DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

CENTER FOR MEDICARE

DATE: October 21, 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: 2028 Part C and D Star Ratings Complaints about the Health/Drug Plan Measure (2026 Measurement Year)

The Complaints about the Health/Drug Plan measure will not be included in the 2028 Part C and D Star Ratings based on the 2026 measurement year due to data quality issues.

Background

The Part C and D Star Ratings Complaints about the Health/Drug Plan measure[1] is the rate of complaints about the health or drug plan per 1,000 members. Data for this measure are obtained from the Health Plan Management System (HPMS) Complaints Tracking Module (CTM) based on the contract entry date (the date that complaints are assigned or re-assigned to contracts; also known as the contract assignment/reassignment date) for the measurement period. Data may be populated into the CTM from various sources, such as the 1-800-MEDICARE call center, Centers for Medicare & Medicaid Services (CMS) staff or contractors, State Health Insurance Assistance Programs (SHIPs), and the online complaint forms for beneficiaries and providers at https://www.medicare.gov/my/medicare-complaint and at https://www.cms.gov/medicare/health-drug-plans/provider-complaints-form.

In a December 22, 2025 HPMS memo, *Health Plan Management System (HPMS) Complaints Tracking Module Updates for Managing Provider Complaints*, CMS announced the implementation of an online form for providers to report a complaint about a Medicare Advantage (MA) plan. The online form captures information about the complaint, including the complainant, beneficiary, and provider. Under the new process, provider complaints are placed in a queue in the CTM automatically upon submission and assigned a contract number after review and triage by CMS. The intention of the new online form was to increase operational

[1] For more details, see the Medicare 2027 Part C & D Star Ratings Technical Notes available at: https://www.cms.gov/medicare/health-drug-plans/part-c-d-performance-data.

efficiency for the provider complaint intake process, reduce the burden for providers and beneficiaries, and capture provider complaints at the beneficiary level to enhance monitoring of distinct issues. In contrast, through the old process, complaints were bundled at the provider level across beneficiaries.

Data Quality

As specified at §§ 422.164(b) and 423.184(b), CMS reviews the quality of the data on which performance, scoring, and rating of a measure is based before using the data to score and rate performance or in calculating a Star Rating. This includes review of variation in scores, and the accuracy, reliability, and validity of measures and performance data before making a final determination about inclusion of measures in each year's Star Ratings.

We received many questions and concerns from plan sponsors and other stakeholders regarding the impact of provider complaints received in 2026 via the new online provider complaint form on the Part C and D Star Ratings Complaints about the Health/Drug Plan measure. We have assessed the measure data and identified data quality issues resulting from the use of the new online provider complaint form. These data quality issues include:

- The online provider complaint form gives providers discretion to determine which or how many beneficiaries to associate with complaint(s), resulting in variability that precludes an accurate comparison of complaint volume across plans; and
- Complaints received through the new form include Part C and Part D complaints that do not appropriately fall within the scope of the online provider complaint form.

While the new online provider complaint form has improved accessibility for providers, it has also introduced challenges as described above. Provider complaints have increased significantly in 2026, but variation in the online provider complaint form submissions at the beneficiary level has made comparisons of the measure rates across contracts unreliable.

Due to the data quality issues CMS has identified in this first full year of using data from the new online provider complaint form, and while we work on improvements, pursuant to §§ 422.164(b) and 423.184(b), the Complaints about the Health/Drug Plan measure will not be included in the 2028 Part C and D Star Ratings, based on the 2026 measurement year, for MA organizations and Prescription Drug Plans (PDPs). For the 2028 Part C and D Star Ratings, CMS will not use the data to calculate scores for the measure or display a rating on cms.gov.

CTM data are an important accountability tool for CMS to oversee plan performance, accountability, and customer service. CMS will continue to identify standardized procedures and business rules for complaints submitted using the online provider form to improve the integrity of the CTM data. We also intend to work with stakeholders to continue to refine the process. Plans should resolve these complaints with the providers directly and manage provider expectations by clearly communicating the appeal and grievance process for resolving their issues, which may prevent them from filing additional complaints.

As a reminder, the Complaints about the Health/Drug Plan measure will be removed from the 2029 Star Ratings as finalized in the "Medicare Program; Contract Year 2027 and Certain Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program" final rule, which appeared in the Federal Register on April 6, 2026 (91 FR 17384).[2] Beginning with the 2029 display page, the measure will be moved to the display page and will continue to be publicly reported, as long as the data quality issues are resolved.

Questions related to this memo may be sent to: PartCandDStarRatings@cms.hhs.gov.

[2] Medicare Program; Contract Year 2027 and Certain Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program. Federal Register: Medicare Program; Contract Year 2027 and Certain Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program