



CENTER FOR MEDICARE

DATE: October 5, 2015

TO: Medicare Compliance Officers, Medicare Advantage Organizations and Part D Prescription Drug Plans

FROM: Kathryn A. Coleman
Director, Medicare Drug & Health Plan Contract Administration Group

Amy K. Larrick
Acting Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Availability of 2016 Medicare Star Ratings Marketing Template

The purpose of this memo is to update Medicare Advantage Organizations (MAOs) and Part D Prescription Drug Plans (Part D sponsors) about the 2016 Medicare Star Ratings Marketing template. The 2016 Medicare Star Ratings Template (Attachment A) will be available in HPMS in coordination with the release of the 2016 Star Ratings on the Medicare Plan Finder (MPF) on October 8, 2015.

As listed in the Medicare Marketing Guidelines (MMG), MAOs and Part D sponsors will be required to use updated 2016 Star Ratings information within 21 days of the release of the updated information. MAOs and Part D sponsors must provide each contract's Overall Star Ratings information to beneficiaries through the Star Ratings Marketing document. The document and the Summary of Benefits must be included with any enrollment form and must be available on plan websites. MAOs and Part D sponsors must include applicable disclaimers from section 50 of the Medicare Marketing Guidelines. MAOs and Part D sponsors have the option to add their plan logo to the document. No additional alterations may occur unless otherwise directed by CMS.

We remind MAOs and Part D sponsors to use their Star Ratings in marketing materials in a manner that does not mislead beneficiaries into enrolling in plans based on inaccurate information. CMS has found instances where incorrect information was marketed. Failure to follow CMS' guidance may result in a compliance action. For complete guidance of marketing of Star Ratings, MAOs and Part D sponsors should refer to the Medicare Marketing Guidelines available at: <http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html> and <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals.html>

Thank you for your continued commitment to ensure the success of the Medicare Advantage and Prescription Drug programs. Please direct questions about marketing of Star Ratings information to your Account Manager.

[ORGANIZATION'S MARKETING NAME, CONTRACT ID]

2016 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

- 1) An Overall Star Rating that combines all of our plan's scores.
- 2) A Summary Star Rating that focuses on our medical or our prescription drug services.
- 3) Some of the areas Medicare reviews for these ratings include:
 - How our members rate our plan's services and care;
 - How well our doctors detect illnesses and keep members healthy;
 - How well our plan helps our members use recommended and safe prescription medications.

For 2016, **[ORGANIZATION'S MARKETING NAME]** received the following Overall Star Rating from Medicare.

[MARKETING STAR]

We received the following Summary Star Rating for **[ORGANIZATION'S MARKETING NAME]**'s health/drug plan services:

Health Plan Services: **[PART C SUMMARY RATING]**

Drug Plan Services: **[PART D SUMMARY RATING]**

[If plan received an overall star rating of 3 or under for the last 3 years, HPMS will insert:]

Caution - This plan got a low rating** from Medicare for the last 3 years.

***Rating of health and/or drug plan services*

The number of stars shows how well our plan performs.

- | | |
|-------|-------------------------|
| ★★★★★ | 5 stars - excellent |
| ★★★★ | 4 stars - above average |
| ★★★ | 3 stars - average |
| ★★ | 2 stars - below average |
| ★ | 1 star - poor |

**Some contracts do not have enough data to rate performance.*

Learn more about our plan and how we are different from other plans at www.medicare.gov.

[If Hours of operation do not change between AEP and the rest of the year, HPMS will display and populate:]

You may also contact us **[PLAN TO INSERT HOURS OF OPERATION]** at **[PROSPECTIVE MEMBER NUMBER]** (toll-free) or **[PROSPECTIVE MEMBER TTY OR RELAY NUMBER]** (TTY).

[If Hours of operation do change between AEP and the rest of the year, HPMS will replace above sentence with the following and populate:]

You may also contact us **[INSERT HOURS OF OPERATION]** at **[PROSPECTIVE MEMBER NUMBER]** (toll-free) or **[PROSPECTIVE MEMBER TTY OR RELAY NUMBER]** (TTY), from October 15 to December 7. Our hours of operation for the rest of the year are **[INSERT HOURS OF OPERATION]**.

Current members please call **[CURRENT MEMBER NUMBER]** (toll-free) or **[CURRENT MEMBER TTY OR RELAY NUMBER]** (TTY).