



Trends in Part C & D Star Rating Measure Cut Points

Updated – 10/20/2020

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Introduction

One of CMS's 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 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 2021 Star Ratings, there are a total of 46 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.

In the Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency Interim Final Rule placed on display at the Office of the Federal Register website on March 31, 2020 (“March 31st COVID-19 IFC”), CMS adopted a series of changes to the 2021 and 2022 Star Ratings to accommodate the disruption to data collection posed by the COVID-19 pandemic. The changes adopted in the March 31st COVID-19 IFC addressed the need of health and drug plans and their providers to adapt their current care practices in light of the public health emergency for COVID-19 and the need to care for the most vulnerable patients, such as the elderly and those with chronic health conditions. Specifically, the March 31st COVID-19 IFC eliminated the requirement to collect and submit Healthcare Effectiveness Data and Information Set (HEDIS) and Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) data otherwise collected in 2020 and replaced the 2021 Star Ratings measures calculated based on those HEDIS and CAHPS data collections 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.

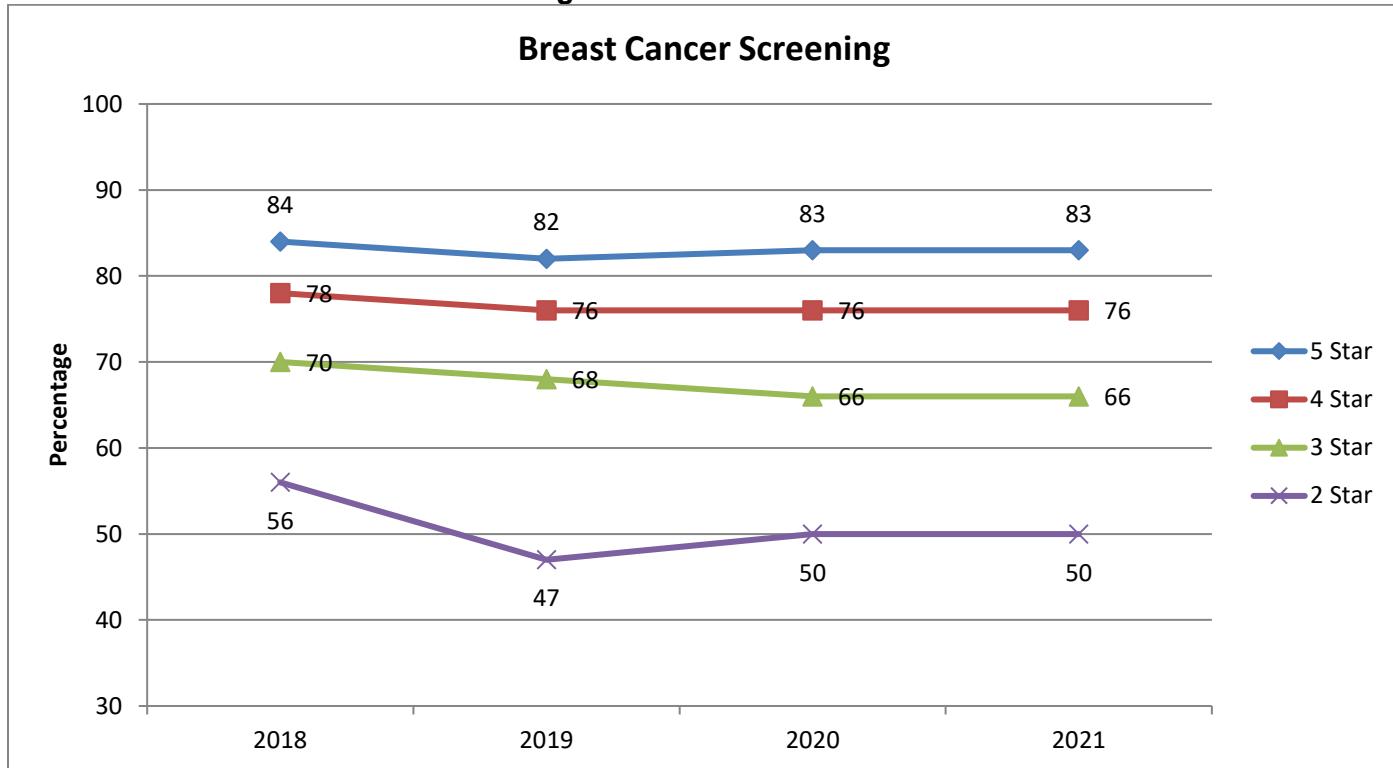


In this document, we display graphical trends of star cut points at the measure level, along with each measure's definition and data source. **Note, since various measures have specification changes over the years, not all changes in cut points indicate changes in average performance. Also, some measures 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 Medicare Plan Finder (MPF) pricing measure is not included in this document 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

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**

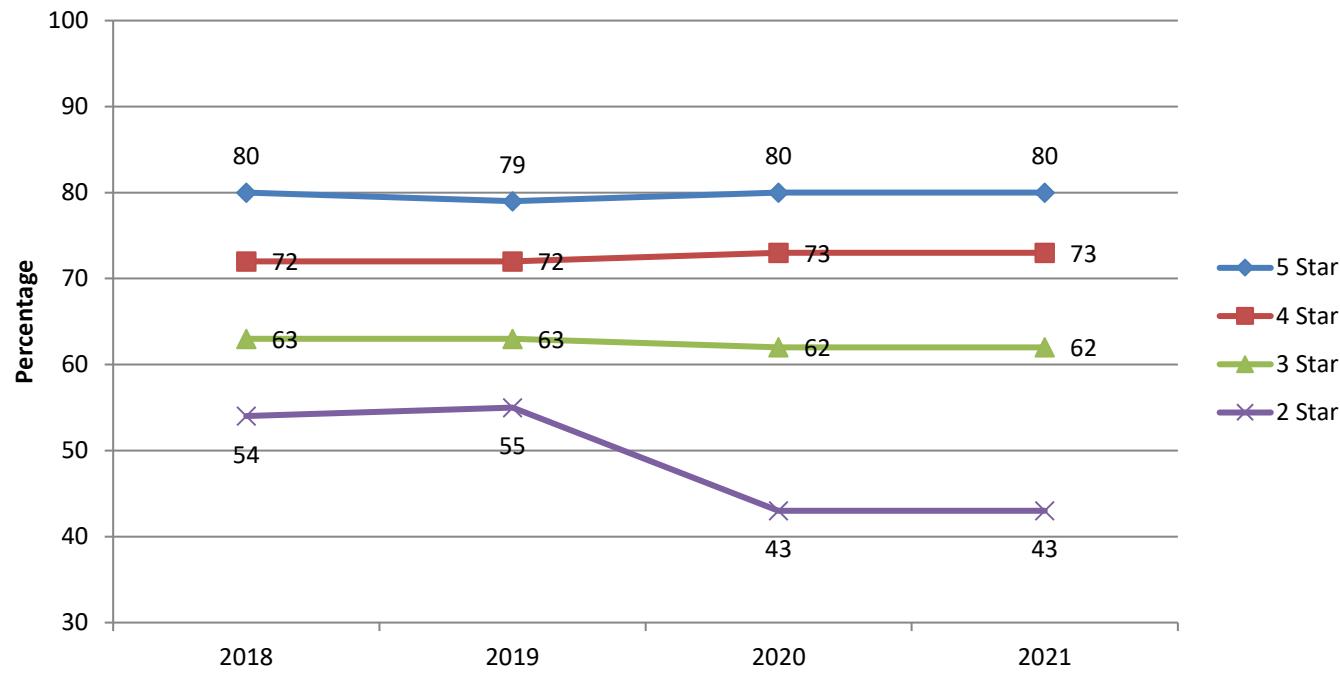
Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 56%	≥ 56% to < 70%	≥ 70% to < 78%	≥ 78% to < 84%	≥ 84%
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%

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

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.**

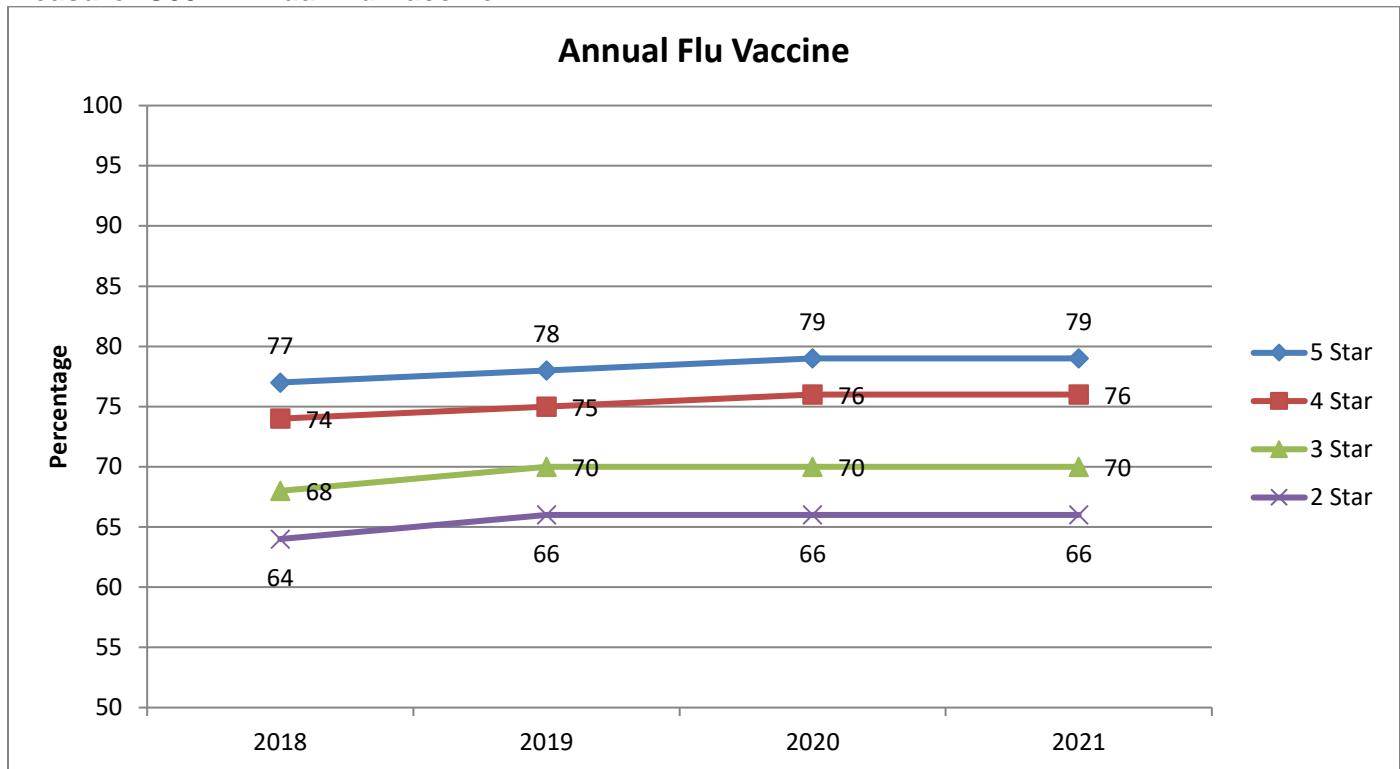
Data Source: **HEDIS**

General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 54%	≥ 54% to < 63%	≥ 63% to < 72%	≥ 72% to < 80%	≥ 80%
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%

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

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**

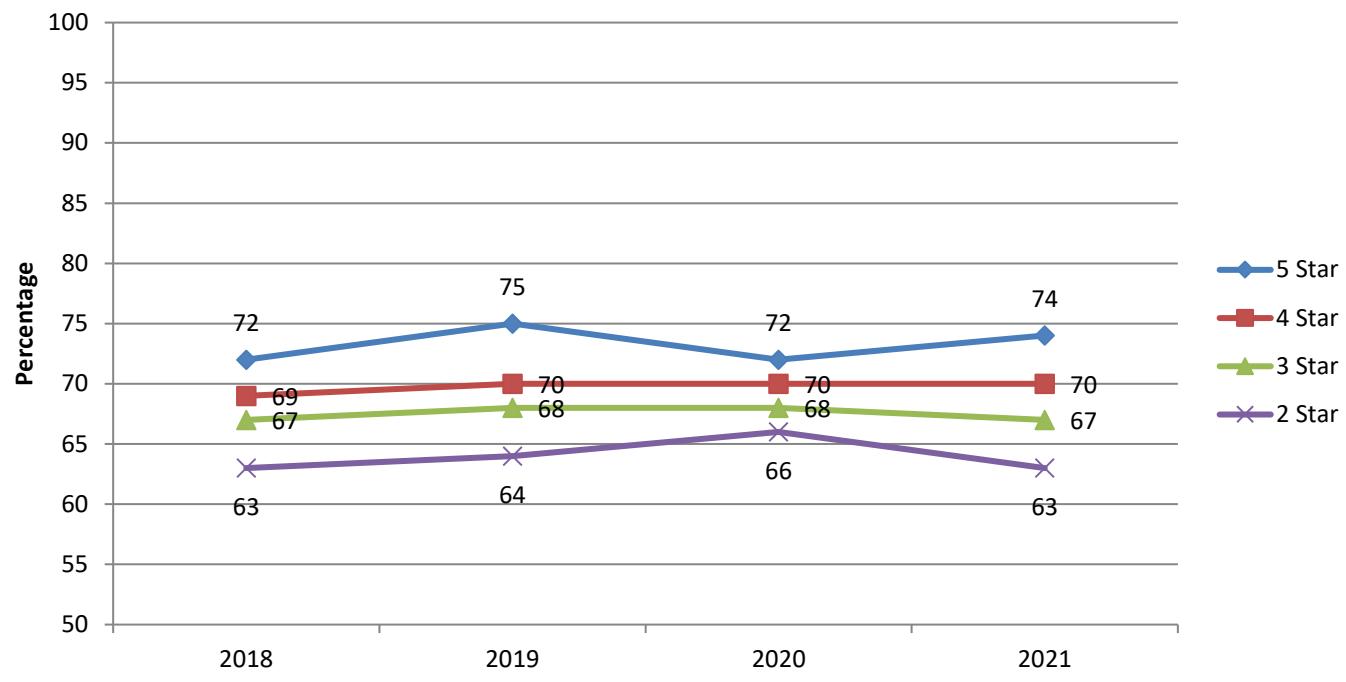
Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2018	< 64%	≥ 64% to < 68%	≥ 68% to < 74%	≥ 74% to < 77%	≥ 77%
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

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C04 - Improving or Maintaining Physical Health

Improving or Maintaining Physical Health



Title

Description

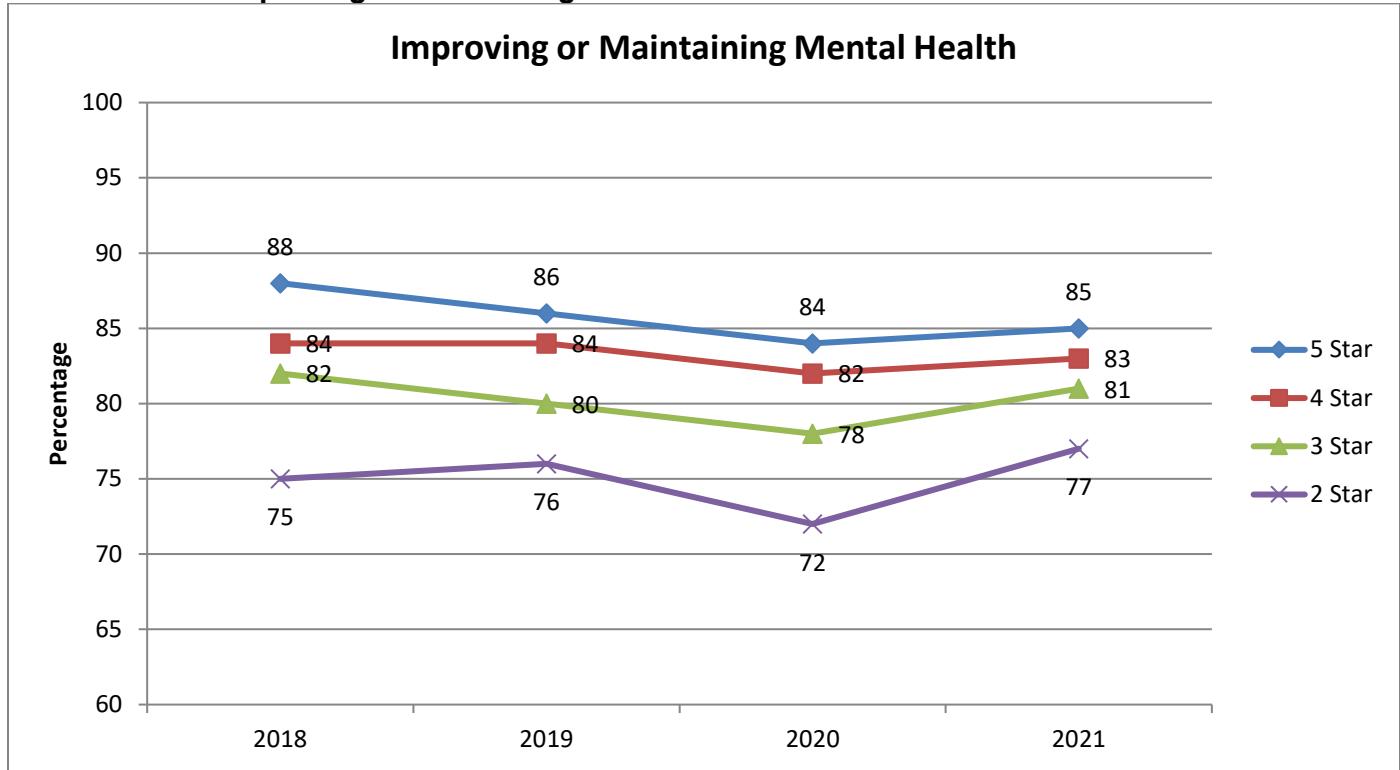
Description: **Percent of plan members whose physical health was the same or better than expected after two years.**

Data Source: **HOS**

General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 63%	≥ 63% to < 67%	≥ 67% to < 69%	≥ 69% to < 72%	≥ 72%
2019	< 64%	≥ 64% to < 68%	≥ 68% to < 70%	≥ 70% to < 75%	≥ 75%
2020	< 66%	≥ 66% to < 68%	≥ 68% to < 70%	≥ 70% to < 72%	≥ 72%
2021	< 63 %	≥ 63 % to < 67 %	≥ 67 % to < 70 %	≥ 70 % to < 74 %	≥ 74 %

Measure: C05 - Improving or Maintaining Mental Health**Title****Description**

Description: **Percent of plan members whose mental health was the same or better than expected after two years.**

Data Source: **HOS**

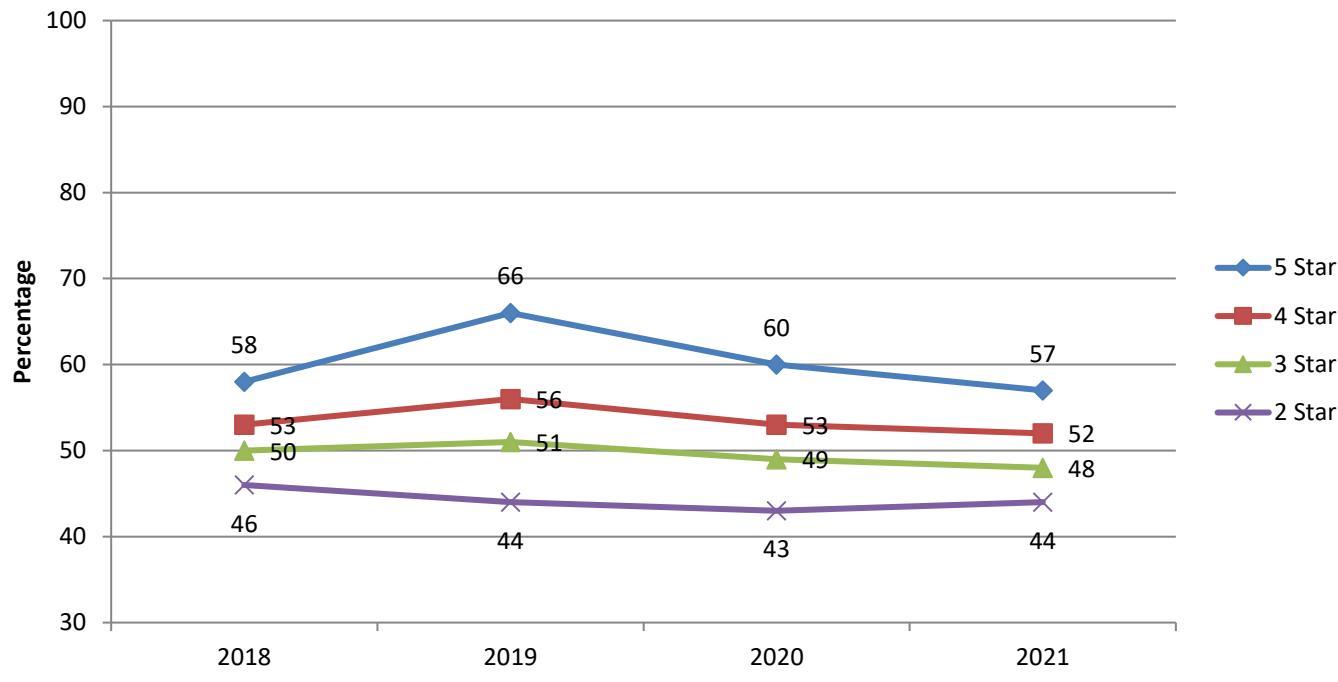
General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 75%	≥ 75% to < 82%	≥ 82% to < 84%	≥ 84% to < 88%	≥ 88%
2019	< 76%	≥ 76% to < 80%	≥ 80% to < 84%	≥ 84% to < 86%	≥ 86%
2020	< 72%	≥ 72% to < 78%	≥ 78% to < 82%	≥ 82% to < 84%	≥ 84%
2021	< 77 %	≥ 77 % to < 81 %	≥ 81 % to < 83 %	≥ 83 % to < 85 %	≥ 85 %

Measure: C06 - Monitoring Physical Activity

Monitoring Physical Activity



Title

Description

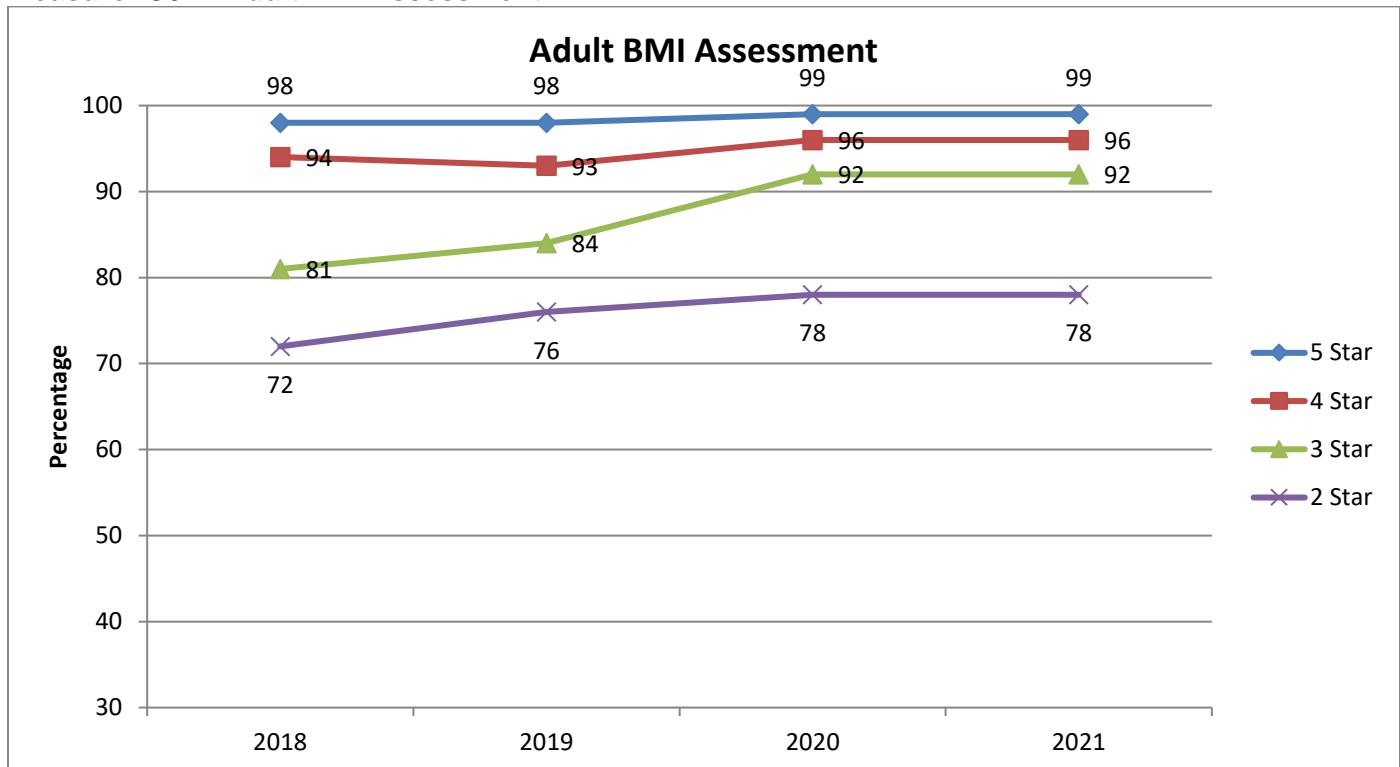
Description: **Percent of senior plan members who discussed exercise with their doctor and were advised to start, increase, or maintain their physical activity during the year.**

Data Source: **HEDIS / HOS**

General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 46%	≥ 46% to < 50%	≥ 50% to < 53%	≥ 53% to < 58%	≥ 58%
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 %

Measure: C07 - Adult BMI Assessment***Title****Description**

Description: **Percent of plan members with an outpatient visit who had their Body Mass Index (BMI) calculated from their height and weight and recorded in their medical record.**

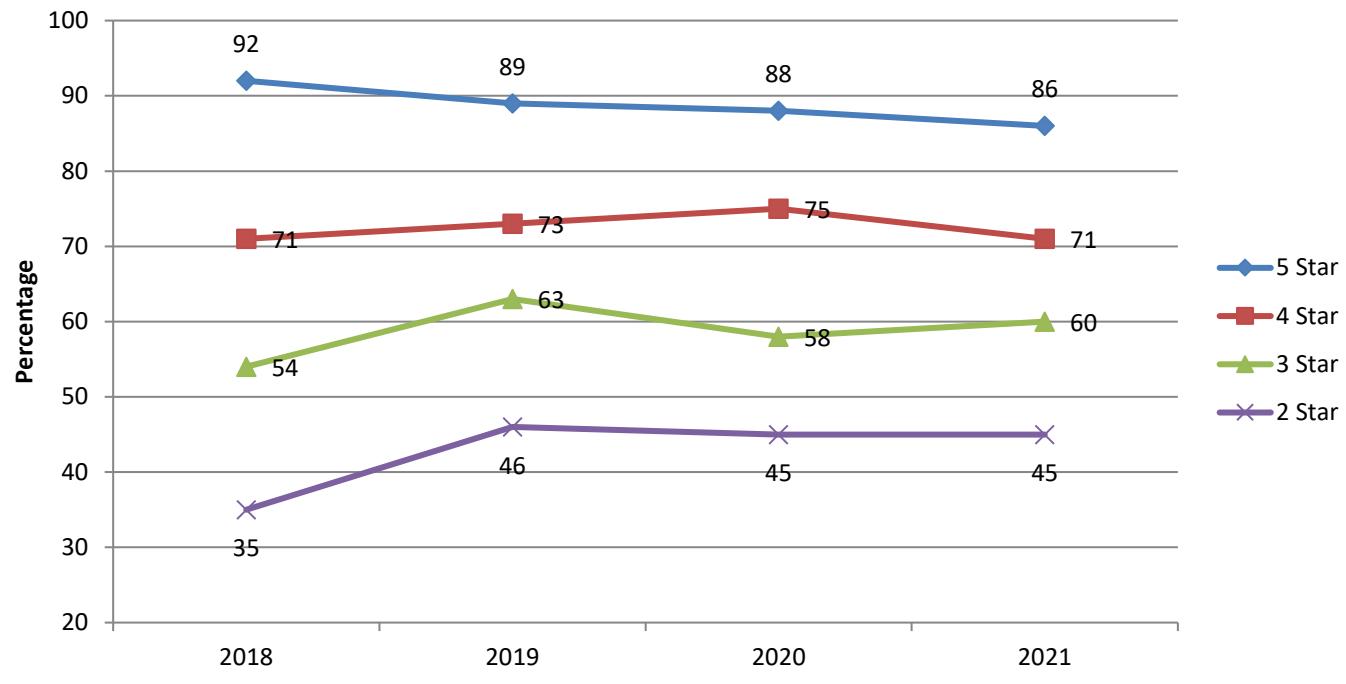
Data Source: **HEDIS**

General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 72%	≥ 72% to < 81%	≥ 81% to < 94%	≥ 94% to < 98%	≥ 98%
2019	< 76%	≥ 76% to < 84%	≥ 84% to < 93%	≥ 93% to < 98%	≥ 98%
2020	< 78%	≥ 78% to < 92%	≥ 92% to < 96%	≥ 96% to < 99%	≥ 99%
2021	< 78%	≥ 78% to < 92%	≥ 92% to < 96%	≥ 96% to < 99%	≥ 99%

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C08 - Special Needs Plan (SNP) Care Management**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.)**

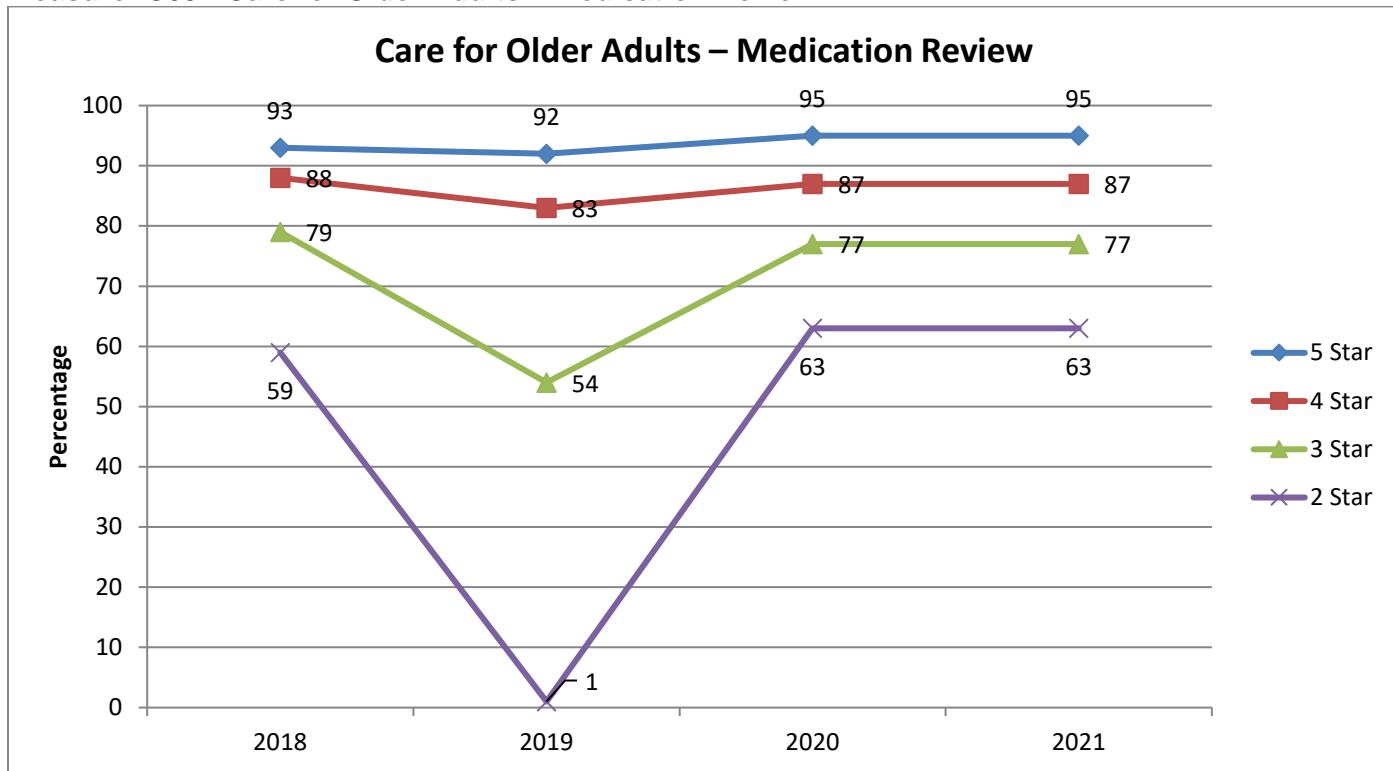
Data Source: **Part C Plan Reporting**

General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 35%	≥ 35% to < 54%	≥ 54% to < 71%	≥ 71% to < 92%	≥ 92%
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 %

Measure: C09 - 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**

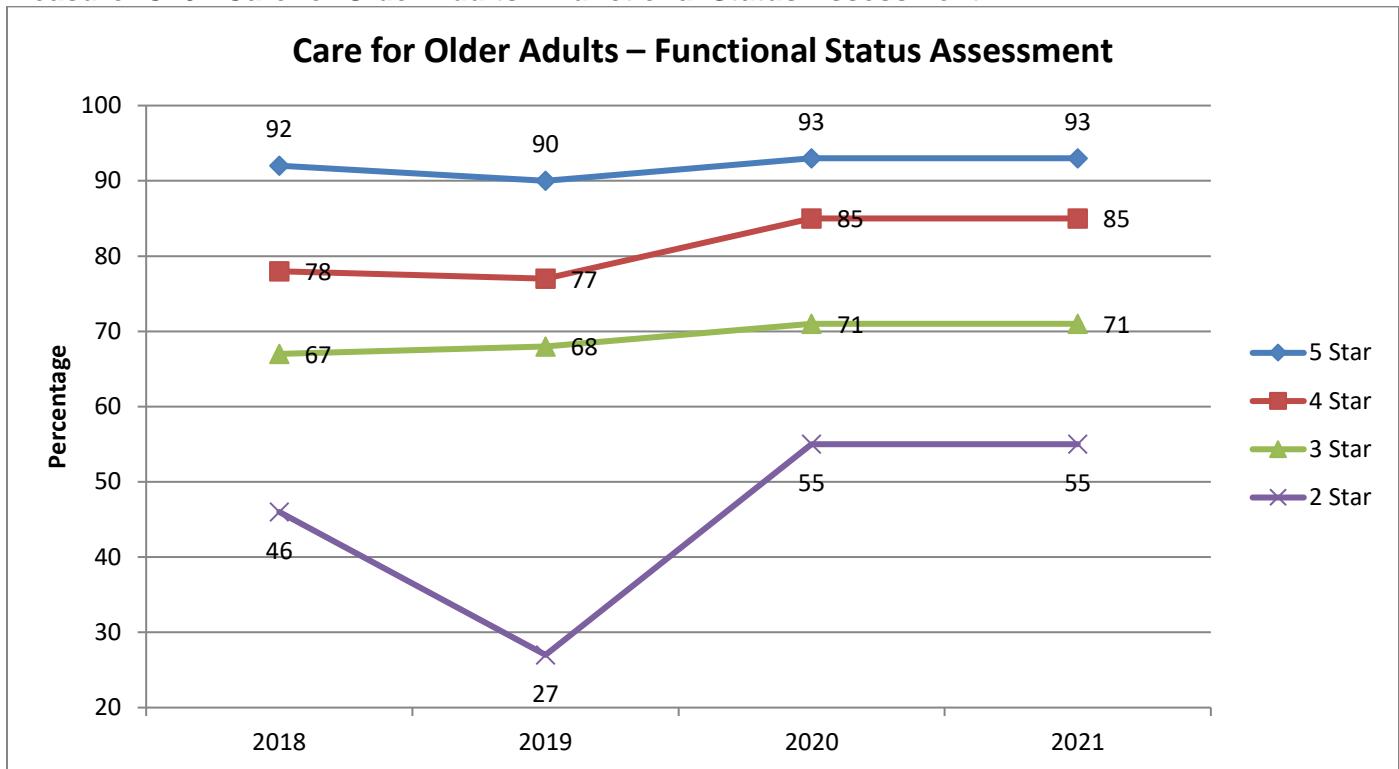
General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 59%	≥ 59% to < 79%	≥ 79% to < 88%	≥ 88% to < 93%	≥ 93%
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%

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C10 - Care for Older Adults – Functional Status Assessment*



Title

Description

Description: **Percent of plan members whose doctor has done a functional status assessment to see how well they are able to do Activities of Daily Living such as dressing, eating, and bathing. (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**

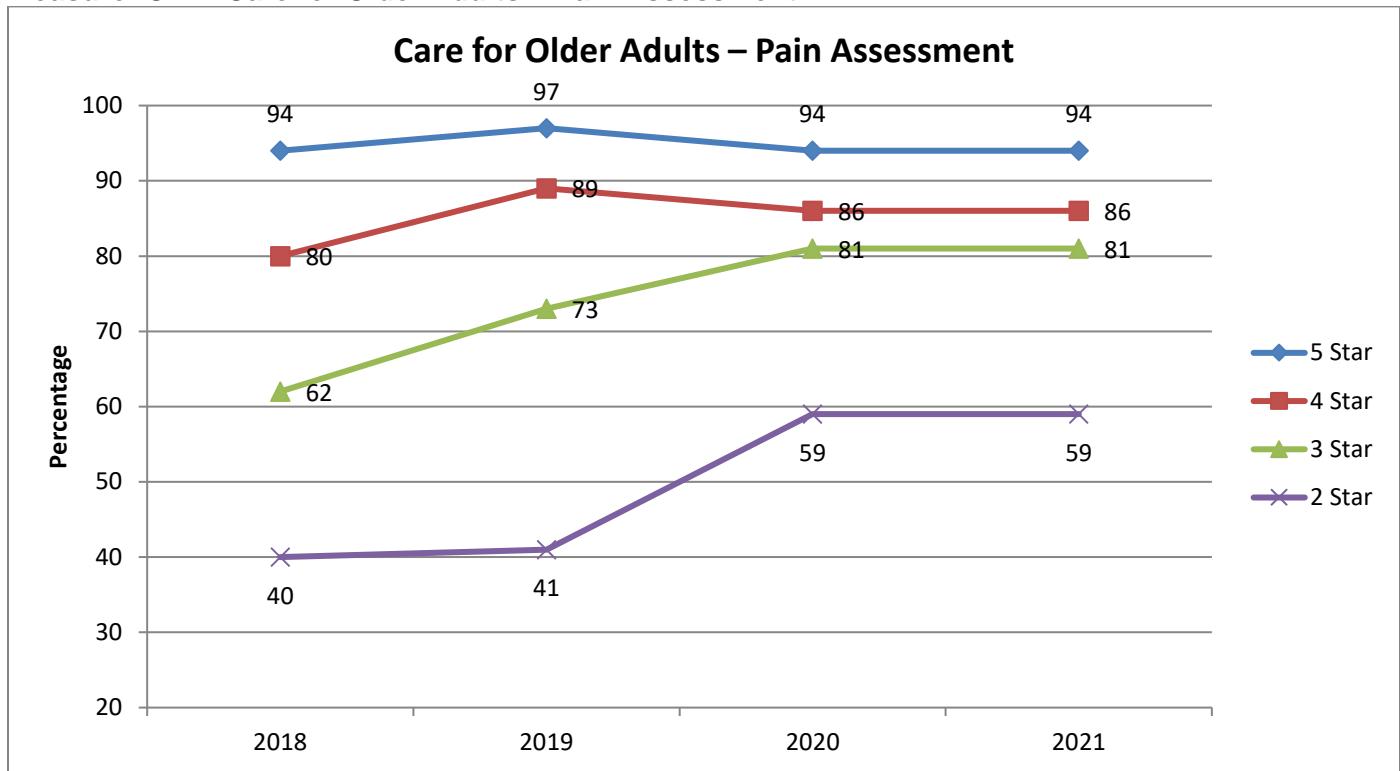
General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 46%	≥ 46% to < 67%	≥ 67% to < 78%	≥ 78% to < 92%	≥ 92%
2019	< 27%	≥ 27% to < 68%	≥ 68% to < 77%	≥ 77% to < 90%	≥ 90%
2020	< 55%	≥ 55% to < 71%	≥ 71% to < 85%	≥ 85% to < 93%	≥ 93%
2021	< 55%	≥ 55% to < 71%	≥ 71% to < 85%	≥ 85% to < 93%	≥ 93%

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C11 - 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**

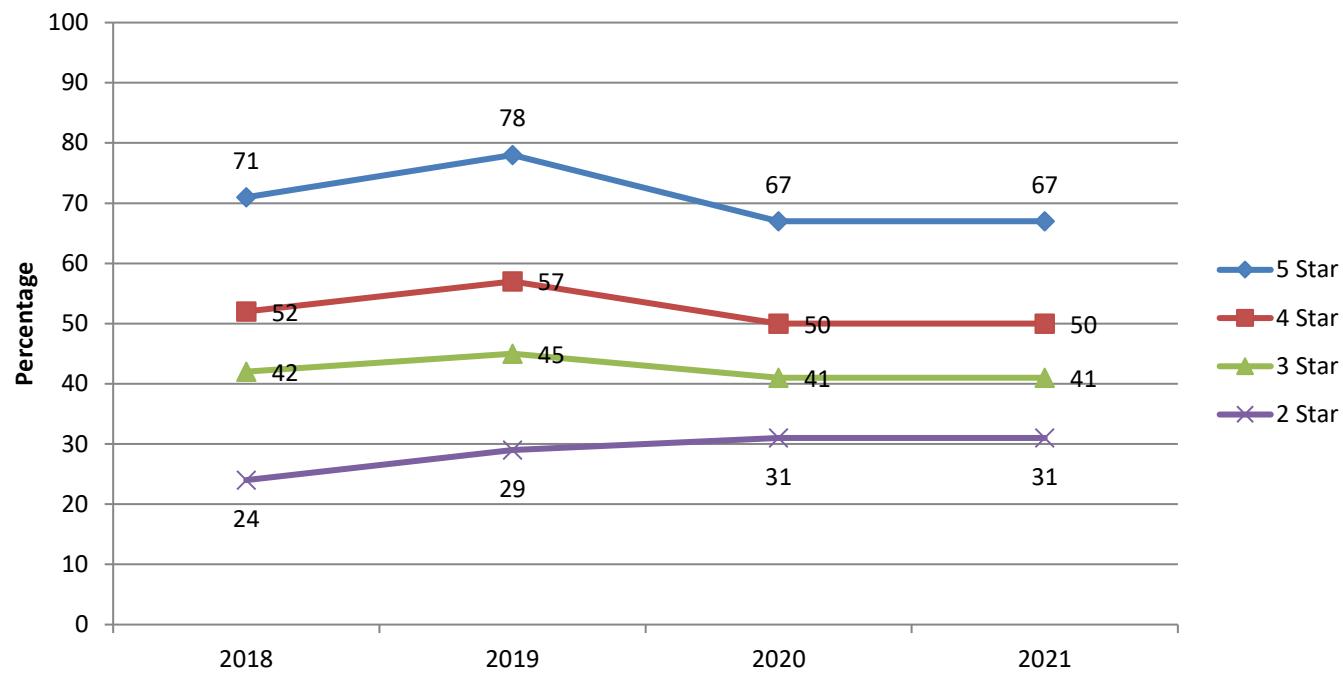
Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 40%	≥ 40% to < 62%	≥ 62% to < 80%	≥ 80% to < 94%	≥ 94%
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%

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C12 - 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.**

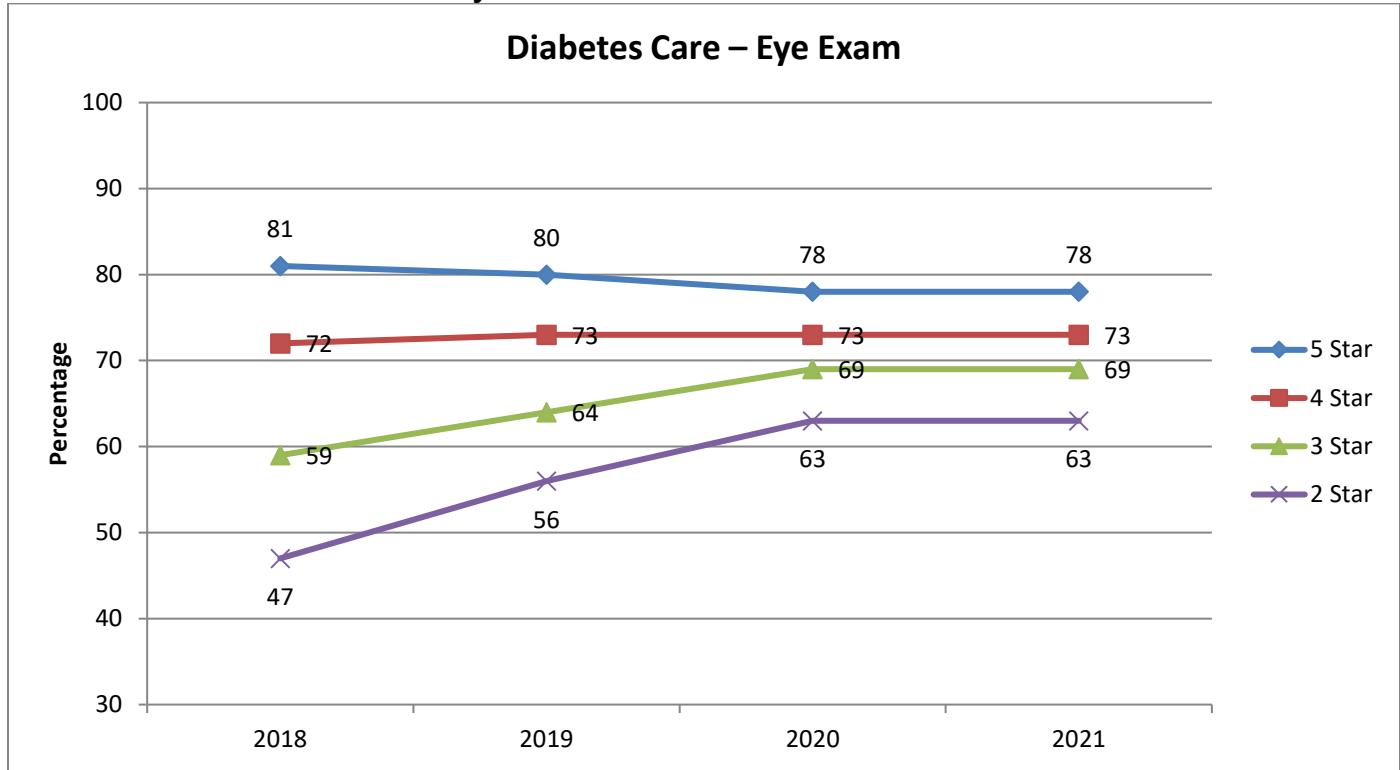
Data Source: **HEDIS**

General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 24%	≥ 24% to < 42%	≥ 42% to < 52%	≥ 52% to < 71%	≥ 71%
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%

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C13 - 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.**

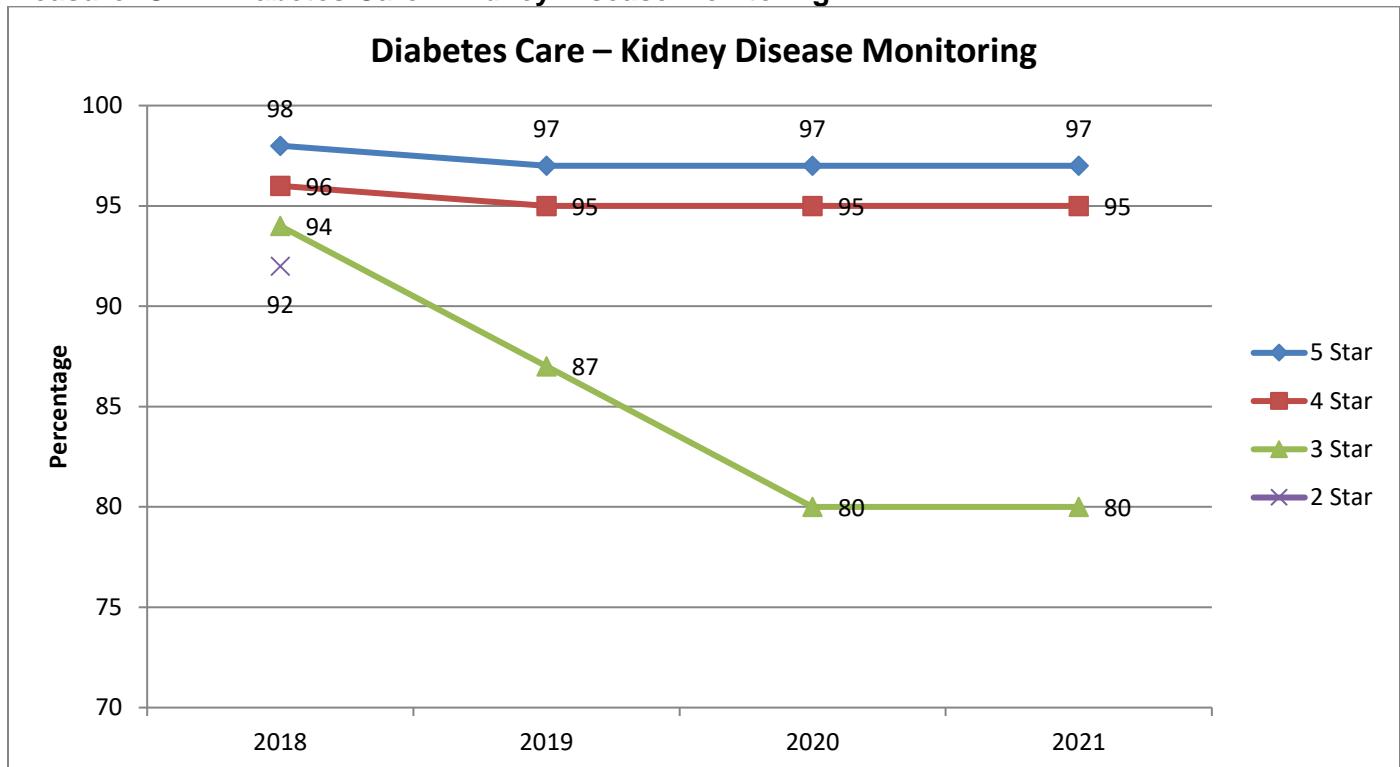
Data Source: **HEDIS**

General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 47%	≥ 47% to < 59%	≥ 59% to < 72%	≥ 72% to < 81%	≥ 81%
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%

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C14 - Diabetes Care – Kidney Disease Monitoring***Title****Description**

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

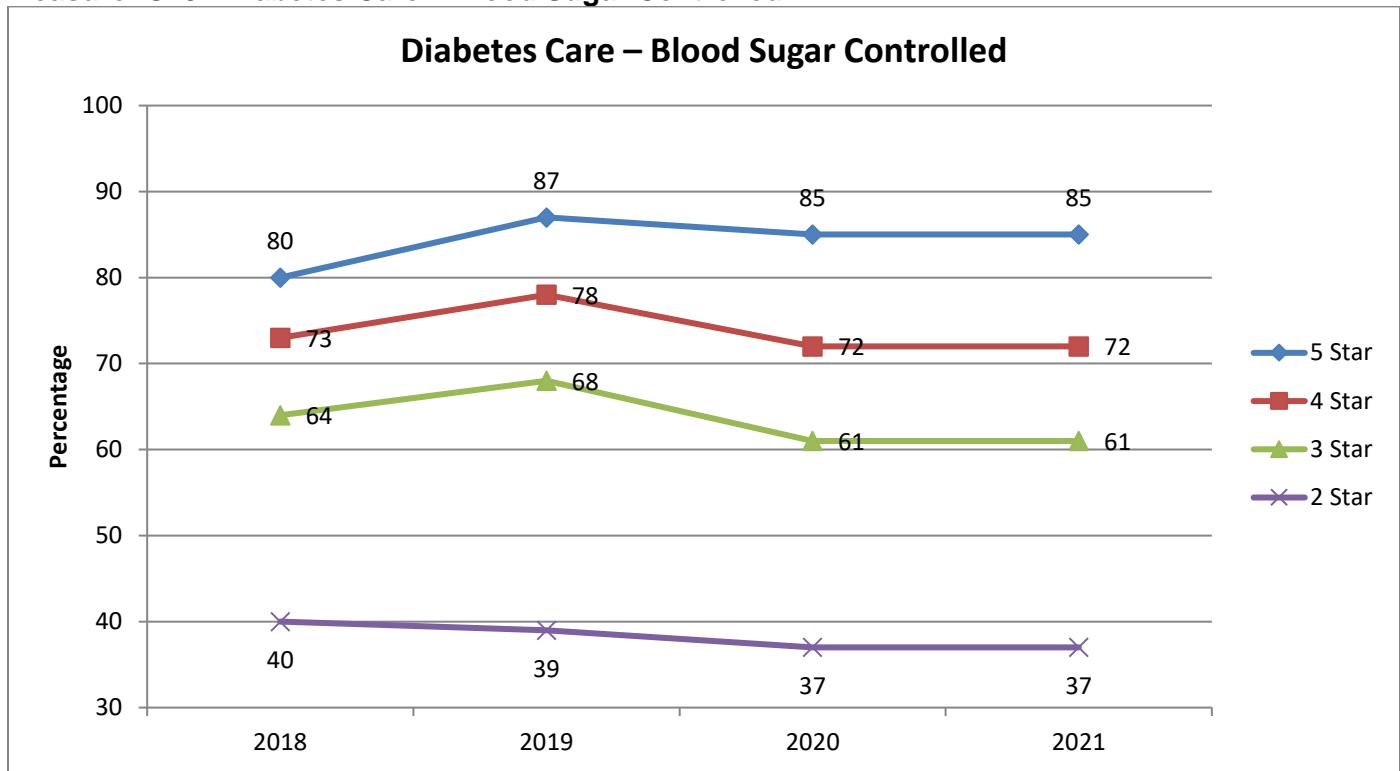
Data Source: **HEDIS**

General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 92%	≥ 92% to < 94%	≥ 94% to < 96%	≥ 96% to < 98%	≥ 98%
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%

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C15 - 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.**

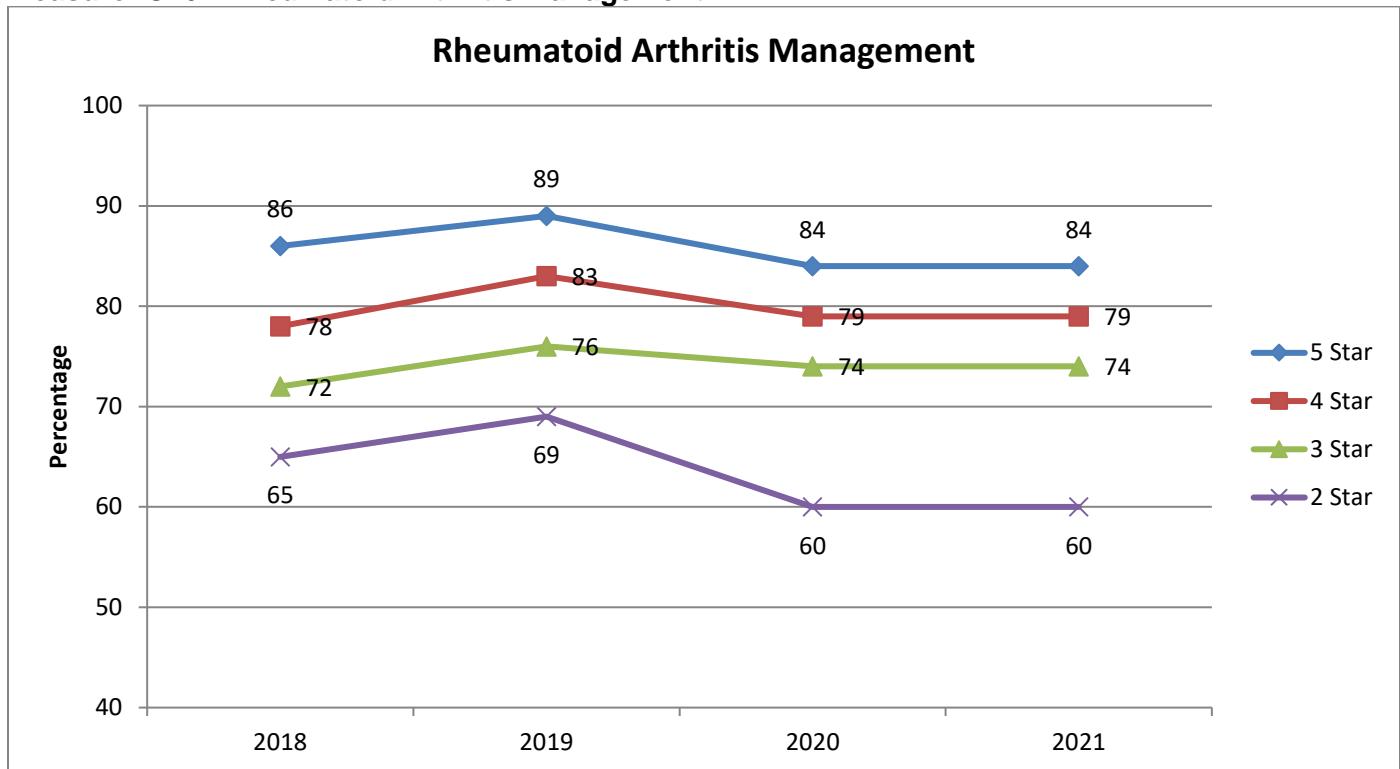
Data Source: **HEDIS**

General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 40%	≥ 40% to < 64%	≥ 64% to < 73%	≥ 73% to < 80%	≥ 80%
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%

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C16 - Rheumatoid Arthritis Management***Title****Description**

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**

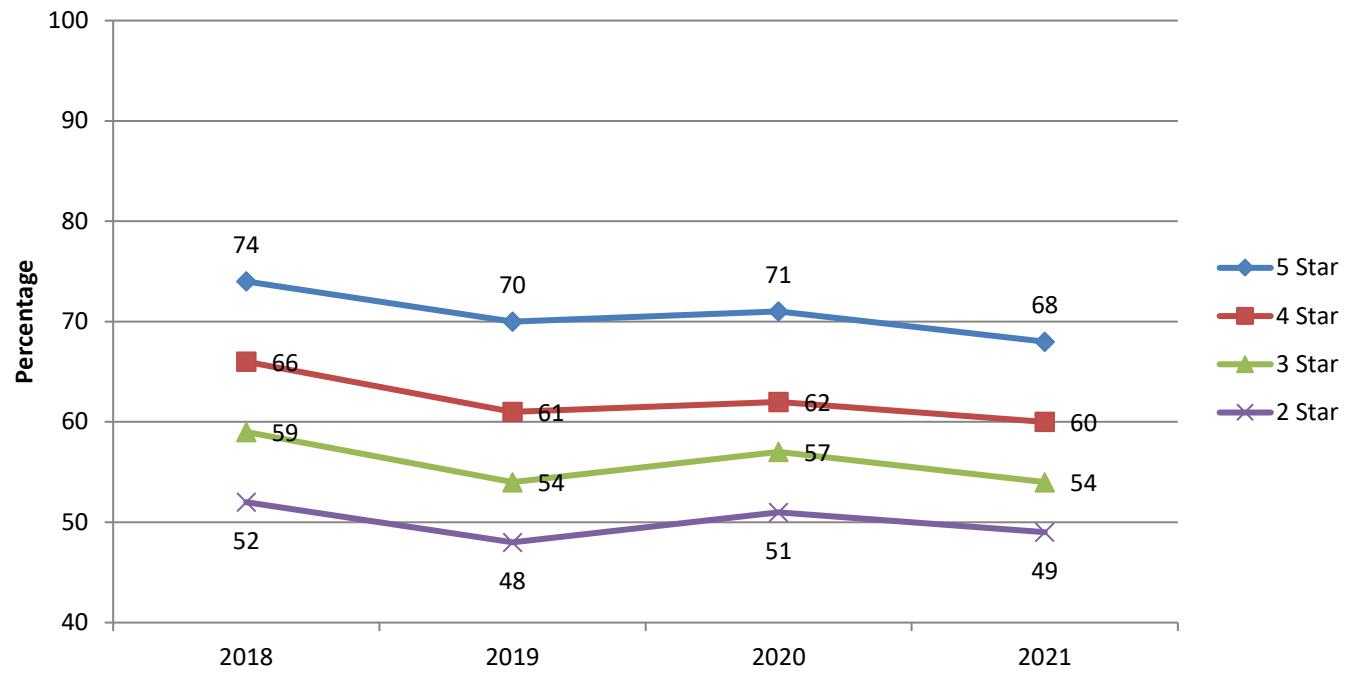
Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 65%	≥ 65% to < 72%	≥ 72% to < 78%	≥ 78% to < 86%	≥ 86%
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%

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C17 - 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**

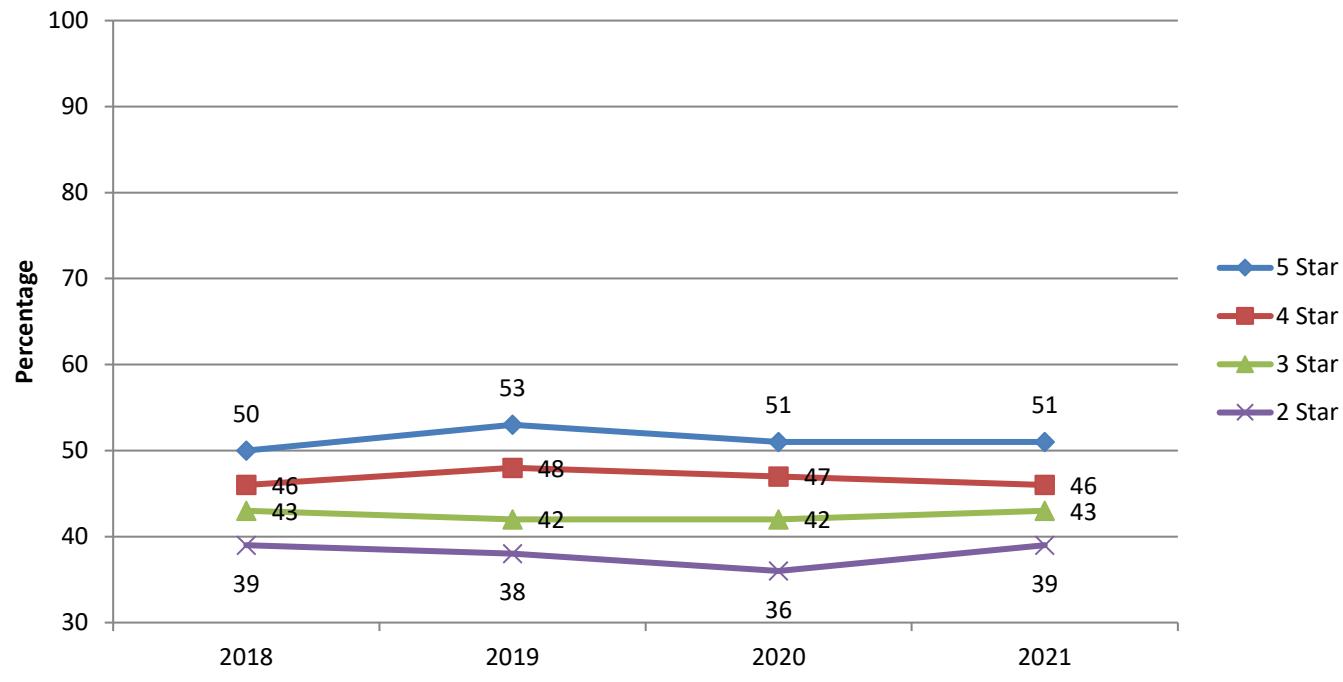
General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 52%	≥ 52% to < 59%	≥ 59% to < 66%	≥ 66% to < 74%	≥ 74%
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 %

Measure: C18 - Improving Bladder Control

Improving Bladder Control



Title

Description

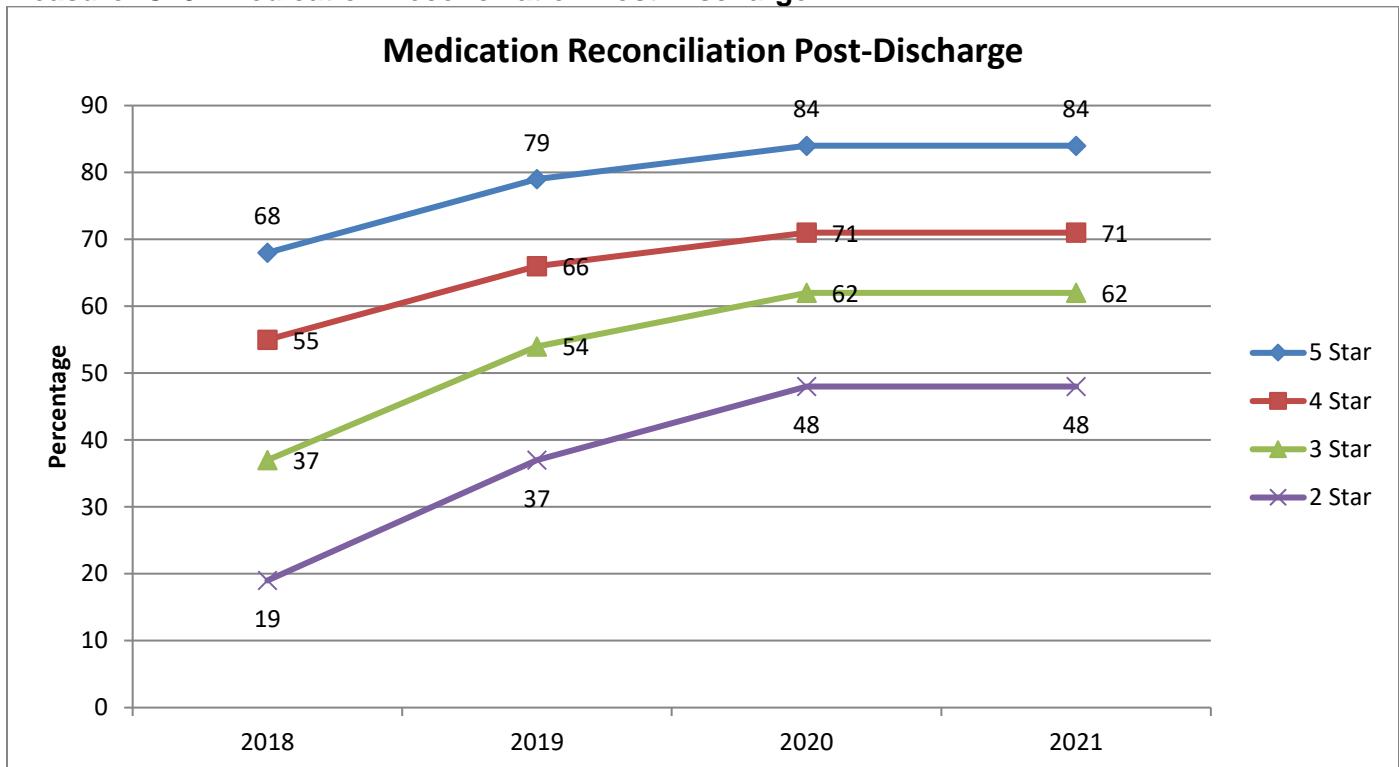
Description: **Percent of plan members with a urine leakage problem in the past 6 months who discussed treatment options with a provider.**

Data Source: **HEDIS / HOS**

General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 39%	≥ 39% to < 43%	≥ 43% to < 46%	≥ 46% to < 50%	≥ 50%
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 %

Measure: C19 - 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.

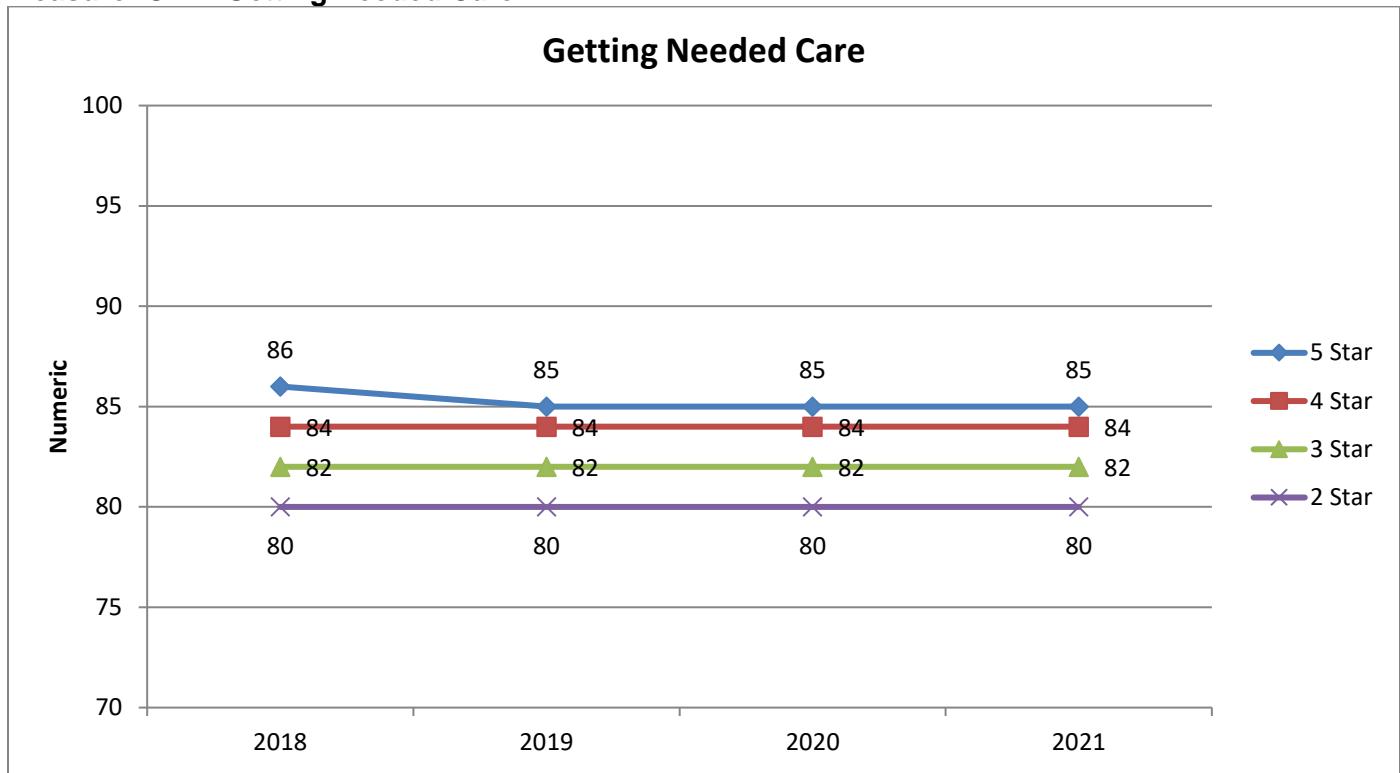
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 19%	≥ 19% to < 37%	≥ 37% to < 55%	≥ 55% to < 68%	≥ 68%
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%

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C21 - 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.**

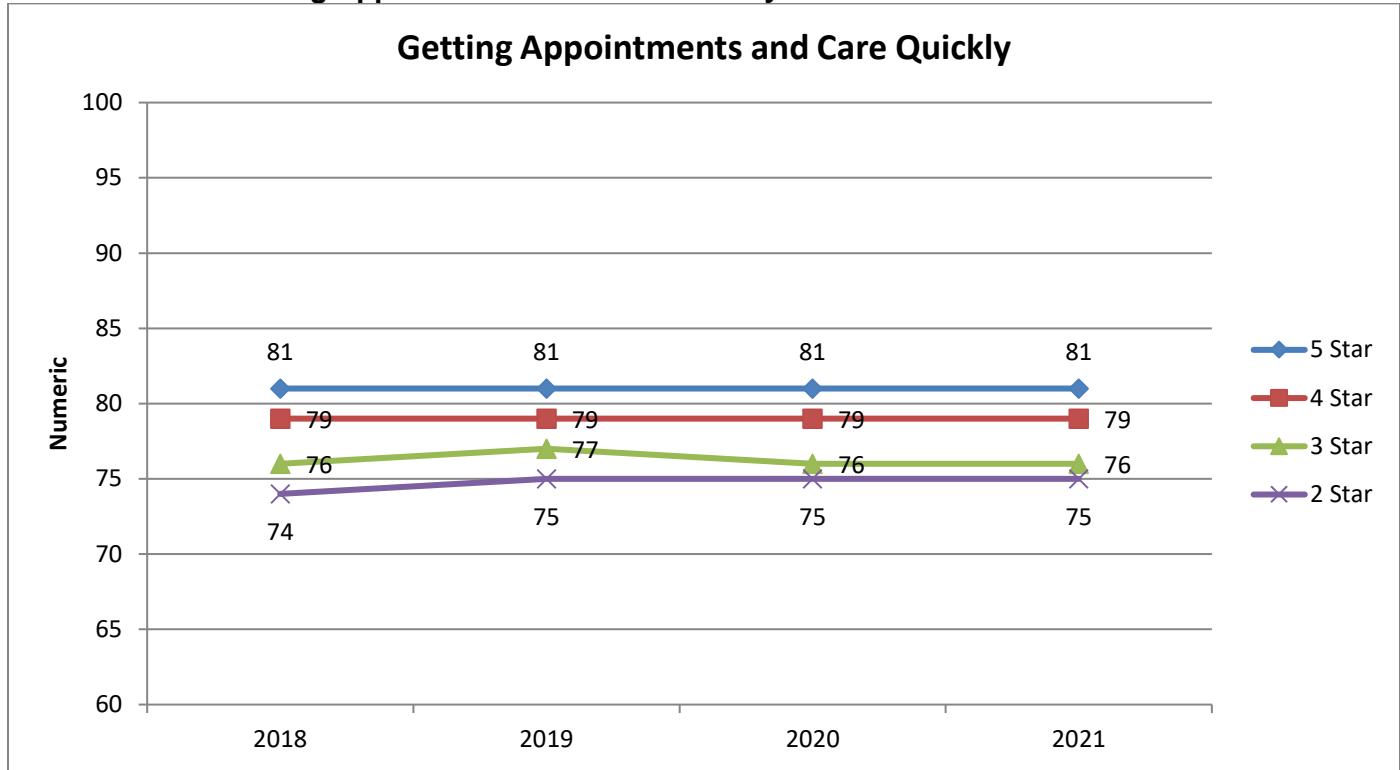
Data Source: **CAHPS**

General Trend: **Higher is better**

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2018	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 86	≥ 86
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

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C22 - 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.**

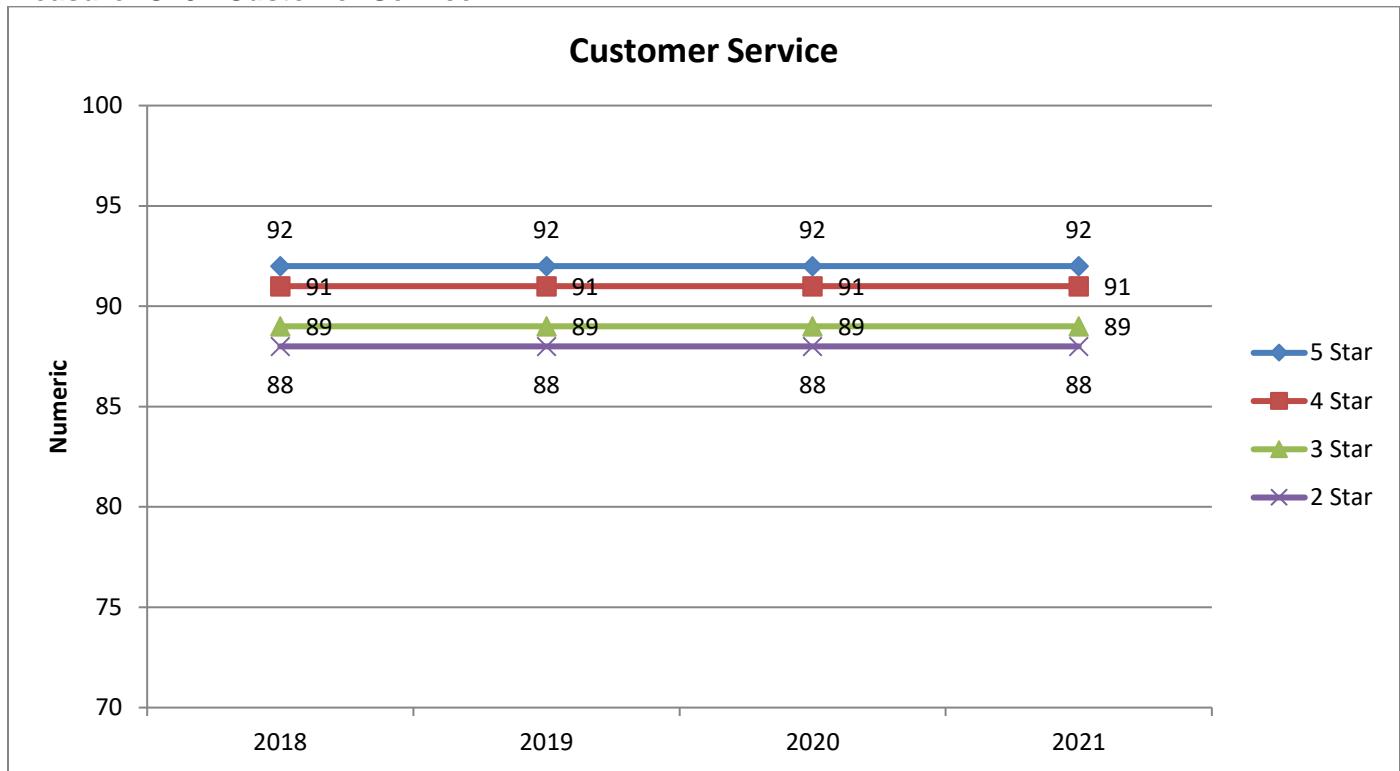
Data Source: **CAHPS**

General Trend: **Higher is better**

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2018	< 74	≥ 74 to < 76	≥ 76 to < 79	≥ 79 to < 81	≥ 81
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

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C23 - Customer Service***Title****Description**

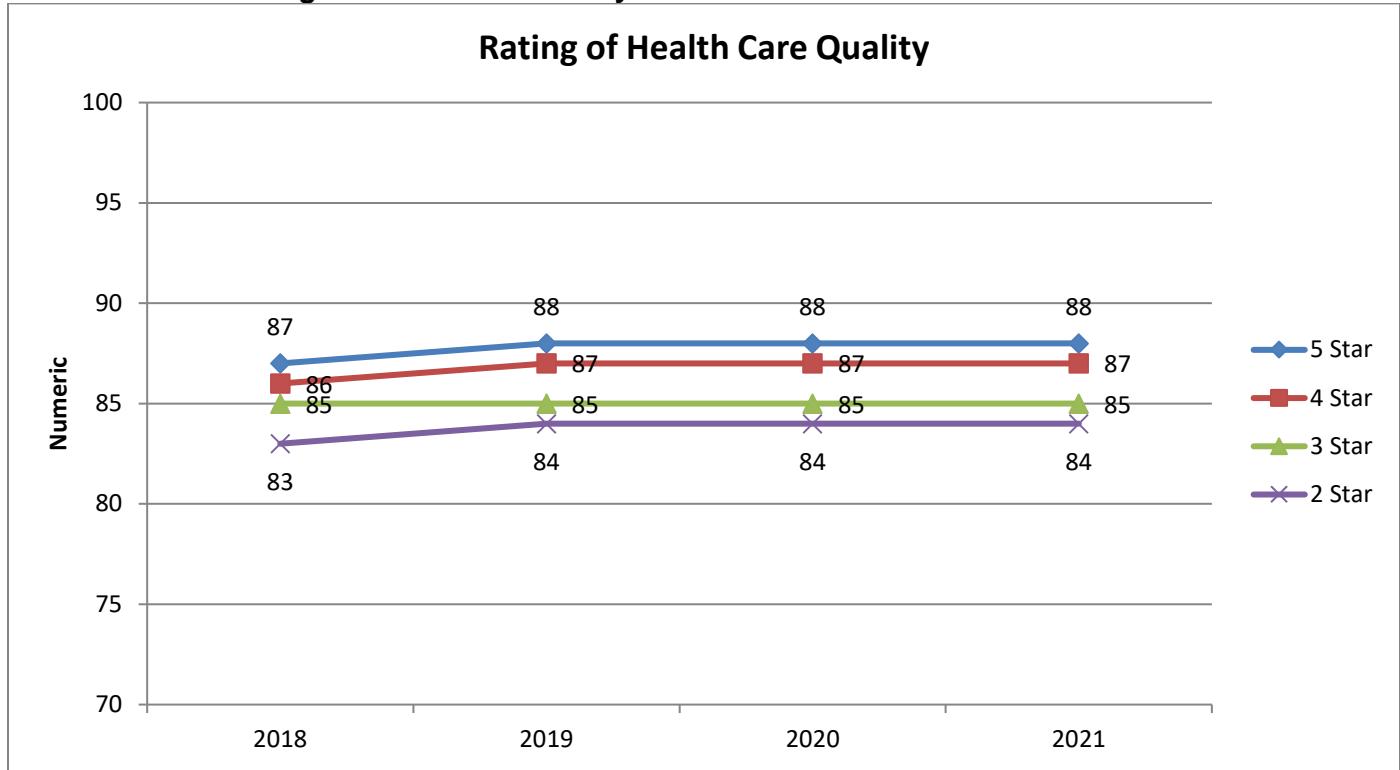
Description: **Percent of the best possible score the plan earned on how easy it is for members to get information and help from the plan when needed.**

Data Source: **CAHPS**

General Trend: **Higher is better**

Cut Points:	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
	2018	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	≥ 92
	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

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C24 - 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.**

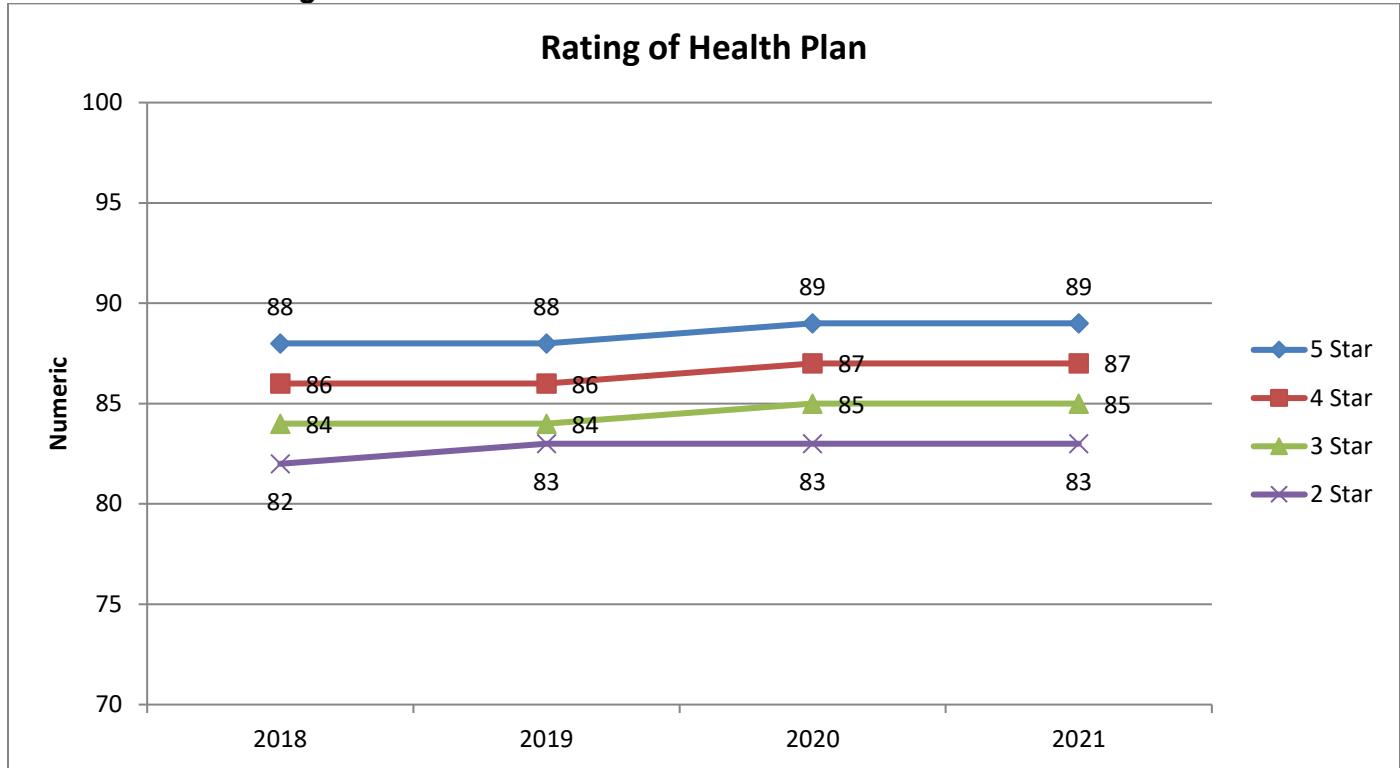
Data Source: **CAHPS**

General Trend: **Higher is better**

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2018	< 83	≥ 83 to < 85	≥ 85 to < 86	≥ 86 to < 87	≥ 87
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

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C25 - Rating of Health Plan***Title****Description**

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

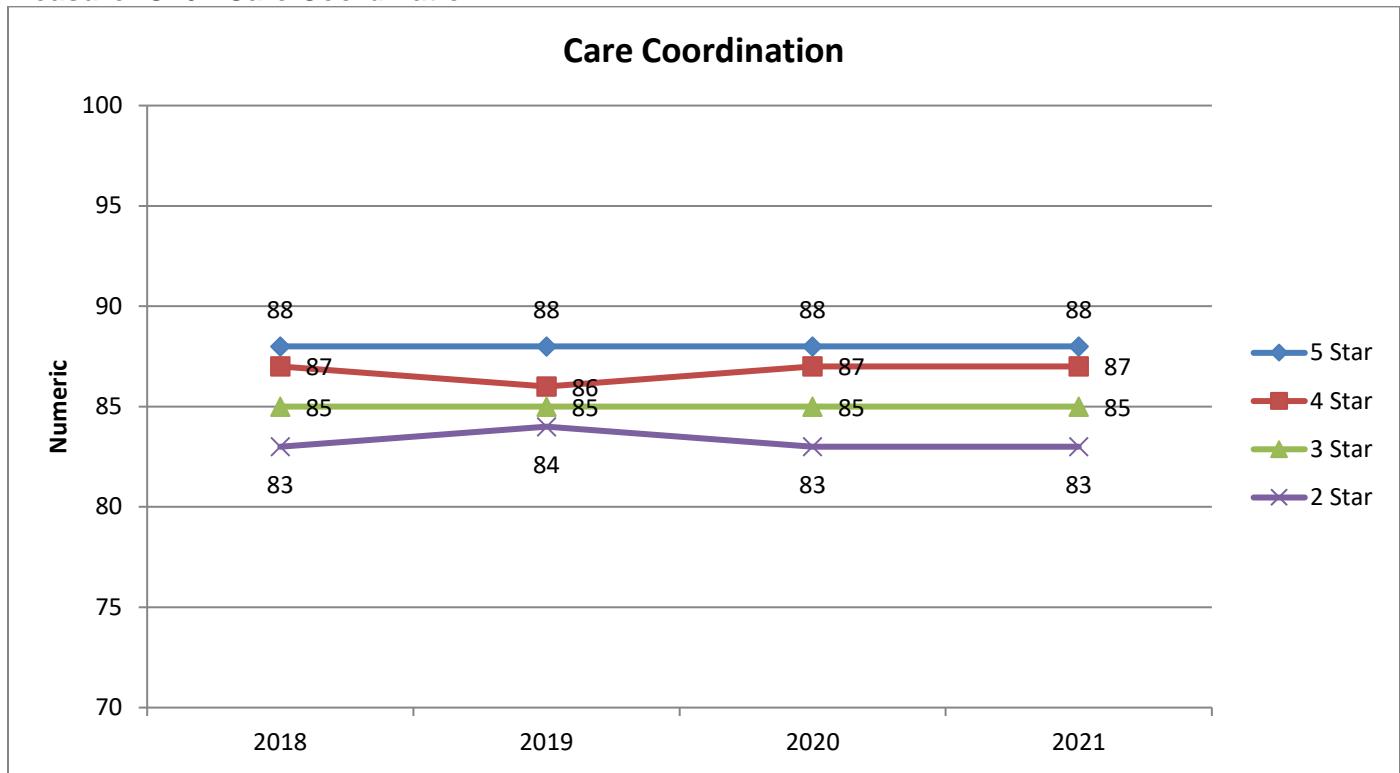
Data Source: **CAHPS**

General Trend: **Higher is better**

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2018	< 82	≥ 82 to < 84	≥ 84 to < 86	≥ 86 to < 88	≥ 88
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

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C26 - 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**

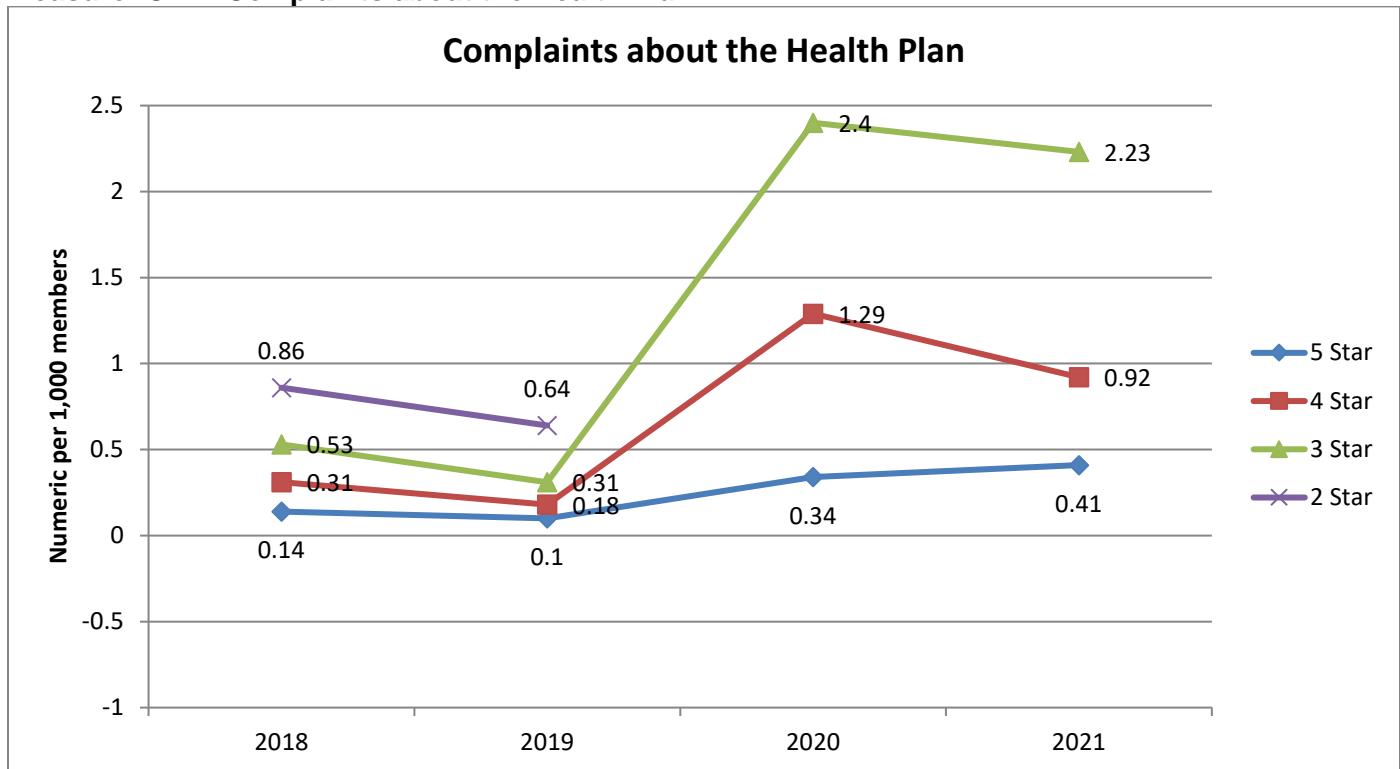
General Trend: **Higher is better**

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2018	< 83	≥ 83 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88
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

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: C27 - Complaints about the Health Plan



Title

Description

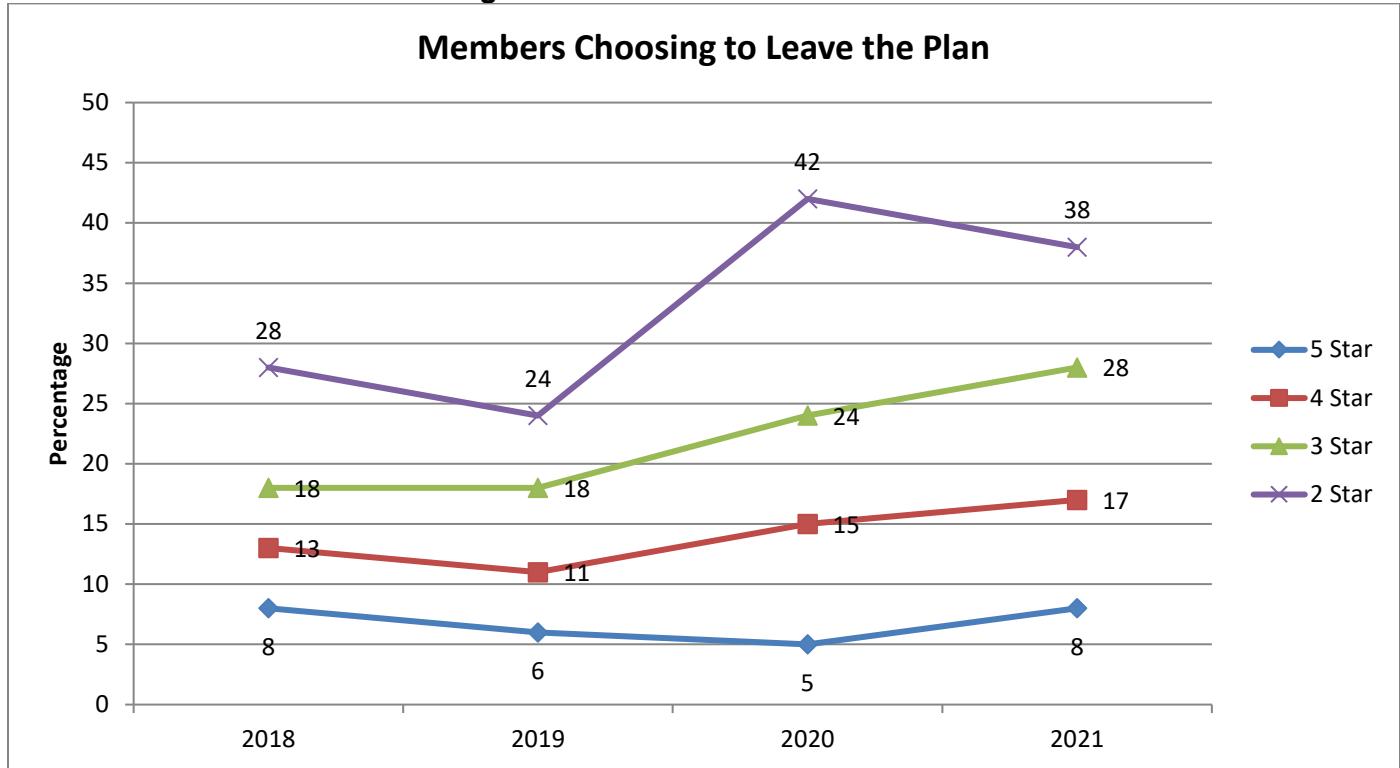
Description: **Percent of members filing complaints with Medicare about the health plan.**

Data Source: **Complaints Tracking Module (CTM)**

General Trend: **Lower is better**

Cut Points:	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
	2018	> 0.86	> 0.53 to ≤ 0.86	> 0.31 to ≤ 0.53	> 0.14 to ≤ 0.31	≤ 0.14
	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 to ≤ 2.23	> 0.41 to ≤ 0.92	≤ 0.41

Measure: C28 - Members Choosing to Leave the Plan



Title

Description

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

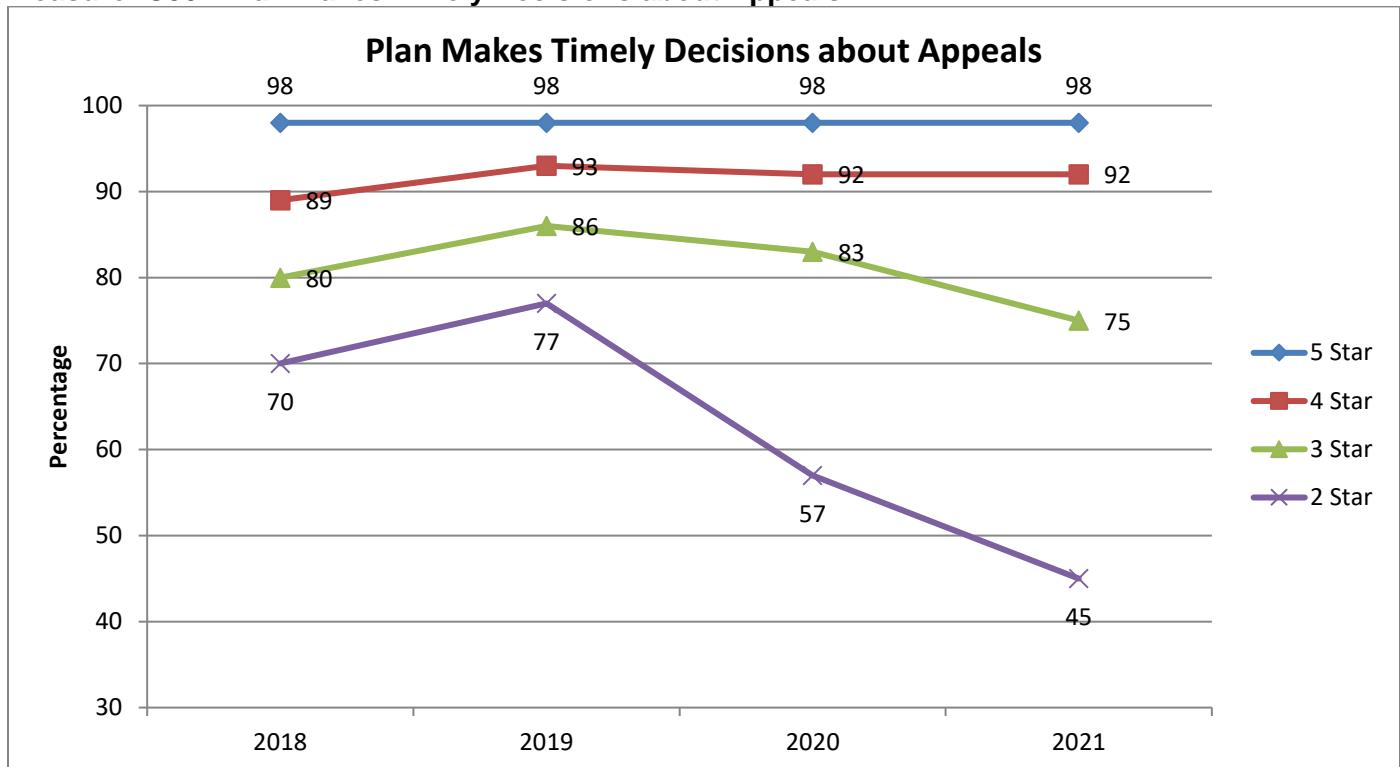
Data Source: **MBDSS**

General Trend: **Lower is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	> 28%	> 18% to ≤ 28%	> 13% to ≤ 18%	> 8% to ≤ 13%	≤ 8%
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 %

Measure: C30 - Plan Makes Timely Decisions about Appeals



Title

Description

Description: **Percent of plan members who got a timely response when they made an appeal request to the health plan about a decision to refuse payment or coverage.**

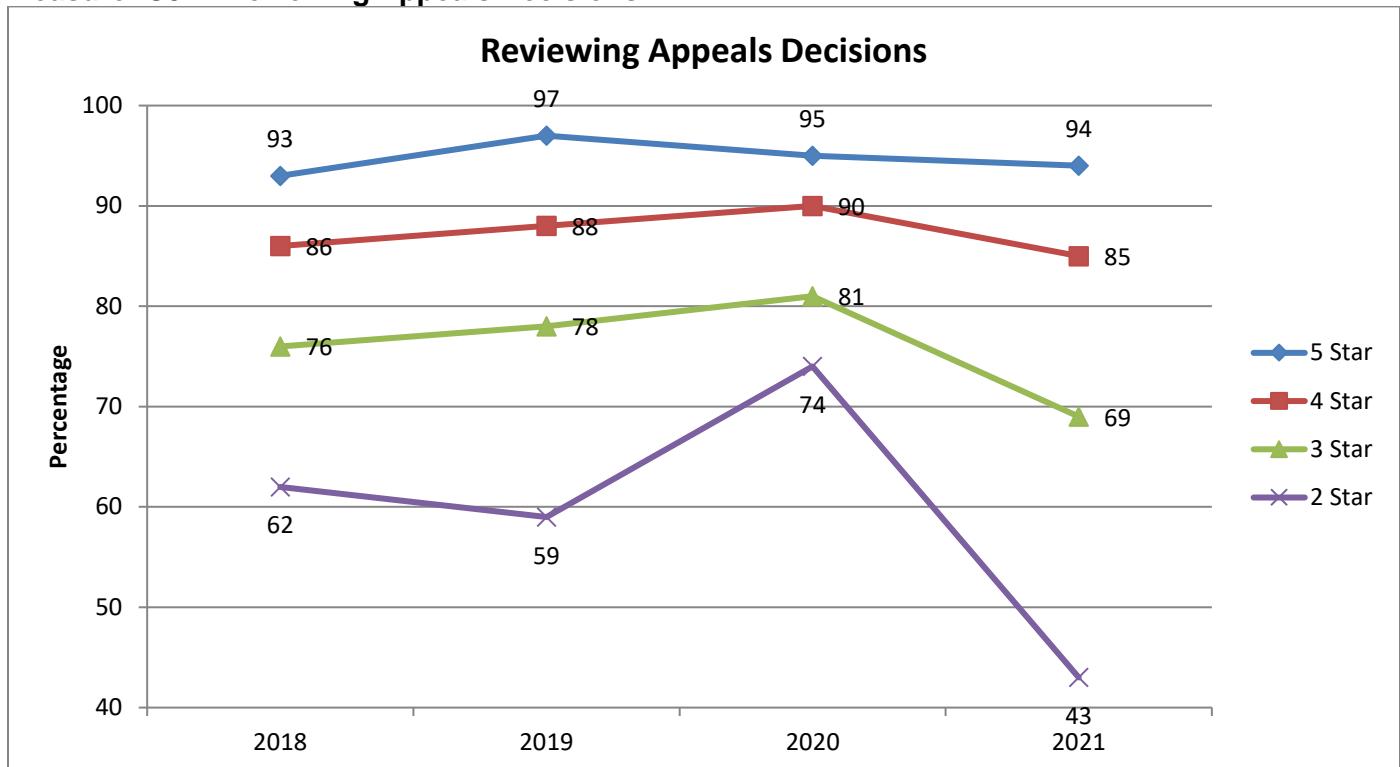
Data Source: **Independent Review Entity (IRE) / Maximus**

General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 70%	≥ 70% to < 80%	≥ 80% to < 89%	≥ 89% to < 98%	≥ 98%
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 %

Measure: C31 - Reviewing Appeals Decisions



Title

Description

Description: **This rating shows how often an independent reviewer thought the health plan's decision to deny an appeal was fair. This includes appeals made by plan members and out-of-network providers. (This rating is not based on how often the plan denies appeals, but rather *how fair* the plan is when they deny an appeal.)**

Data Source: **Independent Review Entity (IRE) / Maximus**

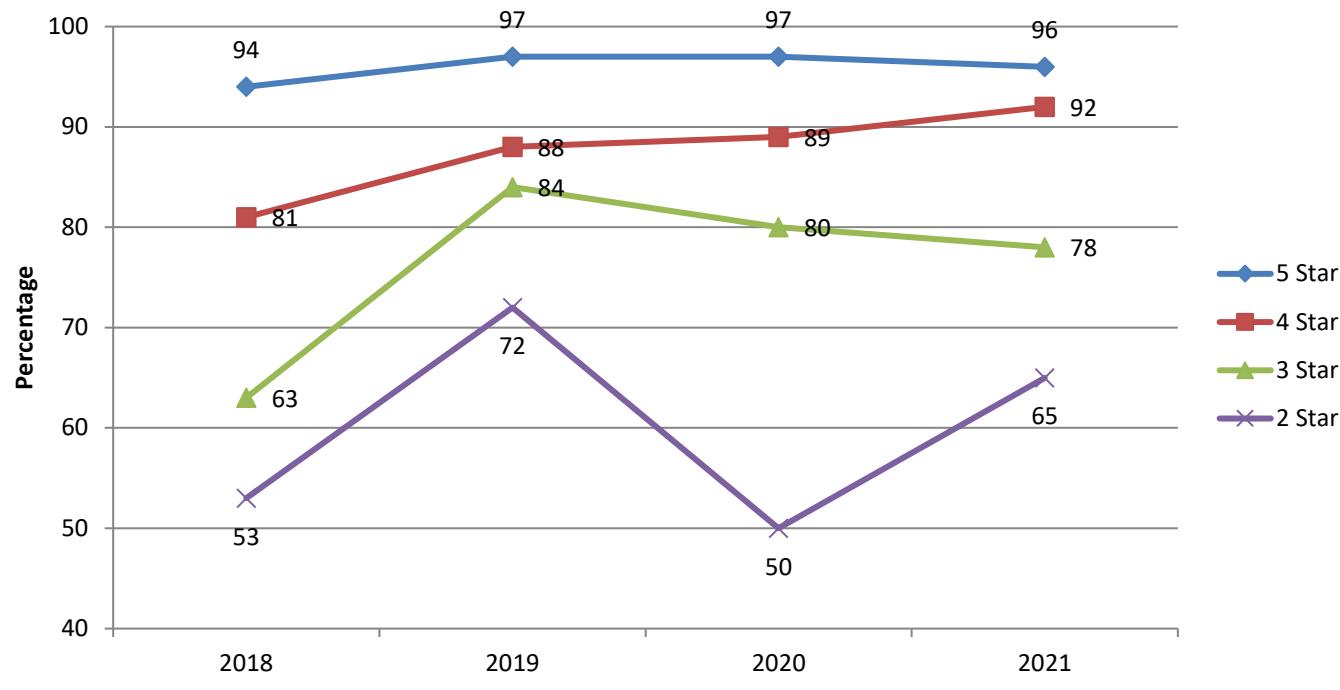
General Trend: **Higher is better**

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 62%	≥ 62% to < 76%	≥ 76% to < 86%	≥ 86% to < 93%	≥ 93%
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 %

Measure: C32 - Call Center – Foreign Language Interpreter and TTY Availability

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**

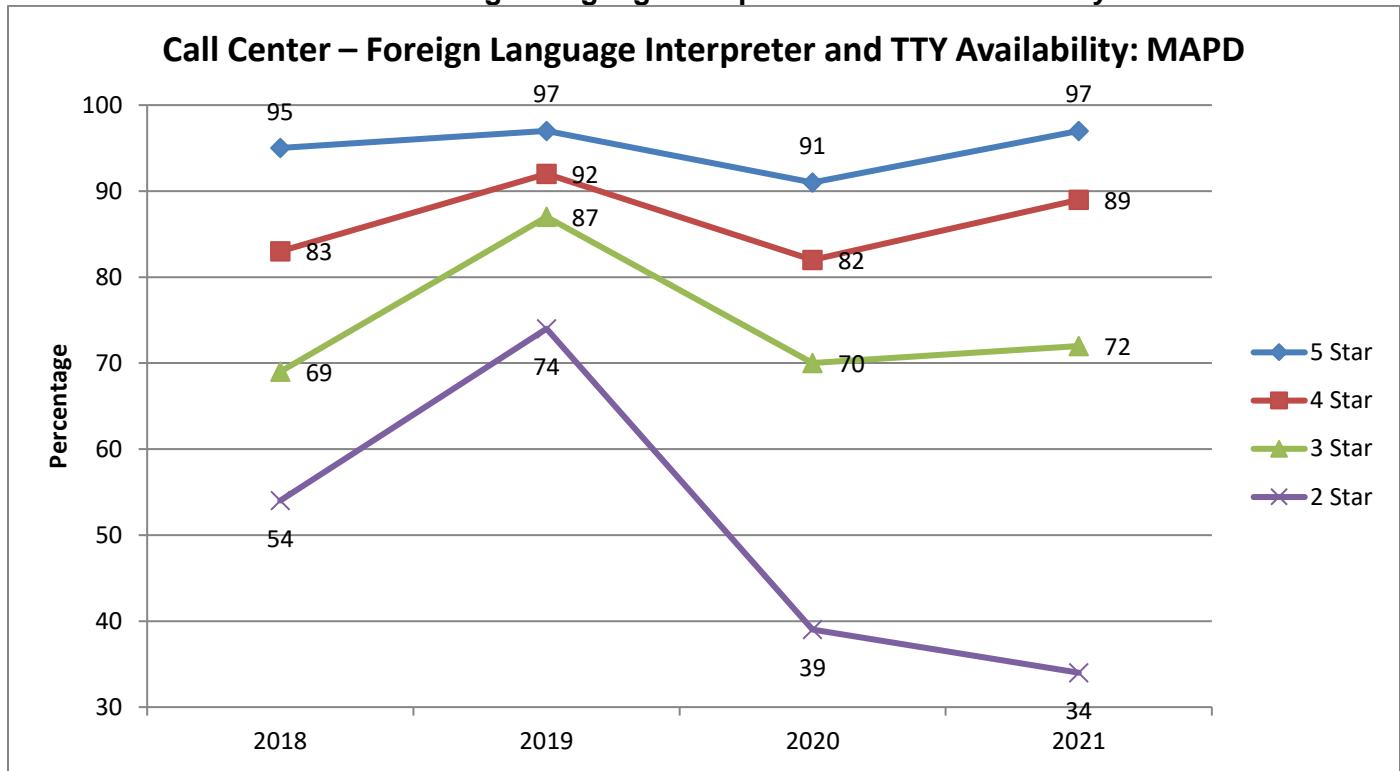
Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2018	< 53%	≥ 53% to < 63%	≥ 63% to < 81%	≥ 81% to < 94%	≥ 94%
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 %

Part D Measures

For Part D measures, cut points are calculated separately for MA-PDs and PDPs. In this section, the cut points are shown for MA-PDs and then for PDPs for each measure.

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



Title

Description

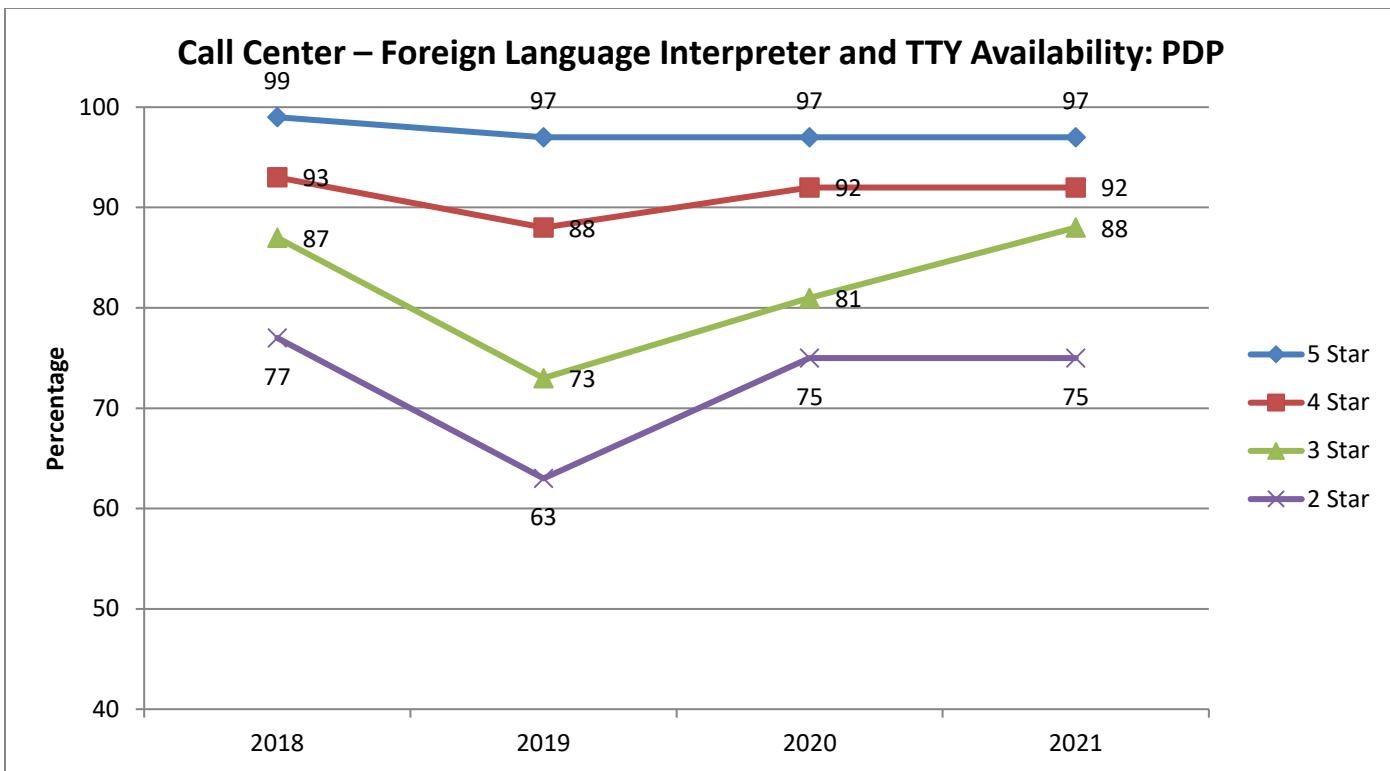
Description: **Percent of time that TTY services and foreign language interpretation were available when needed by people who called the drug plan's prospective enrollee customer service line.**

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	2018	< 54%	≥ 54% to < 69%	≥ 69% to < 83%	≥ 83% to < 95%	≥ 95%
MAPD	2019	< 74%	≥ 74% to < 87%	≥ 87% to < 92%	≥ 92% to < 97%	≥ 97%
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 %



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**

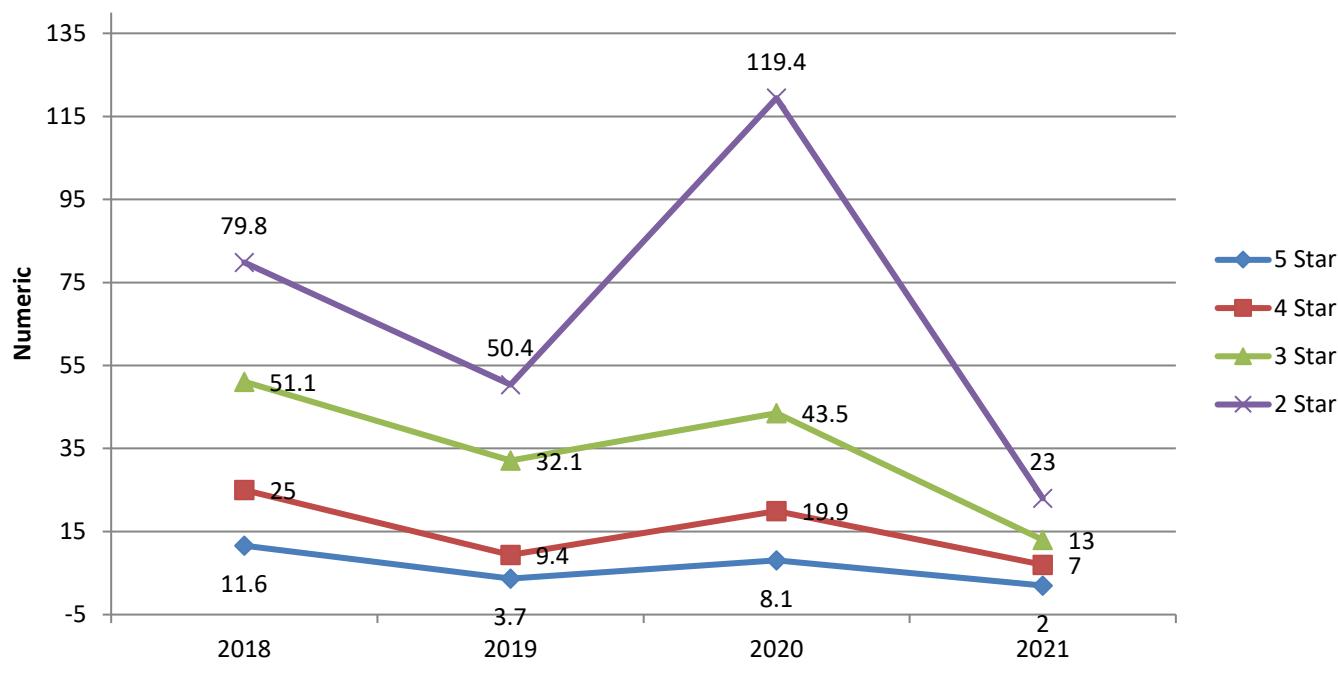
General Trend: **Higher is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2018	< 77%	≥ 77% to < 87%	≥ 87% to < 93%	≥ 93% to < 99%	≥ 99%
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 %

Measure: D02 - Appeals Auto-Forward

Appeals Auto-Forward: MAPD



Title

Description

Description: **Percent of plan members who failed to get a timely response when they made an appeal request to the drug plan about a decision to refuse payment or coverage.** If you would like more information about Medicare appeals, click on <http://www.medicare.gov/claims-and-appeals/index.html>

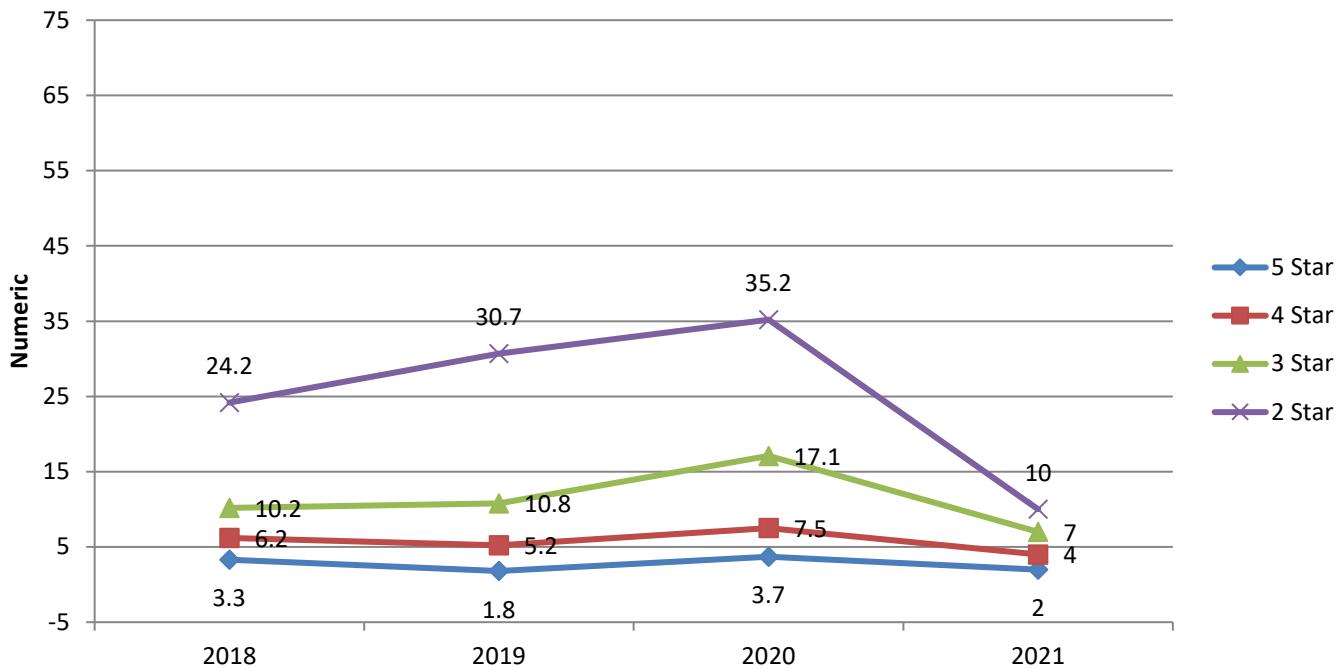
Data Source: **Independent Review Entity (IRE) / Maximus**

General Trend: **Lower is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2018	> 79.8	> 51.1 to ≤ 79.8	> 25.0 to ≤ 51.1	> 11.6 to ≤ 25.0	≤ 11.6
MAPD	2019	> 50.4	> 32.1 to ≤ 50.4	> 9.4 to ≤ 32.1	> 3.7 to ≤ 9.4	≤ 3.7
MAPD	2020	> 119.4	> 43.5 to ≤ 119.4	> 19.9 to ≤ 43.5	> 8.1 to ≤ 19.9	≤ 8.1
MAPD	2021	> 23.1	> 12.5 to ≤ 23.1	> 6.6 to ≤ 12.5	> 1.7 to ≤ 6.6	≤ 1.7

Appeals Auto-Forward: PDP



Title

Description

Description: **Percent of plan members who failed to get a timely response when they made an appeal request to the drug plan about a decision to refuse payment or coverage.** If you would like more information about Medicare appeals, click on <http://www.medicare.gov/claims-and-appeals/index.html>

Data Source: **Independent Review Entity (IRE) / Maximus**

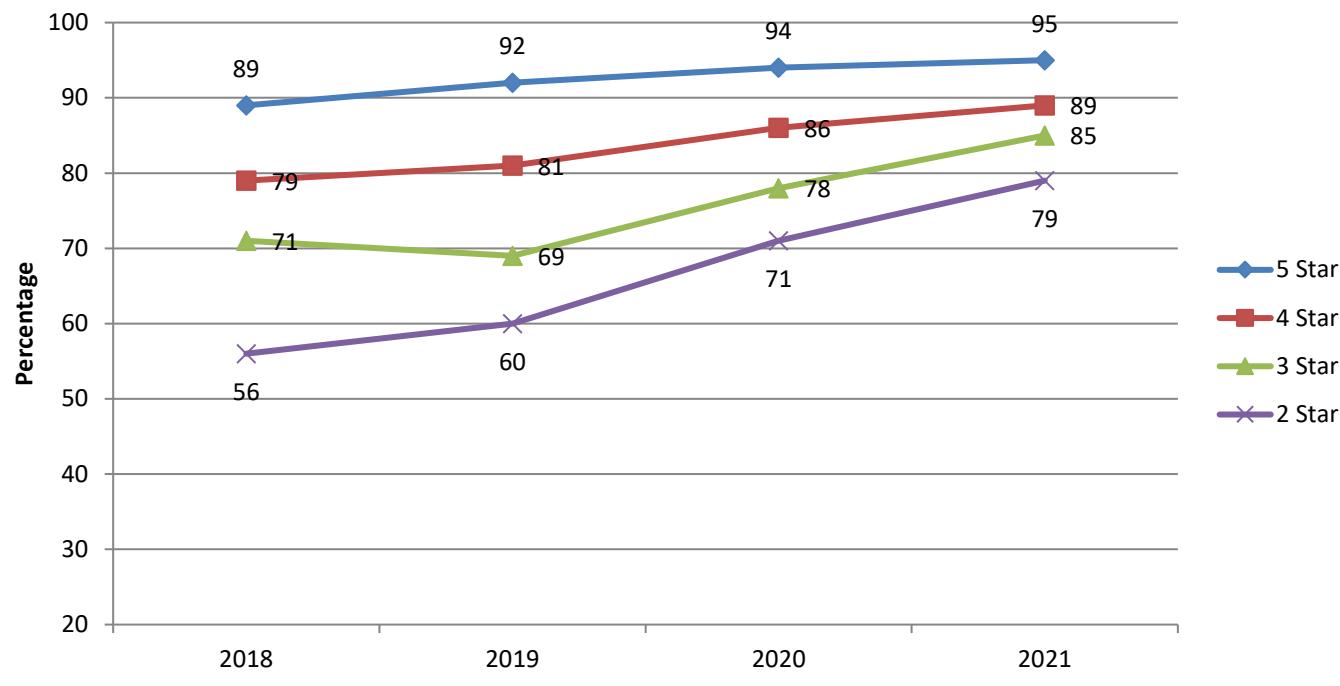
General Trend: **Lower is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2018	> 24.2	> 10.2 to ≤ 24.2	> 6.2 to ≤ 10.2	> 3.3 to ≤ 6.2	≤ 3.3
PDP	2019	> 30.7	> 10.8 to ≤ 30.7	> 5.2 to ≤ 10.8	> 1.8 to ≤ 5.2	≤ 1.8
PDP	2020	> 35.2	> 17.1 to ≤ 35.2	> 7.5 to ≤ 17.1	> 3.7 to ≤ 7.5	≤ 3.7
PDP	2021	> 10.1	> 6.6 to ≤ 10.1	> 4.4 to ≤ 6.6	> 1.7 to ≤ 4.4	≤ 1.7

Measure: D03 - Appeals Upheld

Appeals Upheld: MAPD



Title

Description

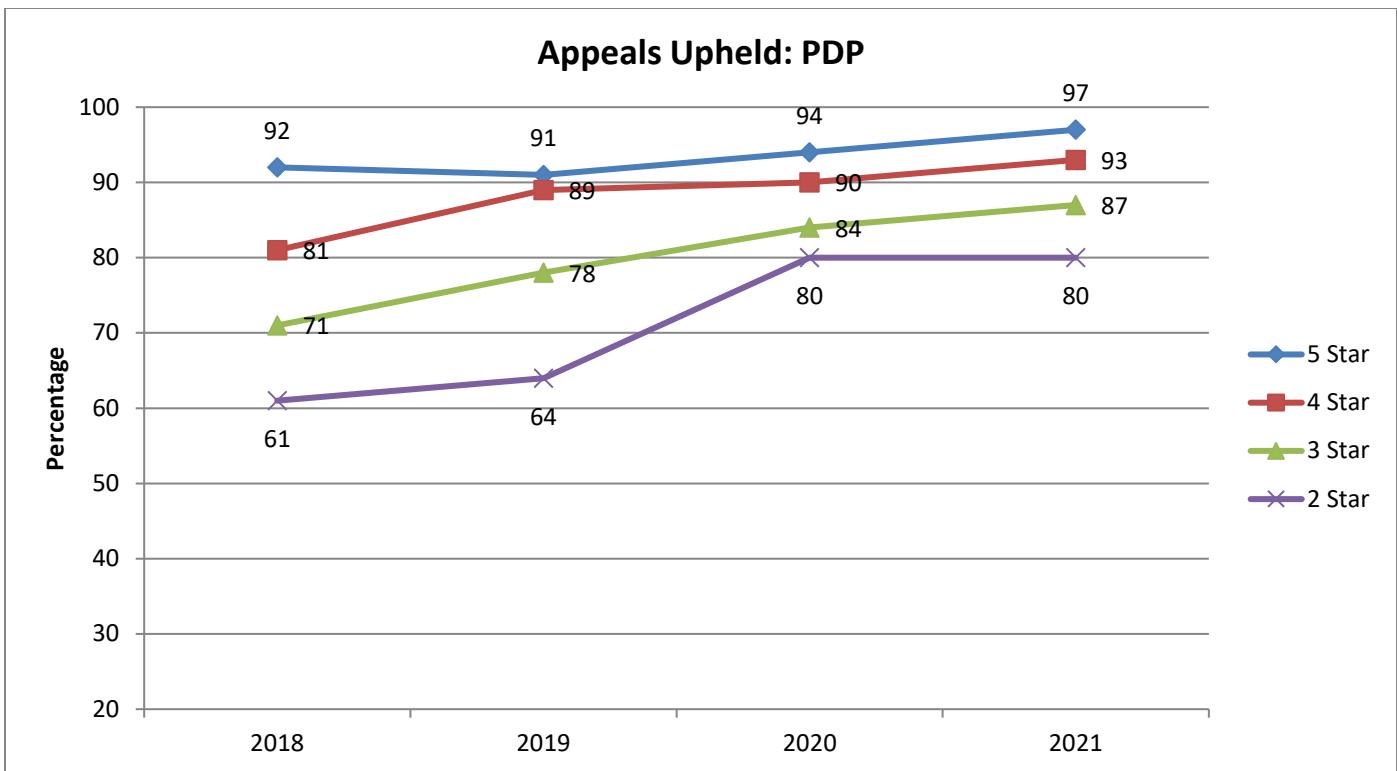
Description: **How often an independent reviewer thought the drug plan's decision to deny an appeal was fair. This includes appeals made by plan members and out-of-network providers. (This rating is not based on how often the plan denies appeals, but rather *how fair* the plan is when they deny an appeal.)**

Data Source: **Independent Review Entity (IRE) / Maximus**

General Trend: **Higher is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2018	< 56%	≥ 56% to < 71%	≥ 71% to < 79%	≥ 79% to < 89%	≥ 89%
MAPD	2019	< 60%	≥ 60% to < 69%	≥ 69% to < 81%	≥ 81% to < 92%	≥ 92%
MAPD	2020	< 71%	≥ 71% to < 78%	≥ 78% to < 86%	≥ 86% to < 94%	≥ 94%
MAPD	2021	< 79 %	≥ 79 % to < 85 %	≥ 85 % to < 89 %	≥ 89 % to < 95 %	≥ 95 %



Title

Description

Description: **How often an independent reviewer thought the drug plan's decision to deny an appeal was fair. This includes appeals made by plan members and out-of-network providers. (This rating is not based on how often the plan denies appeals, but rather *how fair* the plan is when they deny an appeal.)**

Data Source: **Independent Review Entity (IRE) / Maximus**

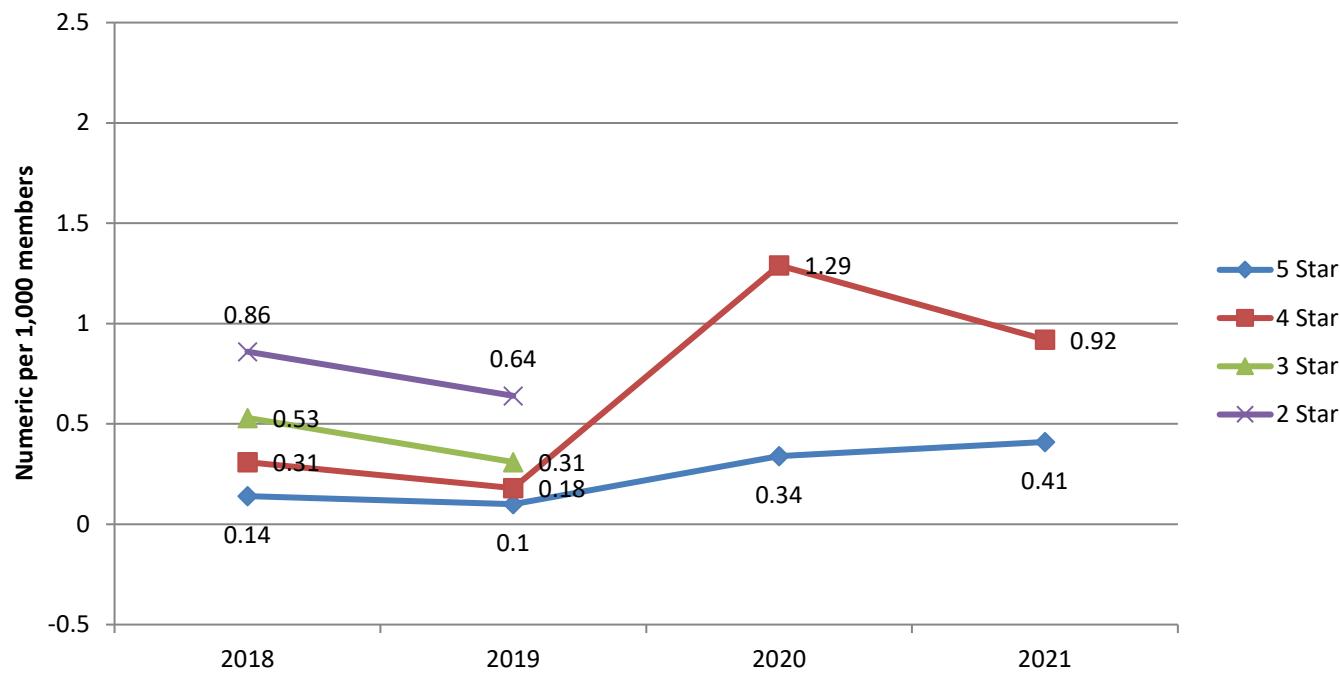
General Trend: **Higher is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2018	< 61%	≥ 61% to < 71%	≥ 71% to < 81%	≥ 81% to < 92%	≥ 92%
PDP	2019	< 64%	≥ 64% to < 78%	≥ 78% to < 89%	≥ 89% to < 91%	≥ 91%
PDP	2020	< 80%	≥ 80% to < 84%	≥ 84% to < 90%	≥ 90% to < 94%	≥ 94%
PDP	2021	< 80 %	≥ 80 % to < 87 %	≥ 87 % to < 93 %	≥ 93 % to < 97 %	≥ 97 %

Measure: D04 - 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.**

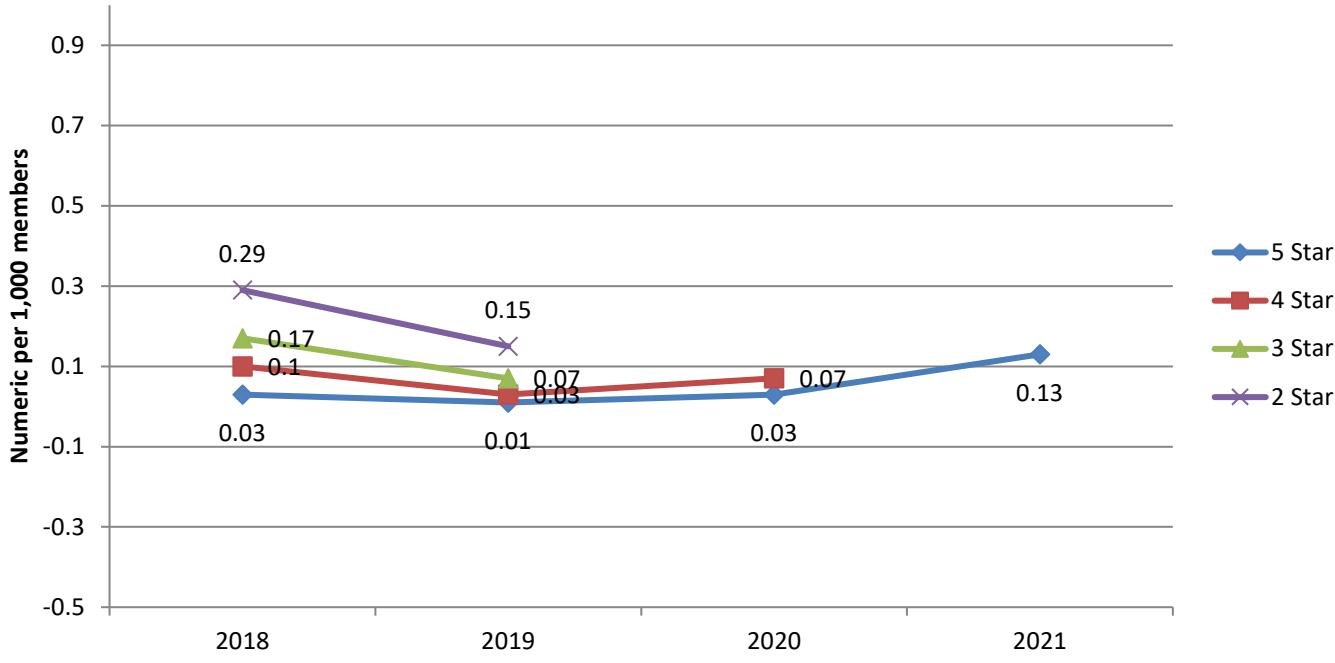
Data Source: **Complaints Tracking Module (CTM)**

General Trend: **Lower is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2018	> 0.86	> 0.53 to ≤ 0.86	> 0.31 to ≤ 0.53	> 0.14 to ≤ 0.31	≤ 0.14
MAPD	2019	> 0.64	> 0.31 to ≤ 0.64	> 0.18 to ≤ 0.31	> 0.10 to ≤ 0.18	≤ 0.10
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

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)**

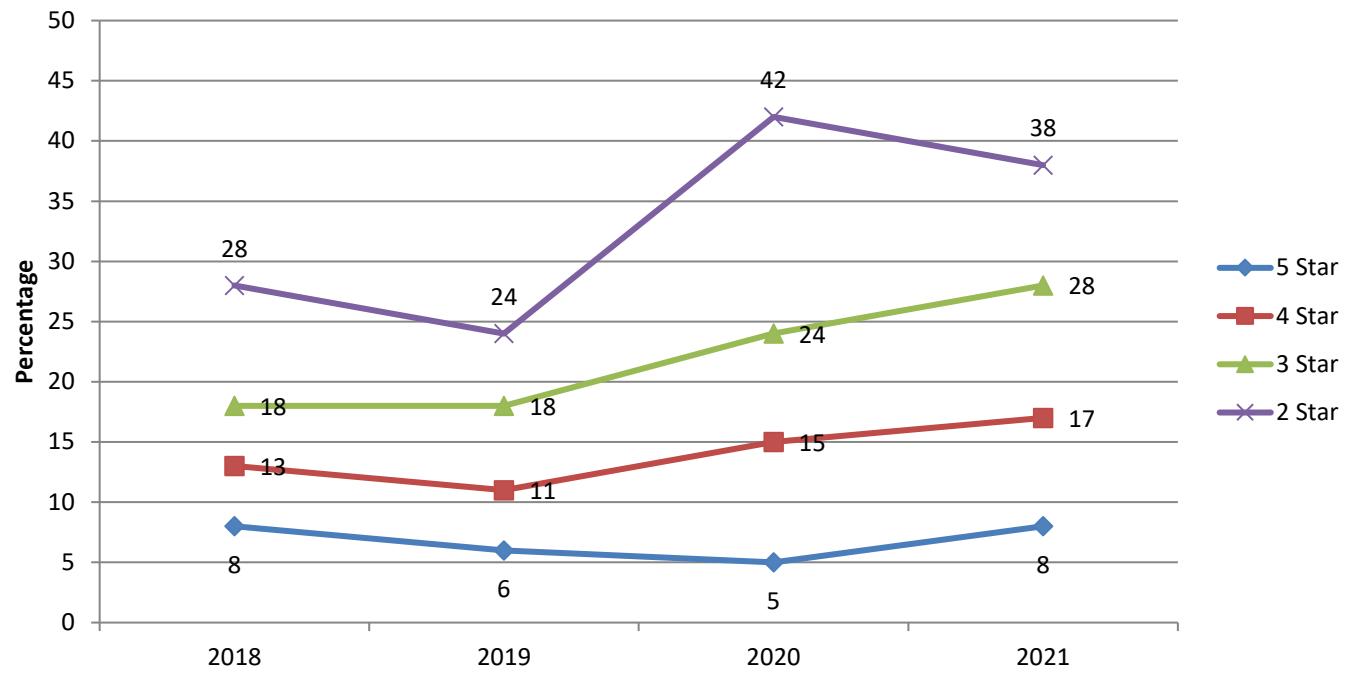
General Trend: **Lower is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2018	> 0.29	> 0.17 to ≤ 0.29	> 0.10 to ≤ 0.17	> 0.03 to ≤ 0.10	≤ 0.03
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

Measure: D05 - 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.**

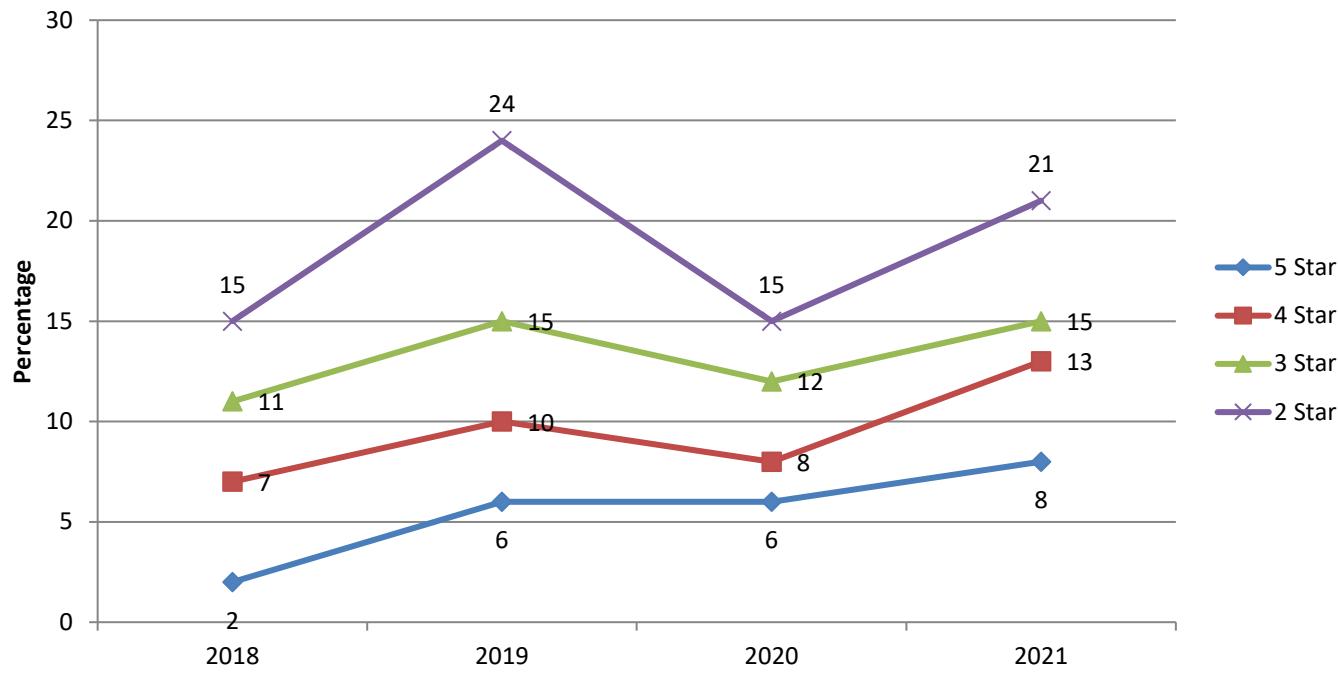
Data Source: **MBDSS**

General Trend: **Lower is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2018	> 28%	> 18% to ≤ 28%	> 13% to ≤ 18%	> 8% to ≤ 13%	≤ 8%
MAPD	2019	> 24%	> 18% to ≤ 24%	> 11% to ≤ 18%	> 6% to ≤ 11%	≤ 6%
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 %

Members Choosing to Leave the Plan: PDP



Title

Description

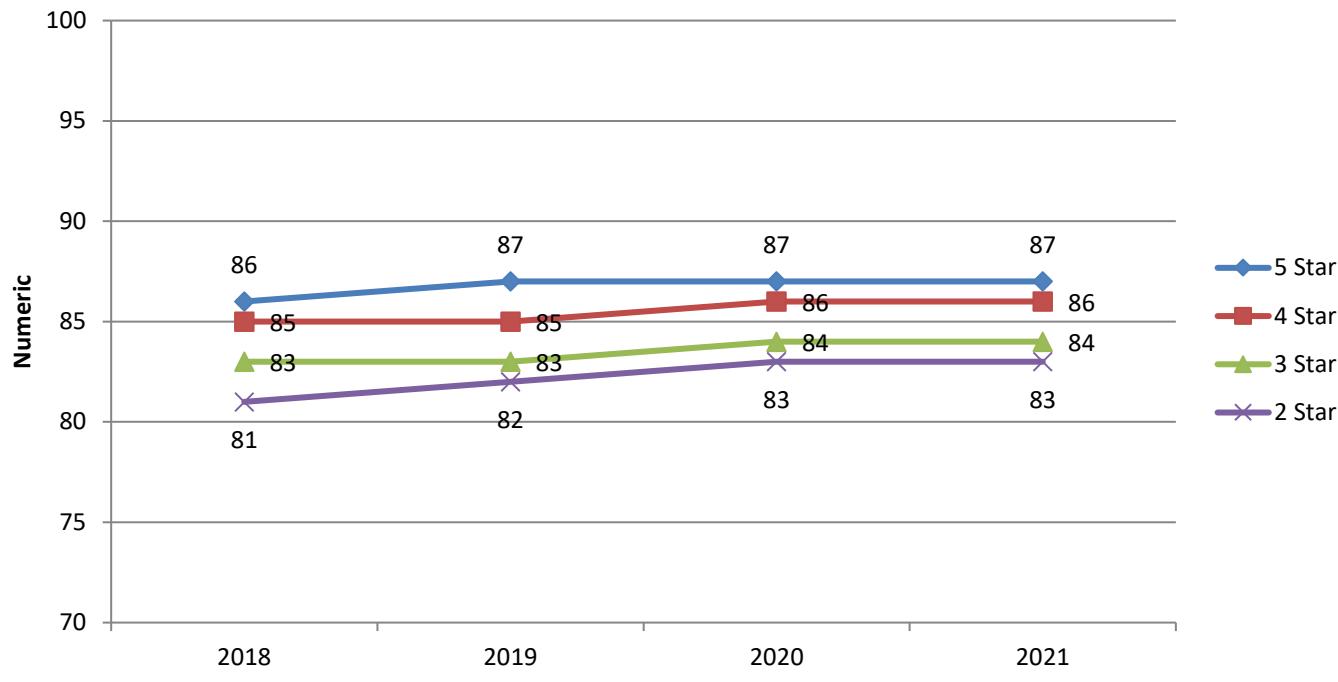
Description: **Percent of plan members who chose to leave the plan.**

Data Source: **MBDSS**

General Trend: **Lower is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2018	> 15%	> 11% to ≤ 15%	> 7% to ≤ 11%	> 2% to ≤ 7%	≤ 2%
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 %

Measure: D07 - 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.**

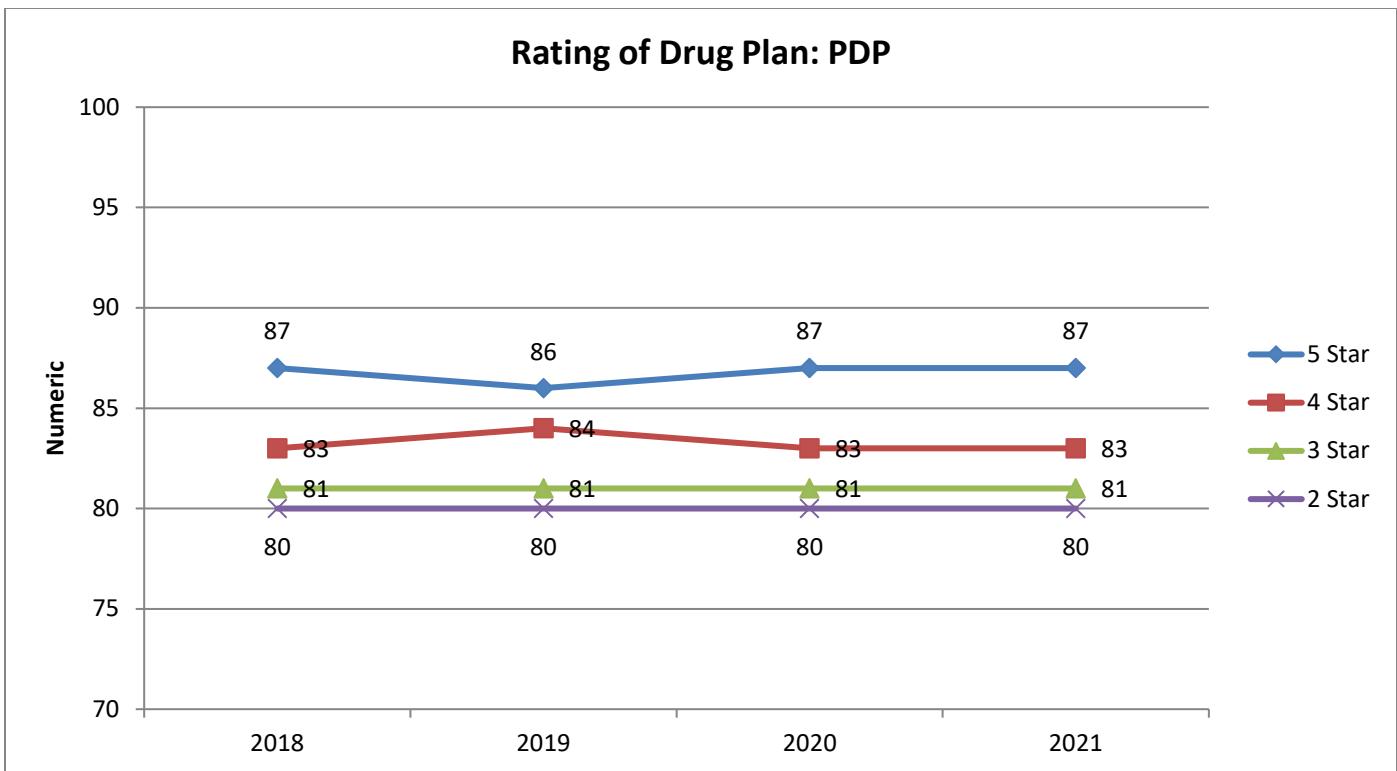
Data Source: **CAHPS**

General Trend: **Higher is better**

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
MAPD	2018	< 81	≥ 81 to < 83	≥ 83 to < 85	≥ 85 to < 86	≥ 86
MAPD	2019	< 82	≥ 82 to < 83	≥ 83 to < 85	≥ 85 to < 87	≥ 87
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

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.


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**

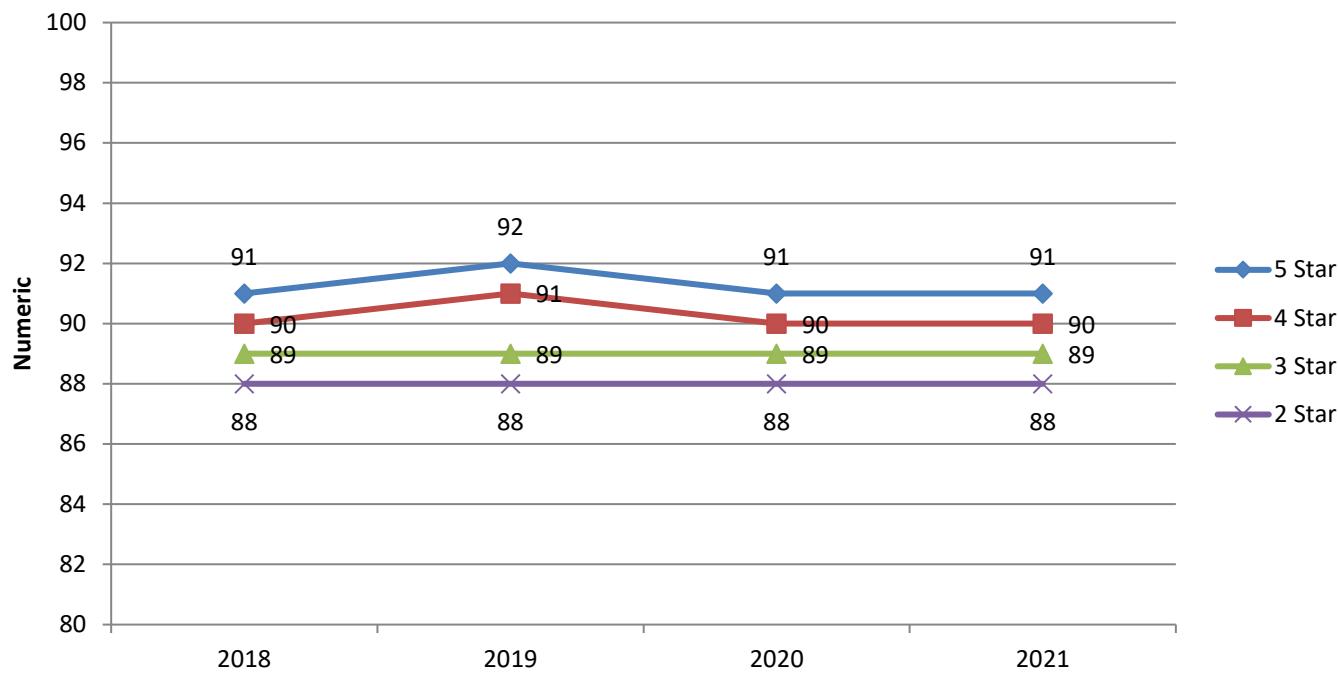
Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
PDP	2018	< 80	≥ 80 to < 81	≥ 81 to < 83	≥ 83 to < 87	≥ 87
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

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: D08 - 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**

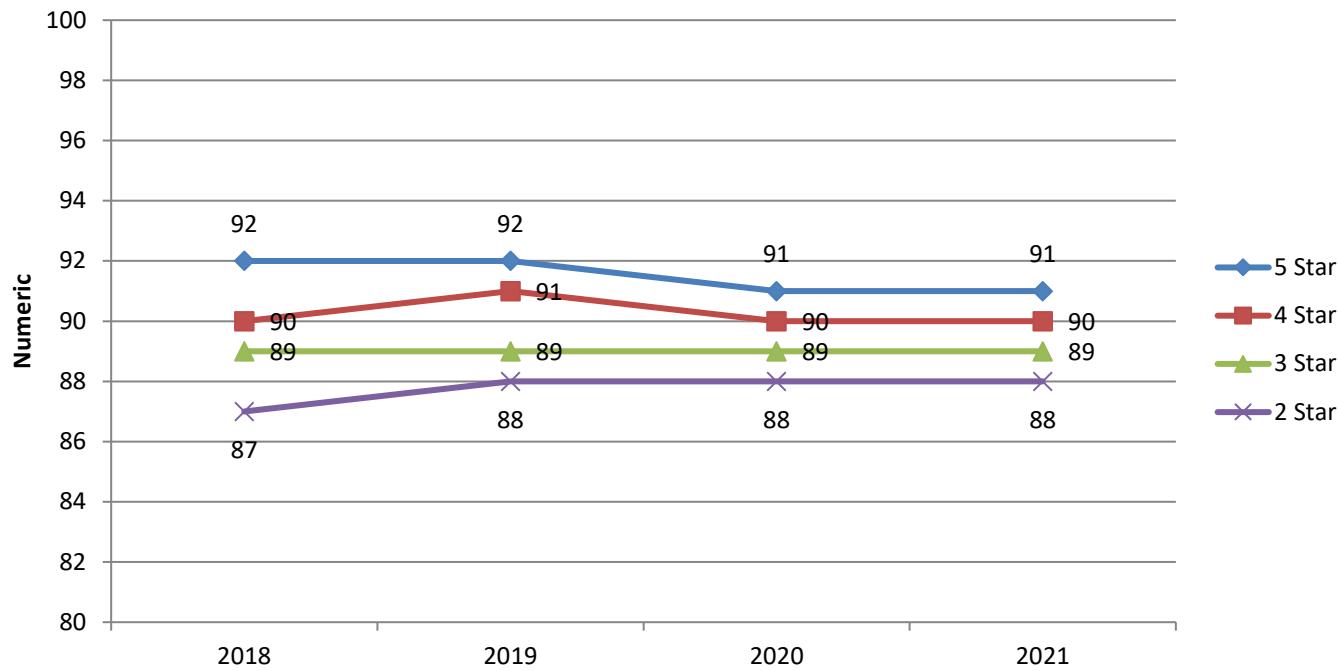
General Trend: **Higher is better**

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
MAPD	2018	< 88	≥ 88 to < 89	≥ 89 to < 90	≥ 90 to < 91	≥ 91
MAPD	2019	< 88	≥ 88 to < 89	≥ 89 to < 90	≥ 90 to < 92	≥ 92
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

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

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**

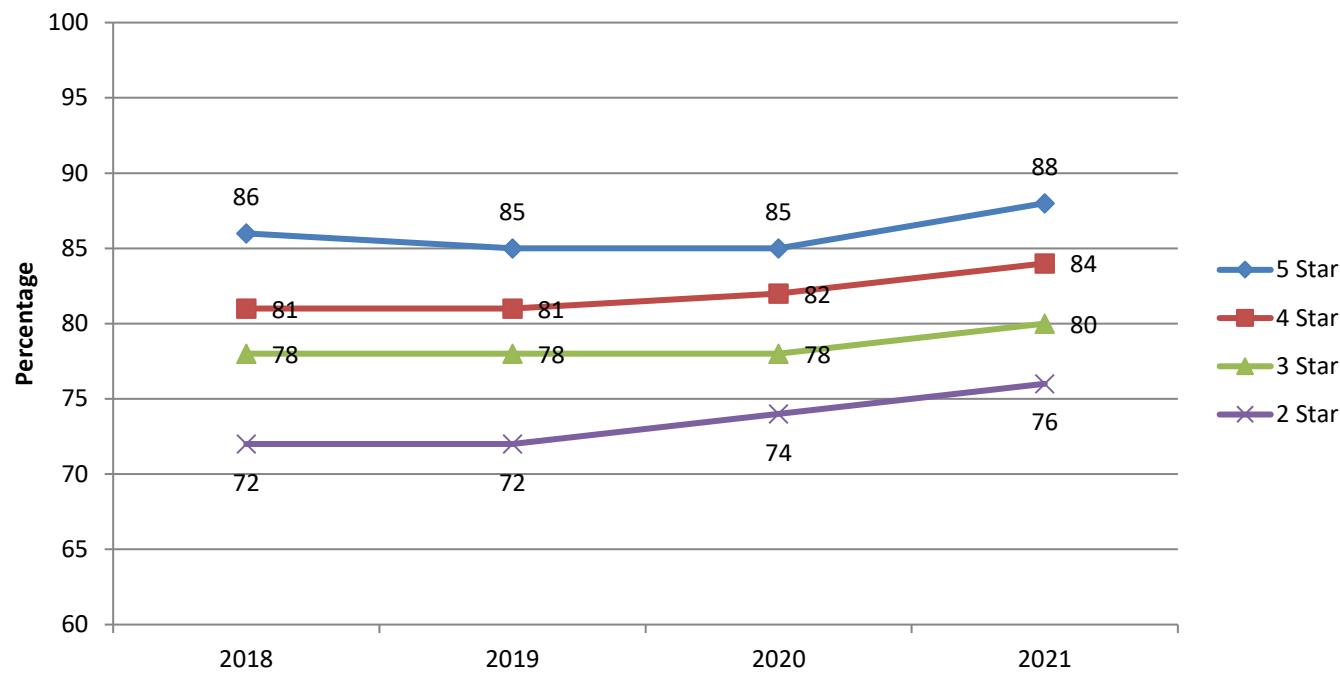
Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
PDP	2018	< 87	≥ 87 to < 89	≥ 89 to < 90	≥ 90 to < 92	≥ 92
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

* Please note the data used for the 2021 Star Ratings were the same as those used for the 2020 Star Ratings due to curtailing data collection and reporting as a result of the COVID-19 pandemic.

Measure: D10 - 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-IV inhibitor*, an *incretin mimetic drug*, a *meglitinide drug*, or an *SGLT2 inhibitor*. Plan members who take insulin are not included.)

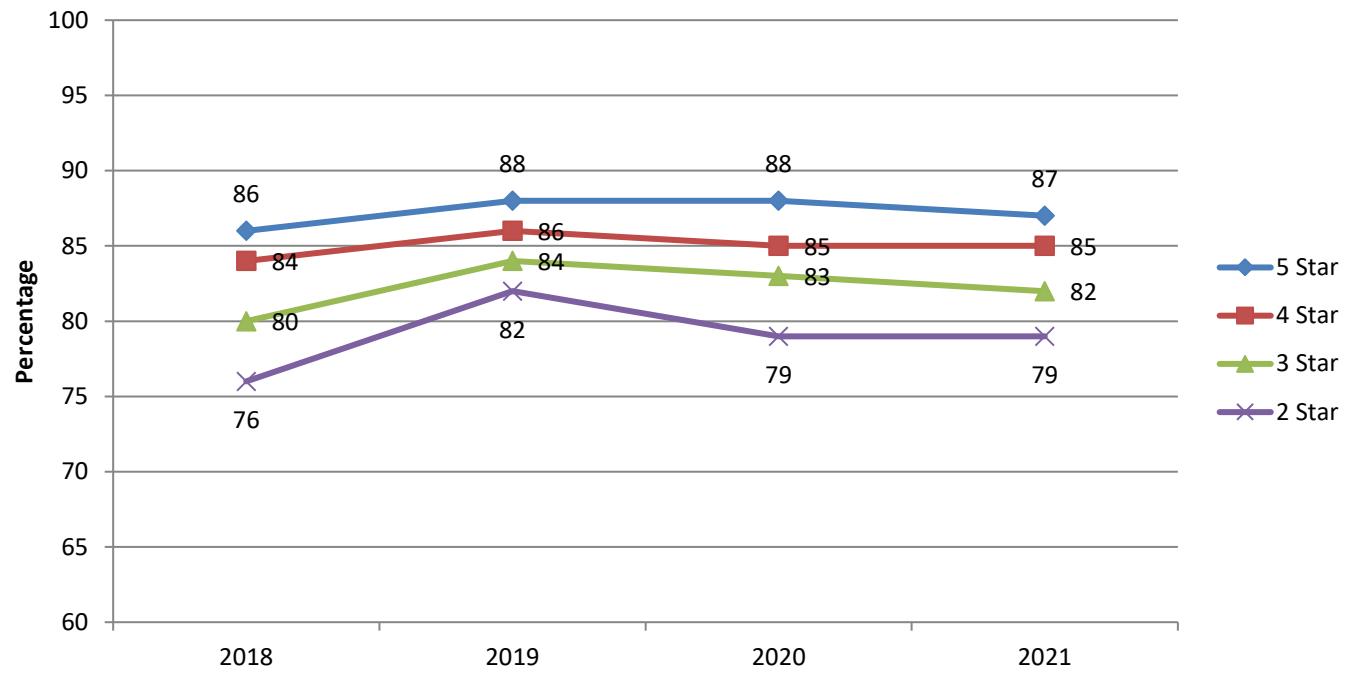
Data Source: **Prescription Drug Event (PDE) Data**

General Trend: **Higher is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2018	< 72%	≥ 72% to < 78%	≥ 78% to < 81%	≥ 81% to < 86%	≥ 86%
MAPD	2019	< 72%	≥ 72% to < 78%	≥ 78% to < 81%	≥ 81% to < 85%	≥ 85%
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 %

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-IV inhibitor*, an *incretin mimetic drug*, a *meglitinide drug*, or an *SGLT2 inhibitor*. Plan members who take insulin are not included.)

Data Source: **Prescription Drug Event (PDE) Data**

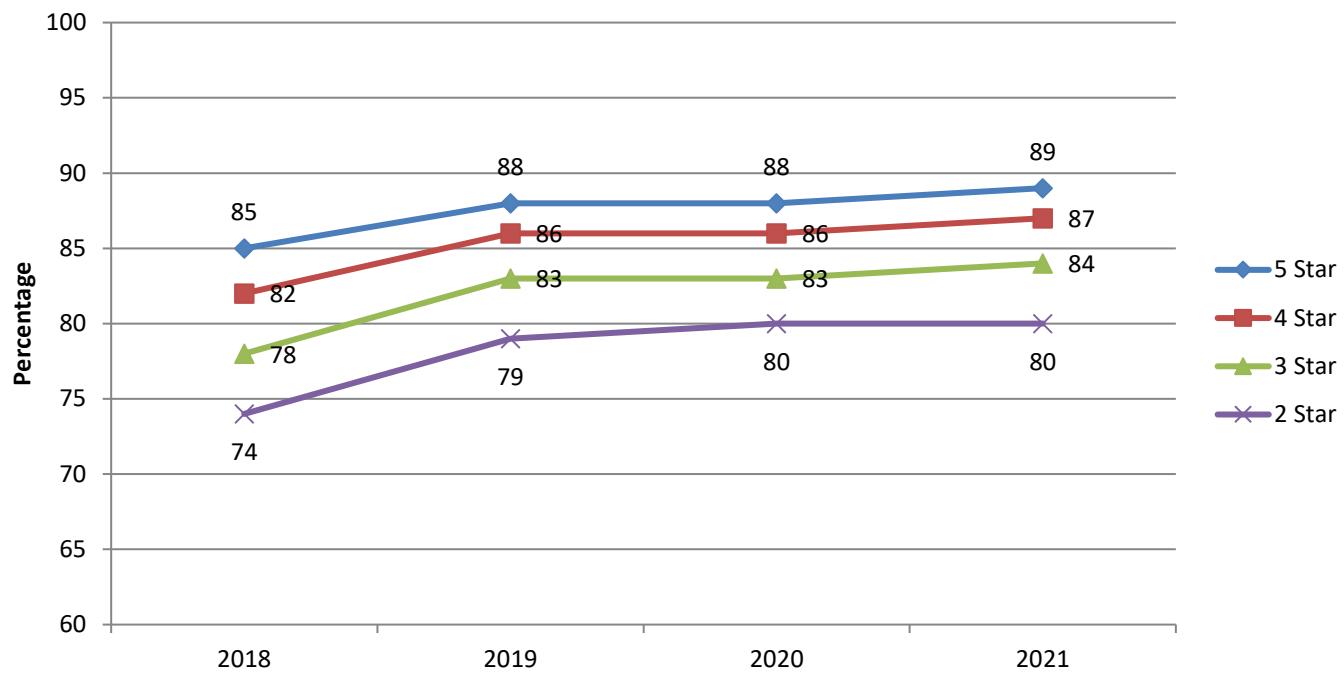
General Trend: **Higher is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2018	< 76%	≥ 76% to < 80%	≥ 80% to < 84%	≥ 84% to < 86%	≥ 86%
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 %

Measure: D11 - 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 ACE (angiotensin converting enzyme) inhibitor, an ARB (angiotensin receptor blocker), or a direct renin inhibitor drug.)

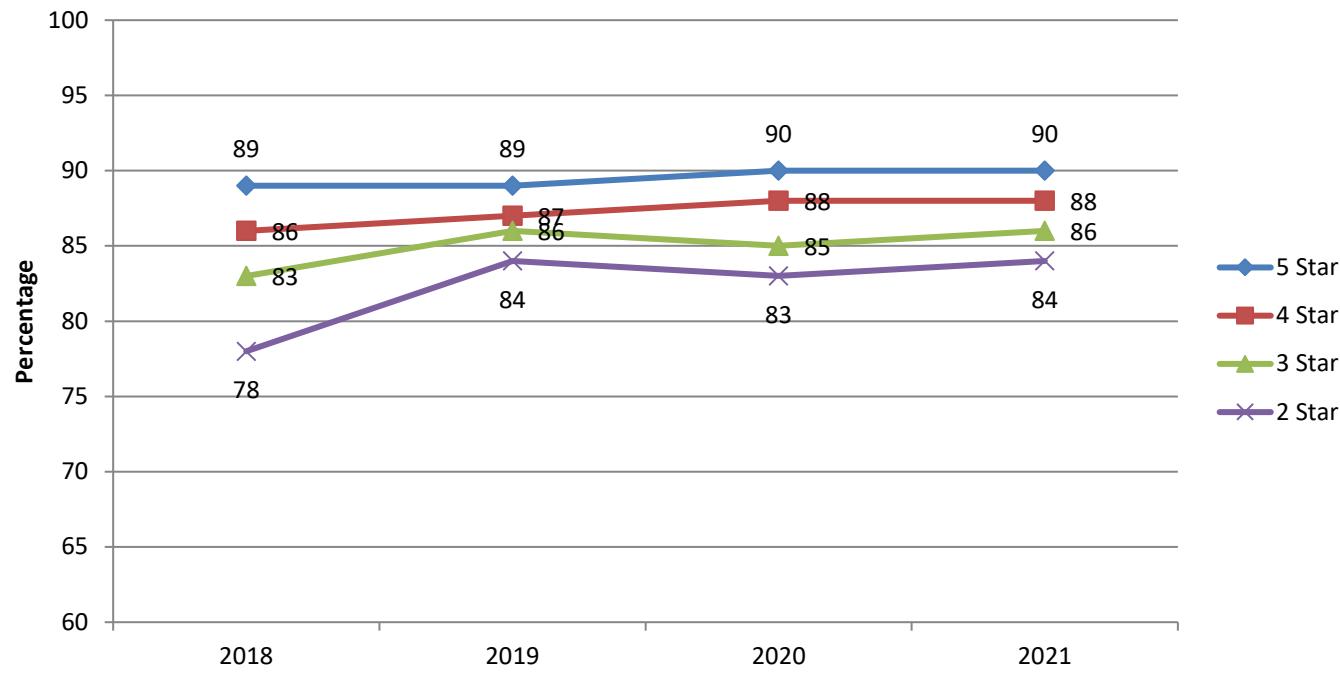
Data Source: **Prescription Drug Event (PDE) Data**

General Trend: **Higher is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2018	< 74%	≥ 74% to < 78%	≥ 78% to < 82%	≥ 82% to < 85%	≥ 85%
MAPD	2019	< 79%	≥ 79% to < 83%	≥ 83% to < 86%	≥ 86% to < 88%	≥ 88%
MAPD	2020	< 80%	≥ 80% to < 83%	≥ 83% to < 86%	≥ 86% to < 88%	≥ 88%
MAPD	2021	< 80 %	≥ 80 % to < 84 %	≥ 84 % to < 87 %	≥ 87 % to < 89 %	≥ 89 %

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.**

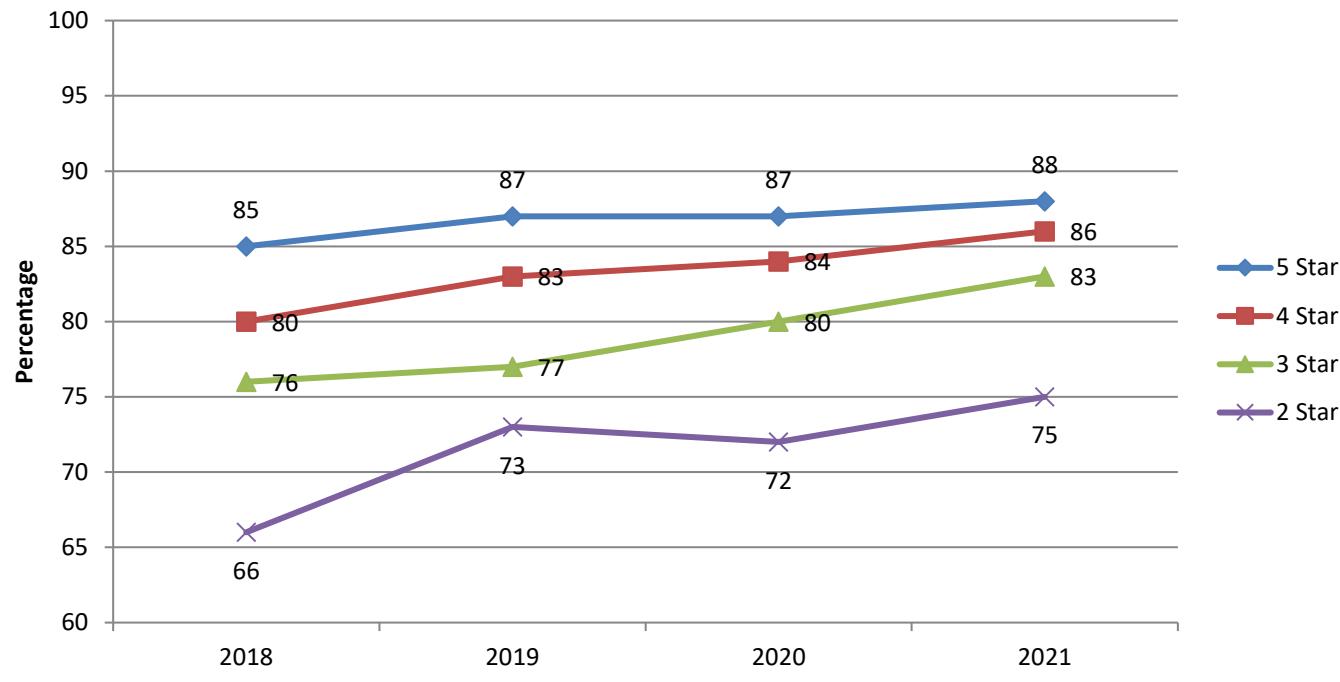
One of the most important ways people with high blood pressure can manage their health is by taking medication as directed. The plan, the doctor, and the member can work together to do this. (“Blood pressure medication” means an ACE (angiotensin converting enzyme) inhibitor, an ARB (angiotensin receptor 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	2018	< 78%	≥ 78% to < 83%	≥ 83% to < 86%	≥ 86% to < 89%	≥ 89%
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 %

Measure: D12 - 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.

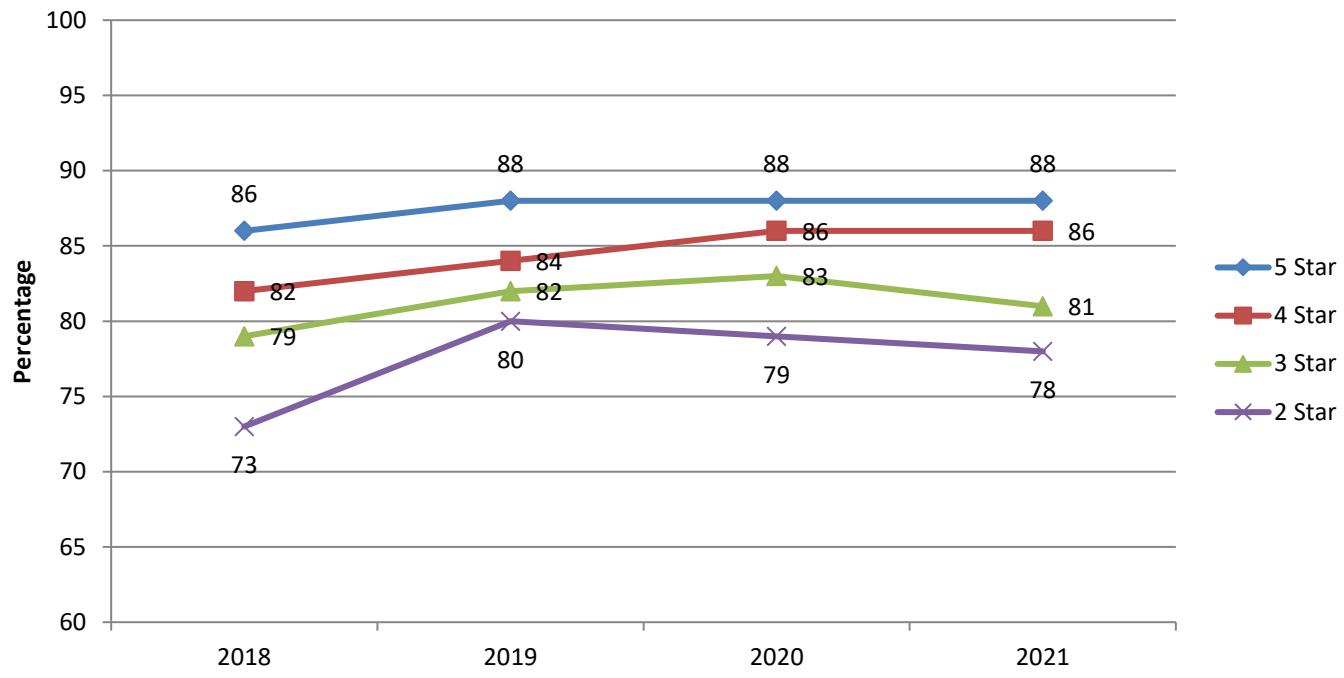
Data Source: **Prescription Drug Event (PDE) Data**

General Trend: **Higher is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2018	< 66%	≥ 66% to < 76%	≥ 76% to < 80%	≥ 80% to < 85%	≥ 85%
MAPD	2019	< 73%	≥ 73% to < 77%	≥ 77% to < 83%	≥ 83% to < 87%	≥ 87%
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 %

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**

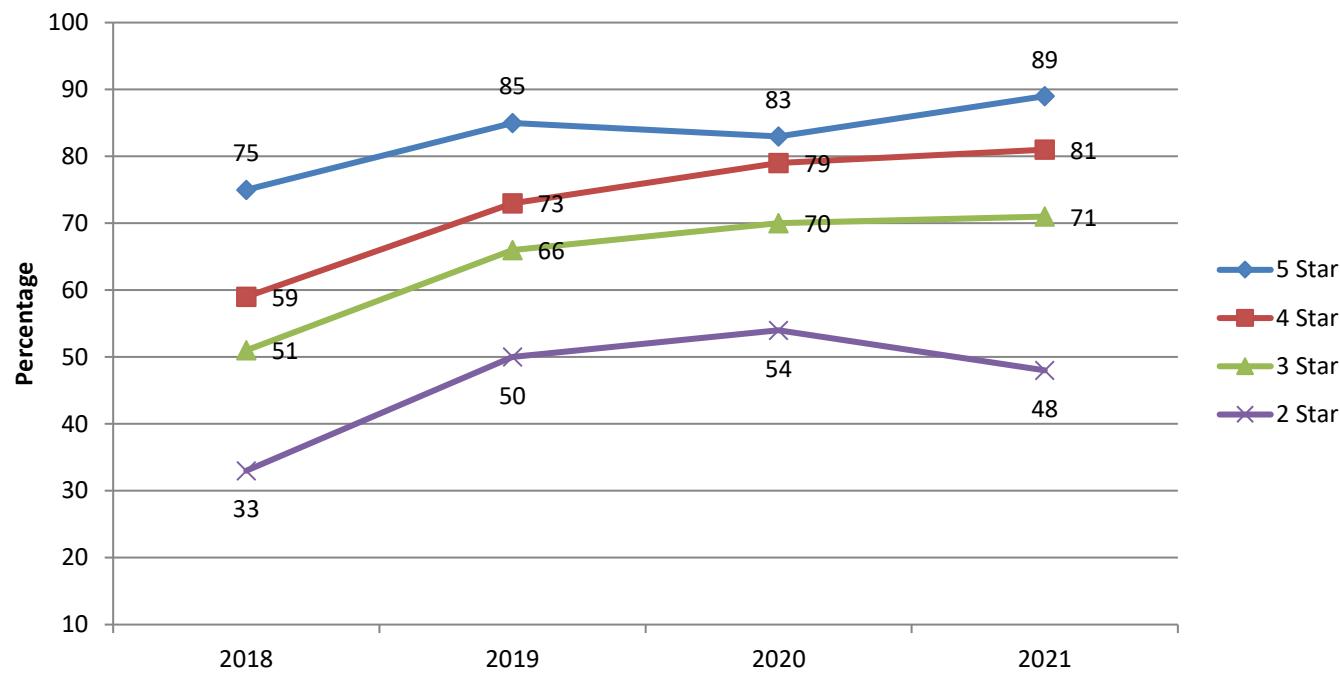
General Trend: **Higher is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2018	< 73%	≥ 73% to < 79%	≥ 79% to < 82%	≥ 82% to < 86%	≥ 86%
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 %

Measure: D13 - 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.

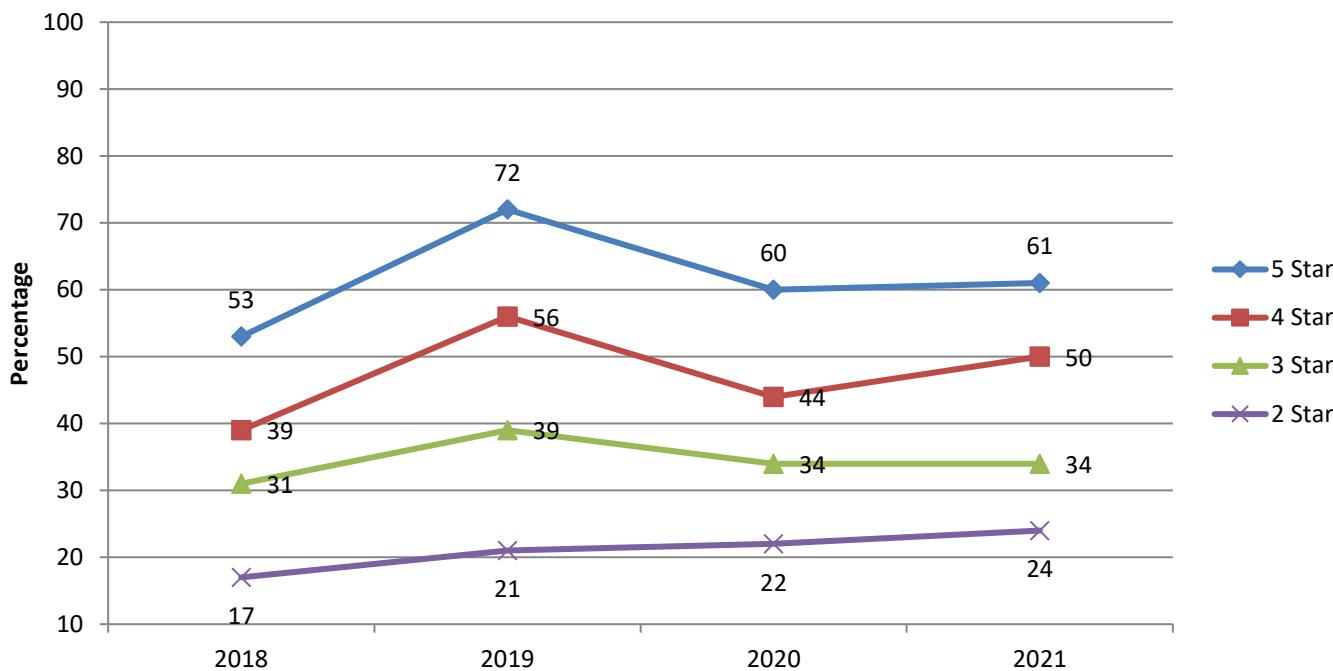
Data Source: **Prescription Drug Event (PDE) Data**

General Trend: **Higher is better**

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MAPD	2018	< 33%	≥ 33% to < 51%	≥ 51% to < 59%	≥ 59% to < 75%	≥ 75%
MAPD	2019	< 50%	≥ 50% to < 66%	≥ 66% to < 73%	≥ 73% to < 85%	≥ 85%
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 %

MTM Program Completion Rate for CMR: PDP



Title

Description

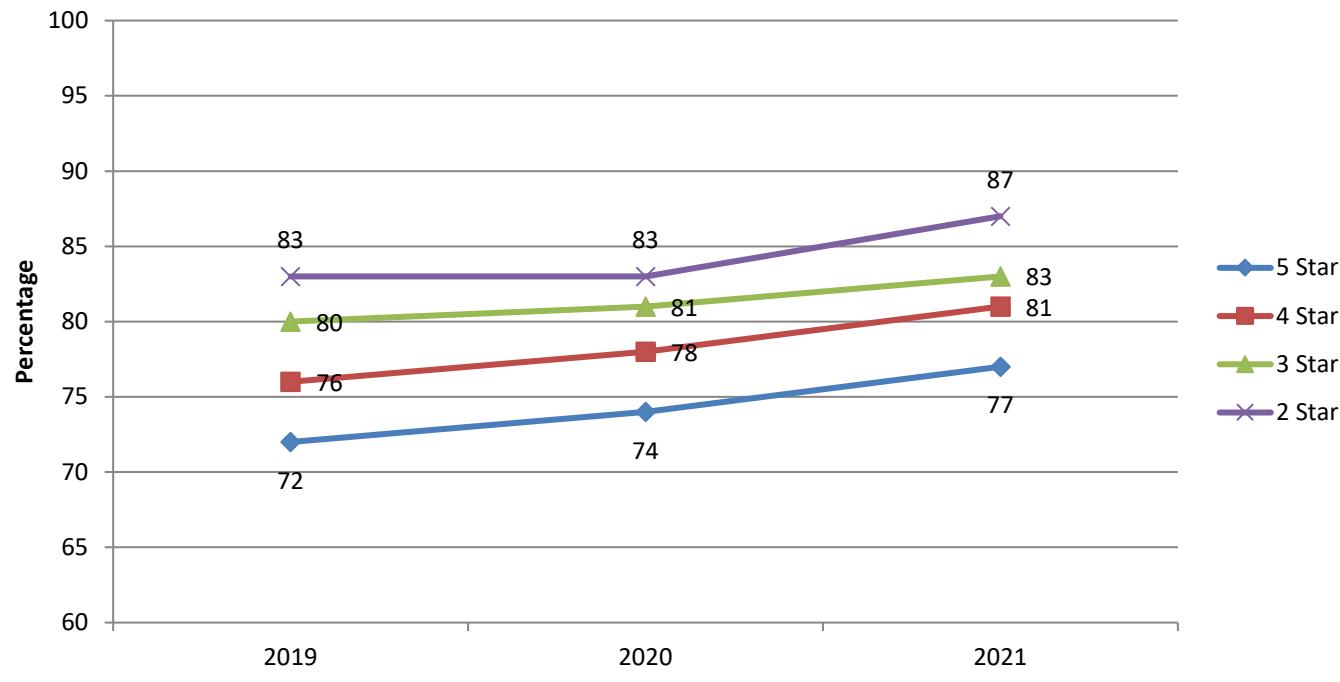
Description: Some plan members are in a program (called a *Medication Therapy Management* program) to help them manage their drugs. The measure shows how many members in the program had an assessment of their medications from the plan. The assessment includes a discussion between the member and a pharmacist (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	2018	< 17%	≥ 17% to < 31%	≥ 31% to < 39%	≥ 39% to < 53%	≥ 53%
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 %

Measure: D14 – Statin Use in Persons with Diabetes**Statin Use in Persons with Diabetes: MAPD****Title****Description**

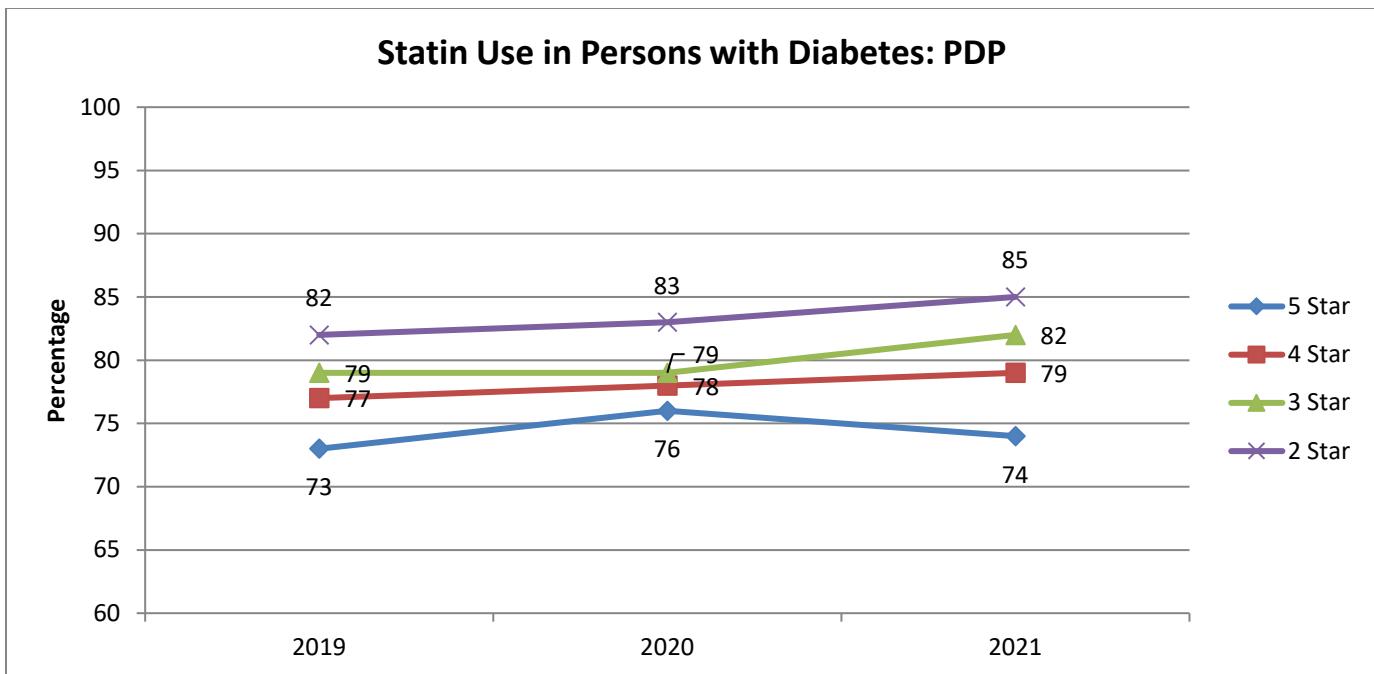
Description: **To lower their risk of developing heart disease, most people with diabetes should take cholesterol medication. This rating is based on the percent of plan members with diabetes who take the most effective cholesterol-lowering drugs. Plans can help make sure their members get these prescriptions 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	2019	< 72%	≥ 72% to < 76%	≥ 76% to < 80%	≥ 80% to < 83%	≥ 83%
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%



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%