



Trends in Part C & D Star Rating Measure Cut Points

Updated – 10/31/2022

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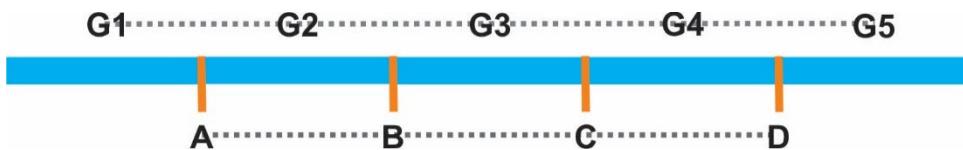
Introduction

One of CMS' most important strategic goals is to improve quality of care and general health status for Medicare beneficiaries, and we continue to make enhancements to the current Part C and D 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/partcanddstaratings>. For the 2023 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.

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 Controlling Blood Pressure (CBP) measure is not included in this analysis because it is a new measure for 2023. The quality improvement measures are also not included here because numeric values for each contract are not published.

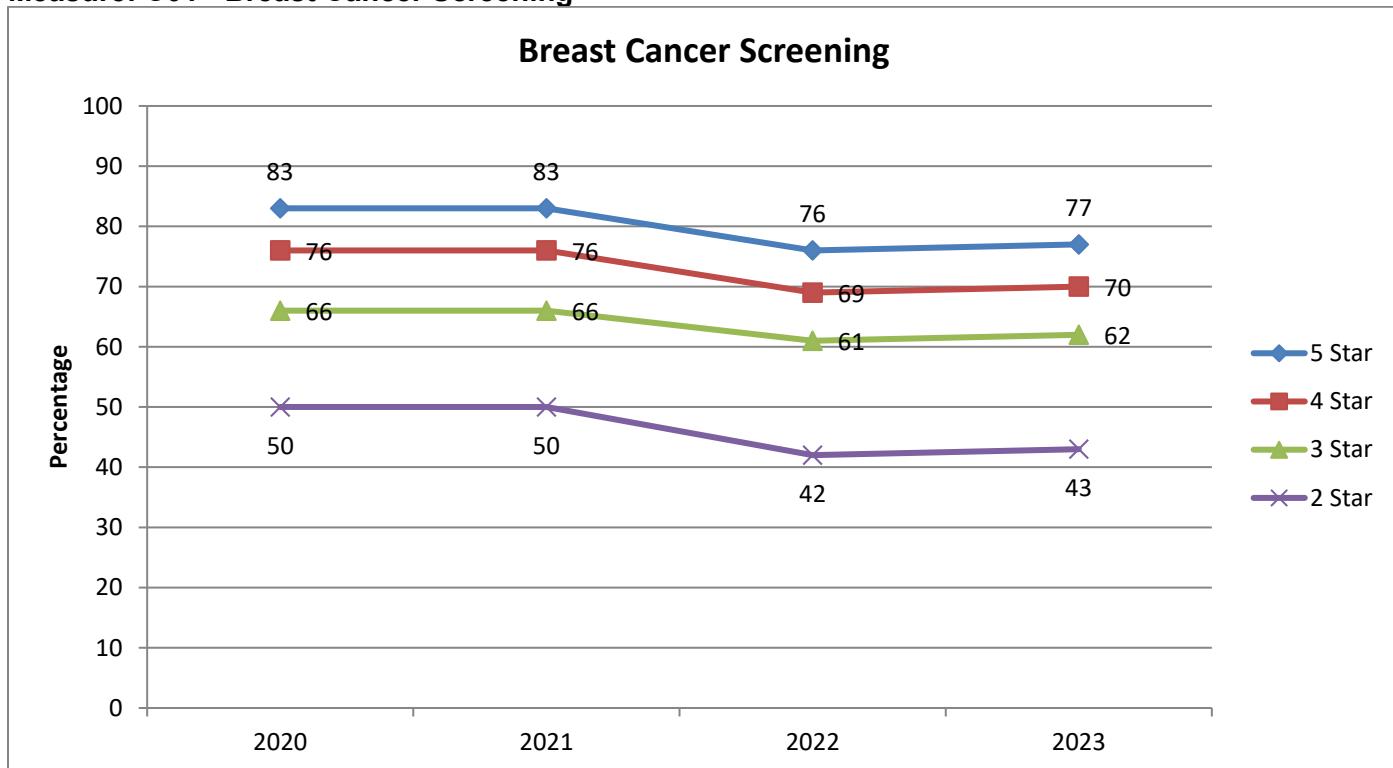
For the 2022 Star Ratings, mean resampling was added to the hierarchical clustering methodology that is used to set cut points for non-CAHPS measures. With mean resampling, measure-specific scores for the current year's Star Ratings are randomly separated into 10 equal-sized groups. The hierachal clustering algorithm is then applied 10 times, each time leaving one of the 10 groups out of the clustered data. The method results in 10 sets of measure-specific cut points. The mean for each 1 through 5 star level cut point is taken across the 10 sets for each measure to produce the final cut points used for assigning measure stars.

For the 2023 Star Ratings, bi-directional guardrails were added to the hierarchical clustering methodology that is used to set cut points for non-CAHPS measures. Guardrails are used to cap the amount of increase or decrease in measure cut point values from one year to the next. Specifically, each 1 to 5 star level cut point is compared to the prior year's value and capped at an increase or decrease of at most 5 percentage points for measures having a 0 to 100 scale (absolute percentage cap) or at most 5 percent of the current year's

restricted score range for measures not having a 0 to 100 scale (restricted range cap). The final capped cut points after comparing each 1 through 5 star level cut point to the prior year's values are used for assigning measure stars.

Part C Measures

Measure: C01 - Breast Cancer Screening



Title

Description

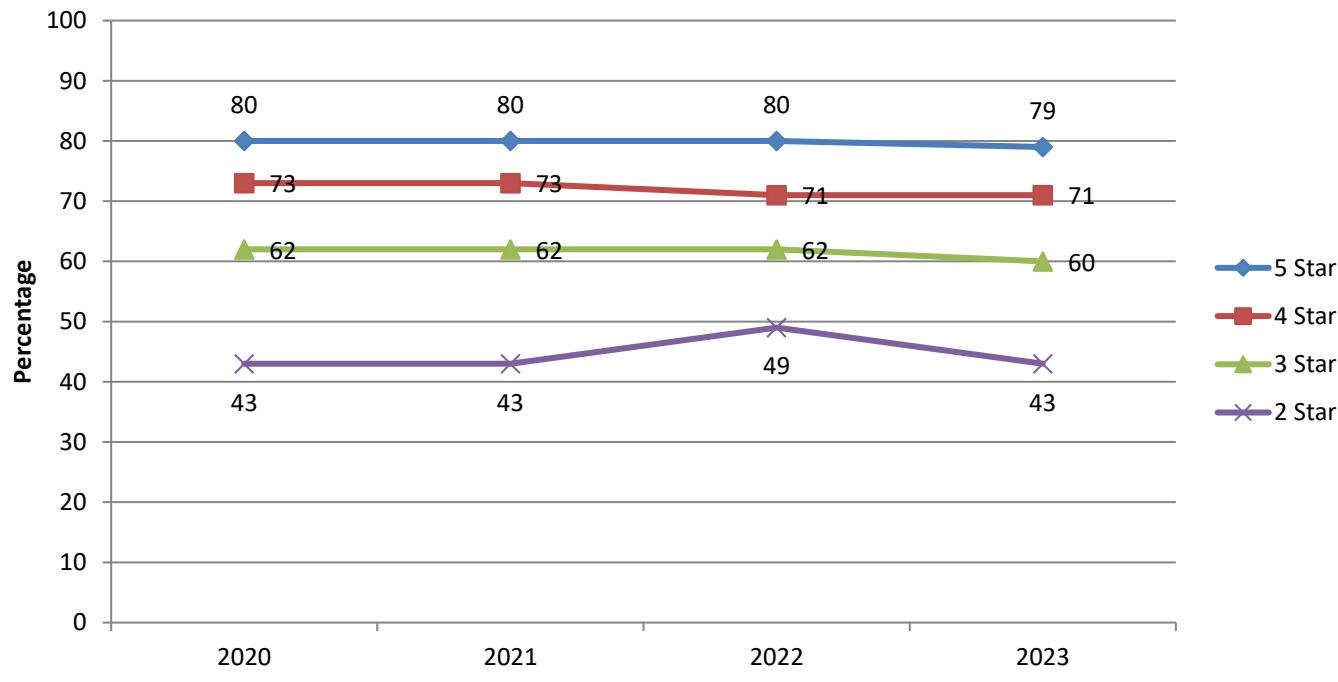
Description: Percent of female plan members aged 52-74 who had a mammogram during the past two years.

Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2020	< 50%	$\geq 50\% \text{ to } < 66\%$	$\geq 66\% \text{ to } < 76\%$	$\geq 76\% \text{ to } < 83\%$	$\geq 83\%$
2021	< 50%	$\geq 50\% \text{ to } < 66\%$	$\geq 66\% \text{ to } < 76\%$	$\geq 76\% \text{ to } < 83\%$	$\geq 83\%$
2022	< 42 %	$\geq 42\% \text{ to } < 61\%$	$\geq 61\% \text{ to } < 69\%$	$\geq 69\% \text{ to } < 76\%$	$\geq 76\%$
2023	< 43 %	$\geq 43\% \text{ to } < 62\%$	$\geq 62\% \text{ to } < 70\%$	$\geq 70\% \text{ to } < 77\%$	$\geq 77\%$

Measure: C02 - Colorectal Cancer Screening**Colorectal Cancer Screening****Title****Description**

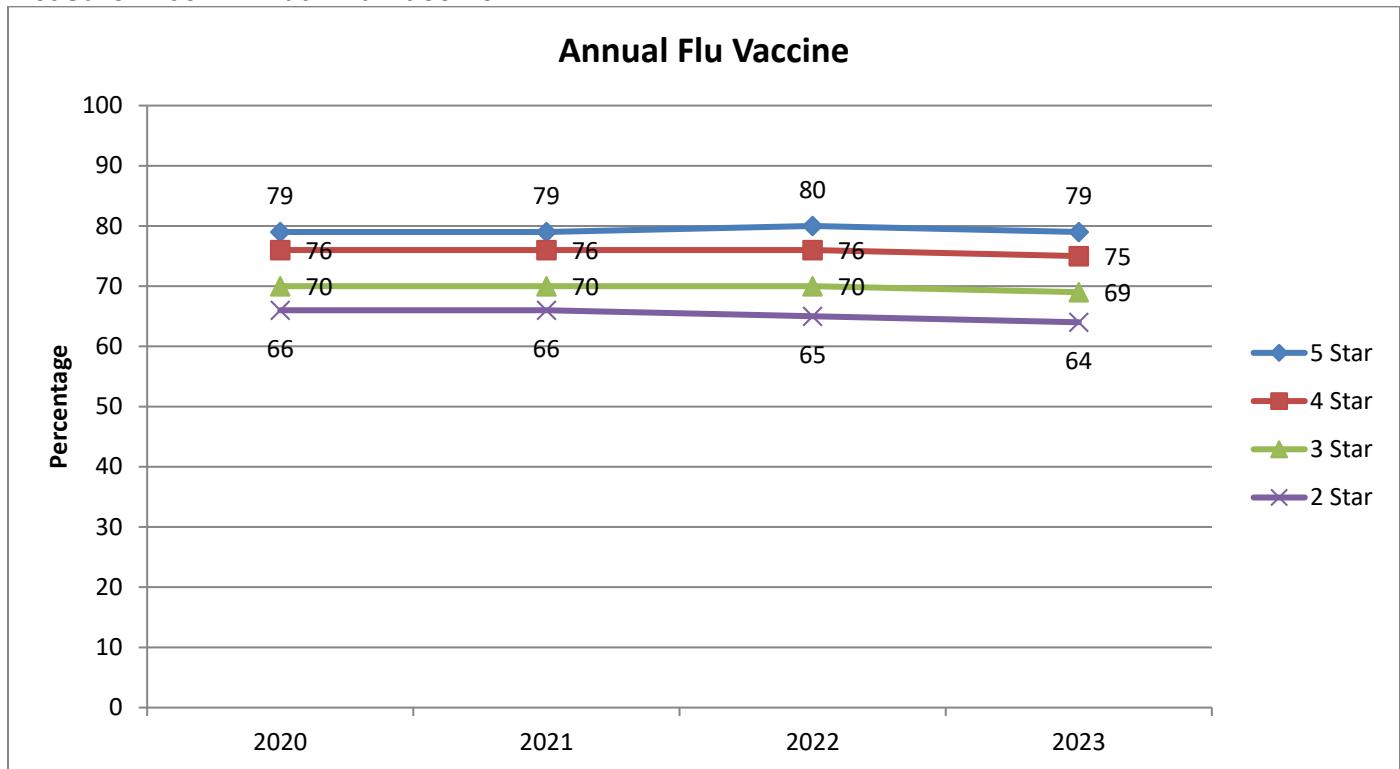
Description: Percent of plan members aged 50-75 who had appropriate screening for colon cancer.

Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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 %
2023	< 43 %	= 43 % to < 60 %	= 60 % to < 71 %	= 71 % to < 79 %	= 79 %

Measure: C03 - Annual Flu Vaccine**Title****Description**

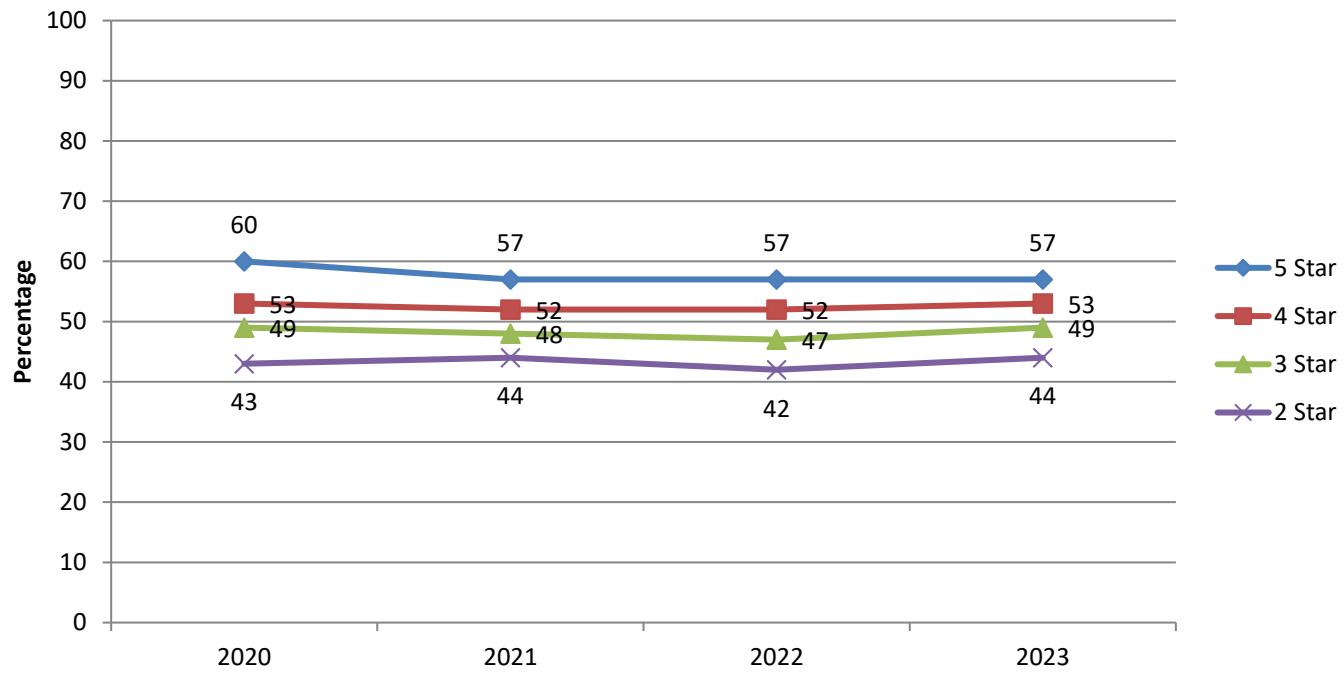
Description: Percent of plan members who got a vaccine (flu shot).

Data Source: CAHPS

General Trend: Higher is better

Base Group Cut
Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2020	< 66	$\geq 66 \text{ to } < 70$	$\geq 70 \text{ to } < 76$	$\geq 76 \text{ to } < 79$	≥ 79
2021	< 66	$\geq 66 \text{ to } < 70$	$\geq 70 \text{ to } < 76$	$\geq 76 \text{ to } < 79$	≥ 79
2022	< 65	$\geq 65 \text{ to } < 70$	$\geq 70 \text{ to } < 76$	$\geq 76 \text{ to } < 80$	≥ 80
2023	< 64	$\geq 64 \text{ to } < 69$	$\geq 69 \text{ to } < 75$	$\geq 75 \text{ to } < 79$	≥ 79

Measure: C04 - Monitoring Physical Activity**Monitoring Physical Activity****Title****Description**

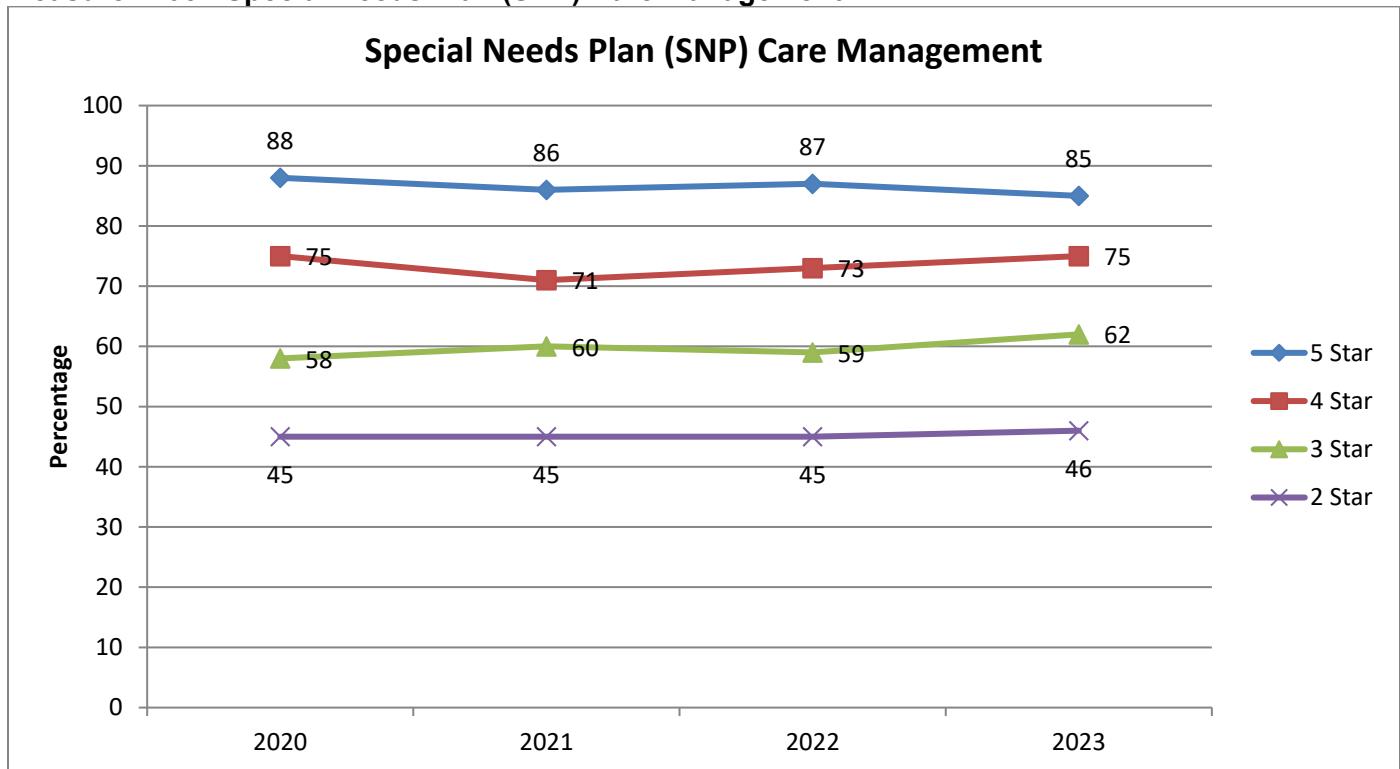
Description: Percent of senior plan members who discussed exercise with their doctor and were advised to start, increase, or maintain their physical activity during the year.

Data Source: HEDIS-HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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 %
2023	< 44 %	= 44 % to < 49 %	= 49 % to < 53 %	= 53 % to < 57 %	= 57 %

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

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.)

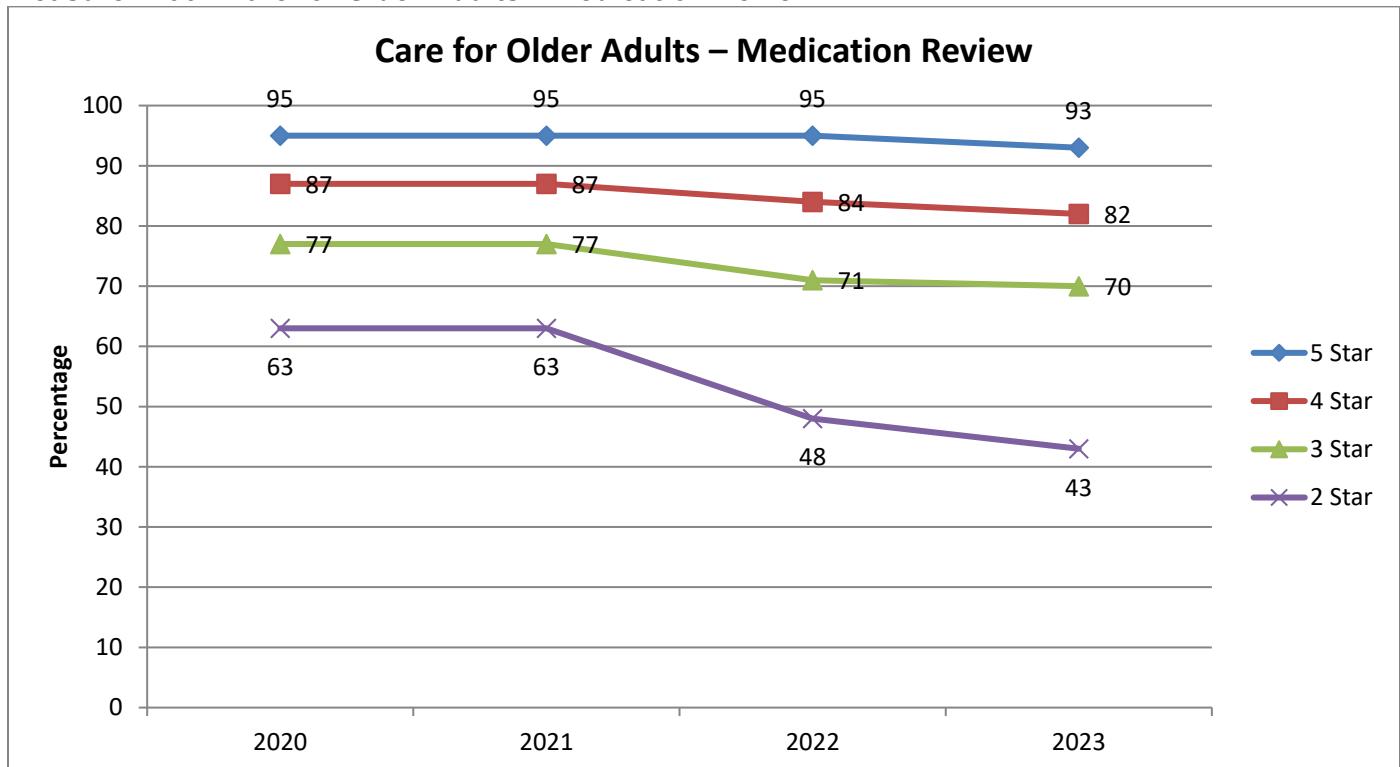
Data Source: Part C Plan Reporting

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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 %
2023	< 46 %	= 46 % to < 62 %	= 62 % to < 75 %	= 75 % to < 85 %	= 85 %

Measure: C06 - Care for Older Adults – Medication Review



Title

Description

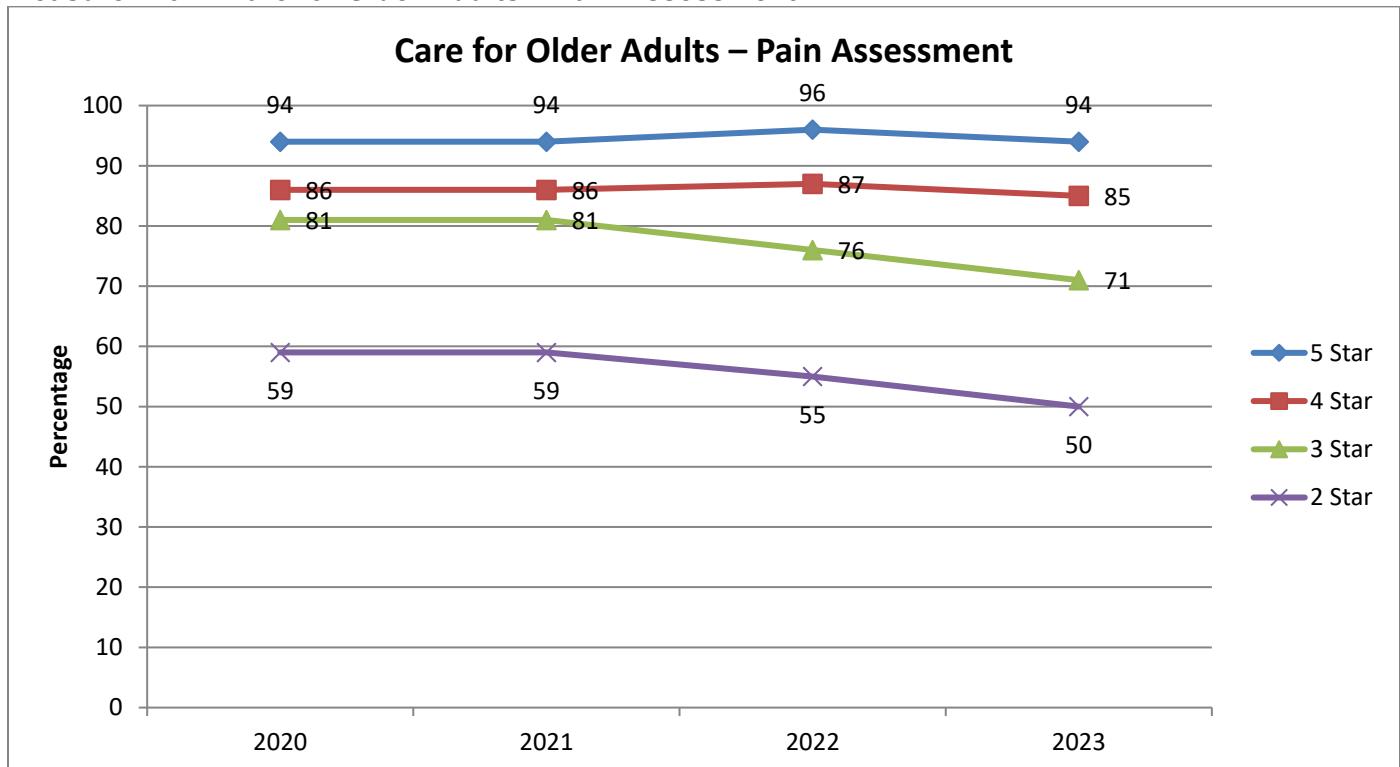
Description: Percent of plan members whose doctor or clinical pharmacist reviewed a list of everything they take (prescription and non-prescription drugs, vitamins, herbal remedies, other supplements) at least once a year.
 (Medicare does not collect this information from all plans. Medicare collects 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
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 %
2023	< 43 %	=> 43 % to < 70 %	=> 70 % to < 82 %	=> 82 % to < 93 %	=> 93 %

Measure: C07 - Care for Older Adults – Pain Assessment**Title****Description**

Description: Percent of plan members who had a pain screening at least once during the year.

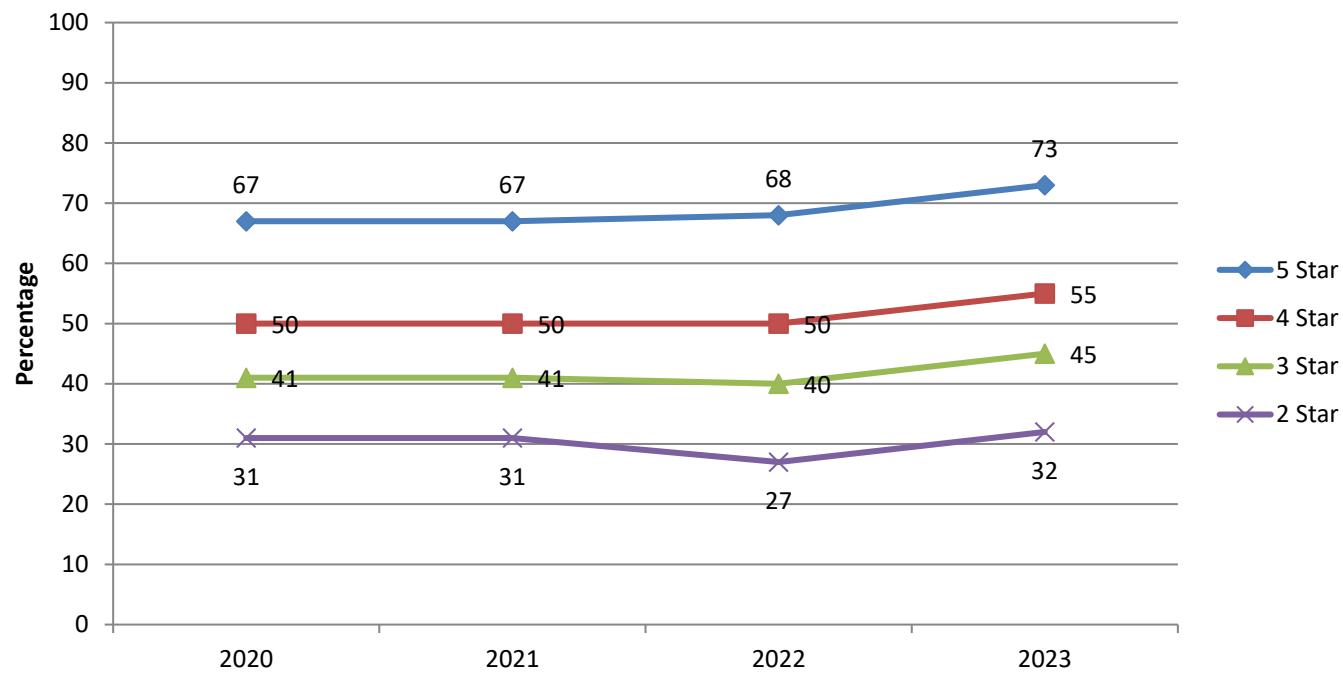
(Medicare does not collect this information from all plans. Medicare collects it only for Special Needs Plans. These plans are a type of Medicare Advantage plan designed for certain people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for 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
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 %
2023	< 50 %	= 50 % to < 71 %	= 71 % to < 85 %	= 85 % to < 94 %	= 94 %

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

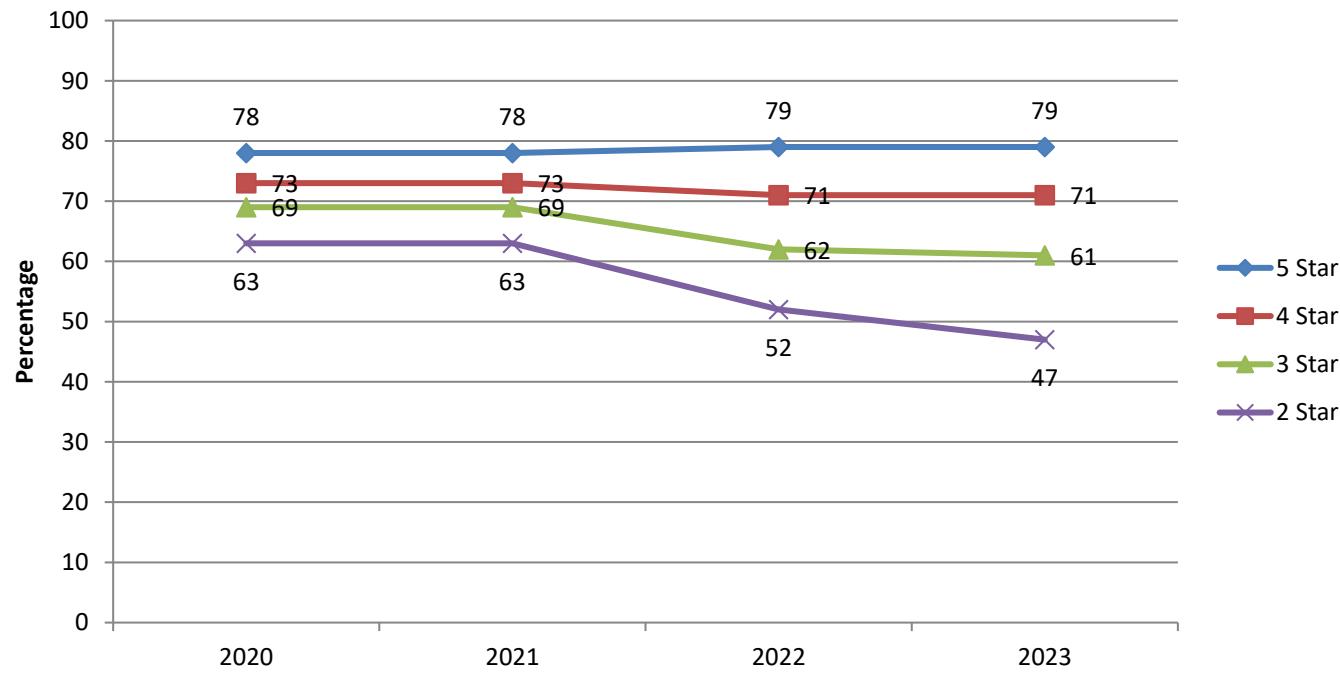
Description: Percent of female plan members who broke a bone and got screening or treatment for osteoporosis within 6 months.

Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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 %
2023	< 32 %	= 32 % to < 45 %	= 45 % to < 55 %	= 55 % to < 73 %	= 73 %

Measure: C09 - Diabetes Care – Eye Exam**Diabetes Care – Eye Exam****Title****Description**

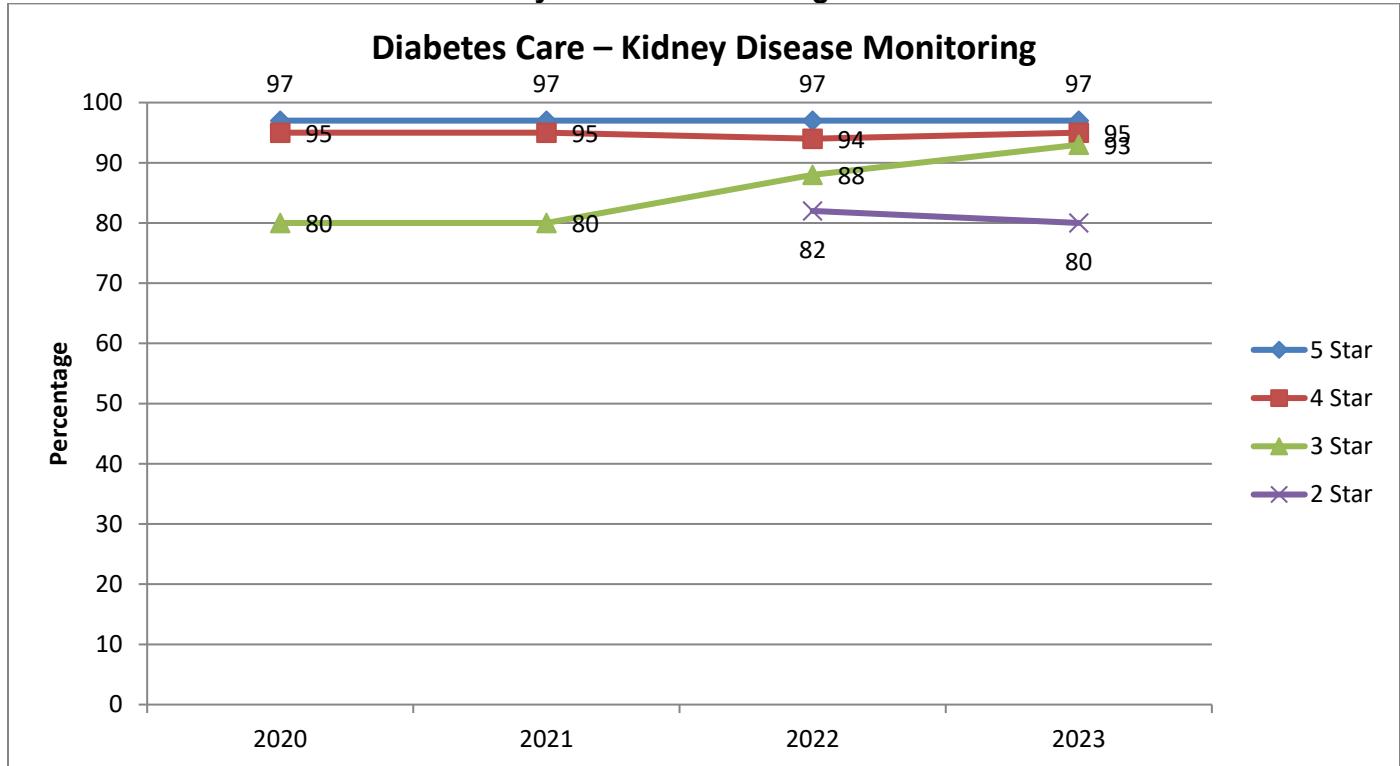
Description: Percent of plan members with diabetes who had an eye exam to check for damage from diabetes during the year.

Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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 %
2023	< 47 %	= 47 % to < 61 %	= 61 % to < 71 %	= 71 % to < 79 %	= 79 %

Measure: C10 - Diabetes Care – Kidney Disease Monitoring**Title****Description**

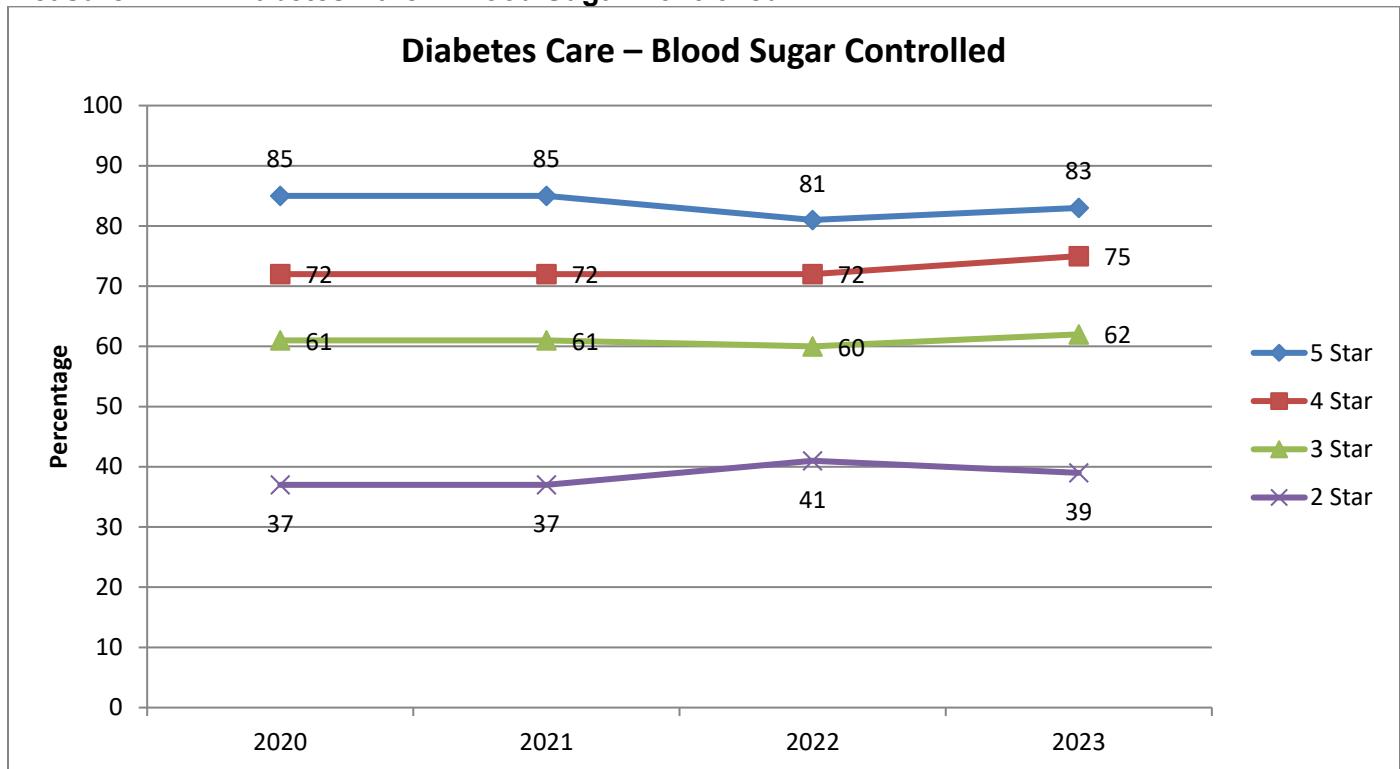
Description: Percent of plan members with diabetes who had a kidney function test during the year.

Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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 %
2023	< 80 %	>= 80 % to < 93 %	>= 93 % to < 95 %	>= 95 % to < 97 %	>= 97 %

Measure: C11 - Diabetes Care – Blood Sugar Controlled**Title****Description**

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

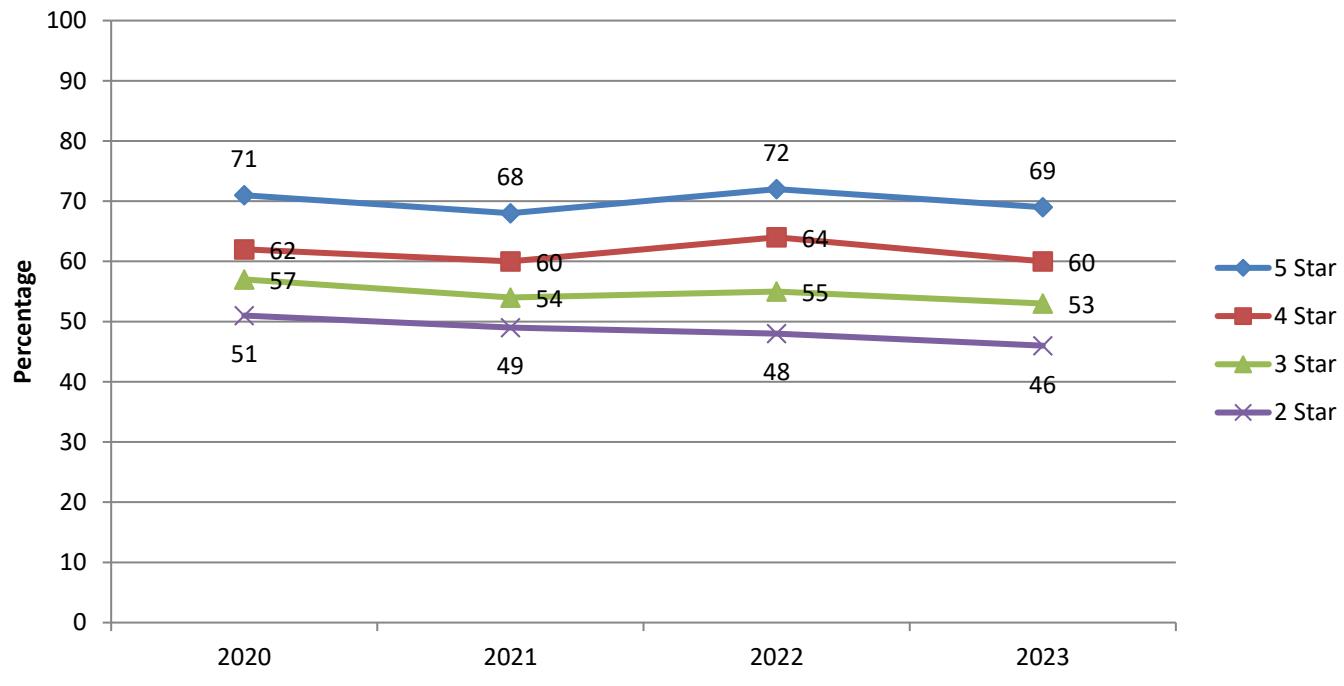
General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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 %
2023	< 39 %	= 39 % to < 62 %	= 62 % to < 75 %	= 75 % to < 83 %	= 83 %

Measure: C13 - Reducing the Risk of Falling

Reducing the Risk of Falling



Title

Description

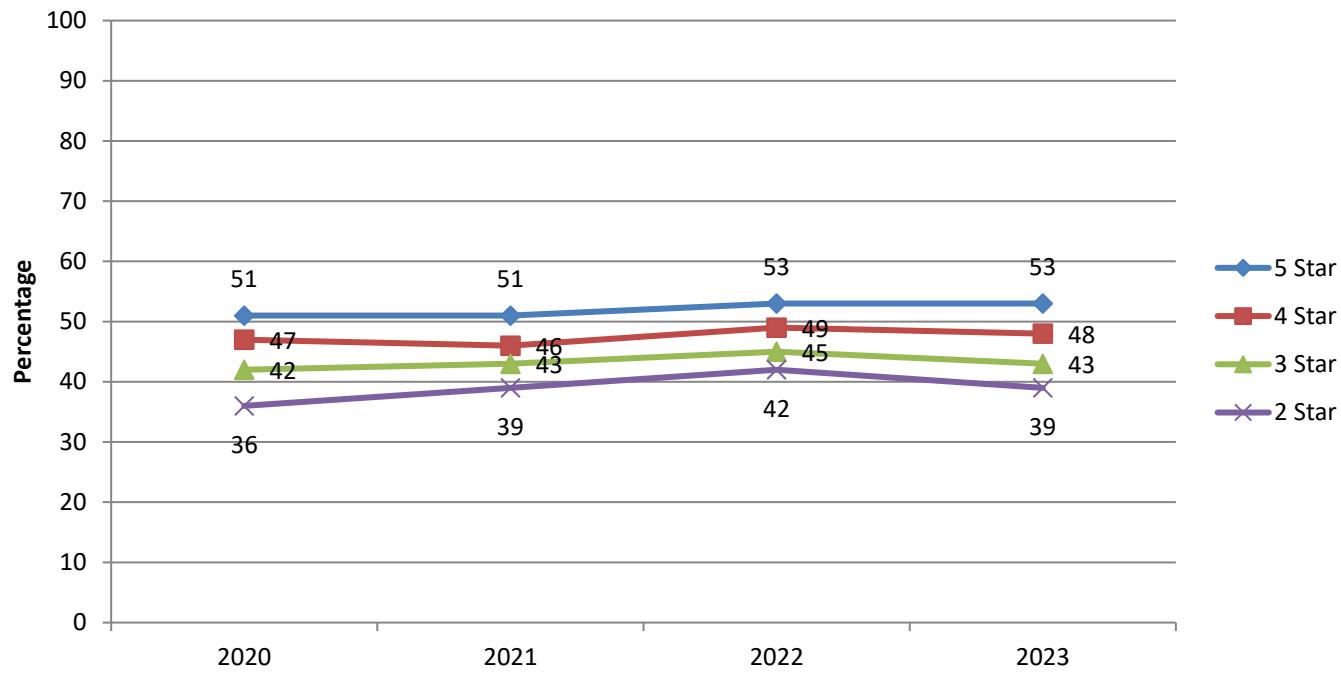
Description: Percent of plan members with a problem falling, walking, or balancing who discussed it with their doctor and received a recommendation for how to prevent falls during the year.

Data Source: HEDIS-HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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 %
2023	< 46 %	= 46 % to < 53 %	= 53 % to < 60 %	= 60 % to < 69 %	= 69 %

Measure: C14 - Improving Bladder Control**Improving Bladder Control****Title****Description**

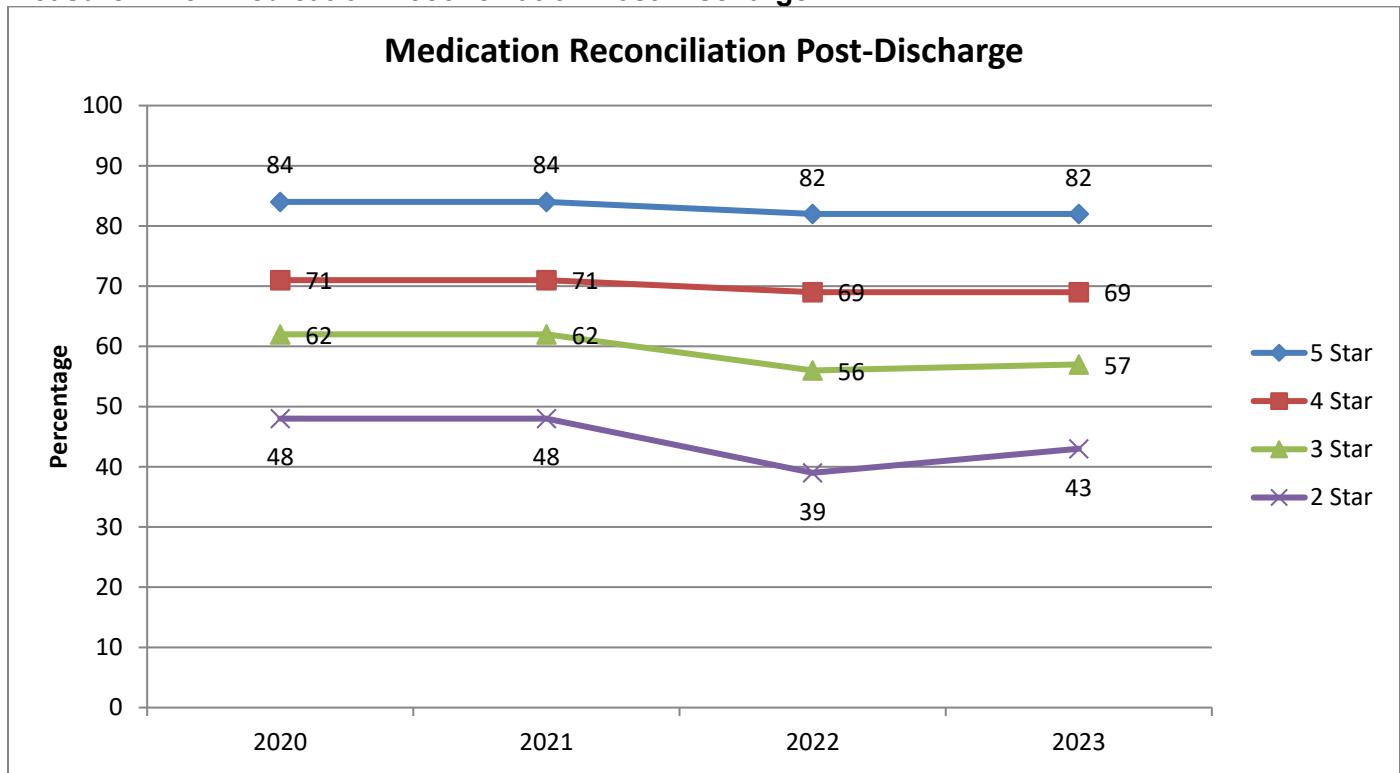
Description: Percent of plan members with a urine leakage problem in the past 6 months who discussed treatment options with a provider.

Data Source: HEDIS-HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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 %
2023	< 39 %	= 39 % to < 43 %	= 43 % to < 48 %	= 48 % to < 53 %	= 53 %

Measure: C15 - Medication Reconciliation Post-Discharge**Title****Description**

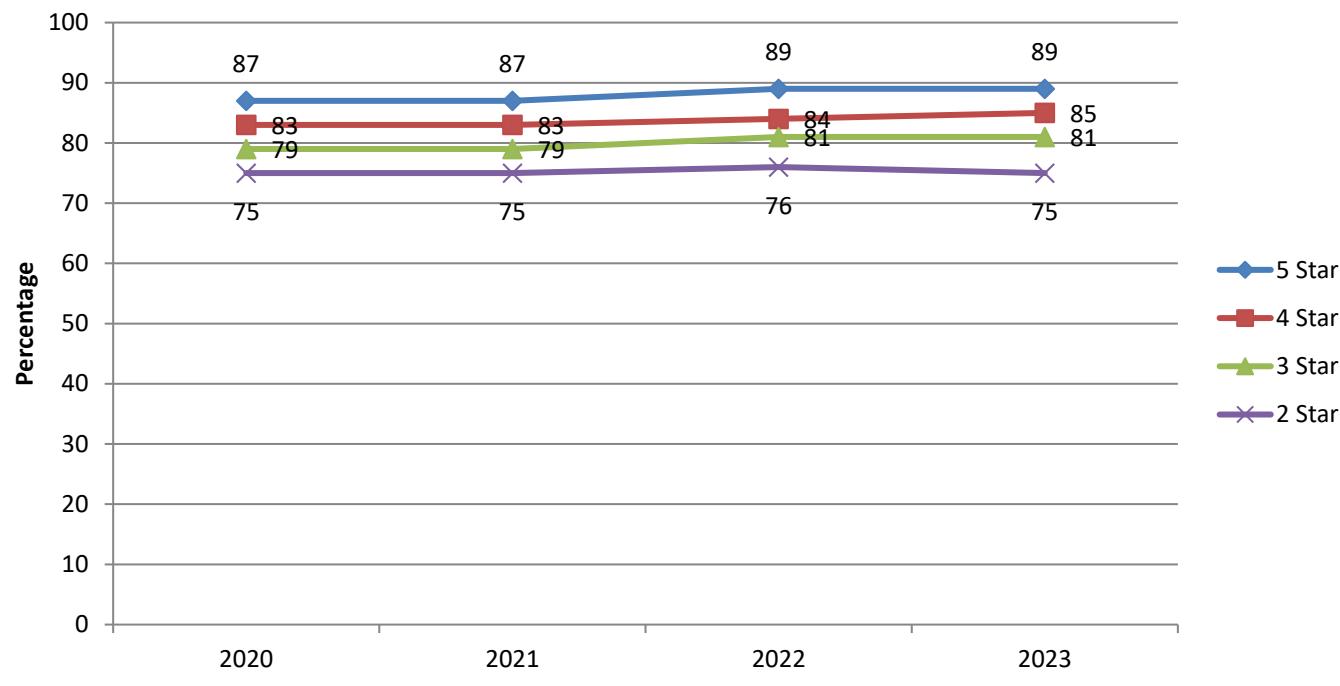
Description: This shows the percent of plan members whose medication records were updated within 30 days after leaving the hospital. To update the record, a doctor or other health care professional looks at the new medications prescribed in the hospital and compares them with the other medications the 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
2020	< 48 %	$\geq 48 \% \text{ to } < 62 \%$	$\geq 62 \% \text{ to } < 71 \%$	$\geq 71 \% \text{ to } < 84 \%$	$\geq 84 \%$
2021	< 48%	$\geq 48\% \text{ to } < 62\%$	$\geq 62\% \text{ to } < 71\%$	$\geq 71\% \text{ to } < 84\%$	$\geq 84\%$
2022	< 39 %	$\geq 39 \% \text{ to } < 56 \%$	$\geq 56 \% \text{ to } < 69 \%$	$\geq 69 \% \text{ to } < 82 \%$	$\geq 82 \%$
2023	< 43 %	$\geq 43 \% \text{ to } < 57 \%$	$\geq 57 \% \text{ to } < 69 \%$	$\geq 69 \% \text{ to } < 82 \%$	$\geq 82 \%$

Measure: C16 – Statin Therapy for Persons with Cardiovascular Disease**Statin Therapy for Persons with Cardiovascular Disease****Title****Description**

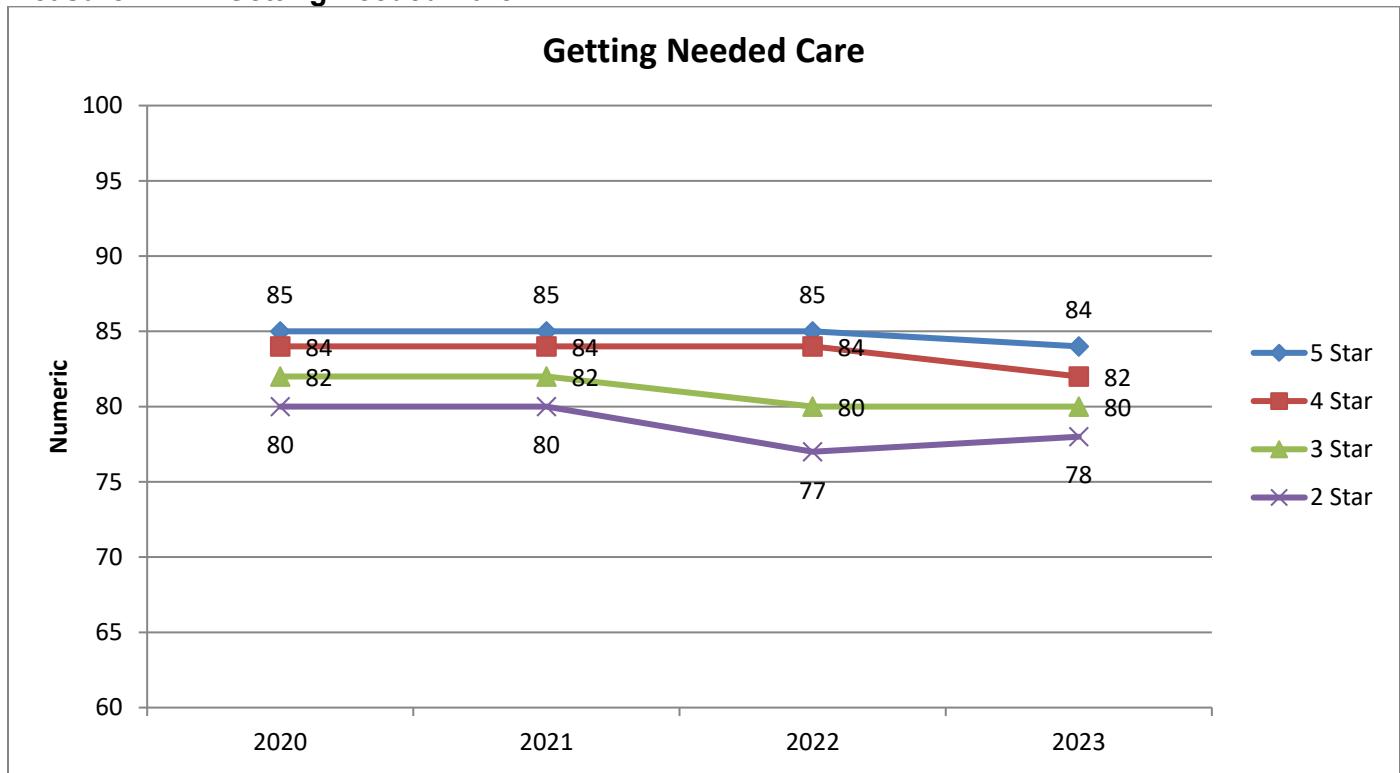
Description: The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) (denominator) and were dispensed at least one high or moderate-intensity statin medication during the measurement year (numerator).

Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2020	< 75 %	≥ 75 % to < 79 %	≥ 79 % to < 83 %	≥ 83 % to < 87 %	≥ 87 %
2021	< 75%	≥ 75 % to < 79 %	≥ 79 % to < 83 %	≥ 83 % to < 87 %	≥ 87 %
2022	< 76 %	≥ 76 % to < 81 %	≥ 81 % to < 84 %	≥ 84 % to < 89 %	≥ 89 %
2023	< 75 %	≥ 75 % to < 81 %	≥ 81 % to < 85 %	≥ 85 % to < 89 %	≥ 89 %

Measure: C17 - Getting Needed Care**Title****Description**

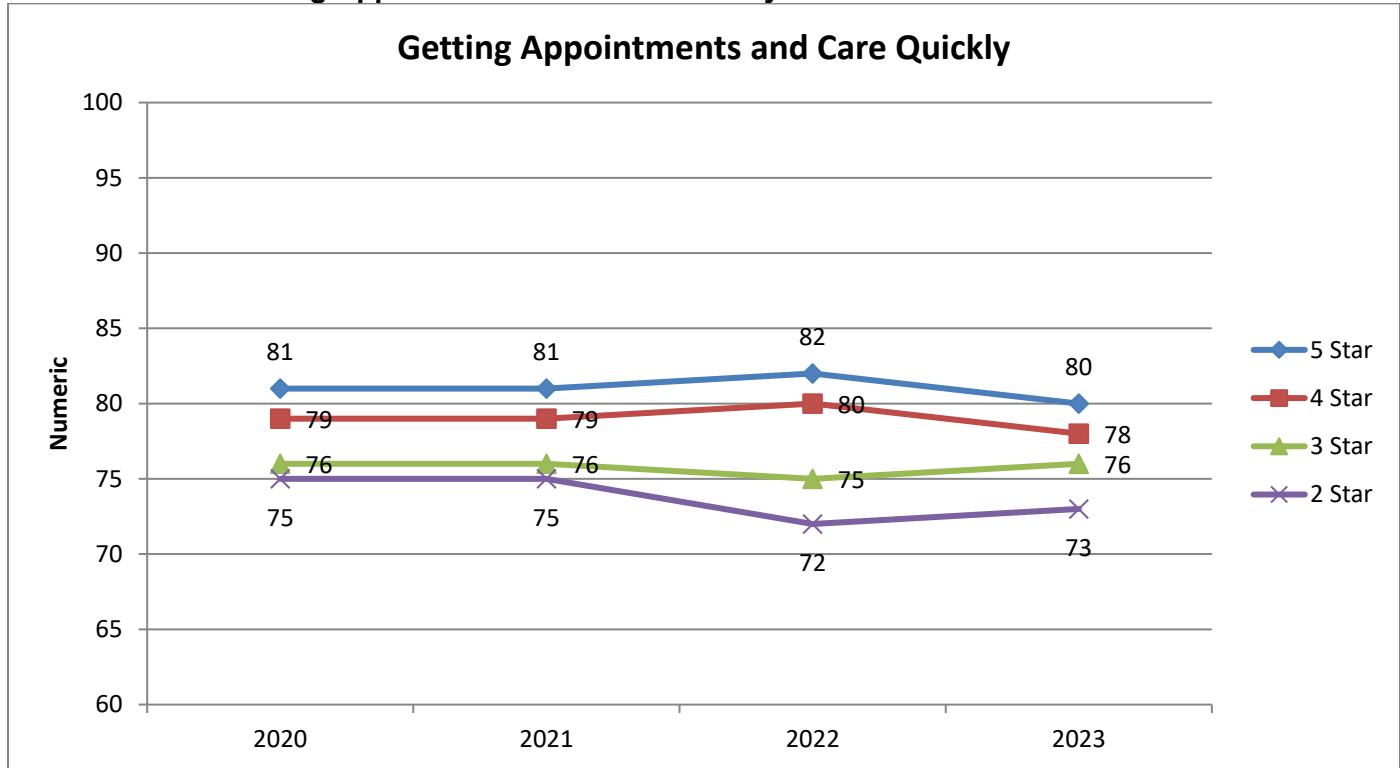
Description: Percent of the best possible score the plan earned on how easy it is for members to get needed care, including care from specialists.

Data Source: CAHPS

General Trend: Higher is better

Base Group Cut Points:	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
	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
	2023	< 78	≥ 78 to < 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84

Measure: C18 - Getting Appointments and Care Quickly



Title

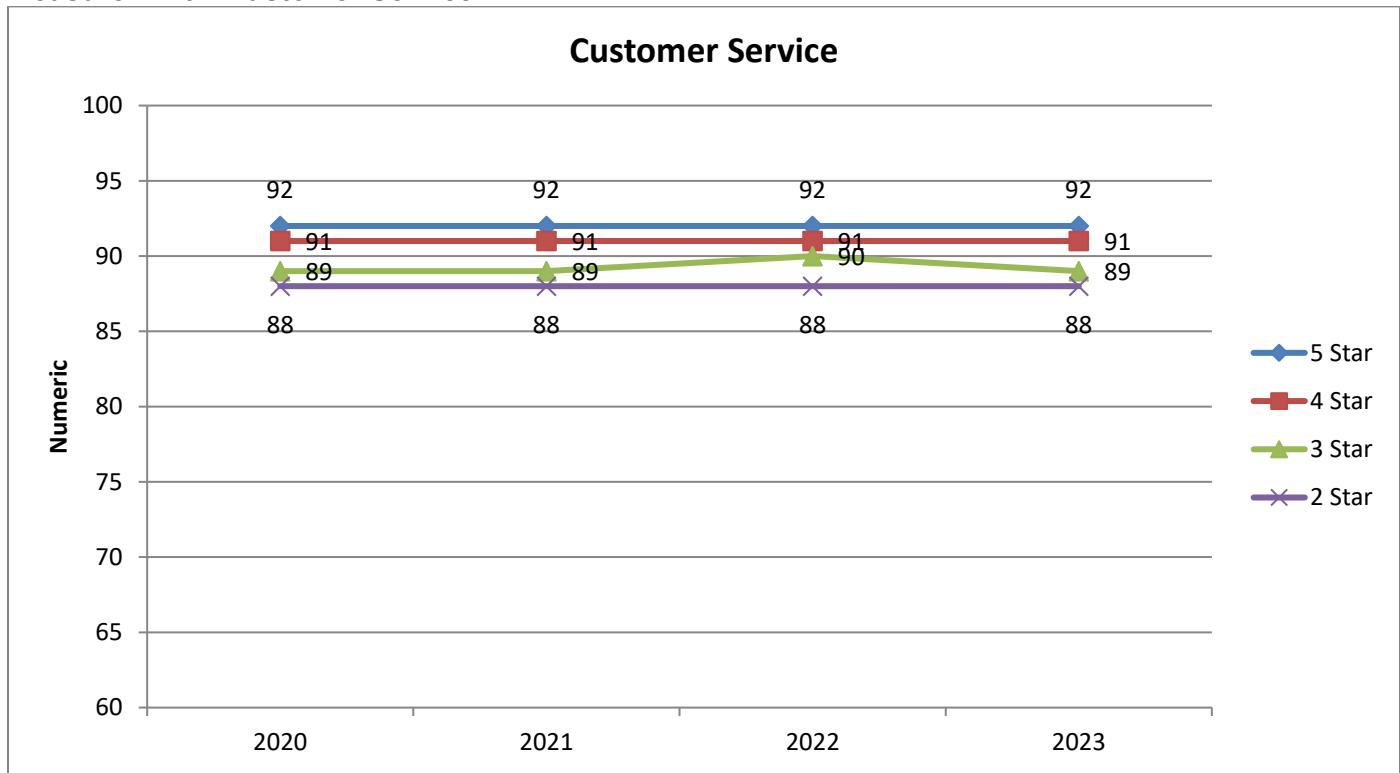
Description

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

Base Group Cut Points:	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
	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
	2023	< 73	>= 73 to < 76	>= 76 to < 78	>= 78 to < 80	>= 80

Measure: C19 - Customer Service**Title****Description**

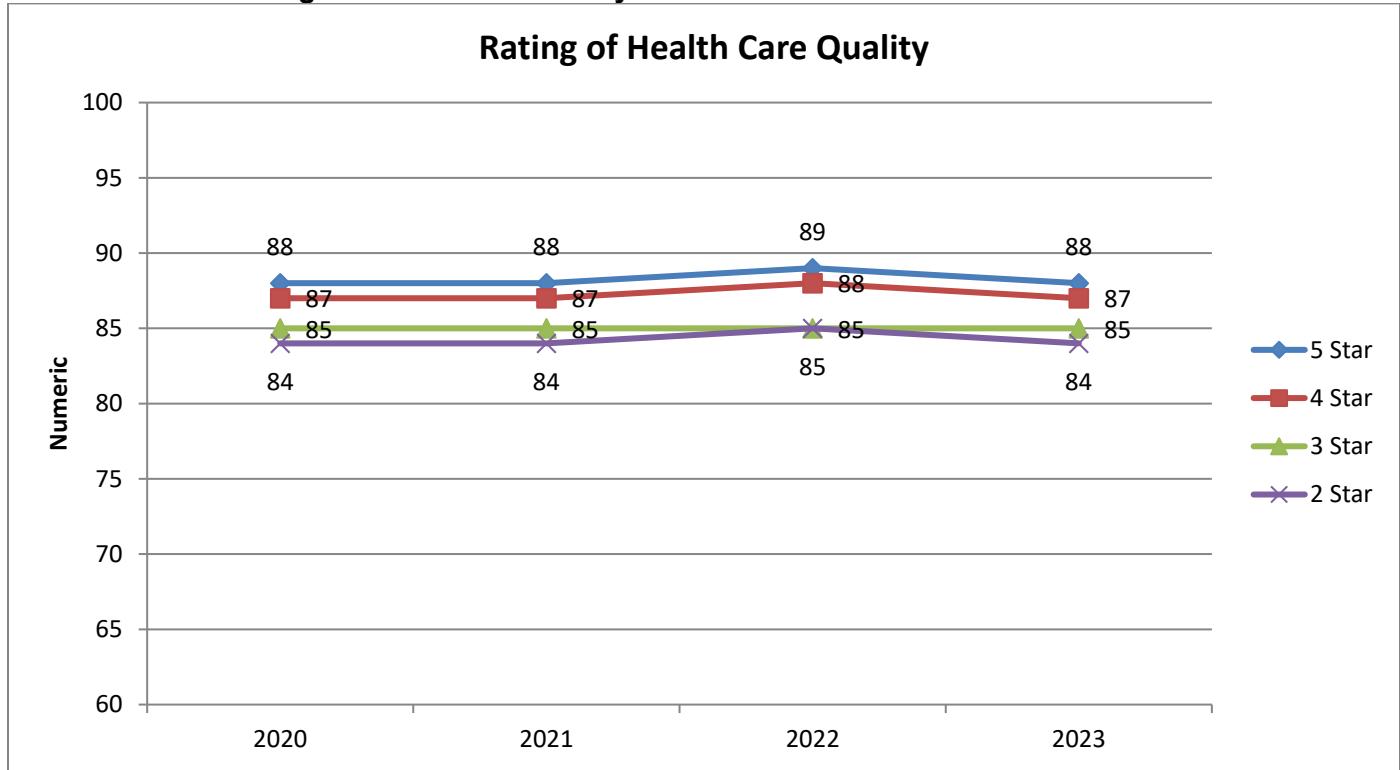
Description: Percent of the best possible score the plan earned on how easy it is for members to get information and help from the plan when needed.

Data Source: CAHPS

General Trend: Higher is better

Base Group Cut Points:	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
	2020	< 88	$\geq 88 \text{ to } < 89$	$\geq 89 \text{ to } < 91$	$\geq 91 \text{ to } < 92$	≥ 92
	2021	< 88	$\geq 88 \text{ to } < 89$	$\geq 89 \text{ to } < 91$	$\geq 91 \text{ to } < 92$	≥ 92
	2022	< 88	$\geq 88 \text{ to } < 90$	$\geq 90 \text{ to } < 91$	$\geq 91 \text{ to } < 92$	≥ 92
	2023	< 88	$\geq 88 \text{ to } < 89$	$\geq 89 \text{ to } < 91$	$\geq 91 \text{ to } < 92$	≥ 92

Measure: C20 - Rating of Health Care Quality



Title

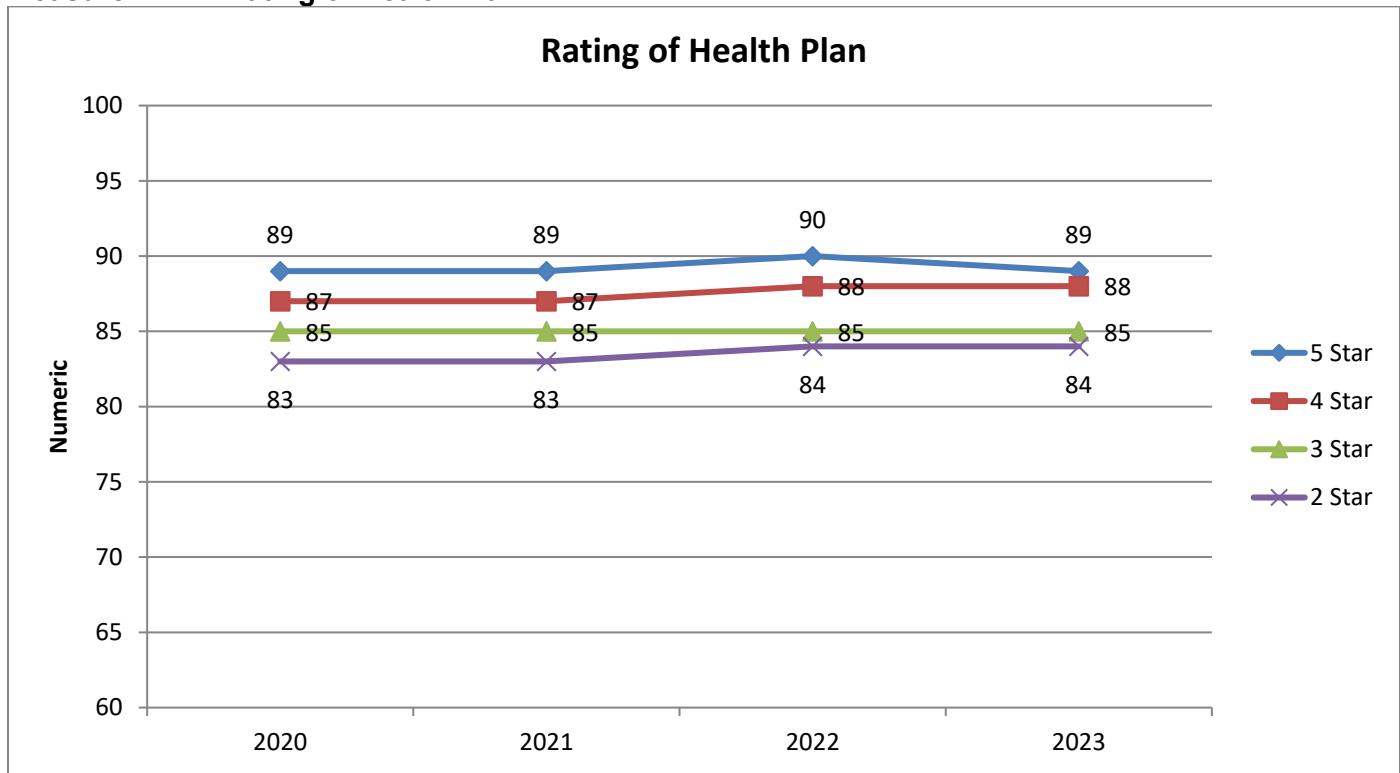
Description

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

Base Group Cut Points:	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
	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
	2023	< 84	>= 84 to < 85	>= 85 to < 87	>= 87 to < 88	>= 88

Measure: C21 - Rating of Health Plan**Title****Description**

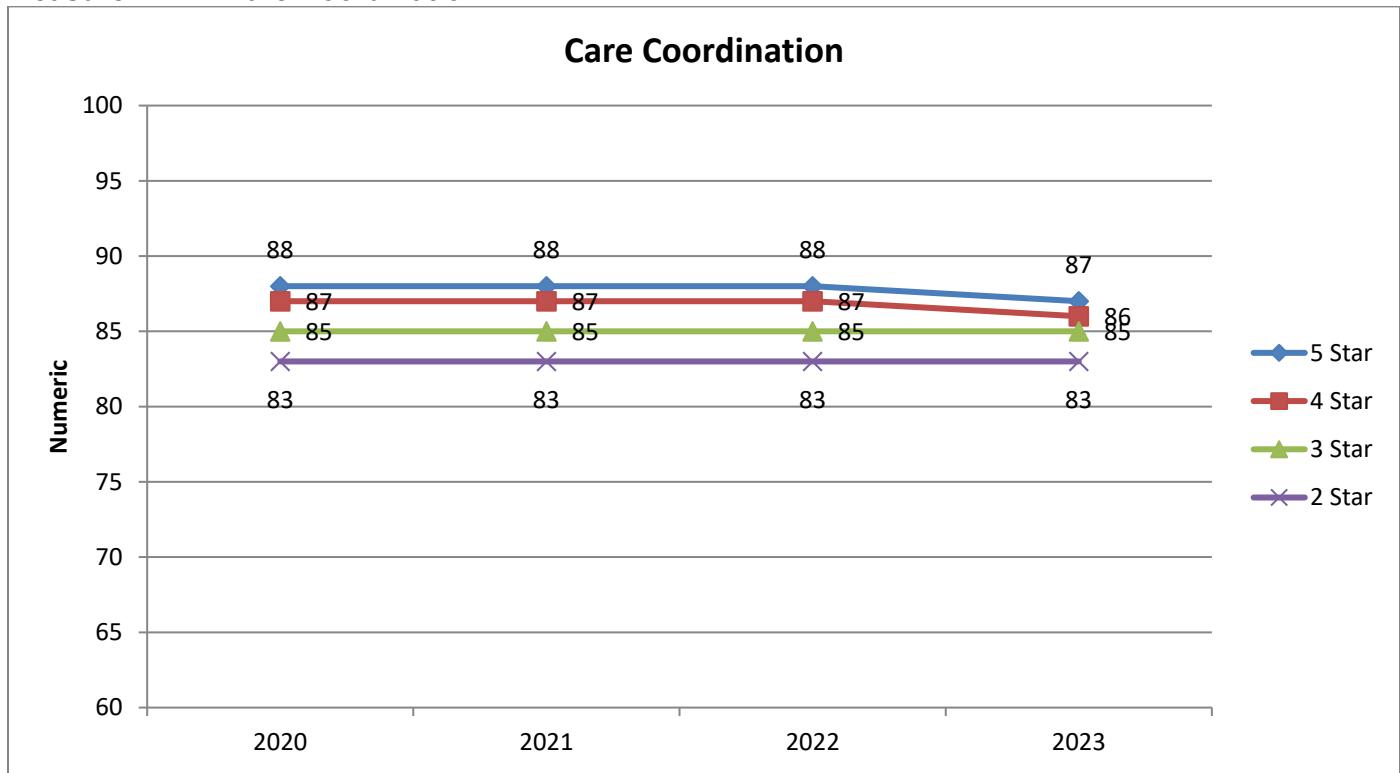
Description: Percent of the best possible score the plan earned from members who rated the health plan.

Data Source: CAHPS

General Trend: Higher is better

Base Group Cut
Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2020	< 83	$\geq 83 \text{ to } < 85$	$\geq 85 \text{ to } < 87$	$\geq 87 \text{ to } < 89$	≥ 89
2021	< 83	$\geq 83 \text{ to } < 85$	$\geq 85 \text{ to } < 87$	$\geq 87 \text{ to } < 89$	≥ 89
2022	< 85	$\geq 85 \text{ to } < 86$	$\geq 86 \text{ to } < 88$	$\geq 88 \text{ to } < 90$	≥ 90
2023	< 84	$\geq 84 \text{ to } < 85$	$\geq 85 \text{ to } < 88$	$\geq 88 \text{ to } < 89$	≥ 89

Measure: C22 - Care Coordination**Title****Description**

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

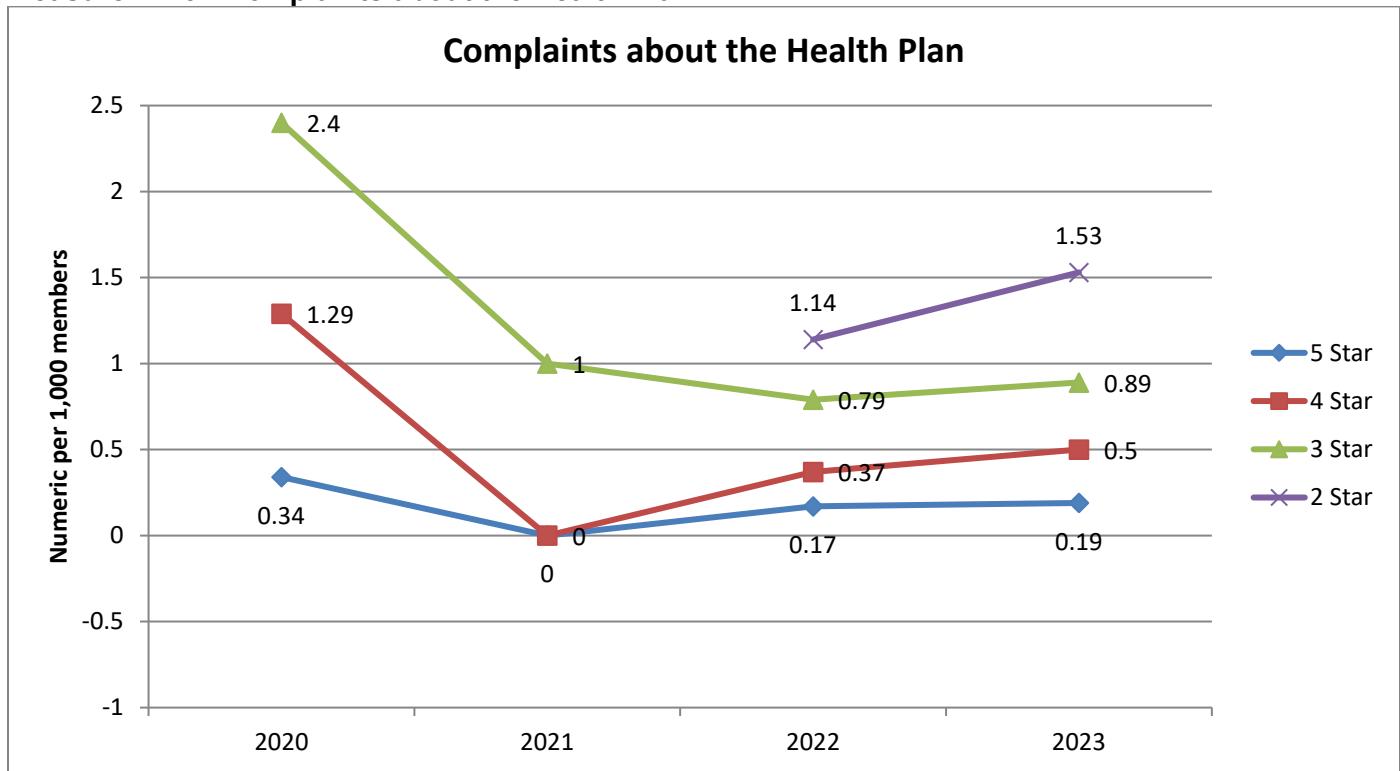
General Trend: Higher is better

Base Group Cut

Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
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
2023	< 83	≥ 83 to < 85	≥ 85 to < 86	≥ 86 to < 87	≥ 87

Measure: C23 - Complaints about the Health Plan



Title

Description

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

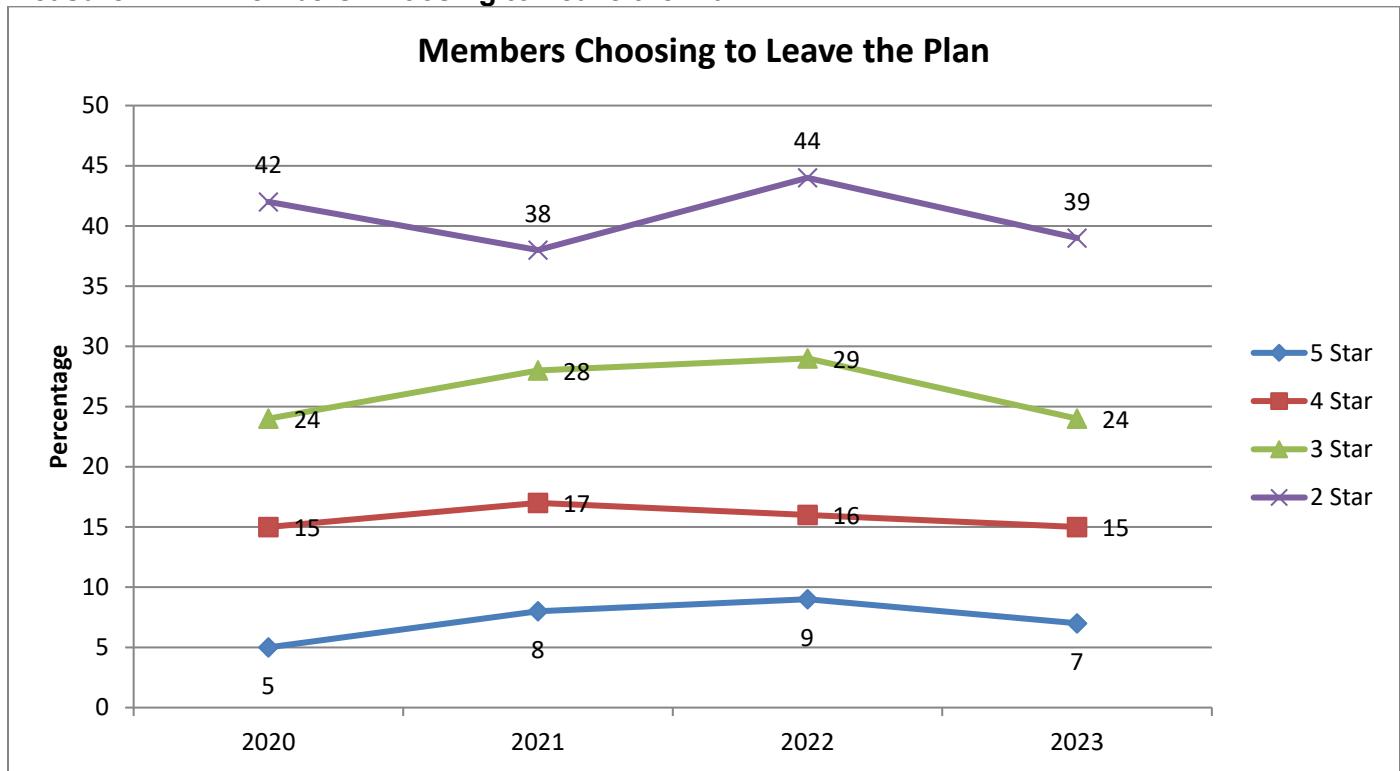
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2020	NA	NA	> 1.29	> 0.34 to ≤ 1.29	≤ 0.34
2021	NA	NA	> 0.92 to ≤ 2.23	> 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
2023	> 1.53	> 0.89 to ≤ 1.53	> 0.5 to ≤ 0.89	> 0.19 to ≤ 0.5	≤ 0.19

Measure: C24 - Members Choosing to Leave the Plan



Title

Description

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

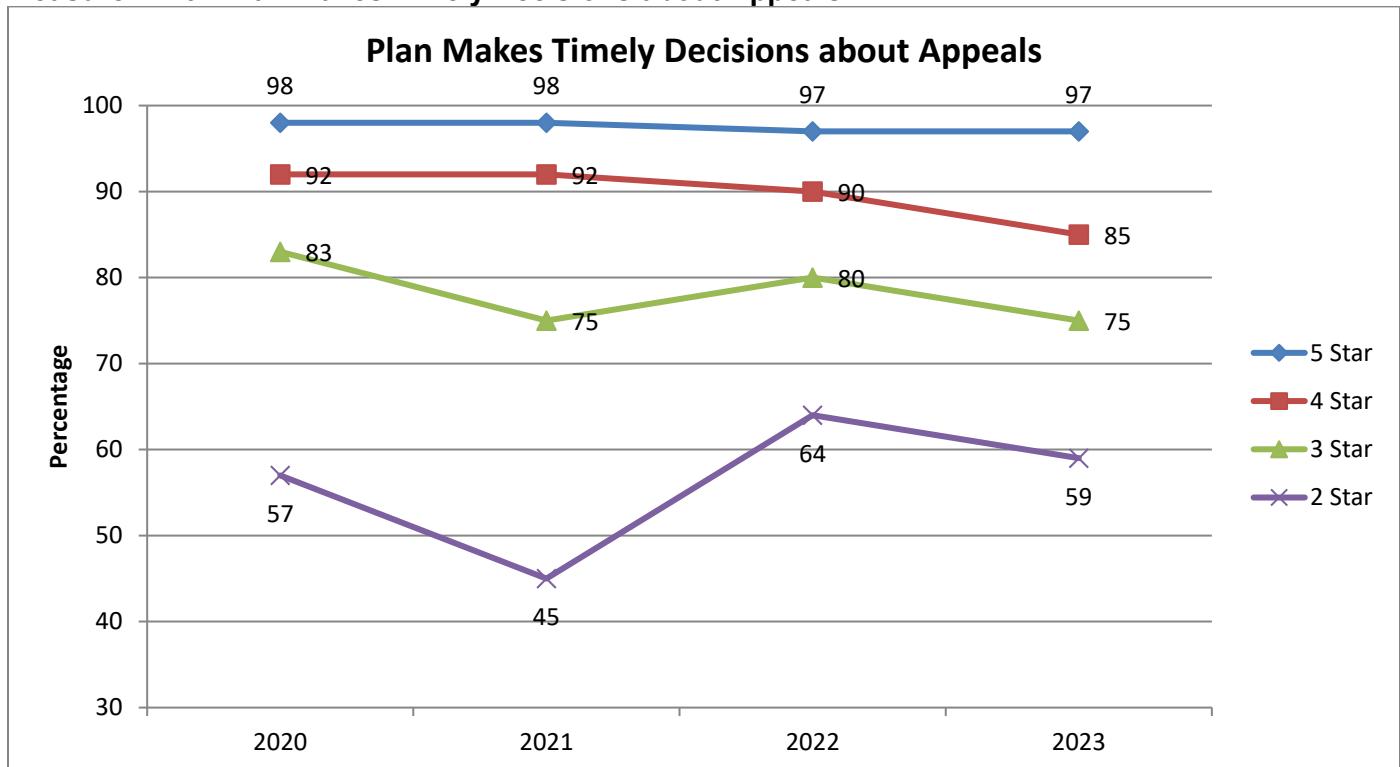
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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 %
2023	> 39 %	> 24 % to ≤ 39 %	> 15 % to ≤ 24 %	> 7 % to ≤ 15 %	≤ 7 %

Measure: C26 - Plan Makes Timely Decisions about Appeals



Title

Description

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.)

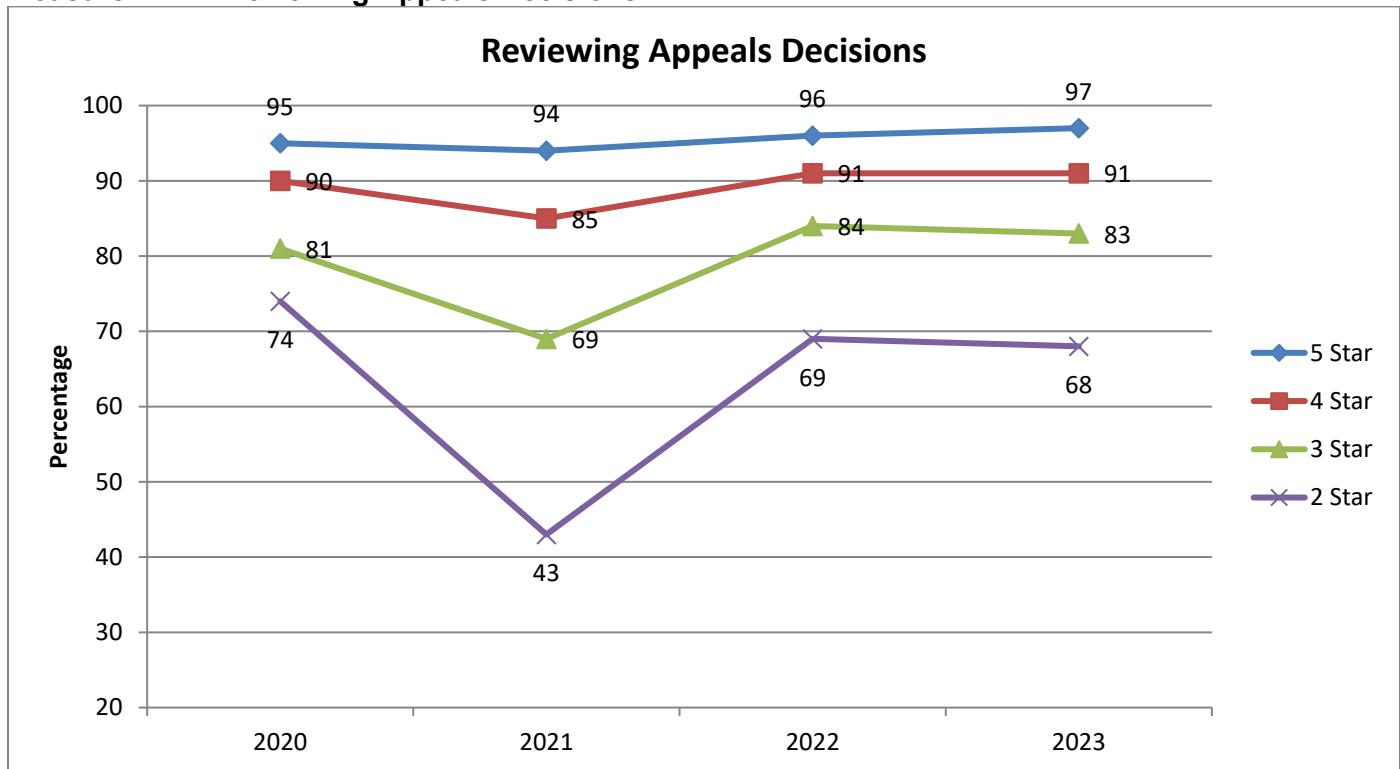
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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 %
2023	< 59 %	= 59 % to < 75 %	= 75 % to < 85 %	= 85 % to < 97 %	= 97 %

Measure: C27 - Reviewing Appeals Decisions



Title

Description

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.)

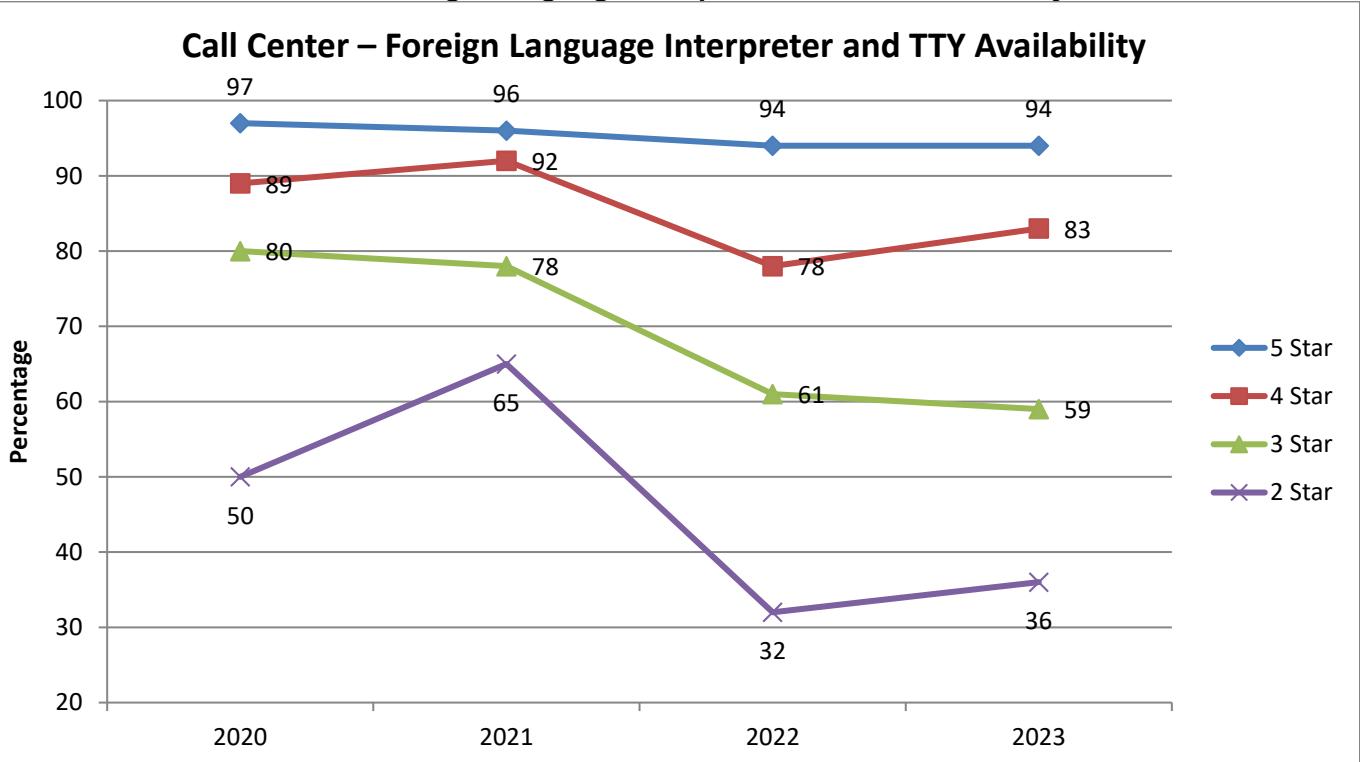
Data Source: Independent Review Entity (IRE) / Maximus

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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 %
2023	< 68 %	= 68 % to < 83 %	= 83 % to < 91 %	= 91 % to < 97 %	= 97 %

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



Title

Description

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

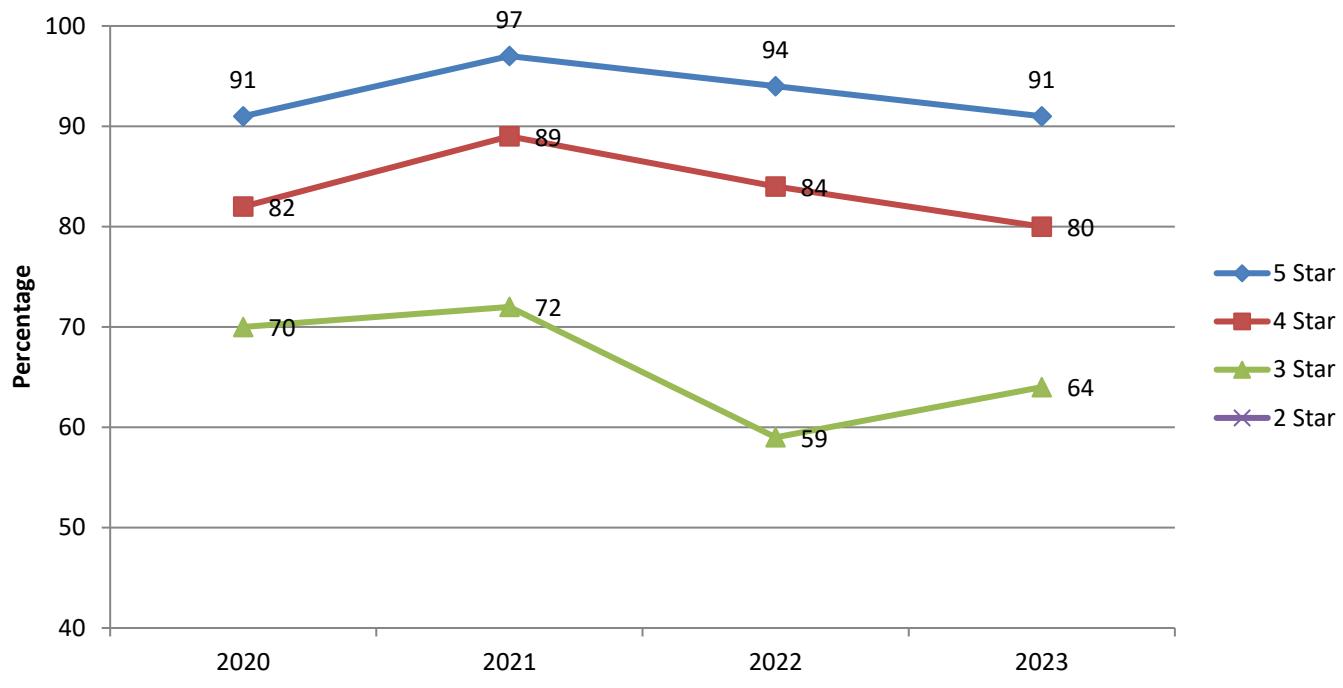
Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
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 %
2023	< 36 %	>= 36 % to < 59 %	>= 59 % to < 83 %	>= 83 % to < 94 %	>= 94 %

Part D Measures

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

Call Center – Foreign Language Interpreter and TTY Availability: MAPD



Title

Description

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.

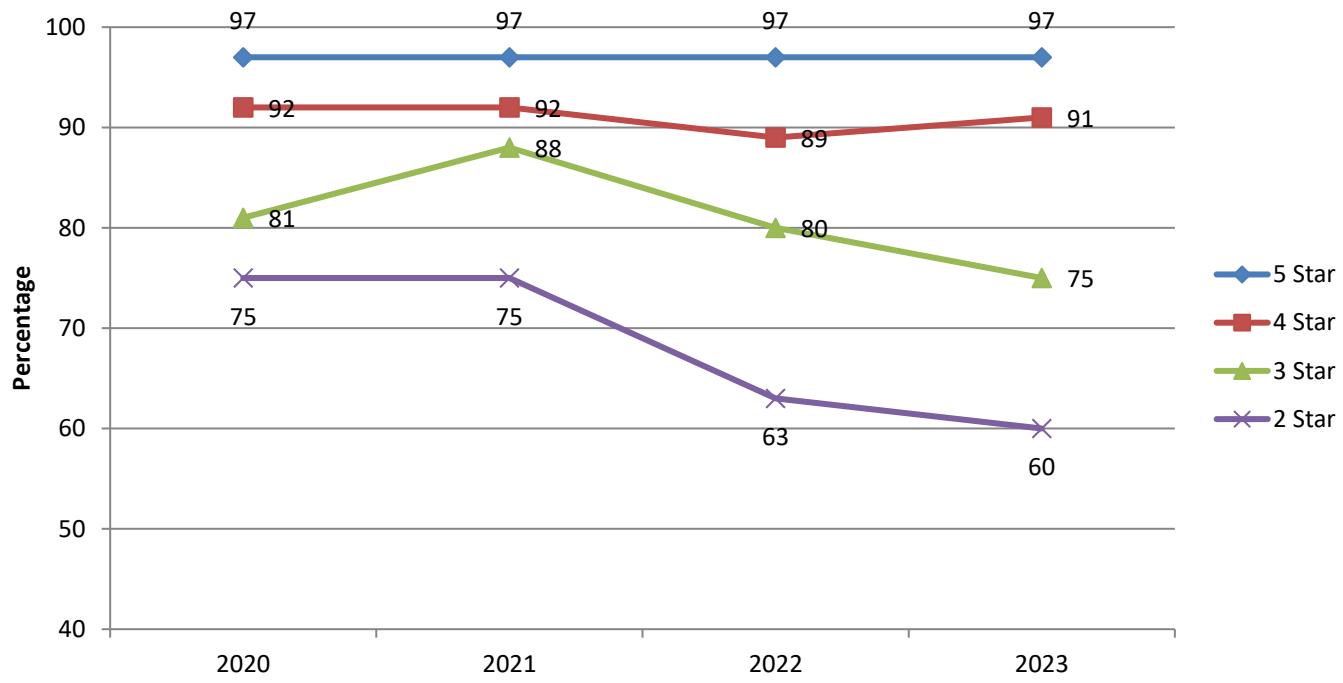
Data Source: Call Center Monitoring

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2020	< 39 %	>= 39 % to < 70 %	>= 70 % to < 82 %	>= 82 % to < 91 %	>= 91 %
MAPD	2021	< 34 %	>= 34 % to < 72 %	>= 72 % to < 89 %	>= 89 % to < 97 %	>= 97 %
MAPD	2022	< 25 %	>= 25 % to < 59 %	>= 59 % to < 84 %	>= 84 % to < 94 %	>= 94 %
MAPD	2023	< 30 %	>= 30 % to < 64 %	>= 64 % to < 80 %	>= 80 % to < 91 %	>= 91 %

Call Center – Foreign Language Interpreter and TTY Availability: PDP



Title

Description

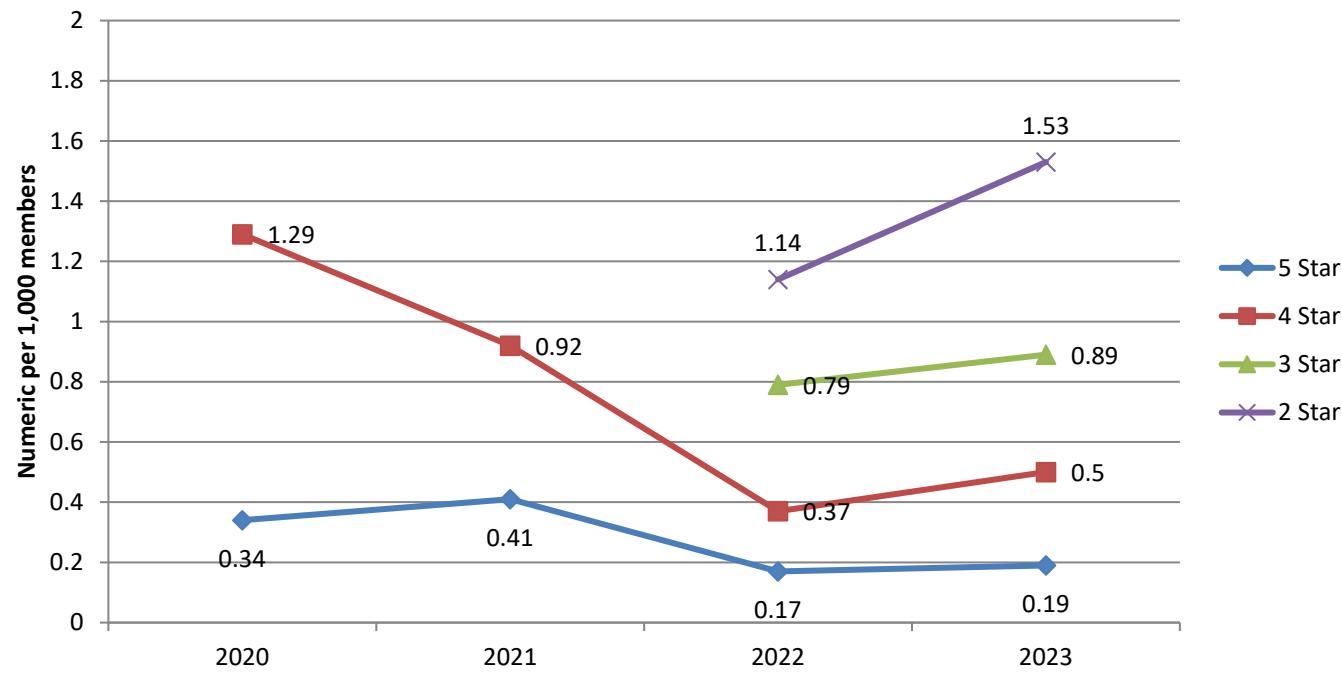
Description: Percent of time that TTY services and foreign language interpretation were available when needed by people who called the drug plan's prospective enrollee customer service line.

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	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 %
PDP	2023	< 60 %	=> 60 % to < 75 %	=> 75 % to < 91 %	=> 91 % to < 97 %	=> 97 %

Measure: D02 - Complaints about the Drug Plan**Complaints about the Drug Plan: MAPD****Title****Description**

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

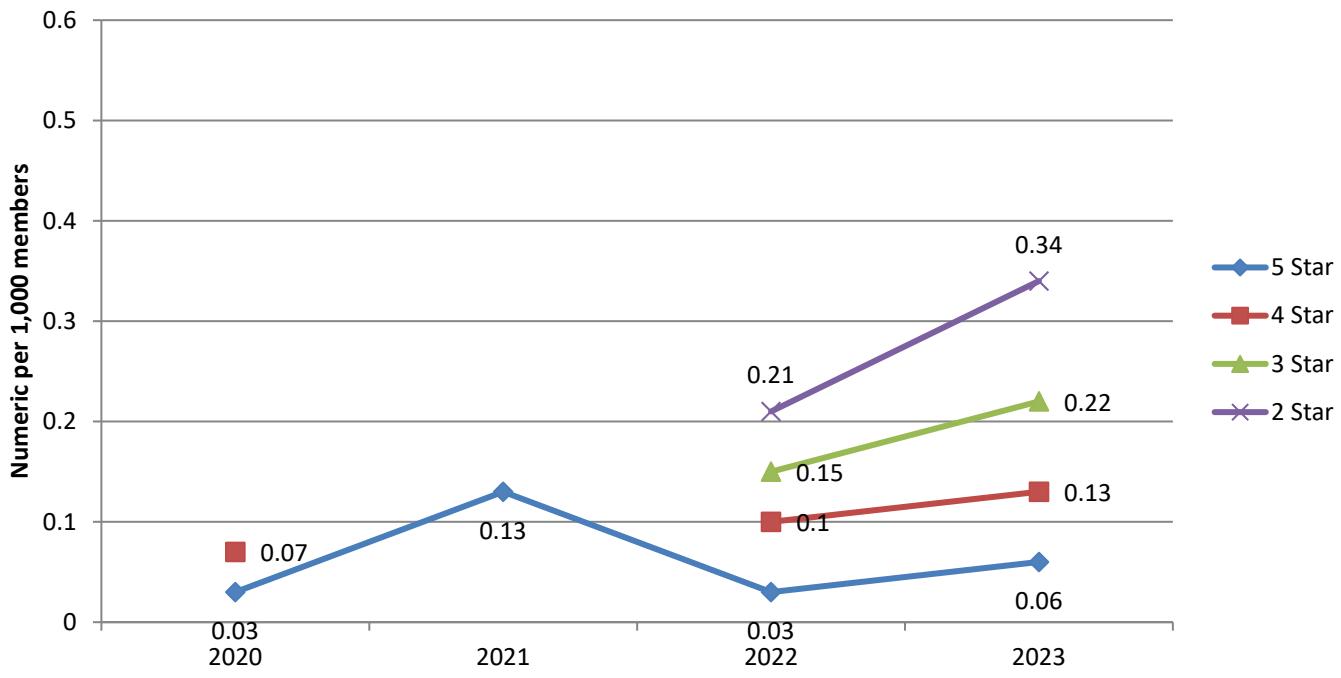
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2020	NA	NA	> 1.29	> 0.34 to ≤ 1.29	≤ 0.34
MAPD	2021	NA	NA	> 0.92	> 0.41 to ≤ 0.92	≤ 0.41
MAPD	2022	> 1.14	> 0.79 to ≤ 1.14	> 0.37 to ≤ 0.79	> 0.17 to ≤ 0.37	≤ 0.17
MAPD	2023	> 1.53	> 0.89 to ≤ 1.53	> 0.5 to ≤ 0.89	> 0.19 to ≤ 0.5	≤ 0.19

Complaints about the Drug Plan: PDP



Title

Description

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

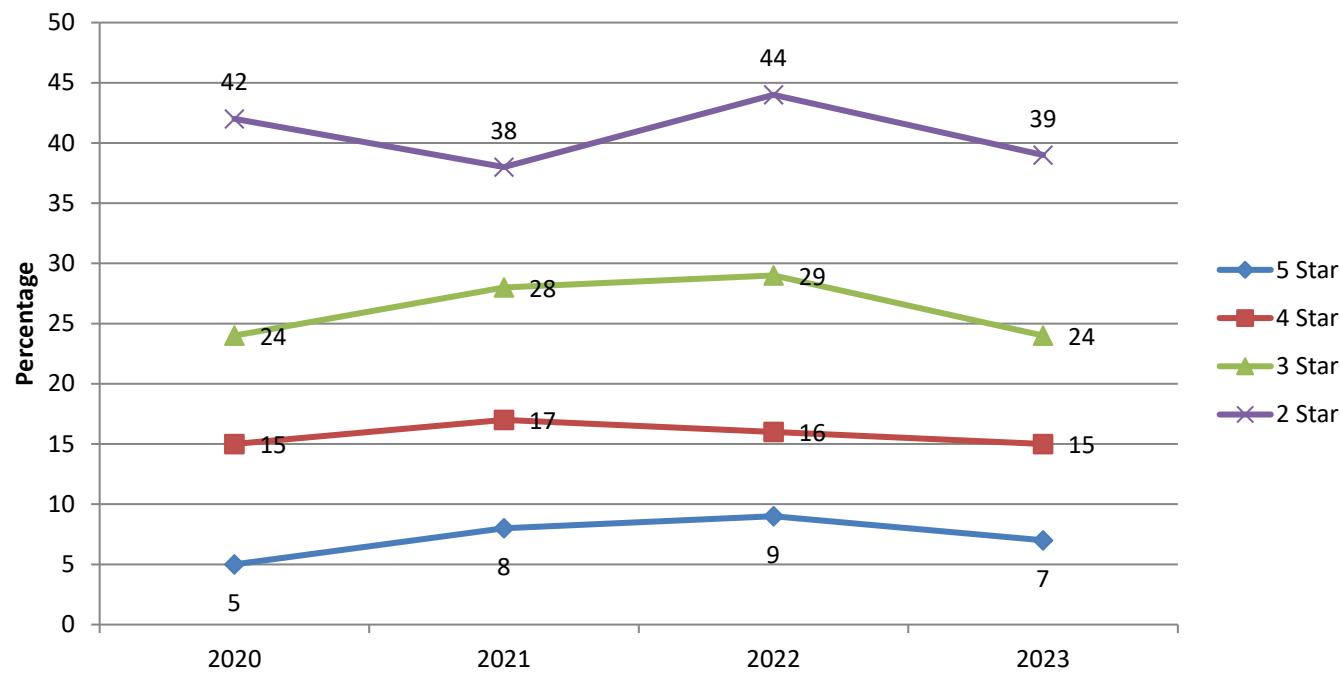
Data Source: Complaints Tracking Module (CTM)

General Trend: Lower is better

Cut Points:	Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	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	
PDP	2023	> 0.34	> 0.22 to ≤ 0.34	> 0.13 to ≤ 0.22	> 0.06 to ≤ 0.13	≤ 0.06	

Measure: D03 - Members Choosing to Leave the Plan

Members Choosing to Leave the Plan: MAPD



Title

Description

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

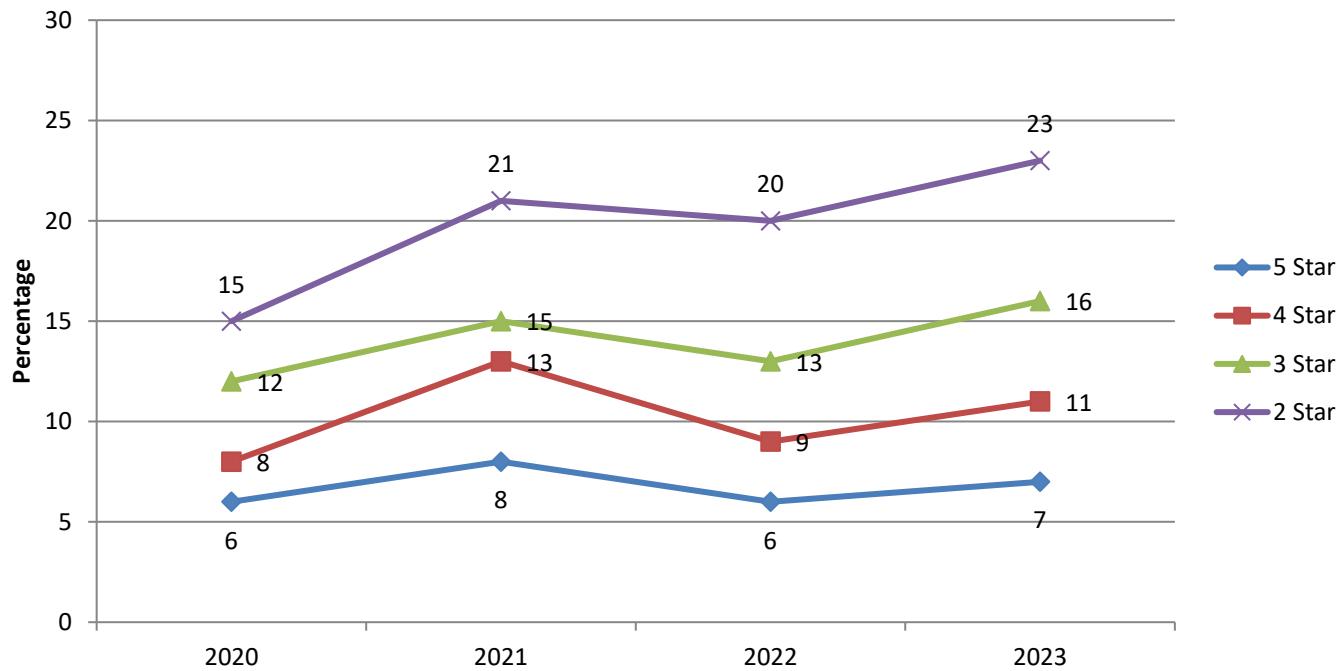
Data Source: MBDSS

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2020	> 42 %	> 24 % to ≤ 42 %	> 15 % to ≤ 24 %	> 5 % to ≤ 15 %	≤ 5 %
MAPD	2021	> 38 %	> 28 % to ≤ 38 %	> 17 % to ≤ 28 %	> 8 % to ≤ 17 %	≤ 8 %
MAPD	2022	> 44 %	> 29 % to ≤ 44 %	> 16 % to ≤ 29 %	> 9 % to ≤ 16 %	≤ 9 %
MAPD	2023	> 39 %	> 24 % to ≤ 39 %	> 15 % to ≤ 24 %	> 7 % to ≤ 15 %	≤ 7 %

Members Choosing to Leave the Plan: PDP



Title

Description

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

Data Source: MBDSS

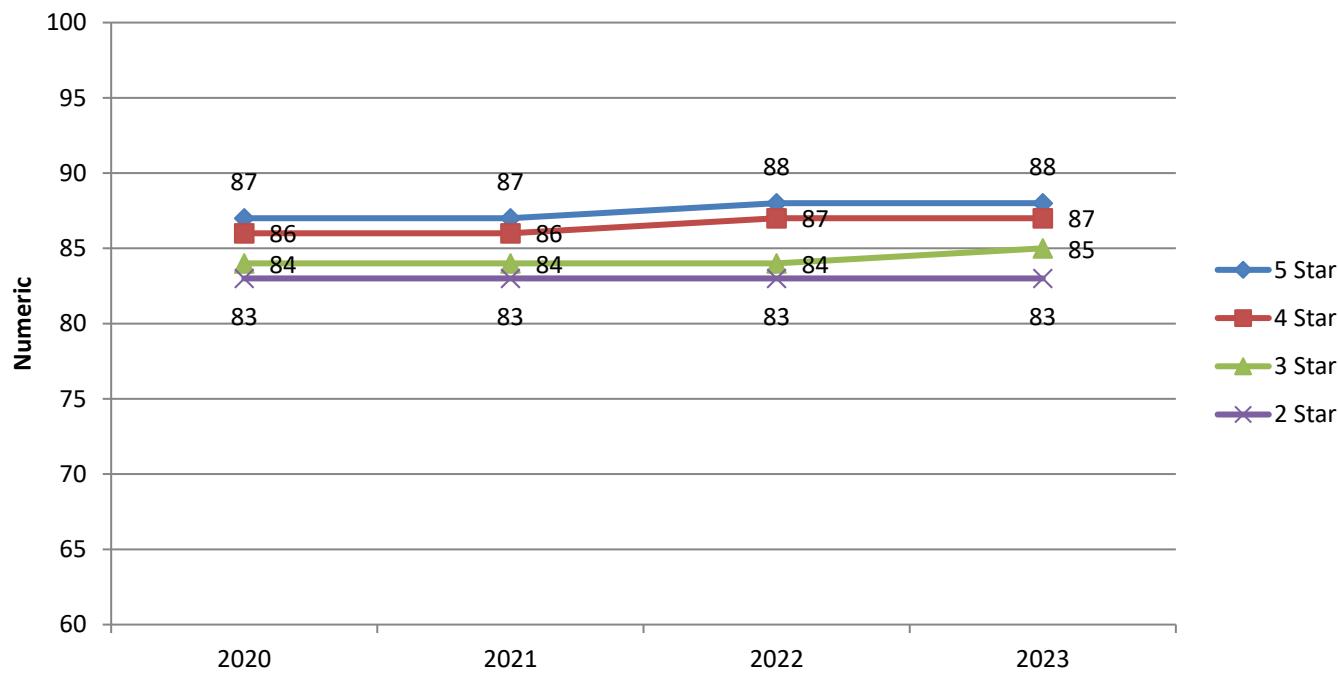
General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	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 %
PDP	2023	> 23 %	> 16 % to ≤ 23 %	> 11 % to ≤ 16 %	> 7 % to ≤ 11 %	≤ 7 %

Measure: D05 - Rating of Drug Plan

Rating of Drug Plan: MAPD



Title

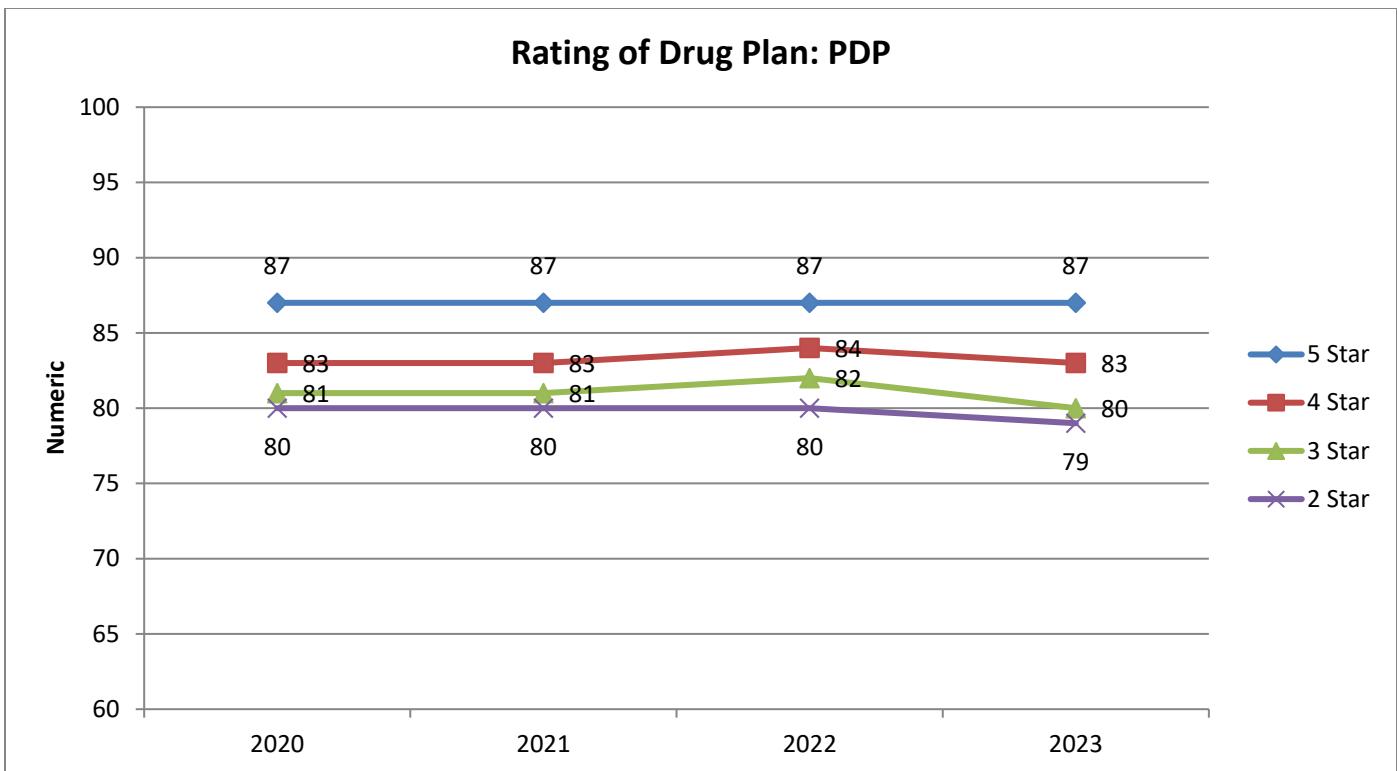
Description

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 Cut Points:	Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
MAPD	2020	< 83	>= 83 to < 84	>= 84 to < 86	>= 86 to < 87	>= 87	
MAPD	2021	< 83	>= 83 to < 84	>= 84 to < 86	>= 86 to < 87	>= 87	
MAPD	2022	< 84	>= 84 to < 85	>= 85 to < 87	>= 87 to < 88	>= 88	
MAPD	2023	< 83	>= 83 to < 85	>= 85 to < 87	>= 87 to < 88	>= 88	


Title
Description

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

Data Source: CAHPS

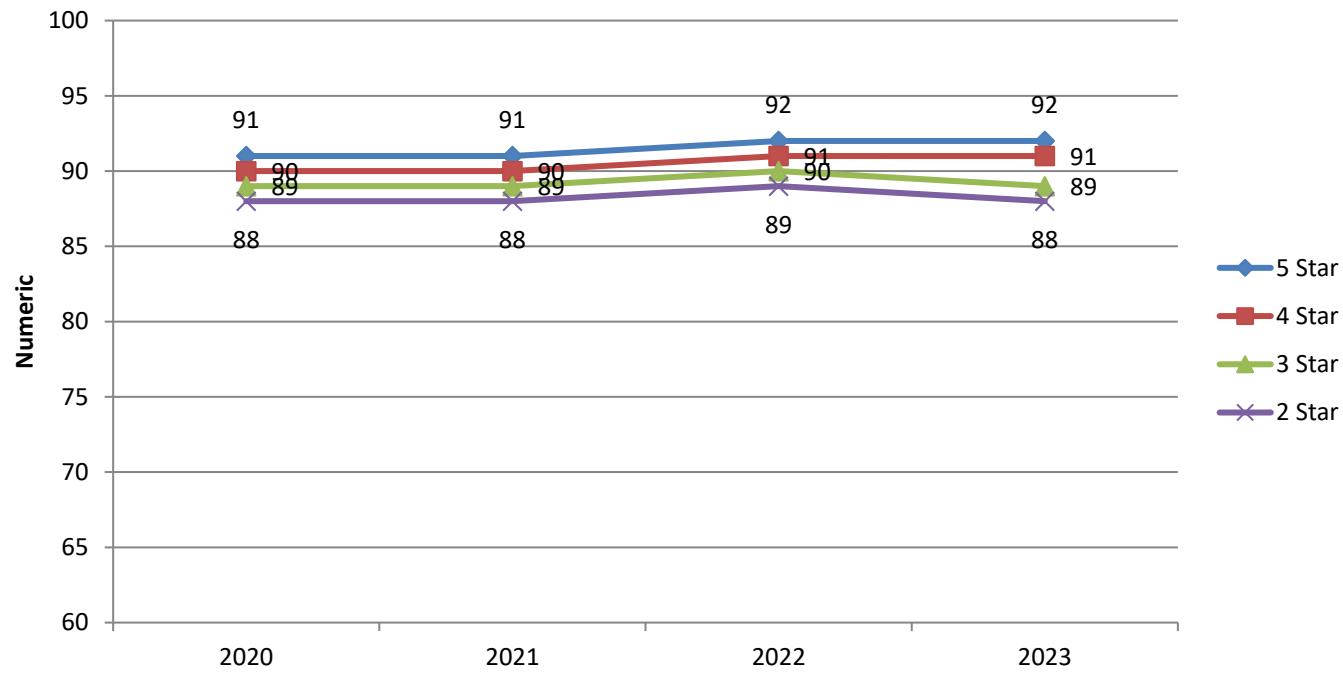
General Trend: Higher is better

Base Group Cut
Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
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
PDP	2023	< 79	>= 79 to < 80	>= 80 to < 83	>= 83 to < 87	>= 87

Measure: D06 - Getting Needed Prescription Drugs

Getting Needed Prescription Drugs: MAPD



Title

Description

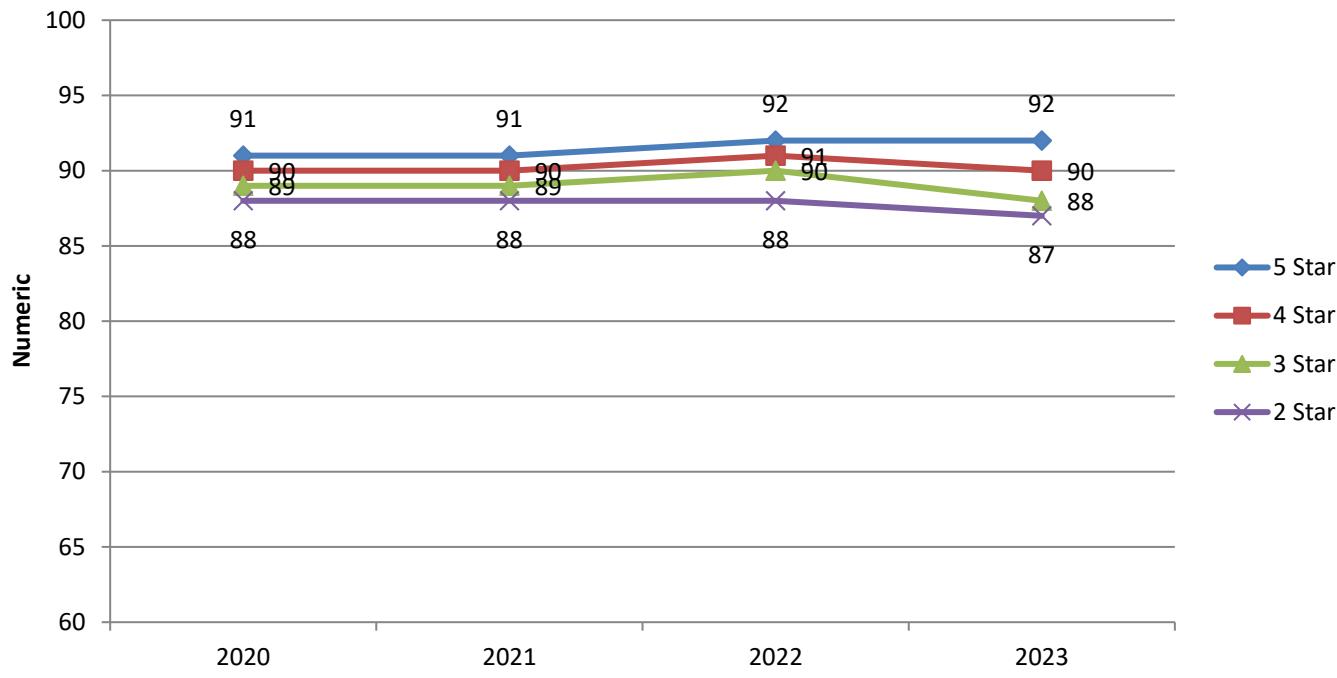
Description: Percent of the best possible score the plan earned on how easy it is for members to get the prescription drugs they need using the plan.

Data Source: CAHPS

General Trend: Higher is better

Base Group Cut Points:	Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
MAPD	2020	< 88	>= 88 to < 89	>= 89 to < 90	>= 90 to < 91	>= 91	
MAPD	2021	< 88	>= 88 to < 89	>= 89 to < 90	>= 90 to < 91	>= 91	
MAPD	2022	< 89	>= 89 to < 90	>= 90 to < 91	>= 91 to < 92	>= 92	
MAPD	2023	< 88	>= 88 to < 89	>= 89 to < 91	>= 91 to < 92	>= 92	

Getting Needed Prescription Drugs: PDP



Title

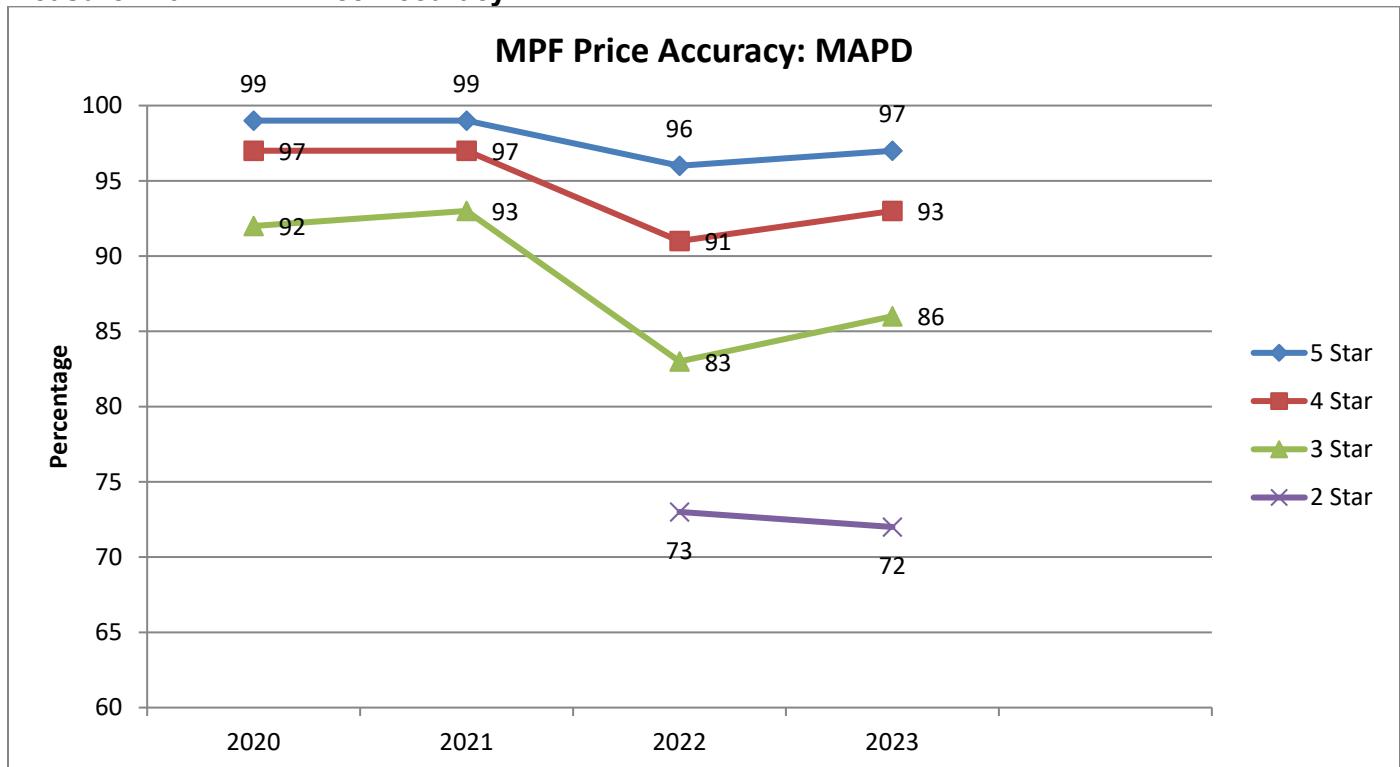
Description

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 Cut Points:	Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
	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
	PDP	2023	< 87	>= 87 to < 88	>= 88 to < 90	>= 90 to < 92	>= 92

Measure: D07 - MPF Price Accuracy**Title****Description**

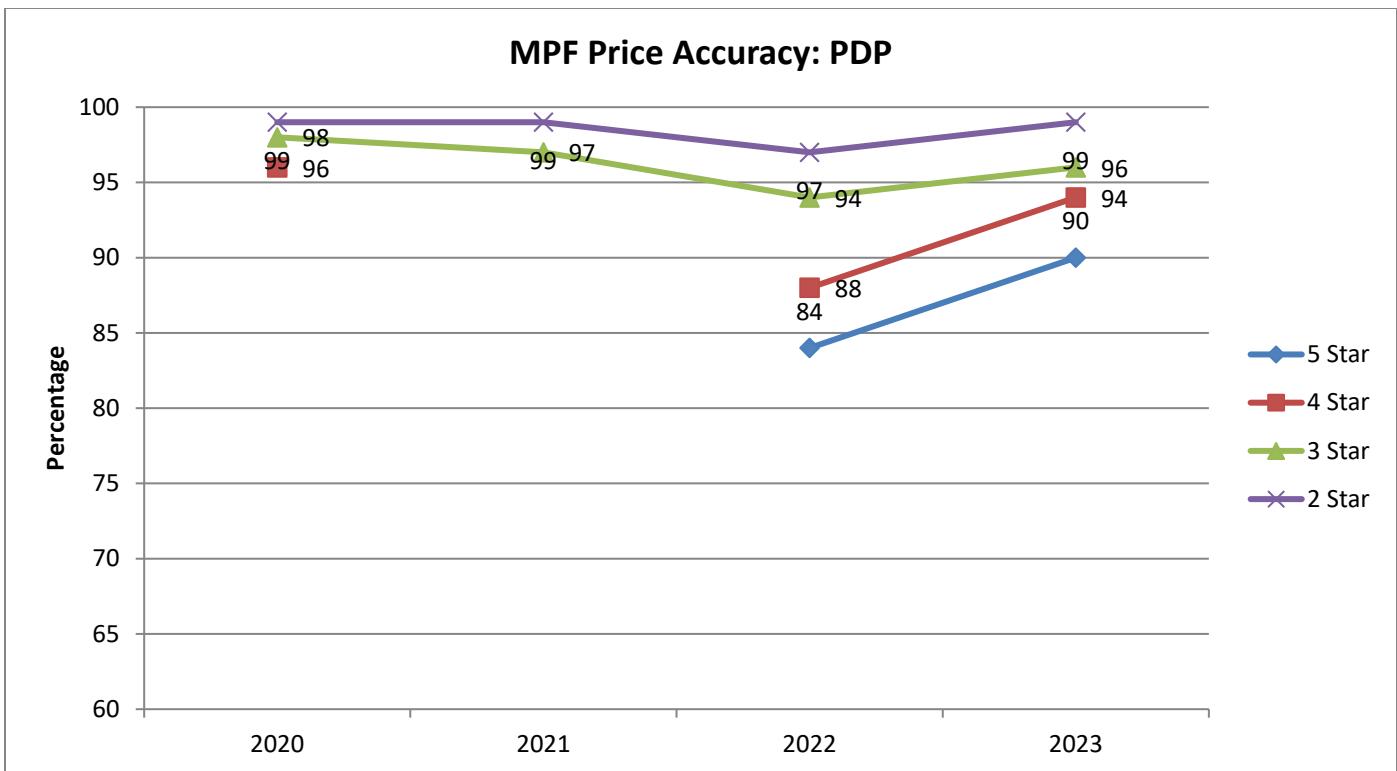
Description: A score comparing the drug's total cost at the pharmacy to the drug prices the plan provided for the Medicare Plan Finder website. Higher scores are better because they mean the plan provided more accurate prices.

Data Source: PDE data, MPF Pricing Files

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2020	NA	NA	>= 92 % to < 97 %	>= 97 % to < 99 %	>= 99 %
MAPD	2021	NA	NA	>= 93 % to < 97 %	>= 97 % to < 99 %	>= 99 %
MAPD	2022	< 73 %	>= 73 % to < 83 %	>= 83 % to < 91 %	>= 91 % to < 96 %	>= 96 %
MAPD	2023	< 72 %	>= 72 % to < 86 %	>= 86 % to < 93 %	>= 93 % to < 97 %	>= 97 %


Title
Description

Description: A score comparing the drug's total cost at the pharmacy to the drug prices the plan provided for the Medicare Plan Finder website. Higher scores are better because they mean the plan provided more accurate prices.

Data Source: PDE data, MPF Pricing Files

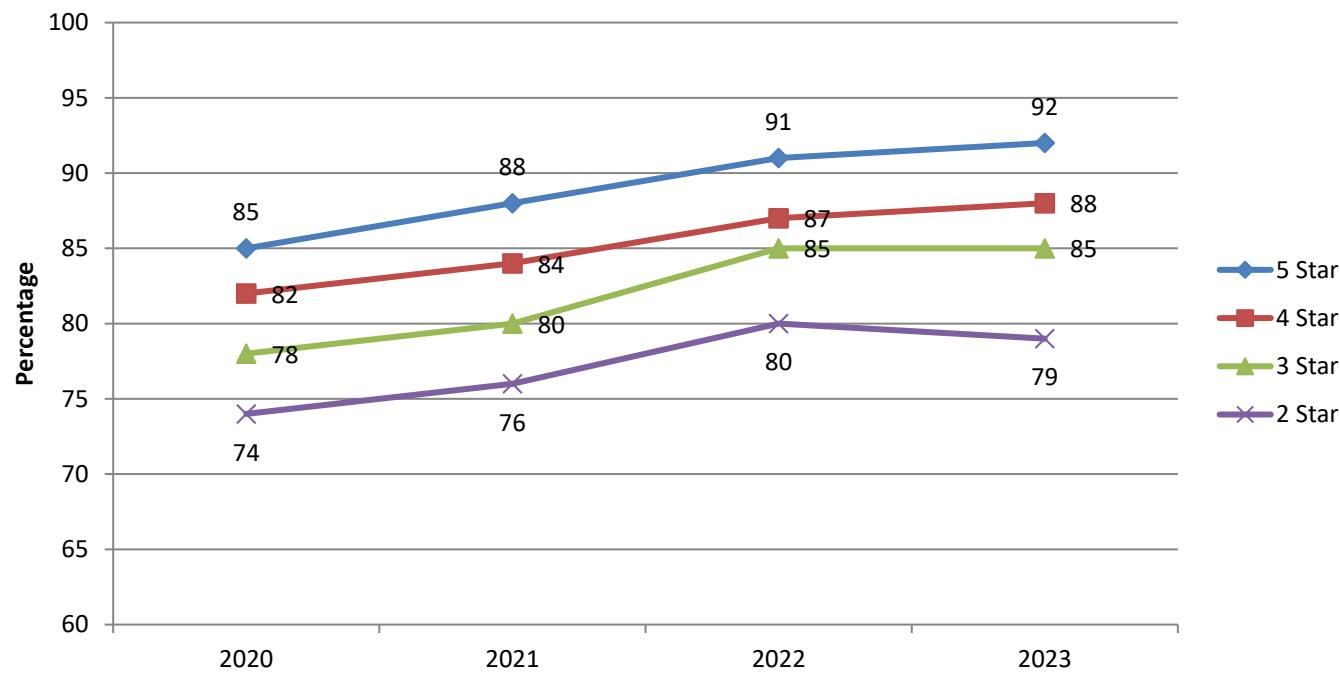
General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2020	NA	NA	>= 96 % to < 98 %	>= 98 % to < 99 %	>= 99 %
PDP	2021	NA	NA	NA	>= 97 % to < 99 %	>= 99 %
PDP	2022	< 84 %	>= 84 % to < 88 %	>= 88 % to < 94 %	>= 94 % to < 97 %	>= 97 %
PDP	2023	< 90 %	>= 90 % to < 94 %	>= 94 % to < 96 %	>= 96 % to < 99 %	>= 99 %

Measure: D08 - Medication Adherence for Diabetes Medications

Medication Adherence for Diabetes Medications: MAPD



Title

Description

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.)

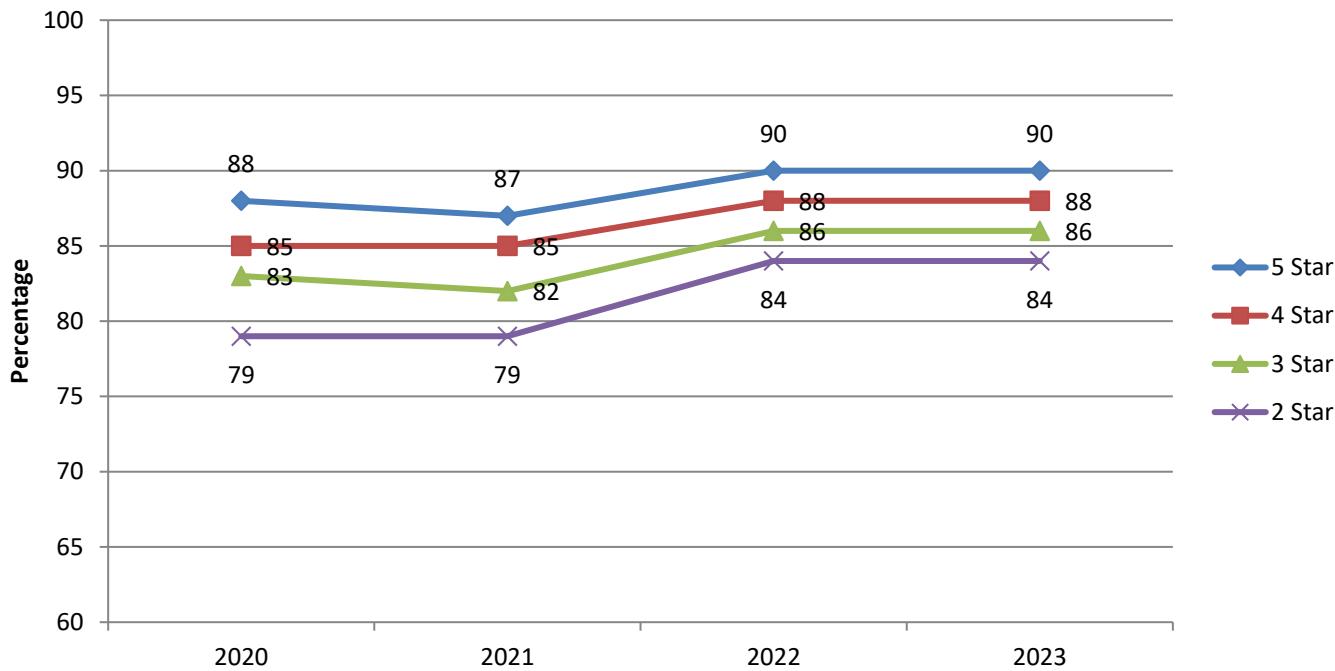
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2020	< 74 %	= 74 % to < 78 %	= 78 % to < 82 %	= 82 % to < 85 %	= 85 %
MAPD	2021	< 76 %	= 76 % to < 80 %	= 80 % to < 84 %	= 84 % to < 88 %	= 88 %
MAPD	2022	< 80 %	= 80 % to < 85 %	= 85 % to < 87 %	= 87 % to < 91 %	= 91 %
MAPD	2023	< 79 %	= 79 % to < 85 %	= 85 % to < 88 %	= 88 % to < 92 %	= 92 %

Medication Adherence for Diabetes Medications: PDP



Title

Description

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

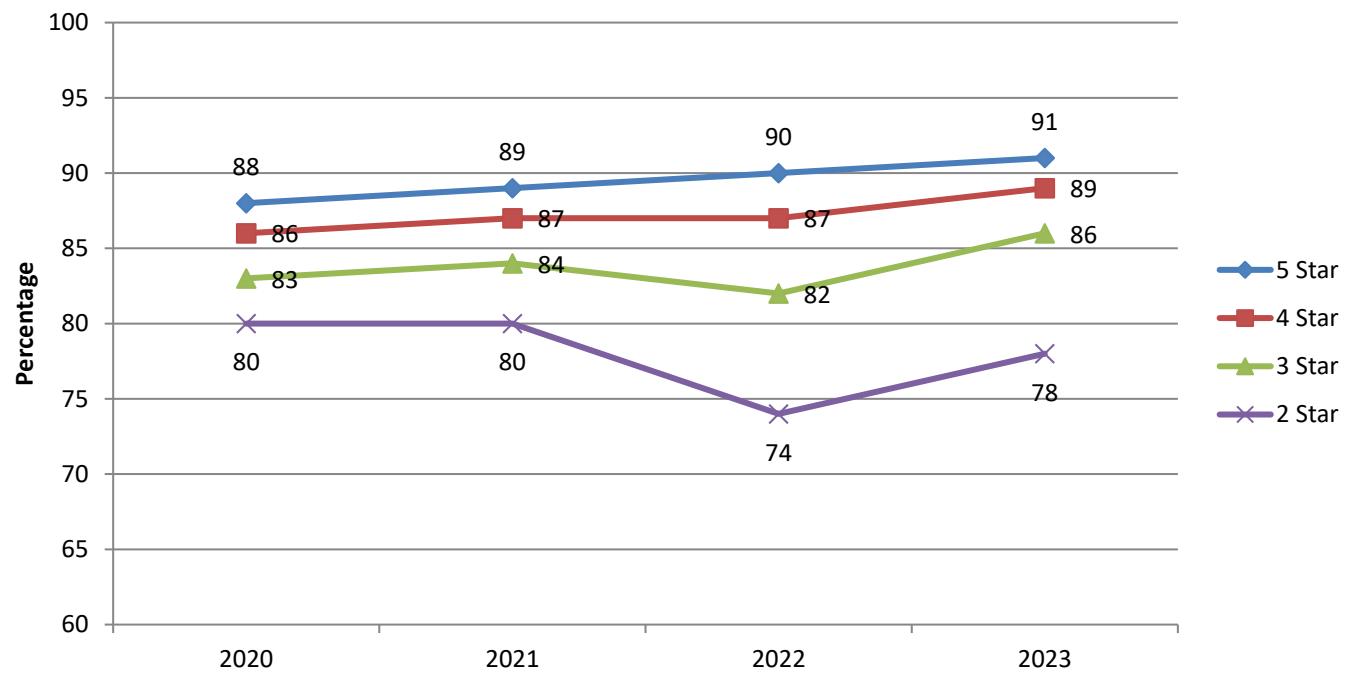
General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	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 %
PDP	2023	< 84 %	= 84 % to < 86 %	= 86 % to < 88 %	= 88 % to < 90 %	= 90 %

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

Medication Adherence for Hypertension (RAS antagonists): MAPD



Title

Description

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 *ACEI (angiotensin converting enzyme inhibitor)*, an *ARB (angiotensin receptor blocker)*, or a *direct renin inhibitor drug*.)

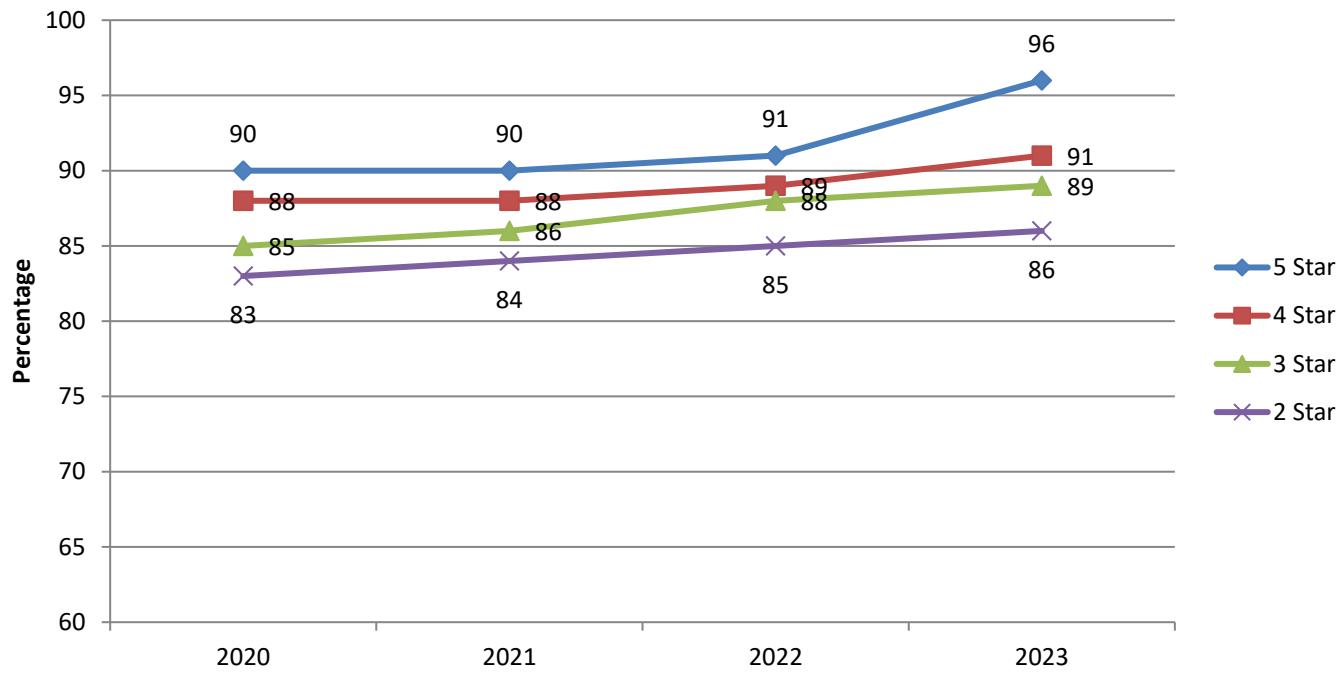
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2020	< 80 %	$\geq 80 \% \text{ to } < 83 \%$	$\geq 83 \% \text{ to } < 86 \%$	$\geq 86 \% \text{ to } < 88 \%$	$\geq 88 \%$
MAPD	2021	< 80 %	$\geq 80 \% \text{ to } < 84 \%$	$\geq 84 \% \text{ to } < 87 \%$	$\geq 87 \% \text{ to } < 89 \%$	$\geq 89 \%$
MAPD	2022	< 74 %	$\geq 74 \% \text{ to } < 82 \%$	$\geq 82 \% \text{ to } < 87 \%$	$\geq 87 \% \text{ to } < 90 \%$	$\geq 90 \%$
MAPD	2023	< 78 %	$\geq 78 \% \text{ to } < 86 \%$	$\geq 86 \% \text{ to } < 89 \%$	$\geq 89 \% \text{ to } < 91 \%$	$\geq 91 \%$

Medication Adherence for Hypertension (RAS antagonists): PDP



Title

Description

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 *ACEI (angiotensin converting enzyme inhibitor)*, an *ARB (angiotensin receptor blocker)*, or a *direct renin inhibitor drug*.)

Data Source: Prescription Drug Event (PDE) Data

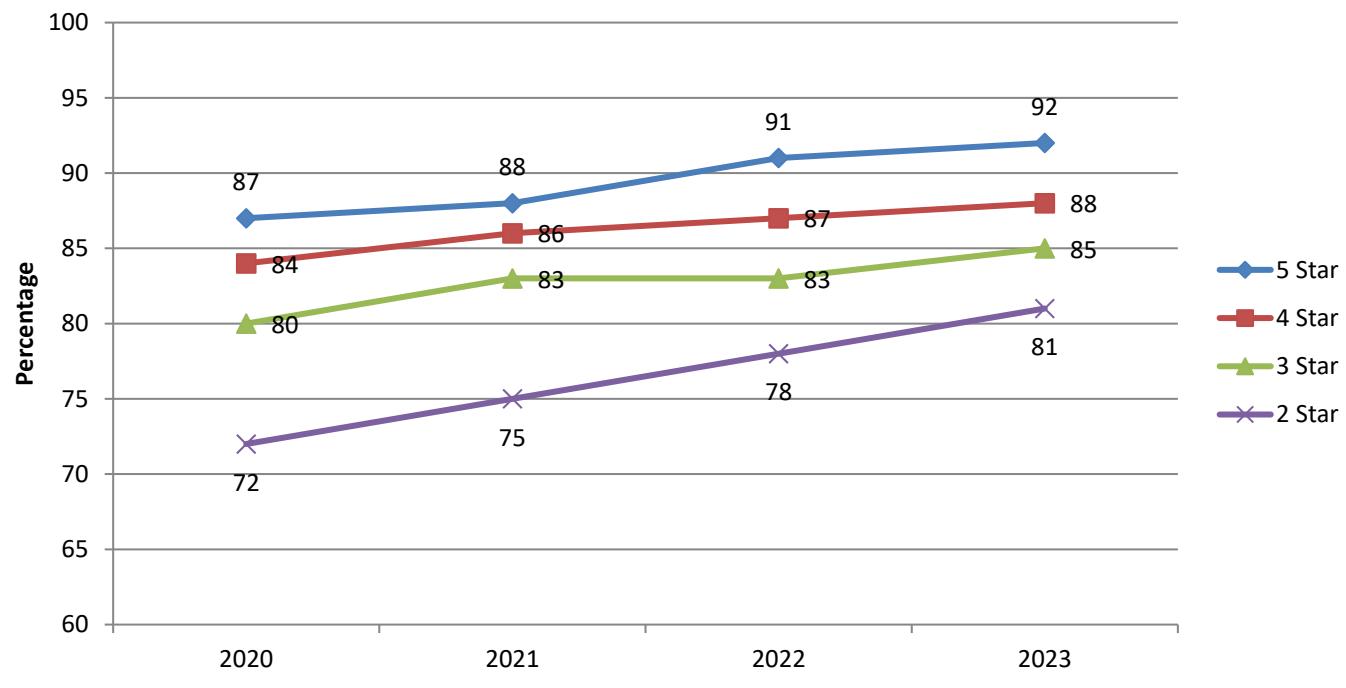
General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	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 %
PDP	2023	< 86 %	>= 86 % to < 89 %	>= 89 % to < 91 %	>= 91 % to < 96 %	>= 96 %

Measure: D10 - Medication Adherence for Cholesterol (Statins)

Medication Adherence for Cholesterol (Statins): MAPD



Title

Description

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.

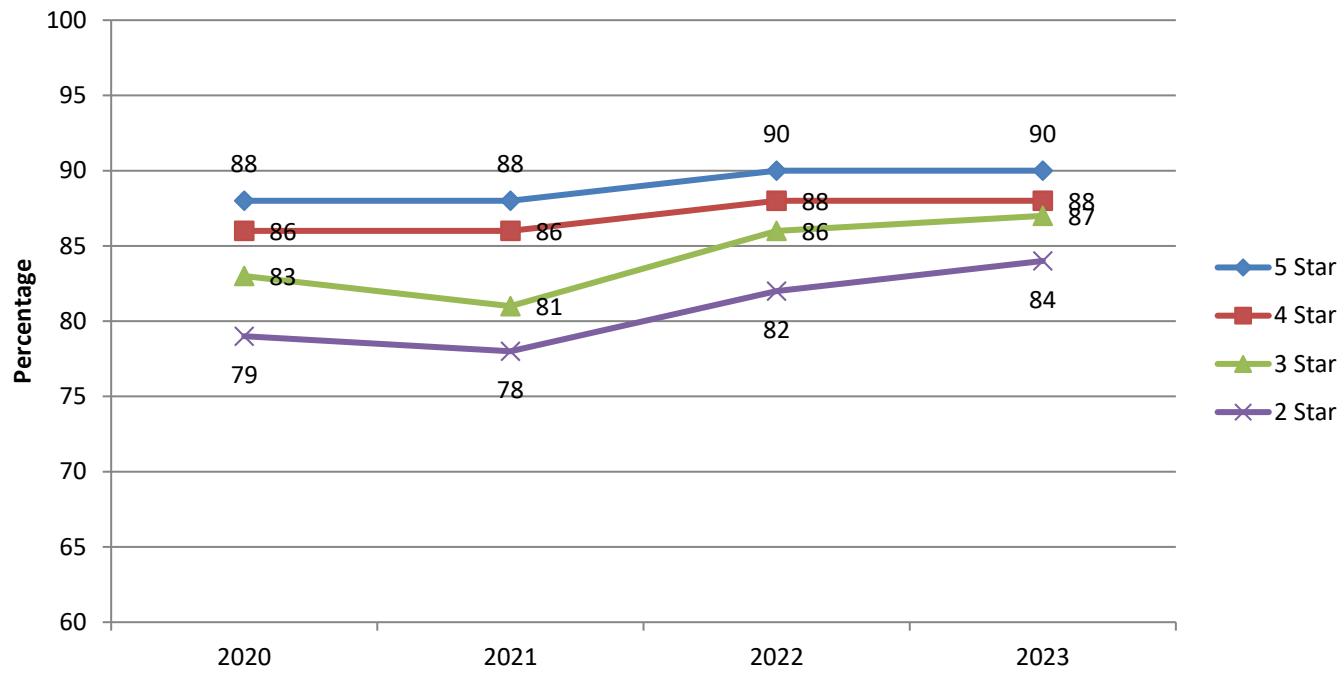
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

	Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2020	< 72 %	= 72 % to < 80 %	= 80 % to < 84 %	= 84 % to < 87 %	= 87 %	
MAPD	2021	< 75 %	= 75 % to < 83 %	= 83 % to < 86 %	= 86 % to < 88 %	= 88 %	
MAPD	2022	< 78 %	= 78 % to < 83 %	= 83 % to < 87 %	= 87 % to < 91 %	= 91 %	
MAPD	2023	< 81 %	= 81 % to < 85 %	= 85 % to < 88 %	= 88 % to < 92 %	= 92 %	

Medication Adherence for Cholesterol (Statins): PDP



Title

Description

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

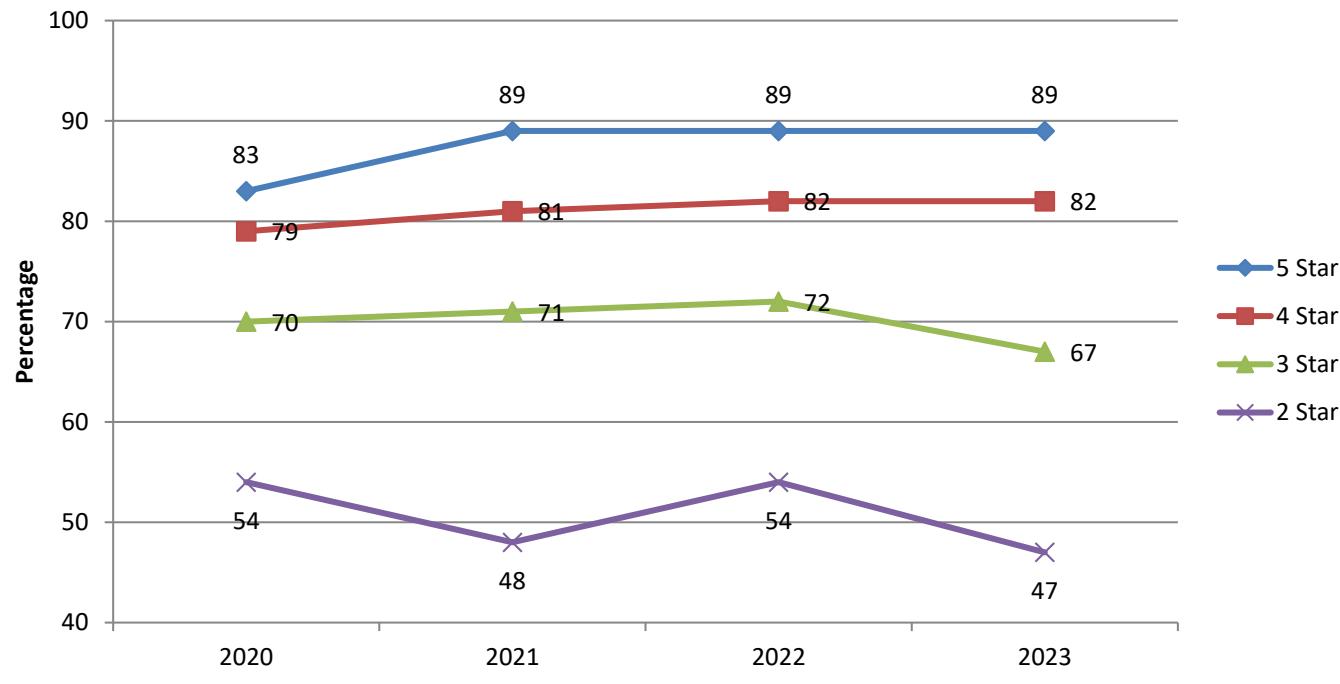
General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	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 %
PDP	2023	< 84 %	= 84 % to < 87 %	= 87 % to < 88 %	= 88 % to < 90 %	= 90 %

Measure: D11 - MTM Program Completion Rate for CMR

MTM Program Completion Rate for CMR: MAPD



Title

Description

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.

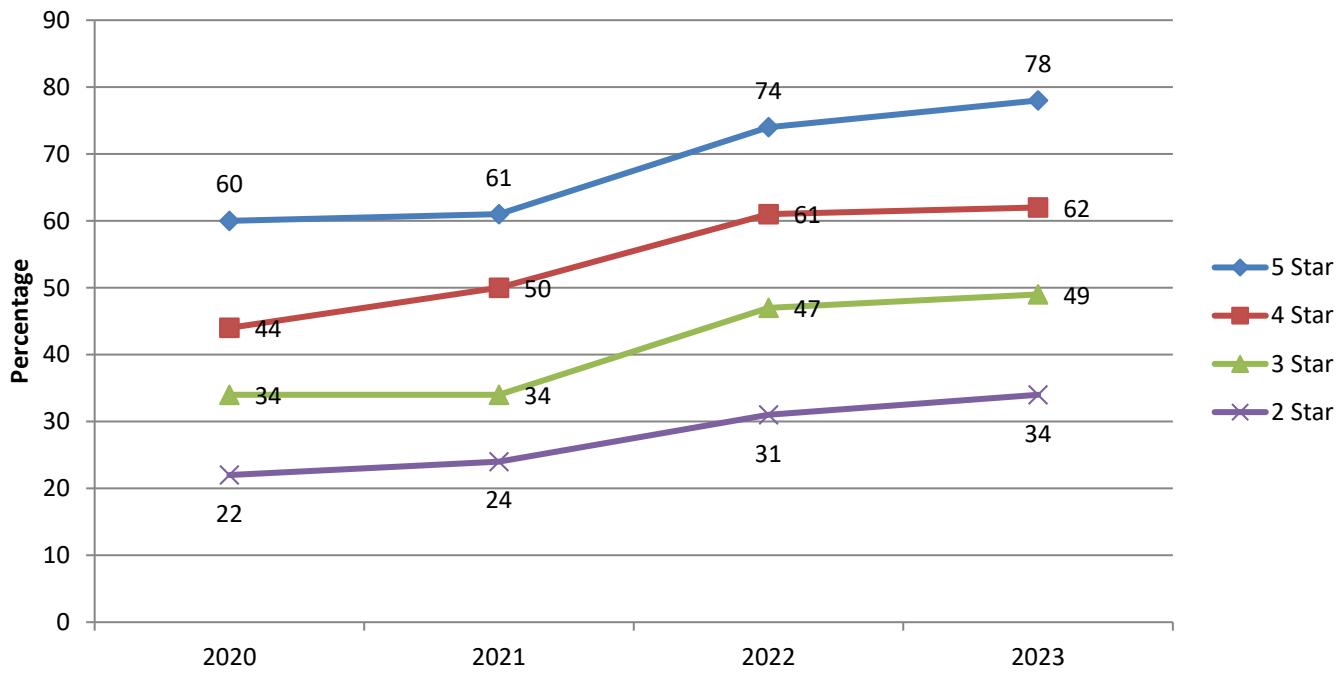
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2020	< 54 %	>= 54 % to < 70 %	>= 70 % to < 79 %	>= 79 % to < 83 %	>= 83 %
MAPD	2021	< 48 %	>= 48 % to < 71 %	>= 71 % to < 81 %	>= 81 % to < 89 %	>= 89 %
MAPD	2022	< 54 %	>= 54 % to < 72 %	>= 72 % to < 82 %	>= 82 % to < 89 %	>= 89 %
MAPD	2023	< 47 %	>= 47 % to < 67 %	>= 67 % to < 82 %	>= 82 % to < 89 %	>= 89 %

MTM Program Completion Rate for CMR: PDP



Title

Description

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.

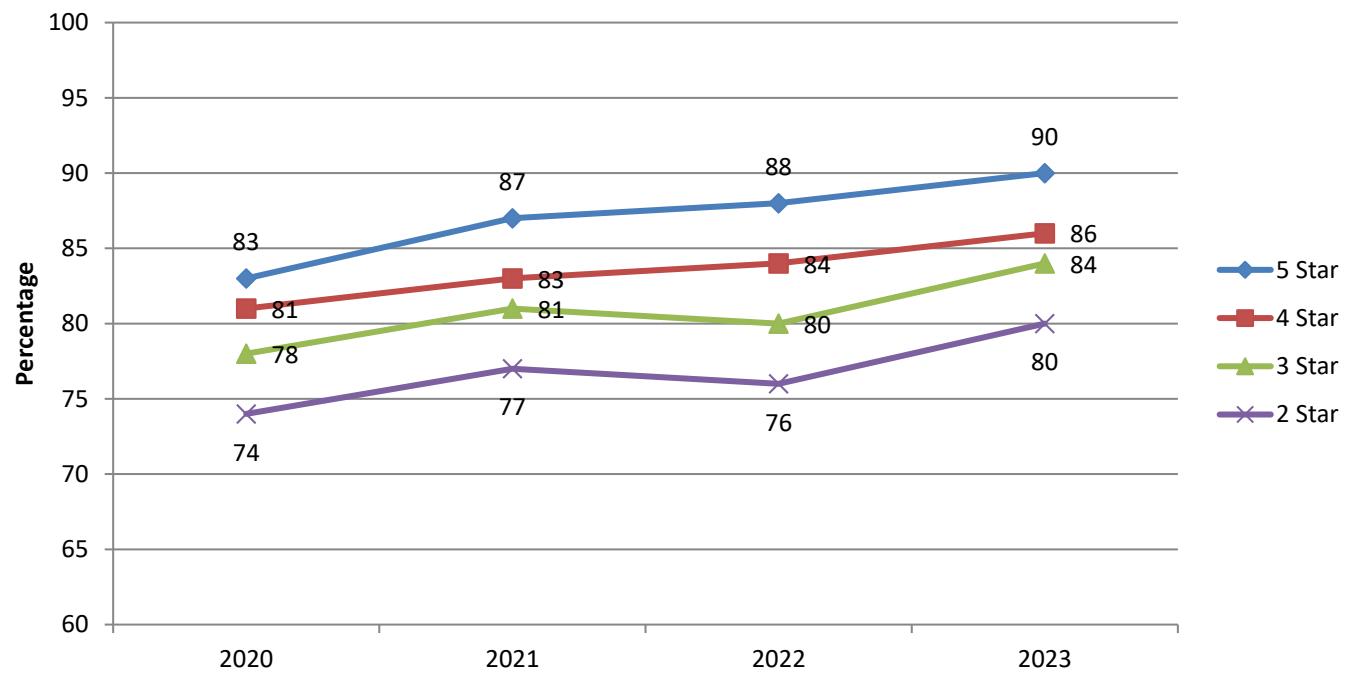
The assessment includes a discussion between the member and a pharmacist (or other health care professional) about all of the member's medications. The member also receives a written summary of the discussion, including an action plan that recommends what the member can do to better understand and use 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	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 %
PDP	2023	< 34 %	>= 34 % to < 49 %	>= 49 % to < 62 %	>= 62 % to < 78 %	>= 78 %

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

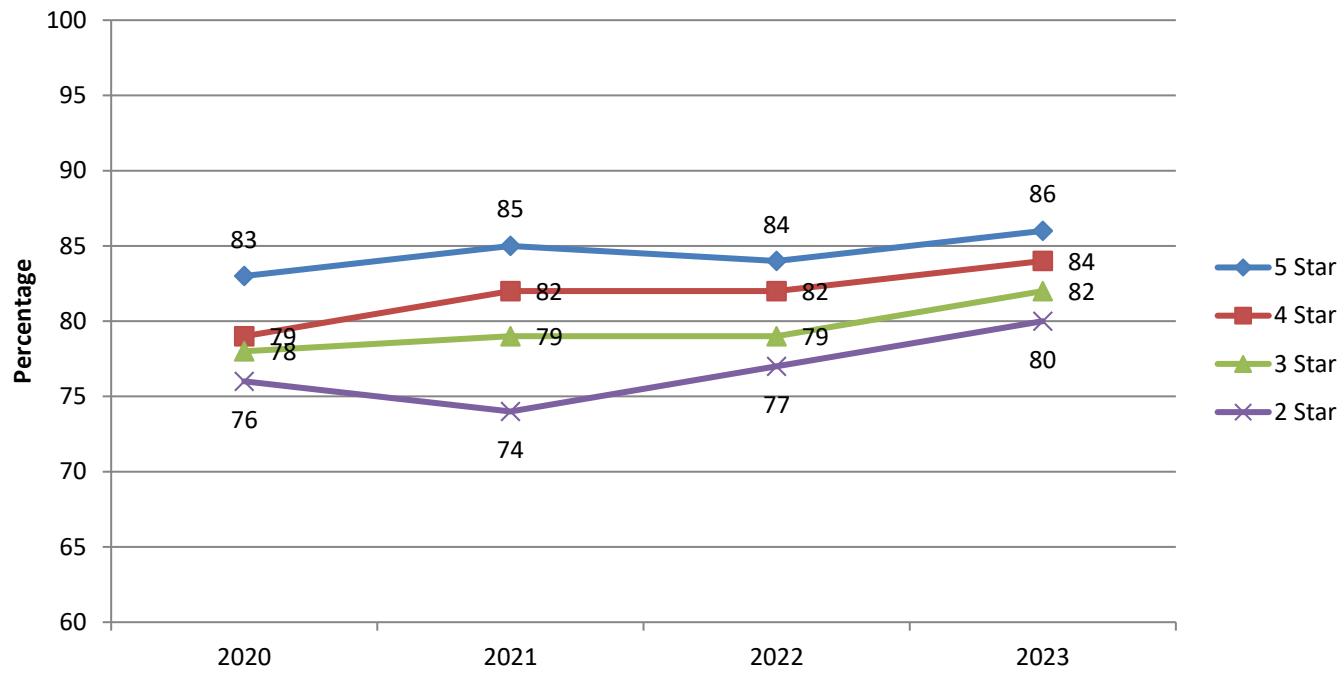
Data Source: Prescription Drug Event (PDE) Data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2020	< 74 %	≥ 74 % to < 78 %	≥ 78 % to < 81 %	≥ 81 % to < 83 %	≥ 83 %
MAPD	2021	< 77 %	≥ 77 % to < 81 %	≥ 81 % to < 83 %	≥ 83 % to < 87 %	≥ 87 %
MAPD	2022	< 76 %	≥ 76 % to < 80 %	≥ 80 % to < 84 %	≥ 84 % to < 88 %	≥ 88 %
MAPD	2023	< 80 %	≥ 80 % to < 84 %	≥ 84 % to < 86 %	≥ 86 % to < 90 %	≥ 90 %

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	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 %
PDP	2023	< 80 %	= 80 % to < 82 %	= 82 % to < 84 %	= 84 % to < 84 %	= 86 %