



## **CENTER FOR MEDICARE**

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**DATE:** May 13, 2026

**TO:** All Medicare Advantage Organizations, Prescription Drug Plans, and Section 1876 Cost Plans

**FROM:** Vanessa S. Duran  
Director, Medicare Drug Benefit and C & D Data Group

**SUBJECT:** Information to Review Data Used for Medicare Part C and D Star Ratings and Display Measures

The purpose of this memo is to remind sponsors of the various datasets and reports available to review their underlying measure data that are the basis for the Part C and D Star Ratings and display measures. Please alert CMS of potential errors or anomalies in advance of CMS's plan preview periods to allow sufficient time to investigate and resolve them before the release of the Star Ratings.

The pages that follow provide information about the available datasets and reports for ongoing review. Many of the datasets are posted in HPMS, under "Quality and Performance," then "Performance Metrics." In many cases, these datasets provide more detailed information than what is used for CMS's Star Ratings and display measures.

In addition, previous years' Star Ratings and Display Measure Technical Notes and data can be found at <http://go.cms.gov/partcanddstarratings>. The Technical Notes provide detailed information about each of the measure calculations.

We remind all contracts that the data made available to sponsors prior to the release of the final Star Ratings in October are preliminary and subject to change.

### **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Measures (Part C and D)**

Official CAHPS preview reports will be emailed to the Medicare Compliance Officer in August. Official CAHPS plan reports will be emailed to the Medicare Compliance Officer in October. We remind contracts that any results they receive from their vendor may differ from CMS results and are not to be considered official.

If you have questions about MA and/or PDP CAHPS data please contact: [MP-CAHPS@cms.hhs.gov](mailto:MP-CAHPS@cms.hhs.gov).

## **Health Outcomes Survey (HOS) Measures (Part C)**

HPMS HOS Star Ratings Validation page:

- To access HOS Star Ratings Validation, from the top navigation bar select: “Quality and Performance,” then “HOS,” then from the left navigation bar select “Survey Results.” From the drop-down menu, select “Star Ratings Validation.” Select the appropriate cohort and contract number/name. Additional measure results can be found under “Aggregate Score Analysis.”

The Cohort 25 (2022-2024) data are currently posted. The Cohort 26 (2023-2025) data will be posted by early August 2026.

If you have questions about HOS data please contact: [HOS@cms.hhs.gov](mailto:HOS@cms.hhs.gov).

## **Complaints about the Health/Drug Plan Measure (Part C and D)**

On January 6, 2025, CMS released an HPMS memo with updated Complaints Tracking Module (CTM) Plan Standard Operating Procedures (SOP). Plans should review all complaints at intake and verify the contract assignment and Issue Level. The memo details how sponsors may submit a Plan Request in HPMS for review by CMS (e.g., to request a change in contract assignment, change Issue Level or Lead, or change in category/subcategory).

As noted in the January 6, 2025 CTM SOP HPMS memo, multiple CTM cases for the same beneficiary will generally not be removed from plan measures or changed to CMS Lead for purposes of the Part C and D Star Ratings.

CMS provides plans quarterly reports with additional information on the data used to calculate the Complaint Rates on the HPMS Performance pages:

- To access the Complaint Rates Reports, from the top navigation bar select: “Quality and Performance,” then “Performance Metrics,” then from the left navigation bar select “Reports.” From the drop-down menu, select from the list of reports, “Complaint Tracking.” Under “Report Type” select the “Complaint Rates” and select the appropriate report period.

The 2025 reports are currently posted. In addition, the Q1 2026 report was posted at the end of April 2026.

As stated in the [Announcement of Calendar Year \(CY\) 2027 Medicare Advantage \(MA\) Capitation Rates and Part C and Part D Payment Policies](#), all requests for changes must be made by the March 31, 2027 deadline (i.e., requests for changes to 2026 complaint data must be made by March 31, 2027 for the 2028 Star Ratings).

Questions related to your plan's complaints measure rates or the HPMS Complaint Rates Reports should be sent to [PartCandDStarRatings@cms.hhs.gov](mailto:PartCandDStarRatings@cms.hhs.gov). Questions regarding CTM Plan Requests and assignments should be sent to your CMS Account Manager and copy the [PartCandDStarRatings@cms.hhs.gov](mailto:PartCandDStarRatings@cms.hhs.gov) mailbox if related to the measures.

## **Appeals Measures – Independent Review Entity (IRE) Data (Part C)**

Information regarding the Part C reconsideration process is available to MA organizations at <https://www.c2cinc.com/QIC-Part-C>. The data available at <https://partcappeals.c2cinc.com/Search-Appeal-Status> are updated daily; therefore, MA organizations that notice discrepancies or have questions about the data should bring these issues to the attention of C2C Innovative Solutions, Inc. (C2C) as they arise. Plans can view all of their cases by Received Date or look up a specific appeal number. There is a field that indicates whether the appeal was timely.

Effective January 1, 2025, CMS eliminated the additional days the IRE allowed for appeal files that are submitted electronically. Before January 1, 2025, the IRE included additional days to make allowances for any mail delays. Because the IRE receives over 99 percent of case files electronically via the portal, CMS updated the language in the IRE Manual to use a deadline for timely portal (that is, electronic) submission that aligns with the timeliness requirements in § 422.590 for submission of standard, expedited, and Part B drug cases. For purposes of defining and calculating timeliness on C2C's website, the IRE no longer adds five calendar days to the timeframes for all appeal files submitted electronically. Additionally, starting in 2025, the IRE treats the electronic system receipt date as the date the appeal was received by the IRE, regardless of whether it is during the IRE's business hours.

However, for the appeals measures for the 2027 Star Ratings<sup>1</sup> we are continuing to use the system receipt date as the date the appeal was received if it is during the IRE's normal business hours; if the system receipt time or date is outside of the IRE's normal business hours, the following business day is used as the receipt date. For the Plan Makes Timely Decisions about Appeals measure for the 2027 Star Ratings, we will continue adding the five extra calendar days for all appeals, including those submitted electronically.

If the case is marked as timely on C2C's website, it is timely for the 2027 Star Ratings. If it is not marked timely on C2C's website, MA organizations need to determine if it was submitted electronically, whether it is within the five day grace period, and whether it was submitted during the IRE's business hours to determine if it is timely for Star Ratings.

We encourage MA organizations to email any questions they may have about the data to [PartC-Plan\\_Liaison@c2cinc.com](mailto:PartC-Plan_Liaison@c2cinc.com).

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<sup>1</sup> Changes to the Part C appeals measures were proposed in the Contract Year 2026 Part C and D proposed rule at <https://www.federalregister.gov/documents/2024/12/10/2024-27939/medicare-and-medicaid-programs-contract-year-2026-policy-and-technical-changes-to-the-medicare>, but these updates have not been finalized to date.

As stated in the 2027 Rate Announcement, any requests for changes to 2025 IRE data must be made by June 30, 2026 for the 2027 Star Ratings.

CMS finalized in the CY 2024 Part C and D final rule<sup>2</sup> steps to ensure data integrity of the appeals measures at § 422.164(g)(1)(iii). To determine if a contract may be subject to a potential reduction for the Part C appeals measures' Star Ratings, we will compare the total number of appeals received by the IRE (per regulations as specified at § 422.590(a) through (e)) to the total number of cases that should have been forwarded to the IRE. The total number of cases that should have been forwarded to the IRE will be based on the sum of the number of partially favorable (adverse) reconsiderations and the number of unfavorable (adverse) reconsiderations from the Part C Reporting Requirements data during the measurement year (2025).

As stated at § 422.164(g)(1)(iii)(O), CMS will reduce applicable Part C appeals measure ratings to 1 star if CMS does not have accurate, complete, and unbiased data to validate the completeness of the appeals measures. Currently, we use data collected through the Part C Reporting Requirements to validate the completeness of the IRE data used to calculate the appeals measures. We will reduce the two appeals measure Star Ratings to 1 star if a contract fails data validation of the applicable Part C Reporting Requirements sections for reconsiderations since we cannot confirm the data used for the appeals measures are complete. For more information about data validation, please see the Medicare Part C and Part D Reporting Requirements Data Validation documents posted at:

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartCDDDataValidation>. Section 6 of the Data Validation Procedure Manual outlines the Pass/Not Pass Determination process, steps for plans/sponsors to view their data validation results in HPMS, and how plans/sponsors may submit an appeal (within five business days following the June 15, 2026 data validation deadline) if they disagree with the independent data validation contractor's findings. Please contact [PartsCDPlanReportingAndDV@cms.hhs.gov](mailto:PartsCDPlanReportingAndDV@cms.hhs.gov) for questions or concerns about your data validation results.

HPMS Plan Reporting Data Validation page:

- To access this page, from the top menu select "Monitoring," then "Plan Reporting Data Validation." Select the appropriate contract year. Select the Reports. Select "Score Detail Report." Select the applicable reporting section.

If you do not see this module in HPMS, contact [CMSHPMS\\_Access@cms.hhs.gov](mailto:CMSHPMS_Access@cms.hhs.gov).

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<sup>2</sup> <https://www.federalregister.gov/documents/2023/04/12/2023-07115/medicare-program-contract-year-2024-policy-and-technical-changes-to-the-medicare-advantage-program>.

## **Call Center Measures – Foreign Language Interpreter and TTY Availability (Part C and D)**

HPMS Performance pages:

- To access the Part C or D Call Center Reports, from the top navigation bar select: “Quality and Performance,” then “Performance Metrics,” then select from the left navigation bar “Reports” and then “Call Center Monitoring.” Under “Report Type,” from the drop-down menu, select Part C prospective beneficiary customer service or Part D prospective beneficiary customer service. The 2026 reports will be released in late June to early July 2026. When the 2026 study results are available, choose the 2026 study dates under “Report Period” in the drop-down menu, select your contract ID, and click “Create Report” or “Download.”

In addition, plans/sponsors may download and review their raw call data directly from HPMS to validate the results. A data dictionary and technical notes for the Accuracy & Accessibility Study are also available via the Part C or Part D Performance Metrics page under the “Download” option. We encourage plans/sponsors to contact CMS via [CallCenterMonitoring@cms.hhs.gov](mailto:CallCenterMonitoring@cms.hhs.gov) if they believe an error occurred.

## **Special Needs Plan (SNP) Care Management Measure – Part C Reporting Requirements Data (Part C)**

The Part C SNP Care Management measure is calculated using validated plan reported data. For more information about data validation, please see the Medicare Part C and Part D Reporting Requirements Data Validation documents posted at:

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartCDDDataValidation>.

Section 6 of the Data Validation Procedure Manual outlines the Pass/Not Pass Determination process, steps for plans/sponsors to view their data validation results in HPMS, and how plans/sponsors may submit an appeal (within 5 business days following the June 15, 2026 data validation deadline) if they disagree with the independent data validation contractor’s findings. Please contact [PartsCDPlanReportingAndDV@cms.hhs.gov](mailto:PartsCDPlanReportingAndDV@cms.hhs.gov) for questions or concerns about your data validation results.

HPMS Plan Reporting Data Validation page:

- To access this page, from the top menu select “Monitoring,” then “Plan Reporting Data Validation.” Select the appropriate contract year. Select Reports. Select “Score Detail Report.” Select the applicable reporting section.

If you do not see this module in HPMS, contact [CMSHPMS\\_Access@cms.hhs.gov](mailto:CMSHPMS_Access@cms.hhs.gov).

A contract will be assigned 1 star in the SNP Care Management measure if these criteria are met:

If the contract 1) did not score at least 95% on data validation for the SNP Care Management reporting section, or 2) was not compliant with data validation standards/sub-standards for any of the following SNP Care Management data elements:

- Number of new enrollees due for an initial Health Risk Assessment (HRA) (Element A)
- Number of enrollees eligible for an annual reassessment HRA (Element B)
- Number of initial HRAs performed on new enrollees (Element C)
- Number of annual reassessments performed on enrollees eligible for a reassessment (Element F)

### **Patient Safety Measures (Part D)**

On April 24, 2025, CMS released an HPMS memo, *UPDATES - 2025 Medicare Part D Patient Safety Reports*, with updates to the measurement year 2025 Medicare Part D Patient Safety measures and reports. CMS reports the Patient Safety measures through the Patient Safety Analysis Web Portal each month. Part D sponsors may download and review their monthly measure packages. These measure packages include a summary contract-level report for each measure and additional beneficiary-level files. Part D sponsors can use the Patient Safety Reports to compare their performance to overall averages and monitor their progress in improving their measure rates.

Sponsors should review their underlying measure data in the reports each month and alert CMS if any potential issues are identified in the rate calculations per the measure specifications. Sponsors should refer to each measure's Patient Safety Report User Guide, diagnosis codes, and the National Drug Code (NDC) medication lists used to calculate the measures, which are located on the "Help Documents" page on the Patient Safety Analysis Web Portal.

Part D sponsors should submit any questions regarding your rate calculations, diagnosis codes or exclusions, or underlying data via the New Request tool under the "Requests" section in the left-hand navigation pane in the [Patient Safety Analysis Web Portal](#). Provide detailed information about the potential issue or question. Your request will be reviewed and, if appropriate, a secure submission window will be opened in the Patient Safety Analysis Web Portal for you to submit information for a small, demonstrative sample (i.e., claims for no more than one or two beneficiaries per Part D contract and measure that demonstrate the potential issue) for a review of the administrative data. We may request a larger sample depending on the results of the review.

The New Request tool is the preferred method of communicating with the CMS and Acumen Patient Safety teams regarding the measures and reports. Instructions regarding the New Request tool can be found in Section 8 "Requests" in the Part D Patient Safety Web Portal User Guide available in the "Help Documents" page of the [Patient Safety Analysis Web Portal](#).

**The deadline for all contracts to request a review of their administrative data used for the Part D Patient Safety Star Ratings measures for the 2025 measurement year for the 2027 Star Ratings is May 18, 2026.**

The last monthly measurement year 2025 reports will be released at the end of July 2026 using 2025 data submitted by the [annual prescription drug event \(PDE\) submission deadline](#) for the annual Part D payment reconciliation. The last monthly measurement year 2025 reports released in July 2026 are inclusive of all the 2025 PDE and are differentiated from the monthly, incomplete patient safety reports, which include partial 2025 PDE data. Additionally, all exclusion data need to be submitted for measurement year 2025 by the annual PDE submission deadline to be included in the Part D Patient Safety measures.

CMS released an HPMS memo on April 22, 2026, *UPDATES - 2026 Medicare Part D Patient Safety Reports*, which outlines updates to the measurement year 2026 Medicare Part D Patient Safety measures and reports. In addition, the 2026 Patient Safety Analysis Report User Guides and the monthly measure rate reports for the Patient Safety measures were available through the [Patient Safety Analysis Web Portal](#) at the end of April 2026.

For technical questions related to the user authorization process or access to the Patient Safety Analysis Web Portal or reports, please contact [PatientSafety@AcumenLLC.com](mailto:PatientSafety@AcumenLLC.com).

### **Medicare Plan Finder (MPF) Drug Pricing Measures (Part D)**

CMS will provide contracts with preliminary and final Star Rating Medicare Plan Finder (MPF) Price Accuracy reports with claim-level information used for calculating the measure scores. The preliminary reports will be made available to all contracts in the Download Files section of the MPF Communications Web Portal in May 2026. The final reports will be available in July 2026. Also, in July 2026, CMS will provide all contracts final claim-level reports for the MPF Stability and Plan Submitted Higher Prices for Display on MPF display measures. As a reminder, the MPF Price Accuracy measure uses original and adjustment final action PDEs submitted by the sponsor and accepted by Drug Data Processing System (DDPS) prior to the [PDE submission deadline](#).

Only users with Summary & Confidential Beneficiary Report access permissions will be allowed to download reports. To update or confirm your level of access or to add users to a contract, please contact your Medicare Compliance Officer.

For all technical questions related to downloading the files, please contact [PlanFinder@AcumenLLC.com](mailto:PlanFinder@AcumenLLC.com). For all questions related to the Accuracy Measure detail data, contact [PartCandDStarRatings@cms.hhs.gov](mailto:PartCandDStarRatings@cms.hhs.gov).



## Members Choosing to Leave the Plan Measure (Part C and D)

CMS provides contracts with the source beneficiary-level disenrollment detail files used for the measure numerator prior to the first plan preview upon request. **The specific date when these files will be available for transfer will be announced in a future HPMS email; no requests can be accepted prior to that HPMS email.**

At the time when the source beneficiary-level disenrollment detail files are available, the summary-level disenrollment data will also be available for contracts to review in HPMS.

Prior to requesting the disenrollment detail data files, we request that you identify the person in your organization with access to the mainframe file transfer (MFT) link your organization has with CMS. The MFT link goes by a few different names, such as GENTRAN, Connect:Direct, and TIBCO. This MFT link is the method used to transfer enrollment/disenrollment data between your organization and CMS. Your knowledge of who can retrieve the data is necessary because the files auto-expire after a few days and are deleted.

When you are ready to receive the disenrollment detail files, please send an email to [PartCandDStarRatings@cms.hhs.gov](mailto:PartCandDStarRatings@cms.hhs.gov) requesting the files. Your email should indicate that you know who can retrieve the data and list the specific contract numbers for which data are needed.

The Star Ratings mailbox will create and ship the files through MFT. Once the files are shipped, we will reply with the MFT file naming convention and a file layout document.

Please submit general questions about Part C and D Star Ratings measures or methodology to [PartCandDStarRatings@cms.hhs.gov](mailto:PartCandDStarRatings@cms.hhs.gov). **Please do not send secure emails requiring CMS to log in to access the questions, as multiple staff triage emails, and it is difficult to create and share login information.** If you need to share personally identifiable information (PII) with us, please contact us with an email to discuss a safe way to transfer the secure data. You should add the Star Ratings mailbox to your safe sender list so our messages are not flagged as spam.

Thank you for your continued support of CMS's Part C and D Star Ratings.