Fact Sheet - 2021 Part C and D Star Ratings

Note: The information included in this Fact Sheet is based on the 2021 Star Ratings published on the Medicare Plan Finder on October 8, 2020. For details on the Medicare Advantage (MA) and Part D Star Ratings, please refer to the 2021 Part C & D Star Ratings Technical Notes available at http://go.cms.gov/partcanddstarratings.

Introduction

The Centers for Medicare & Medicaid Services (CMS) publishes the Medicare Part C and D Star Ratings each year to measure the quality of health and drug services received by beneficiaries enrolled in Medicare Advantage (MA) and Prescription Drug Plans (PDPs or Part D plans). The Star Ratings also reflect the experiences of beneficiaries and assist beneficiaries in finding the best plan for them. The Star Ratings support CMS’s efforts to put the patient first in all of our programs. As part of this effort, patients should be empowered to work with their health care providers to make health care decisions that are best for them. An important component of this effort is to provide Medicare beneficiaries and their family members with meaningful information about quality and cost to assist them in being informed and active health care consumers.

Highlights of Contract Performance in 2021 Star Ratings

Medicare Advantage with prescription drug coverage (MA-PD) contracts are rated on up to 44 unique quality and performance measures; MA-only contracts (without prescription drug coverage) are rated on up to 32 measures; and stand-alone PDP contracts are rated on up to 14 measures. Each year, CMS conducts a comprehensive review of the measures that make up the Star Ratings by assessing the reliability of the data, clinical recommendations, and feedback received from stakeholders. There are no new measures introduced for 2021 Star Ratings. CMS increased the weight of patient experience/complaints and access measures from 1.5 to 2 reflecting CMS’s commitment to serve Medicare beneficiaries by putting patients first, including their assessments of the care received by plans. Additional changes made through rulemaking include moving the All-Cause Readmissions measure to the display page on www.cms.gov due to a substantive change in the measure specifications and increasing the weight of the Statin Use in Persons with Diabetes (SUPD) measure from a weight of 1 to 3.

CMS has been monitoring the impact of the 2019 Novel Coronavirus (COVID-19) public health emergency (PHE) on Star Ratings and adopted some changes to address the impact of the PHE in the Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID–19 Public Health Emergency Interim Final Rule with comment period, effective March 31, 2020 (85 FR 19230, April 6, 2020) (“March 31st COVID-19 IFC”). The March 31st COVID-19 IFC adopted changes to the 2021 Star Ratings to accommodate disruption to data collection posed by the PHE as well as changes to the 2022 Star Ratings to account for expected changes in plan performance. The intent of these changes was to eliminate some of the data collection requirements because of the public health and safety concerns with collecting the data, and to enable plans to focus on the care and safety of Medicare beneficiaries and their employees. Given the extraordinary circumstances under which the healthcare system is operating, CMS wanted plans to have some degree of certainty related to Star Ratings program requirements and wanted to

1 Percentages in the Tables may not sum to 100 due to rounding.

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make sure plans were focused on what was most important: ensuring that Medicare beneficiaries received the care and treatment they needed. The issues facing the health care system, including significant differences across regions and demographic groups, create unique challenges for the 2021 and 2022 Star Ratings calculations. Due to these concerns, CMS eliminated the requirement to submit Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data for the 2021 Star Ratings and used the data from the prior year for the 2021 Star Ratings calculations, including carrying forward the measure-level change scores for HEDIS and CAHPS for the Improvement measures. All other measures were updated using the most recent data.

**Rating Distribution**

The last row in Table 1 details the trend in the average overall Star Ratings weighted by enrollment for MA contracts offering prescription drug coverage (MA-PDs) from 2018 to 2021.

- Approximately 49 percent of MA-PDs (194 contracts) that will be offered in 2021 earned 4 stars or higher for their 2021 overall rating.
- Weighted by enrollment, approximately 77 percent of MA-PD enrollees are currently in contracts that will have 4 or more stars in 2021.

<table>
<thead>
<tr>
<th>Overall Rating</th>
<th>2018 Number of Contracts</th>
<th>2018 %</th>
<th>2018 Weighted by Enrollment</th>
<th>2019 Number of Contracts</th>
<th>2019 %</th>
<th>2019 Weighted by Enrollment</th>
<th>2020 Number of Contracts</th>
<th>2020 %</th>
<th>2020 Weighted by Enrollment</th>
<th>2021 Number of Contracts</th>
<th>2021 %</th>
<th>2021 Weighted by Enrollment</th>
<th>Average Star Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 stars</td>
<td>16</td>
<td>4.16</td>
<td>11.17</td>
<td>14</td>
<td>3.72</td>
<td>8.93</td>
<td>20</td>
<td>4.99</td>
<td>10.96</td>
<td>21</td>
<td>5.25</td>
<td>9.15</td>
<td>4.07</td>
</tr>
<tr>
<td>4.5 stars</td>
<td>58</td>
<td>15.06</td>
<td>23.52</td>
<td>64</td>
<td>17.02</td>
<td>26.35</td>
<td>72</td>
<td>17.96</td>
<td>31.41</td>
<td>63</td>
<td>15.75</td>
<td>21.92</td>
<td>4.06</td>
</tr>
<tr>
<td>4 stars</td>
<td>97</td>
<td>25.19</td>
<td>38.19</td>
<td>94</td>
<td>25.00</td>
<td>40.08</td>
<td>118</td>
<td>29.43</td>
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<td>110</td>
<td>27.50</td>
<td>45.76</td>
<td>4.16</td>
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<td>3.5 stars</td>
<td>139</td>
<td>36.10</td>
<td>22.45</td>
<td>124</td>
<td>32.98</td>
<td>17.41</td>
<td>131</td>
<td>32.67</td>
<td>15.82</td>
<td>141</td>
<td>35.25</td>
<td>18.97</td>
<td>4.06</td>
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<tr>
<td>3 stars</td>
<td>61</td>
<td>15.84</td>
<td>4.20</td>
<td>68</td>
<td>17.55</td>
<td>7.00</td>
<td>55</td>
<td>13.72</td>
<td>2.93</td>
<td>61</td>
<td>15.25</td>
<td>4.14</td>
<td>4.06</td>
</tr>
<tr>
<td>2.5 stars</td>
<td>12</td>
<td>3.12</td>
<td>0.46</td>
<td>14</td>
<td>3.72</td>
<td>0.23</td>
<td>4</td>
<td>1.06</td>
<td>0.05</td>
<td>4</td>
<td>1.06</td>
<td>0.06</td>
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<tr>
<td>2 stars</td>
<td>2</td>
<td>0.52</td>
<td>0.02</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
<td>1</td>
<td>0.25</td>
<td>0.02</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
<td>4.06</td>
</tr>
<tr>
<td>Total Rated Contracts</td>
<td>385</td>
<td>100</td>
<td>376</td>
<td>100</td>
<td>401</td>
<td>100</td>
<td>400</td>
<td>100</td>
<td>4.07</td>
<td>4.06</td>
<td>4.16</td>
<td>4.06</td>
<td></td>
</tr>
</tbody>
</table>

*The average Star Rating is weighted by enrollment.*

The last row in Table 2 details the trend in the average Part D Ratings weighted by enrollment for stand-alone PDPs from 2018 to 2021.

- Approximately 42 percent of PDPs (23 contracts) that will be active in 2021 received 4 or more stars for their 2020 Part D Rating.
- Weighted by enrollment, about 17 percent of PDP enrollees are in contracts with 4 or more stars. Another 81 percent of PDP enrollees are in 3.5 star contracts. Close to 98 percent of PDP enrollees are in contracts with 3.5 or more stars.

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Table 2: 2018 - 2021 Part D Rating Distribution for PDPs

<table>
<thead>
<tr>
<th>Overall Rating</th>
<th>2018 Weighted by Enrollment</th>
<th>2019 Weighted by Enrollment</th>
<th>2020 Weighted by Enrollment</th>
<th>2021 Weighted by Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 stars</td>
<td>12.96</td>
<td>7.69</td>
<td>3.70</td>
<td>9.09</td>
</tr>
<tr>
<td>4.5 stars</td>
<td>9.26</td>
<td>9.62</td>
<td>12.96</td>
<td>7.76</td>
</tr>
<tr>
<td>4 stars</td>
<td>29.63</td>
<td>13.46</td>
<td>25.04</td>
<td>11.20</td>
</tr>
<tr>
<td>3.5 stars</td>
<td>31.48</td>
<td>28.85</td>
<td>38.89</td>
<td>42.12</td>
</tr>
<tr>
<td>3 stars</td>
<td>9.26</td>
<td>30.77</td>
<td>21.77</td>
<td>25.93</td>
</tr>
<tr>
<td>2.5 stars</td>
<td>3.70</td>
<td>3.85</td>
<td>3.56</td>
<td>4.61</td>
</tr>
<tr>
<td>2 stars</td>
<td>3.70</td>
<td>3.85</td>
<td>0.00</td>
<td>4.60</td>
</tr>
<tr>
<td>1.5 stars</td>
<td>0</td>
<td>1.92</td>
<td>0.00</td>
<td>1.92</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Number of Contracts</th>
<th>2018 %</th>
<th>2019 %</th>
<th>2020 %</th>
<th>2021 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 stars</td>
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<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>4.5 stars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 stars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5 stars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 stars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5 stars</td>
<td></td>
<td></td>
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<tr>
<td>2 stars</td>
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<td></td>
</tr>
<tr>
<td>1.5 stars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Number of Contracts</th>
<th>54</th>
<th>100</th>
<th>52</th>
<th>100</th>
<th>54</th>
<th>100</th>
<th>55</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Star Rating*</td>
<td>3.62</td>
<td>3.34</td>
<td>3.56</td>
<td>3.58</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The average Star Rating is weighted by enrollment.

5-Star Contracts

A total of 28 contracts are highlighted on the Medicare Plan Finder with a high performing indicator indicating they earned 5 stars; 21 are MA-PD contracts (Table 3), two are 1876 Cost contracts (Table 4), and five are PDPs (Table 5). This is an increase from 23 5-star contracts for the 2020 Star Ratings.

For 2021, 13 contracts receiving the high performing indicator did not receive it in 2020. The contracts receiving the high performing indicator in 2021 that did not receive it in 2020 are highlighted, and the contract number and name are italicized. The tables below show both the Employer Group Health Plan (EGHP) service areas, if applicable, and the non-EGHP service areas.

Table 3: MA-PD Contracts Receiving the 2021 High Performing Indicator

<table>
<thead>
<tr>
<th>Contract</th>
<th>Contract Name</th>
<th>Parent Organization</th>
<th>Enrolled 10/2020</th>
<th>Non-EGHP Service Area</th>
<th>EGHP Service Area</th>
<th>SNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0332</td>
<td>KS Plan Administrators, LLC</td>
<td>Kelsey-Seybold Medical Group, PLLC</td>
<td>38,318</td>
<td>13 counties in TX</td>
<td>242 counties in TX</td>
<td>No</td>
</tr>
<tr>
<td>H0524</td>
<td>Kaiser Foundation HP, Inc.</td>
<td>Kaiser Foundation Health Plan, Inc.</td>
<td>1,258,886</td>
<td>32 counties in CA</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>H0630</td>
<td>Kaiser Foundation HP of CO</td>
<td>Kaiser Foundation Health Plan, Inc.</td>
<td>111,172</td>
<td>14 counties in CO</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>H0710</td>
<td>Sierra Health and Life Insurance Company, Inc.</td>
<td>UnitedHealth Group, Inc.</td>
<td>39,998</td>
<td>Most of the U.S.</td>
<td>Most of the U.S.</td>
<td>Yes</td>
</tr>
<tr>
<td>H1019</td>
<td>CarePlus Health Plans, Inc.</td>
<td>Humana Inc.</td>
<td>166,821</td>
<td>18 counties in FL</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>H1170</td>
<td>Kaiser Foundation HP of GA, Inc.</td>
<td>Kaiser Foundation Health Plan, Inc.</td>
<td>32,235</td>
<td>12 counties in GA</td>
<td>9 counties in GA</td>
<td>Yes</td>
</tr>
<tr>
<td>H1230</td>
<td>Kaiser Foundation HP, Inc.</td>
<td>Kaiser Foundation Health Plan, Inc.</td>
<td>33,576</td>
<td>3 counties in HI</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>H1537</td>
<td>Care Improvement Plus South Central Insurance Co.</td>
<td>UnitedHealth Group, Inc.</td>
<td>2,113</td>
<td>1 county in NY</td>
<td>Most of the U.S.</td>
<td>No</td>
</tr>
<tr>
<td>H2172</td>
<td>Kaiser Foundation Health Plan of the Mid-Atlantic</td>
<td>Kaiser Foundation Health Plan, Inc.</td>
<td>77,053</td>
<td>1 county in DC, 11 counties in MD, and 12 counties in VA</td>
<td>Not applicable</td>
<td>No</td>
</tr>
<tr>
<td>H2226</td>
<td>United Healthcare Insurance Co.</td>
<td>UnitedHealth Group, Inc.</td>
<td>19,233</td>
<td>10 counties in MA</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>H2256</td>
<td>Tufts Associated Health Maintenance Organization</td>
<td>Tufts Health Plan, Inc</td>
<td>103,970</td>
<td>10 counties in MA</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>H2422</td>
<td>HealthPartners, Inc.</td>
<td>HealthPartners, Inc.</td>
<td>4,343</td>
<td>12 counties in MN</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>H5042</td>
<td>CDPHP Universal Benefits, Inc.</td>
<td>Capital District Physicians' Health Plan, Inc.</td>
<td>5,287</td>
<td>23 counties in NY</td>
<td>39 counties in NY</td>
<td>No</td>
</tr>
<tr>
<td>H5262</td>
<td>Quartz Health Plan Corporation</td>
<td>University of Wisconsin Hospitals and Clinics Autho</td>
<td>18,544</td>
<td>5 counties in IA, 5 counties in IL, and 27 counties in WI</td>
<td>Not applicable</td>
<td>No</td>
</tr>
<tr>
<td>H5410</td>
<td>Healthspring of Florida, Inc.</td>
<td>CIGNA</td>
<td>56,279</td>
<td>20 counties in FL</td>
<td>47 counties in FL</td>
<td>Yes</td>
</tr>
<tr>
<td>H5431</td>
<td>Healthsuns Health Plans, Inc.</td>
<td>Anthem Inc.</td>
<td>52,906</td>
<td>3 counties in FL</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Table 4: 1876 Cost Contracts Receiving the 2021 High Performing Indicator

<table>
<thead>
<tr>
<th>Contract</th>
<th>Contract Name</th>
<th>Parent Organization</th>
<th>Enrolled 10/20</th>
<th>Non-EGHP Service Area</th>
<th>EGHP Service Area</th>
<th>SNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>H5526</td>
<td>HealthNow New York Inc.</td>
<td>HealthNow New York Inc.</td>
<td>15,298</td>
<td>18 counties in NY</td>
<td>Most of the U.S.</td>
<td>No</td>
</tr>
<tr>
<td>H5591</td>
<td>Martin’s Point Generations Advantage, Inc.</td>
<td>Martin’s Point Health Care, Inc.</td>
<td>48,182</td>
<td>16 counties in ME; 10 counties in NH</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>H5652</td>
<td>Serra Health and Life Insurance Company, Inc.</td>
<td>UnitedHealth Group, Inc.</td>
<td>4,902</td>
<td>1 county in CO; 1 county in FL; 1 county in KS; 2 counties in MA; 3 counties in MD; 1 county in MI; 1 county in NC; 3 counties in NJ; 2 counties in PA; 2 counties in TX; and 2 counties in VA</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>H9003</td>
<td>Kaiser Foundation HP of the NW</td>
<td>Kaiser Foundation Health Plan, Inc.</td>
<td>98,035</td>
<td>10 counties in OR and 3 counties in WA</td>
<td>1 county in OR and 1 county in WA</td>
<td>No</td>
</tr>
<tr>
<td>H9834</td>
<td>Quartz Health Plan MN Corporation</td>
<td>University of Wisconsin Hospitals and Clinics Autho</td>
<td>2,255</td>
<td>4 counties in MN</td>
<td>Not applicable</td>
<td>No</td>
</tr>
</tbody>
</table>

Table 5: PDP Contracts Receiving the 2021 High Performing Indicator

<table>
<thead>
<tr>
<th>Contract</th>
<th>Contract Name</th>
<th>Parent Organization</th>
<th>Enrolled 10/20</th>
<th>Non-EGHP Service Area</th>
<th>EGHP Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>S0655</td>
<td>Tufts Insurance Company</td>
<td>Tufts Health Plan, Inc</td>
<td>8,713</td>
<td>Not applicable</td>
<td>35 regions</td>
</tr>
<tr>
<td>S1822</td>
<td>HealthPartners, Inc.</td>
<td>HealthPartners, Inc.</td>
<td>15,240</td>
<td>Not applicable</td>
<td>35 regions</td>
</tr>
<tr>
<td>S3389</td>
<td>UPMC Health Benefits, Inc.</td>
<td>UPMC Health System</td>
<td>1,073</td>
<td>Not applicable</td>
<td>39 regions</td>
</tr>
<tr>
<td>S3521</td>
<td>Excellus Health Plan, Inc.</td>
<td>Lifetime Healthcare, Inc.</td>
<td>7,626</td>
<td>Not applicable</td>
<td>39 regions</td>
</tr>
<tr>
<td>S4219</td>
<td>Health Alliance Medical Plans</td>
<td>The Carle Foundation</td>
<td>764</td>
<td>Not applicable</td>
<td>39 regions</td>
</tr>
</tbody>
</table>

Consistently Low Performers

There is only one contract identified on the Medicare Plan Finder with a low performance warning for consistently low quality ratings as detailed in Table 6. This contract is receiving the warning for Part C and/or Part D summary ratings of 2.5 or fewer stars from at least 2018 through 2021.

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2 1876 Cost contracts do not offer SNPs.

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Table 6: 2021 Contract(s) with a Low Performance Warning

<table>
<thead>
<tr>
<th>Contract</th>
<th>Contract Name</th>
<th>Parent Organization</th>
<th>Reason for Low Performance Warning</th>
<th>Enrolled 10/2019</th>
<th>SNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>H7680</td>
<td>Prominence HealthFirst of Texas</td>
<td>Universal Health Services, Inc.</td>
<td>Part C or D</td>
<td>1,384</td>
<td>No</td>
</tr>
</tbody>
</table>

Length of Time in Program and Performance

Overall, higher Star Ratings are associated with contracts that have more experience in the MA program. MA-PDs with 10 or more years in the program are more than twice as likely to have 4 or more stars compared to contracts with less than 5 years in the program. For PDPs, the relationship is similar in that PDPs with 10 or more years in the program do better in the Star Ratings relative to contracts with less experience. The tables below show the distribution of ratings by the number of years in the program (MA-PDs are shown in Table 7 and PDPs in Table 8).

Table 7: Distribution of Overall Star Ratings by Length of Time in Program for MA-PDs

<table>
<thead>
<tr>
<th>2021 Overall Rating</th>
<th>Number of Contracts with Less than 5 Years</th>
<th>% Less than 5 Years</th>
<th>Number of Contracts with 5 years to Less than 10 Years</th>
<th>% 5 Years to Less than 10 Years</th>
<th>Number of Contracts with 10 or More Years</th>
<th>% 10 or More Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 stars</td>
<td>1</td>
<td>1.45</td>
<td>2</td>
<td>2.78</td>
<td>18</td>
<td>6.95</td>
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<tr>
<td>4.5 stars</td>
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<td>13.04</td>
<td>5</td>
<td>6.94</td>
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<td>4 stars</td>
<td>9</td>
<td>13.04</td>
<td>16</td>
<td>22.22</td>
<td>85</td>
<td>32.82</td>
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<tr>
<td>3.5 stars</td>
<td>30</td>
<td>43.48</td>
<td>33</td>
<td>45.83</td>
<td>78</td>
<td>30.12</td>
</tr>
<tr>
<td>3 stars</td>
<td>18</td>
<td>26.09</td>
<td>14</td>
<td>19.44</td>
<td>29</td>
<td>11.2</td>
</tr>
<tr>
<td>2.5 stars</td>
<td>2</td>
<td>2.90</td>
<td>2</td>
<td>2.78</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Number of Contracts</td>
<td>69</td>
<td></td>
<td>72</td>
<td>259</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 8: Distribution of Part D Ratings by Length of Time in Program for PDPs

<table>
<thead>
<tr>
<th>2021 Overall Rating</th>
<th>Number of Contracts with Less than 5 Years</th>
<th>% Less than 5 Years</th>
<th>Number of Contracts with 5 years to Less than 10 Years</th>
<th>% 5 Years to Less than 10 Years</th>
<th>Number of Contracts with 10 or More Years</th>
<th>% 10 or More Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 stars</td>
<td>0</td>
<td>0.00</td>
<td>1</td>
<td>16.67</td>
<td>4</td>
<td>8.89</td>
</tr>
<tr>
<td>4.5 stars</td>
<td>0</td>
<td>0.00</td>
<td>3</td>
<td>50.00</td>
<td>4</td>
<td>8.89</td>
</tr>
<tr>
<td>4 stars</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0.00</td>
<td>11</td>
<td>24.44</td>
</tr>
<tr>
<td>3.5 stars</td>
<td>0</td>
<td>0.00</td>
<td>1</td>
<td>16.67</td>
<td>18</td>
<td>40.00</td>
</tr>
<tr>
<td>3 stars</td>
<td>1</td>
<td>25.00</td>
<td>1</td>
<td>16.67</td>
<td>7</td>
<td>15.56</td>
</tr>
<tr>
<td>2.5 stars</td>
<td>3</td>
<td>75.00</td>
<td>0</td>
<td>0.00</td>
<td>1</td>
<td>2.22</td>
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<tr>
<td>Total Number of Contracts</td>
<td>4</td>
<td></td>
<td>6</td>
<td>45</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Geographic Variation

The following eight maps illustrate the average Star Ratings from 2018 to 2021 weighted by enrollment per county for MA-PDs and PDPs across the U.S., including territories. These maps exclude EGHPs. Counties shaded in green indicate that the enrollment-weighted mean for the overall Star Rating in the county for MA-PDs or Part D Rating for PDPs is 4 or more stars. Similarly, counties shaded in yellow indicate that the enrollment-weighted mean rating is 3 stars, and areas shaded in orange indicate that the enrollment-weighted mean rating is less than 3 stars. Please note that the weight of patient experience/complaints and access measures increased from the 2020 to the 2021 Star Ratings from 1.5 to 2 so some of the changes from the prior year would be from the change in weighting. Areas in gray indicate data are not available for those counties. Among the changes and updates from previous years are:

- Highly rated (4 stars or greater) MA-PDs continue to be available in the vast majority of regions across the country. Between 2020 and 2021, there was a small downward shift in the enrollment-weighted mean rating.
- In the period from 2018 through 2020, the ratings of PDPs across the country generally increased (evidenced by the greater percentage of green shaded regions on the maps over time).

3 Comparisons of Star Ratings across years do not reflect annual revisions made by CMS to the Star Ratings methodology or measure set.

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2020 Star Ratings - Enrollment Weighted Average MA-PD Overall Rating in Non-EGHP Counties

- Missing Data
- 1 Star
- 1.5 Stars
- 2 Stars
- 2.5 Stars
- 3 Stars
- 3.5 Stars
- 4 Stars
- 4.5 Stars
- 5 Stars
2020 Star Ratings - Enrollment Weighted Average PDP Part D Rating in Non-EGHP Counties

- 1 Star
- 1.5 Stars
- 2 Stars
- 2.5 Stars
- 3 Stars
- 3.5 Stars
- 4 Stars
- 4.5 Stars
- 5 Stars

Missing Data
Average Star Rating for Each Measure

Below we list the average Star Ratings for 2018, 2019, 2020 and 2021 Part C and D measures (Tables 9, 10 and 11) using all measure scores for contracts that are publically reported in a given year. For HEDIS and CAHPS measures, the 2021 average star does not always equal the 2020 average star even though data from the 2020 Star Ratings were used for those measures because the set of contracts has changed slightly from last year.

Table 9: Average Star Rating by Part C Measure

<table>
<thead>
<tr>
<th>2021 Measure Number</th>
<th>Measure</th>
<th>2018 Average Star</th>
<th>2019 Average Star</th>
<th>2020 Average Star</th>
<th>2021 Average Star</th>
</tr>
</thead>
<tbody>
<tr>
<td>C01</td>
<td>Breast Cancer Screening</td>
<td>3.1</td>
<td>3.4</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>C02</td>
<td>Colorectal Cancer Screening</td>
<td>3.4</td>
<td>3.8</td>
<td>3.8</td>
<td>3.9</td>
</tr>
<tr>
<td>C03</td>
<td>Annual Flu Vaccine</td>
<td>3.2</td>
<td>3.2</td>
<td>3.2</td>
<td>3.2</td>
</tr>
<tr>
<td>C04</td>
<td>Improving or Maintaining Physical Health</td>
<td>2.9</td>
<td>3.0</td>
<td>3.2</td>
<td>3.2</td>
</tr>
<tr>
<td>C05</td>
<td>Improving or Maintaining Mental Health</td>
<td>3.7</td>
<td>3.3</td>
<td>3.9</td>
<td>3.3</td>
</tr>
<tr>
<td>C06</td>
<td>Monitoring Physical Activity</td>
<td>2.9</td>
<td>2.8</td>
<td>3.2</td>
<td>3.5</td>
</tr>
<tr>
<td>C07</td>
<td>Adult BMI Assessment</td>
<td>4.1</td>
<td>4.4</td>
<td>4.2</td>
<td>4.3</td>
</tr>
<tr>
<td>C08</td>
<td>Special Needs Plan (SNP) Care Management</td>
<td>3.2</td>
<td>3.2</td>
<td>3.1</td>
<td>3.4</td>
</tr>
<tr>
<td>C09</td>
<td>Care for Older Adults – Medication Review</td>
<td>4.1</td>
<td>4.4</td>
<td>4.3</td>
<td>4.3</td>
</tr>
<tr>
<td>C10</td>
<td>Care for Older Adults – Functional Status Assessment</td>
<td>4</td>
<td>4.1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>C11</td>
<td>Care for Older Adults – Pain Assessment</td>
<td>4.4</td>
<td>4</td>
<td>4.4</td>
<td>4.5</td>
</tr>
<tr>
<td>C12</td>
<td>Osteoporosis Management in Women who had a Fracture</td>
<td>2.6</td>
<td>2.6</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>C13</td>
<td>Diabetes Care – Eye Exam</td>
<td>3.6</td>
<td>3.7</td>
<td>3.8</td>
<td>3.8</td>
</tr>
<tr>
<td>C14</td>
<td>Diabetes Care – Kidney Disease Monitoring</td>
<td>3.7</td>
<td>4.2</td>
<td>4.1</td>
<td>4.2</td>
</tr>
<tr>
<td>C15</td>
<td>Diabetes Care – Blood Sugar Controlled</td>
<td>4.2</td>
<td>3.7</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>C16</td>
<td>Rheumatoid Arthritis Management</td>
<td>3.4</td>
<td>3</td>
<td>3.6</td>
<td>3.6</td>
</tr>
<tr>
<td>C17</td>
<td>Reducing the Risk of Falling</td>
<td>2.5</td>
<td>3</td>
<td>2.5</td>
<td>3</td>
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<tr>
<td>C18</td>
<td>Improving Bladder Control</td>
<td>3.1</td>
<td>3.1</td>
<td>3.2</td>
<td>3.2</td>
</tr>
<tr>
<td>C19</td>
<td>Medication Reconciliation Post-Discharge</td>
<td>3.3</td>
<td>2.9</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>C20</td>
<td>Statin Therapy for Patients with Cardiovascular Disease</td>
<td>n/a - new in 2019</td>
<td>3.3</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>C21</td>
<td>Getting Needed Care</td>
<td>3.4</td>
<td>3.3</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>C22</td>
<td>Getting Appointments and Care Quickly</td>
<td>3.3</td>
<td>3.4</td>
<td>3.4</td>
<td>3.4</td>
</tr>
<tr>
<td>C23</td>
<td>Customer Service</td>
<td>3.4</td>
<td>3.4</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>C24</td>
<td>Rating of Health Care Quality</td>
<td>3.4</td>
<td>3.3</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>C25</td>
<td>Rating of Health Plan</td>
<td>3.2</td>
<td>3.3</td>
<td>3.2</td>
<td>3.2</td>
</tr>
<tr>
<td>C26</td>
<td>Care Coordination</td>
<td>3.3</td>
<td>3.4</td>
<td>3.4</td>
<td>3.4</td>
</tr>
<tr>
<td>C27</td>
<td>Complaints about the Health Plan</td>
<td>4.3</td>
<td>4</td>
<td>4.9</td>
<td>4.8</td>
</tr>
<tr>
<td>C28</td>
<td>Members Choosing to Leave the Plan</td>
<td>4</td>
<td>3.9</td>
<td>3.9</td>
<td>4</td>
</tr>
<tr>
<td>C29</td>
<td>Health Plan Quality Improvement</td>
<td>3.6</td>
<td>3.4</td>
<td>3.4</td>
<td>3.2</td>
</tr>
<tr>
<td>C30</td>
<td>Plan Makes Timely Decisions about Appeals</td>
<td>4</td>
<td>4.2</td>
<td>4.4</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Changes in the average (mean) measure-level Star Rating do not always reflect changes in performance since for some measures there have been significant changes in industry performance and shifts in the distribution of scores.
<table>
<thead>
<tr>
<th>2021 Measure Number</th>
<th>Measure</th>
<th>2018 Average Star</th>
<th>2019 Average Star</th>
<th>2020 Average Star</th>
<th>2021 Average Star</th>
</tr>
</thead>
<tbody>
<tr>
<td>C31</td>
<td>Reviewing Appeals Decisions</td>
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<td>3.9</td>
<td>4.1</td>
<td>4.5</td>
</tr>
<tr>
<td>C32</td>
<td>Call Center – Foreign Language Interpreter and TTY Availability</td>
<td>4.5</td>
<td>4.3</td>
<td>4.3</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Table 10: Average Star Rating by Part D Measure for MA-PDs

<table>
<thead>
<tr>
<th>2021 Measure Number</th>
<th>Measure</th>
<th>2018 MA-PD Average Star</th>
<th>2019 MA-PD Average Star</th>
<th>2020 MA-PD Average Star</th>
<th>2021 MA-PD Average Star</th>
</tr>
</thead>
<tbody>
<tr>
<td>D01</td>
<td>Call Center – Foreign Language Interpreter and TTY Availability</td>
<td>4.5</td>
<td>4.3</td>
<td>4.6</td>
<td>4.4</td>
</tr>
<tr>
<td>D02</td>
<td>Appeals Auto–Forward</td>
<td>4.8</td>
<td>4.5</td>
<td>4.7</td>
<td>4.2</td>
</tr>
<tr>
<td>D03</td>
<td>Appeals Upheld</td>
<td>3.9</td>
<td>3.9</td>
<td>3.8</td>
<td>3.6</td>
</tr>
<tr>
<td>D04</td>
<td>Complaints about the Drug Plan</td>
<td>4.3</td>
<td>4</td>
<td>4.9</td>
<td>4.8</td>
</tr>
<tr>
<td>D05</td>
<td>Members Choosing to Leave the Plan</td>
<td>3.9</td>
<td>3.9</td>
<td>3.9</td>
<td>4</td>
</tr>
<tr>
<td>D06</td>
<td>Drug Plan Quality Improvement</td>
<td>3.7</td>
<td>4.2</td>
<td>3.7</td>
<td>3.5</td>
</tr>
<tr>
<td>D07</td>
<td>Rating of Drug Plan</td>
<td>3.2</td>
<td>3.2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>D08</td>
<td>Getting Needed Prescription Drugs</td>
<td>3.4</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>D09</td>
<td>MPF Price Accuracy</td>
<td>4.7</td>
<td>4.8</td>
<td>4.8</td>
<td>4.9</td>
</tr>
<tr>
<td>D10</td>
<td>Medication Adherence for Diabetes Medications</td>
<td>3.3</td>
<td>3.7</td>
<td>3.9</td>
<td>3.7</td>
</tr>
<tr>
<td>D11</td>
<td>Medication Adherence for Hypertension (RAS antagonists)</td>
<td>3.7</td>
<td>3.1</td>
<td>3.3</td>
<td>3.2</td>
</tr>
<tr>
<td>D12</td>
<td>Medication Adherence for Cholesterol (Statins)</td>
<td>3.3</td>
<td>3.2</td>
<td>3.4</td>
<td>3.3</td>
</tr>
<tr>
<td>D13</td>
<td>MTM Program Completion Rate for CMR</td>
<td>3.5</td>
<td>3.3</td>
<td>3.6</td>
<td>3.7</td>
</tr>
<tr>
<td>D14</td>
<td>Statin Use in Persons with Diabetes (SUPD)</td>
<td>n/a - new in 2019</td>
<td>3.3</td>
<td>3.5</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Table 11: Average Star Rating by Part D Measure for PDPs

<table>
<thead>
<tr>
<th>2021 Measure Number</th>
<th>Measure</th>
<th>2018 PDP Average Star</th>
<th>2019 PDP Average Star</th>
<th>2020 PDP Average Star</th>
<th>2021 PDP Average Star</th>
</tr>
</thead>
<tbody>
<tr>
<td>D01</td>
<td>Call Center – Foreign Language Interpreter and TTY Availability</td>
<td>3.9</td>
<td>4.2</td>
<td>4.1</td>
<td>4.2</td>
</tr>
<tr>
<td>D02</td>
<td>Appeals Auto–Forward</td>
<td>4.4</td>
<td>4.2</td>
<td>4.5</td>
<td>4.1</td>
</tr>
<tr>
<td>D03</td>
<td>Appeals Upheld</td>
<td>3.5</td>
<td>3.1</td>
<td>3.3</td>
<td>3.1</td>
</tr>
<tr>
<td>D04</td>
<td>Complaints about the Drug Plan</td>
<td>4.2</td>
<td>3.6</td>
<td>4.4</td>
<td>4.9</td>
</tr>
<tr>
<td>D05</td>
<td>Members Choosing to Leave the Plan</td>
<td>3.6</td>
<td>4.1</td>
<td>3.8</td>
<td>4.1</td>
</tr>
<tr>
<td>D06</td>
<td>Drug Plan Quality Improvement</td>
<td>3.9</td>
<td>4.2</td>
<td>3.7</td>
<td>4.1</td>
</tr>
<tr>
<td>D07</td>
<td>Rating of Drug Plan</td>
<td>3.4</td>
<td>3.3</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>D08</td>
<td>Getting Needed Prescription Drugs</td>
<td>3.4</td>
<td>3.4</td>
<td>3.5</td>
<td>3.6</td>
</tr>
<tr>
<td>D09</td>
<td>MPF Price Accuracy</td>
<td>4.6</td>
<td>4.6</td>
<td>4.8</td>
<td>4.9</td>
</tr>
<tr>
<td>D10</td>
<td>Medication Adherence for Diabetes Medications</td>
<td>3.2</td>
<td>2.6</td>
<td>3.3</td>
<td>3.9</td>
</tr>
<tr>
<td>D11</td>
<td>Medication Adherence for Hypertension (RAS antagonists)</td>
<td>3.2</td>
<td>3</td>
<td>3.2</td>
<td>3.1</td>
</tr>
<tr>
<td>D12</td>
<td>Medication Adherence for Cholesterol (Statins)</td>
<td>3.3</td>
<td>3.1</td>
<td>3.3</td>
<td>3.6</td>
</tr>
<tr>
<td>D13</td>
<td>MTM Program Completion Rate for CMR</td>
<td>2.8</td>
<td>2.6</td>
<td>3.3</td>
<td>3.6</td>
</tr>
<tr>
<td>D14</td>
<td>Statin Use in Persons with Diabetes (SUPD)</td>
<td>n/a - new in 2019</td>
<td>2.9</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

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