



Trends in Part C & D Star Rating Measure Cut Points

Updated – 12/13/2021

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Introduction

One of CMS' most important strategic goals is to improve the quality of care and general health status for Medicare beneficiaries. 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 2022 Star Ratings, there are a total of 40 Part C and Part D measures. Over the years, unless there were specification changes, we generally see gradual changes in star cut points. This relative stability in cut points from year to year should enable plans to establish a baseline for performance for each measure. When there are shifts in the cut points, it is generally driven by changes in industry performance and/or the distribution of scores across contracts.

For the 2021 Star Ratings, the measures calculated based on HEDIS and CAHPS data collections were replaced with earlier values from the 2020 Star Ratings (for which data collection was not affected by the public health threats posed by COVID-19). The cut points for these measures were held constant from the 2020 Star Ratings. The HEDIS/HOS measures (Monitoring Physical Activity, Reducing the Risk of Falling, and Improving Bladder Control) were not included in the set of measures with values being carried forward from the 2020 Star Ratings to the 2021 Star Ratings.

For the 2022 Star Ratings all contracts qualified for the adjustment for extreme and uncontrollable circumstances due to COVID-19 for most measures. The cut points for the 2022 Star Ratings reflect changes in the distribution of scores across contracts during the first year of the pandemic.

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.

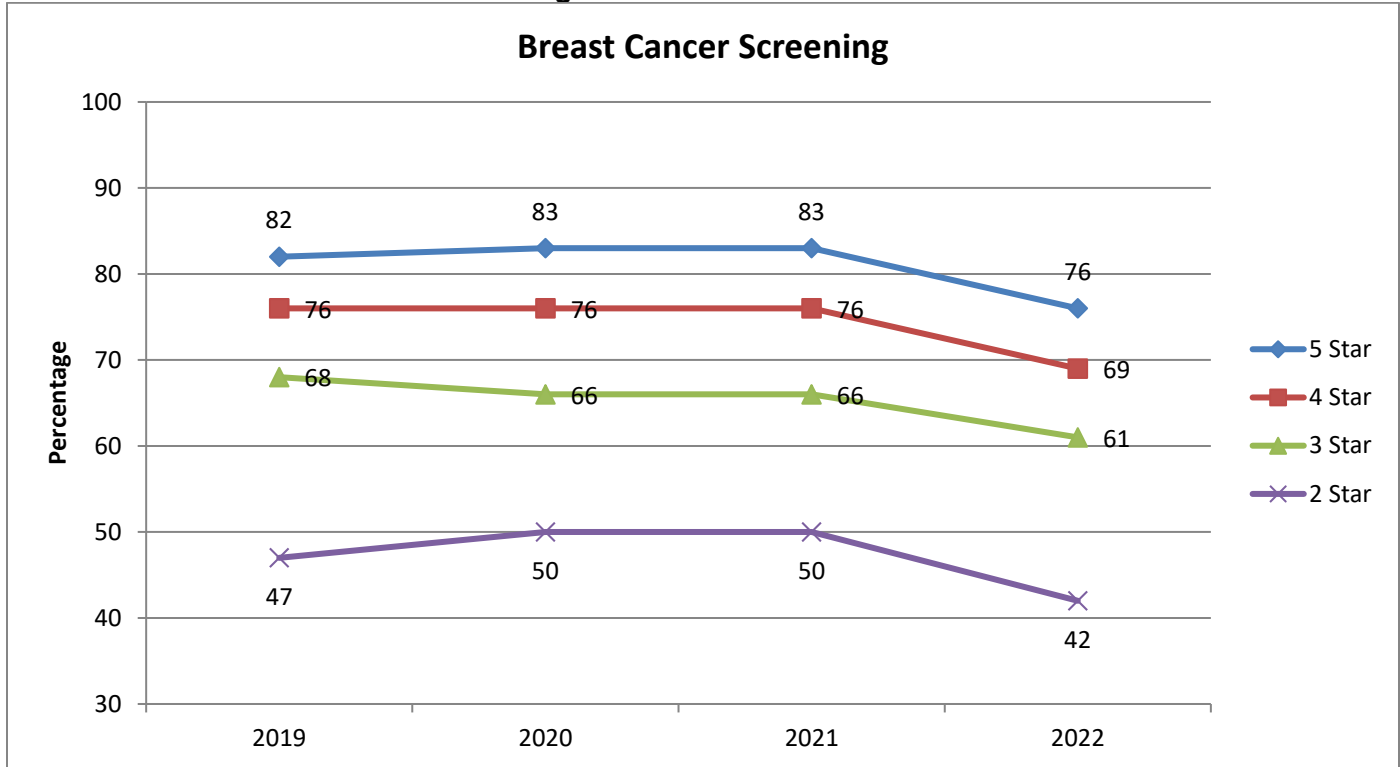


In this document, we display graphical trends of star cut points at the measure level, along with each measure's definition and data source. **Note, since various measures have specification changes over the years, not all changes in cut points indicate changes in average performance. Also, some measures 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
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Description: Percent of female plan members aged 52-74 who had a mammogram during the past two years.

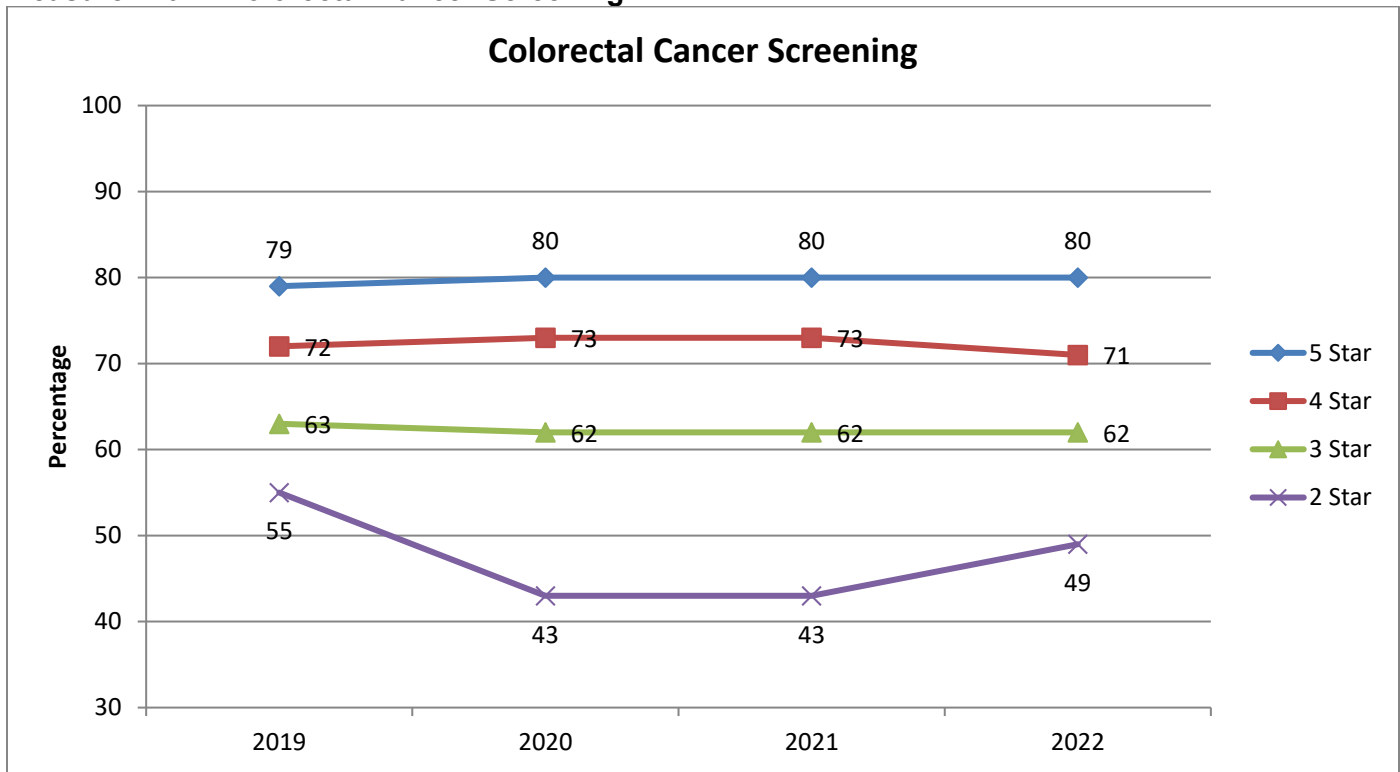
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 47%	≥ 47% to < 68%	≥ 68% to < 76%	≥ 76% to < 82%	≥ 82%
2020	< 50%	≥ 50% to < 66%	≥ 66% to < 76%	≥ 76% to < 83%	≥ 83%
2021	< 50%	≥ 50% to < 66%	≥ 66% to < 76%	≥ 76% to < 83%	≥ 83%
2022	< 42%	≥ 42% to < 61%	≥ 61% to < 69%	≥ 69% to < 76%	≥ 76%

Measure: C02 - Colorectal Cancer Screening



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

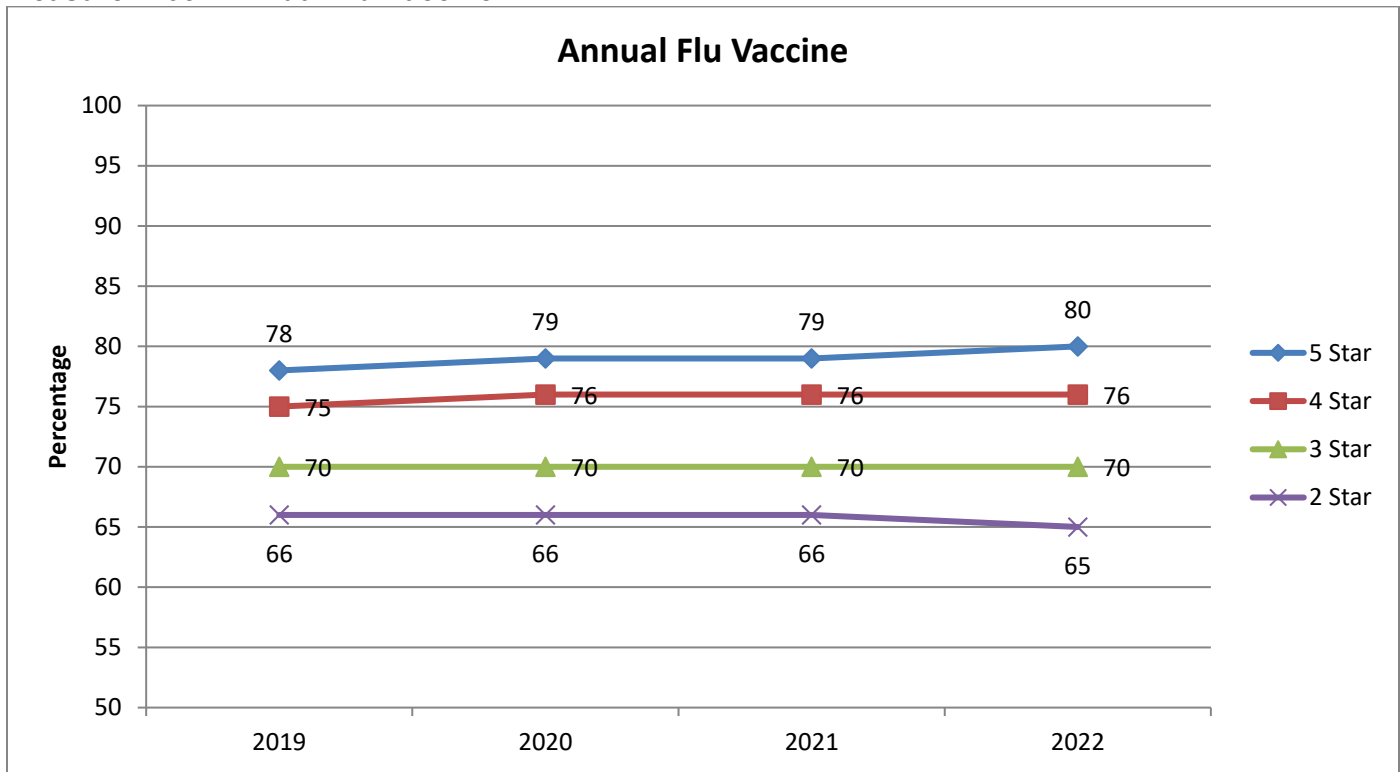
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 55%	≥ 55% to < 63%	≥ 63% to < 72%	≥ 72% to < 79%	≥ 79%
2020	< 43%	≥ 43% to < 62%	≥ 62% to < 73%	≥ 73% to < 80%	≥ 80%
2021	< 43%	≥ 43% to < 62%	≥ 62% to < 73%	≥ 73% to < 80%	≥ 80%
2022	< 49%	≥ 49% to < 62%	≥ 62% to < 71%	≥ 71% to < 80%	≥ 80%

Measure: C03 - Annual Flu Vaccine



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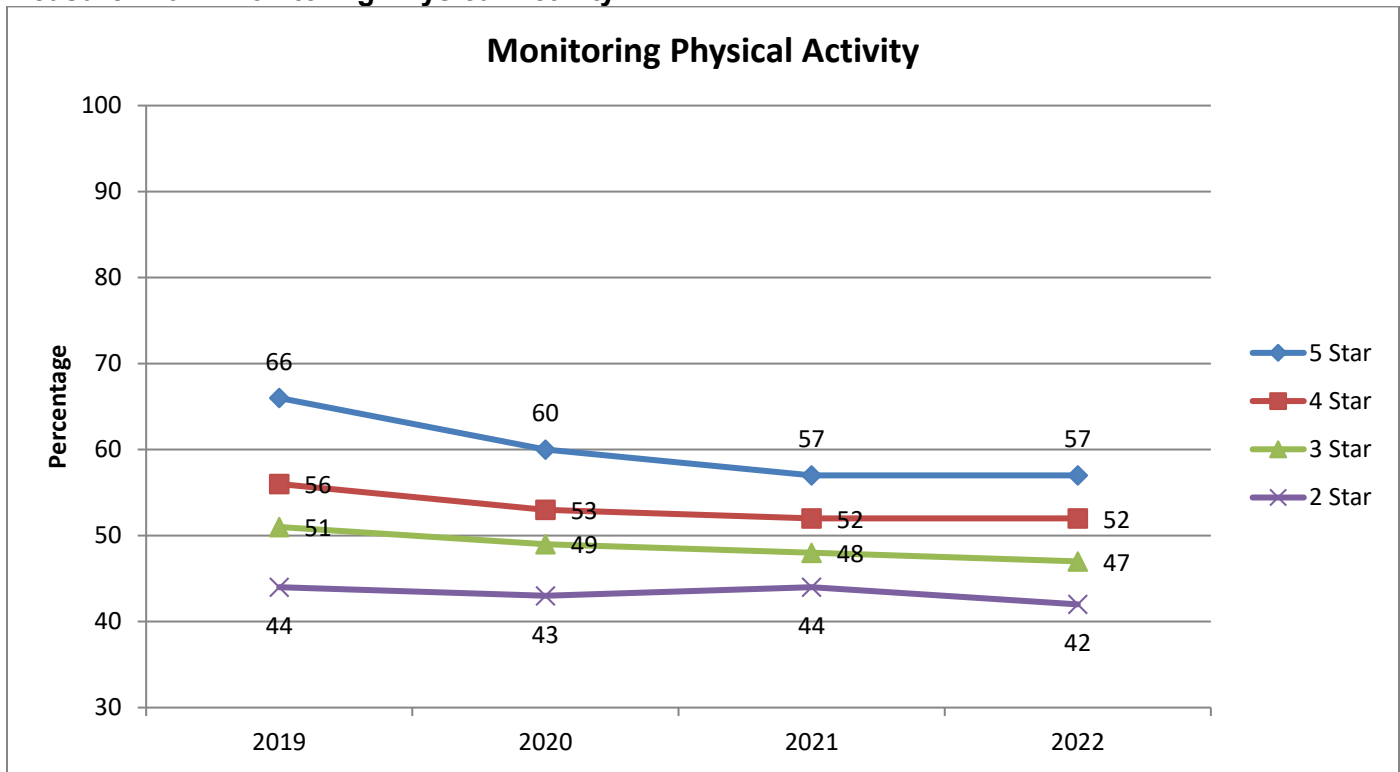
Description: Percent of plan members who got a vaccine (flu shot).

Data Source: CAHPS

General Trend: Higher is better

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2019	< 66	≥ 66 to < 70	≥ 70 to < 75	≥ 75 to < 78	≥ 78
2020	< 66	≥ 66 to < 70	≥ 70 to < 76	≥ 76 to < 79	≥ 79
2021	< 66	≥ 66 to < 70	≥ 70 to < 76	≥ 76 to < 79	≥ 79
2022	< 65	≥ 65 to < 70	≥ 70 to < 76	≥ 76 to < 80	≥ 80

Measure: C04 - Monitoring Physical Activity



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

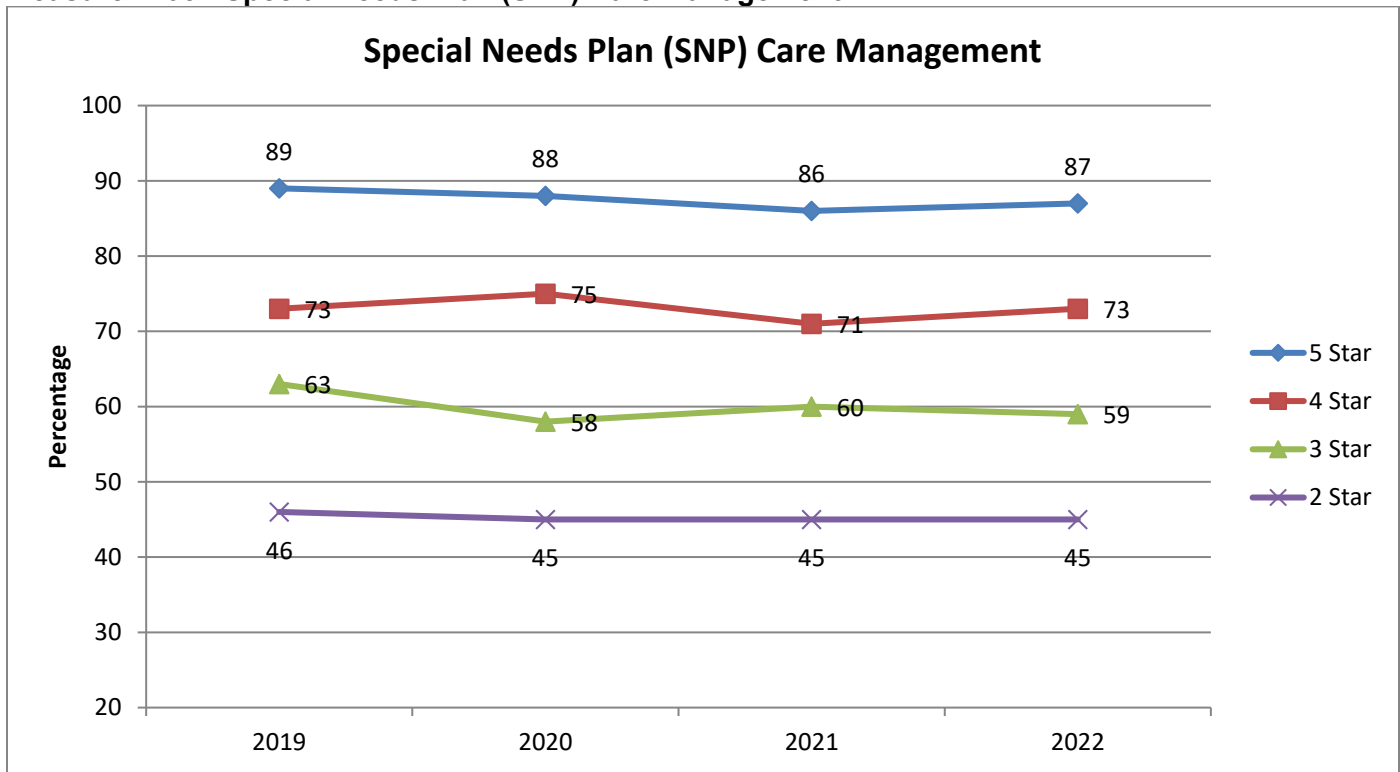
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 44%	≥ 44% to < 51%	≥ 51% to < 56%	≥ 56% to < 66%	≥ 66%
2020	< 43%	≥ 43% to < 49%	≥ 49% to < 53%	≥ 53% to < 60%	≥ 60%
2021	< 44%	≥ 44% to < 48%	≥ 48% to < 52%	≥ 52% to < 57%	≥ 57%
2022	< 42%	≥ 42% to < 47%	≥ 47% to < 52%	≥ 52% to < 57%	≥ 57%

Measure: C05 - Special Needs Plan (SNP) Care Management



Title	Description
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Description: Percent of members whose plan did an assessment of their health needs and risks in the past year. The results of this review are used to help the member get the care they need. (Medicare 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.)

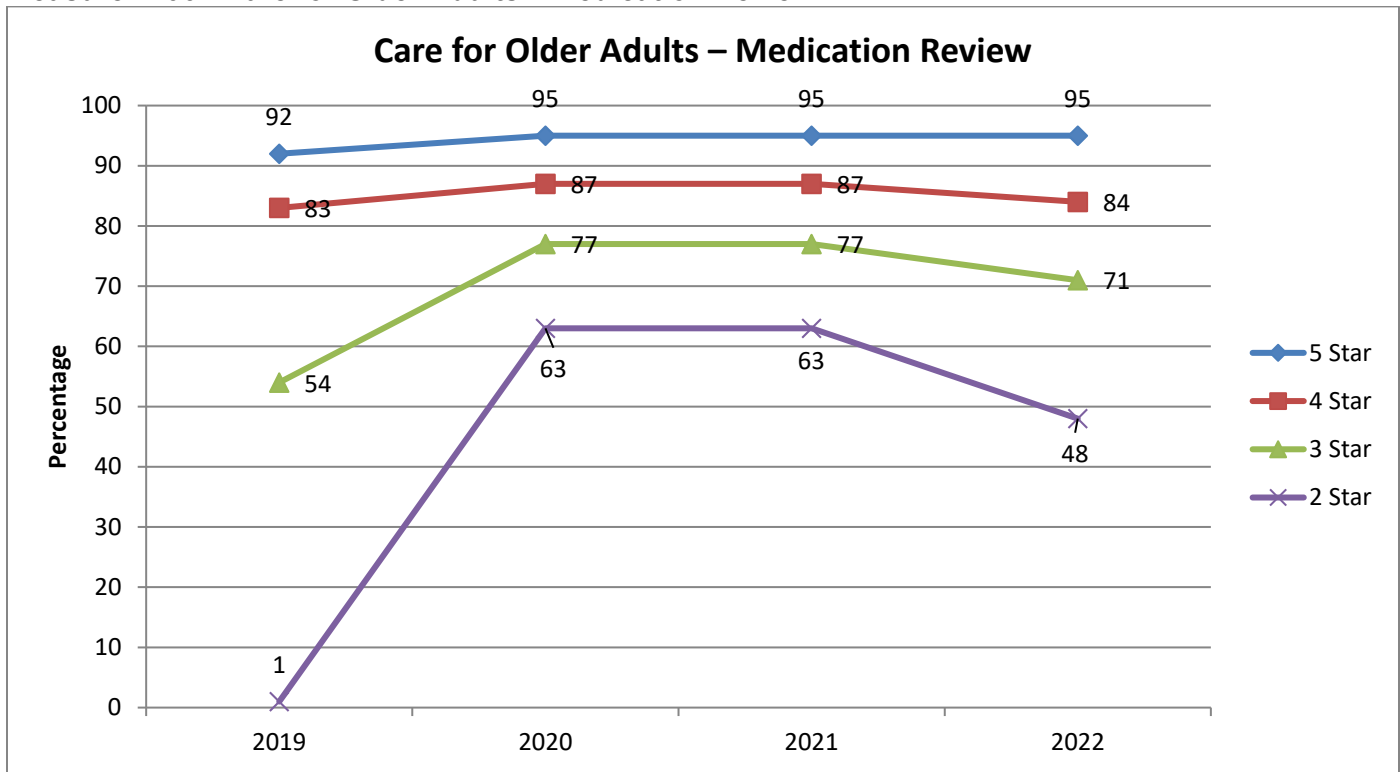
Data Source: Part C Plan Reporting

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 46%	≥ 46% to < 63%	≥ 63% to < 73%	≥ 73% to < 89%	≥ 89%
2020	< 45%	≥ 45% to < 58%	≥ 58% to < 75%	≥ 75% to < 88%	≥ 88%
2021	< 45%	≥ 45% to < 60%	≥ 60% to < 71%	≥ 71% to < 86%	≥ 86%
2022	< 45%	≥ 45% to < 59%	≥ 59% to < 73%	≥ 73% to < 87%	≥ 87%

Measure: C06 - Care for Older Adults – Medication Review



Title	Description
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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.)

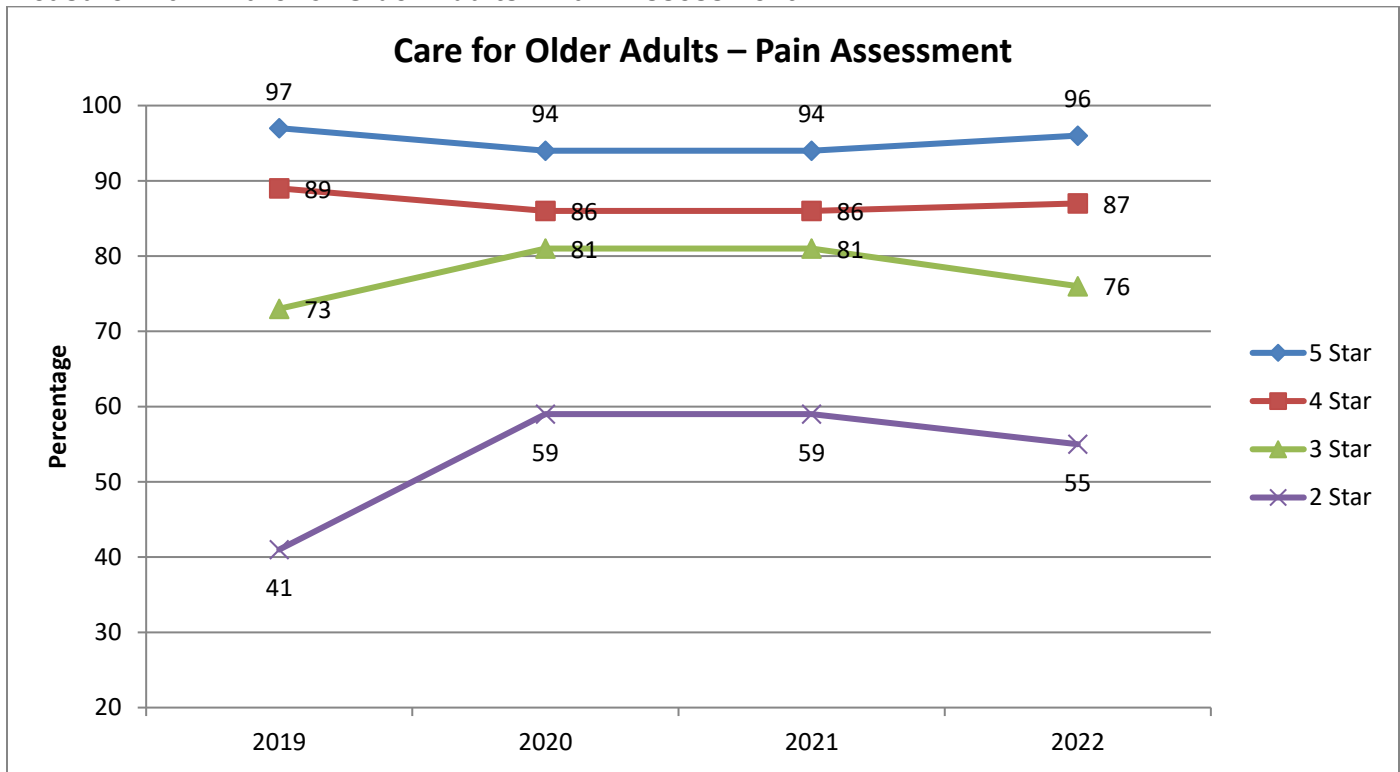
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 1%	≥ 1% to < 54%	≥ 54% to < 83%	≥ 83% to < 92%	≥ 92%
2020	< 63%	≥ 63% to < 77%	≥ 77% to < 87%	≥ 87% to < 95%	≥ 95%
2021	< 63%	≥ 63% to < 77%	≥ 77% to < 87%	≥ 87% to < 95%	≥ 95%
2022	< 48%	≥ 48% to < 71%	≥ 71% to < 84%	≥ 84% to < 95%	≥ 95%

Measure: C07 - Care for Older Adults – Pain Assessment



Title	Description
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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.)

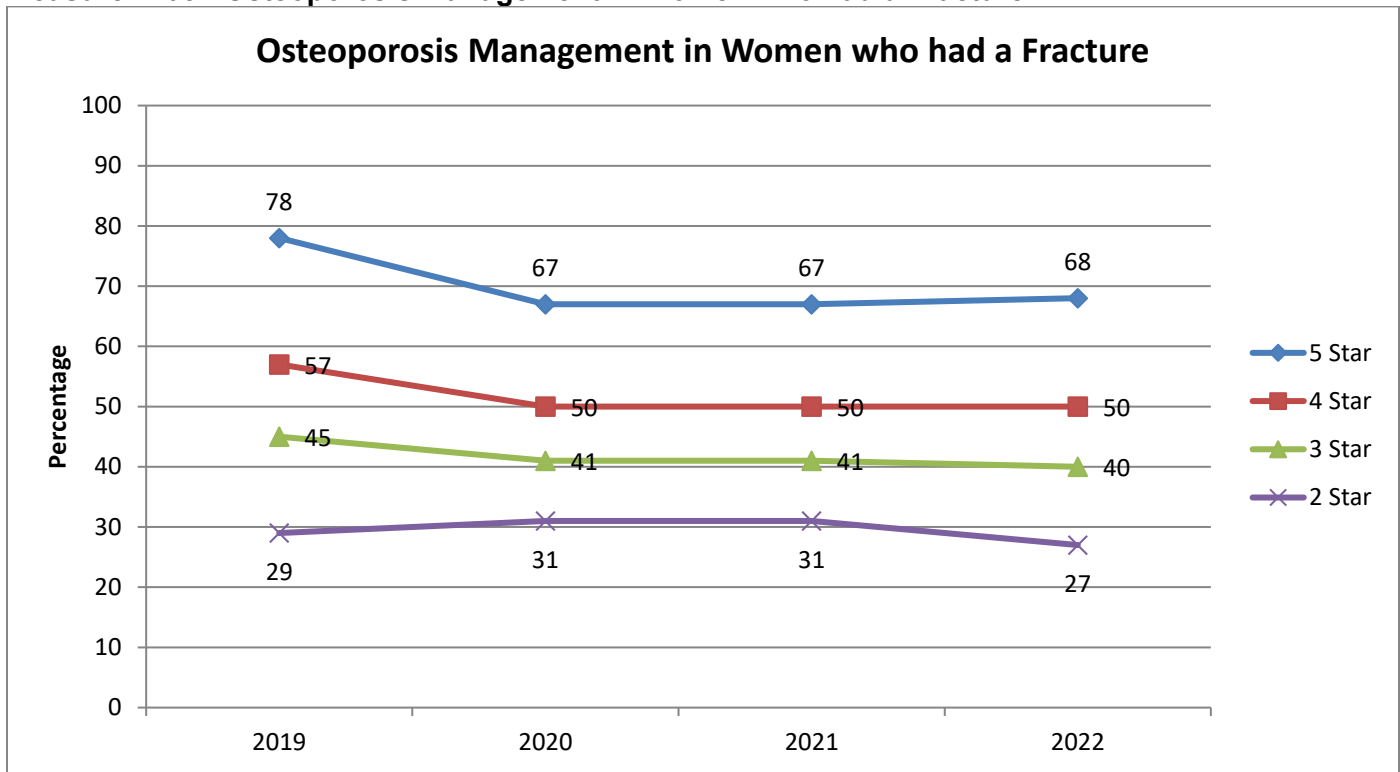
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 41%	≥ 41% to < 73%	≥ 73% to < 89%	≥ 89% to < 97%	≥ 97%
2020	< 59%	≥ 59% to < 81%	≥ 81% to < 86%	≥ 86% to < 94%	≥ 94%
2021	< 59%	≥ 59% to < 81%	≥ 81% to < 86%	≥ 86% to < 94%	≥ 94%
2022	< 55%	≥ 55% to < 76%	≥ 76% to < 87%	≥ 87% to < 96%	≥ 96%

Measure: C08 - Osteoporosis Management in Women who had a Fracture



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

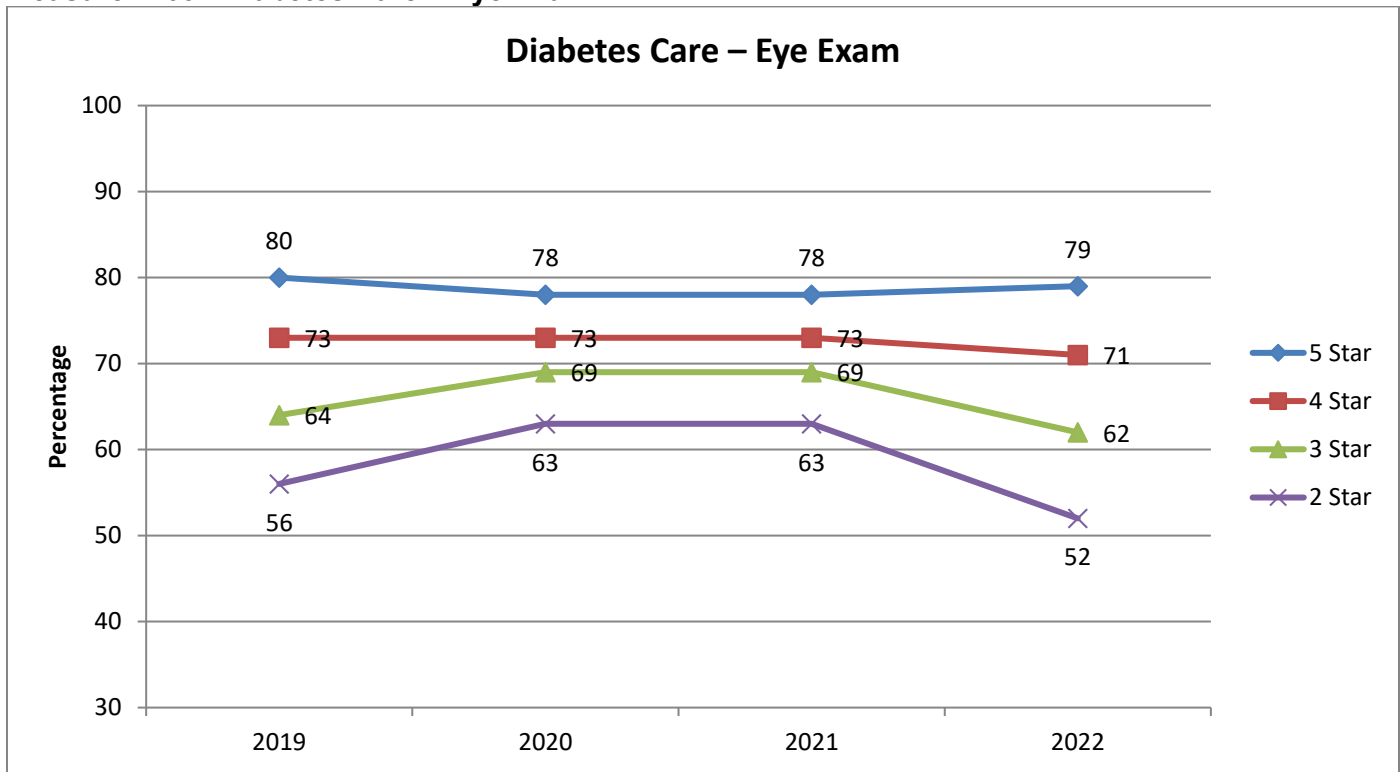
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 29%	≥ 29% to < 45%	≥ 45% to < 57%	≥ 57% to < 78%	≥ 78%
2020	< 31%	≥ 31% to < 41%	≥ 41% to < 50%	≥ 50% to < 67%	≥ 67%
2021	< 31%	≥ 31% to < 41%	≥ 41% to < 50%	≥ 50% to < 67%	≥ 67%
2022	< 27%	≥ 27% to < 40%	≥ 40% to < 50%	≥ 50% to < 68%	≥ 68%

Measure: C09 - Diabetes Care – Eye Exam



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

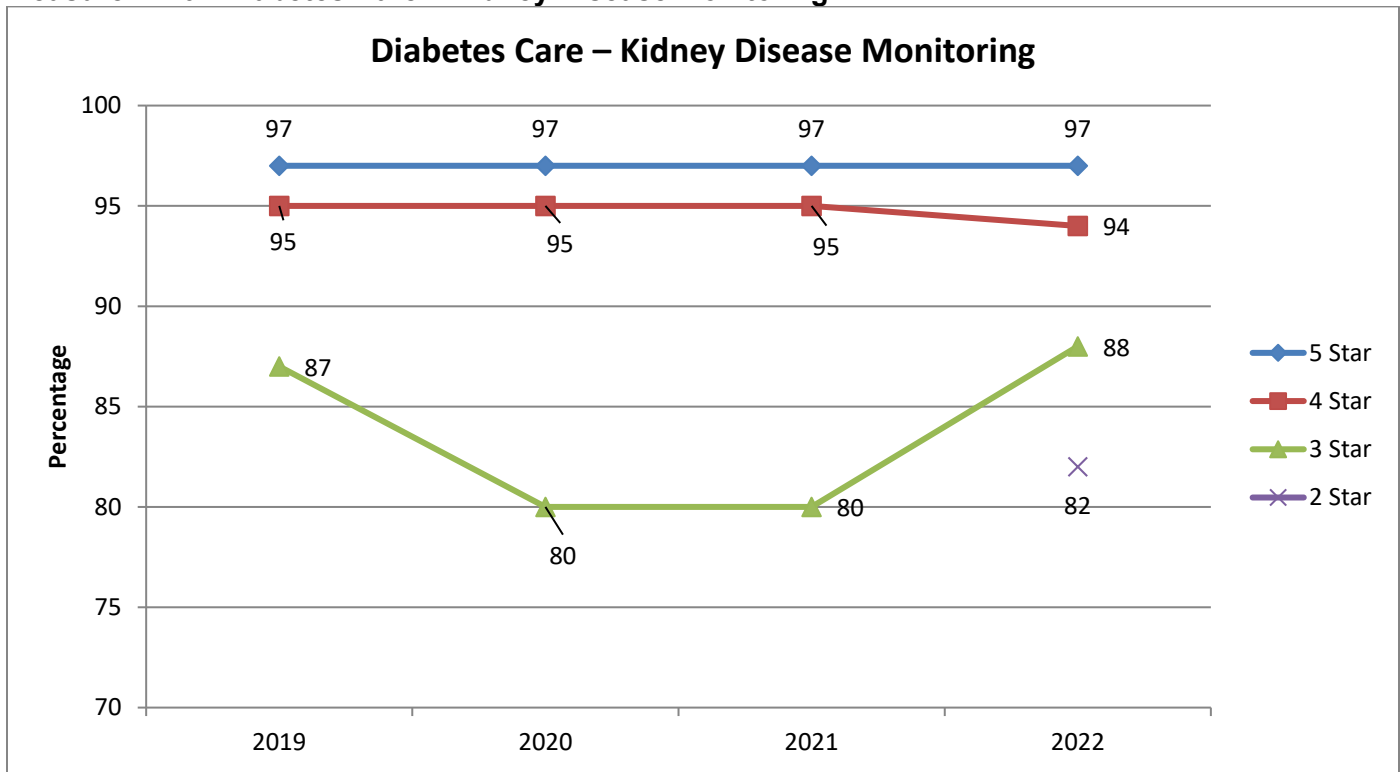
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 56%	≥ 56% to < 64%	≥ 64% to < 73%	≥ 73% to < 80%	≥ 80%
2020	< 63%	≥ 63% to < 69%	≥ 69% to < 73%	≥ 73% to < 78%	≥ 78%
2021	< 63%	≥ 63% to < 69%	≥ 69% to < 73%	≥ 73% to < 78%	≥ 78%
2022	< 52%	≥ 52% to < 62%	≥ 62% to < 71%	≥ 71% to < 79%	≥ 79%

Measure: C10 - Diabetes Care – Kidney Disease Monitoring



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

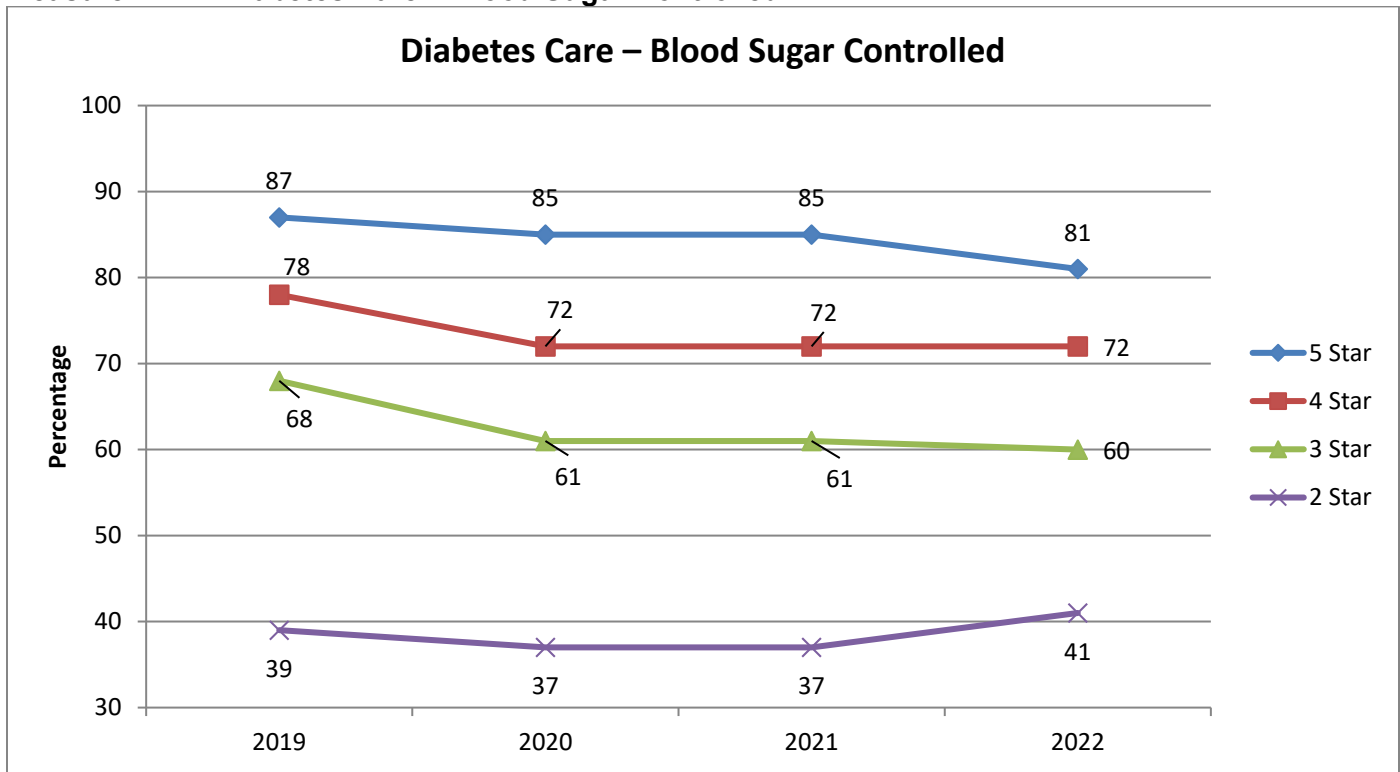
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	NA	NA	≥ 87% to < 95%	≥ 95% to < 97%	≥ 97%
2020	NA	NA	≥ 80% to < 95%	≥ 95% to < 97%	≥ 97%
2021	NA	NA	≥ 80% to < 95%	≥ 95% to < 97%	≥ 97%
2022	< 82%	≥ 82% to < 88%	≥ 88% to < 94%	≥ 94% to < 97%	≥ 97%

Measure: C11 - Diabetes Care – Blood Sugar Controlled



Title	Description
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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.

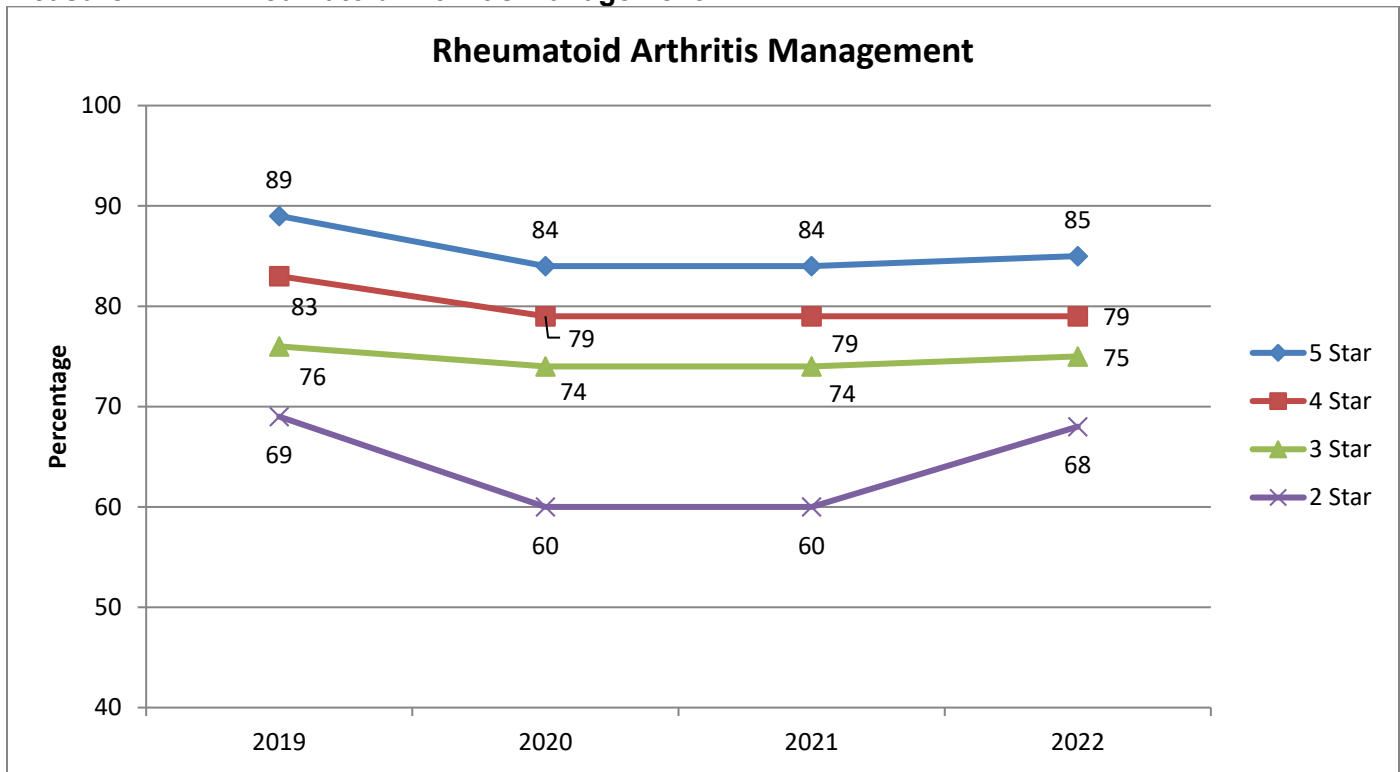
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 39%	≥ 39% to < 68%	≥ 68% to < 78%	≥ 78% to < 87%	≥ 87%
2020	< 37%	≥ 37% to < 61%	≥ 61% to < 72%	≥ 72% to < 85%	≥ 85%
2021	< 37%	≥ 37% to < 61%	≥ 61% to < 72%	≥ 72% to < 85%	≥ 85%
2022	< 41%	≥ 41% to < 60%	≥ 60% to < 72%	≥ 72% to < 81%	≥ 81%

Measure: C12 - Rheumatoid Arthritis Management



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

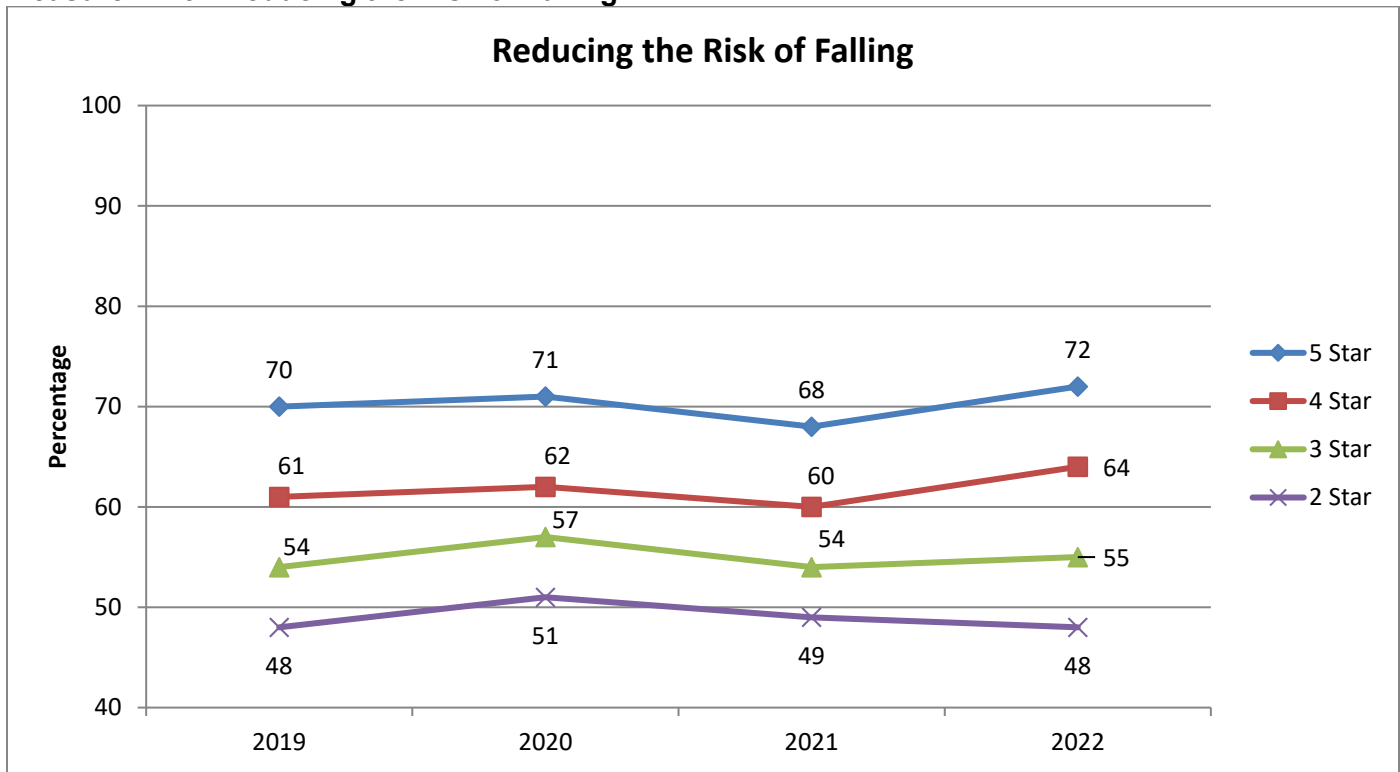
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 69%	≥ 69% to < 76%	≥ 76% to < 83%	≥ 83% to < 89%	≥ 89%
2020	< 60%	≥ 60% to < 74%	≥ 74% to < 79%	≥ 79% to < 84%	≥ 84%
2021	< 60%	≥ 60% to < 74%	≥ 74% to < 79%	≥ 79% to < 84%	≥ 84%
2022	< 68%	≥ 68% to < 75%	≥ 75% to < 79%	≥ 79% to < 85%	≥ 85%

Measure: C13 - Reducing the Risk of Falling



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

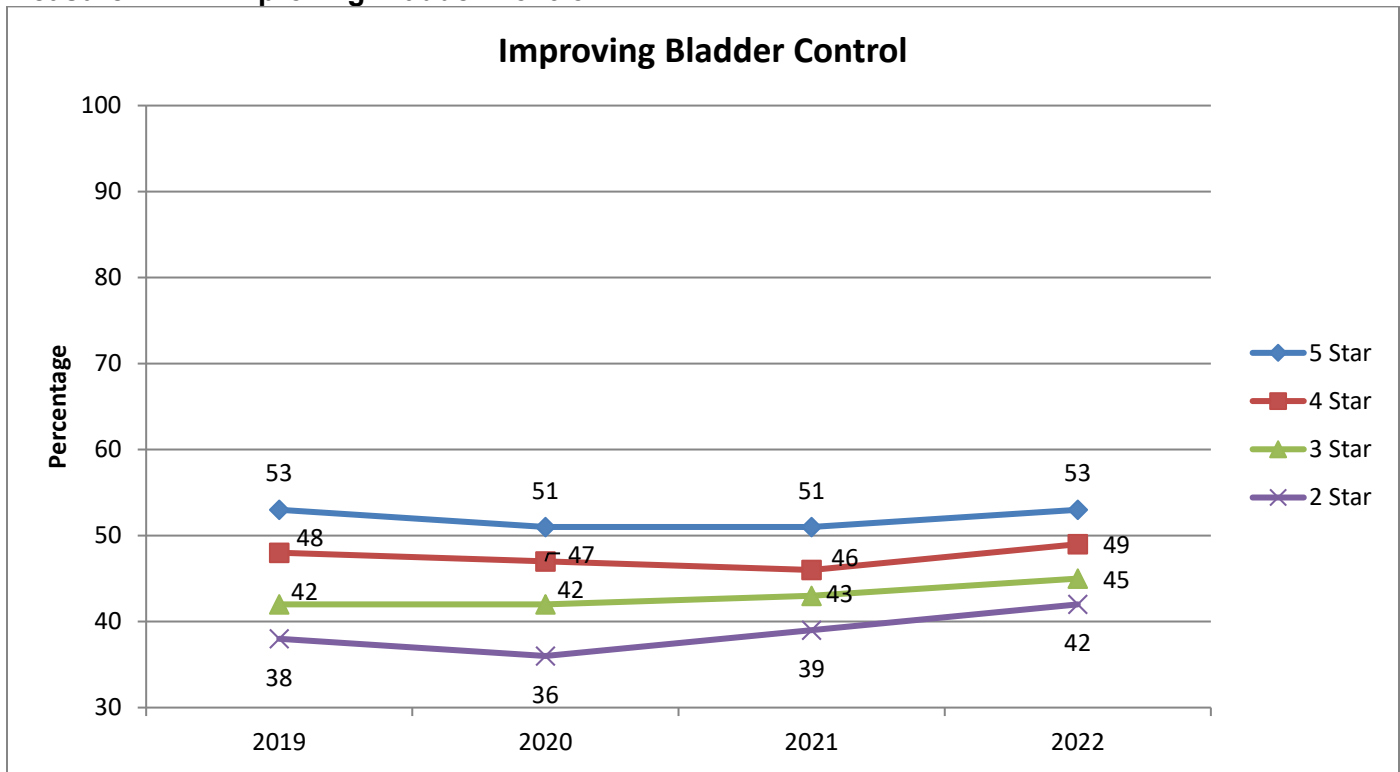
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 48%	≥ 48% to < 54%	≥ 54% to < 61%	≥ 61% to < 70%	≥ 70%
2020	< 51%	≥ 51% to < 57%	≥ 57% to < 62%	≥ 62% to < 71%	≥ 71%
2021	< 49%	≥ 49% to < 54%	≥ 54% to < 60%	≥ 60% to < 68%	≥ 68%
2022	< 48%	≥ 48% to < 55%	≥ 55% to < 64%	≥ 64% to < 72%	≥ 72%

Measure: C14 - Improving Bladder Control



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

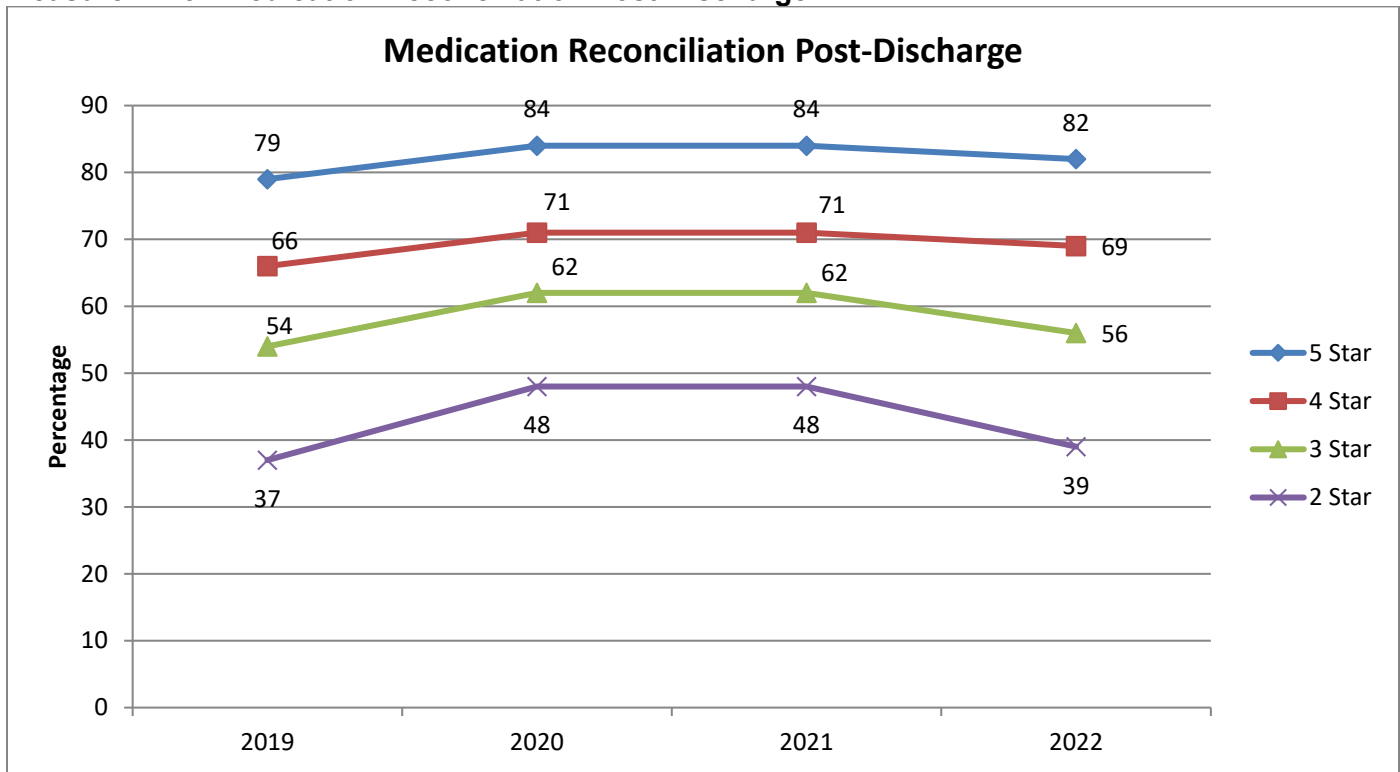
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 38%	≥ 38% to < 42%	≥ 42% to < 48%	≥ 48% to < 53%	≥ 53%
2020	< 36%	≥ 36% to < 42%	≥ 42% to < 47%	≥ 47% to < 51%	≥ 51%
2021	< 39%	≥ 39% to < 43%	≥ 43% to < 46%	≥ 46% to < 51%	≥ 51%
2022	< 42%	≥ 42% to < 45%	≥ 45% to < 49%	≥ 49% to < 53%	≥ 53%

Measure: C15 - Medication Reconciliation Post-Discharge



Title	Description
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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.

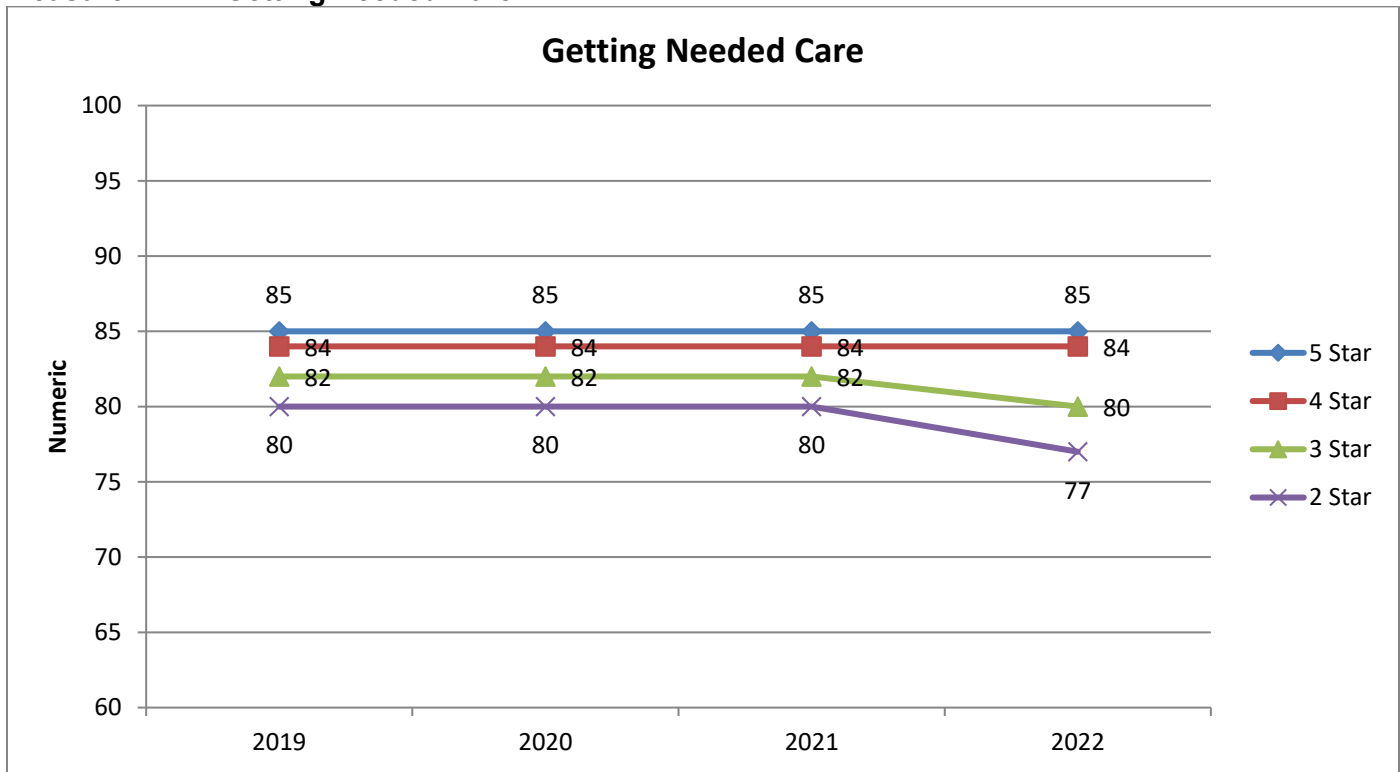
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 37%	≥ 37% to < 54%	≥ 54% to < 66%	≥ 66% to < 79%	≥ 79%
2020	< 48%	≥ 48% to < 62%	≥ 62% to < 71%	≥ 71% to < 84%	≥ 84%
2021	< 48%	≥ 48% to < 62%	≥ 62% to < 71%	≥ 71% to < 84%	≥ 84%
2022	< 39%	≥ 39% to < 56%	≥ 56% to < 69%	≥ 69% to < 82%	≥ 82%

Measure: C17 - Getting Needed Care



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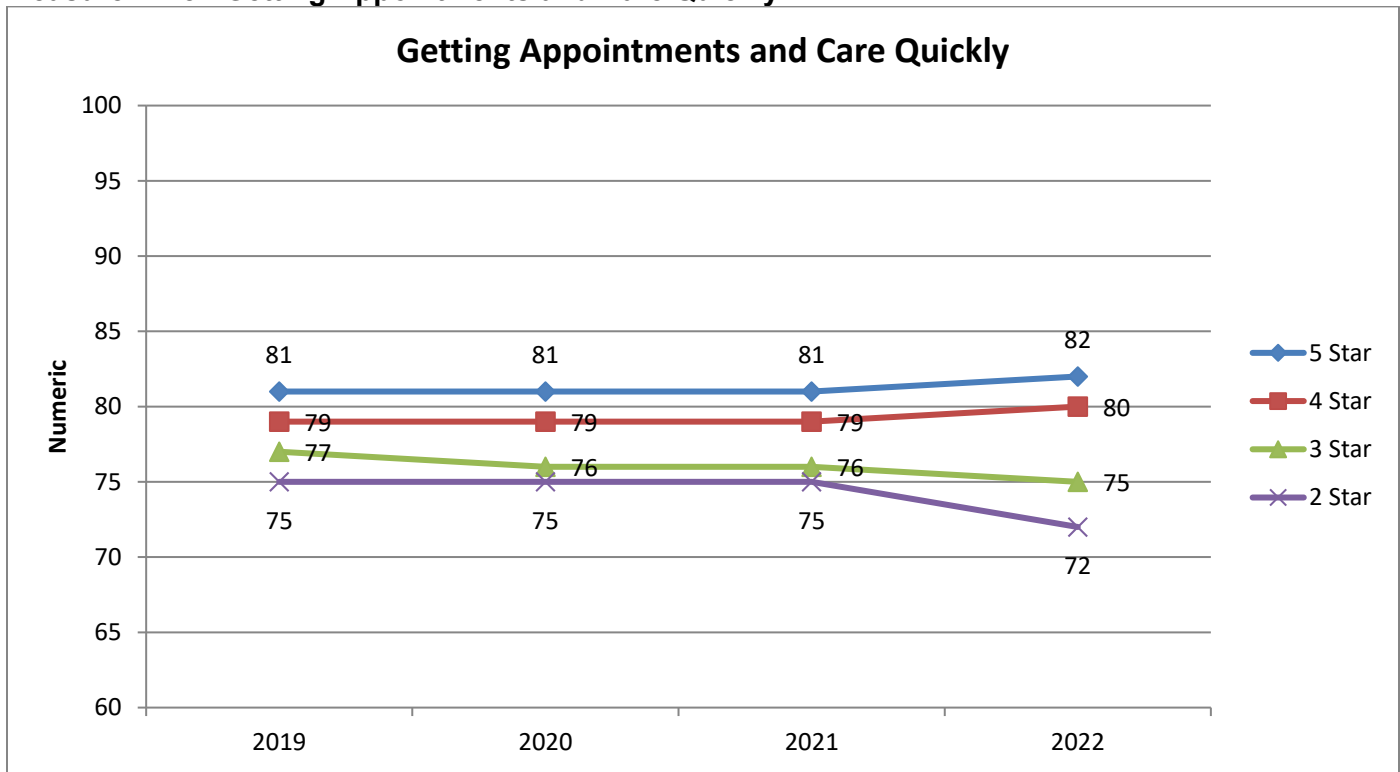
Description: Percent of the best possible score the plan earned on how easy it is for members to get needed care, including care from specialists.

Data Source: CAHPS

General Trend: Higher is better

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2019	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 85	≥ 85
2020	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 85	≥ 85
2021	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 85	≥ 85
2022	< 79	≥ 79 to < 82	≥ 82 to < 84	≥ 84 to < 85	≥ 85

Measure: C18 - Getting Appointments and Care Quickly



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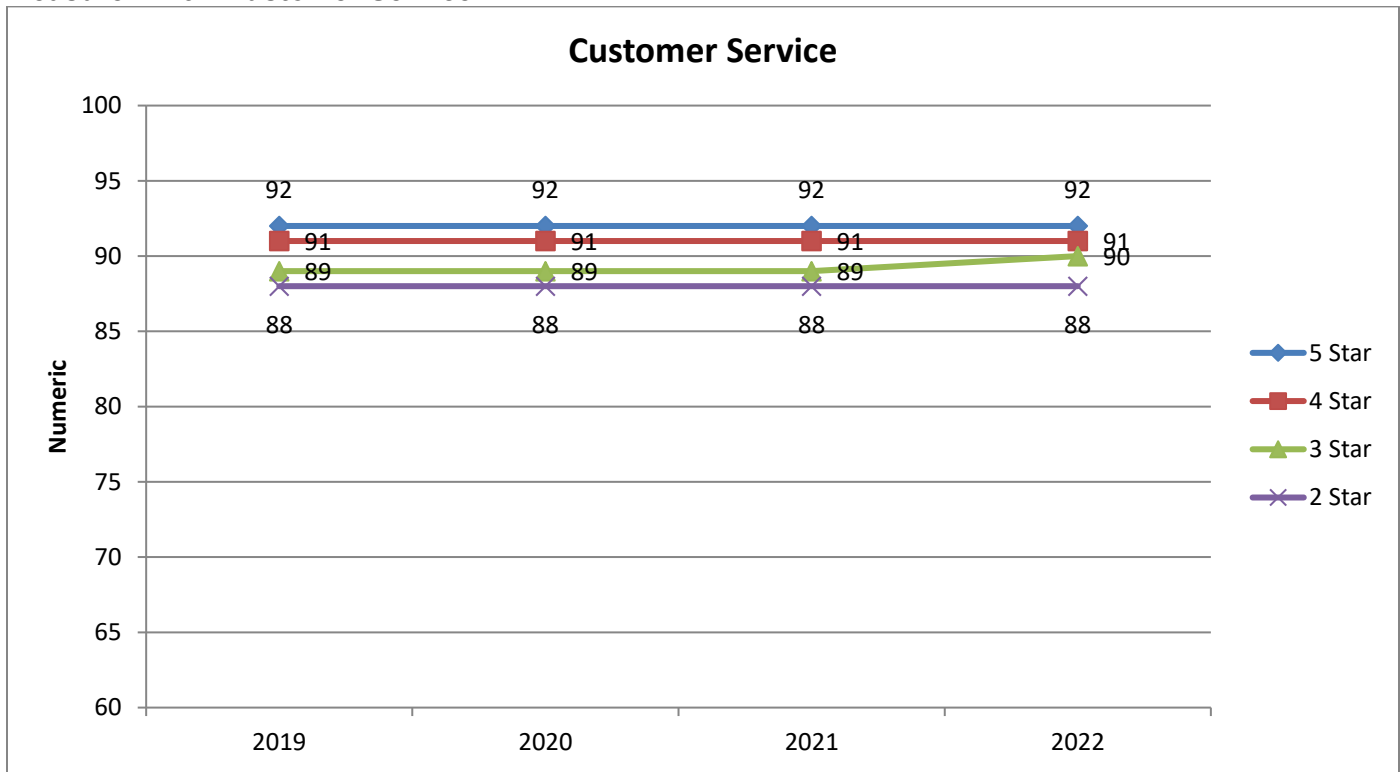
Description: Percent of the best possible score the plan earned on how quickly members get appointments and care.

Data Source: CAHPS

General Trend: Higher is better

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2019	< 74	≥ 74 to < 77	≥ 77 to < 79	≥ 79 to < 81	≥ 81
2020	< 75	≥ 75 to < 76	≥ 76 to < 79	≥ 79 to < 81	≥ 81
2021	< 75	≥ 75 to < 76	≥ 76 to < 79	≥ 79 to < 81	≥ 81
2022	< 75	≥ 75 to < 77	≥ 77 to < 80	≥ 80 to < 82	≥ 82

Measure: C19 - Customer Service



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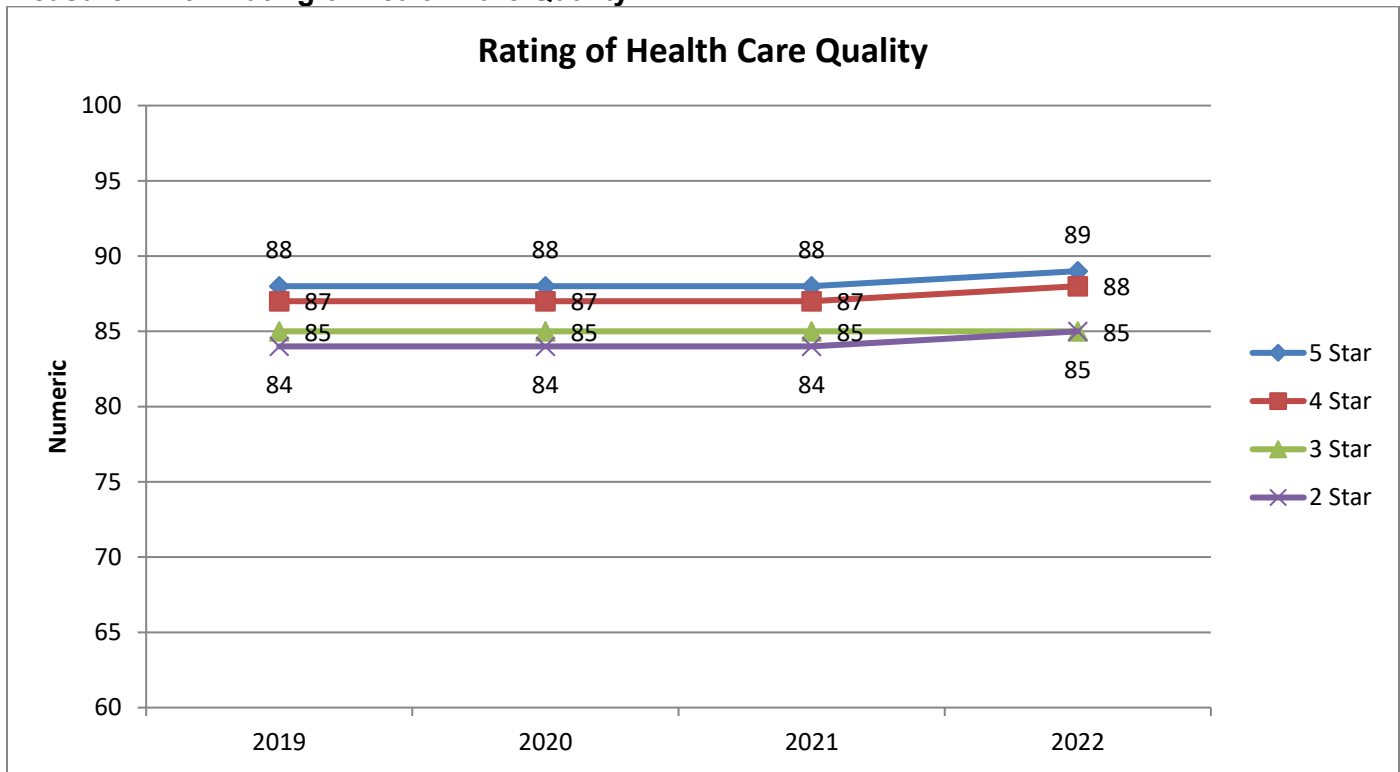
Description: Percent of the best possible score the plan earned on how easy it is for members to get information and help from the plan when needed.

Data Source: CAHPS

General Trend: Higher is better

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2019	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	≥ 92
2020	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	≥ 92
2021	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	≥ 92
2022	< 88	≥ 88 to < 90	≥ 90 to < 91	≥ 91 to < 92	≥ 92

Measure: C20 - Rating of Health Care Quality



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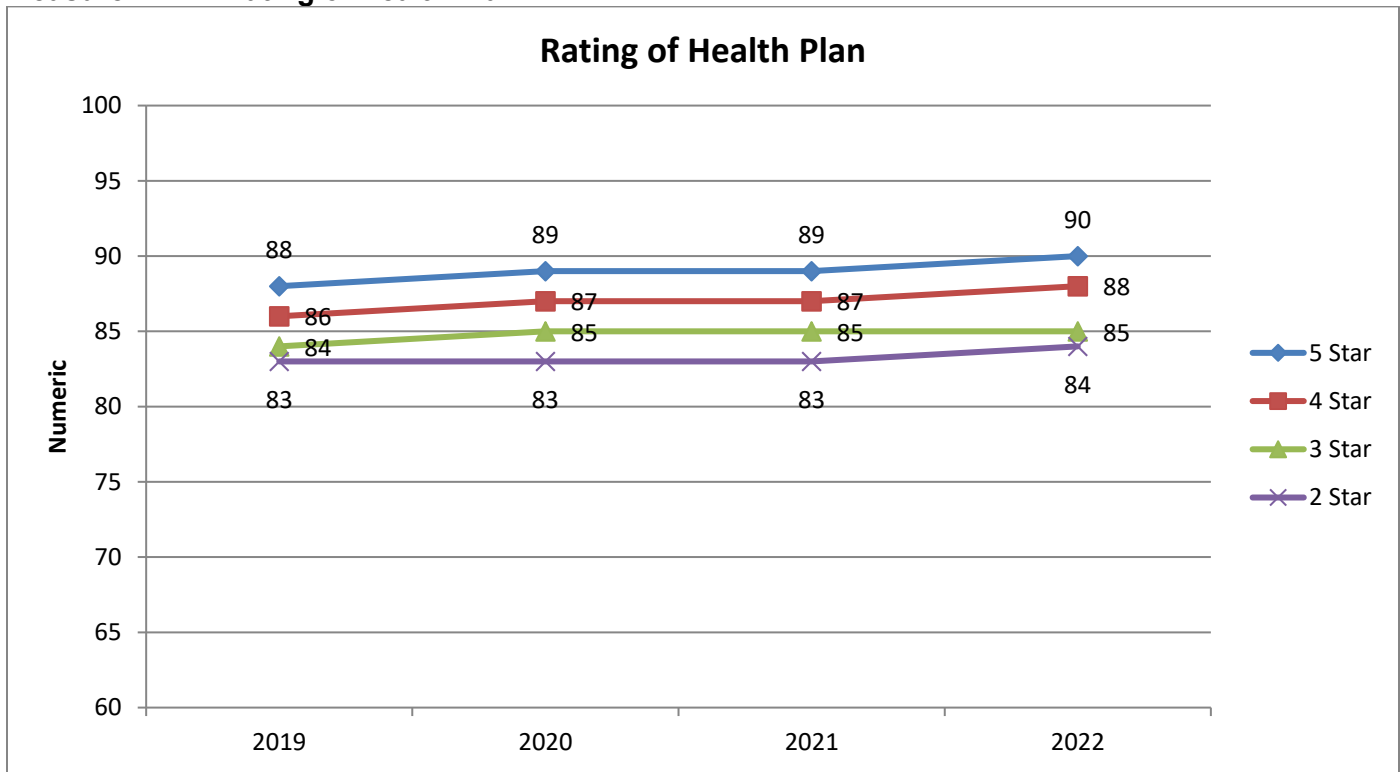
Description: Percent of the best possible score the plan earned from members who rated the quality of the health care they received.

Data Source: CAHPS

General Trend: Higher is better

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2019	< 84	≥ 84 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88
2020	< 84	≥ 84 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88
2021	< 84	≥ 84 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88
2022	< 85	≥ 85 to < 86	≥ 86 to < 88	≥ 88 to < 89	≥ 89

Measure: C21 - Rating of Health Plan



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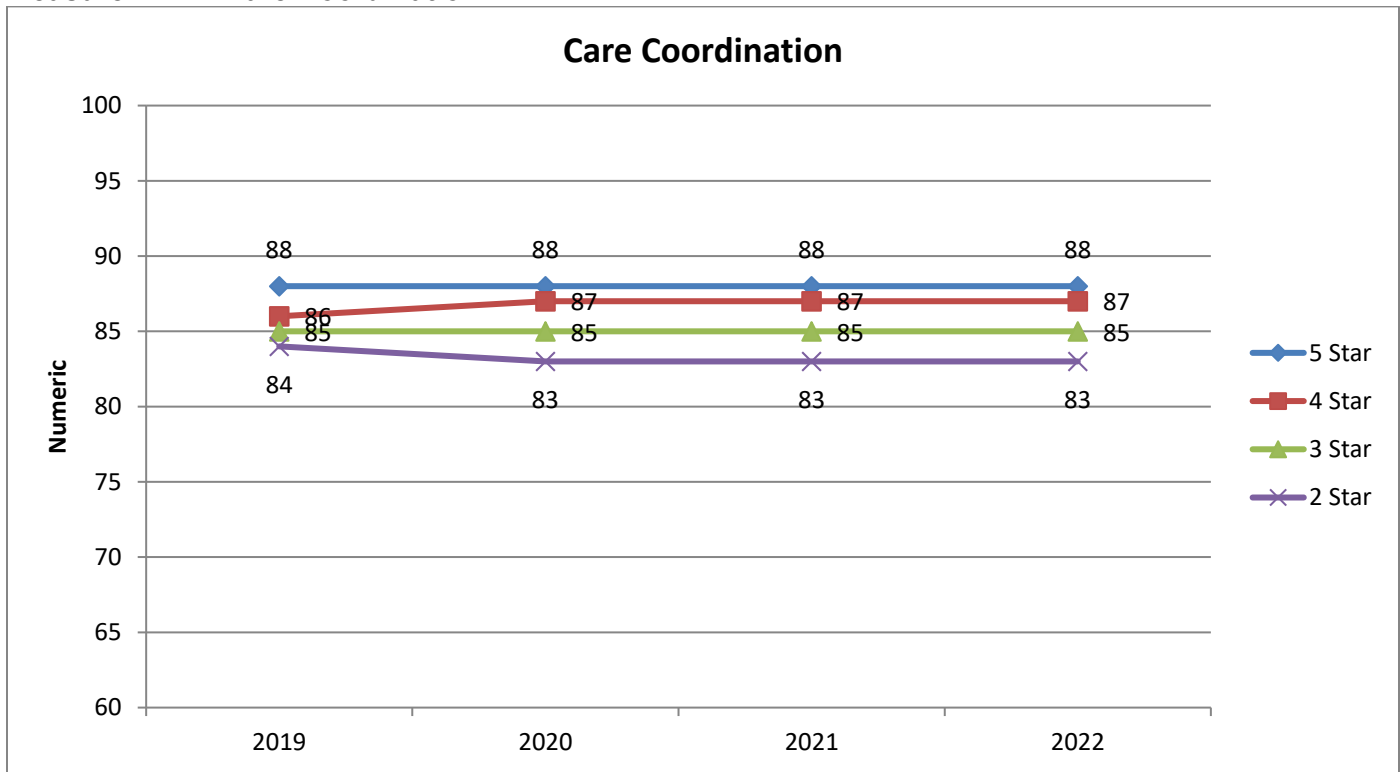
Description: Percent of the best possible score the plan earned from members who rated the health plan.

Data Source: CAHPS

General Trend: Higher is better

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2019	< 83	≥ 83 to < 84	≥ 84 to < 86	≥ 86 to < 88	≥ 88
2020	< 83	≥ 83 to < 85	≥ 85 to < 87	≥ 87 to < 89	≥ 89
2021	< 83	≥ 83 to < 85	≥ 85 to < 87	≥ 87 to < 89	≥ 89
2022	< 85	≥ 85 to < 86	≥ 86 to < 88	≥ 88 to < 90	≥ 90

Measure: C22 - Care Coordination



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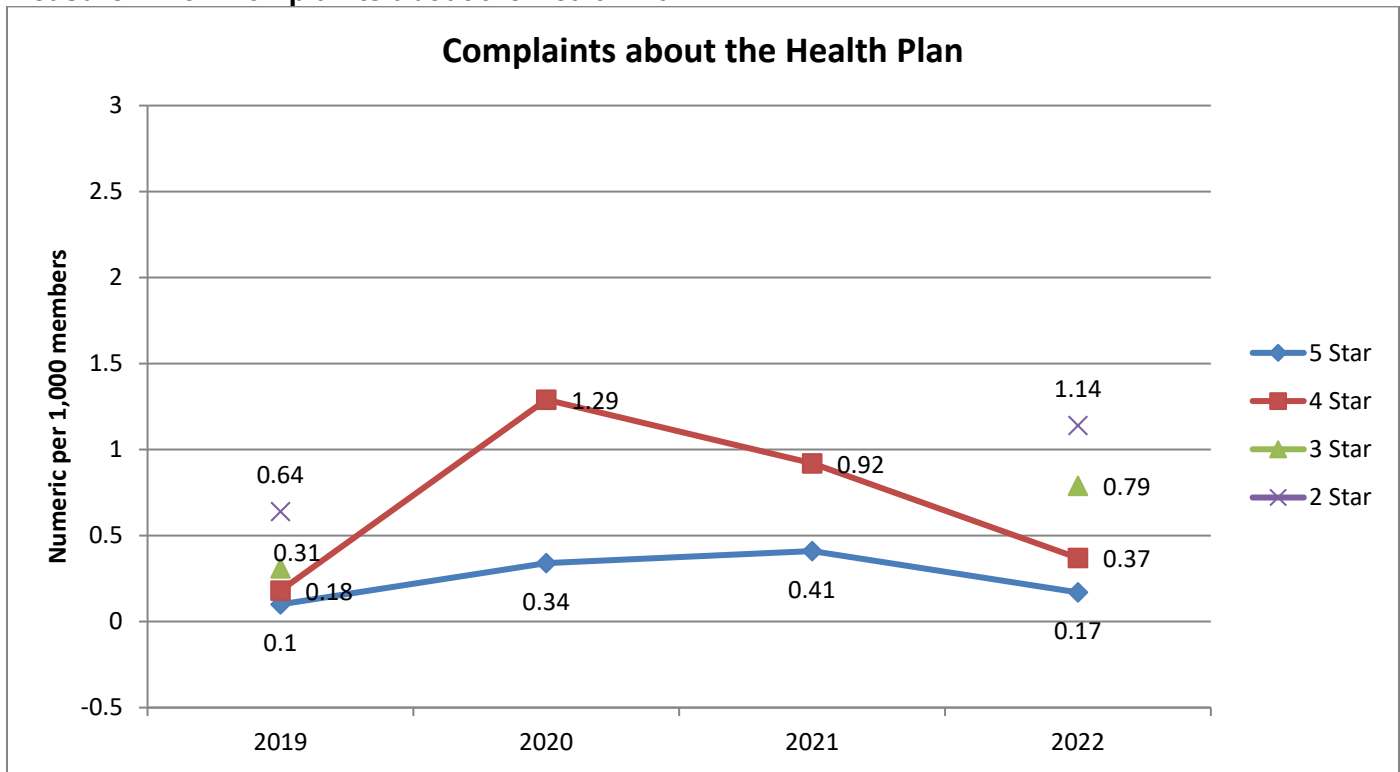
Description: Percent of the best possible score the plan earned on how well the plan coordinates members' care. (This includes whether doctors had the records and information they needed about members' care and how quickly members got their test results.)

Data Source: CAHPS

General Trend: Higher is better

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2019	< 84	≥ 84 to < 85	≥ 85 to < 86	≥ 86 to < 88	≥ 88
2020	< 83	≥ 83 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88
2021	< 83	≥ 83 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88
2022	< 84	≥ 84 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88

Measure: C23 - Complaints about the Health Plan



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

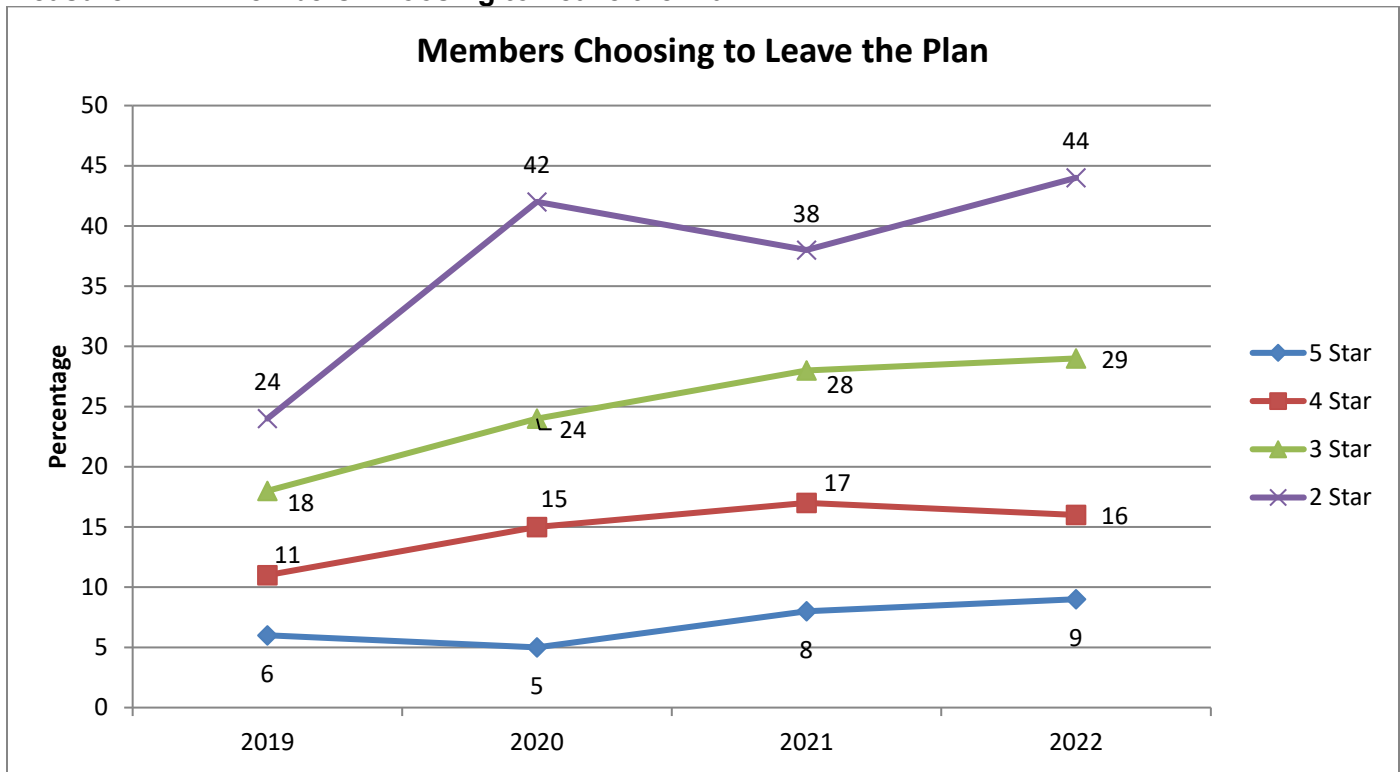
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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
2021	NA	NA	> 0.92	> 0.41 to ≤ 0.92	≤ 0.41
2022	> 1.14	> 0.79 to ≤ 1.14	> 0.37 to ≤ 0.79	> 0.17 to ≤ 0.37	≤ 0.17

Measure: C24 - Members Choosing to Leave the Plan



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

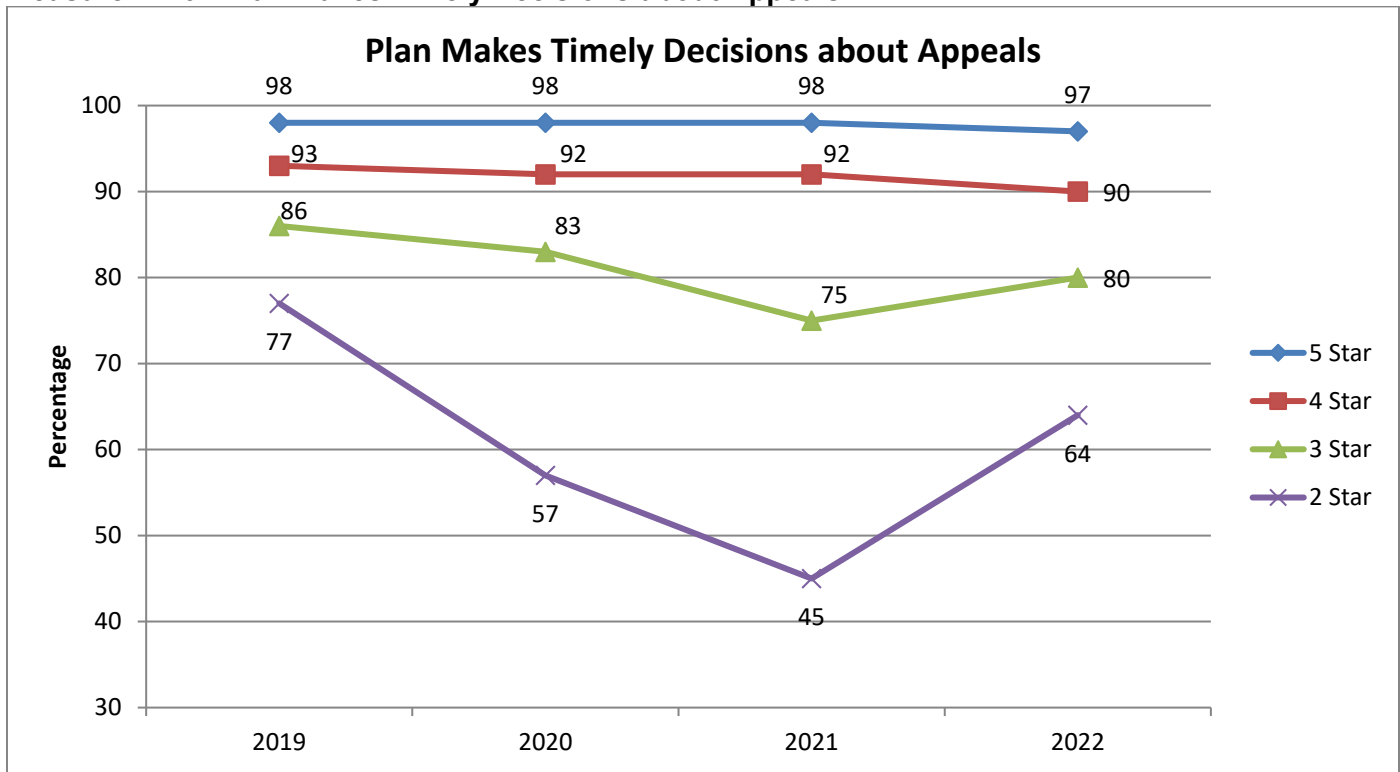
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	> 24%	> 18% to ≤ 24%	> 11% to ≤ 18%	> 6% to ≤ 11%	≤ 6%
2020	> 42%	> 24% to ≤ 42%	> 15% to ≤ 24%	> 5% to ≤ 15%	≤ 5%
2021	> 38%	> 28% to ≤ 38%	> 17% to ≤ 28%	> 8% to ≤ 17%	≤ 8%
2022	> 44%	> 29% to ≤ 44%	> 16% to ≤ 29%	> 9% to ≤ 16%	≤ 9%

Measure: C26 - Plan Makes Timely Decisions about Appeals



Title	Description
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Description: This rating shows how fast a plan sends information for an independent review. (This description has been updated to better explain the measure. There have been no changes to the measure.)

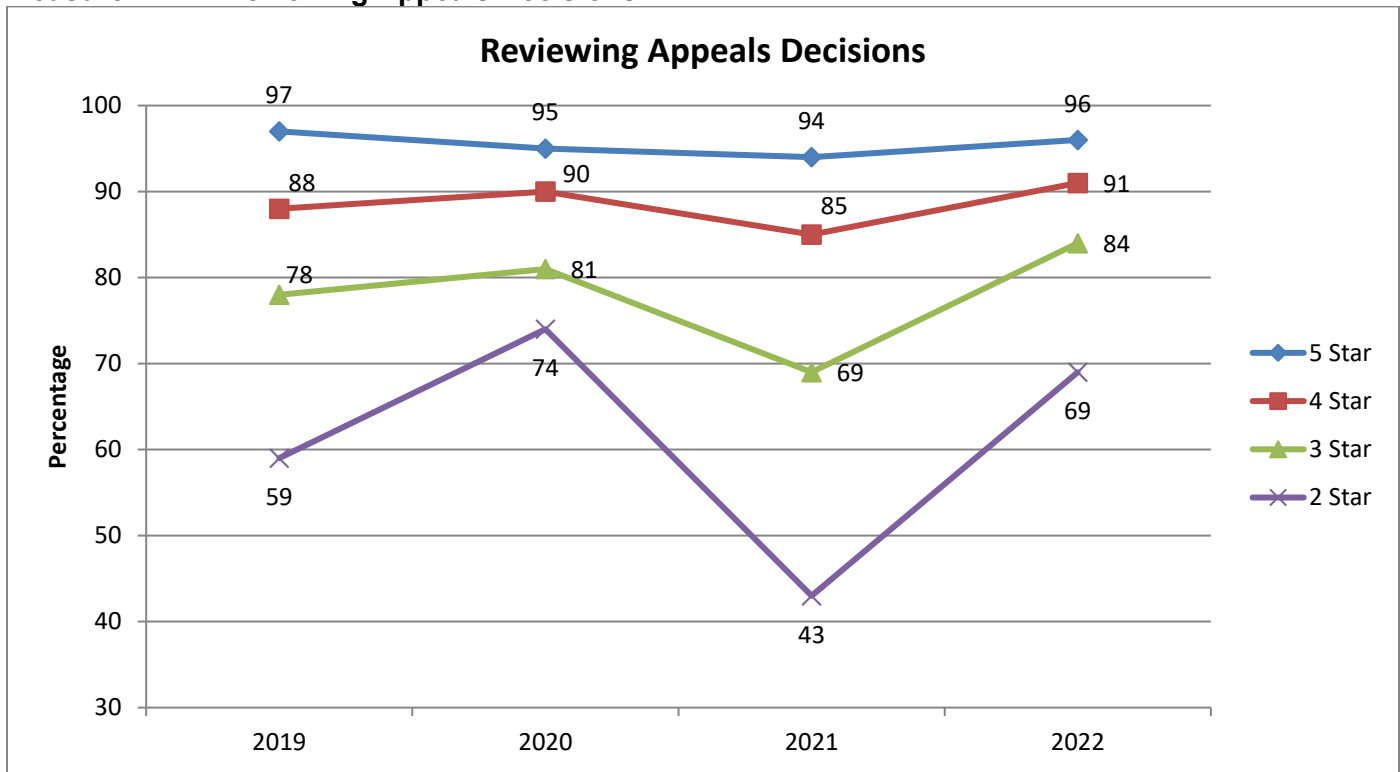
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 77%	≥ 77% to < 86%	≥ 86% to < 93%	≥ 93% to < 98%	≥ 98%
2020	< 57%	≥ 57% to < 83%	≥ 83% to < 92%	≥ 92% to < 98%	≥ 98%
2021	< 45%	≥ 45% to < 75%	≥ 75% to < 92%	≥ 92% to < 98%	≥ 98%
2022	< 64%	≥ 64% to < 80%	≥ 80% to < 90%	≥ 90% to < 97%	≥ 97%

Measure: C27 - Reviewing Appeals Decisions



Title	Description
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Description: This rating shows how often an independent reviewer found the health plan’s decision to deny coverage to be reasonable. (This description has been updated to better explain the measure. There have been no changes to the measure.)

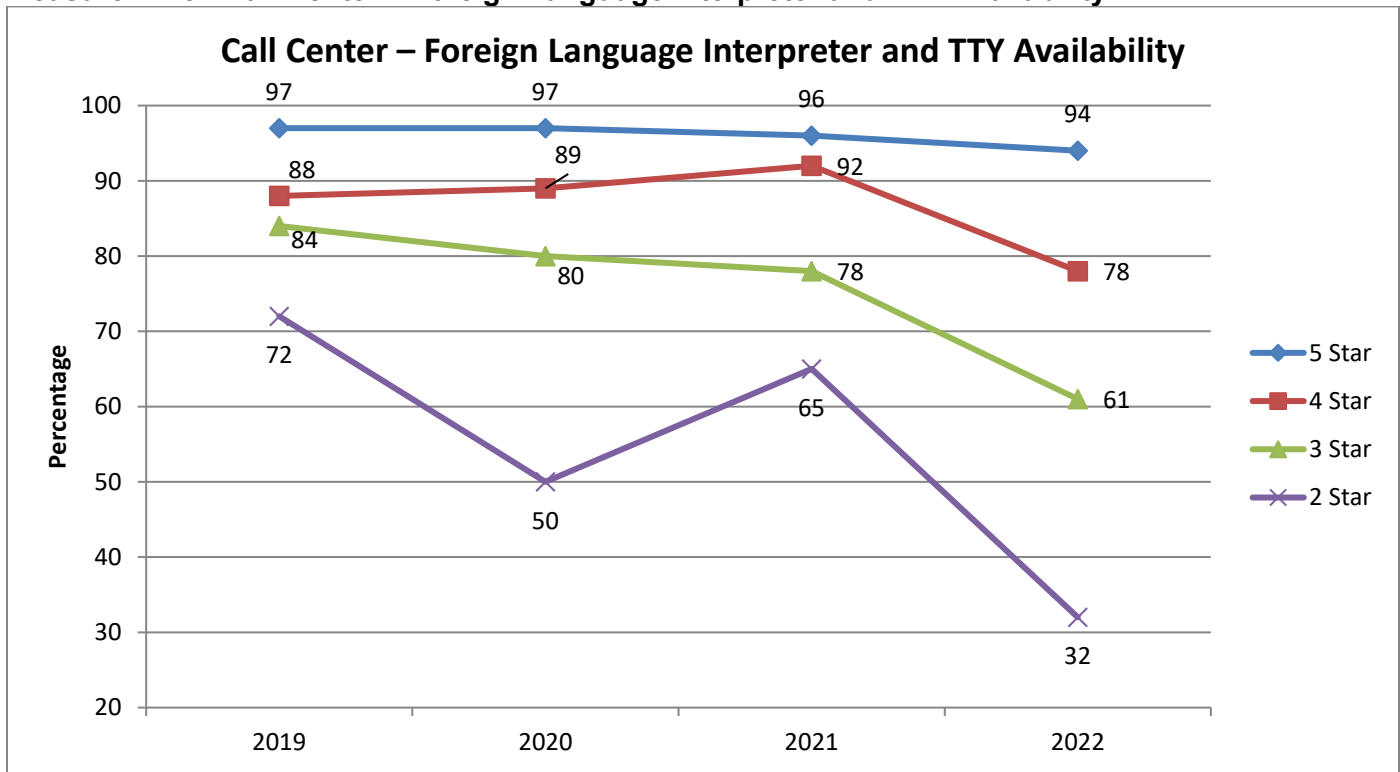
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 59%	≥ 59% to < 78%	≥ 78% to < 88%	≥ 88% to < 97%	≥ 97%
2020	< 74%	≥ 74% to < 81%	≥ 81% to < 90%	≥ 90% to < 95%	≥ 95%
2021	NA	≥ 43% to < 69%	≥ 69% to < 85%	≥ 85% to < 94%	≥ 94%
2022	< 69%	≥ 69% to < 84%	≥ 84% to < 91%	≥ 91% to < 96%	≥ 96%

Measure: C28 - Call Center – Foreign Language Interpreter and TTY Availability



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

Data Source: Call Center Monitoring

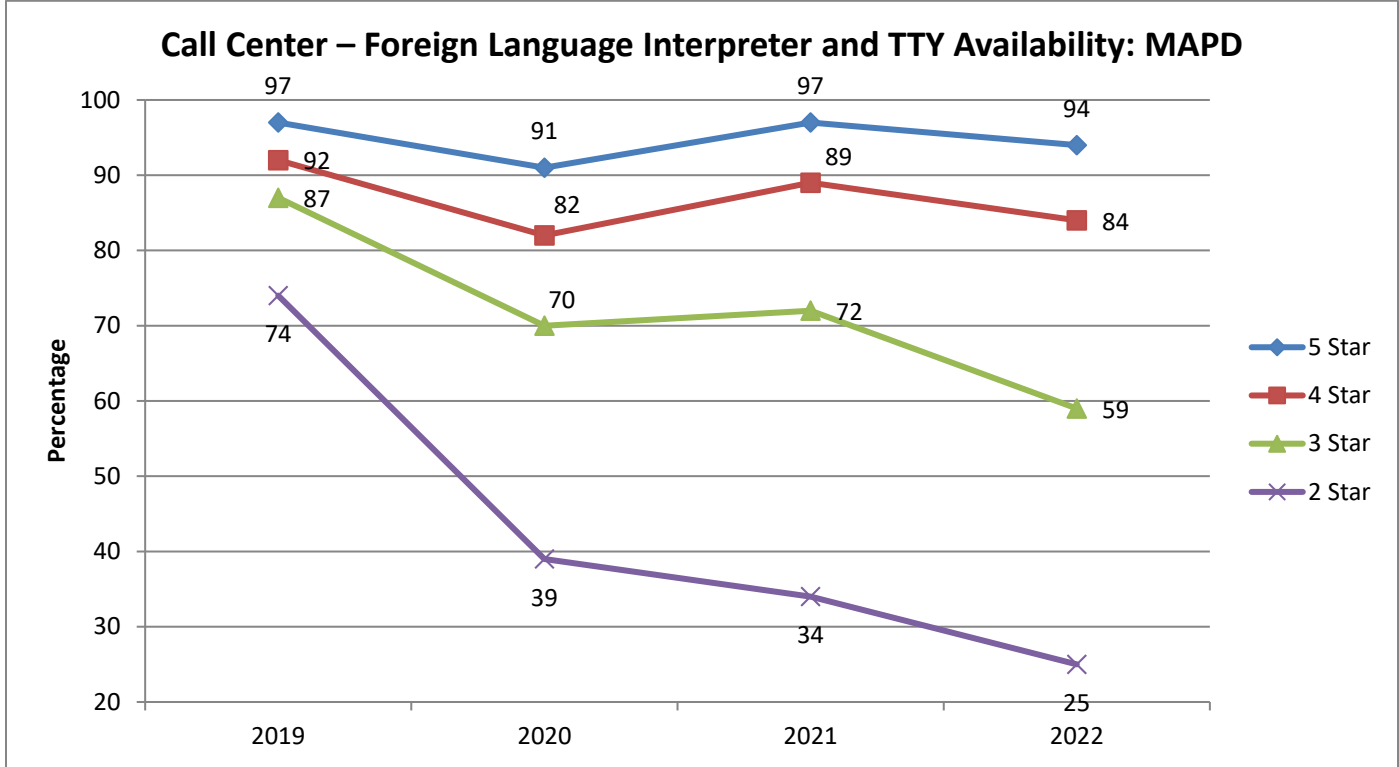
General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2019	< 72%	≥ 72% to < 84%	≥ 84% to < 88%	≥ 88% to < 97%	≥ 97%
2020	< 50%	≥ 50% to < 80%	≥ 80% to < 89%	≥ 89% to < 97%	≥ 97%
2021	< 65%	≥ 65% to < 78%	≥ 78% to < 92%	≥ 92% to < 96%	≥ 96%
2022	< 32%	≥ 32% to < 61%	≥ 61% to < 78%	≥ 78% to < 94%	≥ 94%

Part D Measures

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



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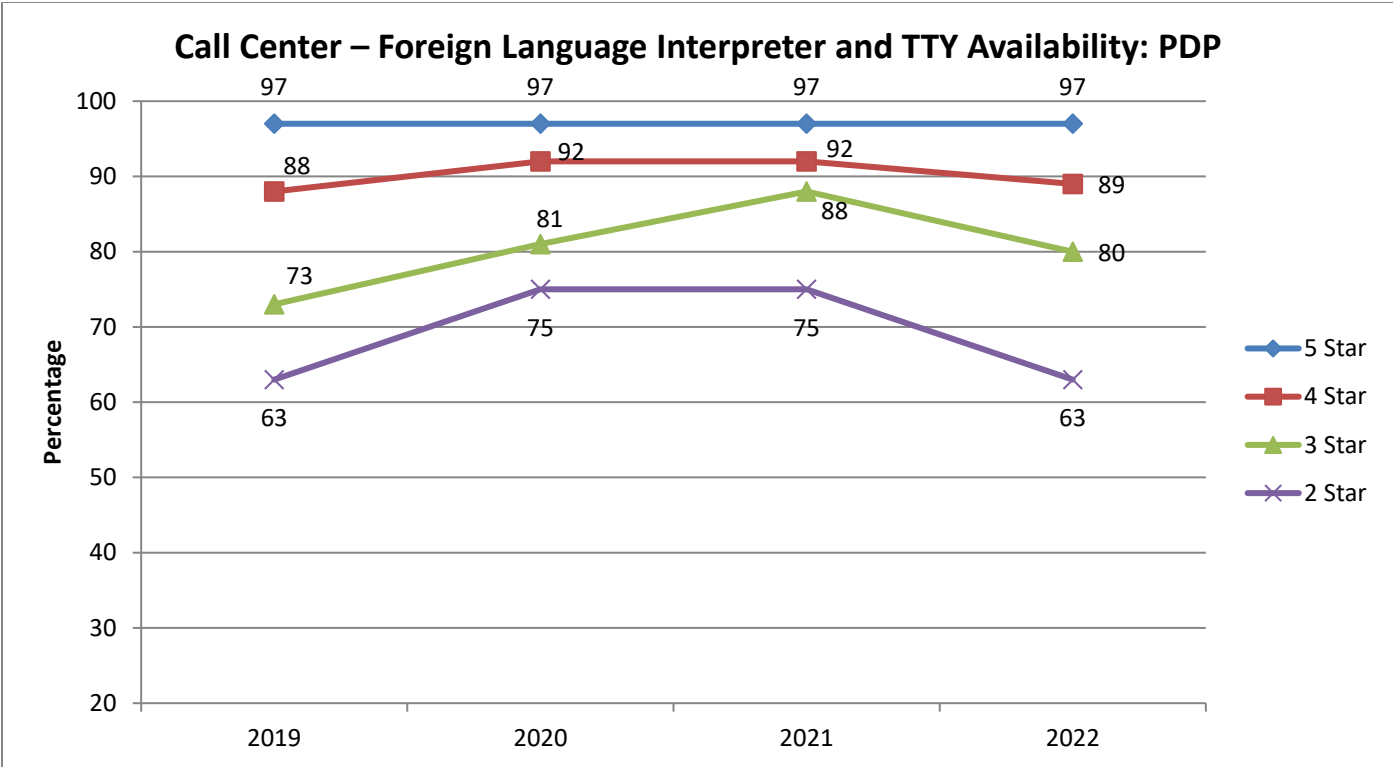
Description: Percent of time that TTY services and foreign language interpretation were available when needed by people who called the drug plan’s prospective enrollee customer service line.

Data Source: Call Center Monitoring

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	2019	< 74%	≥ 74% to < 87%	≥ 87% to < 92%	≥ 92% to < 97%	≥ 97%
MA-PD	2020	< 39%	≥ 39% to < 70%	≥ 70% to < 82%	≥ 82% to < 91%	≥ 91%
MA-PD	2021	< 34%	≥ 34% to < 72%	≥ 72% to < 89%	≥ 89% to < 97%	≥ 97%
MA-PD	2022	< 25%	≥ 25% to < 59%	≥ 59% to < 84%	≥ 84% to < 94%	≥ 94%



Title	Description
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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.

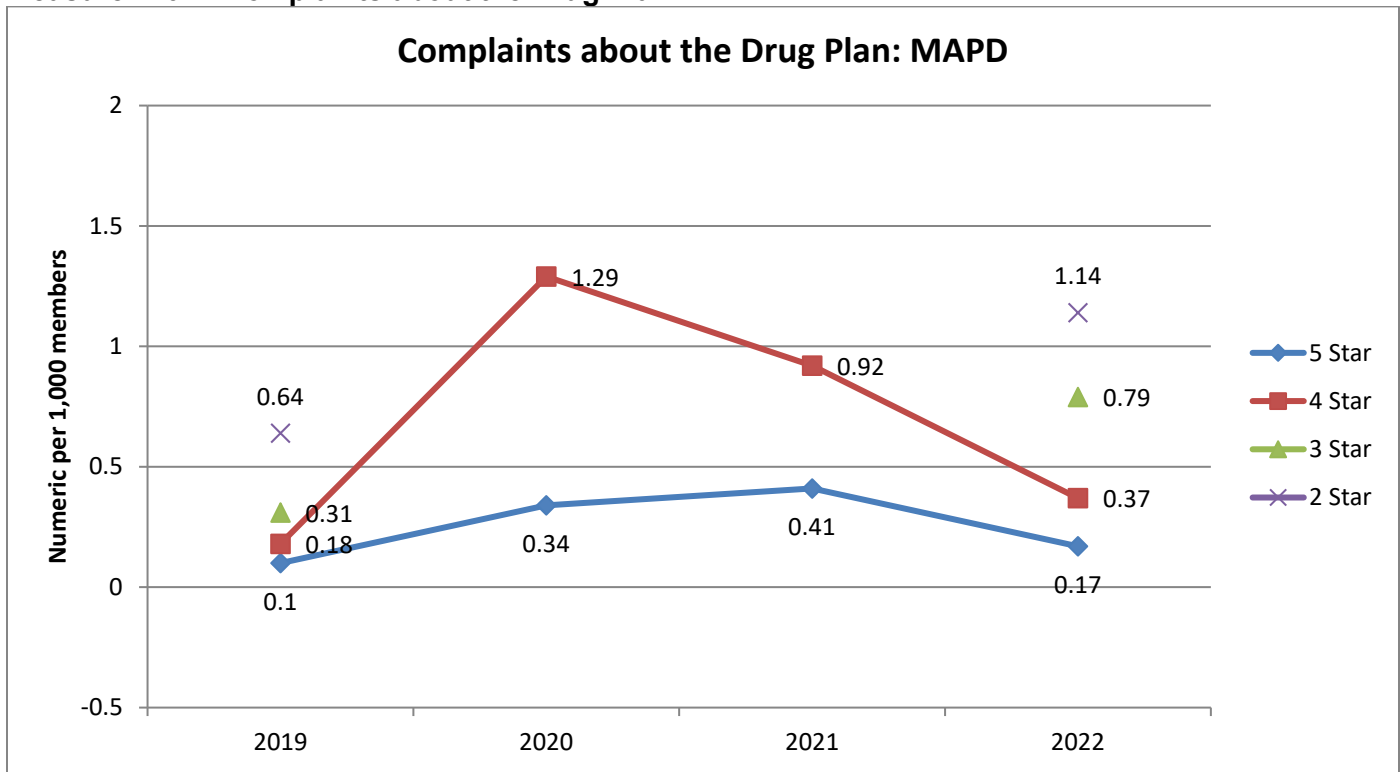
Data Source: Call Center Monitoring

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	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%
PDP	2021	< 75%	≥ 75% to < 88%	≥ 88% to < 92%	≥ 92% to < 97%	≥ 97%
PDP	2022	< 63%	≥ 63% to < 80%	≥ 80% to < 89%	≥ 89% to < 97%	≥ 97%

Measure: D02 - Complaints about the Drug Plan



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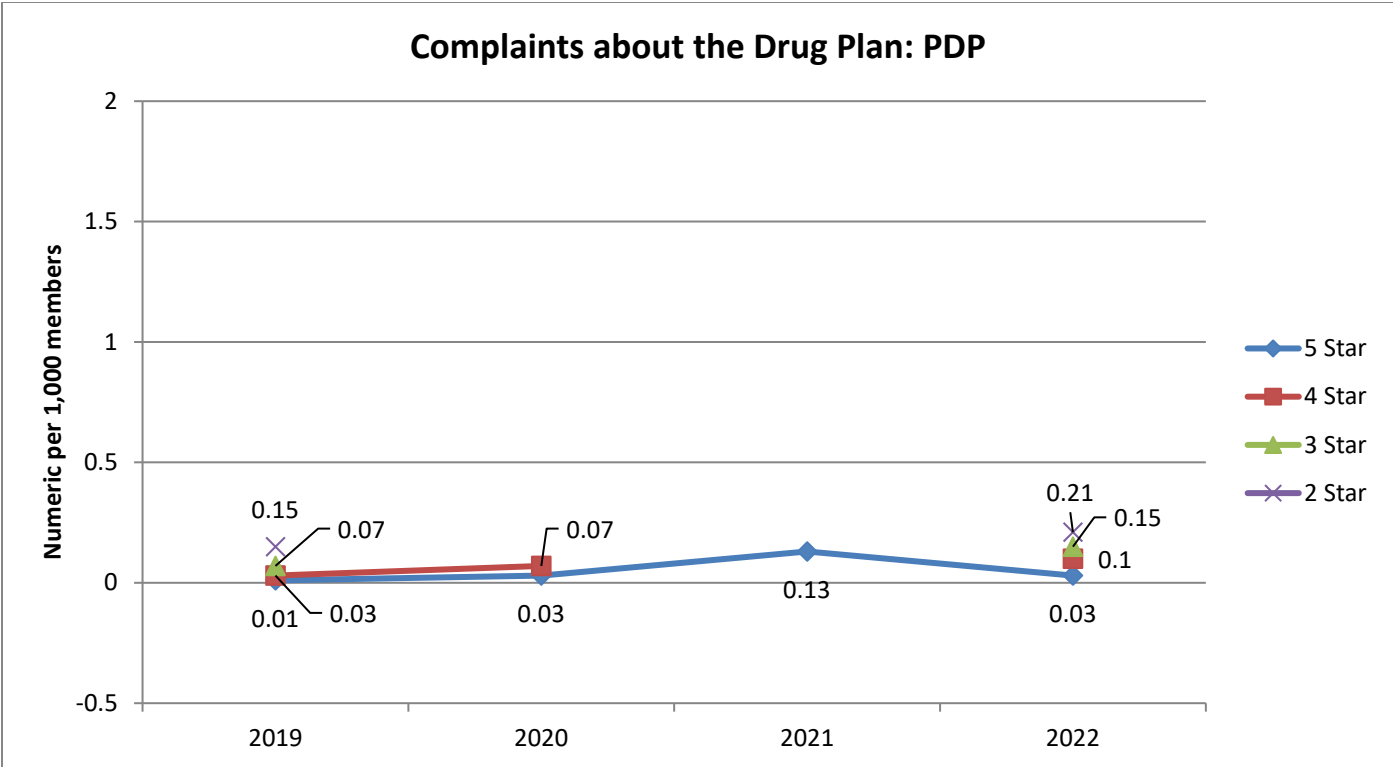
Description: Percent of members filing complaints with Medicare about the drug plan.

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
MA-PD	2019	> 0.64	> 0.31 to ≤ 0.64	> 0.18 to ≤ 0.31	> 0.10 to ≤ 0.18	≤ 0.10
MA-PD	2020	NA	NA	> 1.29	> 0.34 to ≤ 1.29	≤ 0.34
MA-PD	2021	NA	NA	> 0.92	> 0.41 to ≤ 0.92	≤ 0.41
MA-PD	2022	> 1.14	> 0.79 to ≤ 1.14	> 0.37 to ≤ 0.79	> 0.17 to ≤ 0.37	≤ 0.17



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

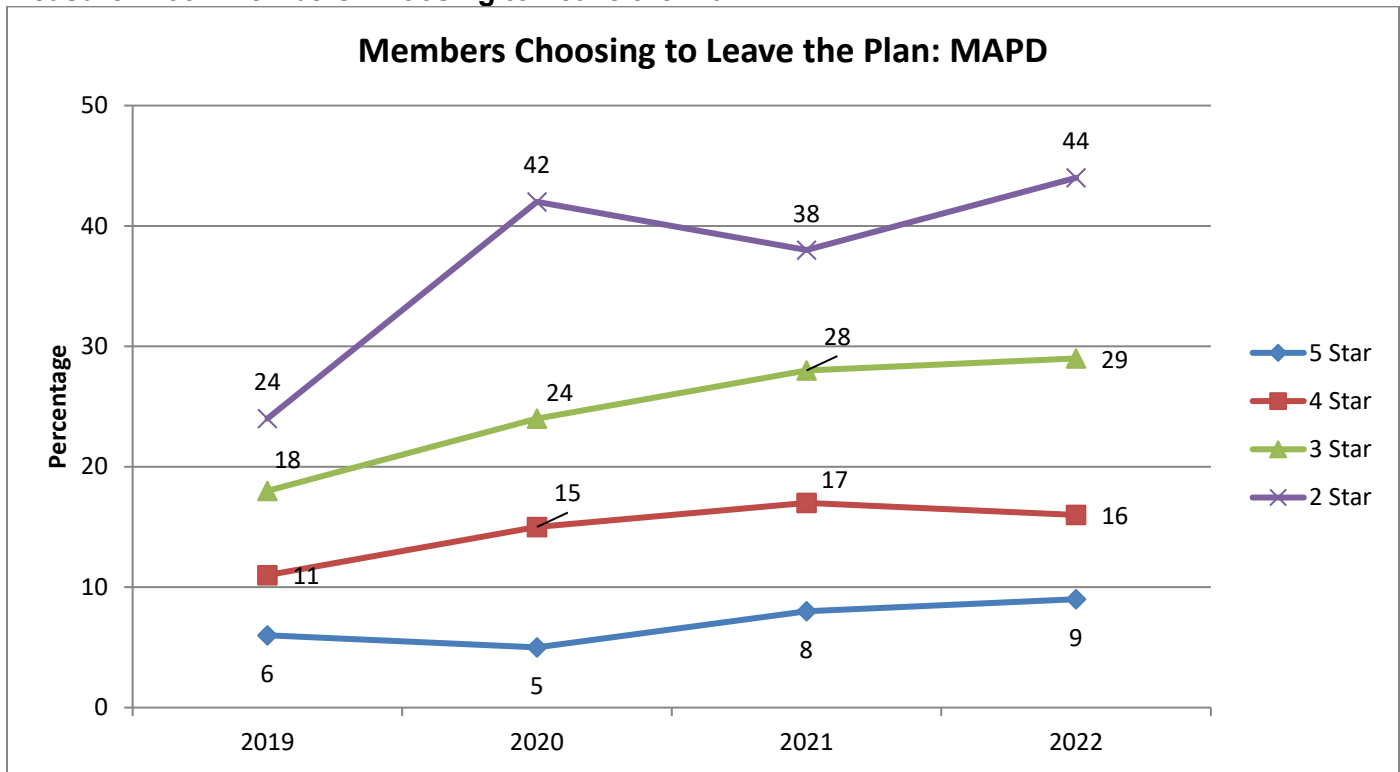
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	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
PDP	2021	NA	NA	NA	> 0.13	≤ 0.13
PDP	2022	> 0.21	> 0.15 to ≤ 0.21	> 0.1 to ≤ 0.15	> 0.03 to ≤ 0.1	≤ 0.03

Measure: D03 - Members Choosing to Leave the Plan



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

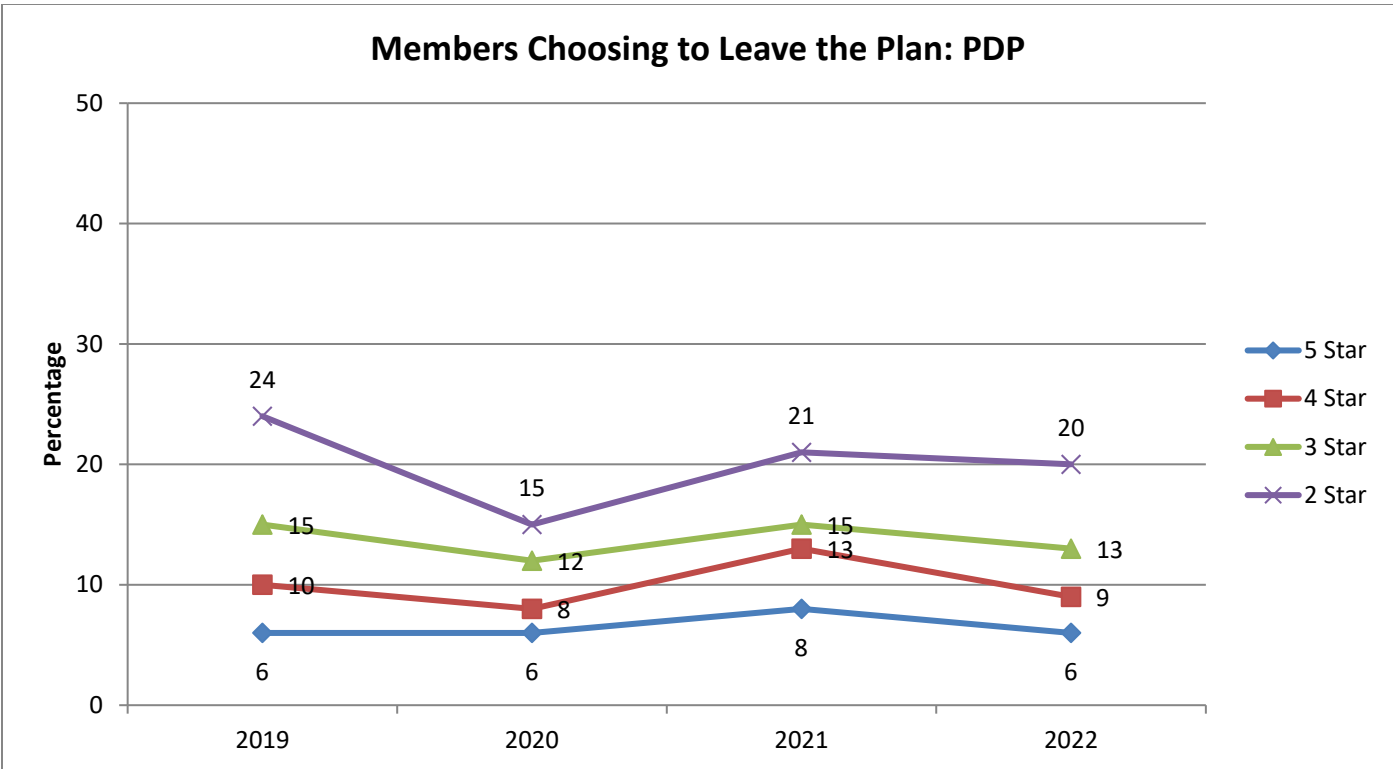
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	2019	> 24%	> 18% to ≤ 24%	> 11% to ≤ 18%	> 6% to ≤ 11%	≤ 6%
MA-PD	2020	> 42%	> 24% to ≤ 42%	> 15% to ≤ 24%	> 5% to ≤ 15%	≤ 5%
MA-PD	2021	> 38%	> 28% to ≤ 38%	> 17% to ≤ 28%	> 8% to ≤ 17%	≤ 8%
MA-PD	2022	> 44%	> 29% to ≤ 44%	> 16% to ≤ 29%	> 9% to ≤ 16%	≤ 9%

Members Choosing to Leave the Plan: PDP



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

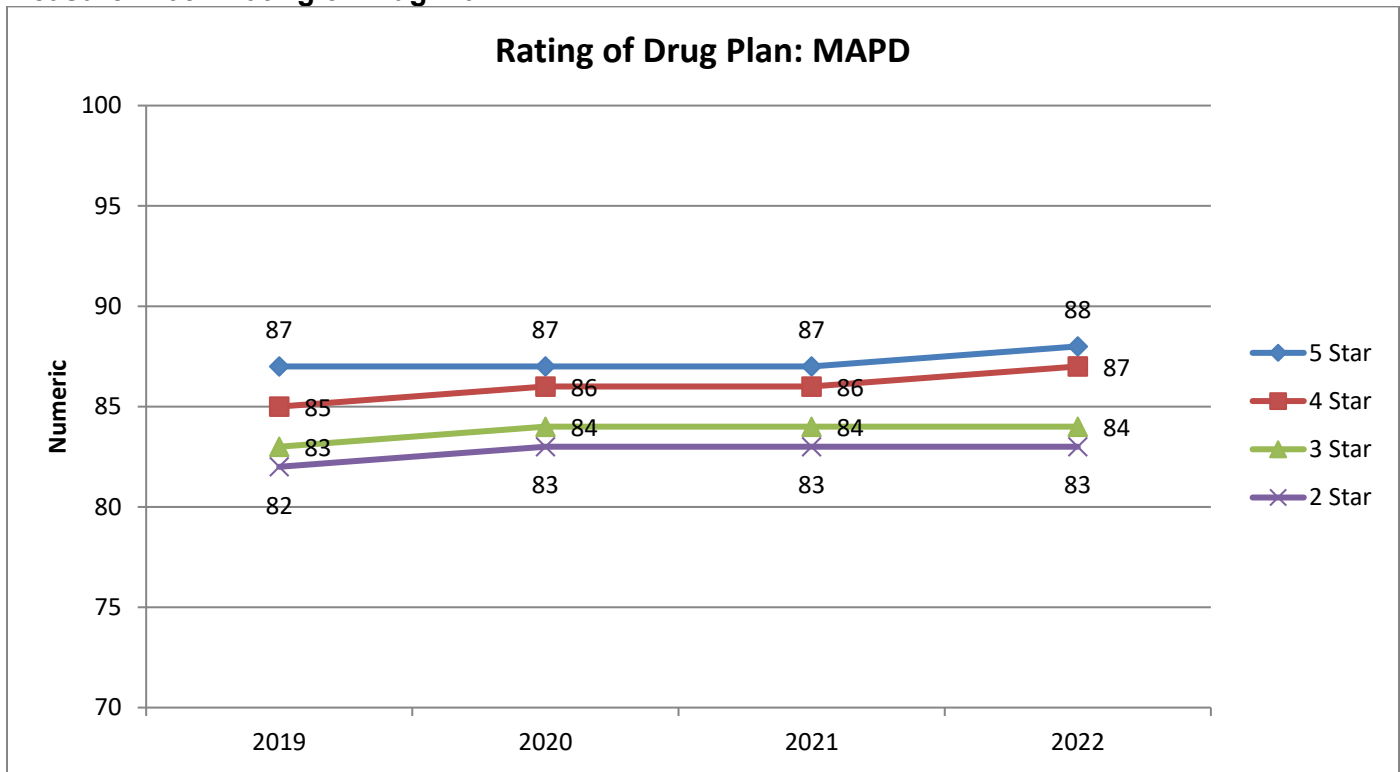
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	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%
PDP	2021	> 21%	> 15% to ≤ 21%	> 13% to ≤ 15%	> 8% to ≤ 13%	≤ 8%
PDP	2022	> 20%	> 13% to ≤ 20%	> 9% to ≤ 13%	> 6% to ≤ 9%	≤ 6%

Measure: D05 - Rating of Drug Plan



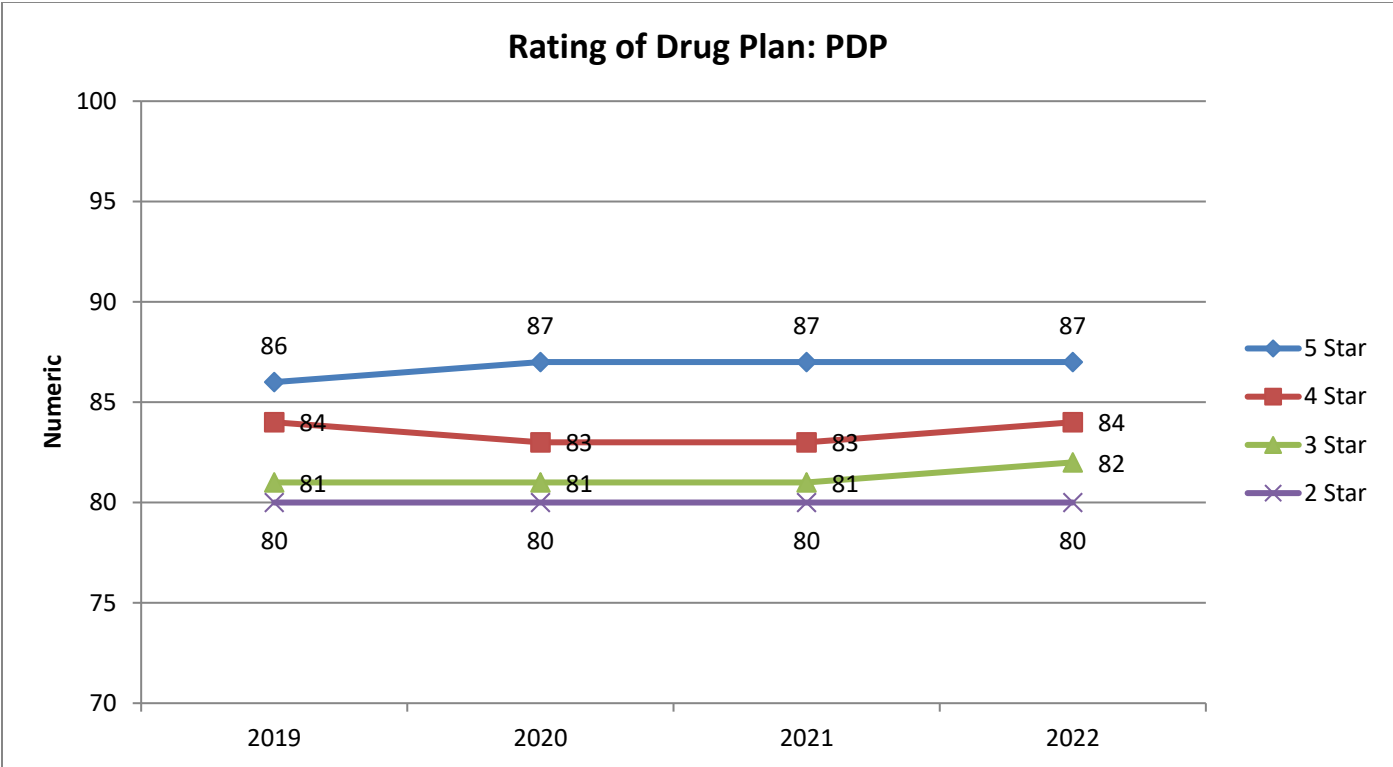
Title	Description
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Description: Percent of the best possible score the plan earned from members who rated the prescription drug plan.

Data Source: CAHPS

General Trend: Higher is better

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
MA-PD	2019	< 82	≥ 82 to < 83	≥ 83 to < 85	≥ 85 to < 87	≥ 87
MA-PD	2020	< 83	≥ 83 to < 84	≥ 84 to < 86	≥ 86 to < 87	≥ 87
MA-PD	2021	< 83	≥ 83 to < 84	≥ 84 to < 86	≥ 86 to < 87	≥ 87
MA-PD	2022	< 84	≥ 84 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88



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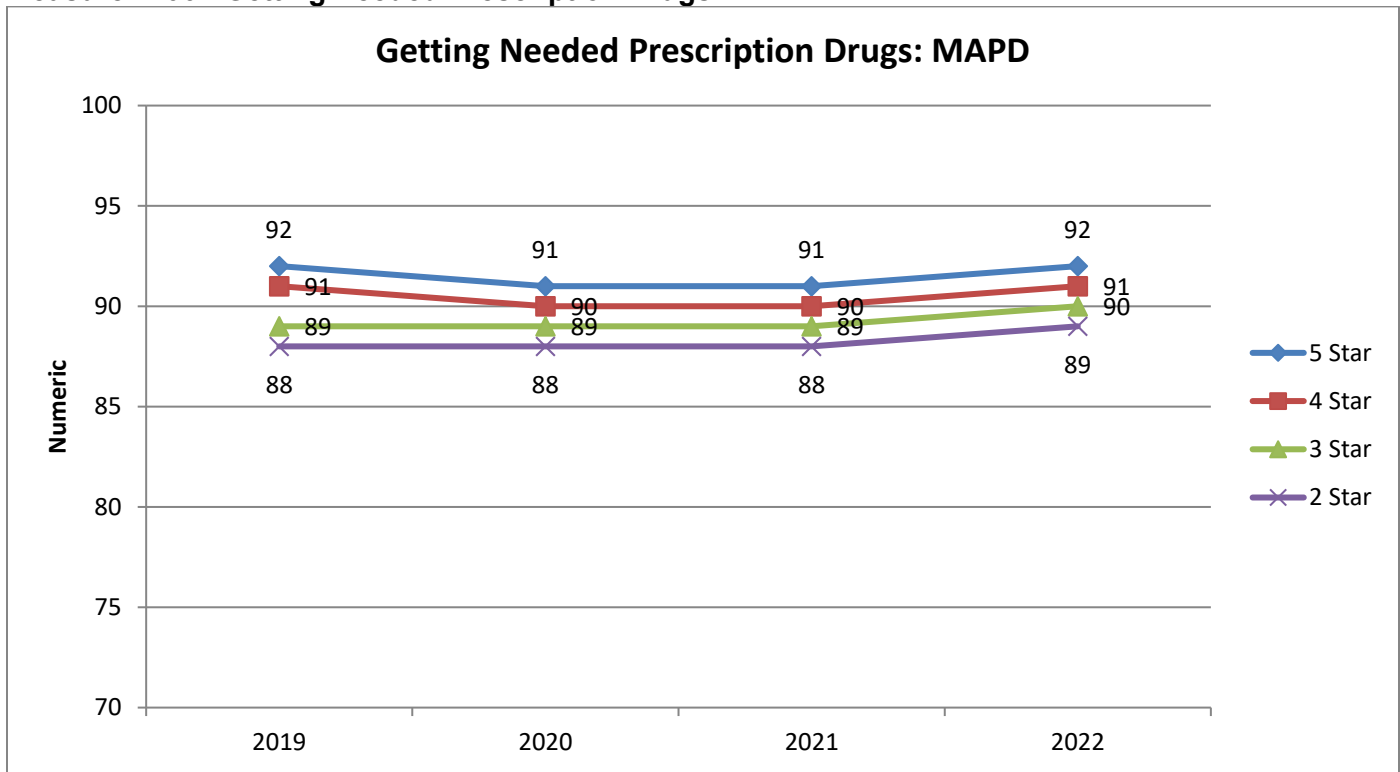
Description: Percent of the best possible score the plan earned from members who rated the prescription drug plan.

Data Source: CAHPS

General Trend: Higher is better

Base Group	Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
Cut Points:	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
	PDP	2021	< 80	≥ 80 to < 81	≥ 81 to < 83	≥ 83 to < 87	≥ 87
	PDP	2022	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 87	≥ 87

Measure: D06 - Getting Needed Prescription Drugs



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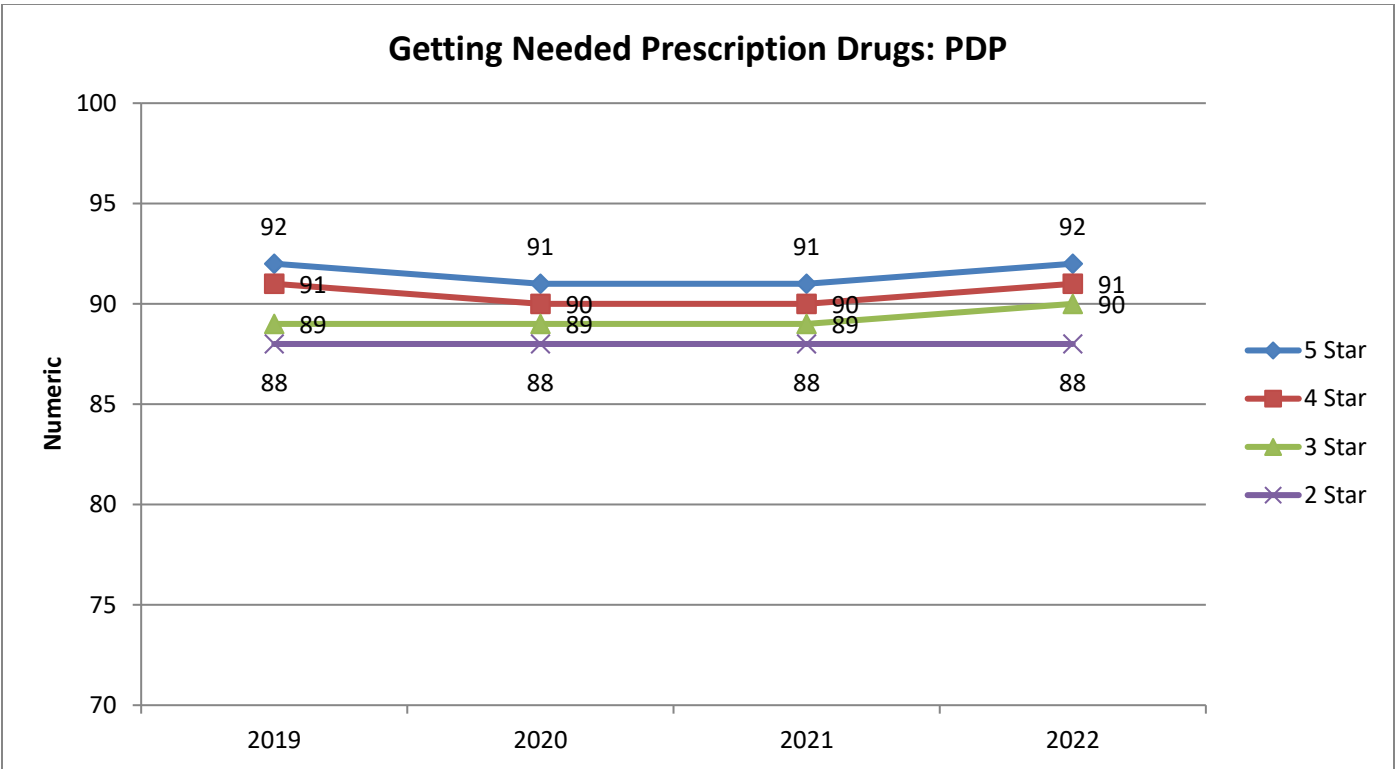
Description: Percent of the best possible score the plan earned on how easy it is for members to get the prescription drugs they need using the plan.

Data Source: CAHPS

General Trend: Higher is better

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
MA-PD	2019	< 88	≥ 88 to < 89	≥ 89 to < 90	≥ 90 to < 92	≥ 92
MA-PD	2020	< 88	≥ 88 to < 89	≥ 89 to < 90	≥ 90 to < 91	≥ 91
MA-PD	2021	< 88	≥ 88 to < 89	≥ 89 to < 90	≥ 90 to < 91	≥ 91
MA-PD	2022	< 89	≥ 89 to < 90	≥ 90 to < 91	≥ 91 to < 92	≥ 92

Getting Needed Prescription Drugs: PDP



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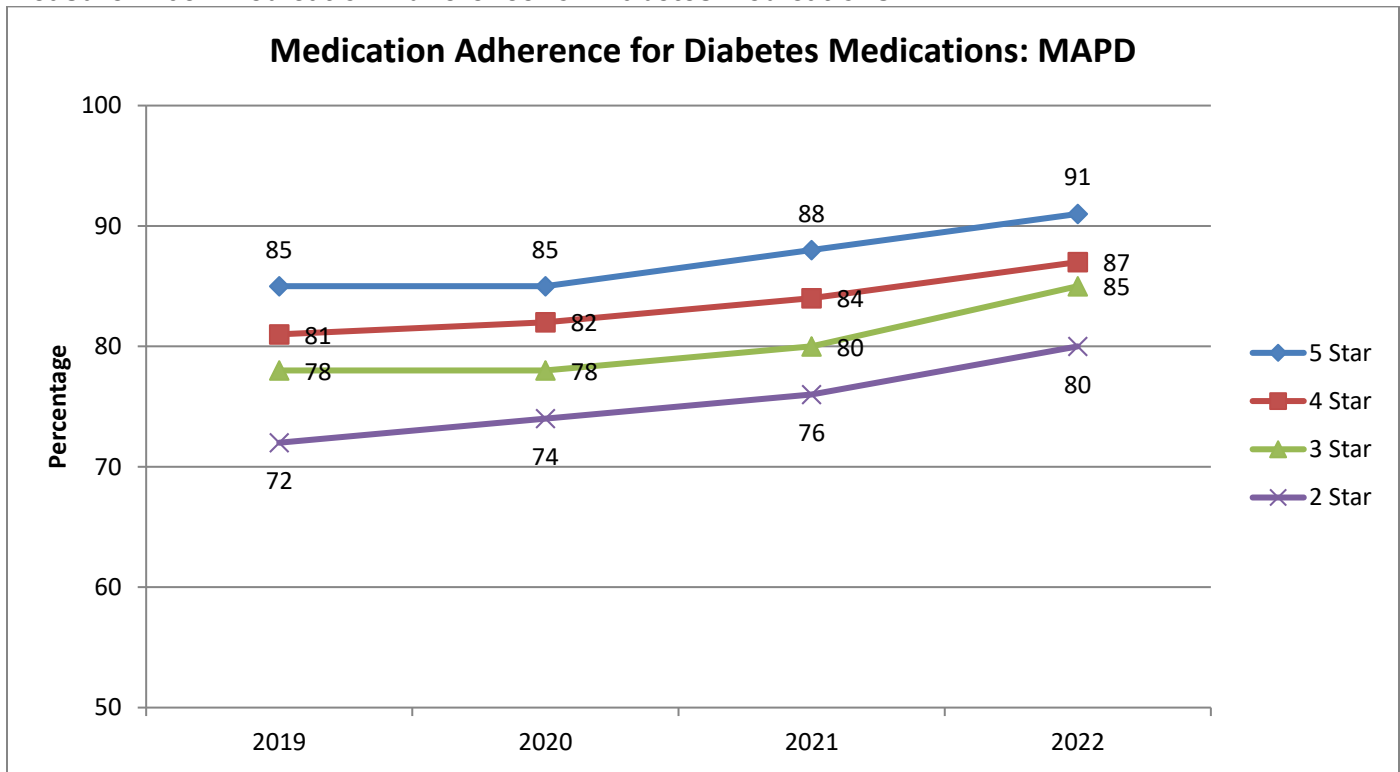
Description: Percent of the best possible score the plan earned on how easy it is for members to get the prescription drugs they need using the plan.

Data Source: CAHPS

General Trend: Higher is better

Base Group	Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
Cut Points:	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
	PDP	2021	< 88	≥ 88 to < 89	≥ 89 to < 90	≥ 90 to < 91	≥ 91
	PDP	2022	< 89	≥ 89 to < 90	≥ 90 to < 91	≥ 91 to < 92	≥ 92

Measure: D08 - Medication Adherence for Diabetes Medications



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

One of the most important ways people with diabetes can manage their health is by taking their medication as directed. The plan, the doctor, and the member can work together to find ways to do this. (“Diabetes medication” means a *biguanide drug*, a *sulfonylurea drug*, a *thiazolidinedione drug*, a *DPP-4 inhibitor*, a *GLP-1 receptor agonist*, a *meglitinide drug*, or an *SGLT2 inhibitor*. Plan members who take insulin are not included.)

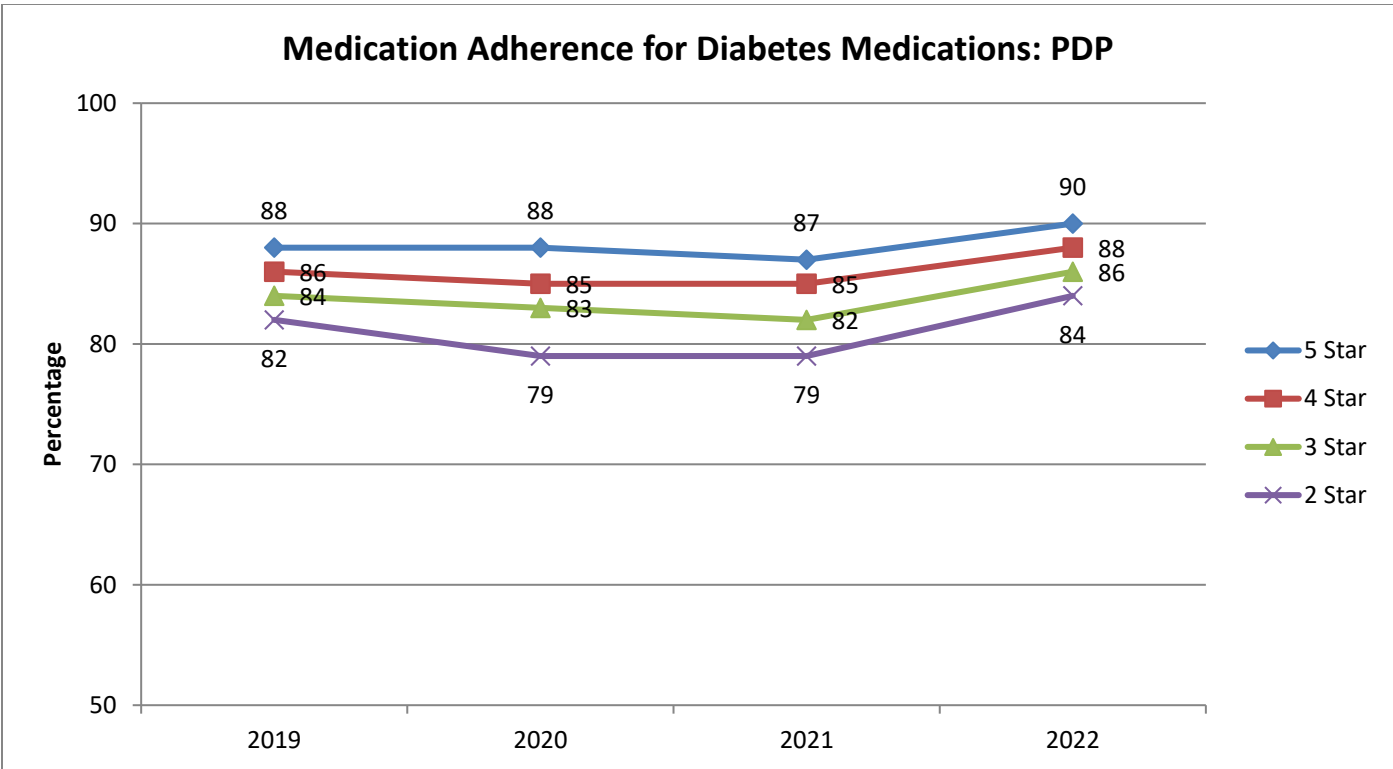
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	2019	< 72%	≥ 72% to < 78%	≥ 78% to < 81%	≥ 81% to < 85%	≥ 85%
MA-PD	2020	< 74%	≥ 74% to < 78%	≥ 78% to < 82%	≥ 82% to < 85%	≥ 85%
MA-PD	2021	< 76%	≥ 76% to < 80%	≥ 80% to < 84%	≥ 84% to < 88%	≥ 88%
MA-PD	2022	< 80%	≥ 80% to < 85%	≥ 85% to < 87%	≥ 87% to < 91%	≥ 91%

Medication Adherence for Diabetes Medications: PDP



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

One of the most important ways people with diabetes can manage their health is by taking their medication as directed. The plan, the doctor, and the member can work together to find ways to do this. (“Diabetes medication” means a *biguanide drug*, a *sulfonylurea drug*, a *thiazolidinedione drug*, a *DPP-4 inhibitor*, a *GLP-1 receptor agonist*, a *meglitinide drug*, or an *SGLT2 inhibitor*. Plan members who take insulin are not included.)

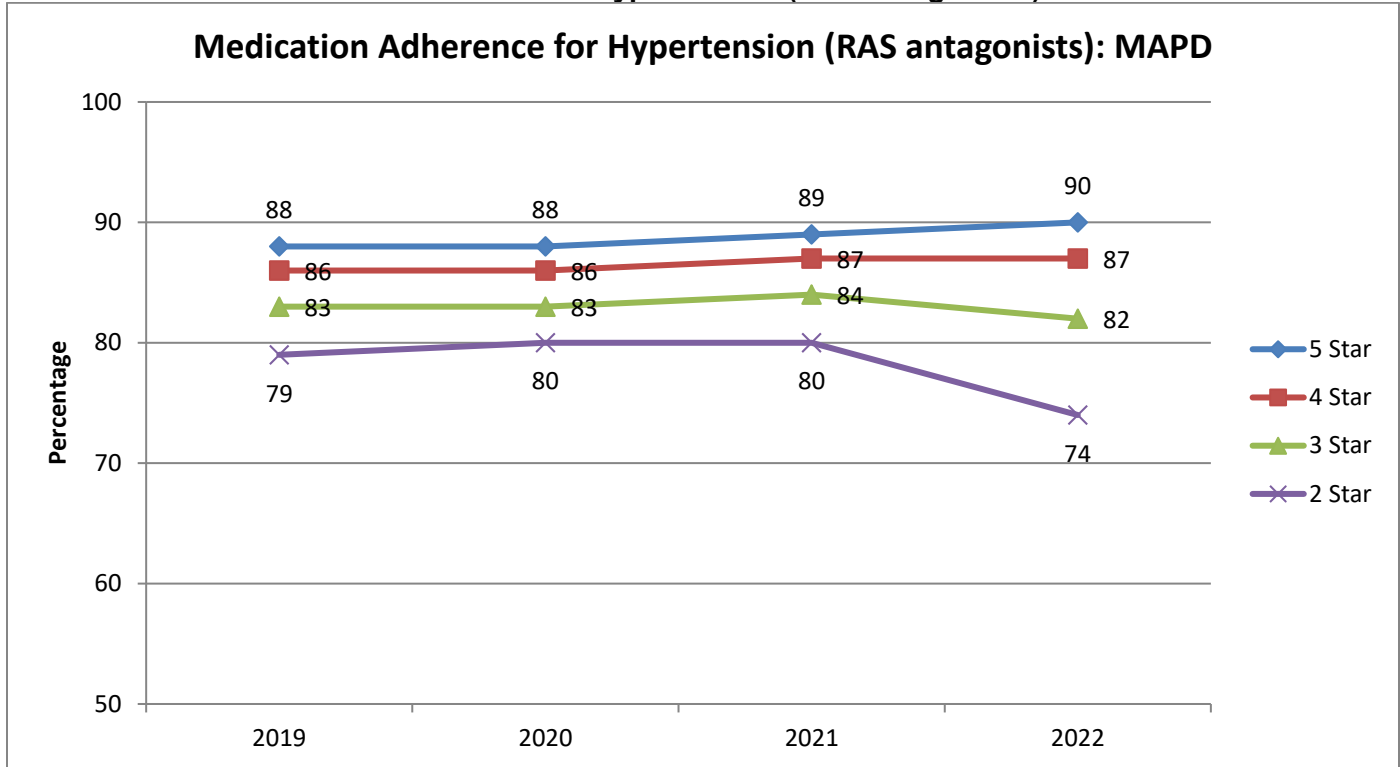
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	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%
PDP	2021	< 79%	≥ 79% to < 82%	≥ 82% to < 85%	≥ 85% to < 87%	≥ 87%
PDP	2022	< 84%	≥ 84% to < 86%	≥ 86% to < 88%	≥ 88% to < 90%	≥ 90%

Measure: D09 - Medication Adherence for Hypertension (RAS antagonists)



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

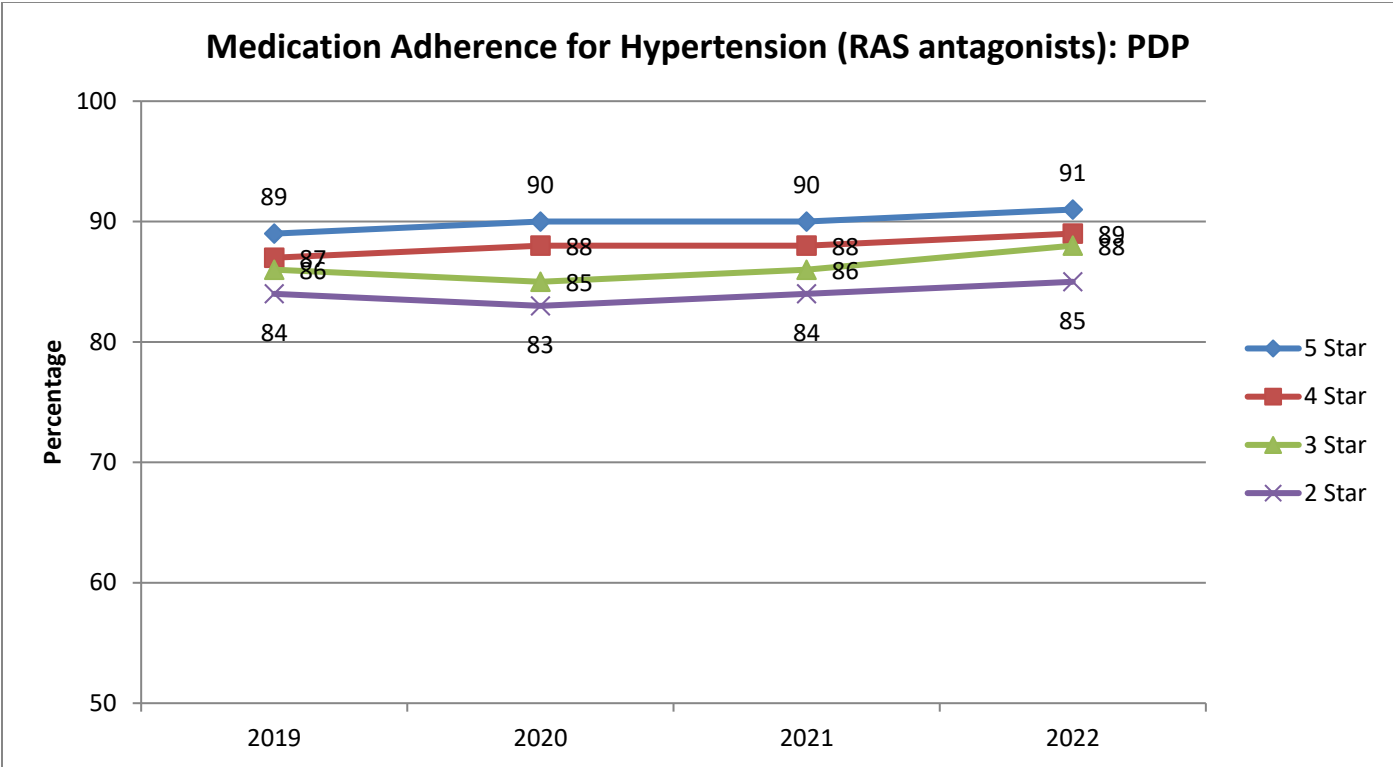
One of the most important ways people with high blood pressure can manage their health is by taking medication as directed. The plan, the doctor, and the member can work together to do this. (“Blood pressure medication” means an ACE (*angiotensin converting enzyme*) inhibitor, an ARB (*angiotensin receptor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

Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	2019	< 79%	≥ 79% to < 83%	≥ 83% to < 86%	≥ 86% to < 88%	≥ 88%
MA-PD	2020	< 80%	≥ 80% to < 83%	≥ 83% to < 86%	≥ 86% to < 88%	≥ 88%
MA-PD	2021	< 80%	≥ 80% to < 84%	≥ 84% to < 87%	≥ 87% to < 89%	≥ 89%
MA-PD	2022	< 74%	≥ 74% to < 82%	≥ 82% to < 87%	≥ 87% to < 90%	≥ 90%



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

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

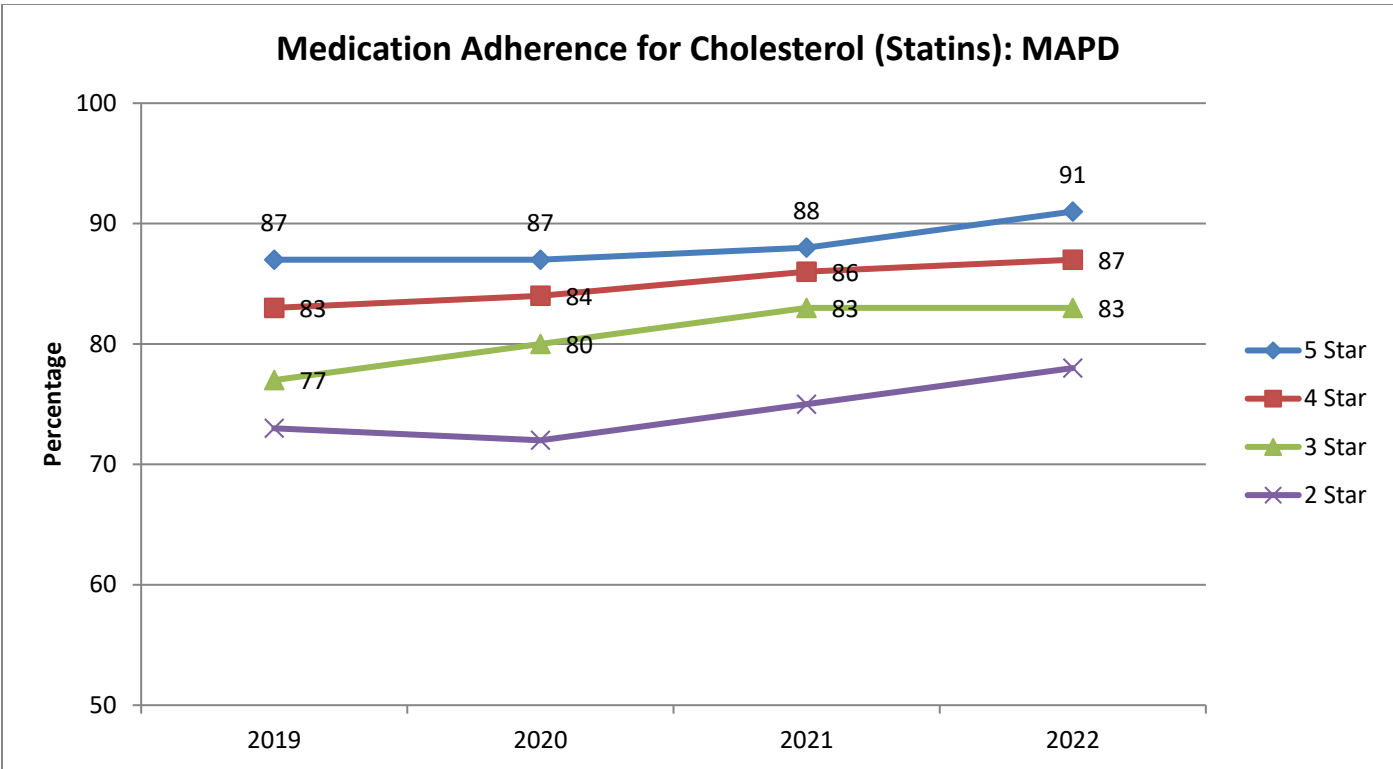
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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%
PDP	2021	< 84%	≥ 84% to < 86%	≥ 86% to < 88%	≥ 88% to < 90%	≥ 90%
PDP	2022	< 85%	≥ 85% to < 88%	≥ 88% to < 89%	≥ 89% to < 91%	≥ 91%

Medication Adherence for Cholesterol (Statins): MAPD



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

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

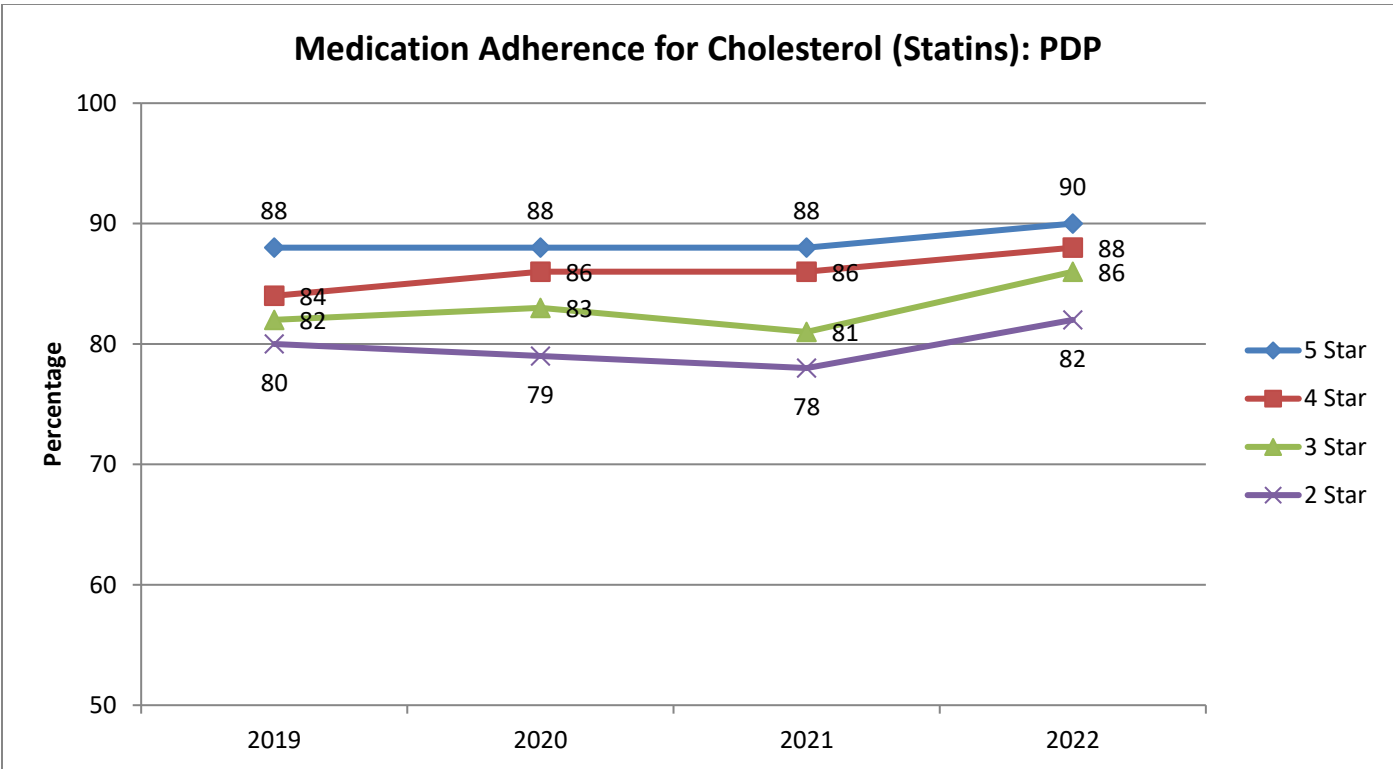
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	2019	< 73%	≥ 73% to < 77%	≥ 77% to < 83%	≥ 83% to < 87%	≥ 87%
MA-PD	2020	< 72%	≥ 72% to < 80%	≥ 80% to < 84%	≥ 84% to < 87%	≥ 87%
MA-PD	2021	< 75%	≥ 75% to < 83%	≥ 83% to < 86%	≥ 86% to < 88%	≥ 88%
MA-PD	2022	< 78%	≥ 78% to < 83%	≥ 83% to < 87%	≥ 87% to < 91%	≥ 91%

Medication Adherence for Cholesterol (Statins): PDP



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

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

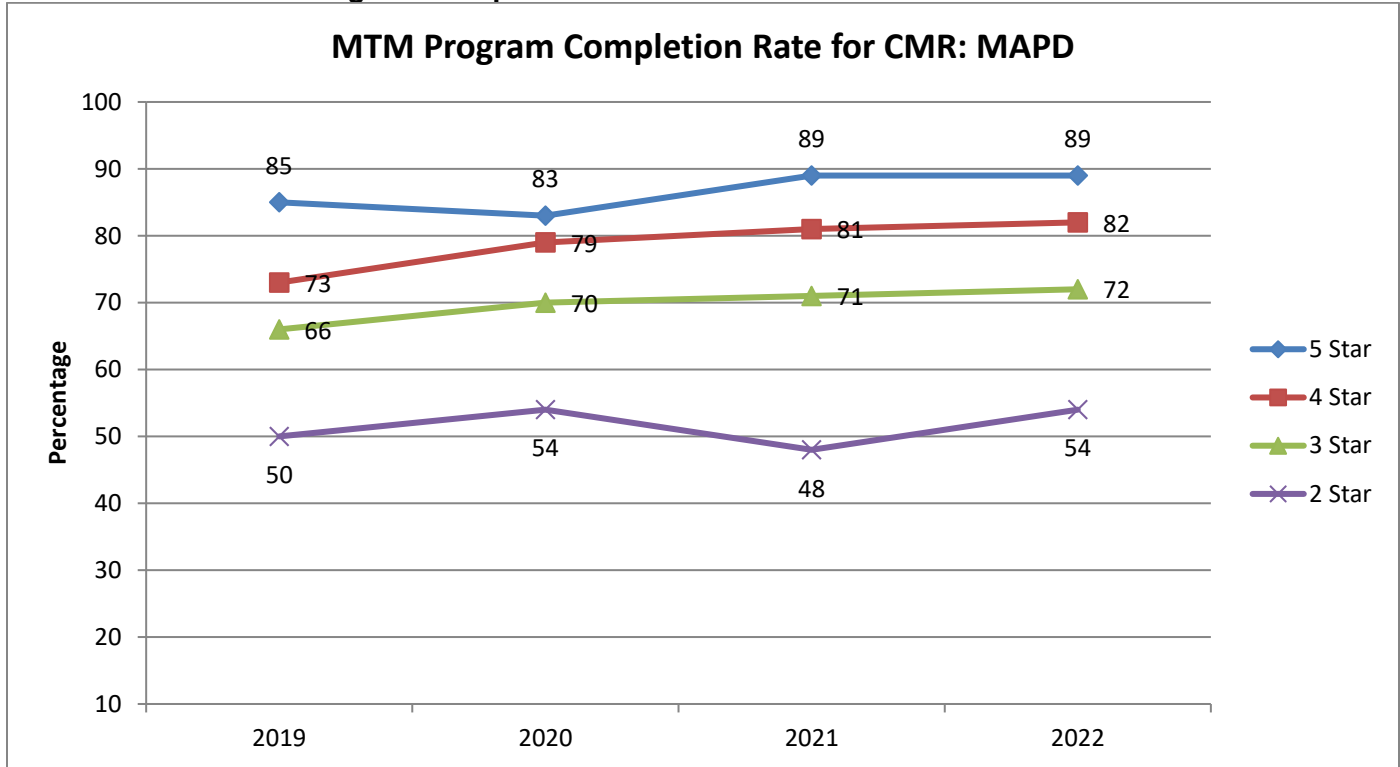
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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%
PDP	2021	< 78%	≥ 78% to < 81%	≥ 81% to < 86%	≥ 86% to < 88%	≥ 88%
PDP	2022	< 82%	≥ 82% to < 86%	≥ 86% to < 88%	≥ 88% to < 90%	≥ 90%

Measure: D11 - MTM Program Completion Rate for CMR



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

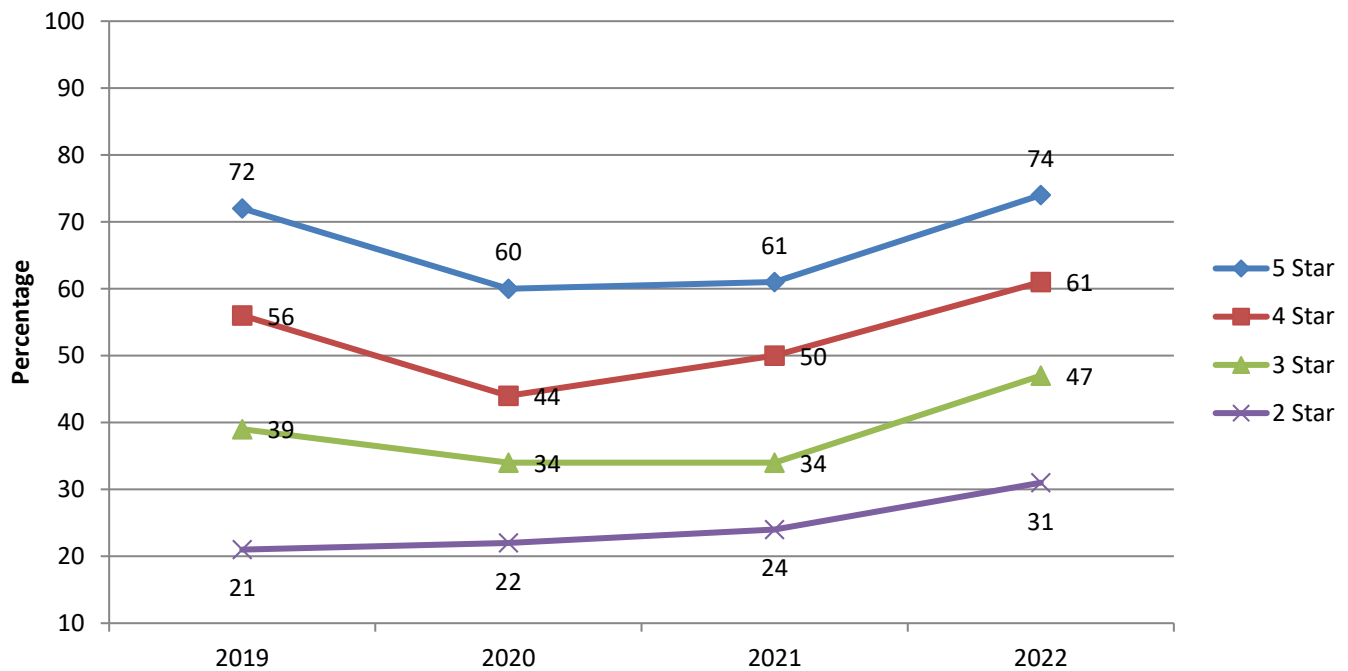
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	2019	< 50%	≥ 50% to < 66%	≥ 66% to < 73%	≥ 73% to < 85%	≥ 85%
MA-PD	2020	< 54%	≥ 54% to < 70%	≥ 70% to < 79%	≥ 79% to < 83%	≥ 83%
MA-PD	2021	< 48%	≥ 48% to < 71%	≥ 71% to < 81%	≥ 81% to < 89%	≥ 89%
MA-PD	2022	< 54%	≥ 54% to < 72%	≥ 72% to < 82%	≥ 82% to < 89%	≥ 89%

MTM Program Completion Rate for CMR: PDP



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

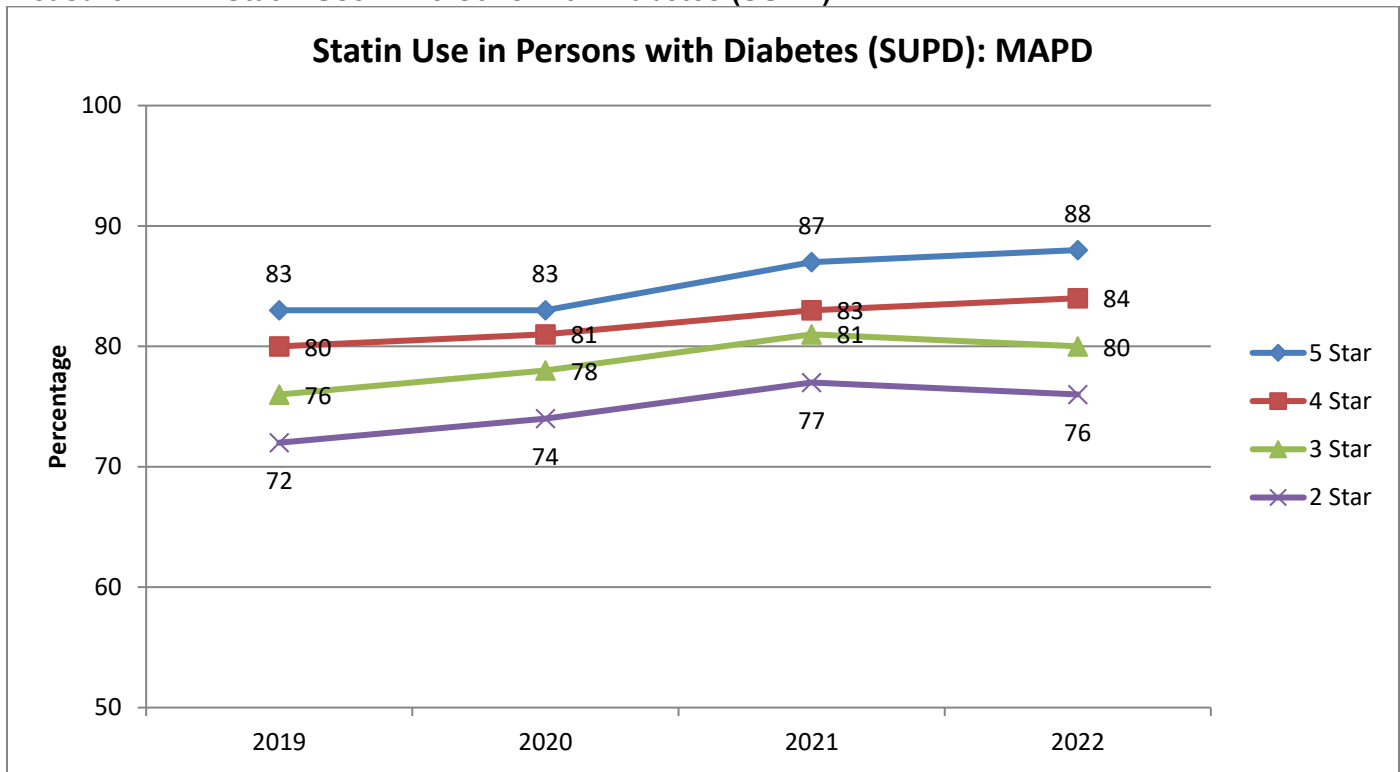
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2019	< 21%	≥ 21% to < 39%	≥ 39% to < 56%	≥ 56% to < 72%	≥ 72%
PDP	2020	< 22%	≥ 22% to < 34%	≥ 34% to < 44%	≥ 44% to < 60%	≥ 60%
PDP	2021	< 24%	≥ 24% to < 34%	≥ 34% to < 50%	≥ 50% to < 61%	≥ 61%
PDP	2022	< 31%	≥ 31% to < 47%	≥ 47% to < 61%	≥ 61% to < 74%	≥ 74%

Measure: D12 - Statin Use in Persons with Diabetes (SUPD)



Title	Description
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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.

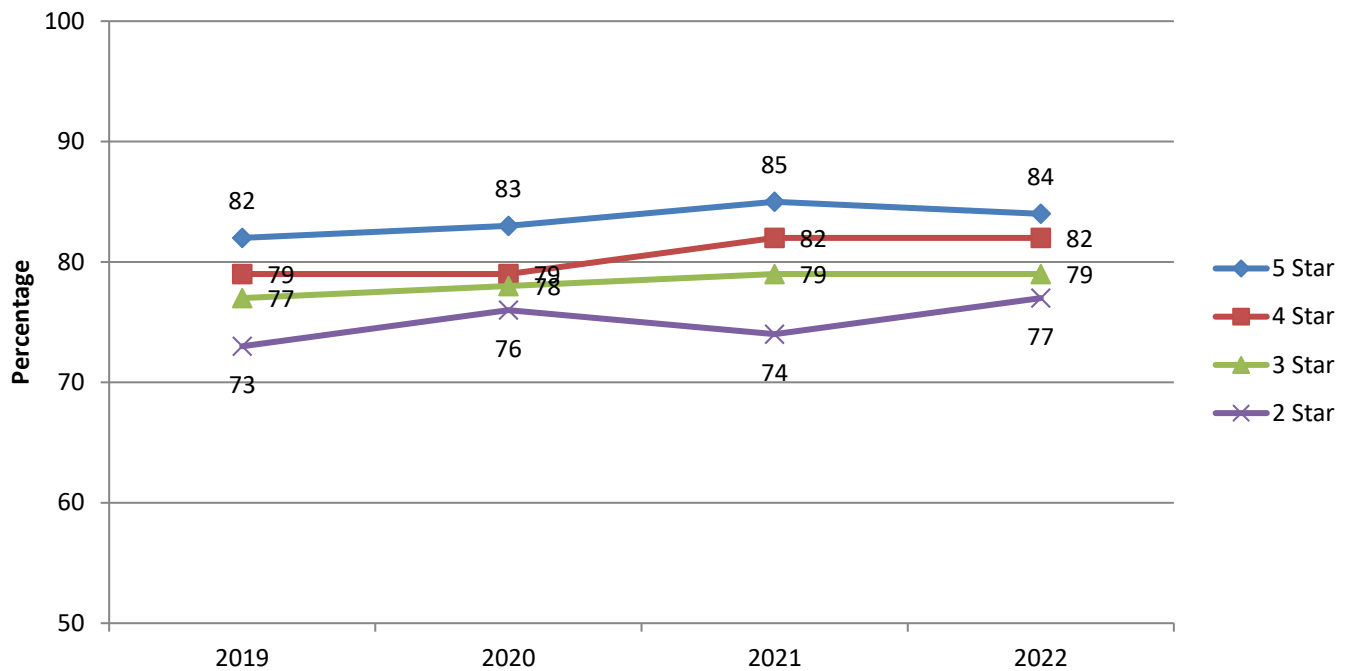
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	2019	< 72%	≥ 72% to < 76%	≥ 76% to < 80%	≥ 80% to < 83%	≥ 83%
MA-PD	2020	< 74%	≥ 74% to < 78%	≥ 78% to < 81%	≥ 81% to < 83%	≥ 83%
MA-PD	2021	< 77%	≥ 77% to < 81%	≥ 81% to < 83%	≥ 83% to < 87%	≥ 87%
MA-P	2022	< 76%	≥ 76% to < 80%	≥ 80% to < 84%	≥ 84% to < 88%	≥ 88%

Statin Use in Persons with Diabetes (SUPD): PDP



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%
PDP	2021	< 74%	≥ 74% to < 79%	≥ 79% to < 82%	≥ 82% to < 85%	≥ 85%
PDP	2022	< 77%	≥ 77% to < 79%	≥ 79% to < 82%	≥ 82% to < 84%	≥ 84%