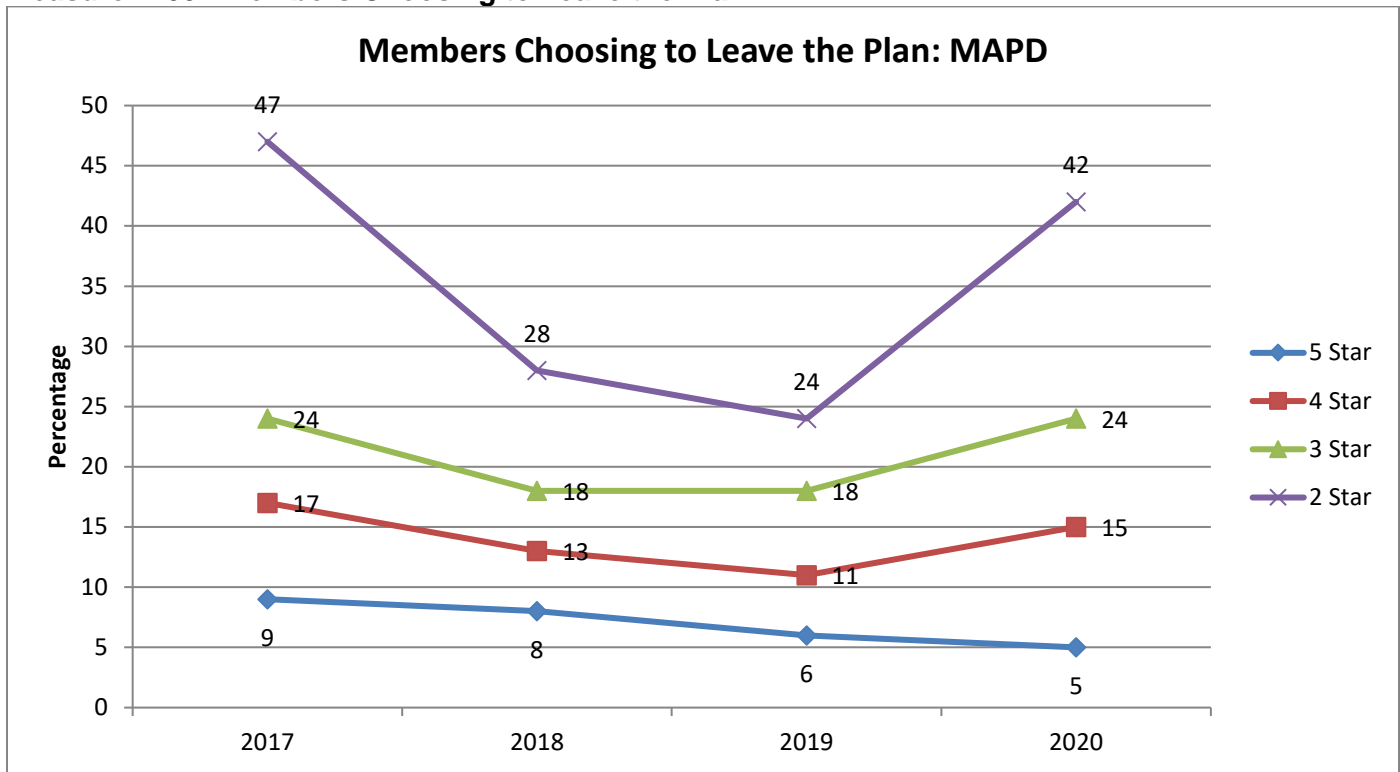
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

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

Measure: D05 - Members Choosing to Leave the Plan



| Title | Description |
|-------|-------------|
|-------|-------------|

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

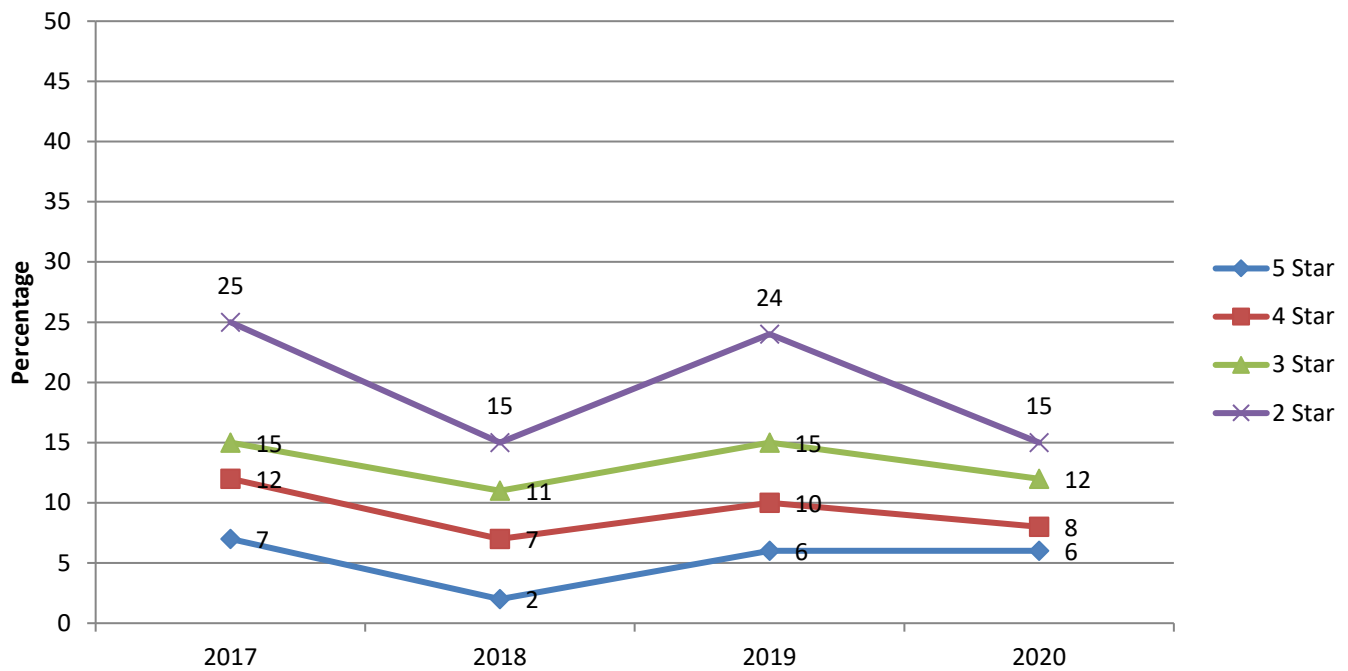
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

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

Members Choosing to Leave the Plan: PDP



Title

Description

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

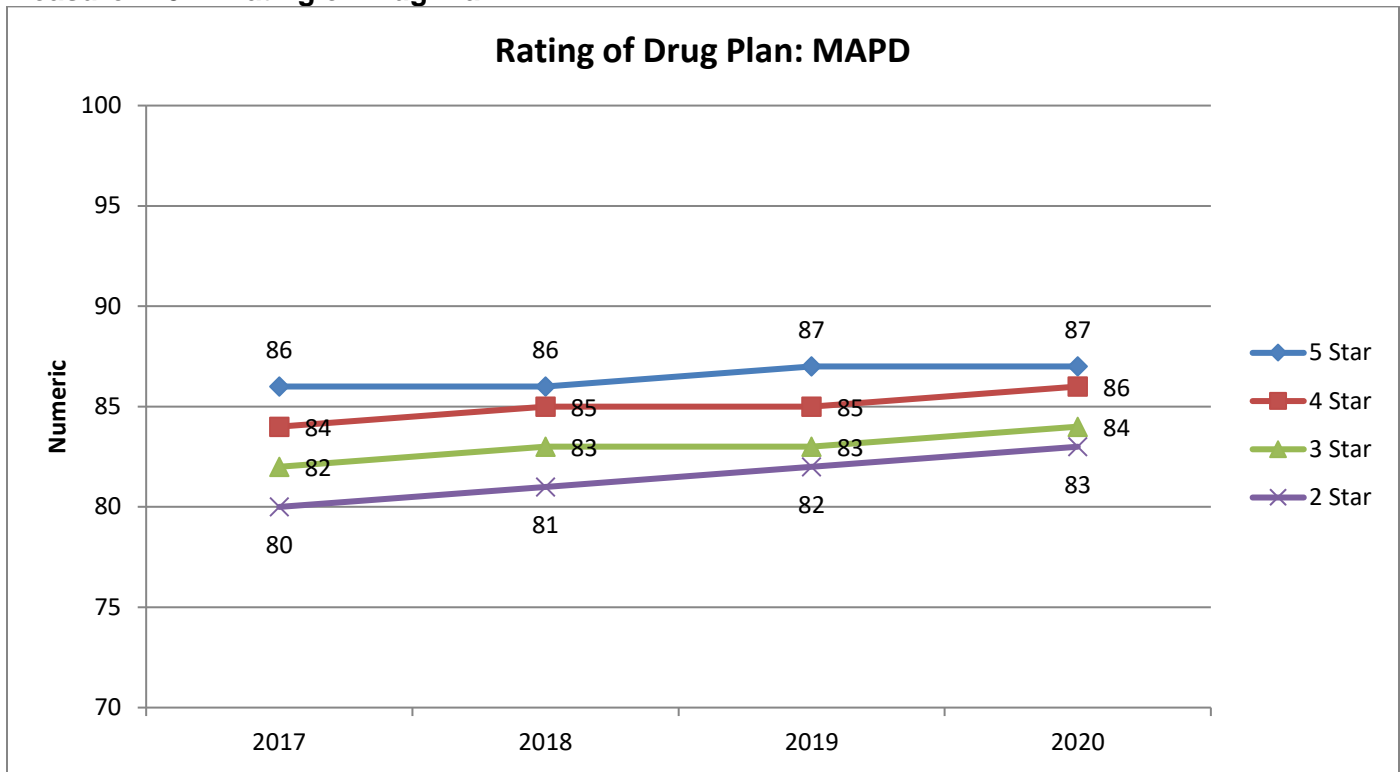
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

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

Measure: D07 - Rating of Drug Plan



| Title | Description |
|-------|-------------|
|-------|-------------|

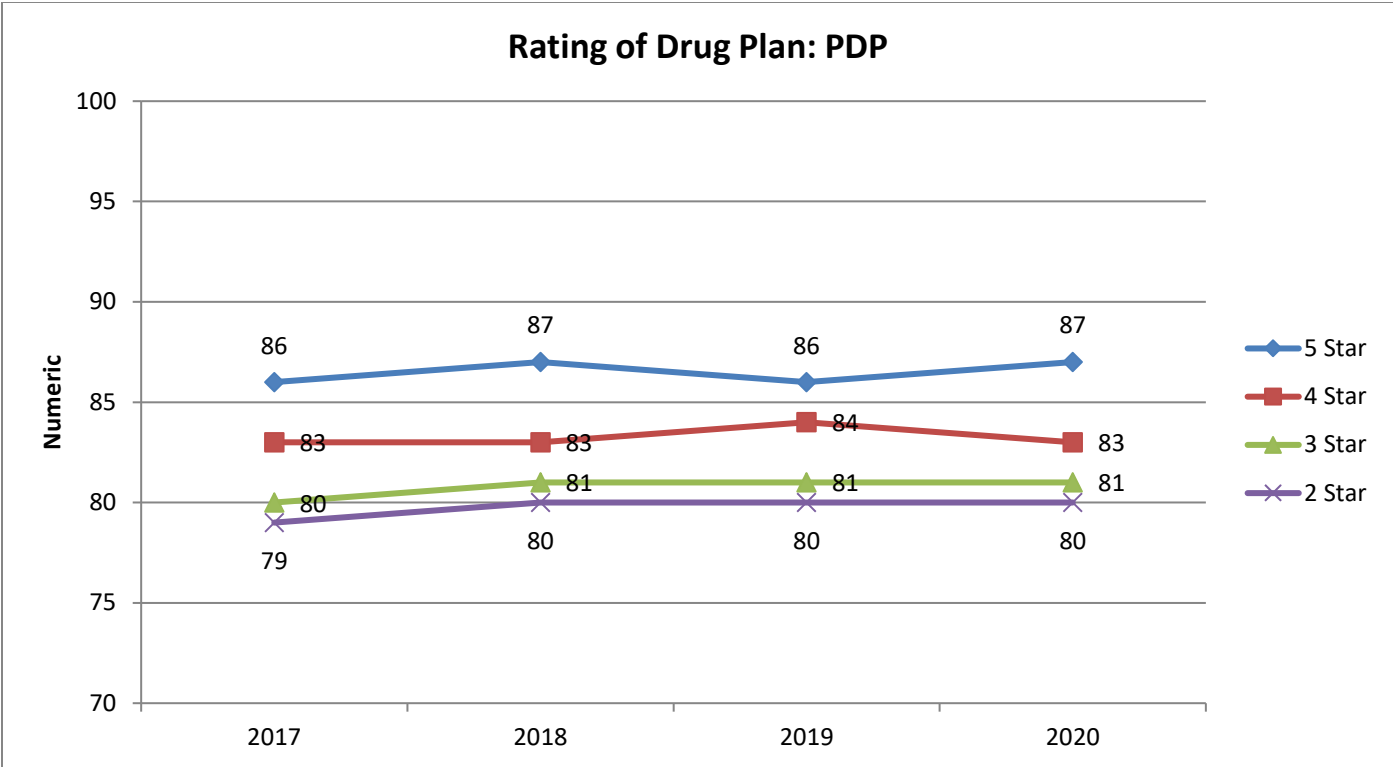
Description: Percent of the best possible score the plan earned from members who rated the prescription drug plan.

Data Source: CAHPS

General Trend: Higher is better

Cut Points:

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



| Title | Description |
|-------|-------------|
|-------|-------------|

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

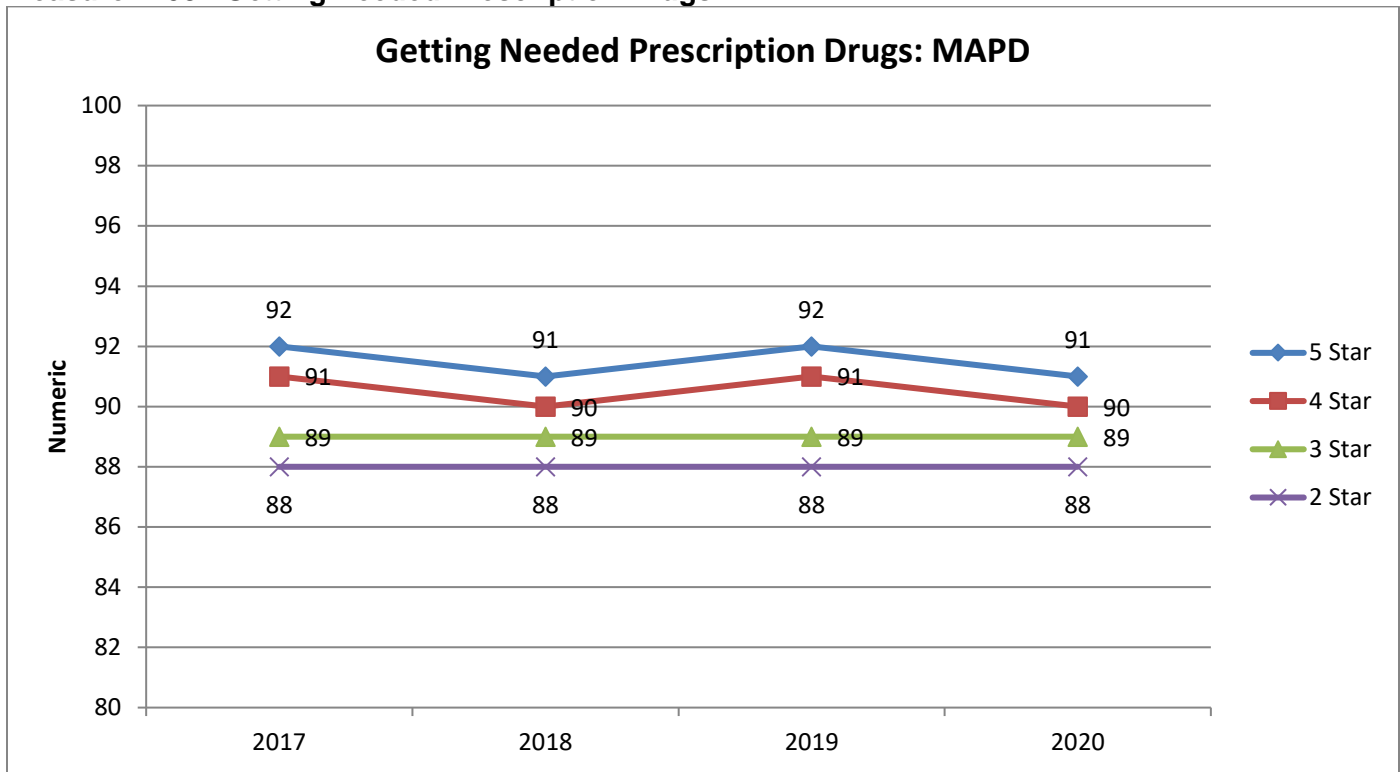
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

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

Measure: D08 - Getting Needed Prescription Drugs



| Title | Description |
|-------|-------------|
|-------|-------------|

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

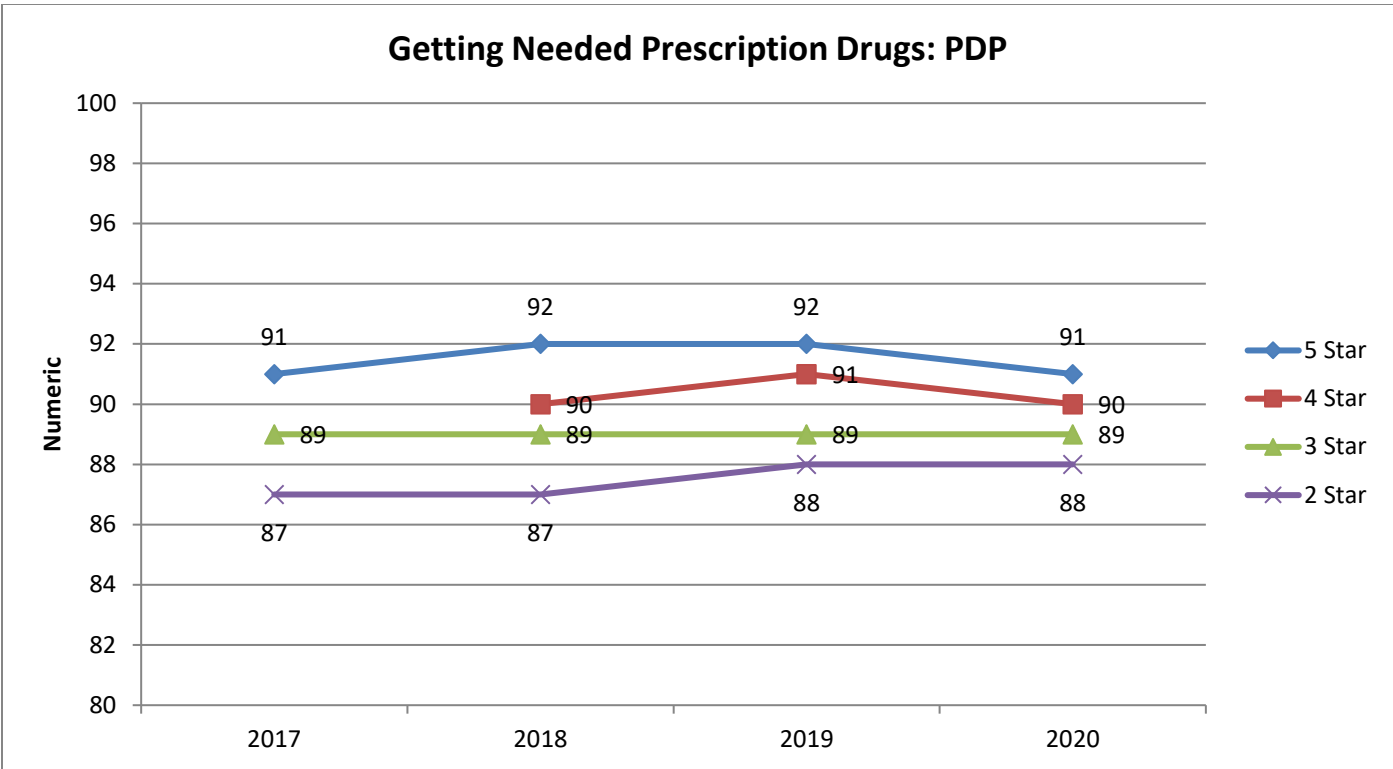
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

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

Getting Needed Prescription Drugs: PDP



| Title | Description |
|-------|-------------|
|-------|-------------|

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

Data Source: CAHPS

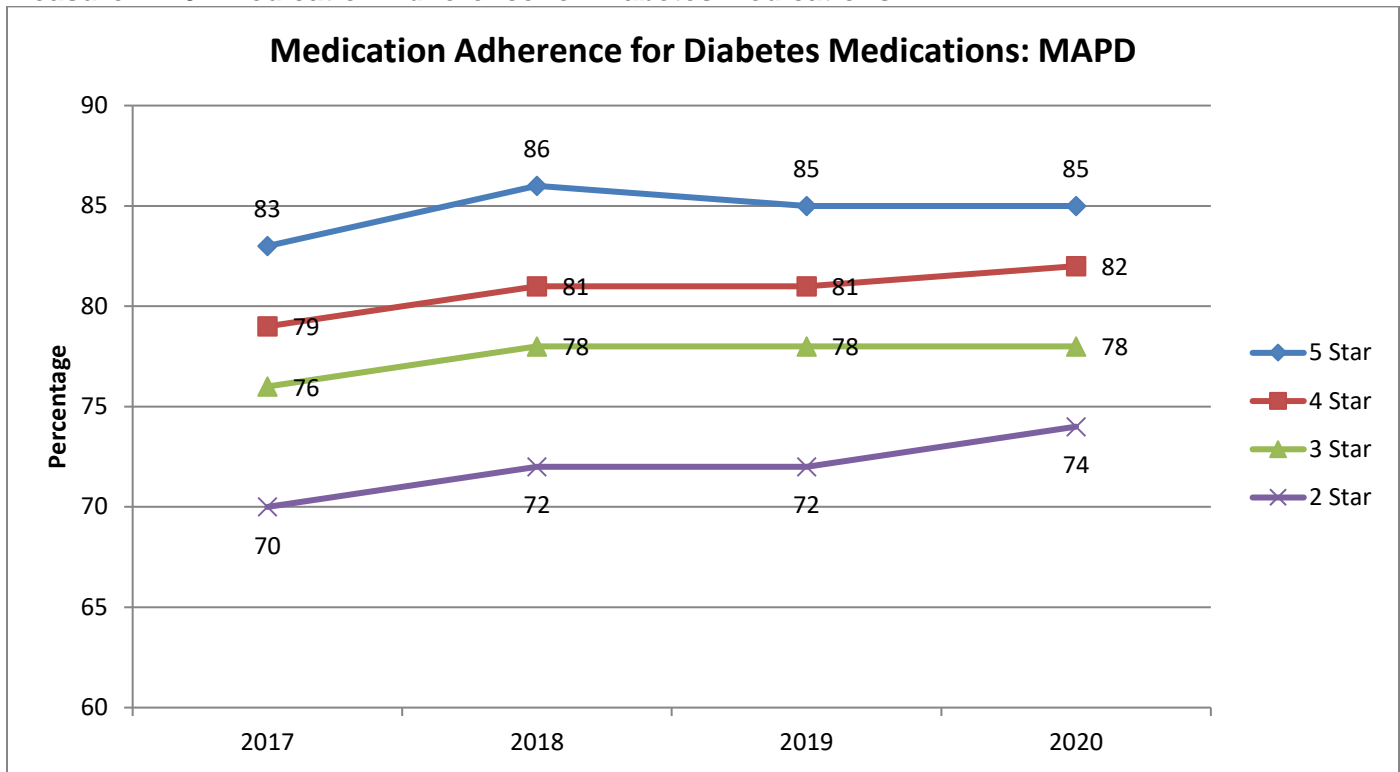
General Trend: Higher is better

Cut Points:

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

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

Measure: D10 - Medication Adherence for Diabetes Medications



| Title | Description |
|-------|-------------|
|-------|-------------|

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

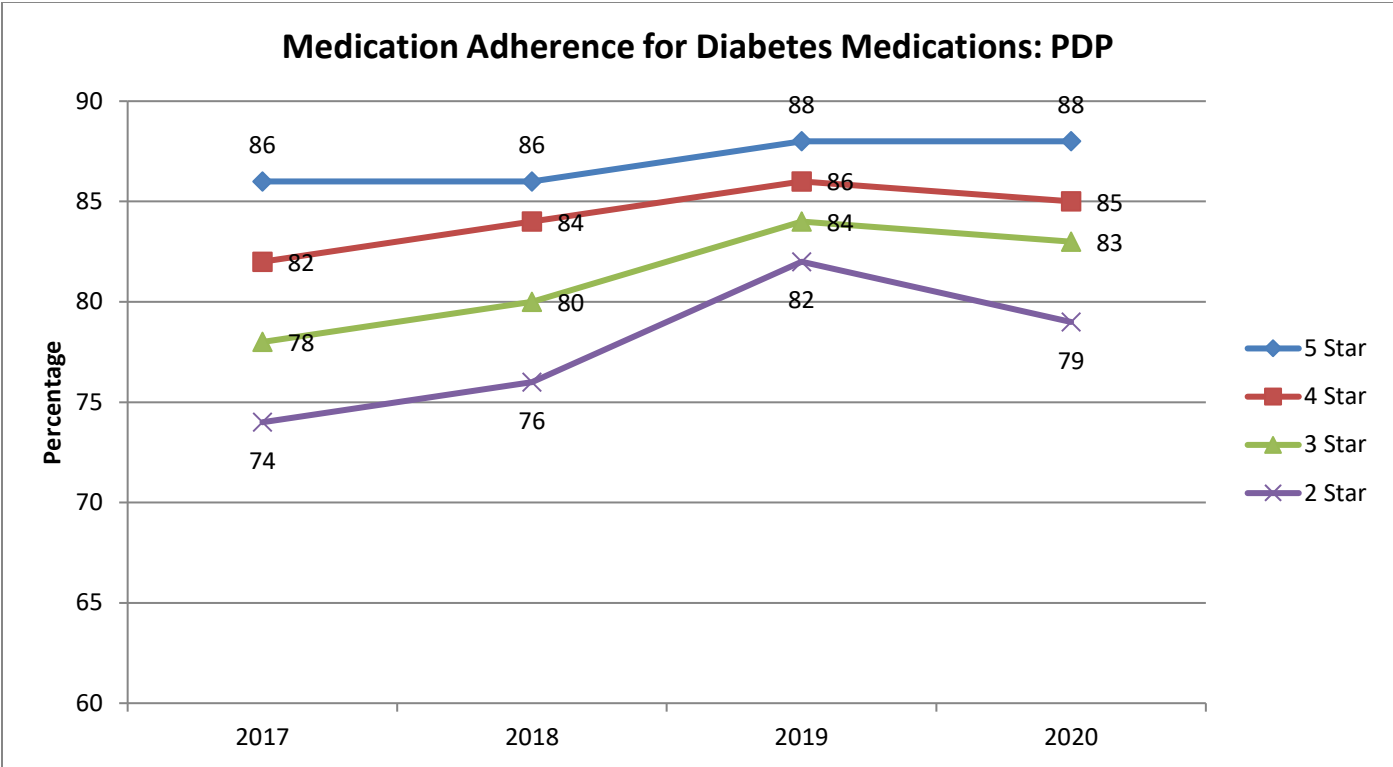
One of the most important ways people with diabetes can manage their health is by taking their medication as directed. The plan, the doctor, and the member can work together to find ways to do this. (“Diabetes medication” means a *biguanide drug*, a *sulfonylurea drug*, a *thiazolidinedione drug*, a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

Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

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



| Title | Description |
|-------|-------------|
|-------|-------------|

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

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

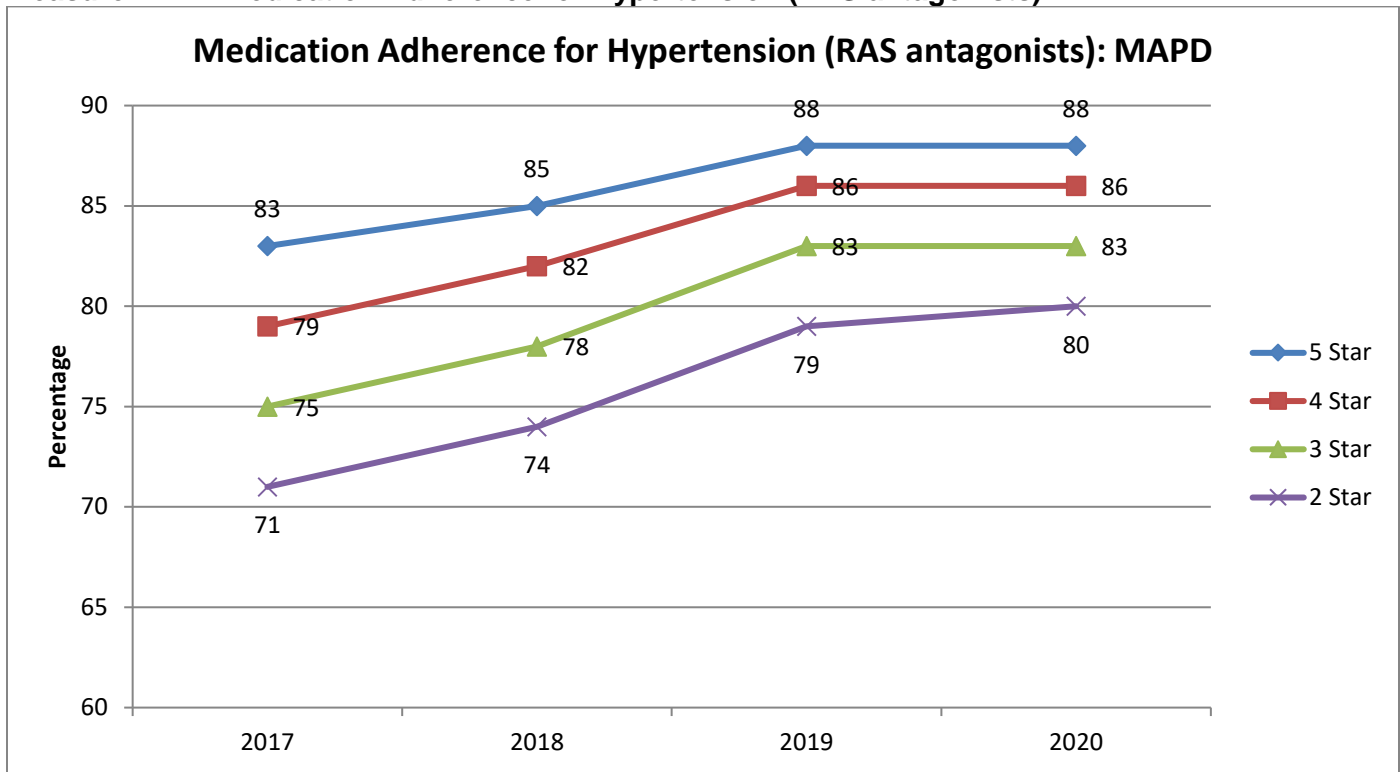
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

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

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



| Title | Description |
|-------|-------------|
|-------|-------------|

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

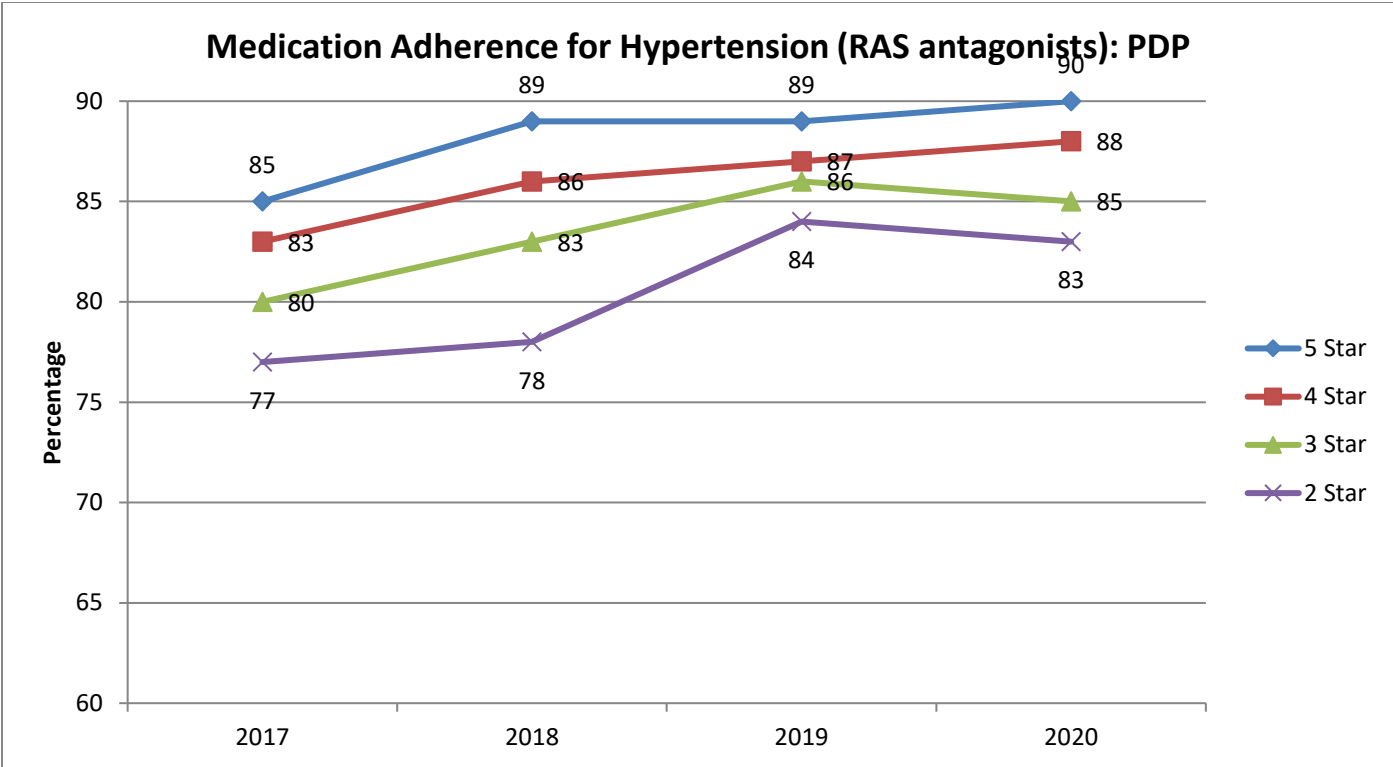
One of the most important ways people with high blood pressure can manage their health is by taking medication as directed. The plan, the doctor, and the member can work together to do this. (“Blood pressure medication” means an ACE (angiotensin converting enzyme) inhibitor, an ARB (angiotensin receptor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

Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

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



| Title | Description |
|-------|-------------|
|-------|-------------|

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

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

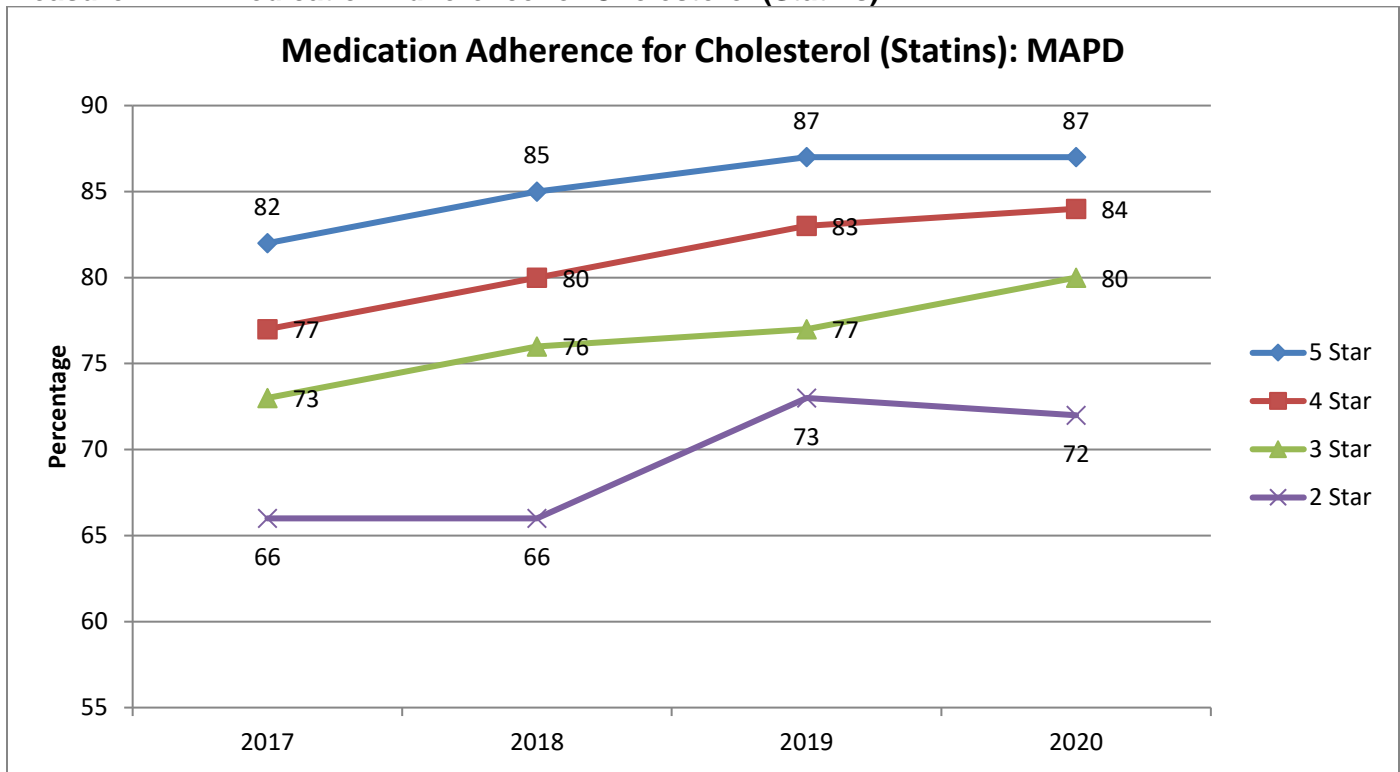
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

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

Measure: D12 - Medication Adherence for Cholesterol (Statins)



| Title | Description |
|-------|-------------|
|-------|-------------|

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

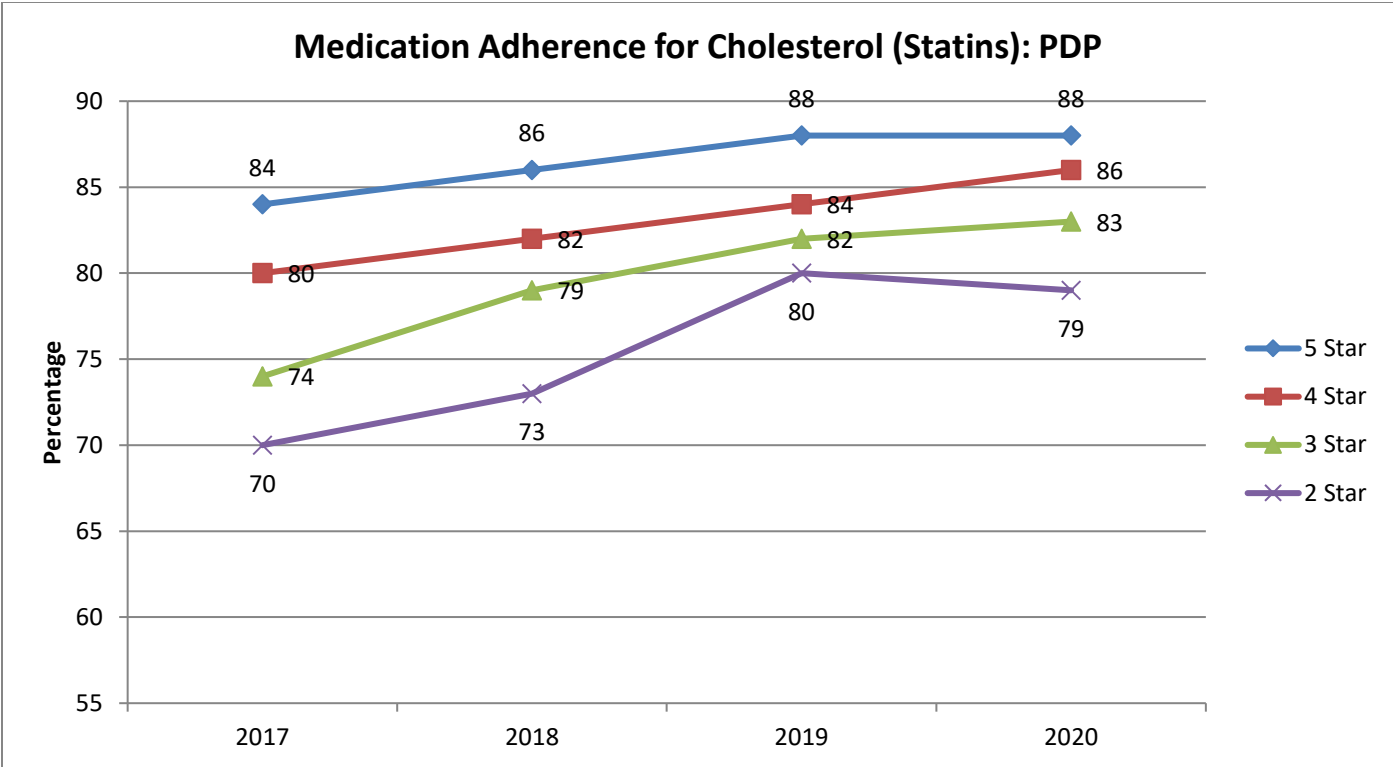
One of the most important ways people with high cholesterol can manage their health is by taking medication as directed. The plan, the doctor, and the member can work together to do this.

Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

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



| Title | Description |
|-------|-------------|
|-------|-------------|

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

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

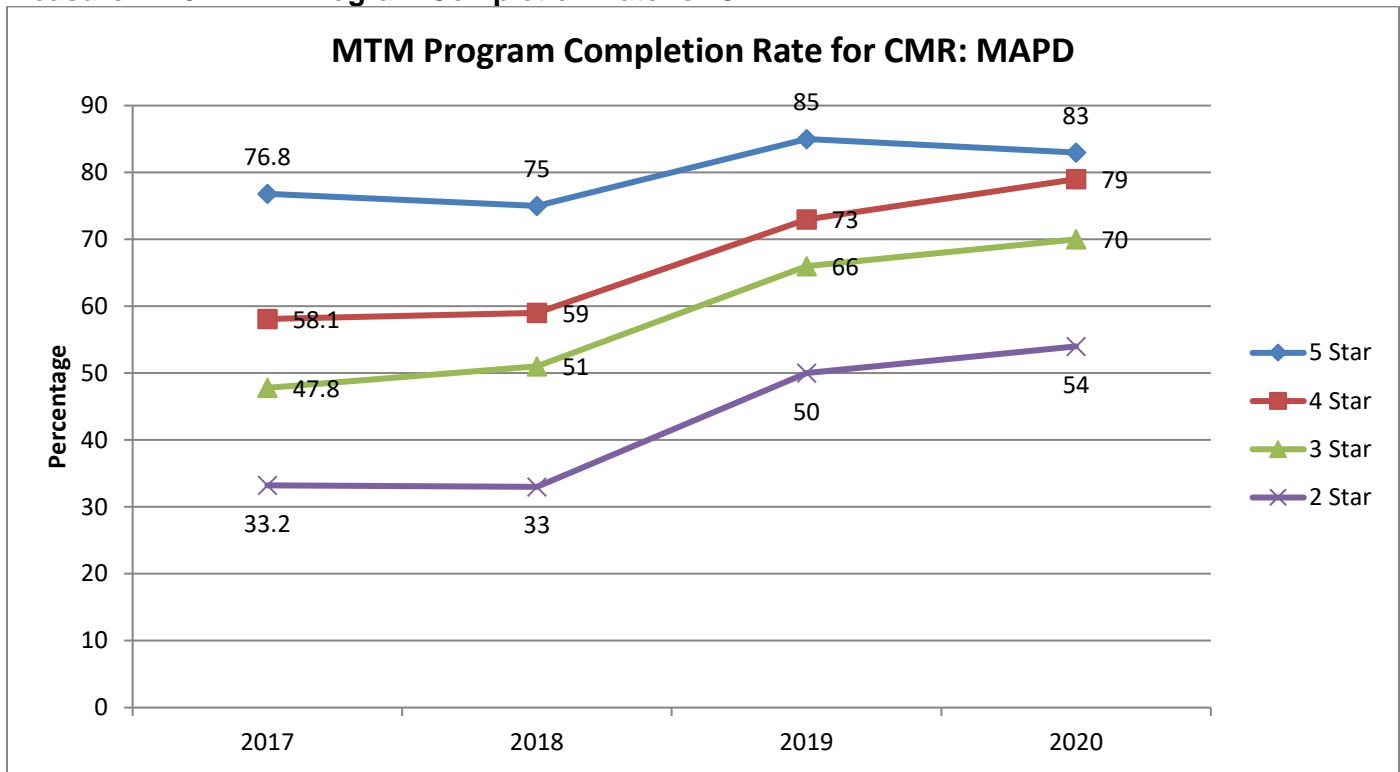
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

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

Measure: D13 - MTM Program Completion Rate for CMR



| Title | Description |
|-------|-------------|
|-------|-------------|

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

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

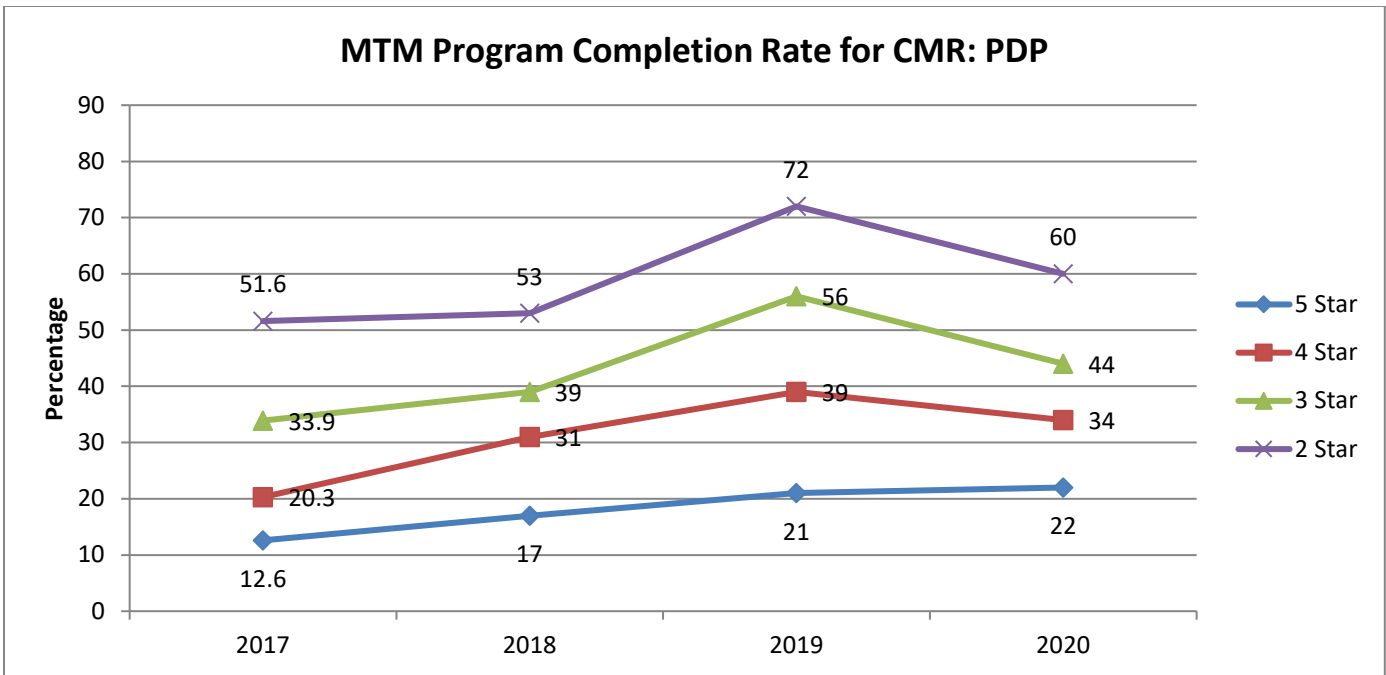
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

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

MTM Program Completion Rate for CMR: PDP



| Title | Description |
|-------|-------------|
|-------|-------------|

Description: Some plan members are in a program (called a *Medication Therapy Management* program) to help them manage their drugs. The measure shows how many members in the program had an assessment of their medications from the plan. The assessment includes a discussion between the member and a pharmacist (or other health care professional) about all of the member’s medications. The member also receives a written summary of the discussion, including an action plan that recommends what the member can do to better understand and use his or her medications.

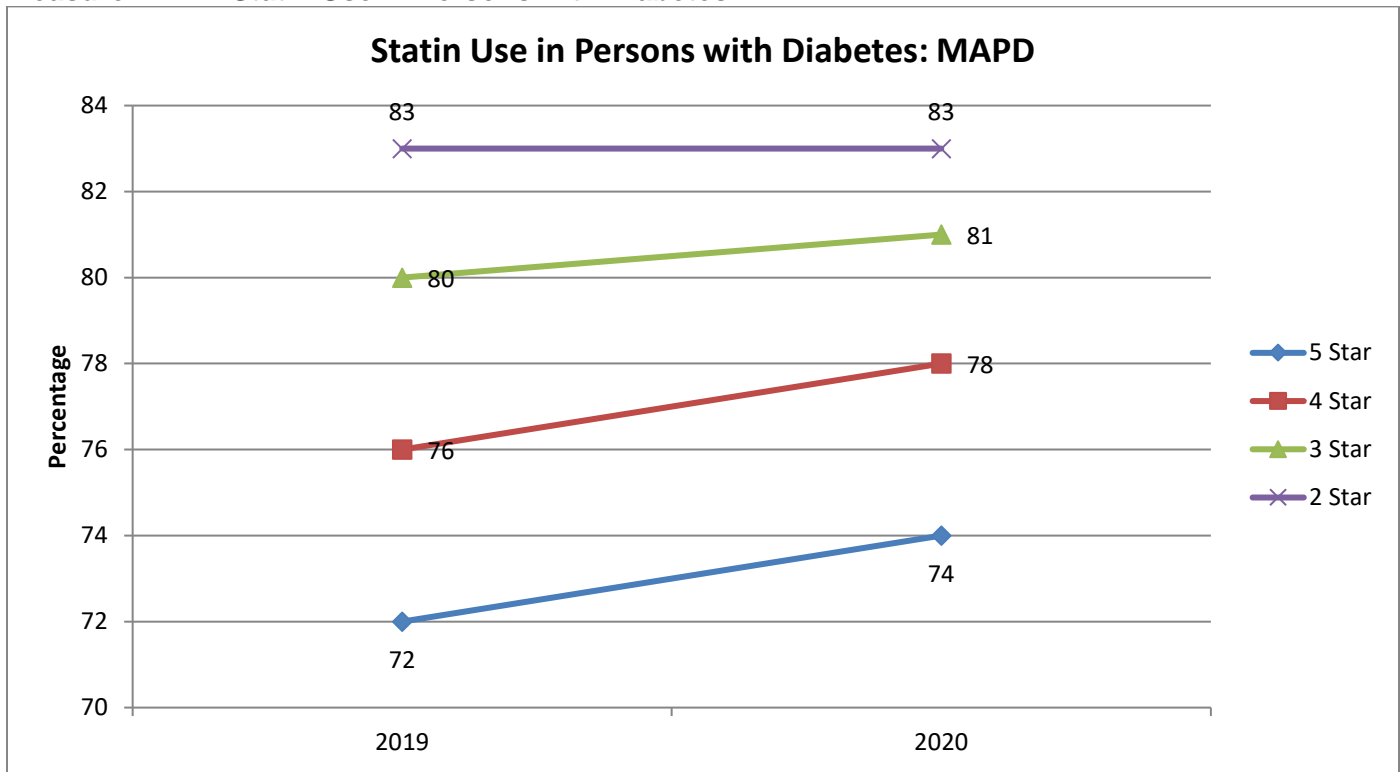
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

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

Measure: D14 – Statin Use in Persons with Diabetes



| Title | Description |
|-------|-------------|
|-------|-------------|

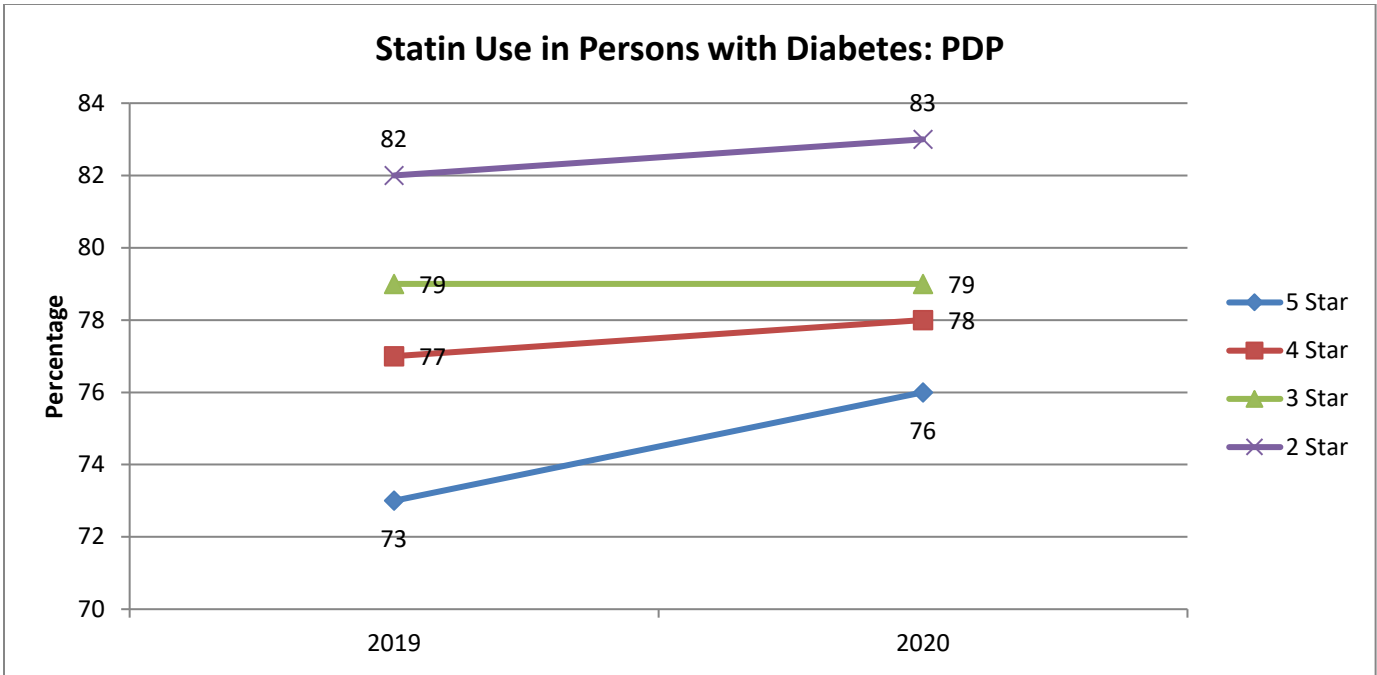
Description: To lower their risk of developing heart disease, most people with diabetes should take cholesterol medication. This rating is based on the percent of plan members with diabetes who take the most effective cholesterol-lowering drugs. Plans can help make sure their members get these prescriptions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

Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

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



| Title | Description |
|-------|-------------|
|-------|-------------|

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

Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

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