Trends in
Part C & D
Star Rating Measure
Cut Points

Updated – 12/19/2018

Document Change Log

Previous Version	Description of Change	Revision Date
-	Final release of the 2019 Star Ratings Cut Point Trend document	12/19/2018

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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 Star Ratings methodology to further align it with our policy goals. Effective for the 2016 Star Ratings, CMS no longer applies predetermined 4-star thresholds for specific measures. These had previously been used in the Star Ratings program as an attempt to help contracts set achievement goals, but analyses over time found they contributed to misclassification in star assignments and discouraged plans from focusing on a holistic approach of higher quality.

The current Part C & D Star Rating Technical Notes including specifications and methodology for all measures is available at: http://go.cms.gov/partcanddstarratings. For the 2019 Star Ratings, there are a total of 47 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.

Measure cut points 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.
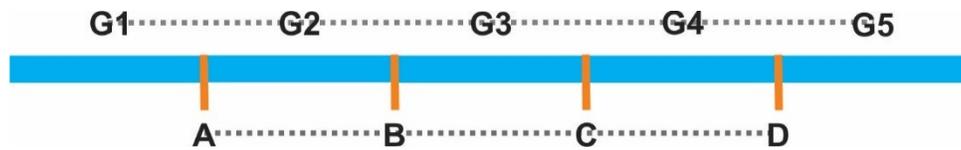
In this document, we display graphical trends of star cut points at the measure level, along with each measure's definition and data source. **Note, since various measures have specification changes over the years, not all changes in cut points indicate changes in average performance. Also, some measures 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 Statin Therapy for Patients with Cardiovascular Disease and Statin Use in Persons with Diabetes (SUPD) measures are not included in this analysis because they are new measures for 2019, and the Medicare Plan Finder (MPF) pricing measure is not included 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

Breast Cancer Screening
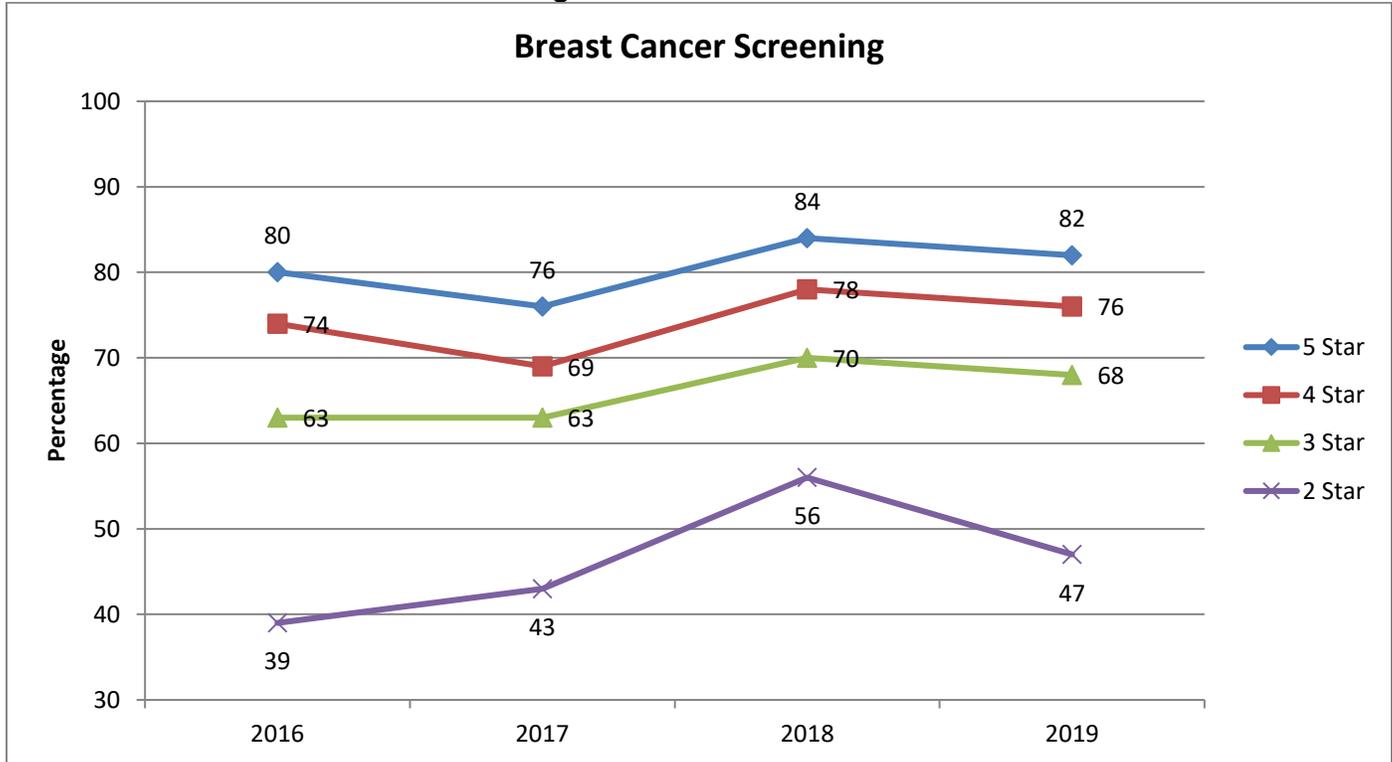
Title	Description
Description:	Percent of female plan members aged 52-74 who had a mammogram during the past two years.
Data Source:	HEDIS
General Trend:	Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	< 39%	≥ 39% to < 63%	≥ 63% to < 74%	≥ 74% to < 80%	≥ 80%
2017	< 43%	≥ 43% to < 63%	≥ 63% to < 69%	≥ 69% to < 76%	≥ 76%
2018	< 56%	≥ 56% to < 70%	≥ 70% to < 78%	≥ 78% to < 84%	≥ 84%
2019	< 47%	≥ 47% to < 68%	≥ 68% to < 76%	≥ 76% to < 82%	≥ 82%

Measure: C02 - Colorectal Cancer Screening

Colorectal Cancer Screening
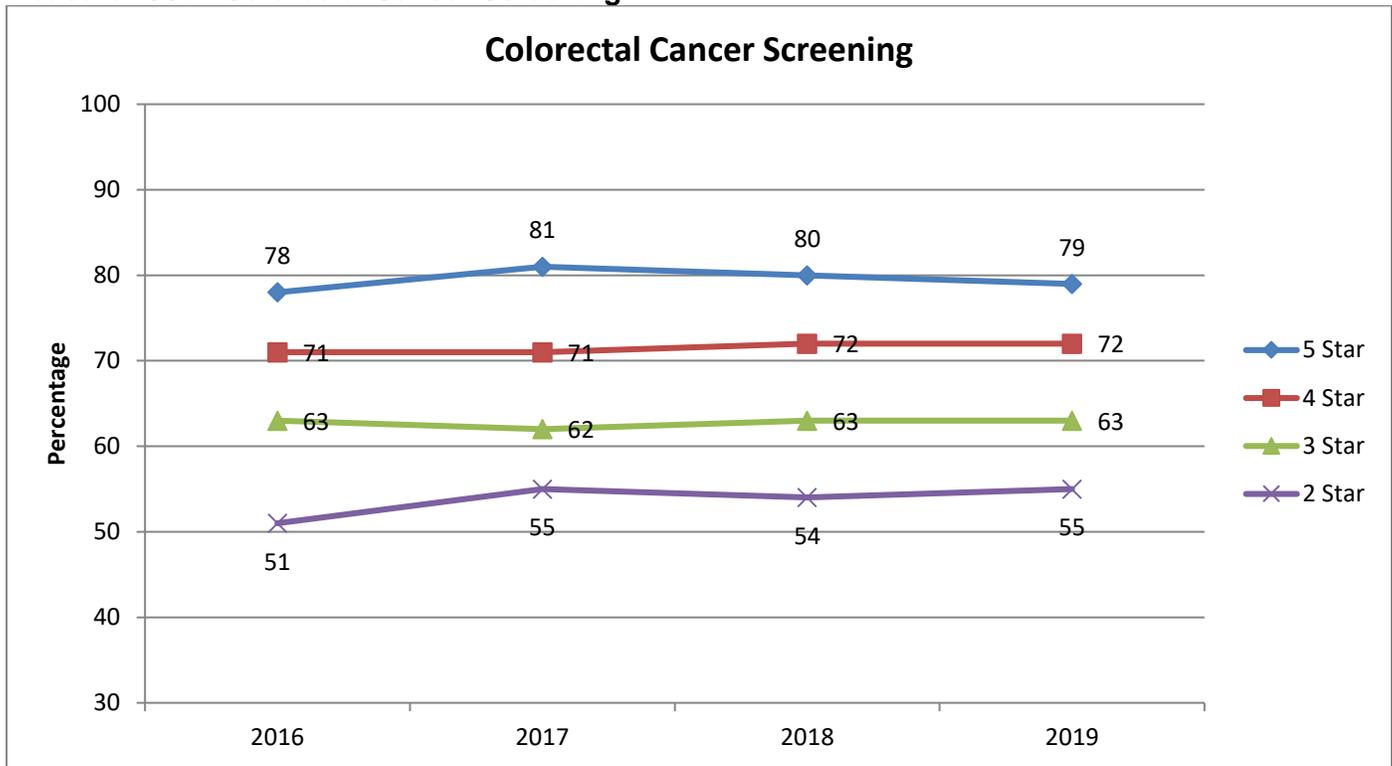
	Title	Description
	Description:	Percent of plan members aged 50-75 who had appropriate screening for colon cancer.
	Data Source:	HEDIS
	General Trend:	Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	< 51%	≥ 51% to < 63%	≥ 63% to < 71%	≥ 71% to < 78%	≥ 78%
2017	< 55%	≥ 55% to < 62%	≥ 62% to < 71%	≥ 71% to < 81%	≥ 81%
2018	< 54%	≥ 54% to < 63%	≥ 63% to < 72%	≥ 72% to < 80%	≥ 80%
2019	< 55%	≥ 55% to < 63%	≥ 63% to < 72%	≥ 72% to < 79%	≥ 79%

Measure: C03 - Annual Flu Vaccine

Annual Flu Vaccine
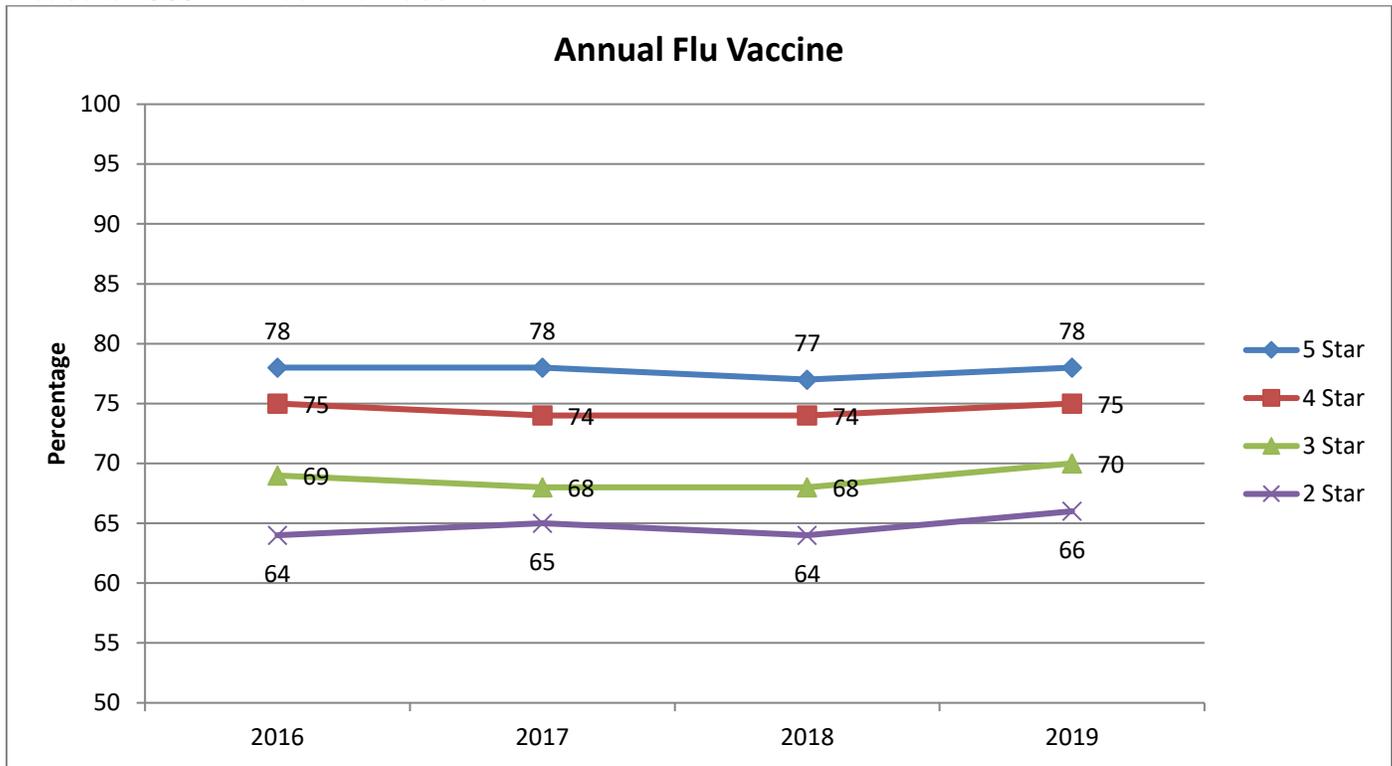
Title	Description
Description:	Percent of plan members who got a vaccine (flu shot) prior to flu season.
Data Source:	CAHPS
General Trend:	Higher is better

Cut Points:

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2016	< 64%	≥ 64% to < 69%	≥ 69% to < 75%	≥ 75% to < 78%	≥ 78%
2017	< 65%	≥ 65% to < 68%	≥ 68% to < 74%	≥ 74% to < 78%	≥ 78%
2018	< 64%	≥ 64% to < 68%	≥ 68% to < 74%	≥ 74% to < 77%	≥ 77%
2019	< 66	≥ 66 to < 70	≥ 70 to < 75	≥ 75 to < 78	≥ 78

Measure: C04 - Improving or Maintaining Physical Health

Improving or Maintaining Physical Health
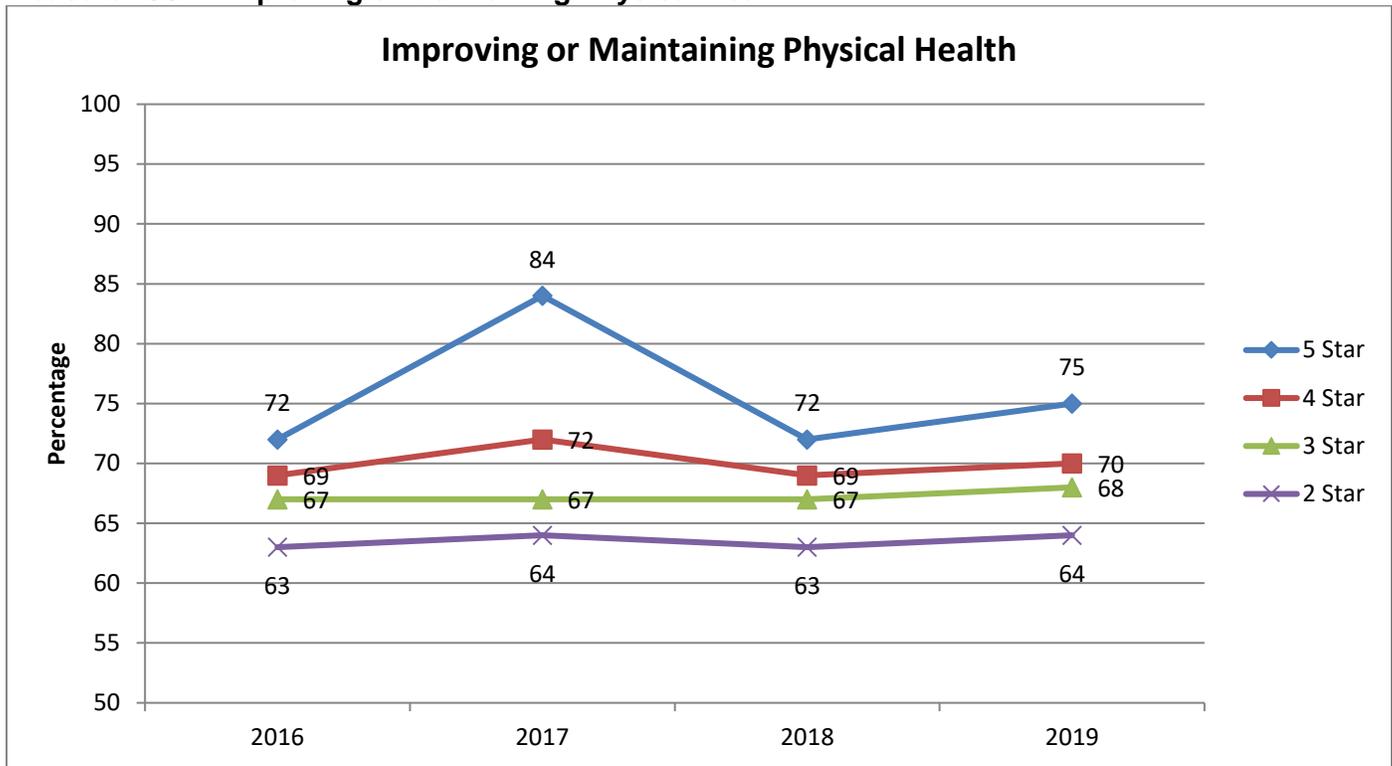
Title	Description
Description:	Percent of plan members whose physical health was the same or better than expected after two years.
Data Source:	HOS
General Trend:	Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	< 63%	≥ 63% to < 67%	≥ 67% to < 69%	≥ 69% to < 72%	≥ 72%
2017	< 64%	≥ 64% to < 67%	≥ 67% to < 72%	≥ 72% to < 84%	≥ 84%
2018	< 63%	≥ 63% to < 67%	≥ 67% to < 69%	≥ 69% to < 72%	≥ 72%
2019	< 64%	≥ 64% to < 68%	≥ 68% to < 70%	≥ 70% to < 75%	≥ 75%

Measure: C05 - Improving or Maintaining Mental Health

Improving or Maintaining Mental Health
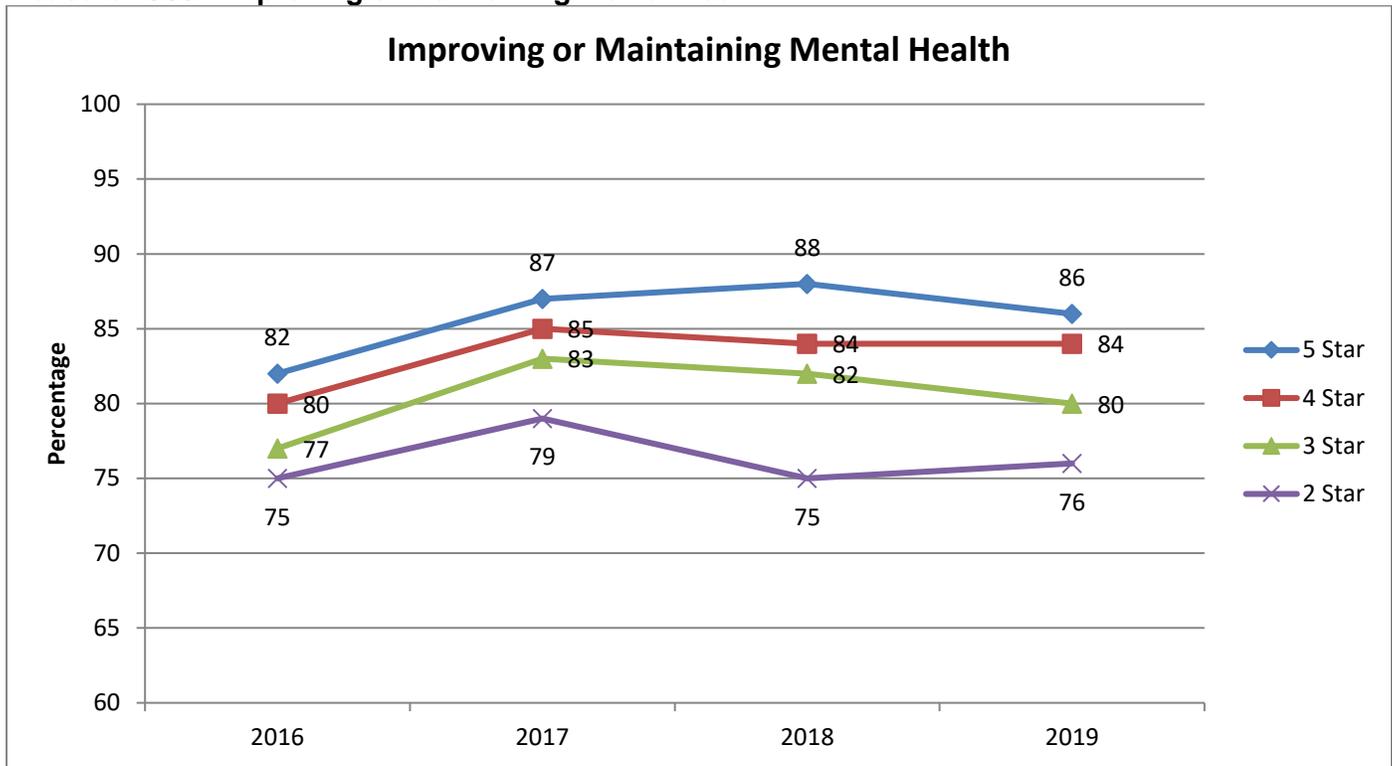
Title	Description
Description:	Percent of plan members whose mental health was the same or better than expected after two years.
Data Source:	HOS
General Trend:	Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	< 75%	≥ 75% to < 77%	≥ 77% to < 80%	≥ 80% to < 82%	≥ 82%
2017	< 79%	≥ 79% to < 83%	≥ 83% to < 85%	≥ 85% to < 87%	≥ 87%
2018	< 75%	≥ 75% to < 82%	≥ 82% to < 84%	≥ 84% to < 88%	≥ 88%
2019	< 76%	≥ 76% to < 80%	≥ 80% to < 84%	≥ 84% to < 86%	≥ 86%

Measure: C06 - Monitoring Physical Activity

Monitoring Physical Activity
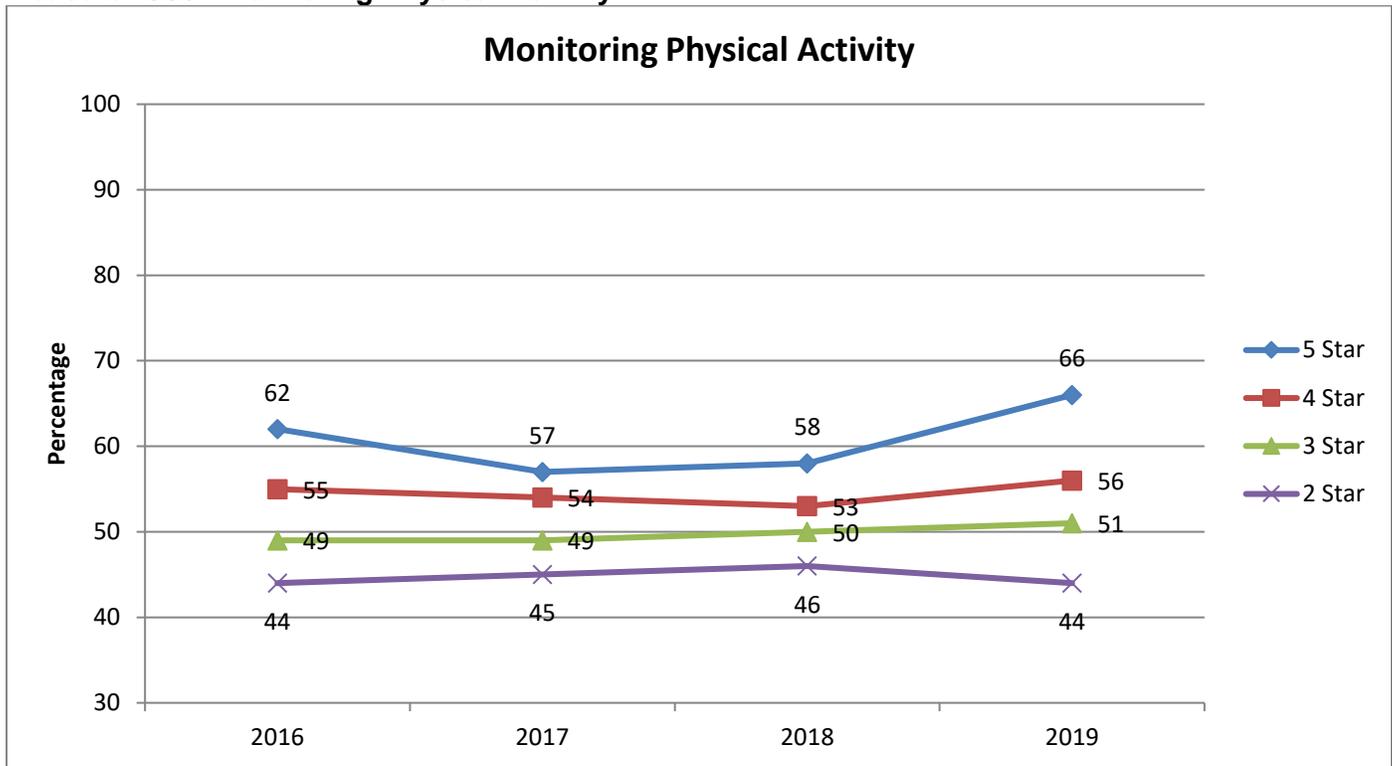
Title	Description

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
2016	< 44%	≥ 44% to < 49%	≥ 49% to < 55%	≥ 55% to < 62%	≥ 62%
2017	< 45%	≥ 45% to < 49%	≥ 49% to < 54%	≥ 54% to < 57%	≥ 57%
2018	< 46%	≥ 46% to < 50%	≥ 50% to < 53%	≥ 53% to < 58%	≥ 58%
2019	< 44%	≥ 44% to < 51%	≥ 51% to < 56%	≥ 56% to < 66%	≥ 66%

Measure: C07 - Adult BMI Assessment

Adult BMI Assessment
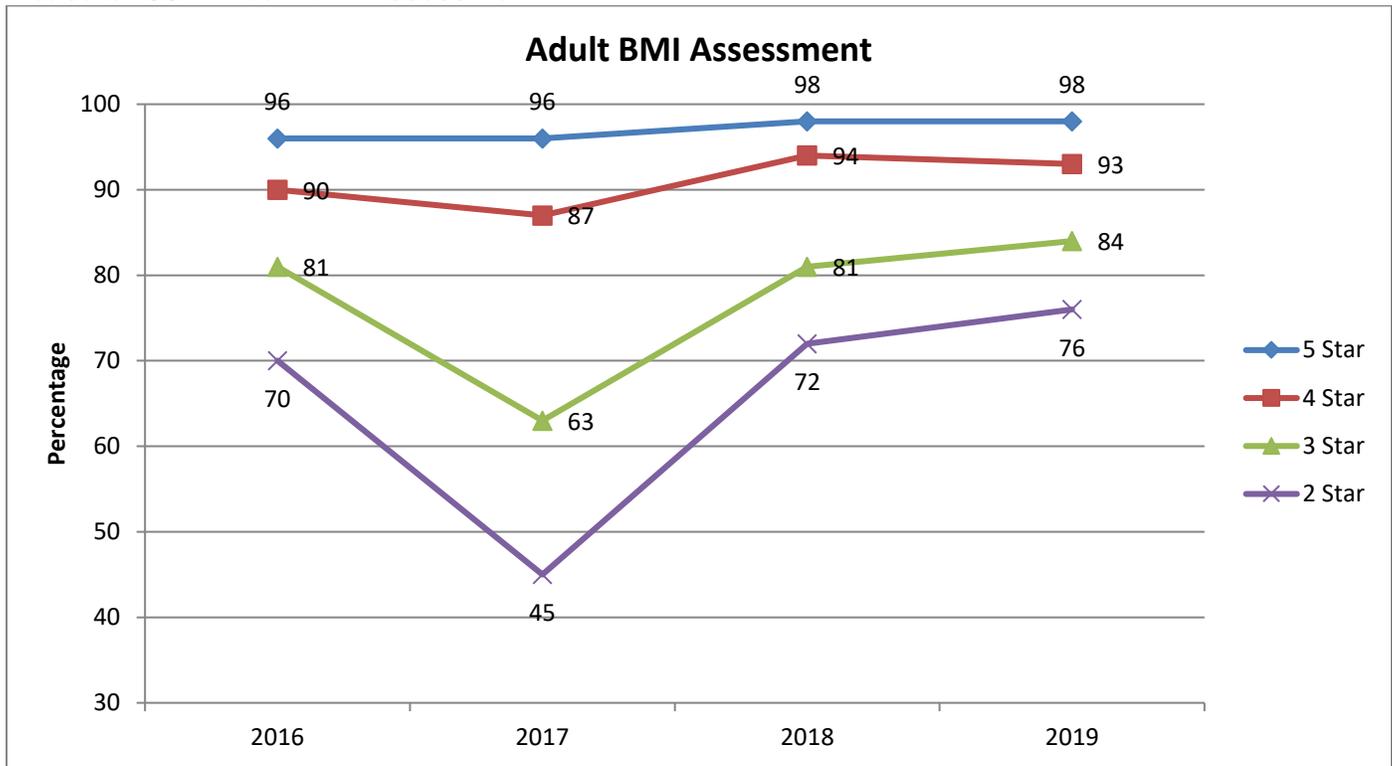
Title	Description
Description:	Percent of plan members with an outpatient visit who had their Body Mass Index (BMI) calculated from their height and weight and recorded in their medical record.
Data Source:	HEDIS
General Trend:	Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	< 70%	≥ 70% to < 81%	≥ 81% to < 90%	≥ 90% to < 96%	≥ 96%
2017	< 45%	≥ 45% to < 63%	≥ 63% to < 87%	≥ 87% to < 96%	≥ 96%
2018	< 72%	≥ 72% to < 81%	≥ 81% to < 94%	≥ 94% to < 98%	≥ 98%
2019	< 76%	≥ 76% to < 84%	≥ 84% to < 93%	≥ 93% to < 98%	≥ 98%

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

Special Needs Plan (SNP) Care Management
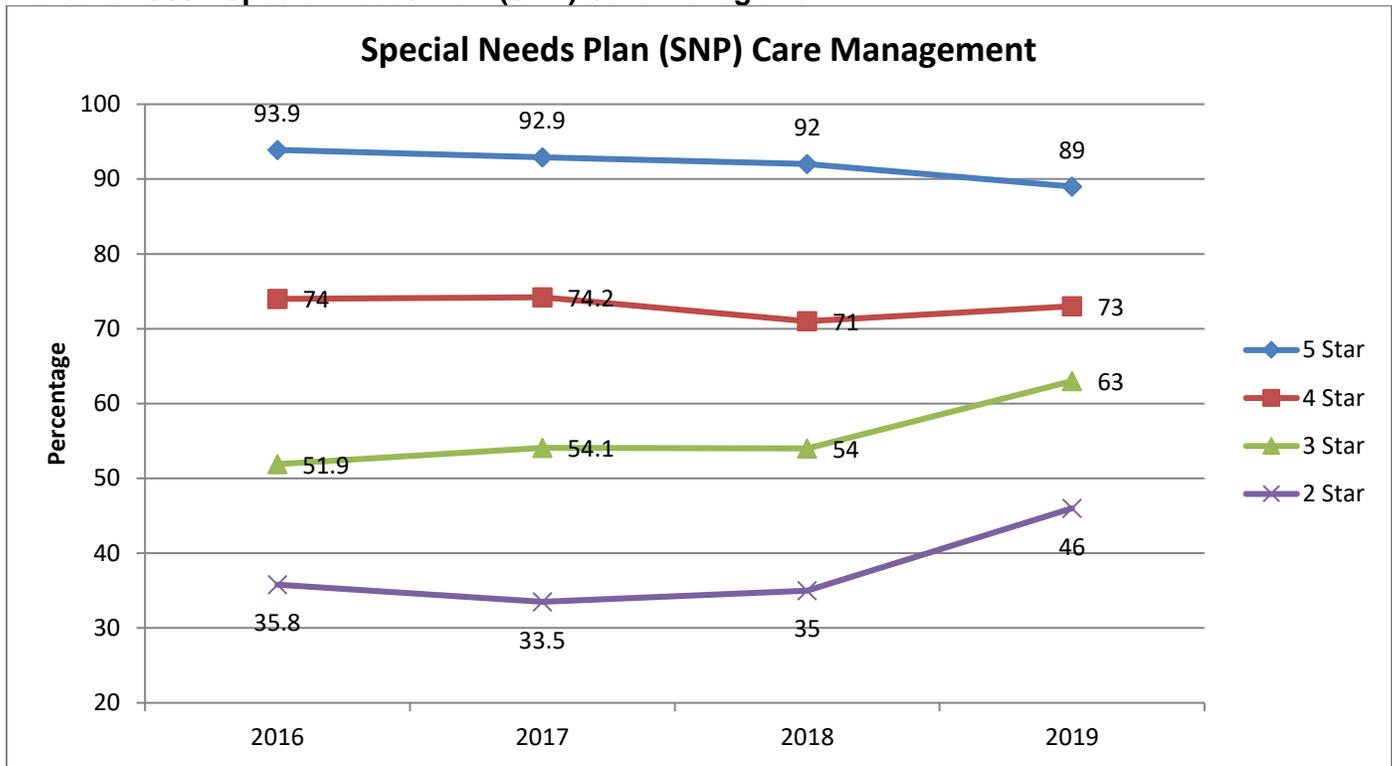
|	Title	Description
Description:		Percent of members whose plan did an assessment of their health needs and risks in the past year. The results of this review are used to help the member get the care they need. (Medicare does not collect this information from all plans. Medicare collects it only for 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
2016	< 35.8%	≥ 35.8% to < 51.9%	≥ 51.9% to < 74.0%	≥ 74.0% to < 93.9%	≥ 93.9%
2017	< 33.5%	≥ 33.5% to < 54.1%	≥ 54.1% to < 74.2%	≥ 74.2% to < 92.9%	≥ 92.9%
2018	< 35%	≥ 35% to < 54%	≥ 54% to < 71%	≥ 71% to < 92%	≥ 92%
2019	< 46%	≥ 46% to < 63%	≥ 63% to < 73%	≥ 73% to < 89%	≥ 89%

Measure: C09 - Care for Older Adults – Medication Review

Care for Older Adults – Medication Review
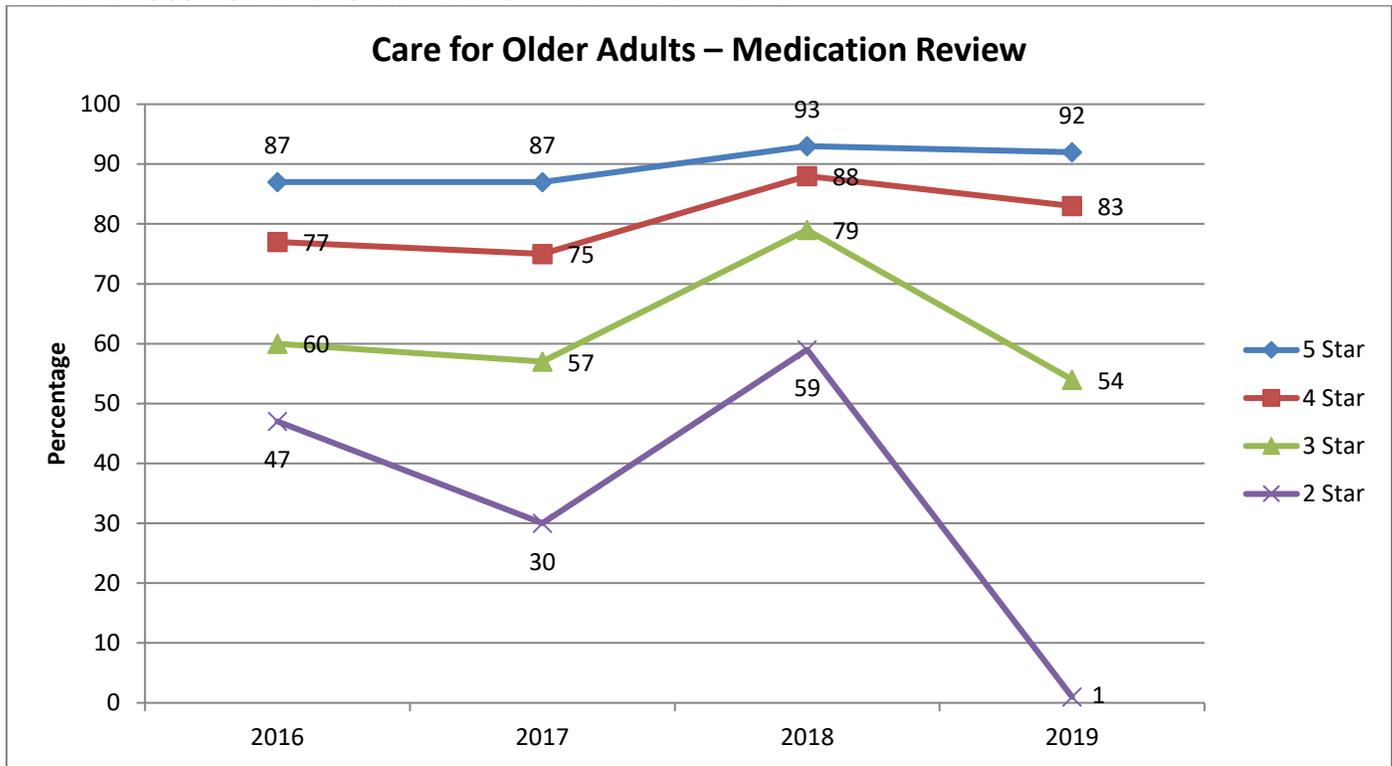
| Title	Description
Description:	Percent of plan members whose doctor or clinical pharmacist reviewed a list of everything they take (prescription and non-prescription drugs, vitamins, herbal remedies, other supplements) at least once a year. (Medicare does not collect this information from all plans. 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
2016	< 47%	≥ 47% to < 60%	≥ 60% to < 77%	≥ 77% to < 87%	≥ 87%
2017	< 30%	≥ 30% to < 57%	≥ 57% to < 75%	≥ 75% to < 87%	≥ 87%
2018	< 59%	≥ 59% to < 79%	≥ 79% to < 88%	≥ 88% to < 93%	≥ 93%
2019	< 1%	≥ 1% to < 54%	≥ 54% to < 83%	≥ 83% to < 92%	≥ 92%

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

Care for Older Adults – Functional Status Assessment
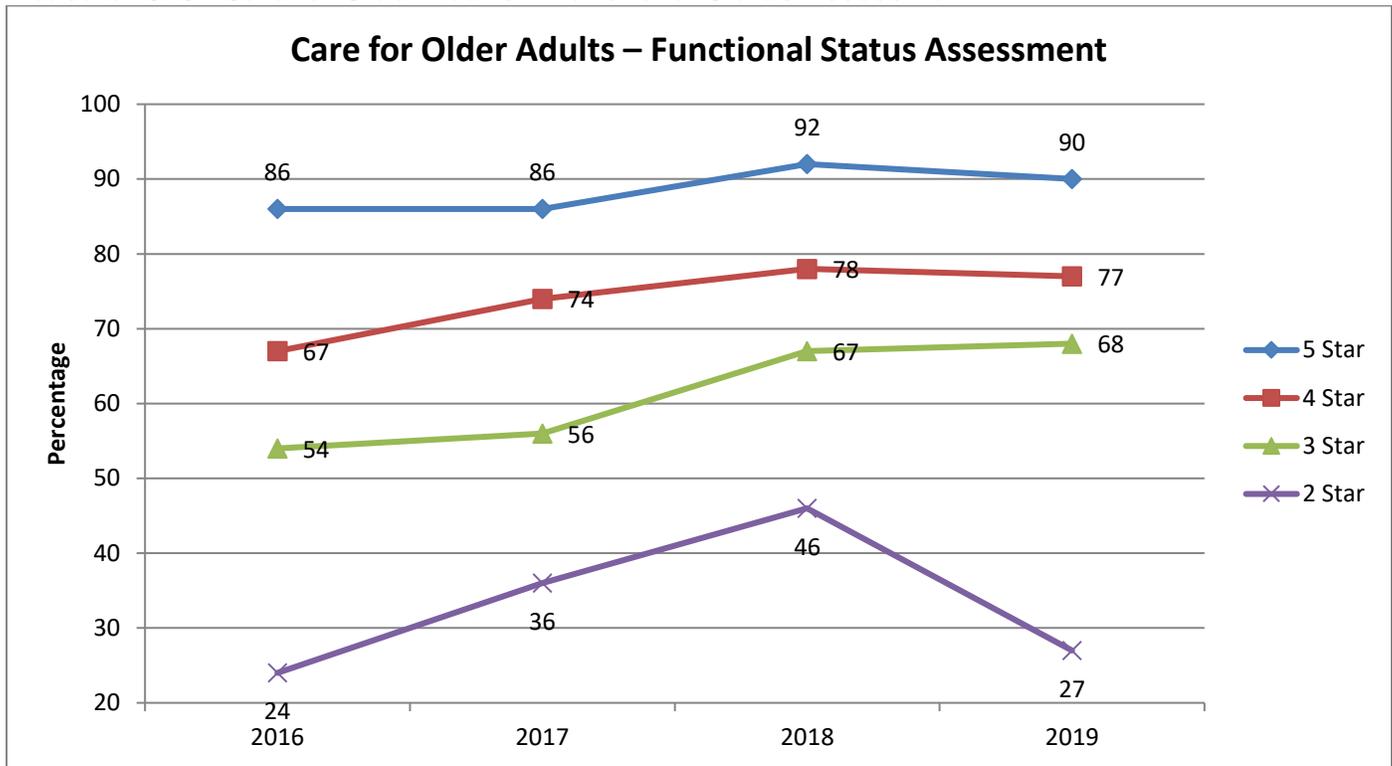
| Title	Description
Description:	Percent of plan members whose doctor has done a functional status assessment to see how well they are able to do Activities of Daily Living such as dressing, eating, and bathing. (Medicare does not collect this information from all plans. Medicare collects it only for 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
2016	< 24%	≥ 24% to < 54%	≥ 54% to < 67%	≥ 67% to < 86%	≥ 86%
2017	< 36%	≥ 36% to < 56%	≥ 56% to < 74%	≥ 74% to < 86%	≥ 86%
2018	< 46%	≥ 46% to < 67%	≥ 67% to < 78%	≥ 78% to < 92%	≥ 92%
2019	< 27%	≥ 27% to < 68%	≥ 68% to < 77%	≥ 77% to < 90%	≥ 90%

Measure: C11 - Care for Older Adults – Pain Assessment

Care for Older Adults – Pain Assessment
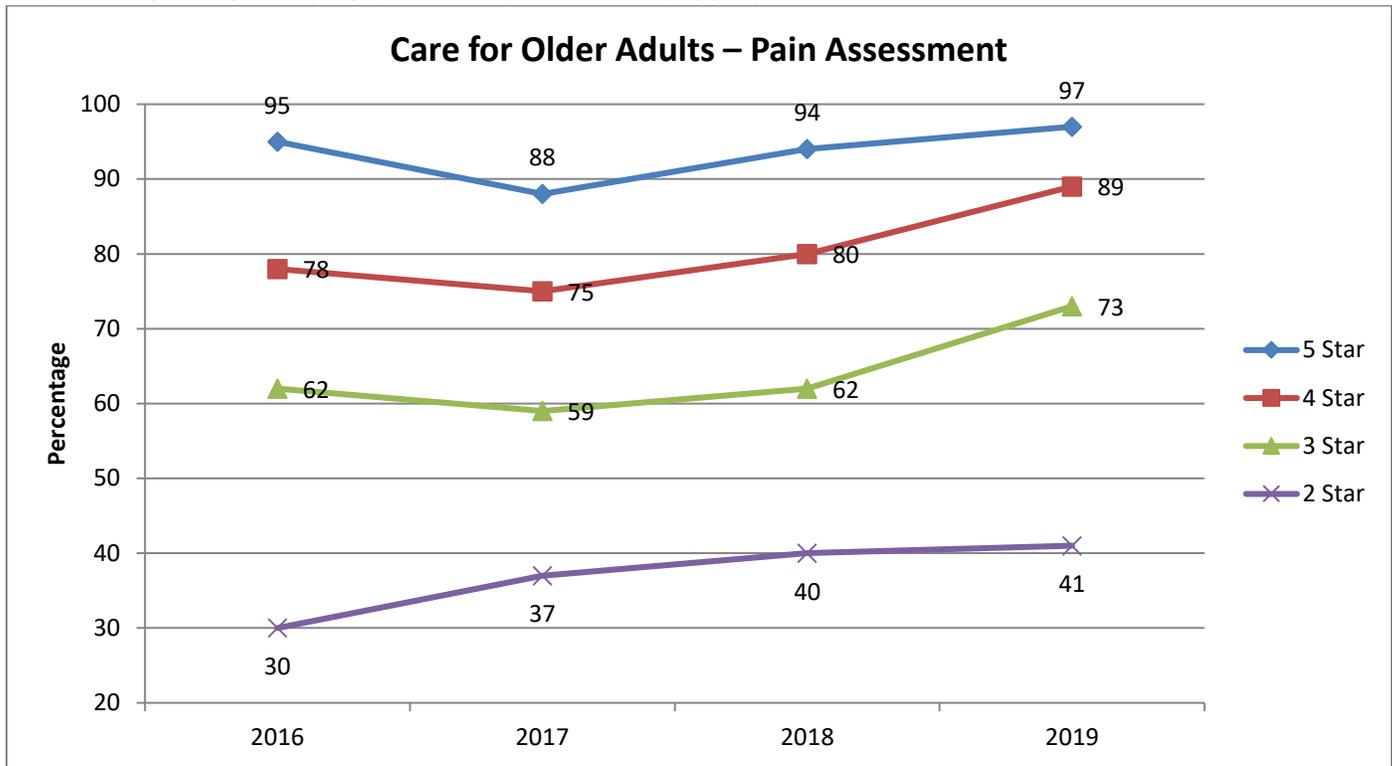
| Title	Description
Description:	Percent of plan members who had a pain screening at least once during the year. (Medicare does not collect this information from all plans. Medicare collects it only for Special Needs Plans. These plans are a type of Medicare Advantage plan designed for certain people 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
2016	< 30%	≥ 30% to < 62%	≥ 62% to < 78%	≥ 78% to < 95%	≥ 95%
2017	< 37%	≥ 37% to < 59%	≥ 59% to < 75%	≥ 75% to < 88%	≥ 88%
2018	< 40%	≥ 40% to < 62%	≥ 62% to < 80%	≥ 80% to < 94%	≥ 94%
2019	< 41%	≥ 41% to < 73%	≥ 73% to < 89%	≥ 89% to < 97%	≥ 97%

Measure: C12 - Osteoporosis Management in Women who had a Fracture

Osteoporosis Management in Women who had a Fracture
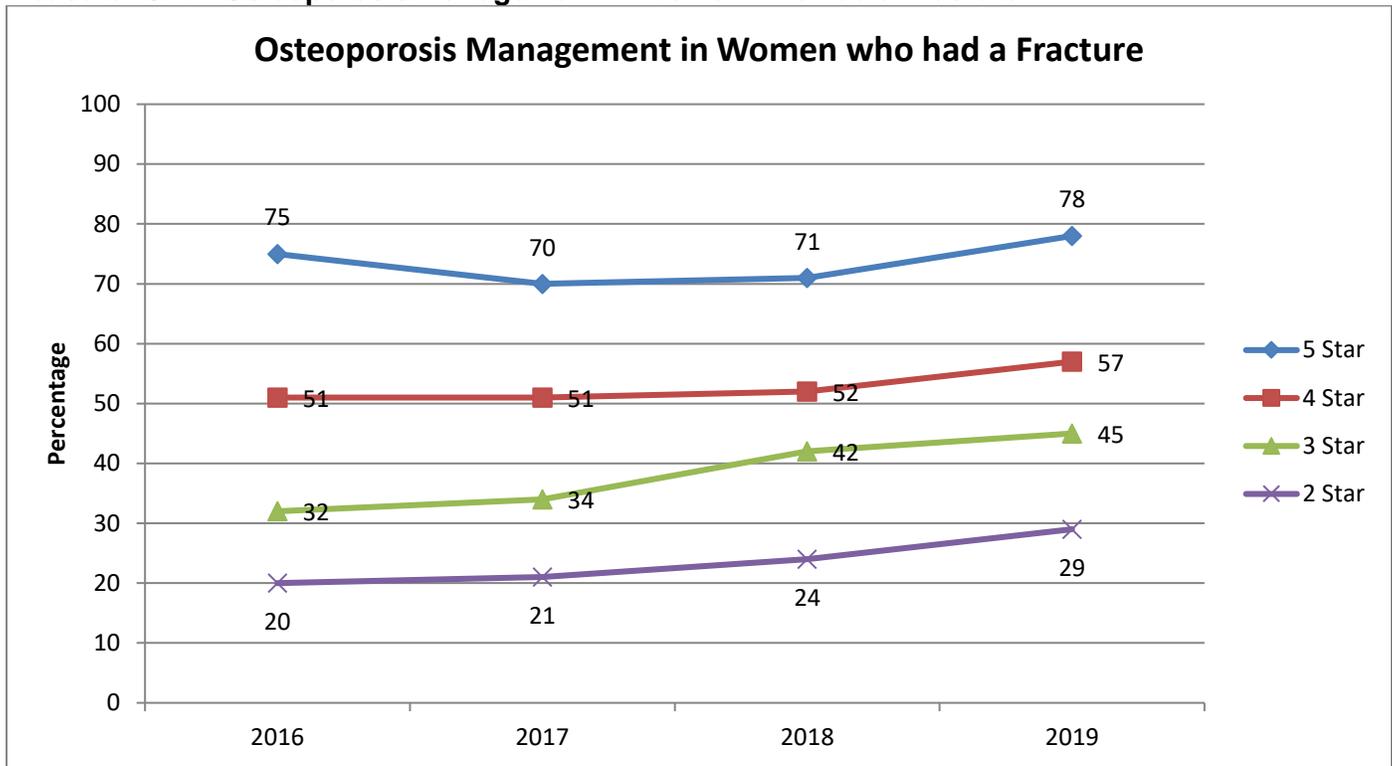
Title	Description
Description:	Percent of female plan members who broke a bone and got screening or treatment for osteoporosis within 6 months.
Data Source:	HEDIS
General Trend:	Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	< 20%	≥ 20% to < 32%	≥ 32% to < 51%	≥ 51% to < 75%	≥ 75%
2017	< 21%	≥ 21% to < 34%	≥ 34% to < 51%	≥ 51% to < 70%	≥ 70%
2018	< 24%	≥ 24% to < 42%	≥ 42% to < 52%	≥ 52% to < 71%	≥ 71%
2019	< 29%	≥ 29% to < 45%	≥ 45% to < 57%	≥ 57% to < 78%	≥ 78%

Measure: C13 - Diabetes Care – Eye Exam

Diabetes Care – Eye Exam
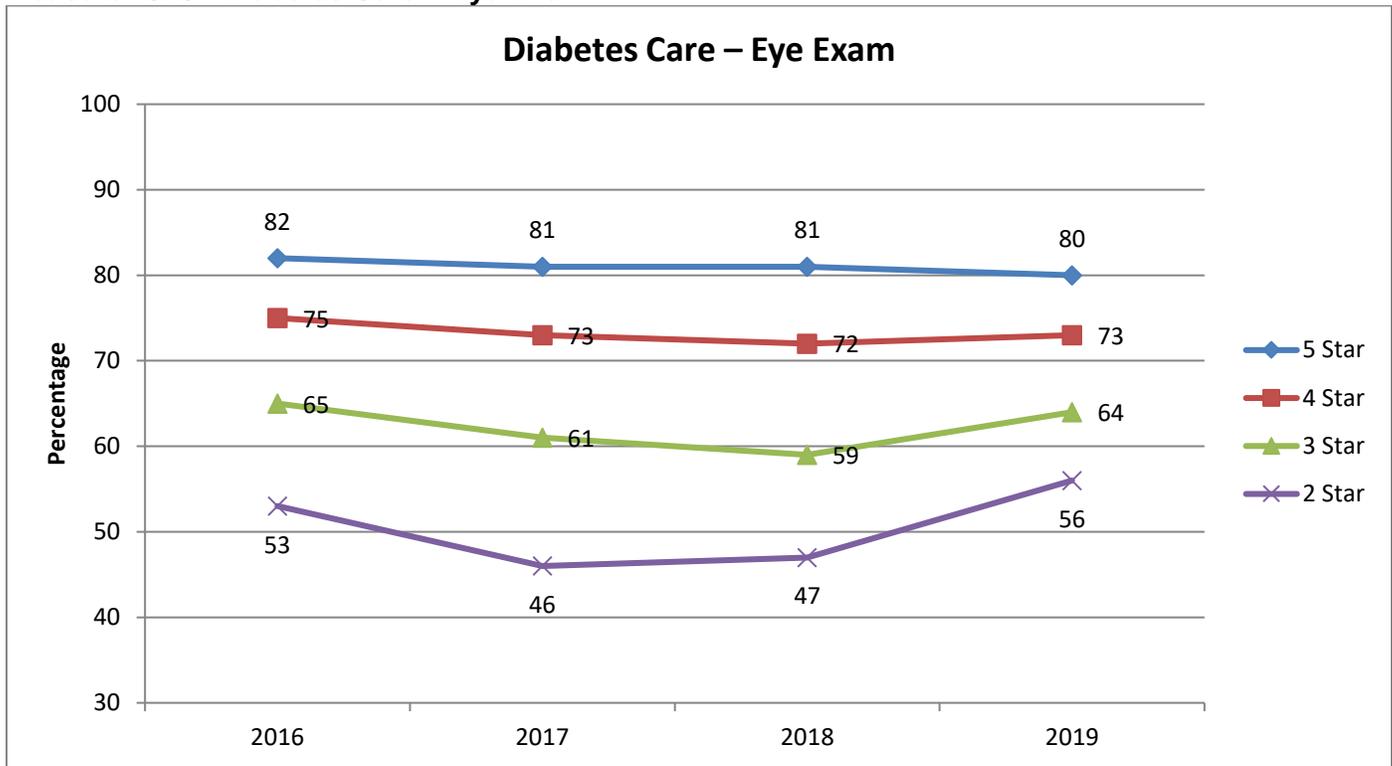
		Title			Description

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
2016	< 53%	≥ 53% to < 65%	≥ 65% to < 75%	≥ 75% to < 82%	≥ 82%
2017	< 46%	≥ 46% to < 61%	≥ 61% to < 73%	≥ 73% to < 81%	≥ 81%
2018	< 47%	≥ 47% to < 59%	≥ 59% to < 72%	≥ 72% to < 81%	≥ 81%
2019	< 56%	≥ 56% to < 64%	≥ 64% to < 73%	≥ 73% to < 80%	≥ 80%

Measure: C14 - Diabetes Care – Kidney Disease Monitoring

Diabetes Care – Kidney Disease Monitoring
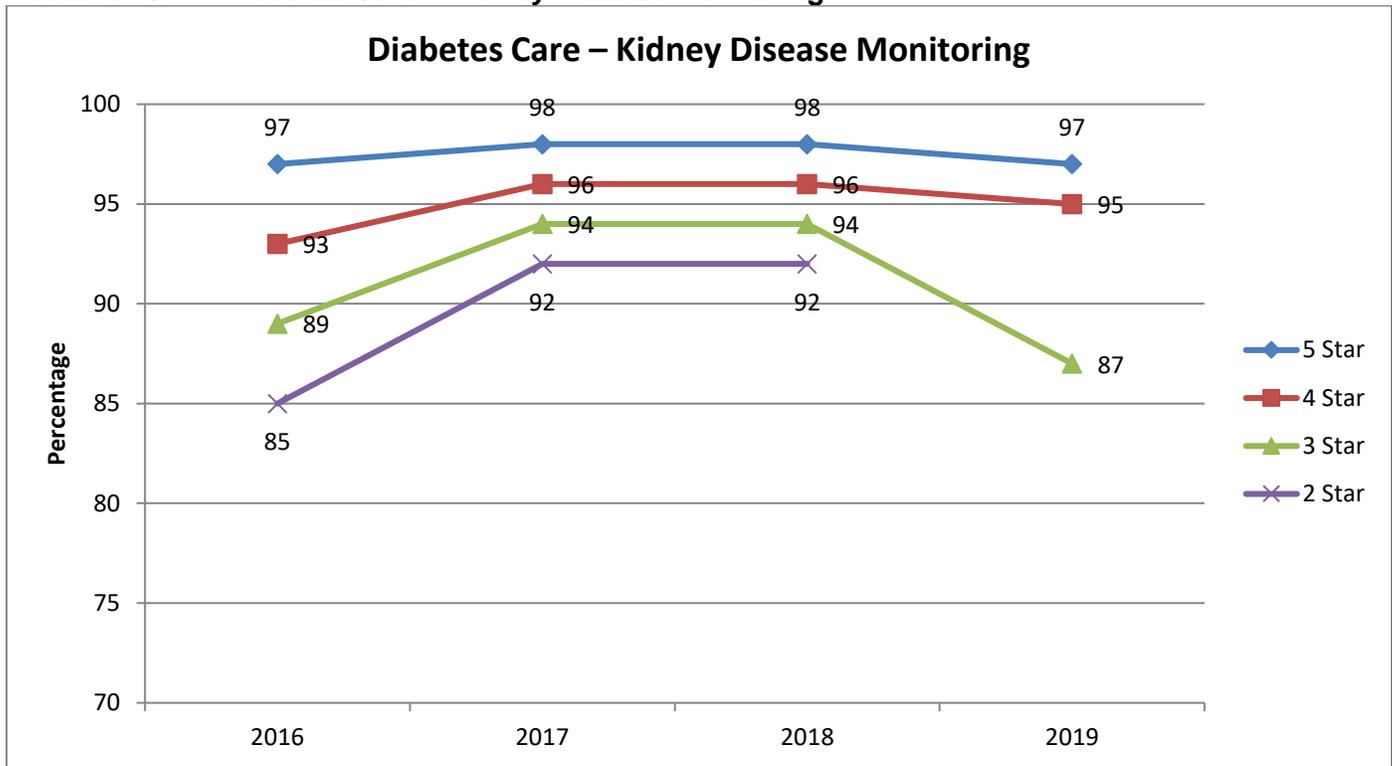
Title	Description
Description:	Percent of plan members with diabetes who had a kidney function test during the year.
Data Source:	HEDIS
General Trend:	Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	< 85%	≥ 85% to < 89%	≥ 89% to < 93%	≥ 93% to < 97%	≥ 97%
2017	< 92%	≥ 92% to < 94%	≥ 94% to < 96%	≥ 96% to < 98%	≥ 98%
2018	< 92%	≥ 92% to < 94%	≥ 94% to < 96%	≥ 96% to < 98%	≥ 98%
2019	NA	NA	≥ 87% to < 95%	≥ 95% to < 97%	≥ 97%

Measure: C15 - Diabetes Care – Blood Sugar Controlled

Diabetes Care – Blood Sugar Controlled
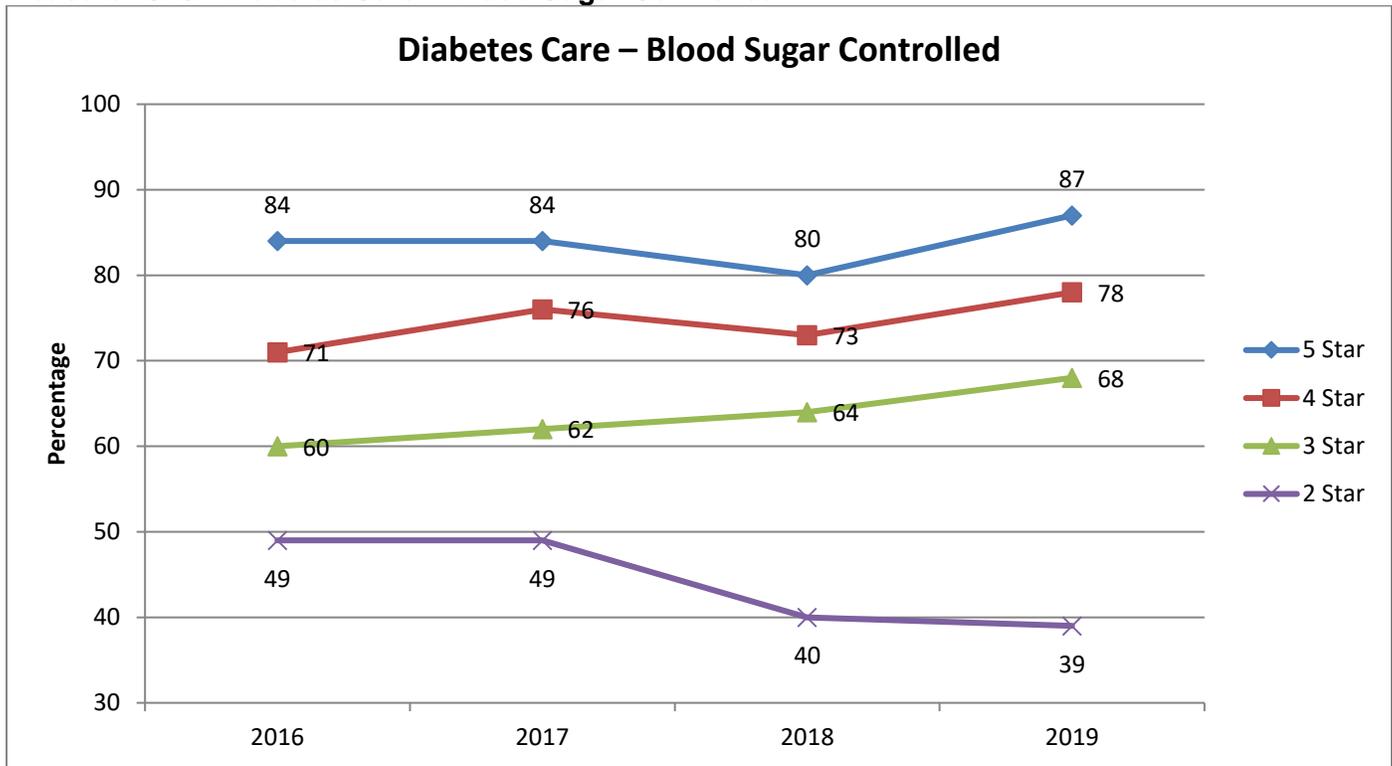
| Title	Description
Description:	Percent of plan members with diabetes who had an A1C lab test during the year that showed their average blood sugar is under control.
Data Source:	HEDIS
General Trend:	Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	< 49%	≥ 49% to < 60%	≥ 60% to < 71%	≥ 71% to < 84%	≥ 84%
2017	< 49%	≥ 49% to < 62%	≥ 62% to < 76%	≥ 76% to < 84%	≥ 84%
2018	< 40%	≥ 40% to < 64%	≥ 64% to < 73%	≥ 73% to < 80%	≥ 80%
2019	< 39%	≥ 39% to < 68%	≥ 68% to < 78%	≥ 78% to < 87%	≥ 87%

Measure: C16 - Controlling Blood Pressure

Controlling Blood Pressure
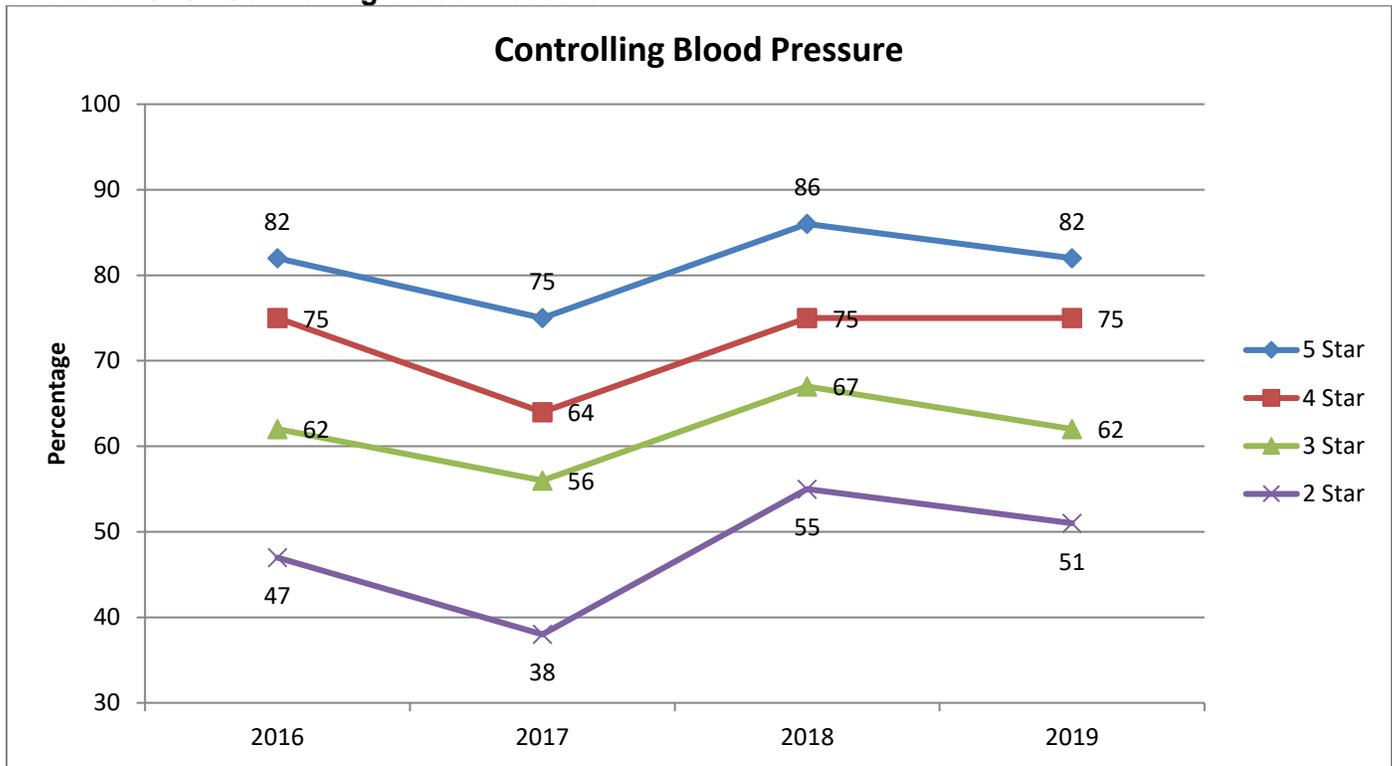
|	Title	Description
Description:		Percent of plan members with high blood pressure who got treatment and were able to maintain a healthy pressure.
Data Source:		HEDIS
General Trend:		Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	< 47%	≥ 47% to < 62%	≥ 62% to < 75%	≥ 75% to < 82%	≥ 82%
2017	< 38%	≥ 38% to < 56%	≥ 56% to < 64%	≥ 64% to < 75%	≥ 75%
2018	< 55%	≥ 55% to < 67%	≥ 67% to < 75%	≥ 75% to < 86%	≥ 86%
2019	< 51%	≥ 51% to < 62%	≥ 62% to < 75%	≥ 75% to < 82%	≥ 82%

Measure: C17 - Rheumatoid Arthritis Management

Rheumatoid Arthritis Management
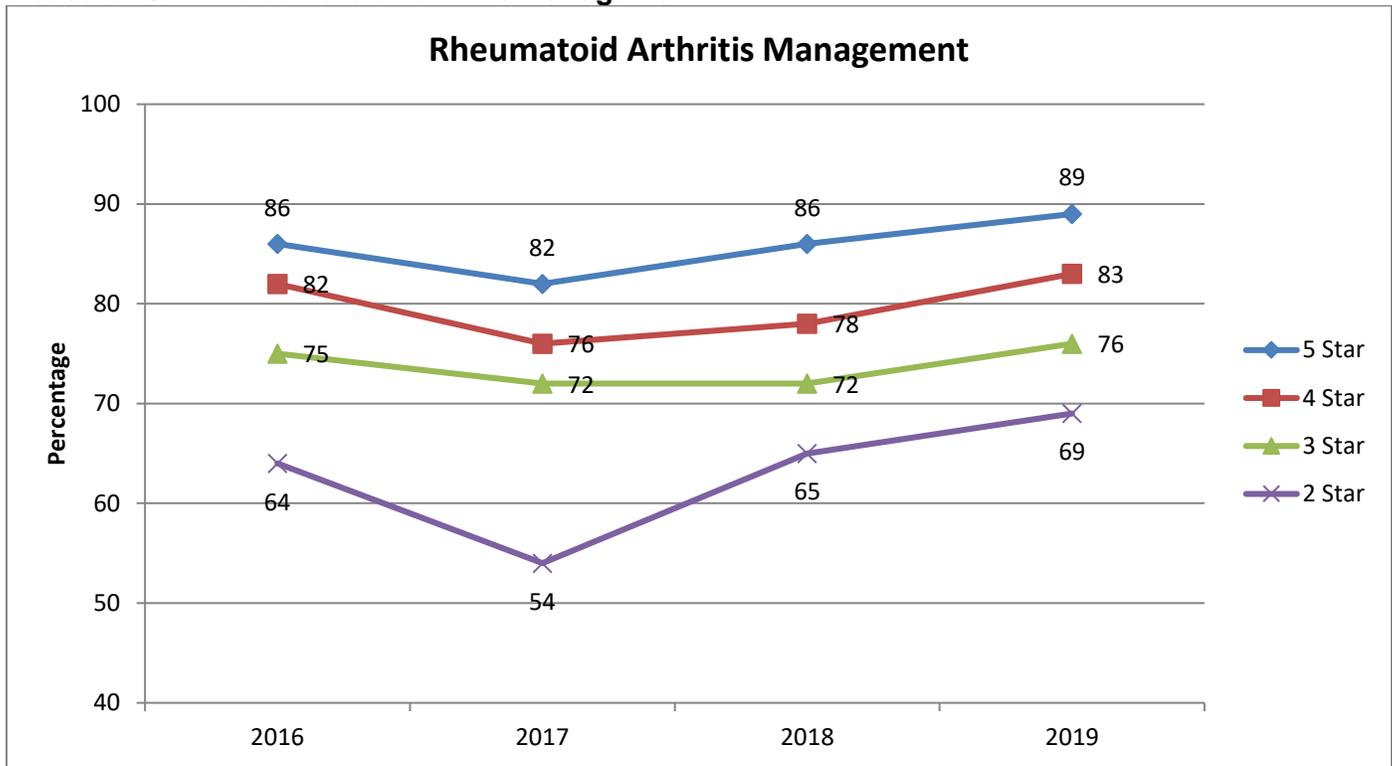
| Title	Description
Description:	Percent of plan members with rheumatoid arthritis who got one or more prescriptions for an anti-rheumatic drug.
Data Source:	HEDIS
General Trend:	Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	< 64%	≥ 64% to < 75%	≥ 75% to < 82%	≥ 82% to < 86%	≥ 86%
2017	< 54%	≥ 54% to < 72%	≥ 72% to < 76%	≥ 76% to < 82%	≥ 82%
2018	< 65%	≥ 65% to < 72%	≥ 72% to < 78%	≥ 78% to < 86%	≥ 86%
2019	< 69%	≥ 69% to < 76%	≥ 76% to < 83%	≥ 83% to < 89%	≥ 89%

Measure: C18 - Reducing the Risk of Falling

Reducing the Risk of Falling
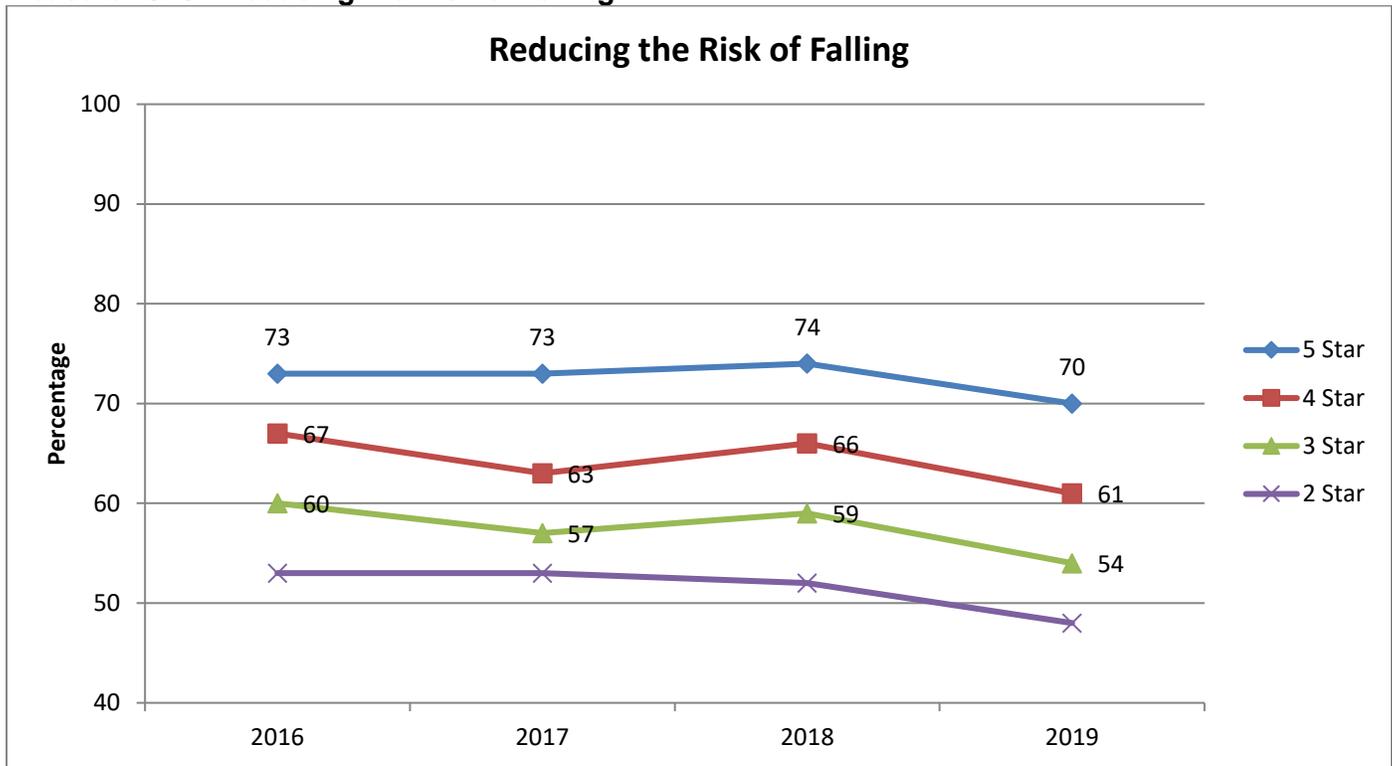
Title	Description
Description:	Percent of plan members with a problem falling, walking, or balancing who discussed it with their doctor and received a recommendation for how to prevent falls during the year.
Data Source:	HEDIS / HOS
General Trend:	Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	< 53%	≥ 53% to < 60%	≥ 60% to < 67%	≥ 67% to < 73%	≥ 73%
2017	< 53%	≥ 53% to < 57%	≥ 57% to < 63%	≥ 63% to < 73%	≥ 73%
2018	< 52%	≥ 52% to < 59%	≥ 59% to < 66%	≥ 66% to < 74%	≥ 74%
2019	< 48%	≥ 48% to < 54%	≥ 54% to < 61%	≥ 61% to < 70%	≥ 70%

Measure: C19 - Improving Bladder Control

Improving Bladder Control
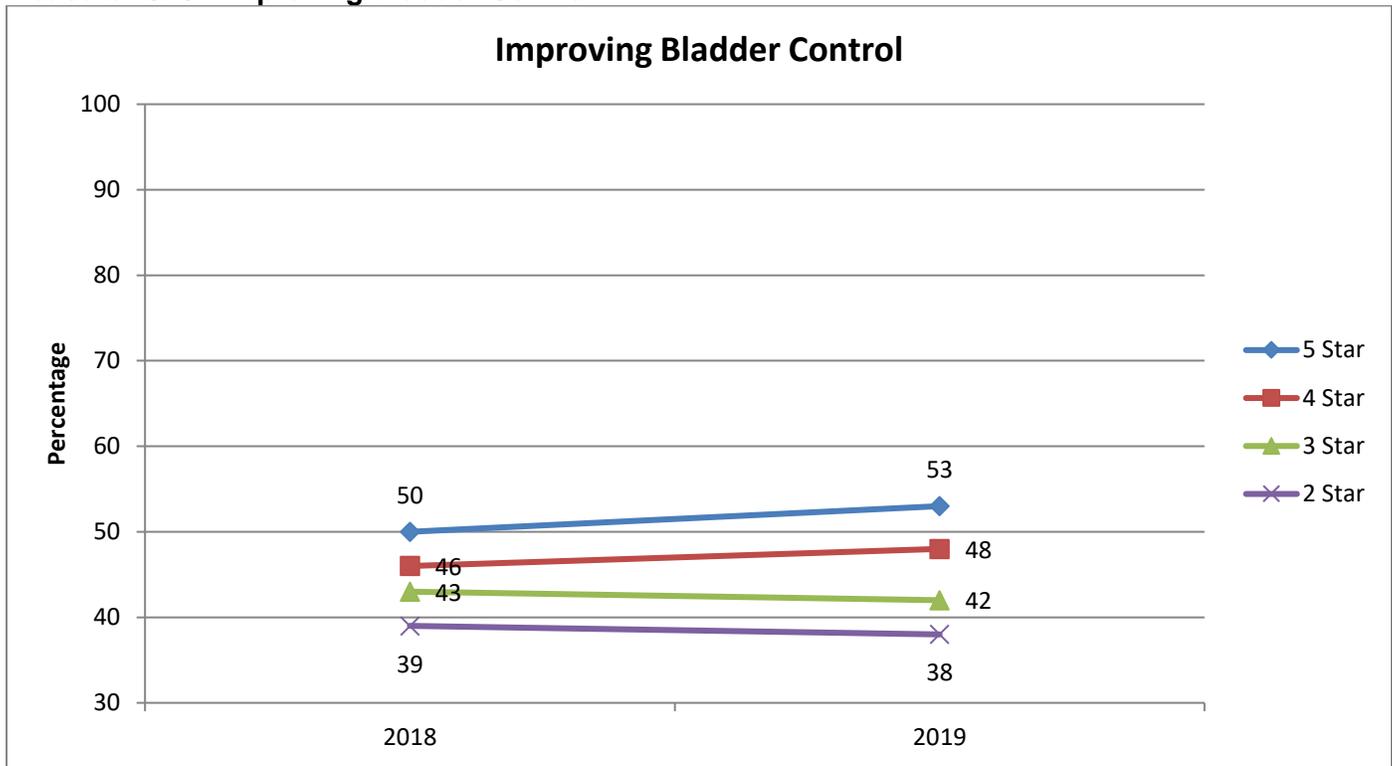
Title	Description

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%

Measure: C20 - Medication Reconciliation Post-Discharge

Medication Reconciliation Post-Discharge
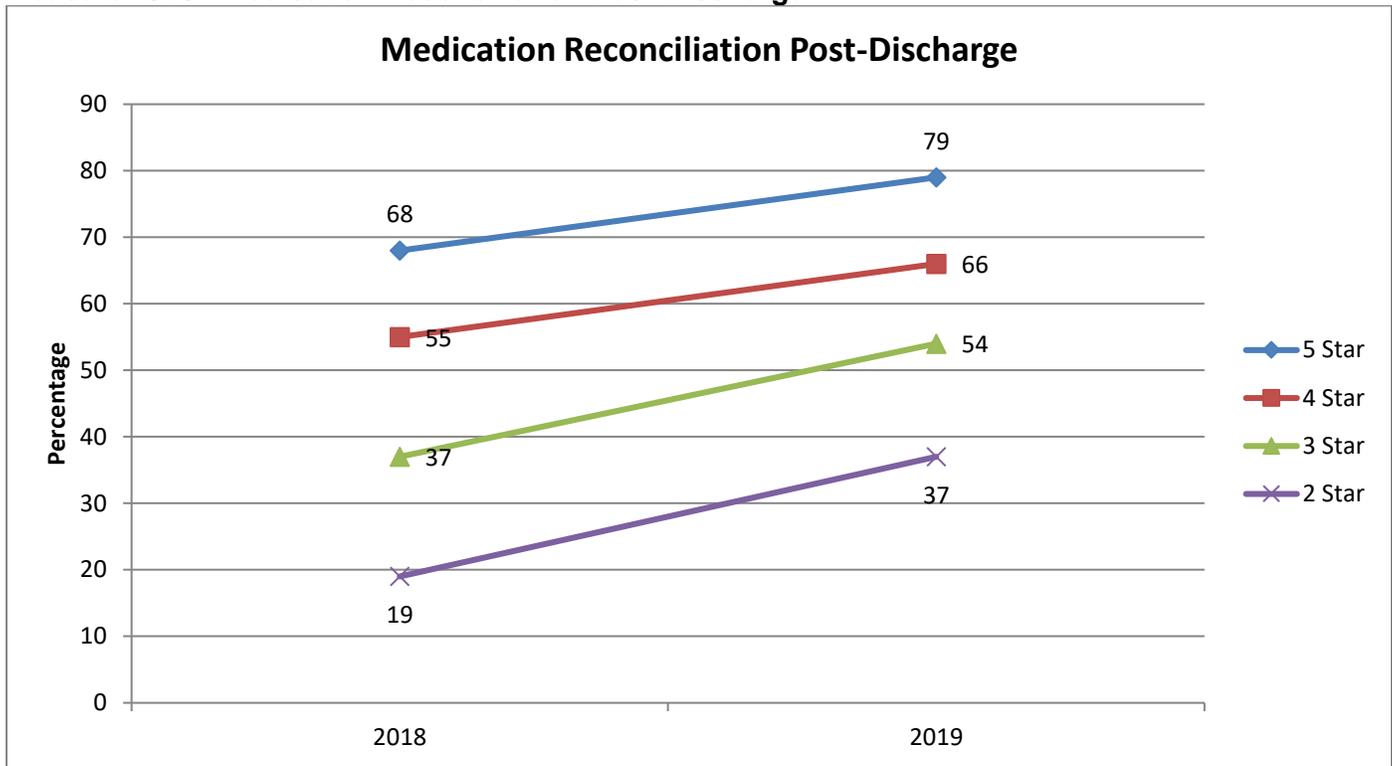
| Title	Description
Description:	This shows the percent of plan members whose medication records were updated within 30 days after leaving the hospital. To update the record, a doctor or other health care professional looks at the new medications prescribed in the hospital and compares them with the 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%

Measure: C21 - Plan All-Cause Readmissions

Plan All-Cause Readmissions
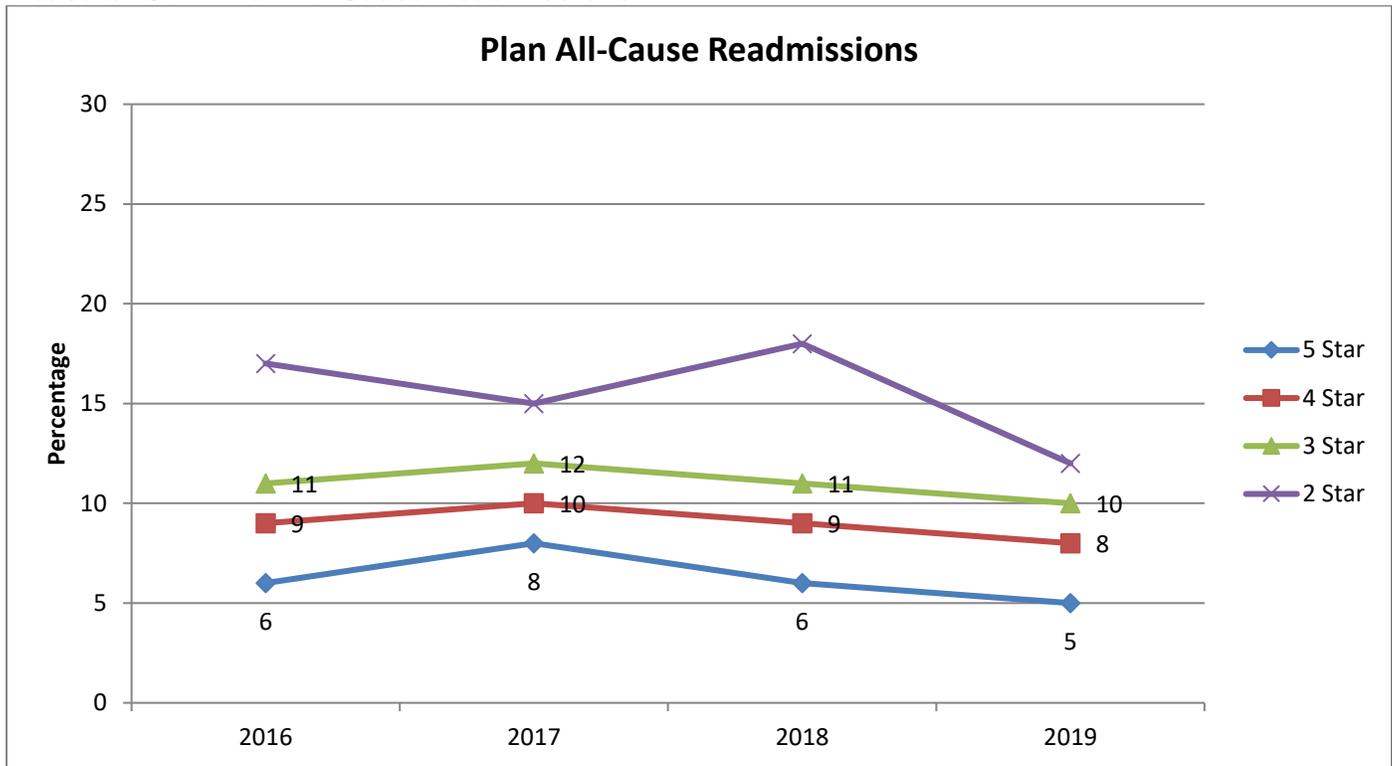
| Title	Description
Description:	Percent of senior plan members discharged from a hospital stay who were readmitted to a hospital within 30 days, either for the same condition as their recent hospital stay or for a different reason. (Patients may have been readmitted back to the same hospital or to a different one. Rates of readmission take into account how sick patients were when they went into the hospital the first time. This "risk-adjustment" helps make the comparisons between plans fair and meaningful.)
Data Source:	HEDIS
General Trend:	Lower is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	> 17%	> 11% to ≤ 17%	> 9% to ≤ 11%	> 6% to ≤ 9%	≤ 6%
2017	> 15%	> 12% to ≤ 15%	> 10% to ≤ 12%	> 8% to ≤ 10%	≤ 8%
2018	> 18%	> 11% to ≤ 18%	> 9% to ≤ 11%	> 6% to ≤ 9%	≤ 6%
2019	> 12%	> 10% to ≤ 12%	> 8% to ≤ 10%	> 5% to ≤ 8%	≤ 5%

Measure: C23 - Getting Needed Care
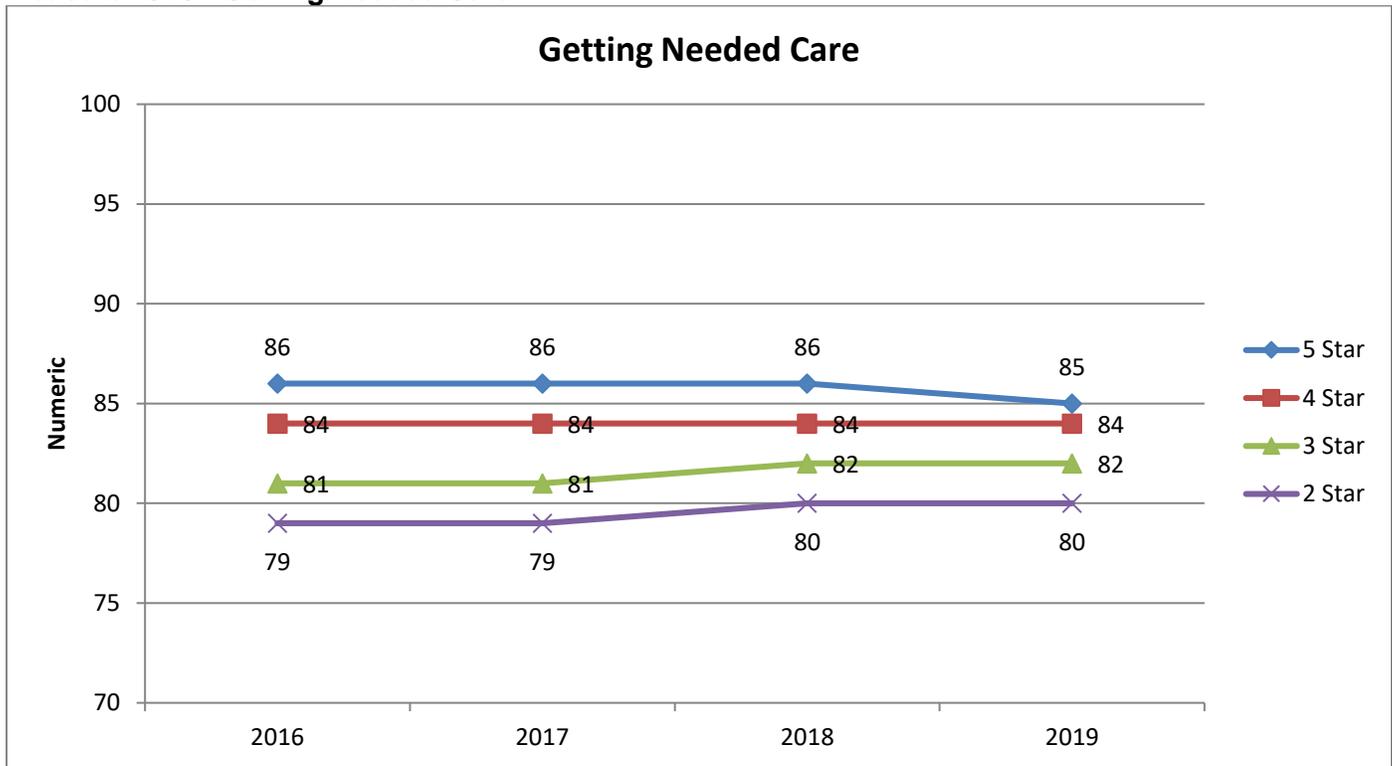
Getting Needed Care

	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
2016	< 79%	≥ 79% to < 81%	≥ 81% to < 84%	≥ 84% to < 86%	≥ 86%
2017	< 79	≥ 79 to < 81	≥ 81 to < 84	≥ 84 to < 86	≥ 86
2018	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 86	≥ 86
2019	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 85	≥ 85

Measure: C24 - Getting Appointments and Care Quickly

Getting Appointments and Care Quickly
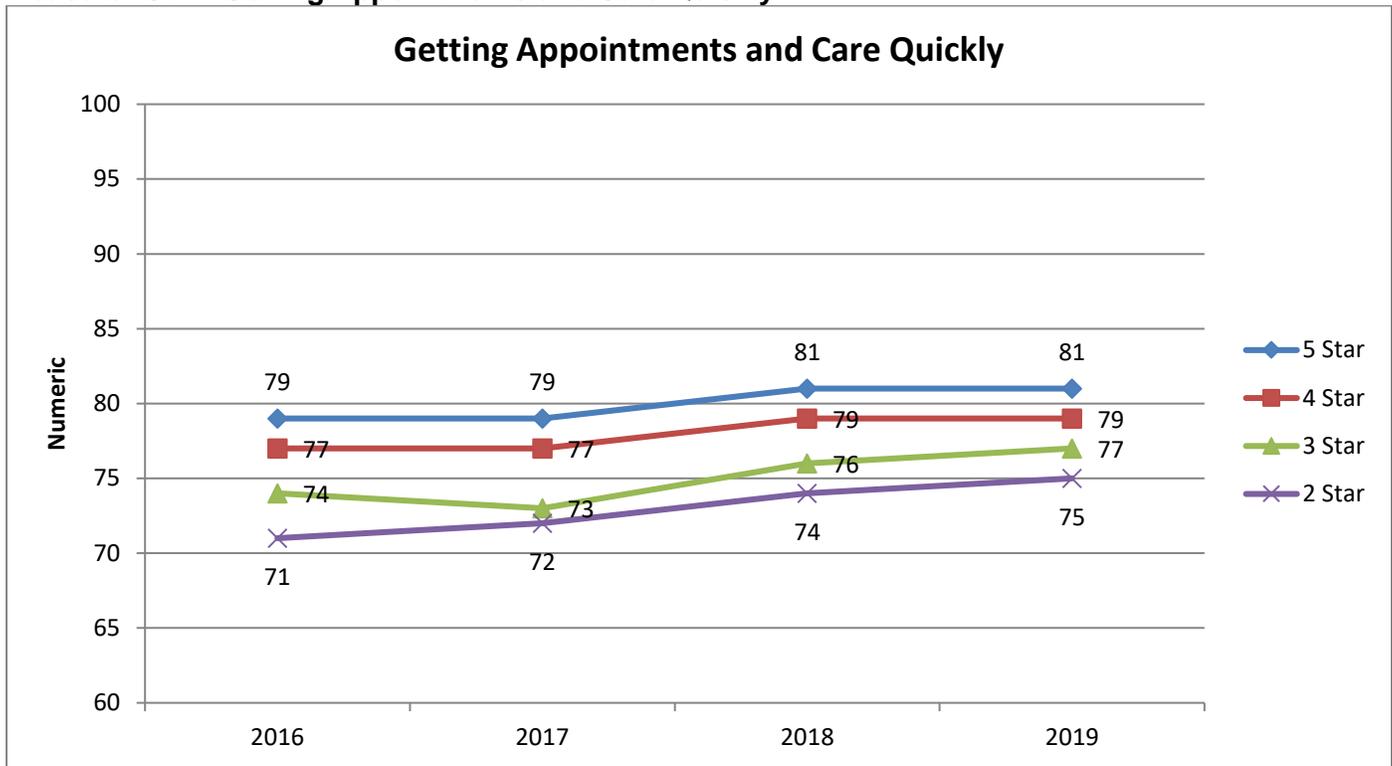
Title	Description
Description:	Percent of the best possible score the plan earned on how quickly members get appointments and care.
Data Source:	CAHPS
General Trend:	Higher is better

Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
2016	< 71%	≥ 71% to < 74%	≥ 74% to < 77%	≥ 77% to < 79%	≥ 79%
2017	< 72	≥ 72 to < 73	≥ 73 to < 77	≥ 77 to < 79	≥ 79
2018	< 74	≥ 74 to < 76	≥ 76 to < 79	≥ 79 to < 81	≥ 81
2019	< 74	≥ 74 to < 77	≥ 77 to < 79	≥ 79 to < 81	≥ 81

Cut Points:

Measure: C25 - Customer Service
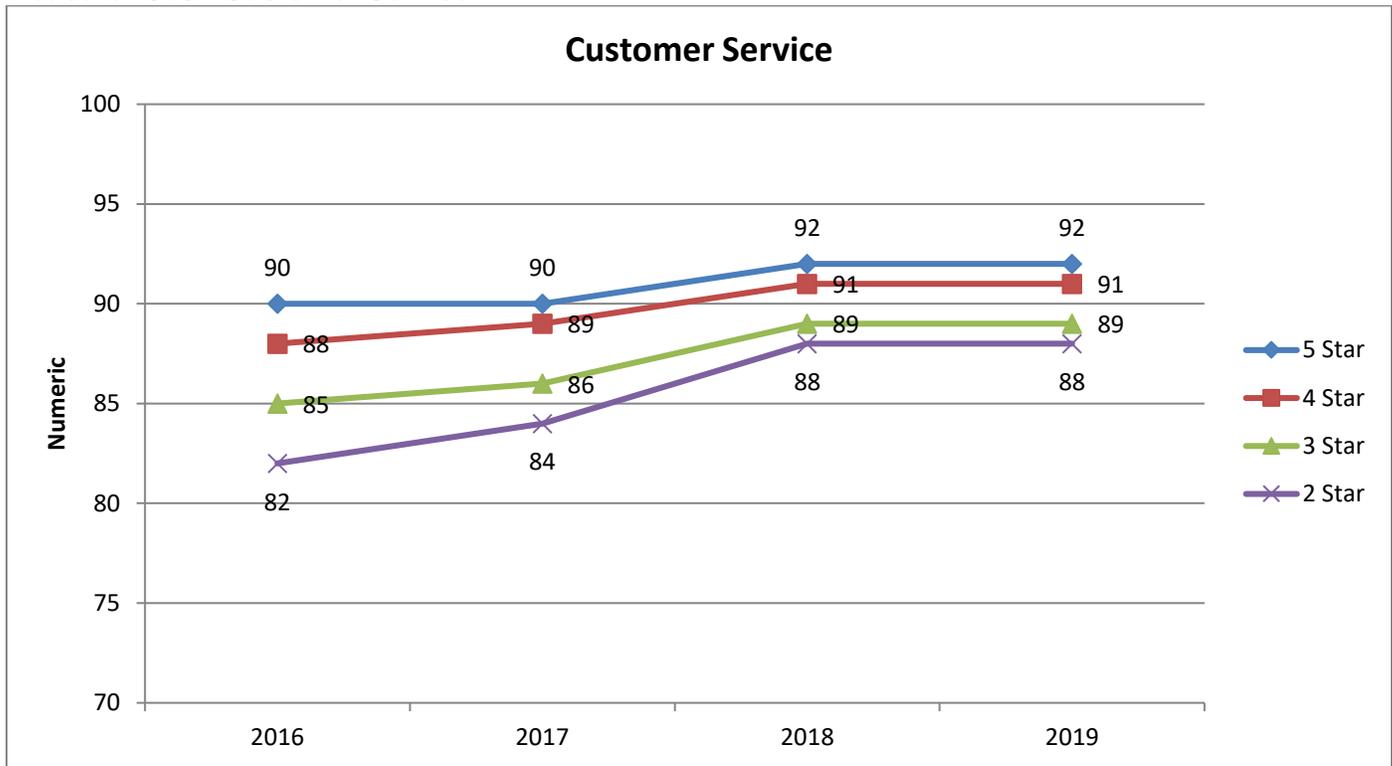
Customer Service

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
2016	< 83%	≥ 83% to < 85%	≥ 85% to < 88%	≥ 88% to < 90%	≥ 90%
2017	< 84	≥ 84 to < 86	≥ 86 to < 89	≥ 89 to < 90	≥ 90
2018	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	≥ 92
2019	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	≥ 92

Measure: C26 - Rating of Health Care Quality
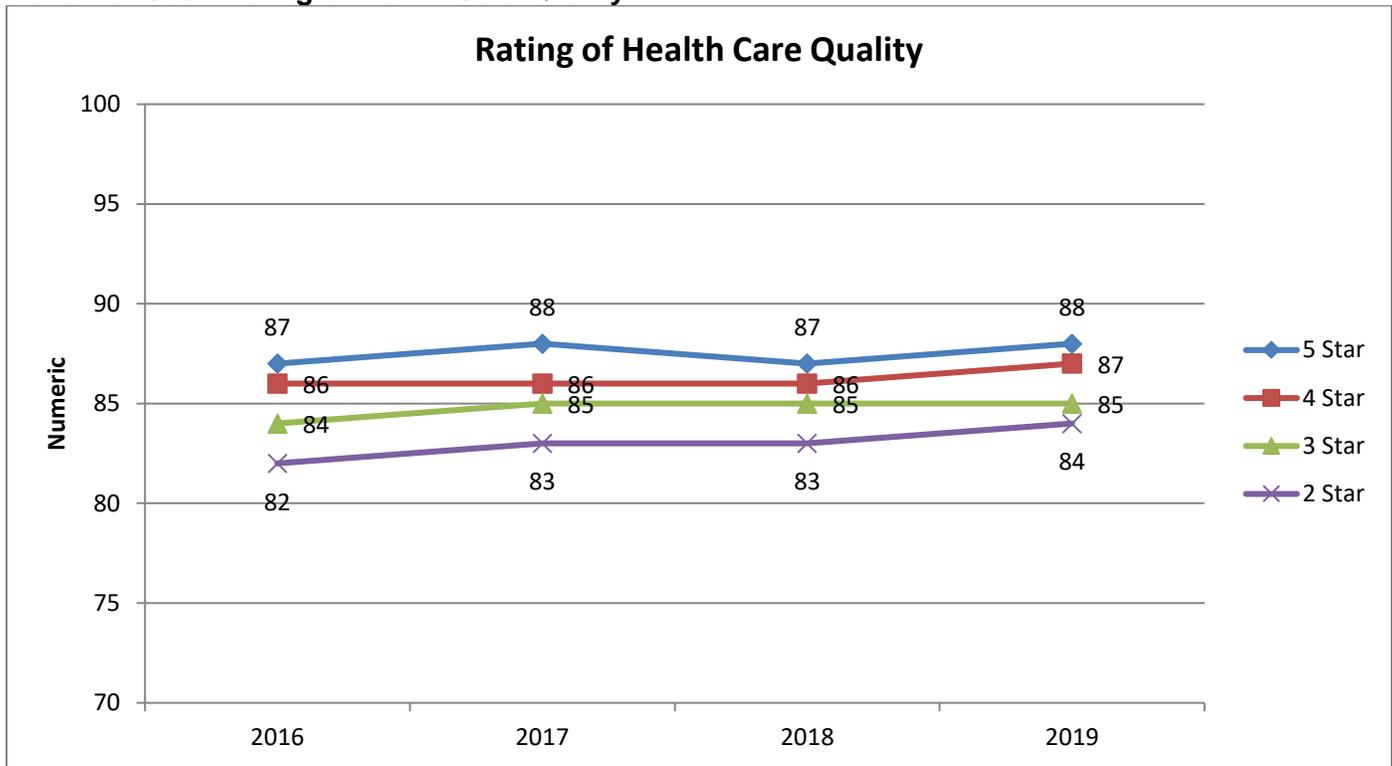
Rating of Health Care Quality

| 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
2016	< 83%	≥ 83% to < 84%	≥ 84% to < 86%	≥ 86% to < 87%	≥ 87%
2017	< 83	≥ 83 to < 85	≥ 85 to < 86	≥ 86 to < 88	≥ 88
2018	< 83	≥ 83 to < 85	≥ 85 to < 86	≥ 86 to < 87	≥ 87
2019	< 84	≥ 84 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88

Measure: C27 - Rating of Health Plan
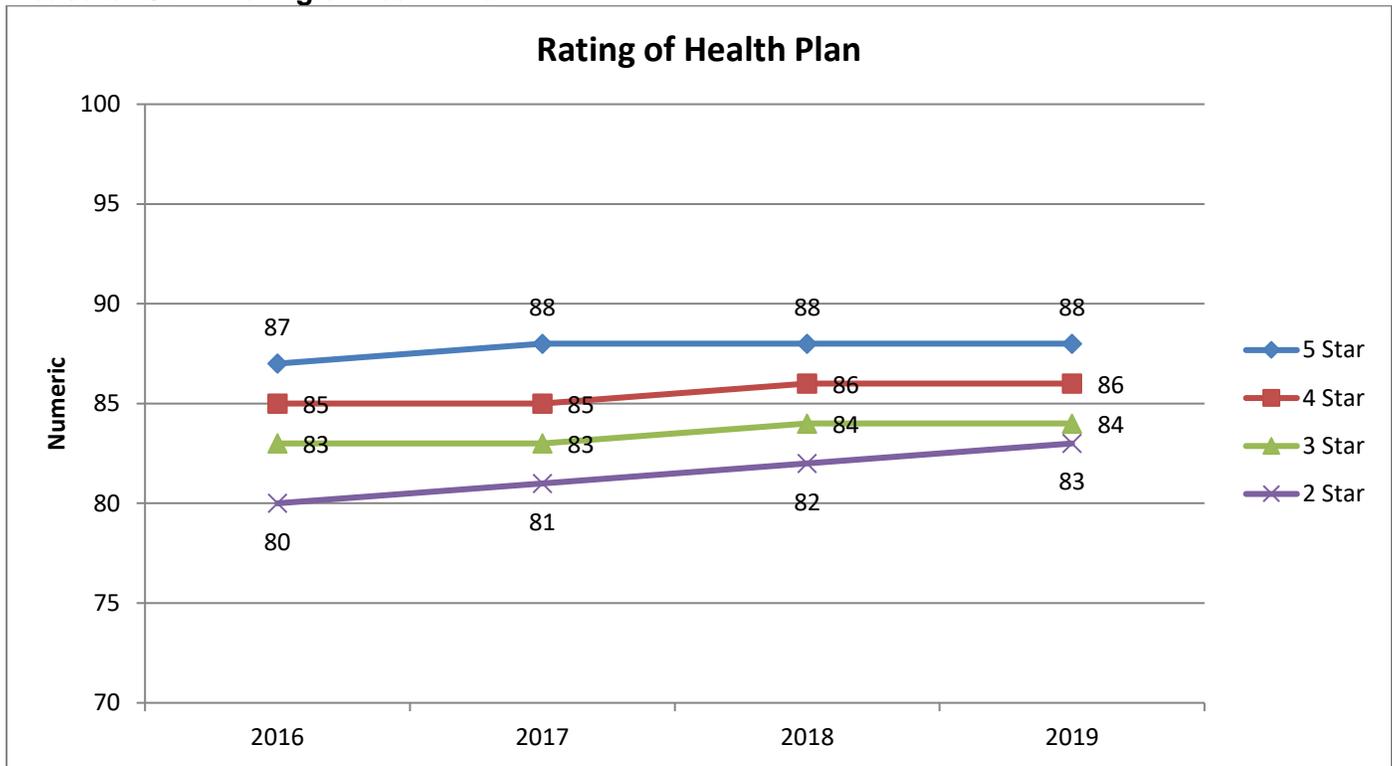
Rating of Health Plan

| 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
2016	< 80%	≥ 80% to < 83%	≥ 83% to < 85%	≥ 85% to < 87%	≥ 87%
2017	< 81	≥ 81 to < 83	≥ 83 to < 85	≥ 85 to < 88	≥ 88
2018	< 82	≥ 82 to < 84	≥ 84 to < 86	≥ 86 to < 88	≥ 88
2019	< 83	≥ 83 to < 84	≥ 84 to < 86	≥ 86 to < 88	≥ 88

Measure: C28 - Care Coordination
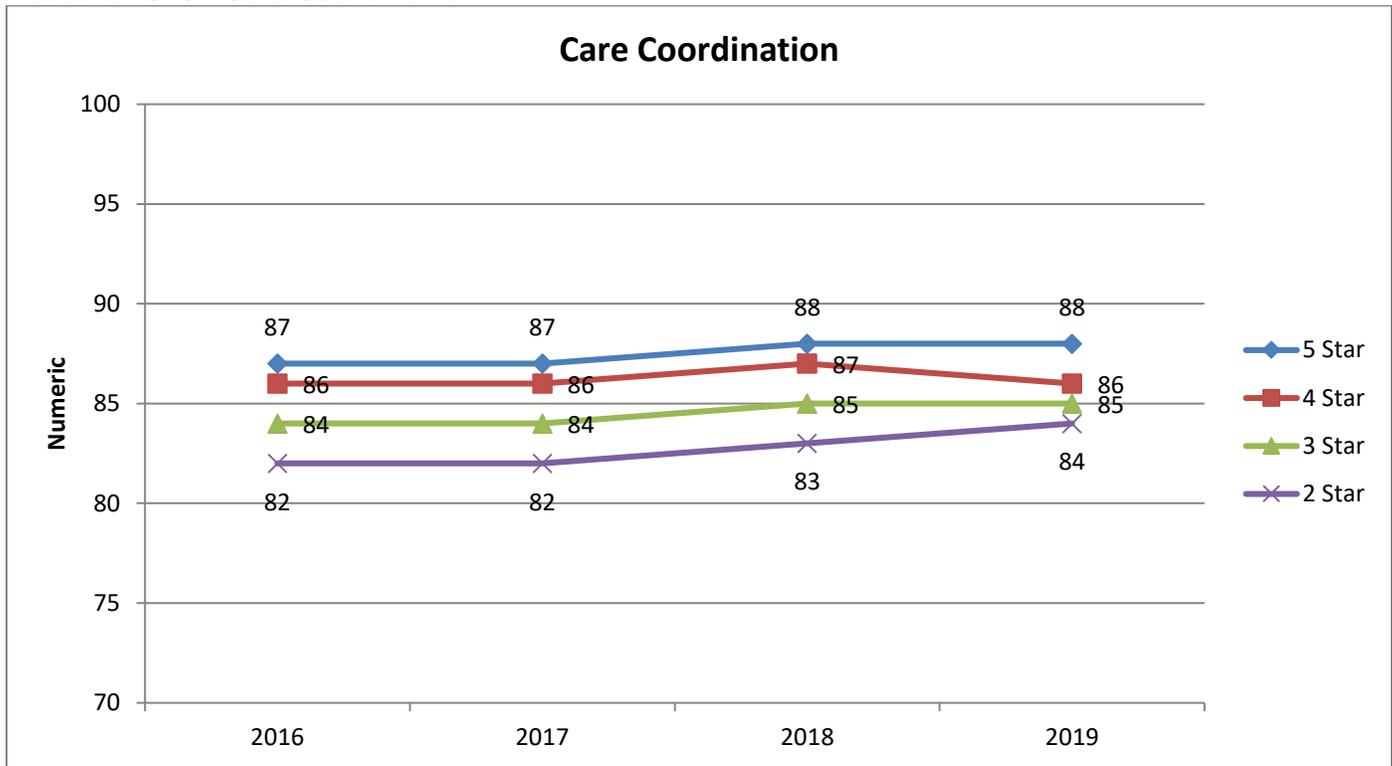
Care Coordination

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
2016	< 82%	≥ 82% to < 84%	≥ 84% to < 86%	≥ 86% to < 87%	≥ 87%
2017	< 82	≥ 82 to < 84	≥ 84 to < 86	≥ 86 to < 87	≥ 87
2018	< 83	≥ 83 to < 85	≥ 85 to < 87	≥ 87 to < 88	≥ 88
2019	< 84	≥ 84 to < 85	≥ 85 to < 86	≥ 86 to < 88	≥ 88

Measure: C29 - Complaints about the Health Plan
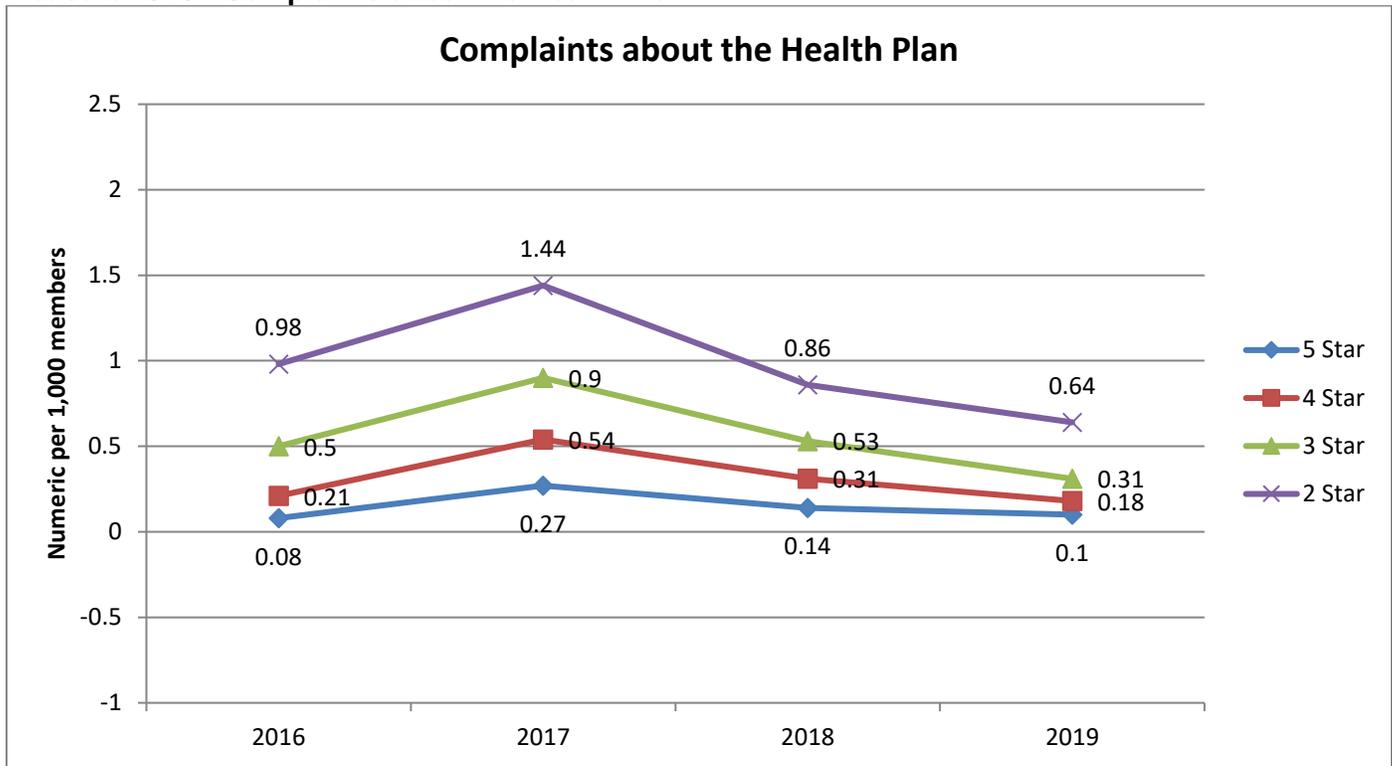
Complaints about the Health Plan

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

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	> 0.98	> 0.50 to ≤ 0.98	> 0.21 to ≤ 0.50	> 0.08 to ≤ 0.21	≤ 0.08
2017	> 1.44	> 0.90 to ≤ 1.44	> 0.54 to ≤ 0.90	> 0.27 to ≤ 0.54	≤ 0.27
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

Cut Points:

Measure: C30 - Members Choosing to Leave the Plan
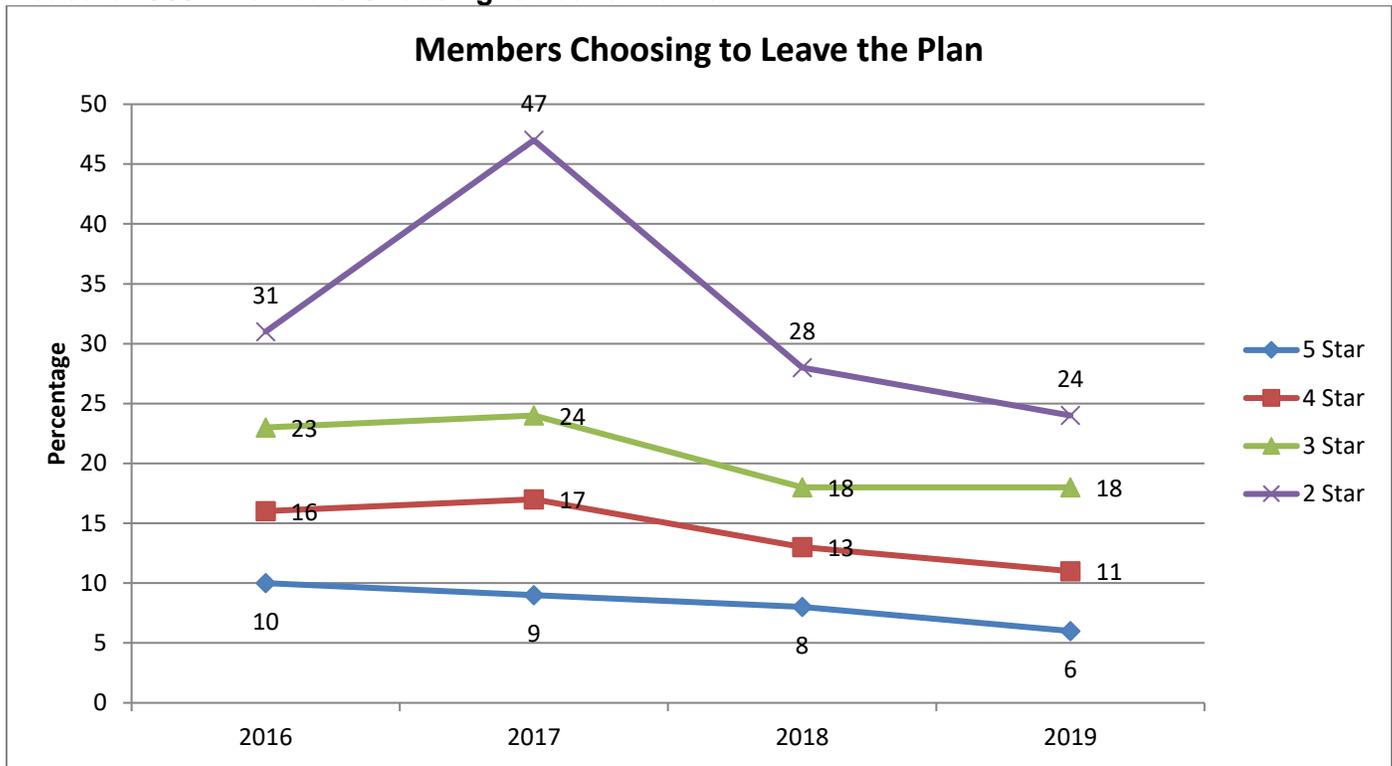
Members Choosing to Leave the Plan

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
2016	> 31%	> 23% to ≤ 31%	> 16% to ≤ 23%	> 10% to ≤ 16%	≤ 10%
2017	> 47%	> 24% to ≤ 47%	> 17% to ≤ 24%	> 9% to ≤ 17%	≤ 9%
2018	> 28%	> 18% to ≤ 28%	> 13% to ≤ 18%	> 8% to ≤ 13%	≤ 8%
2019	> 24%	> 18% to ≤ 24%	> 11% to ≤ 18%	> 6% to ≤ 11%	≤ 6%

Measure: C32 - Plan Makes Timely Decisions about Appeals

Plan Makes Timely Decisions about Appeals
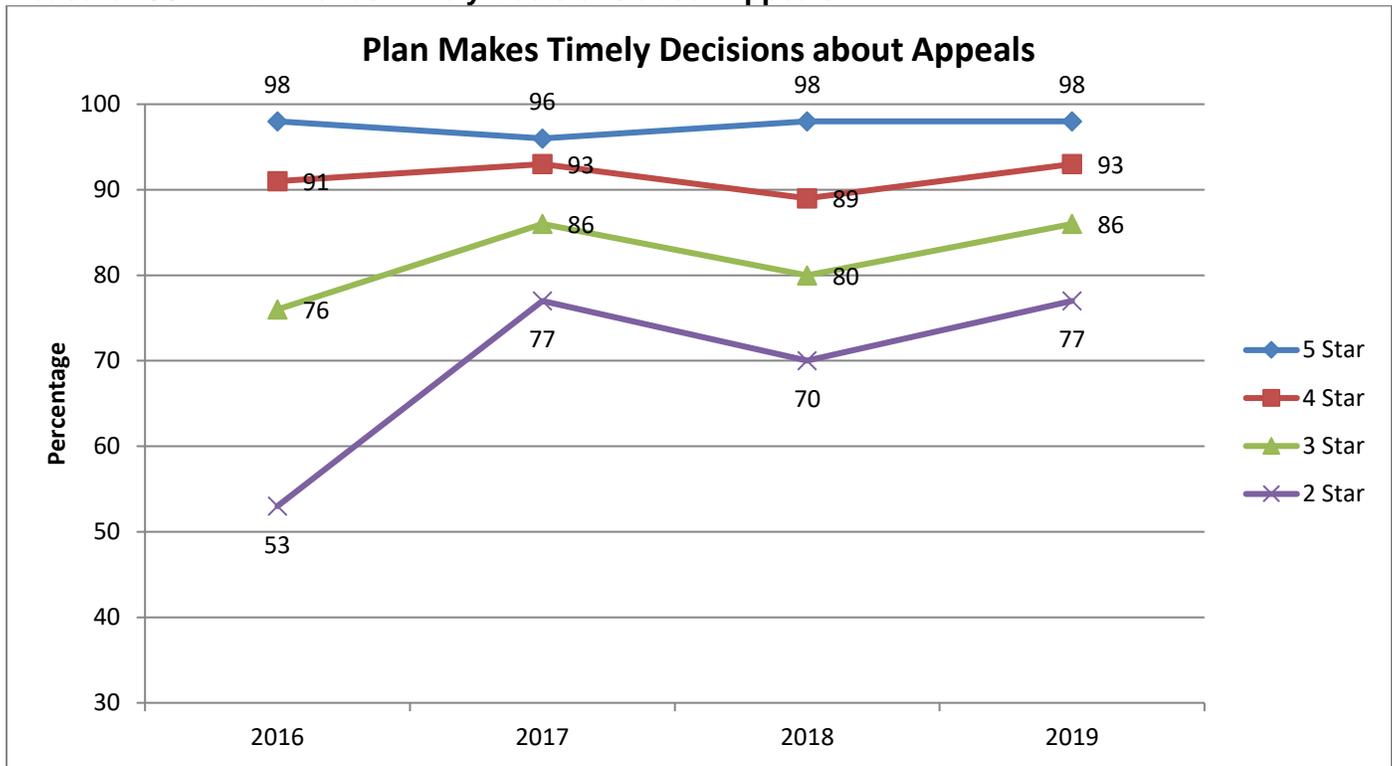
Title	Description
Description:	Percent of plan members who got a timely response when they made an appeal request to the health plan about a decision to refuse payment or coverage.
Data Source:	Independent Review Entity (IRE) / Maximus
General Trend:	Higher is better

Cut Points:

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2016	< 53%	≥ 53% to < 76%	≥ 76% to < 91%	≥ 91% to < 98%	≥ 98%
2017	< 77%	≥ 77% to < 86%	≥ 86% to < 93%	≥ 93% to < 96%	≥ 96%
2018	< 70%	≥ 70% to < 80%	≥ 80% to < 89%	≥ 89% to < 98%	≥ 98%
2019	< 77%	≥ 77% to < 86%	≥ 86% to < 93%	≥ 93% to < 98%	≥ 98%

Measure: C33 - Reviewing Appeals Decisions

Reviewing Appeals Decisions
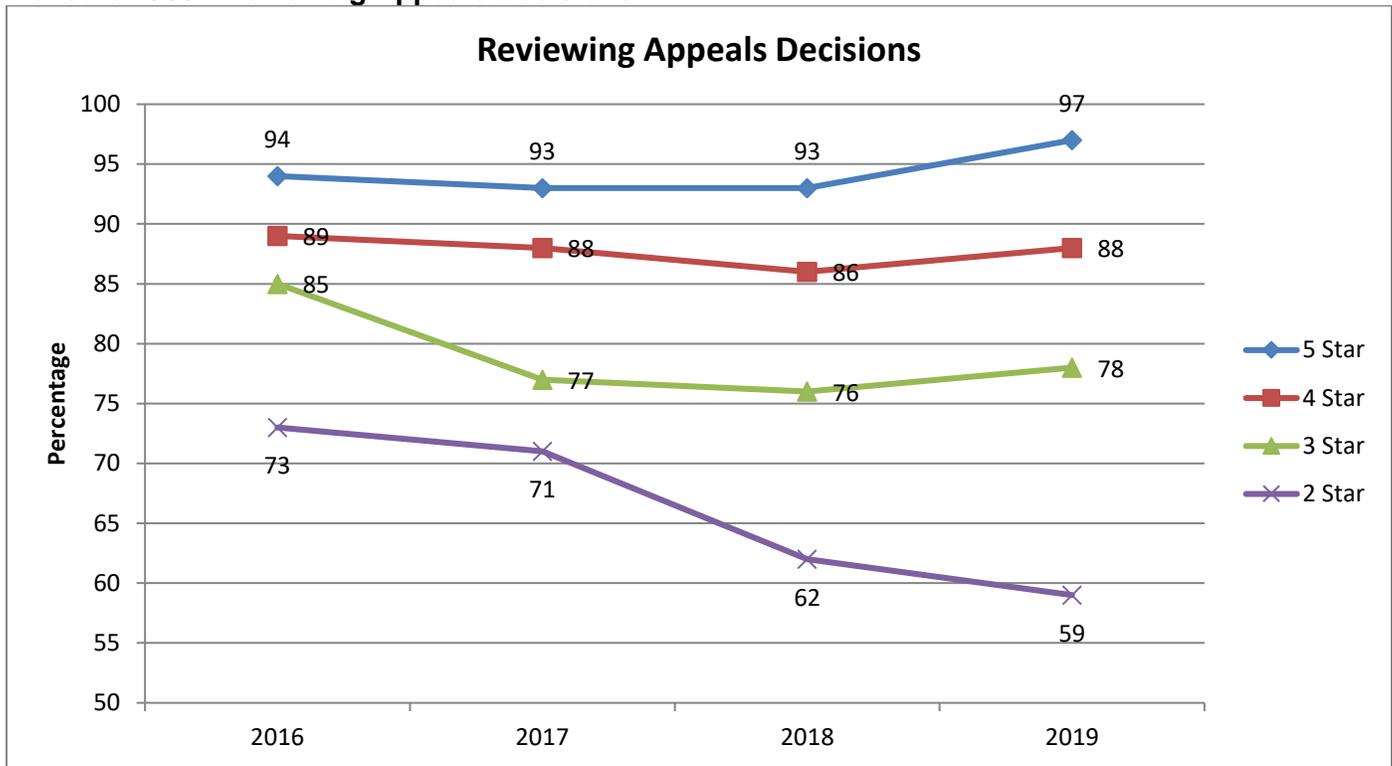
Title	Description
Description:	This rating shows how often an **independent reviewer** thought the health plan's decision to deny an appeal was fair. This includes appeals made by plan members and out-of-network providers. (This rating is not based on how often the plan denies appeals, but rather *how 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
2016	< 73%	≥ 73% to < 85%	≥ 85% to < 89%	≥ 89% to < 94%	≥ 94%
2017	< 71%	≥ 71% to < 77%	≥ 77% to < 88%	≥ 88% to < 93%	≥ 93%
2018	< 62%	≥ 62% to < 76%	≥ 76% to < 86%	≥ 86% to < 93%	≥ 93%
2019	< 59%	≥ 59% to < 78%	≥ 78% to < 88%	≥ 88% to < 97%	≥ 97%

Measure: C34 - Call Center – Foreign Language Interpreter and TTY Availability
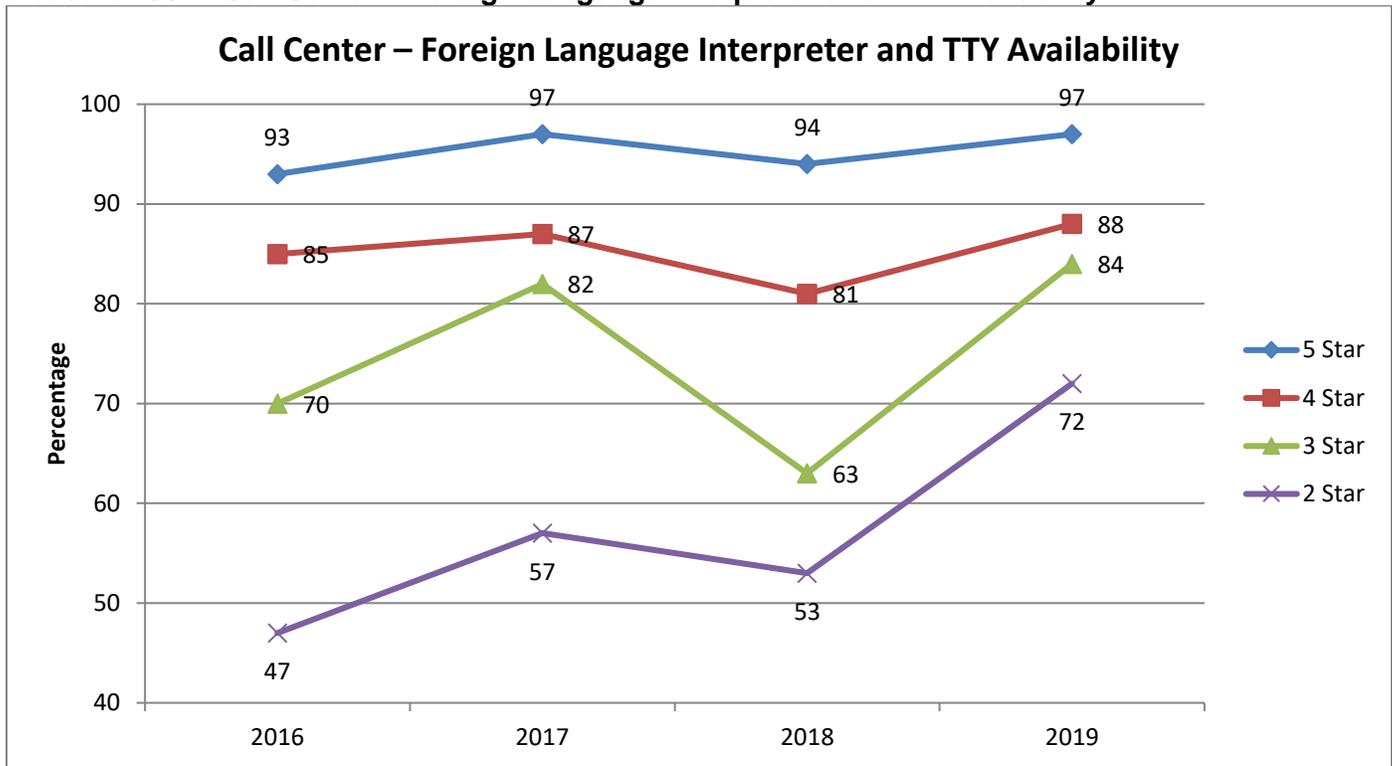
Call Center – Foreign Language Interpreter and TTY Availability

Legend: 5 Star, 4 Star, 3 Star, 2 Star

Year	5 Star	4 Star	3 Star	2 Star
2016	93	85	70	47
2017	97	87	82	57
2018	94	81	63	53
2019	97	88	84	72

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
2016	< 47%	≥ 47% to < 70%	≥ 70% to < 85%	≥ 85% to < 93%	≥ 93%
2017	< 57%	≥ 57% to < 82%	≥ 82% to < 87%	≥ 87% to < 97%	≥ 97%
2018	< 53%	≥ 53% to < 63%	≥ 63% to < 81%	≥ 81% to < 94%	≥ 94%
2019	< 72%	≥ 72% to < 84%	≥ 84% to < 88%	≥ 88% to < 97%	≥ 97%

Part D Measures

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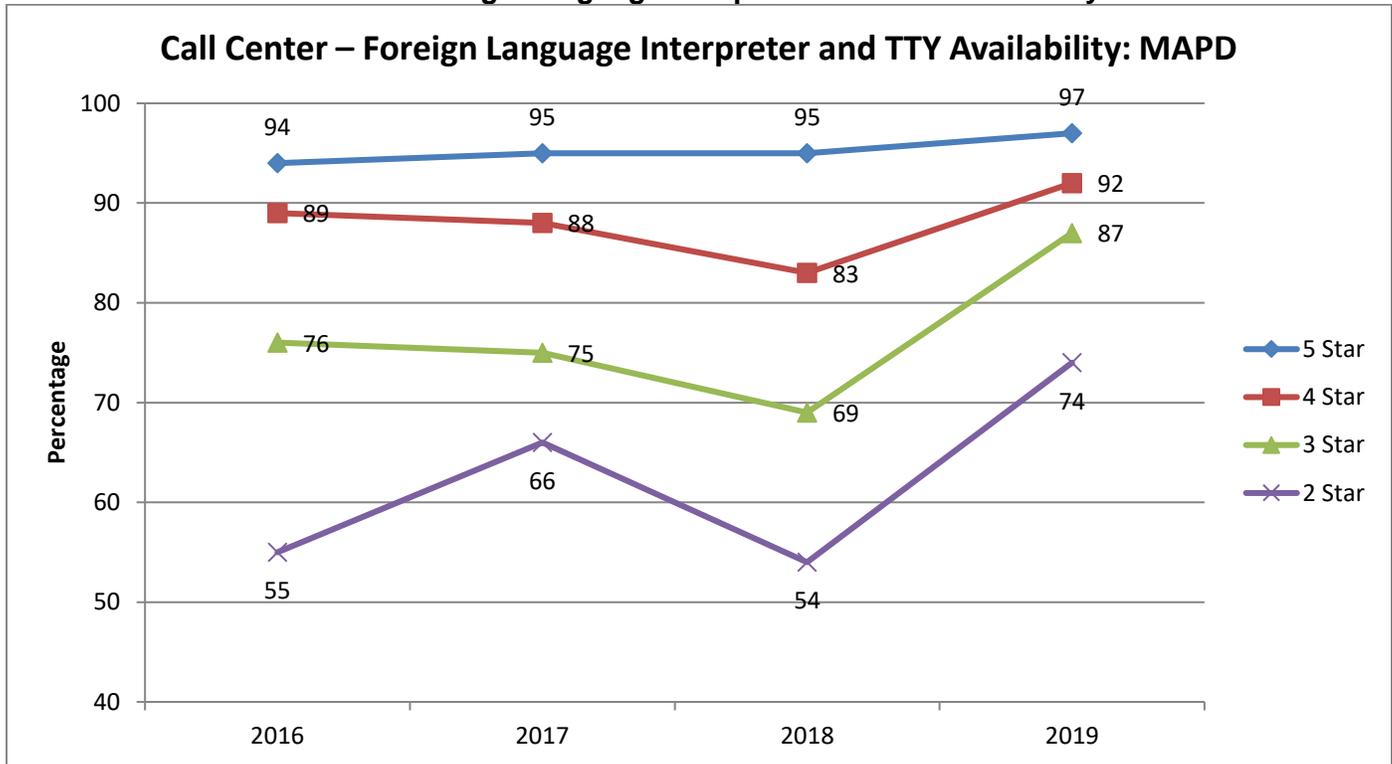
Call Center – Foreign Language Interpreter and TTY Availability: MAPD

	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	2016	< 55%	≥ 55% to < 76%	≥ 76% to < 89%	≥ 89% to < 94%	≥ 94%
MAPD	2017	< 66%	≥ 66% to < 75%	≥ 75% to < 88%	≥ 88% to < 95%	≥ 95%
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%
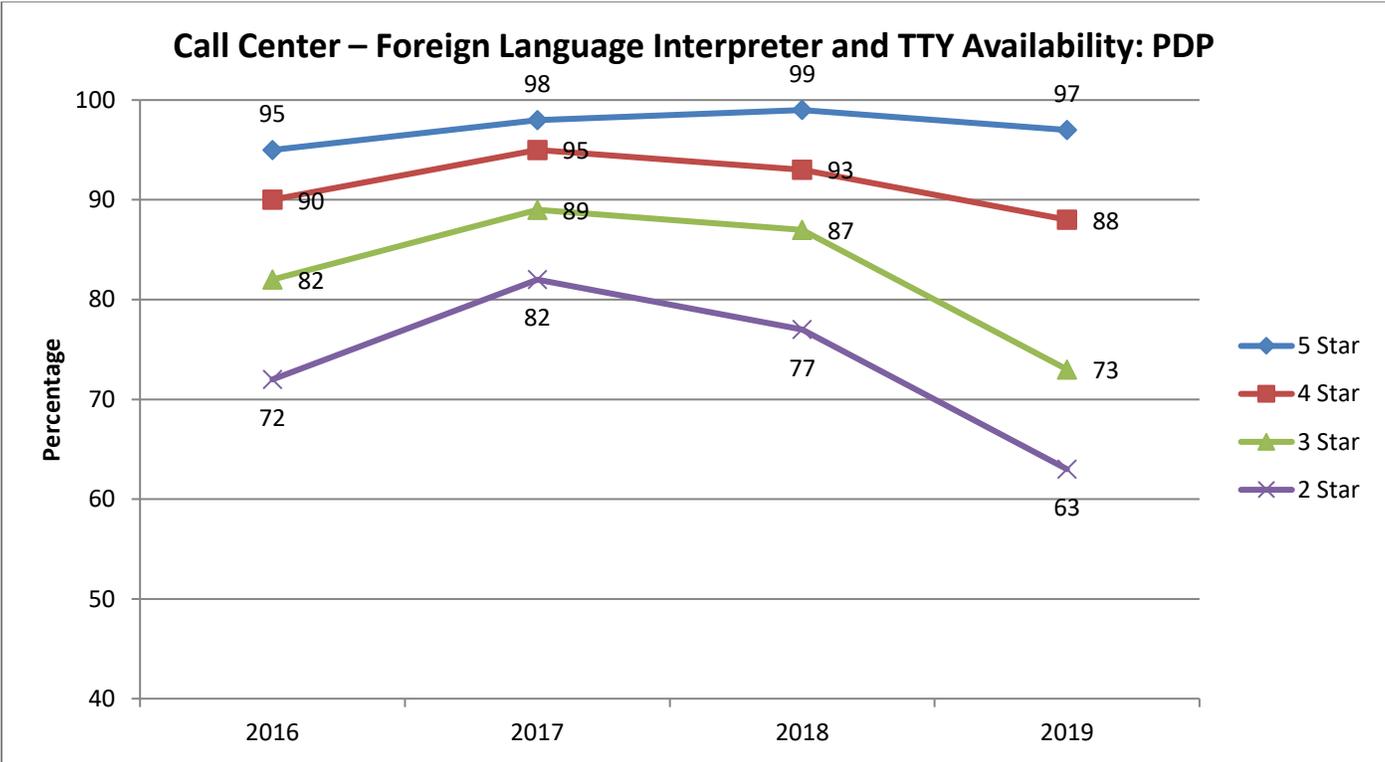
Call Center – Foreign Language Interpreter and TTY Availability: PDP

| 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	2016	< 72%	≥ 72% to < 82%	≥ 82% to < 90%	≥ 90% to < 95%	≥ 95%
PDP	2017	< 82%	≥ 82% to < 89%	≥ 89% to < 95%	≥ 95% to < 98%	≥ 98%
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%

Measure: D02 - Appeals Auto–Forward
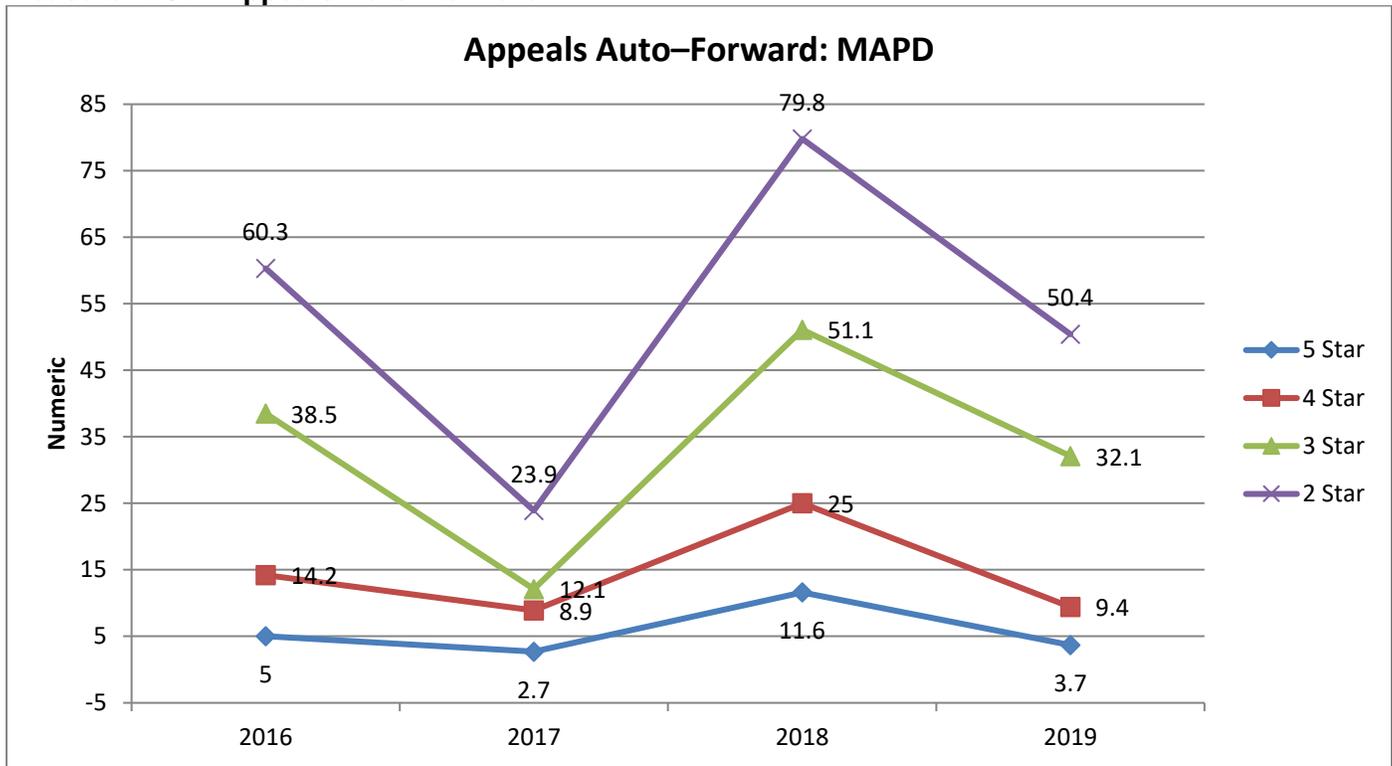
Appeals Auto–Forward: MAPD

| 5 Star | 4 Star | 3 Star | 2 Star |

Numeric (y-axis)

Data points by year:
- 2016: 60.3 (2 Star), 38.5 (3 Star), 14.2 (4 Star), 5 (5 Star)
- 2017: 23.9 (2 Star), 12.1 (3 Star), 8.9 (4 Star), 2.7 (5 Star)
- 2018: 79.8 (2 Star), 51.1 (3 Star), 25 (4 Star), 11.6 (5 Star)
- 2019: 50.4 (2 Star), 32.1 (3 Star), 9.4 (4 Star), 3.7 (5 Star)

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	2016	> 60.3	> 38.5 to ≤ 60.3	> 14.2 to ≤ 38.5	> 5.0 to ≤ 14.2	≤ 5.0
MAPD	2017	> 23.9	> 12.1 to ≤ 23.9	> 8.9 to ≤ 12.1	> 2.7 to ≤ 8.9	≤ 2.7
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

Appeals Auto–Forward: PDP
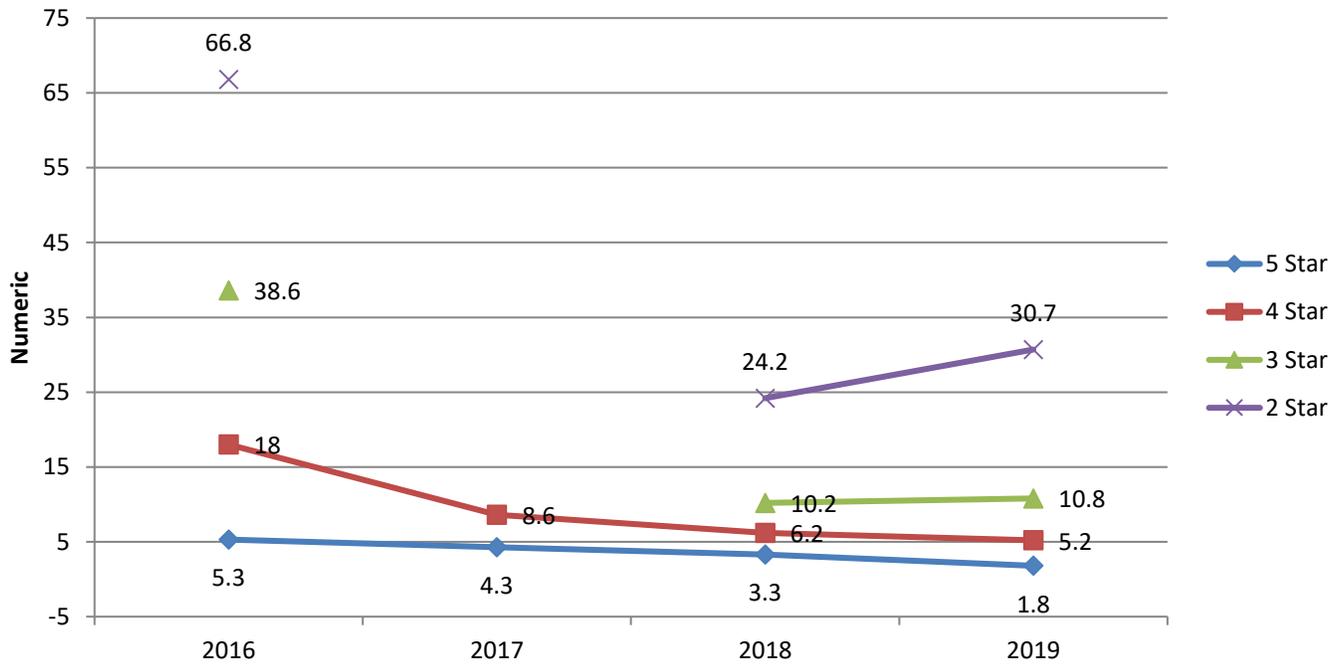
	Title	Description

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	2016	> 66.8	> 38.6 to ≤ 66.8	> 18.0 to ≤ 38.6	> 5.3 to ≤ 18.0	≤ 5.3
PDP	2017	NA	NA	> 8.6	> 4.3 to ≤ 8.6	≤ 4.3
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

Measure: D03 - Appeals Upheld
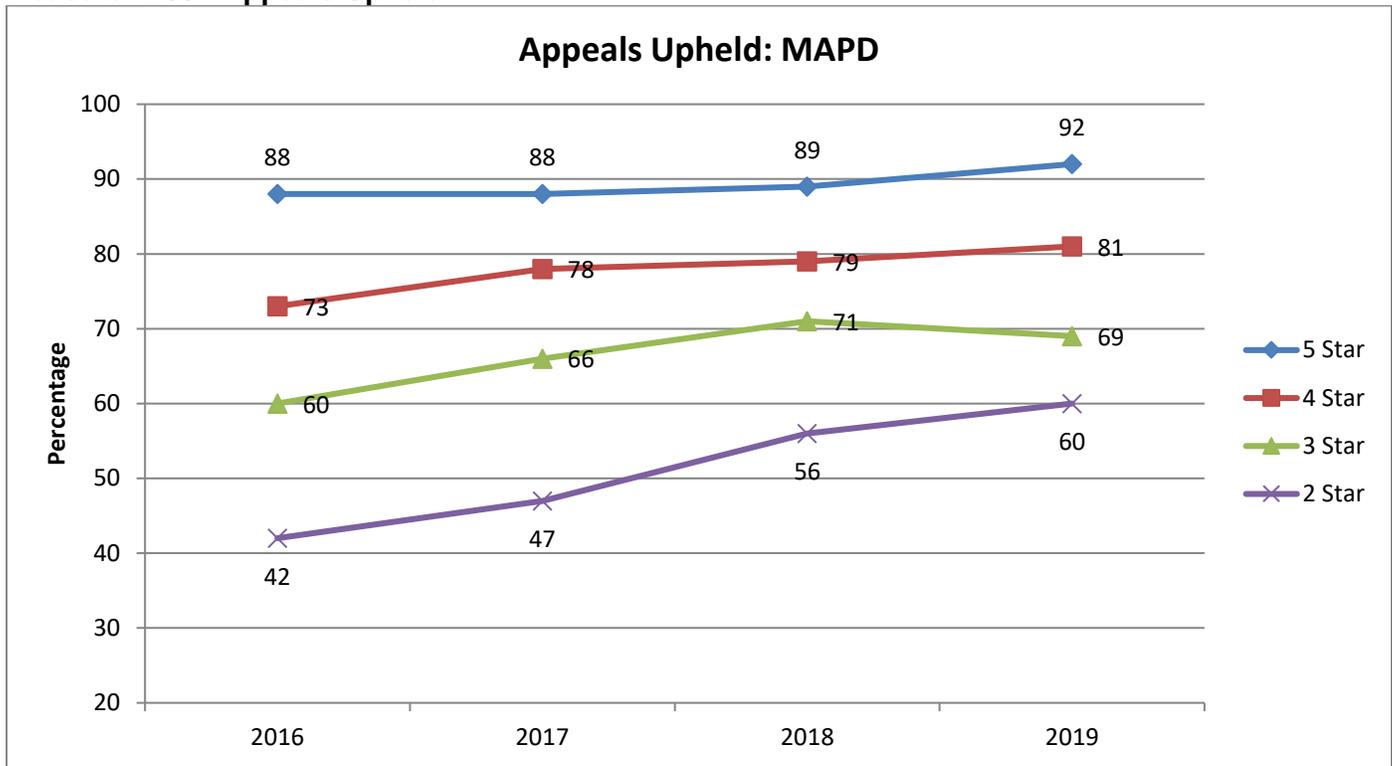
Appeals Upheld: MAPD

| 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	2016	< 42%	≥ 42% to < 60%	≥ 60% to < 73%	≥ 73% to < 88%	≥ 88%
MAPD	2017	< 47%	≥ 47% to < 66%	≥ 66% to < 78%	≥ 78% to < 88%	≥ 88%
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%
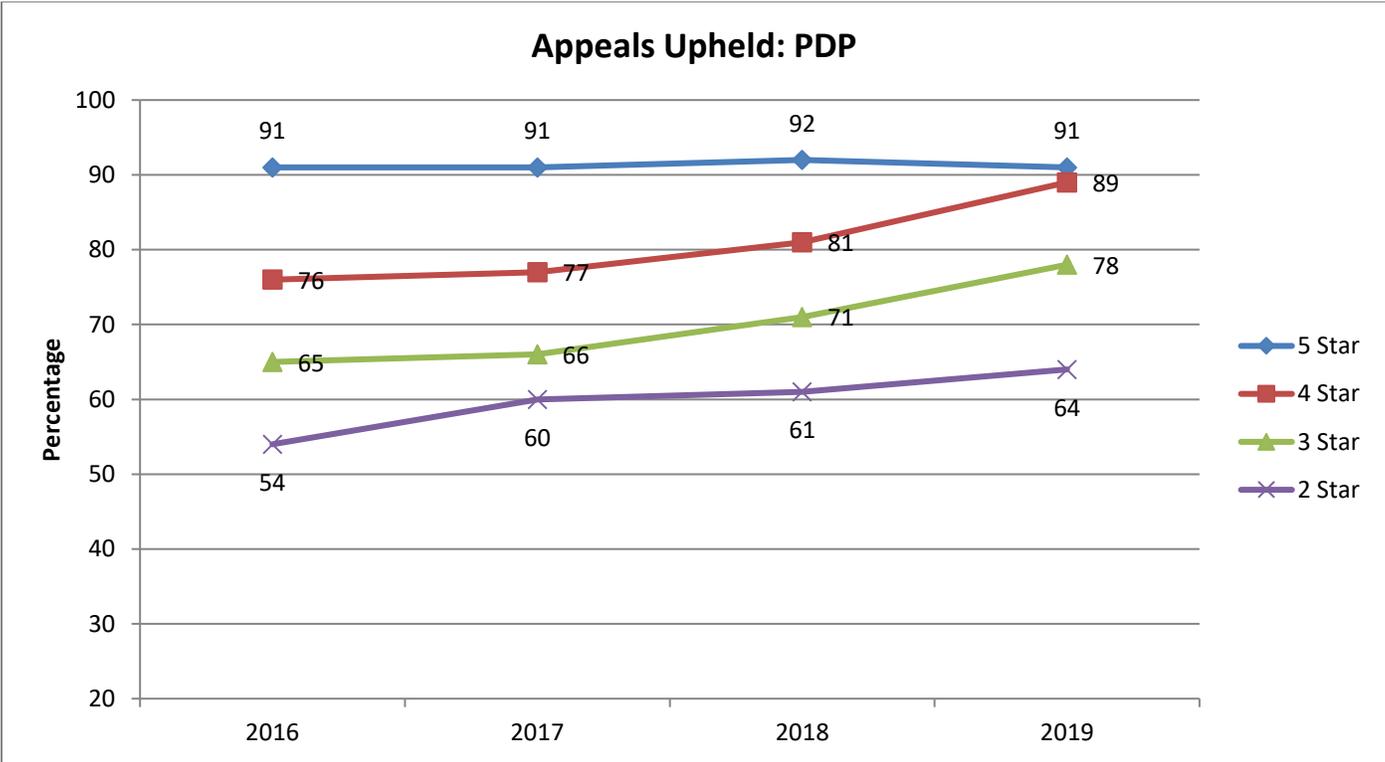
Appeals Upheld: PDP

Chart showing "Appeals Upheld: PDP" with Percentage (y-axis, 20 to 100) by year (2016–2019).

	2016	2017	2018	2019
5 Star	91	91	92	91
4 Star	76	77	81	89
3 Star	65	66	71	78
2 Star	54	60	61	64

| 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	2016	< 54%	≥ 54% to < 65%	≥ 65% to < 76%	≥ 76% to < 91%	≥ 91%
PDP	2017	< 60%	≥ 60% to < 66%	≥ 66% to < 77%	≥ 77% to < 91%	≥ 91%
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%

Measure: D04 - Complaints about the Drug Plan
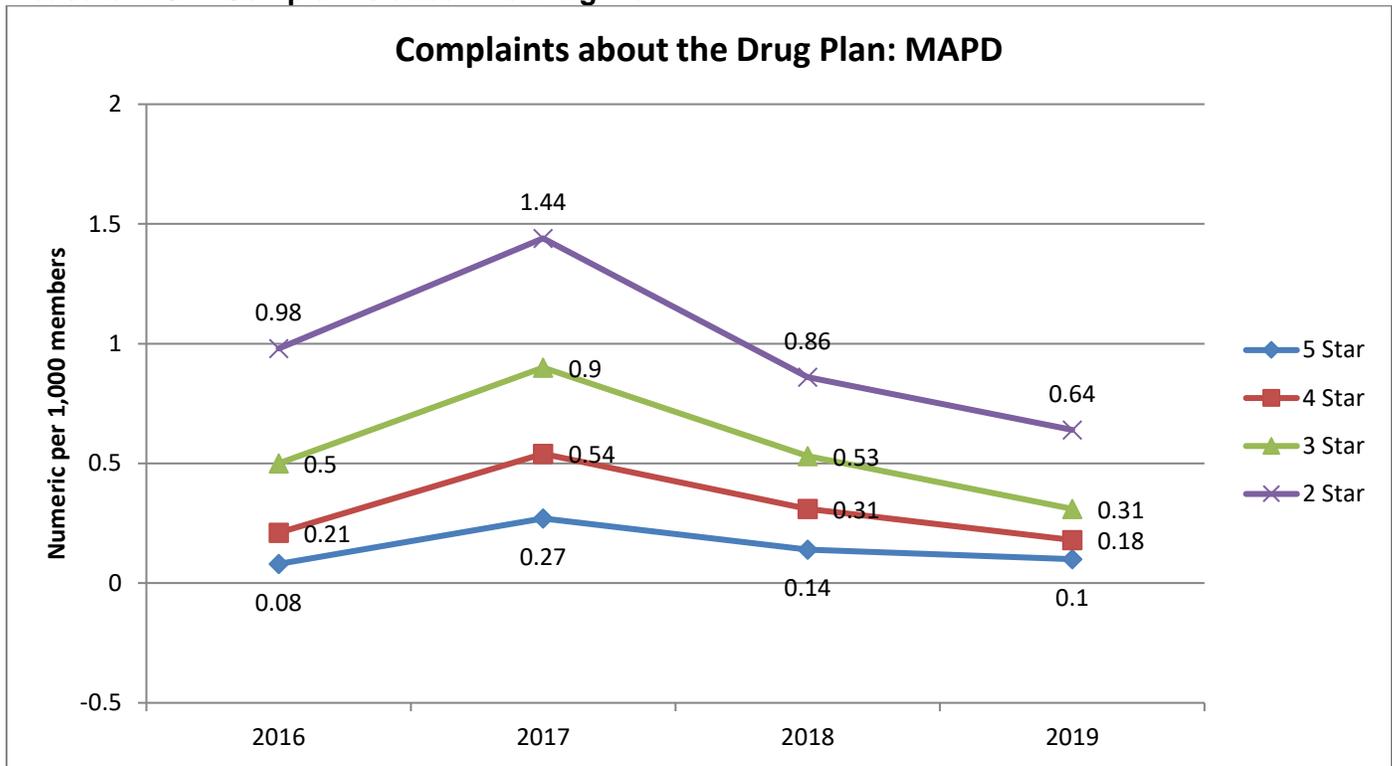
Complaints about the Drug Plan: MAPD

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	2016	> 0.98	> 0.50 to ≤ 0.98	> 0.21 to ≤ 0.50	> 0.08 to ≤ 0.21	≤ 0.08
MAPD	2017	> 1.44	> 0.90 to ≤ 1.44	> 0.54 to ≤ 0.90	> 0.27 to ≤ 0.54	≤ 0.27
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

Complaints about the Drug Plan: PDP
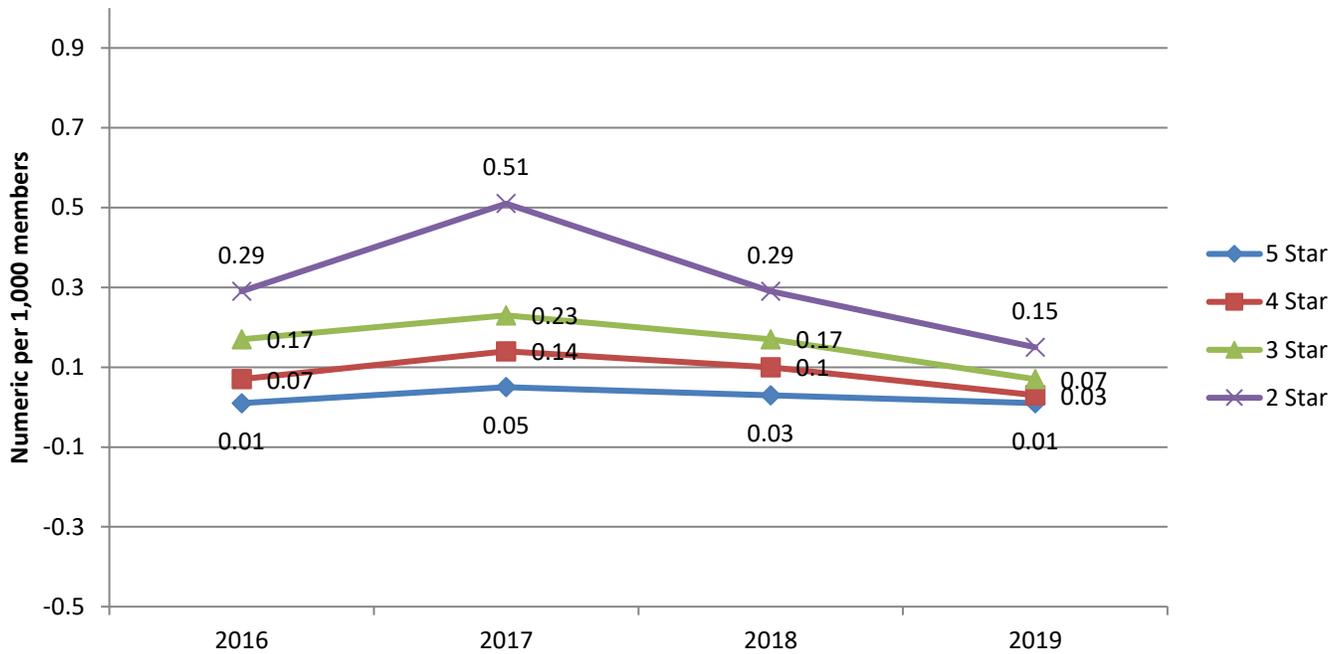
| Title	Description
Description:	Percent of members filing complaints with Medicare about the drug plan.
Data Source:	Complaints Tracking Module (CTM)
General Trend:	Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2016	> 0.29	> 0.17 to ≤ 0.29	> 0.07 to ≤ 0.17	> 0.01 to ≤ 0.07	≤ 0.01
PDP	2017	> 0.51	> 0.23 to ≤ 0.51	> 0.14 to ≤ 0.23	> 0.05 to ≤ 0.14	≤ 0.05
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

Measure: D05 - Members Choosing to Leave the Plan
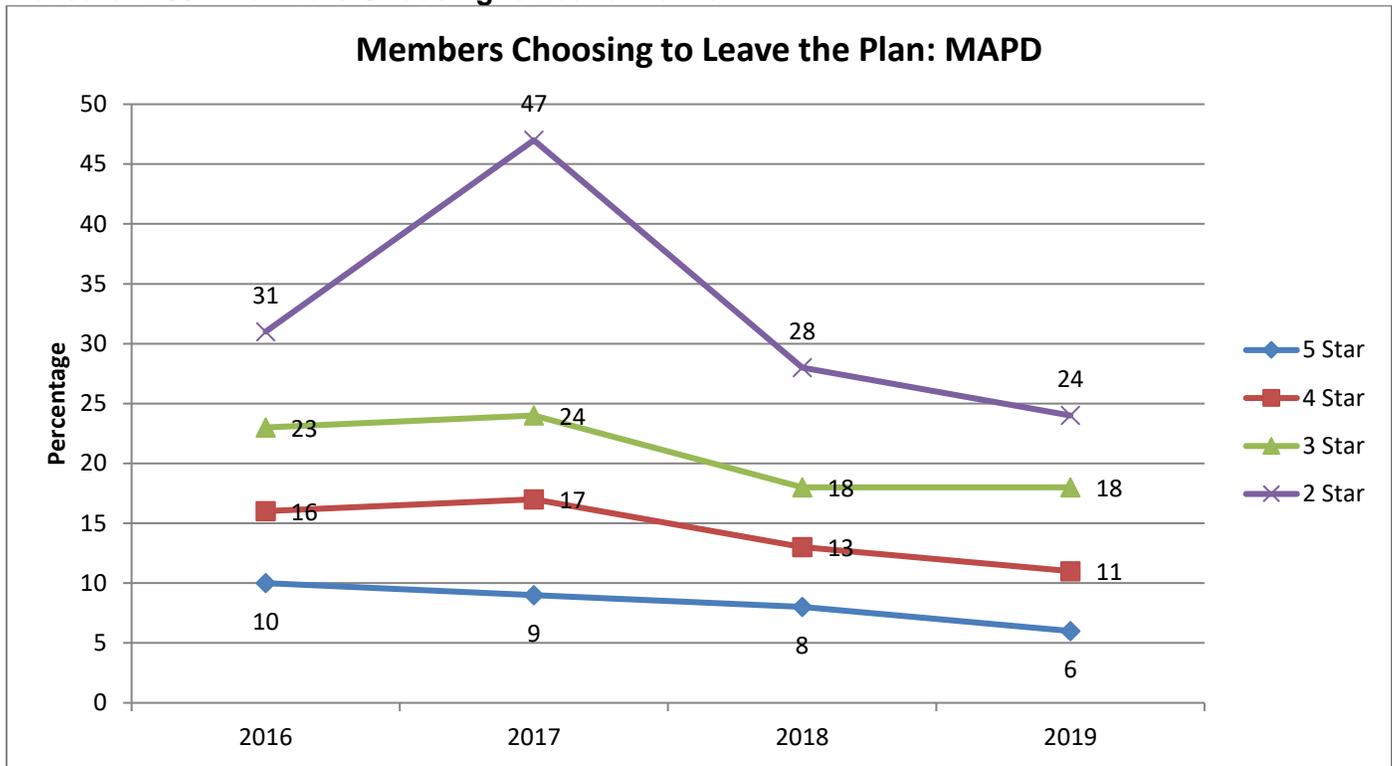
Members Choosing to Leave the Plan: MAPD

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	2016	> 31%	> 23% to ≤ 31%	> 16% to ≤ 23%	> 10% to ≤ 16%	≤ 10%
MAPD	2017	> 47%	> 24% to ≤ 47%	> 17% to ≤ 24%	> 9% to ≤ 17%	≤ 9%
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%

Members Choosing to Leave the Plan: PDP
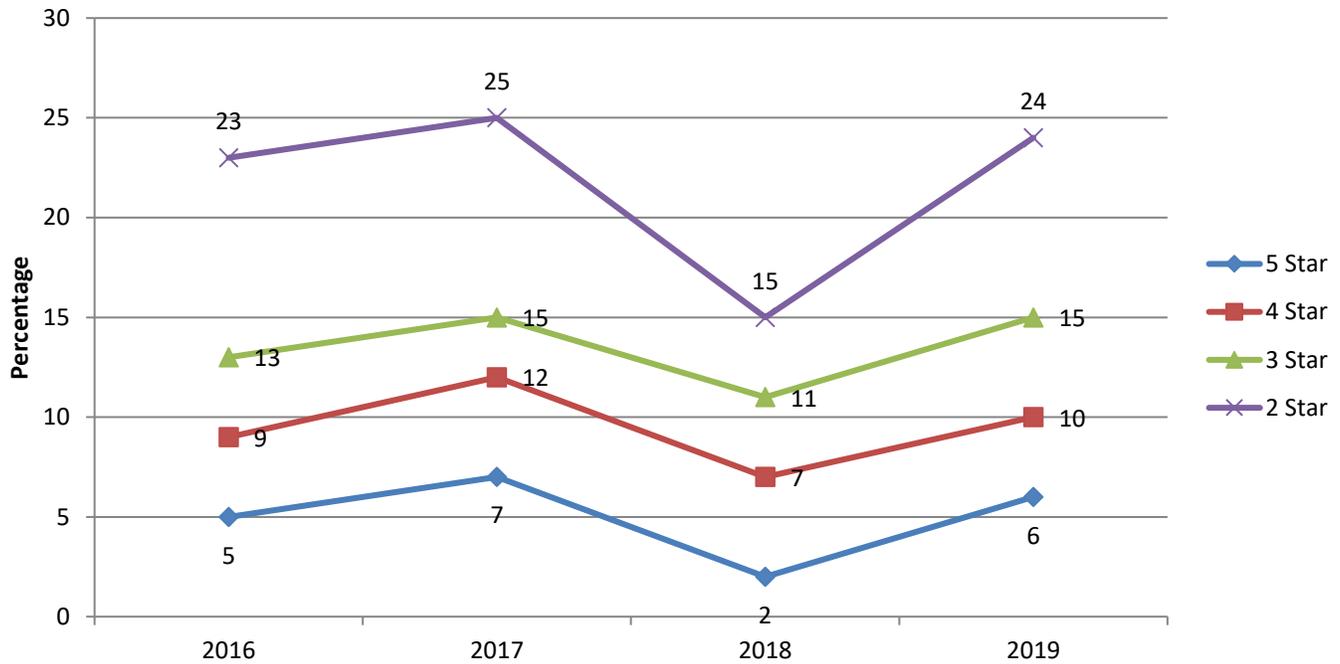
| Title	Description
Description:	Percent of plan members who chose to leave the plan.
Data Source:	MBDSS
General Trend:	Lower is better

Cut Points:

Type	Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
PDP	2016	> 23%	> 13% to ≤ 23%	> 9% to ≤ 13%	> 5% to ≤ 9%	≤ 5%
PDP	2017	> 25%	> 15% to ≤ 25%	> 12% to ≤ 15%	> 7% to ≤ 12%	≤ 7%
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%

Measure: D07 - Rating of Drug Plan
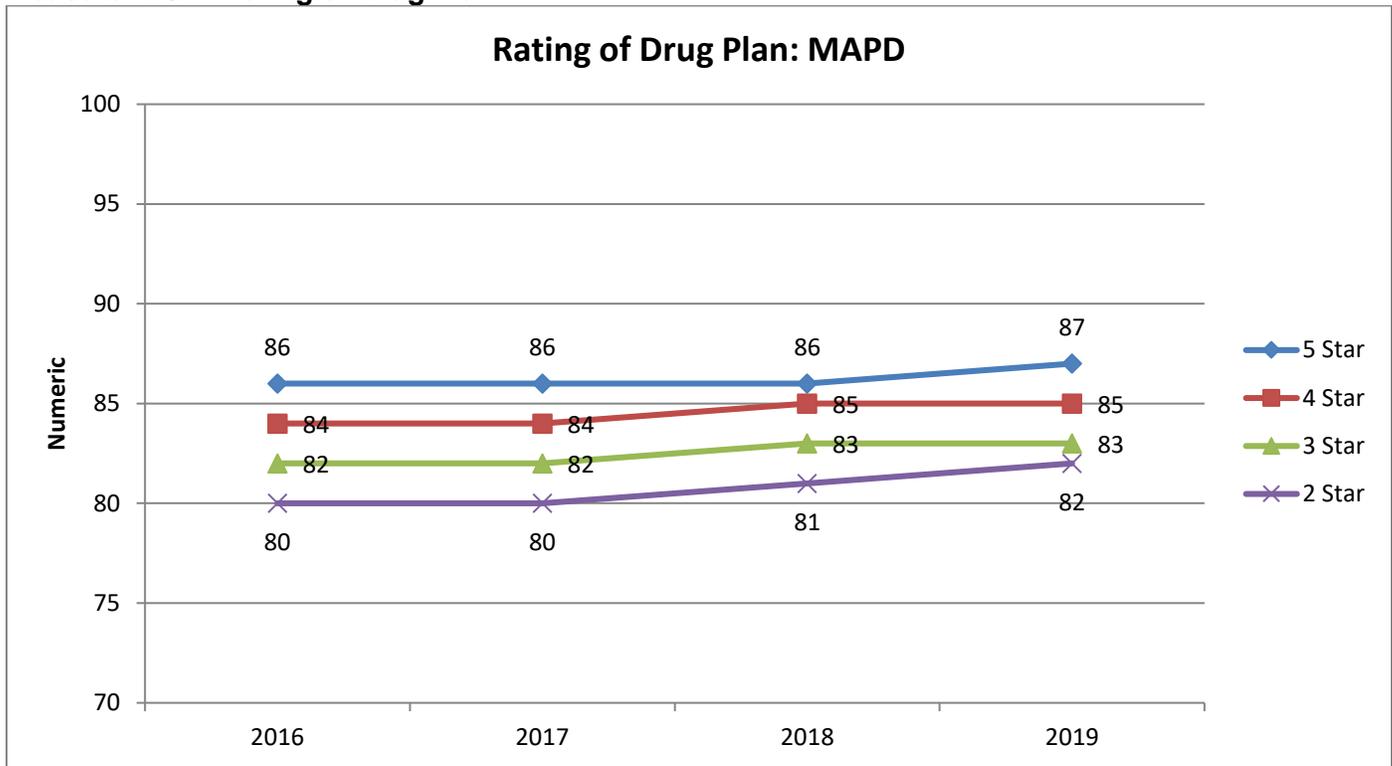
Rating of Drug Plan: MAPD

	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	2016	< 80%	≥ 80% to < 82%	≥ 82% to < 84%	≥ 84% to < 86%	≥ 86%
MAPD	2017	< 80	≥ 80 to < 82	≥ 82 to < 84	≥ 84 to < 86	≥ 86
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
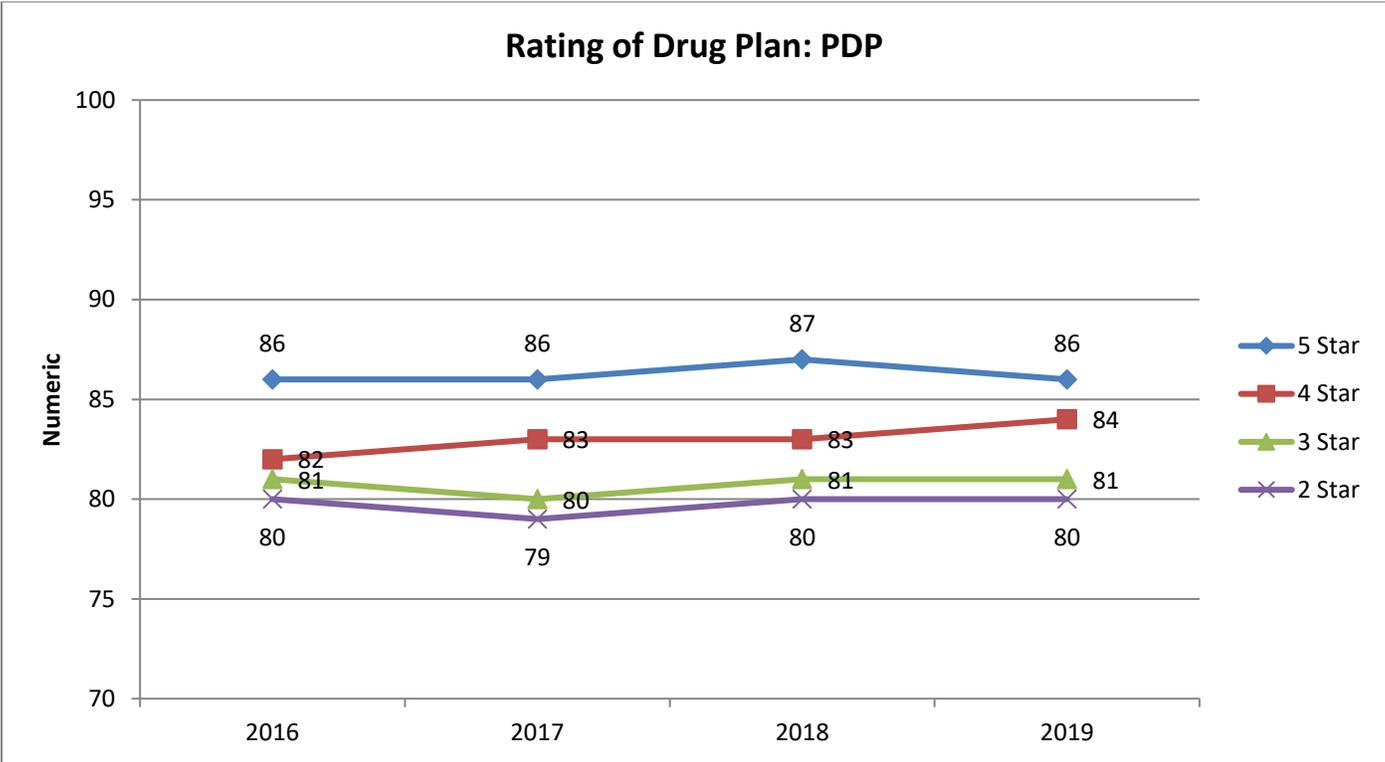
Rating of Drug Plan: PDP

| 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	2016	< 80%	≥ 80% to < 81%	≥ 81% to < 82%	≥ 82% to < 86%	≥ 86%
PDP	2017	< 79	≥ 79 to < 80	≥ 80 to < 83	≥ 83 to < 86	≥ 86
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

Measure: D08 - Getting Needed Prescription Drugs
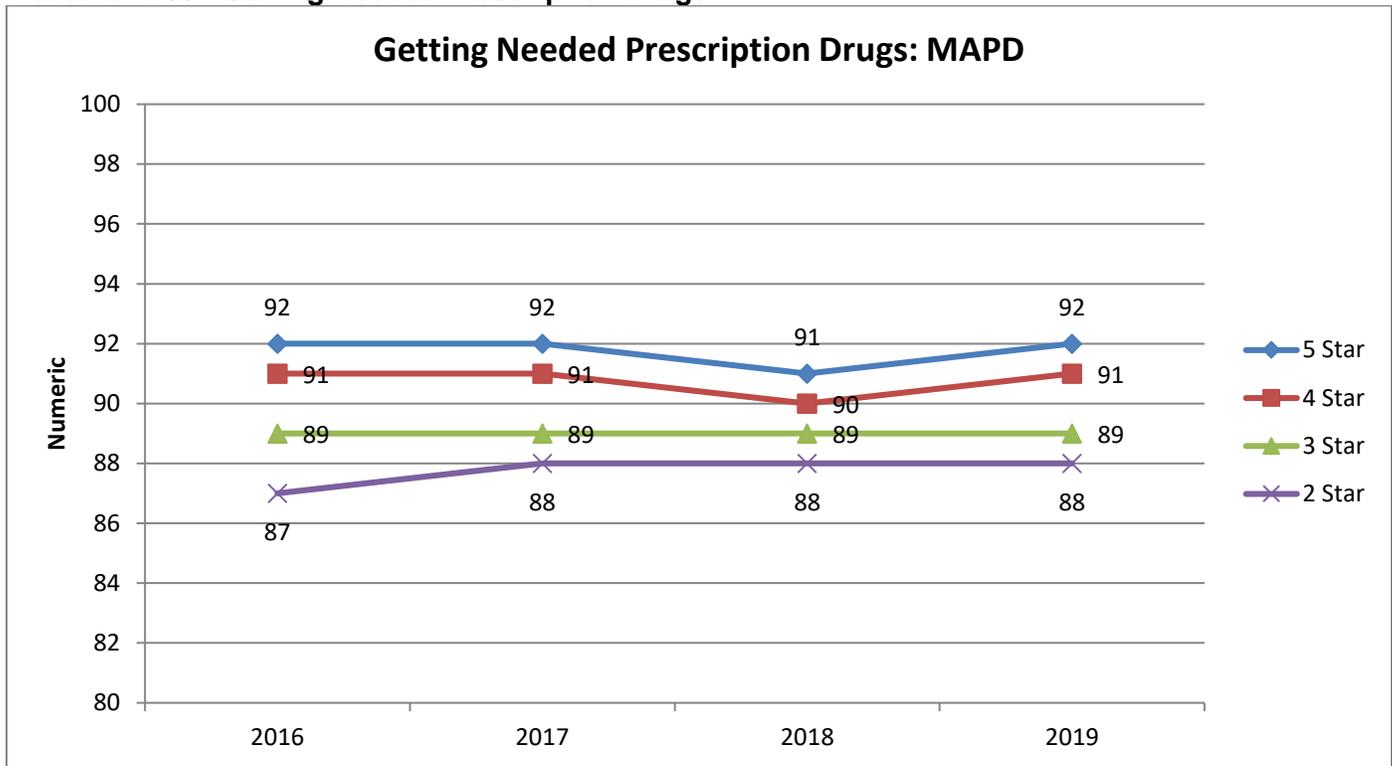
Getting Needed Prescription Drugs: MAPD

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	2016	< 87%	≥ 87% to < 89%	≥ 89% to < 91%	≥ 91% to < 92%	≥ 92%
MAPD	2017	< 88	≥ 88 to < 89	≥ 89 to < 91	≥ 91 to < 92	≥ 92
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

Getting Needed Prescription Drugs: PDP
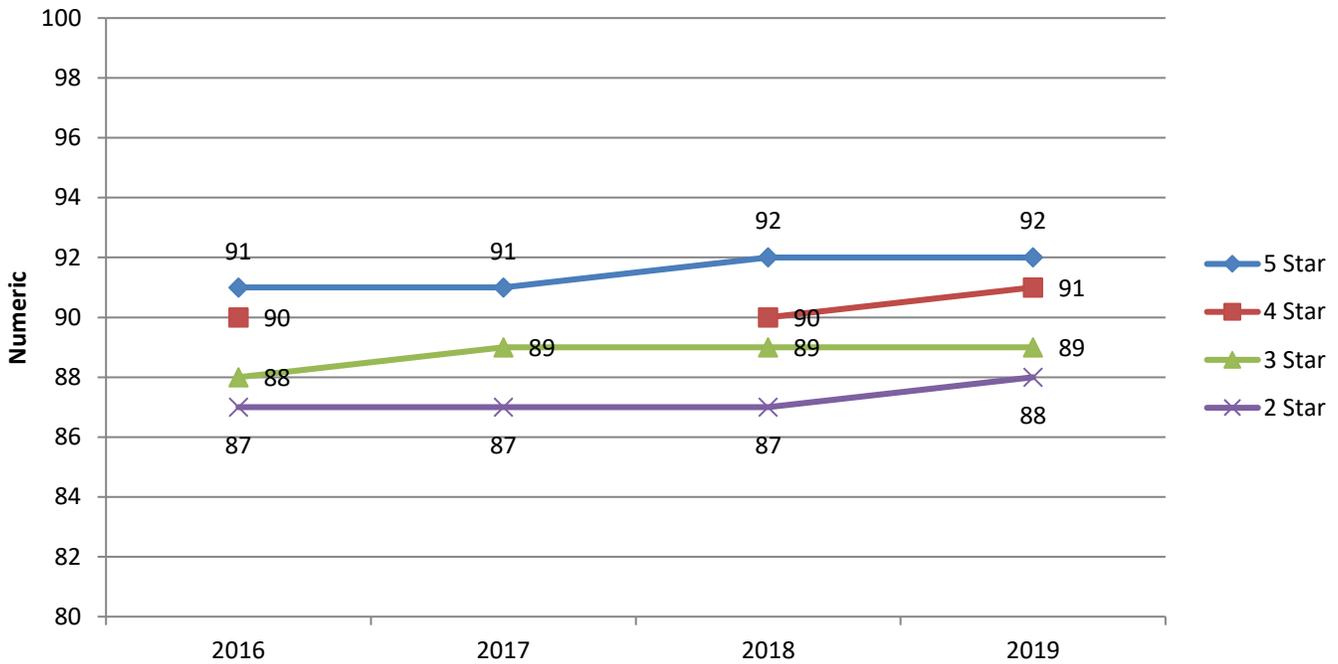
| Title	Description
Description:	Percent of the best possible score the plan earned on how easy it is for members to get the prescription drugs they need using the plan.
Data Source:	CAHPS
General Trend:	Higher is better

Cut Points:

Type	Year	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
PDP	2016	< 87%	≥ 87% to < 88%	≥ 88% to < 90%	≥ 90% to < 91%	≥ 91%
PDP	2017	< 87	≥ 87 to < 89	≥ 89 to ≤ 91	*	≥ 91
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

*Due to rounding, no contracts were assigned to this base group this year. However, after application of the further criteria of significance and reliability, some contracts may have received this star assignment in this year.

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	2016	< 60%	≥ 60% to < 69%	≥ 69% to < 75%	≥ 75% to < 82%	≥ 82%
MAPD	2017	< 70%	≥ 70% to < 76%	≥ 76% to < 79%	≥ 79% to < 83%	≥ 83%
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%

Medication Adherence for Diabetes Medications: PDP

A line chart titled "Medication Adherence for Diabetes Medications: PDP" with y-axis "Percentage" ranging from 60 to 100, and x-axis showing years 2016, 2017, 2018, 2019.

- 5 Star: 95 (2016), 86 (2017), 86 (2018), 88 (2019)
- 4 Star: 83 (2016), 82 (2017), 84 (2018), 86 (2019)
- 3 Star: 80 (2016), 78 (2017), 80 (2018), 84 (2019)
- 2 Star: 75 (2016), 74 (2017), 76 (2018), 82 (2019)

| 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	2016	< 75%	≥ 75% to < 80%	≥ 80% to < 83%	≥ 83% to < 95%	≥ 95%
PDP	2017	< 74%	≥ 74% to < 78%	≥ 78% to < 82%	≥ 82% to < 86%	≥ 86%
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%

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	2016	< 58%	≥ 58% to < 73%	≥ 73% to < 77%	≥ 77% to < 81%	≥ 81%
MAPD	2017	< 71%	≥ 71% to < 75%	≥ 75% to < 79%	≥ 79% to < 83%	≥ 83%
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%

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	2016	< 76%	≥ 76% to < 78%	≥ 78% to < 82%	≥ 82% to < 85%	≥ 85%
PDP	2017	< 77%	≥ 77% to < 80%	≥ 80% to < 83%	≥ 83% to < 85%	≥ 85%
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%

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	2016	< 50%	≥ 50% to < 61%	≥ 61% to < 73%	≥ 73% to < 79%	≥ 79%
MAPD	2017	< 66%	≥ 66% to < 73%	≥ 73% to < 77%	≥ 77% to < 82%	≥ 82%
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%

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	2016	< 68%	≥ 68% to < 73%	≥ 73% to < 78%	≥ 78% to < 83%	≥ 83%
PDP	2017	< 70%	≥ 70% to < 74%	≥ 74% to < 80%	≥ 80% to < 84%	≥ 84%
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%

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	2016	< 13.6%	≥ 13.6% to < 36.2%	≥ 36.2% to < 48.6%	≥ 48.6% to < 76.0%	≥ 76.0%
MAPD	2017	< 33.2%	≥ 33.2% to < 47.8%	≥ 47.8% to < 58.1%	≥ 58.1% to < 76.8%	≥ 76.8%
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%

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	2016	< 8.5%	≥ 8.5% to < 16.6%	≥ 16.6% to < 27.2%	≥ 27.2% to < 36.7%	≥ 36.7%
PDP	2017	< 12.6%	≥ 12.6% to < 20.3%	≥ 20.3% to < 33.9%	≥ 33.9% to < 51.6%	≥ 51.6%
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%