



Trends in Part C & D Star Rating Measure Cut Points

Updated – 11/18/2014

Document Change Log

Previous Version	Description of Change	Revision Date
-	Initial release of the 2015 Trends in Part C & D Star Rating Measure Cut Points document	11/18/2014

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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. Predetermined 4-star thresholds were first introduced to the CY2011 Star Ratings for a subset of the performance measures as an attempt to help contracts set achievement goals. CMS' predetermined 4-star thresholds are based on analysis of historical trends in plans' performance in a specific measure and aimed to drive quality improvement across all plans. CMS continued to set additional predetermined 4-star thresholds over time as more measures developed adequate performance history.

In the 2013 Request for Comments, we proposed moving from the current scoring methodology to a new methodology for the 2016 Star Ratings where the predetermined measure thresholds would be removed. For measures that previously had predetermined thresholds, starting in 2016 we will follow the methodology we currently use for measures without predetermined thresholds. The current specifications and methodology for all measures is available at: <http://go.cms.gov/partcanddstarratings>.

While CMS' initial intention for establishing predetermined 4-star thresholds was to create clear expectations about performance and to give plans specific measure-level targets to achieve, we no longer feel it necessary to set artificial thresholds for quality. The Star Ratings program has continued to evolve since being introduced by CMS in 2006. Plan sponsors have more experience with CMS' rating system and our expectations of high performance. Additionally, CMS provides the industry up to two years of advance notice of potential future changes through an annual Request for Comments and the Call Letter process.

For the 2015 Star Ratings, nineteen measures did not have a predetermined threshold. The 4-star thresholds were set for 22 out of 33 (67%) Part C measures and only 5 out of 13 (38%) Part D measures. Along with contributing to misclassification in star assignments, the presence of 4-star thresholds also creates perverse incentives in encouraging plans to concentrate their resources on measures with fixed known thresholds instead of focusing on a more holistic approach of higher quality for all measures.

Our analysis of the 2014 Ratings showed that on average only 32% of contracts improved across the 23 Part C measures with 4-star thresholds, compared to 52% of contracts that improved across the eight Part C measures without 4-star thresholds. For Part D, on average, only 21% of contracts showed improvement across the five measures with 4-star thresholds, while 56% of contracts showed improvement across the five Part D measures without 4-star thresholds. In the graphs of the measures that have a predetermined threshold, the 4-star threshold appears as a flat horizontal line, in contrast to the other stars' cut points for that measure that have changed over time.

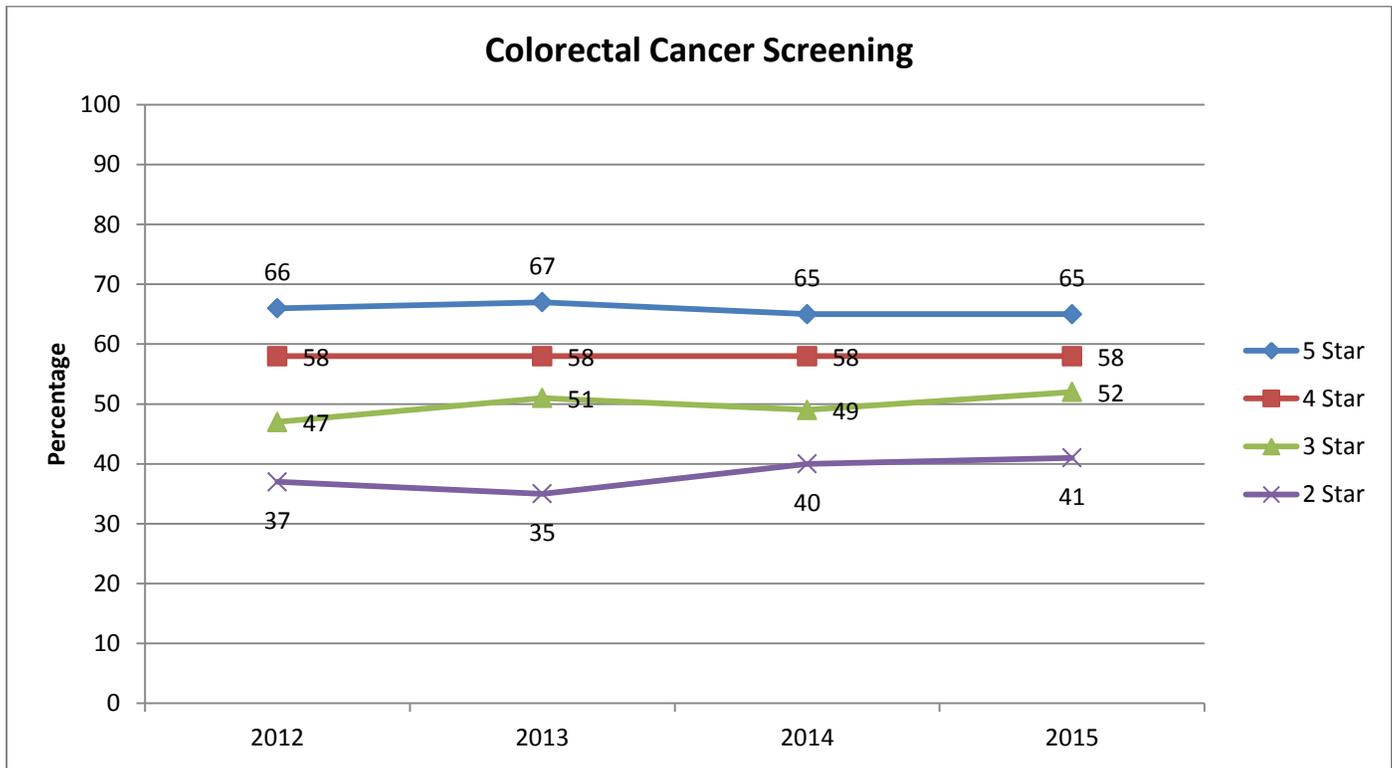
Using the 2015 Star Ratings, our analysis showed that on average only 28% of contracts improved across the 20 Part C measures with 4-star thresholds included in the improvement measure, compared to 51% of contracts that improved across the nine Part C measures without 4-star thresholds. We found similar findings for Part D, where on average, only 24% of contracts showed improvement across the five measures with 4-star thresholds included in the improvement measure, while 63% of contracts showed improvement across the five Part D measures without 4-star thresholds.

In this document, we display graphical trends of star cut points at the measure level, along with each measure's definition, data source, and whether or not there has been a preset threshold for each measure. 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.

Note: The Medicare Plan Finder (MPF) pricing measures is not included due to changes in measure specifications and the narrow range of thresholds. The Special Needs Plan (SNP) Care Management measure is also not included since it is a first year measure.

Part C Measures

Measure: C01 - Colorectal Cancer Screening



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

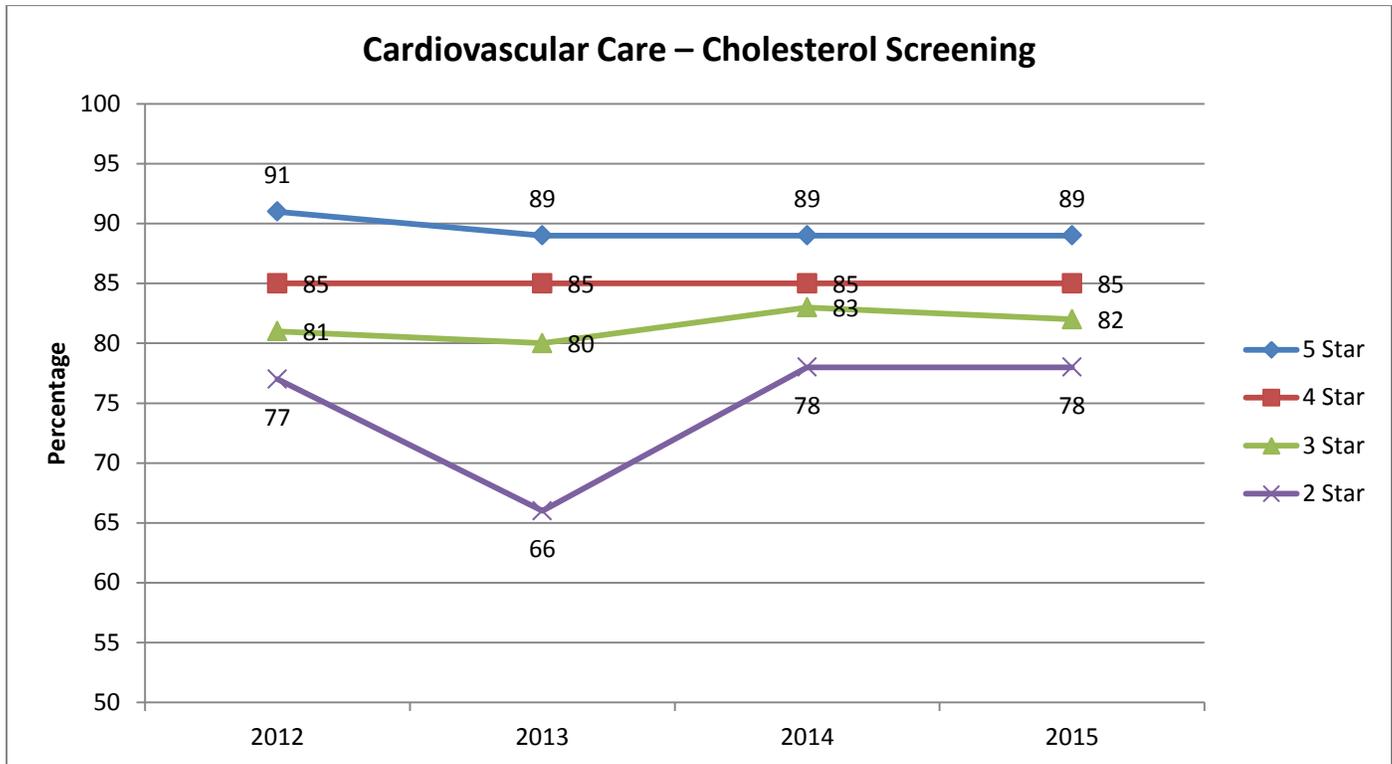
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 37%	≥ 37% to < 47%	≥ 47% to < 58%	≥ 58% to < 66%	≥ 58%	≥ 66%
2013	< 35%	≥ 35% to < 51%	≥ 51% to < 58%	≥ 58% to < 67%	≥ 58%	≥ 67%
2014	< 40%	≥ 40% to < 49%	≥ 49% to < 58%	≥ 58% to < 65%	≥ 58%	≥ 65%
2015	< 41%	≥ 41% to < 52%	≥ 52% to < 58%	≥ 58% to < 65%	≥ 58%	≥ 65%

Measure: C02 - Cardiovascular Care – Cholesterol Screening



Description: Percent of plan members with heart disease who have had a test for “bad” (LDL) cholesterol within the past year.

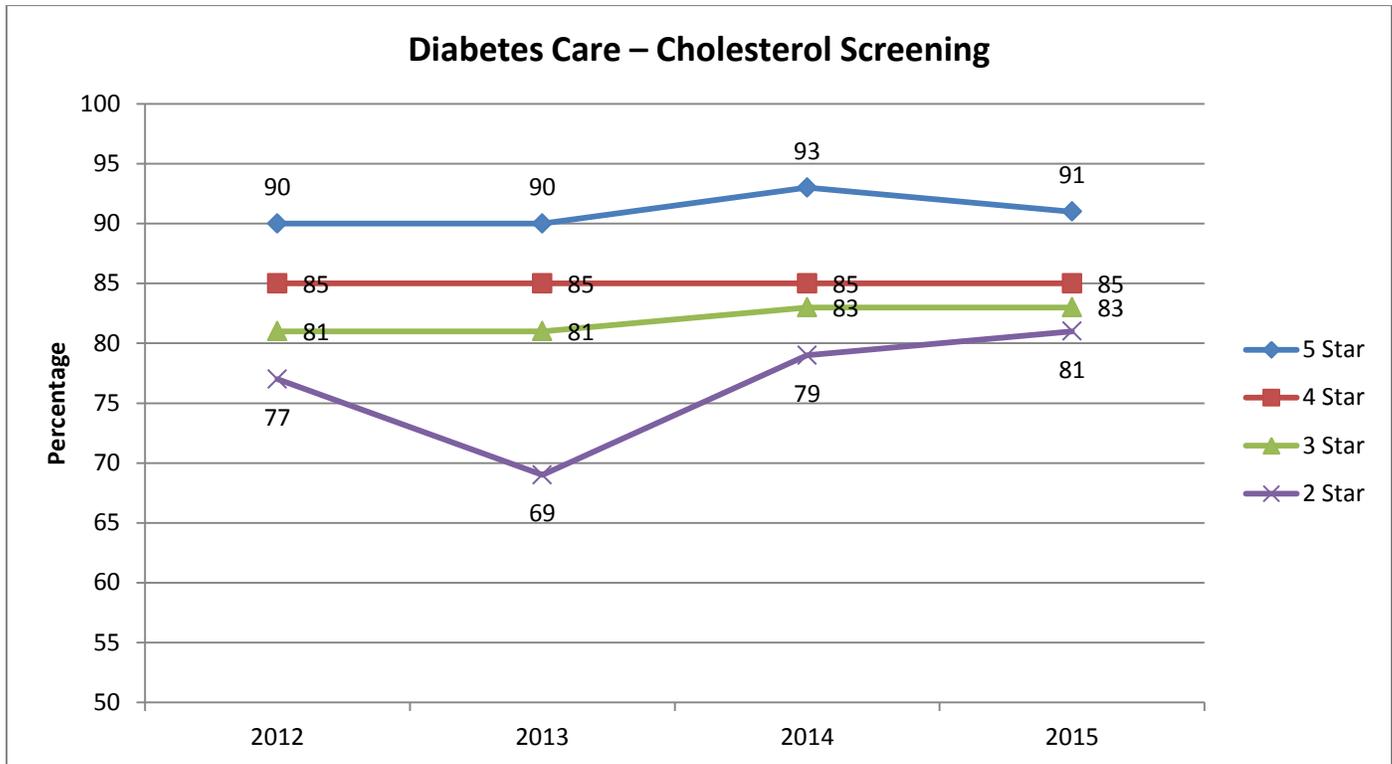
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 77%	≥ 77% to < 81%	≥ 81% to < 85%	≥ 85% to < 91%	≥ 85%	≥ 91%
2013	< 66%	≥ 66% to < 80%	≥ 80% to < 85%	≥ 85% to < 89%	≥ 85%	≥ 89%
2014	< 78%	≥ 78% to < 83%	≥ 83% to < 85%	≥ 85% to < 89%	≥ 85%	≥ 89%
2015	< 78%	≥ 78% to < 82%	≥ 82% to < 85%	≥ 85% to < 89%	≥ 85%	≥ 89%

Measure: C03 - Diabetes Care – Cholesterol Screening



Description: Percent of plan members with diabetes who have had a test for “bad” (LDL) cholesterol within the past year.

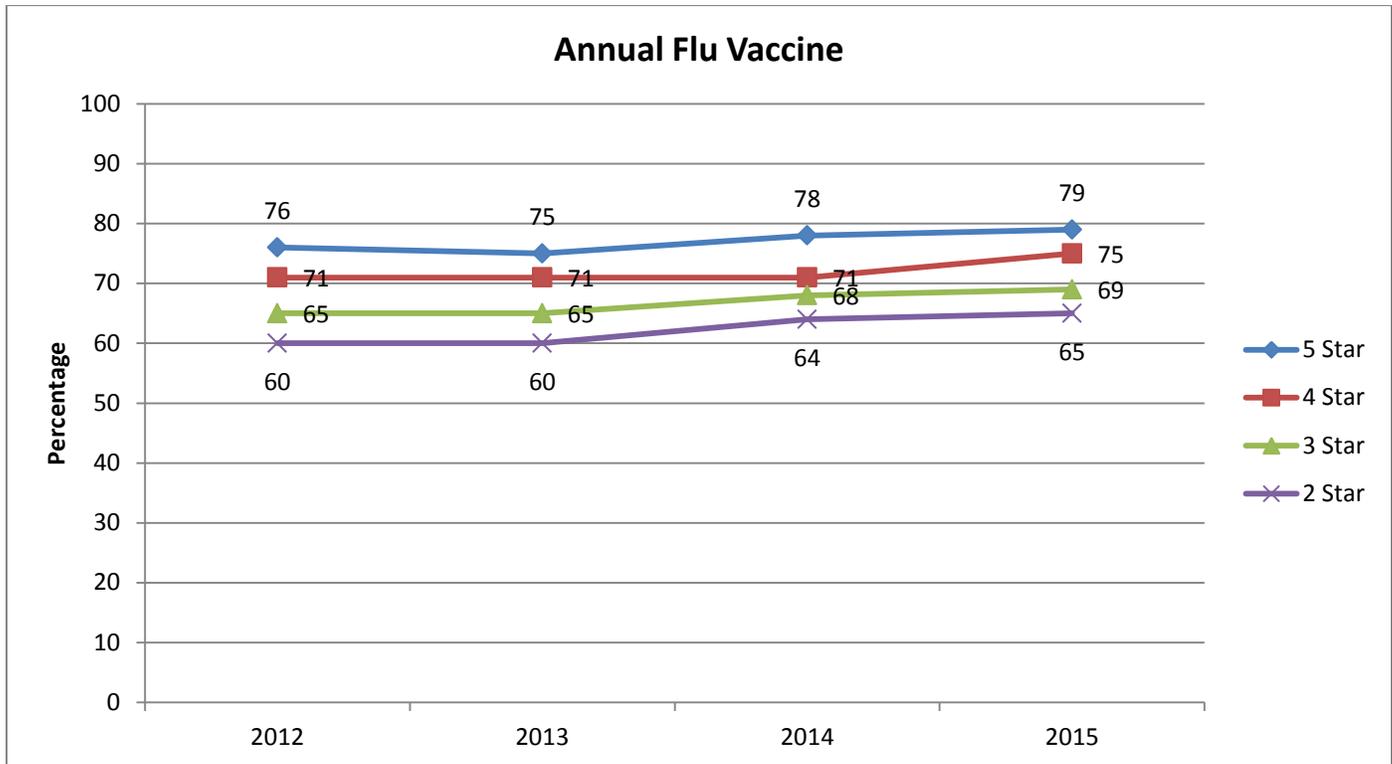
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 77%	≥ 77% to < 81%	≥ 81% to < 85%	≥ 85% to < 90%	≥ 85%	≥ 90%
2013	< 69%	≥ 69% to < 81%	≥ 81% to < 85%	≥ 85% to < 90%	≥ 85%	≥ 90%
2014	< 79%	≥ 79% to < 83%	≥ 83% to < 85%	≥ 85% to < 93%	≥ 85%	≥ 93%
2015	< 81%	≥ 81% to < 83%	≥ 83% to < 85%	≥ 85% to < 91%	≥ 85%	≥ 91%

Measure: C04 - Annual Flu Vaccine



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

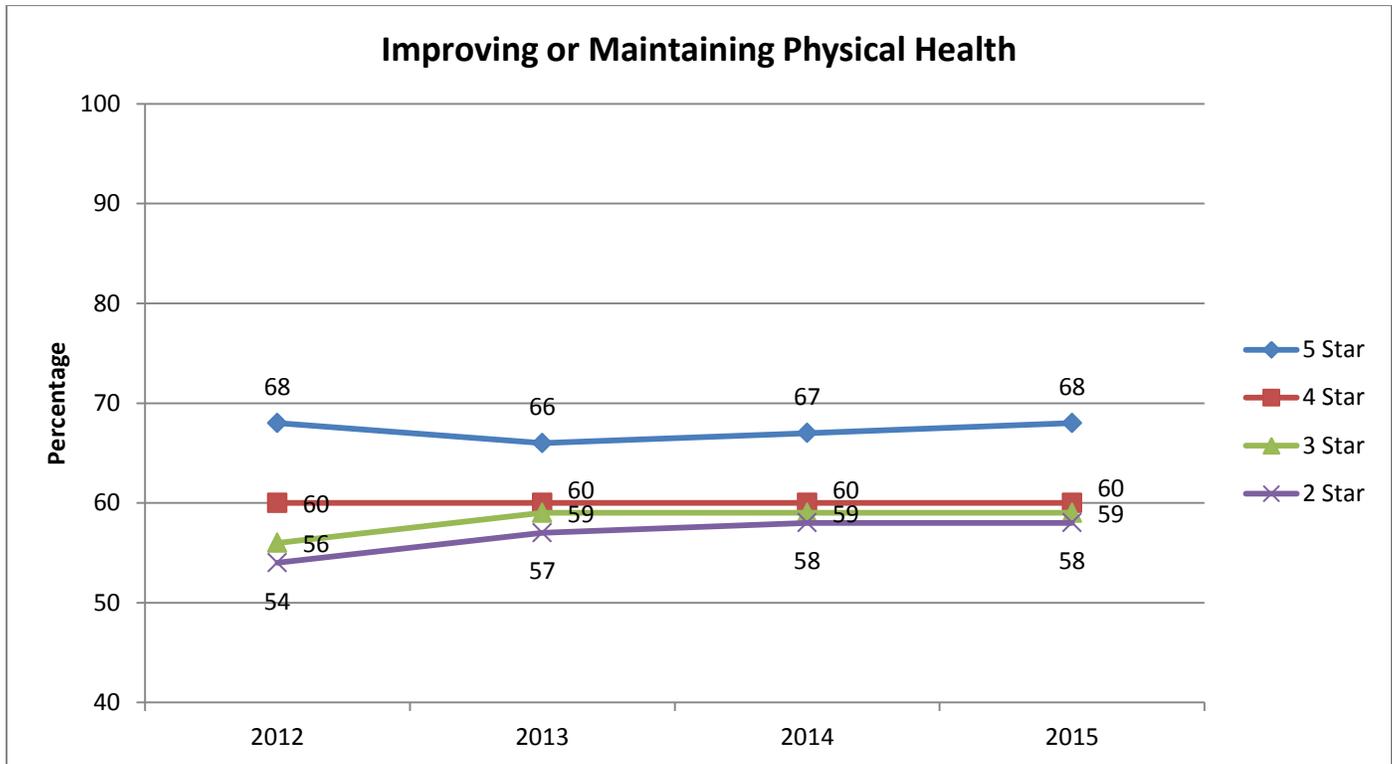
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 60%	≥ 60% to < 65%	≥ 65% to < 71%	≥ 71% to < 76%	≥ 71%	≥ 76%
2013	< 60%	≥ 60% to < 65%	≥ 65% to < 71%	≥ 71% to < 75%	≥ 71%	≥ 75%
2014	< 64%	≥ 64% to < 68%	≥ 68% to < 71%	≥ 71% to < 78%	≥ 71%	≥ 78%
2015	< 65%	≥ 65% to < 69%	≥ 69% to < 75%	≥ 75% to < 79%	Not predetermined	≥ 79%

Measure: C05 - Improving or Maintaining Physical Health



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

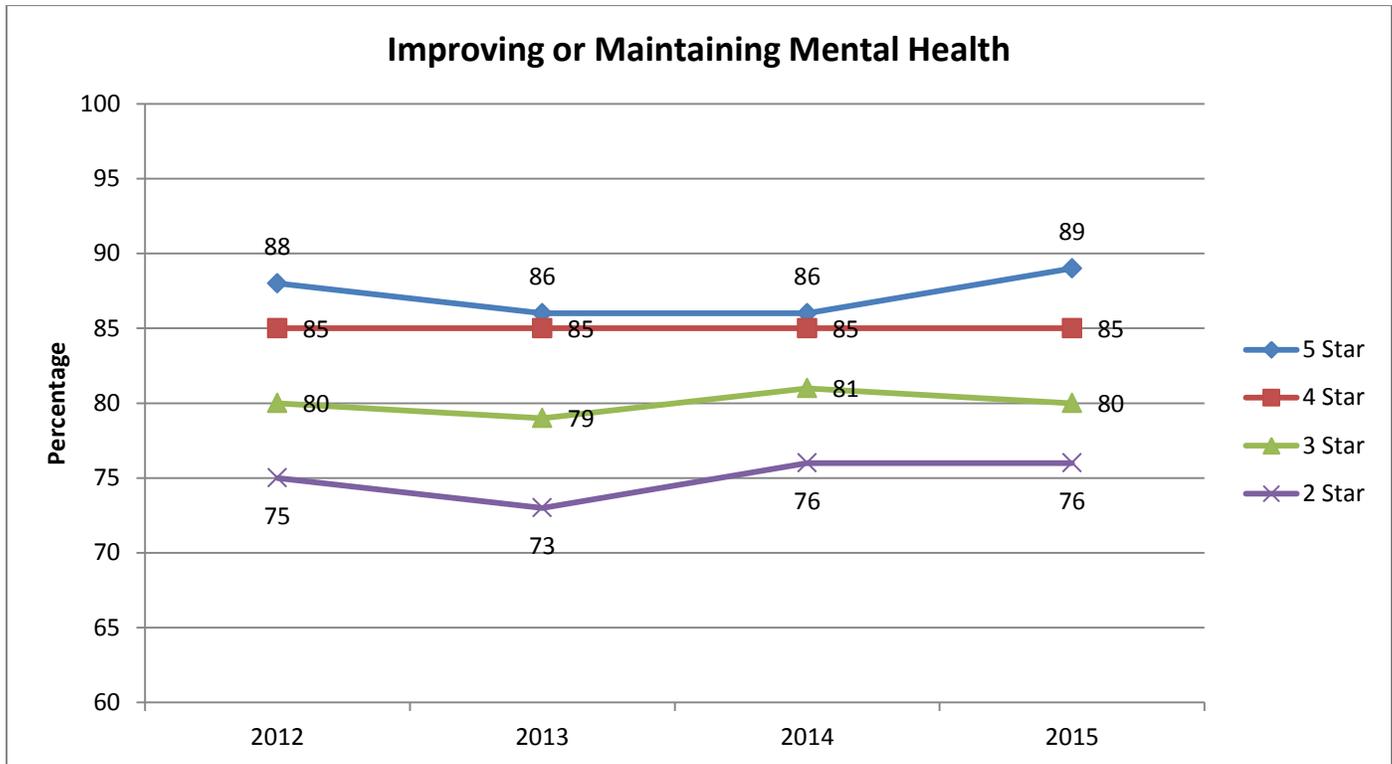
Data Source: HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 54%	≥ 54% to < 56%	≥ 56% to < 60%	≥ 60% to < 68%	≥ 60%	≥ 68%
2013	< 57%	≥ 57% to < 59%	≥ 59% to < 60%	≥ 60% to < 66%	≥ 60%	≥ 66%
2014	< 58%	≥ 58% to < 59%	≥ 59% to < 60%	≥ 60% to < 67%	≥ 60%	≥ 67%
2015	< 58%	≥ 58% to < 59%	≥ 59% to < 60%	≥ 60% to < 68%	≥ 60%	≥ 68%

Measure: C06 - Improving or Maintaining Mental Health



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

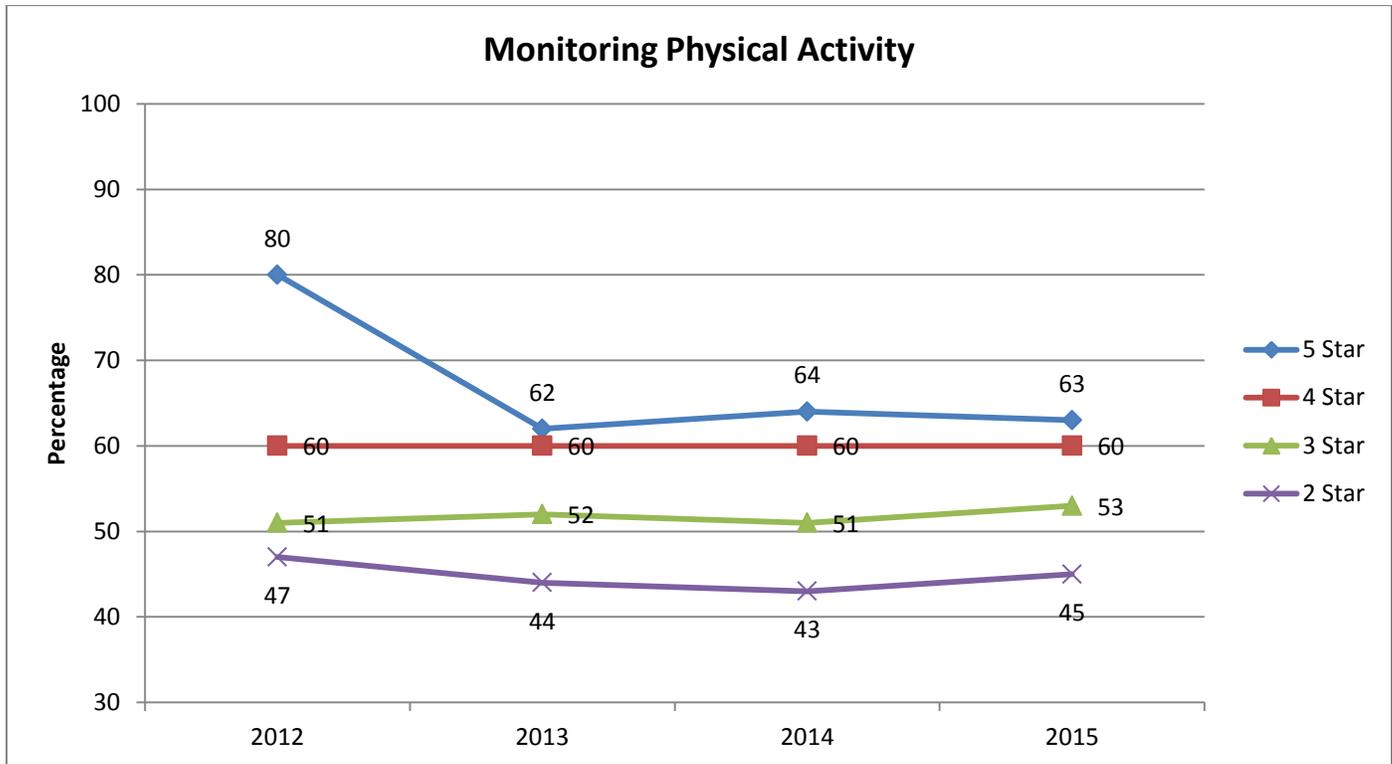
Data Source: HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 75%	≥ 75% to < 80%	≥ 80% to < 85%	≥ 85% to < 88%	≥ 85%	≥ 88%
2013	< 73%	≥ 73% to < 79%	≥ 79% to < 85%	≥ 85% to < 86%	≥ 85%	≥ 86%
2014	< 76%	≥ 76% to < 81%	≥ 81% to < 85%	≥ 85% to < 86%	≥ 85%	≥ 86%
2015	< 76%	≥ 76% to < 80%	≥ 80% to < 85%	≥ 85% to < 89%	≥ 85%	≥ 89%

Measure: C07 - Monitoring Physical Activity



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.

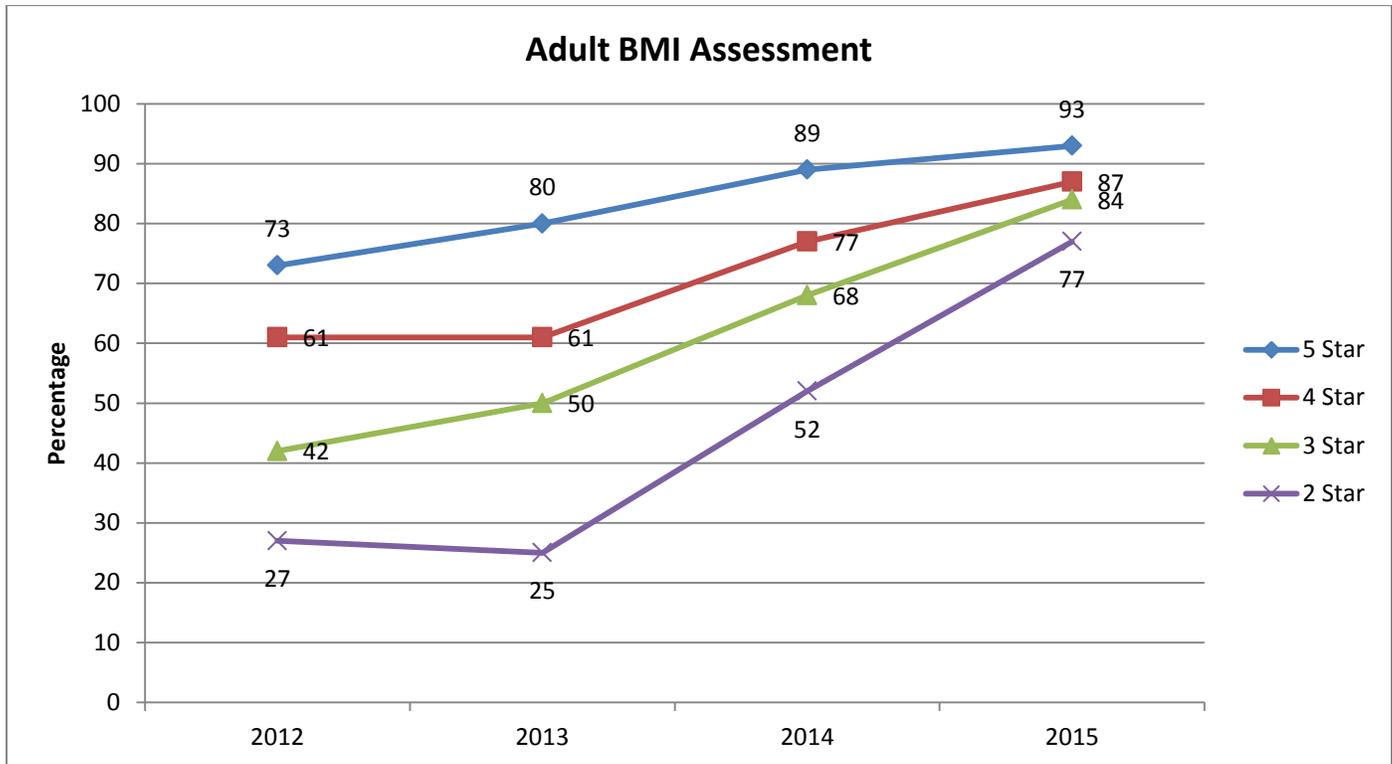
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 47%	≥ 47% to < 51%	≥ 51% to < 60%	≥ 60% to < 85%	≥ 60%	≥ 80%
2013	< 44%	≥ 44% to < 52%	≥ 52% to < 60%	≥ 60% to < 62%	≥ 60%	≥ 62%
2014	< 43%	≥ 43% to < 51%	≥ 51% to < 60%	≥ 60% to < 64%	≥ 60%	≥ 64%
2015	< 45%	≥ 45% to < 53%	≥ 53% to < 60%	≥ 60% to < 63%	≥ 60%	≥ 63%

Measure: C08 - Adult BMI Assessment



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 records.

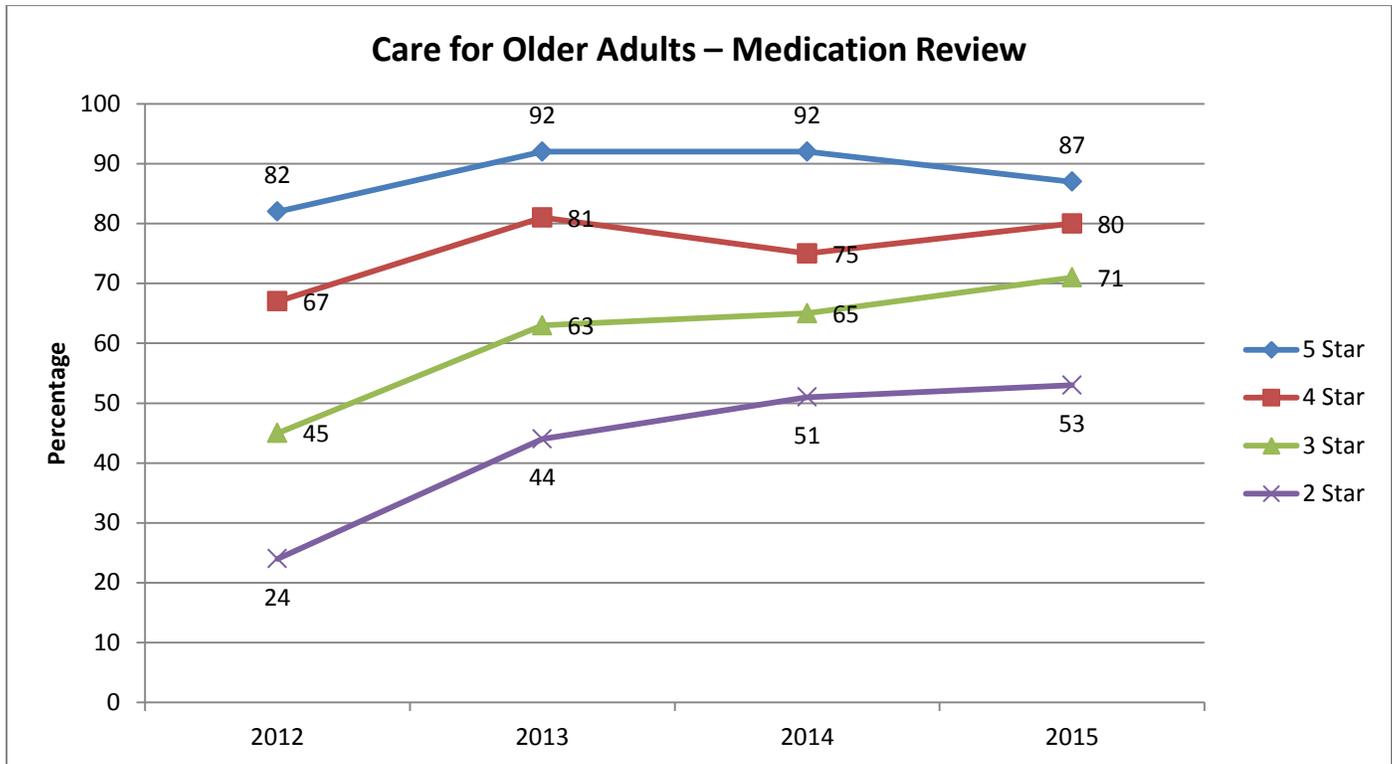
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 27%	≥ 27% to < 42%	≥ 42% to < 61%	≥ 61% to < 73%	Not predetermined	≥ 73%
2013	< 25%	≥ 25% to < 50%	≥ 50% to < 61%	≥ 61% to < 80%	Not predetermined	≥ 80%
2014	< 52%	≥ 52% to < 68%	≥ 68% to < 77%	≥ 77% to < 89%	Not predetermined	≥ 89%
2015	< 77%	≥ 77% to < 84%	≥ 84% to < 87%	≥ 87% to < 93%	Not predetermined	≥ 93%

Measure: C10 - Care for Older Adults – Medication Review



Description: Percent of plan members whose doctor or clinical pharmacist has reviewed a list of everything they take (prescription and non-prescription drugs, vitamins, herbal remedies, other supplements) at least once a year. (This information about a yearly review of medications is collected for Medicare Special Needs Plans only. These plans are a type of Medicare Advantage Plan designed for certain types of 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.)

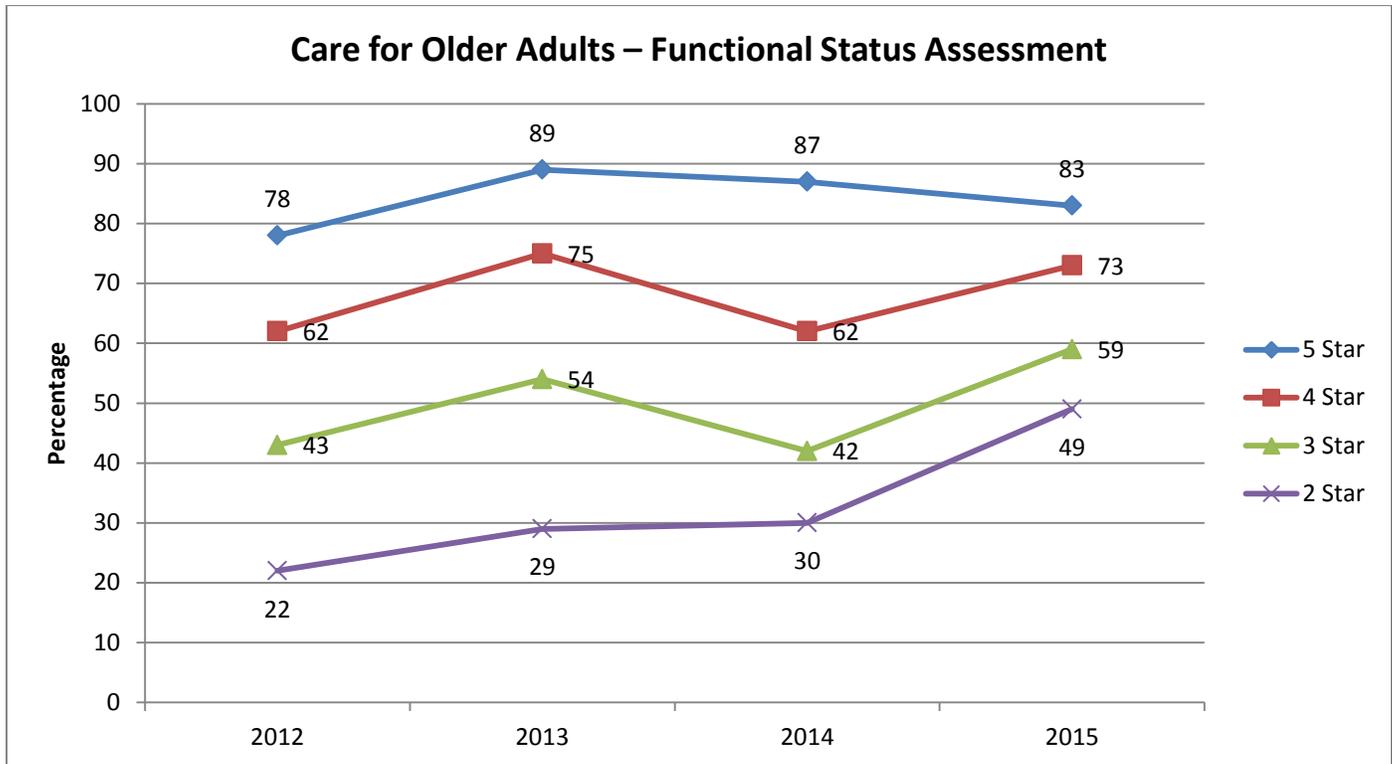
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 24%	≥ 24% to < 45%	≥ 45% to < 67%	≥ 67% to < 82%	Not predetermined	≥ 82%
2013	< 44%	≥ 44% to < 63%	≥ 63% to < 81%	≥ 81% to < 92%	Not predetermined	≥ 92%
2014	< 51%	≥ 51% to < 65%	≥ 65% to < 75%	≥ 75% to < 92%	Not predetermined	≥ 92%
2015	< 53%	≥ 53% to < 71%	≥ 71% to < 80%	≥ 80% to < 87%	Not predetermined	≥ 87%

Measure: C11 - Care for Older Adults – Functional Status Assessment



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). (This information about the yearly assessment is collected for Medicare Special Needs Plans only. These plans are a type of Medicare Advantage Plan designed for certain types of 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.)

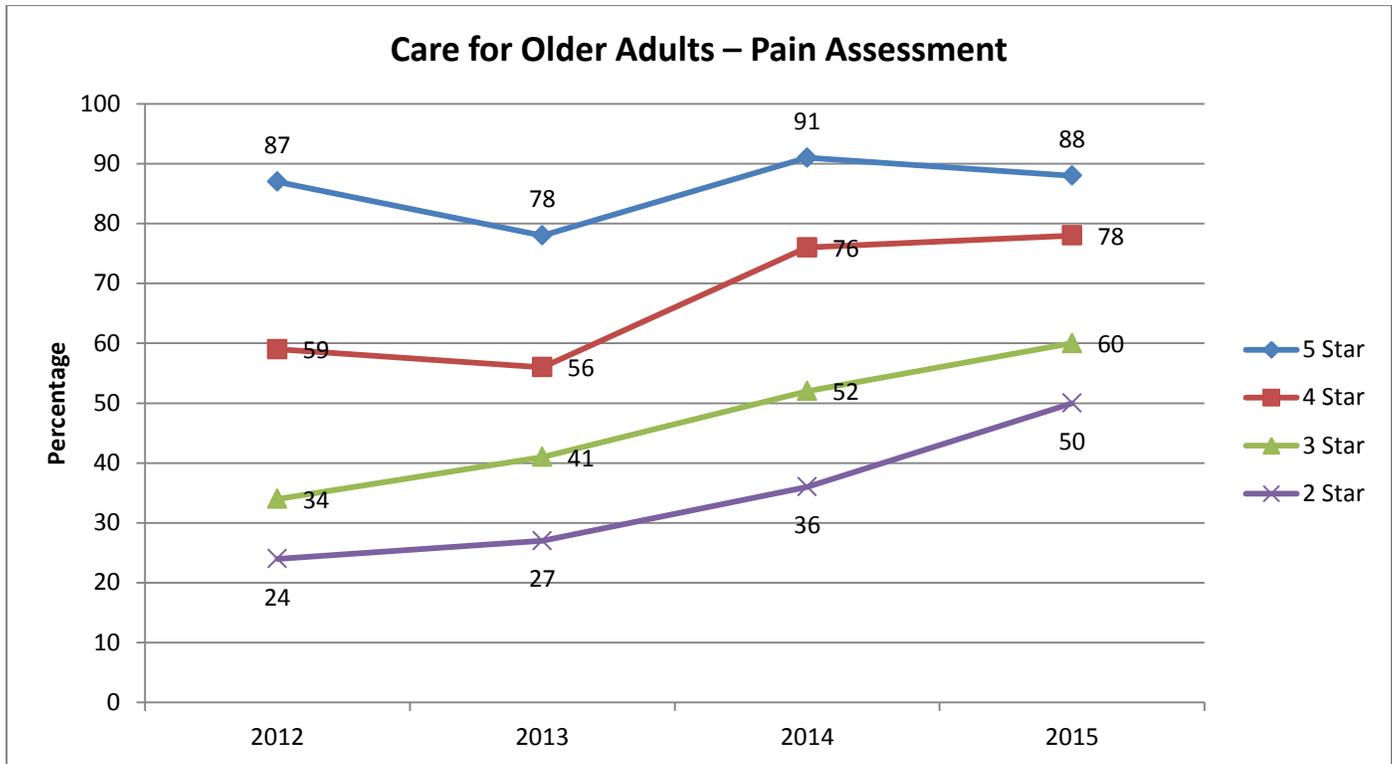
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 22%	≥ 22% to < 43%	≥ 43% to < 62%	≥ 62% to < 78%	Not predetermined	≥ 78%
2013	< 29%	≥ 29% to < 54%	≥ 54% to < 75%	≥ 75% to < 89%	Not predetermined	≥ 89%
2014	< 30%	≥ 30% to < 42%	≥ 42% to < 62%	≥ 62% to < 87%	Not predetermined	≥ 87%
2015	< 49%	≥ 49% to < 59%	≥ 59% to < 73%	≥ 73% to < 83%	Not predetermined	≥ 83%

Measure: C12 - Care for Older Adults – Pain Assessment



Description: Percent of plan members who had a pain screening or pain management plan at least once during the year. (This information about pain screening or pain management is collected for Medicare Special Needs Plans only. These plans are a type of Medicare Advantage Plan designed for certain types of 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.)

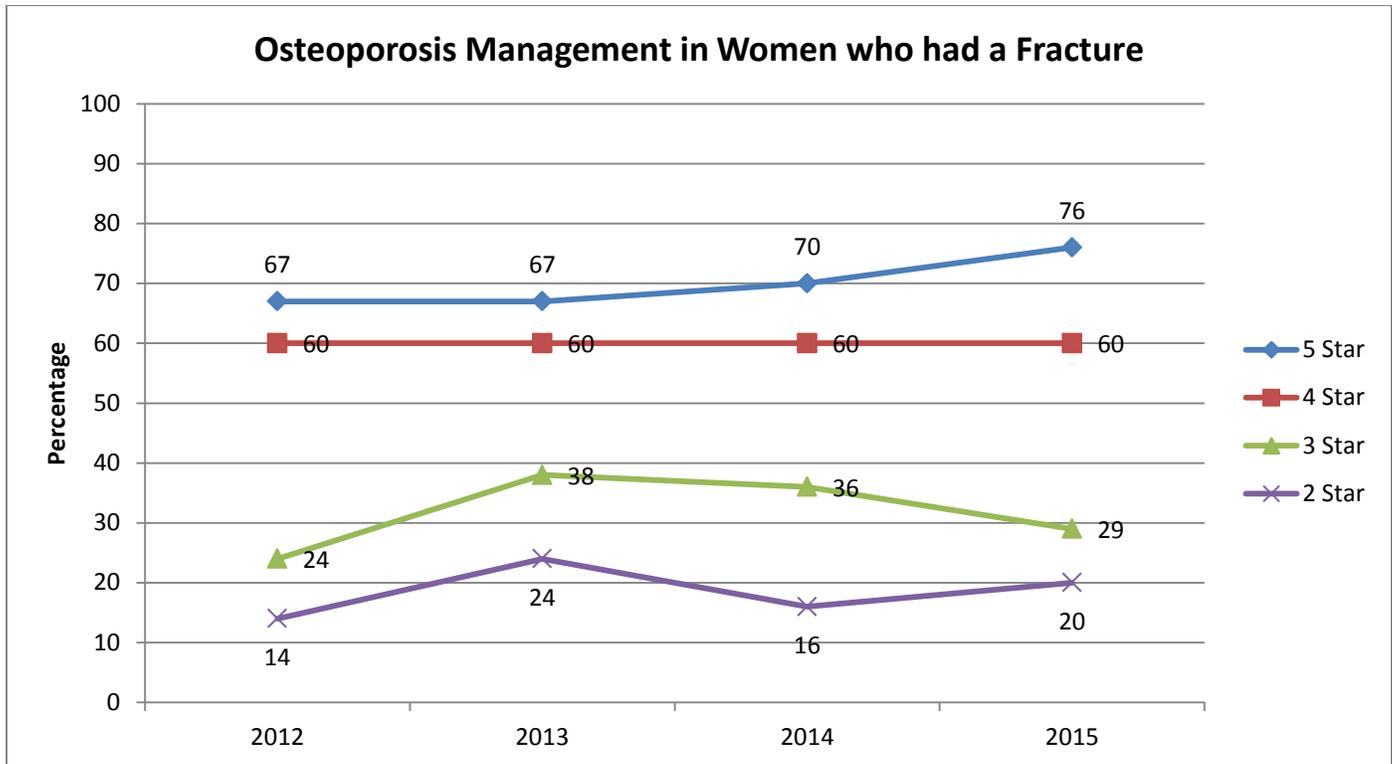
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 24%	≥ 24% to < 34%	≥ 34% to < 59%	≥ 59% to < 87%	Not predetermined	≥ 87%
2013	< 27%	≥ 27% to < 41%	≥ 41% to < 56%	≥ 56% to < 78%	Not predetermined	≥ 78%
2014	< 36%	≥ 36% to < 52%	≥ 52% to < 76%	≥ 76% to < 91%	Not predetermined	≥ 91%
2015	< 50%	≥ 50% to < 60%	≥ 60% to < 78%	≥ 78% to < 88%	Not predetermined	≥ 88%

Measure: C13 - Osteoporosis Management in Women who had a Fracture



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

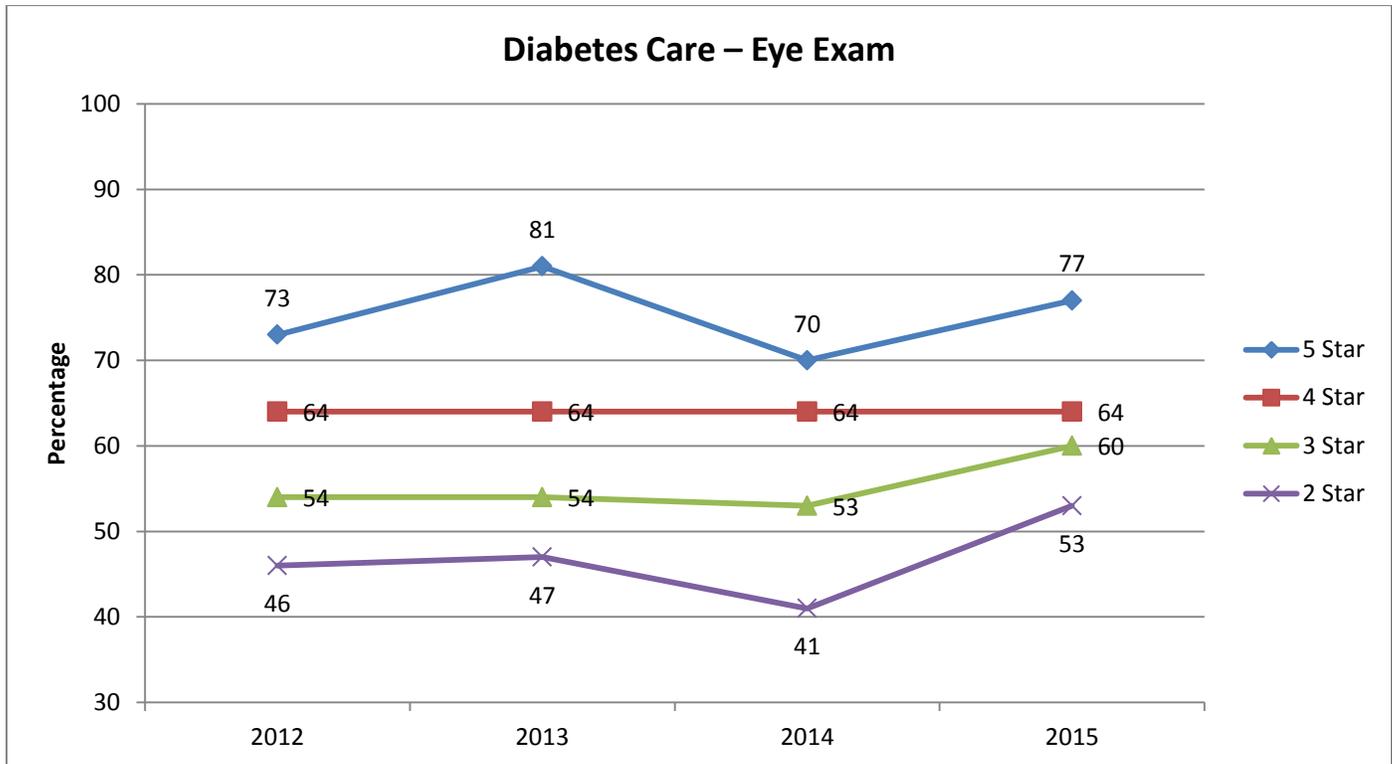
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 14%	≥ 14% to < 24%	≥ 24% to < 60%	≥ 60% to < 67%	≥ 60%	≥ 67%
2013	< 24%	≥ 24% to < 38%	≥ 38% to < 60%	≥ 60% to < 67%	≥ 60%	≥ 67%
2014	< 16%	≥ 16% to < 36%	≥ 36% to < 60%	≥ 60% to < 70%	≥ 60%	≥ 70%
2015	< 20%	≥ 20% to < 29%	≥ 29% to < 60%	≥ 60% to < 76%	≥ 60%	≥ 76%

Measure: C14 - Diabetes Care – Eye Exam



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

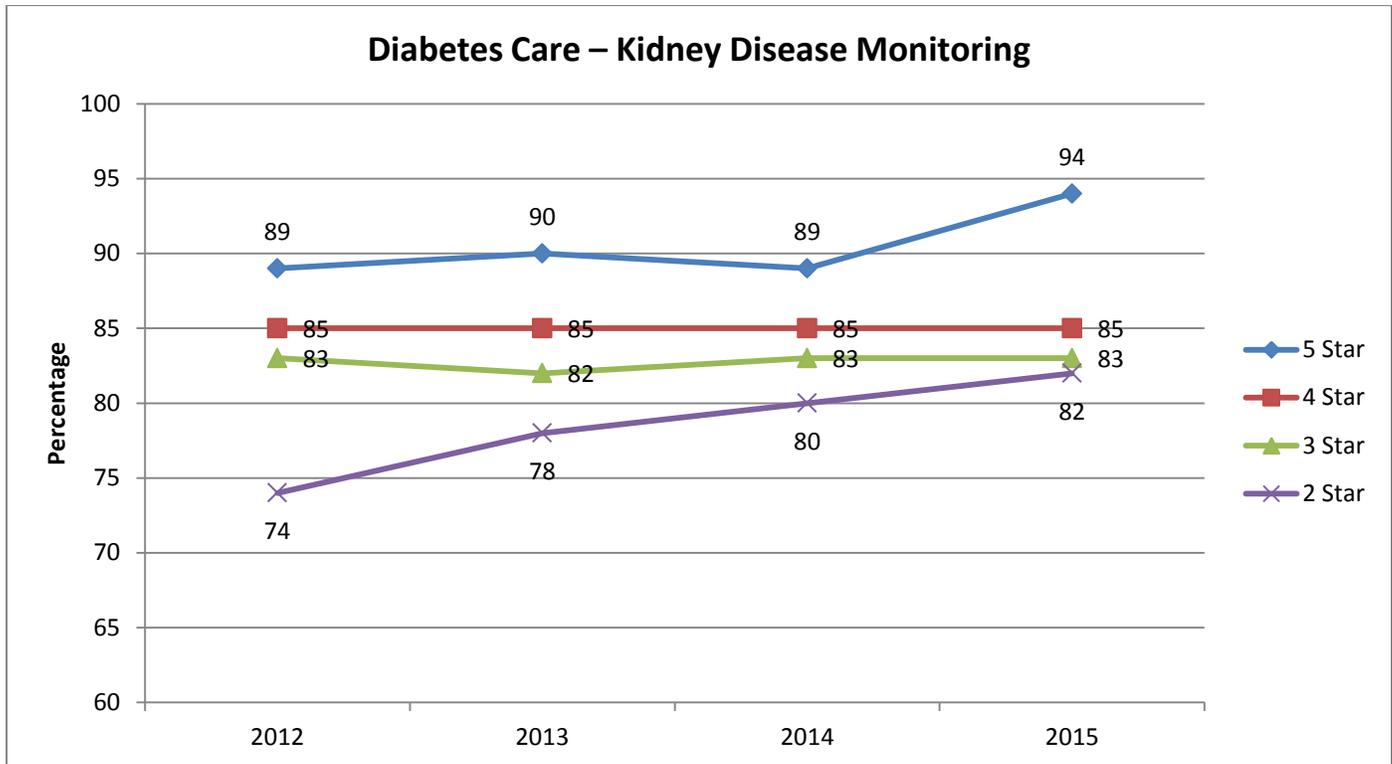
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 46%	≥ 46% to < 54%	≥ 54% to < 64%	≥ 64% to < 73%	≥ 64%	≥ 73%
2013	< 47%	≥ 47% to < 54%	≥ 54% to < 64%	≥ 64% to < 81%	≥ 64%	≥ 81%
2014	< 41%	≥ 41% to < 53%	≥ 53% to < 64%	≥ 64% to < 70%	≥ 64%	≥ 70%
2015	< 53%	≥ 53% to < 60%	≥ 60% to < 64%	≥ 64% to < 77%	≥ 64%	≥ 77%

Measure: C15 - Diabetes Care – Kidney Disease Monitoring



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

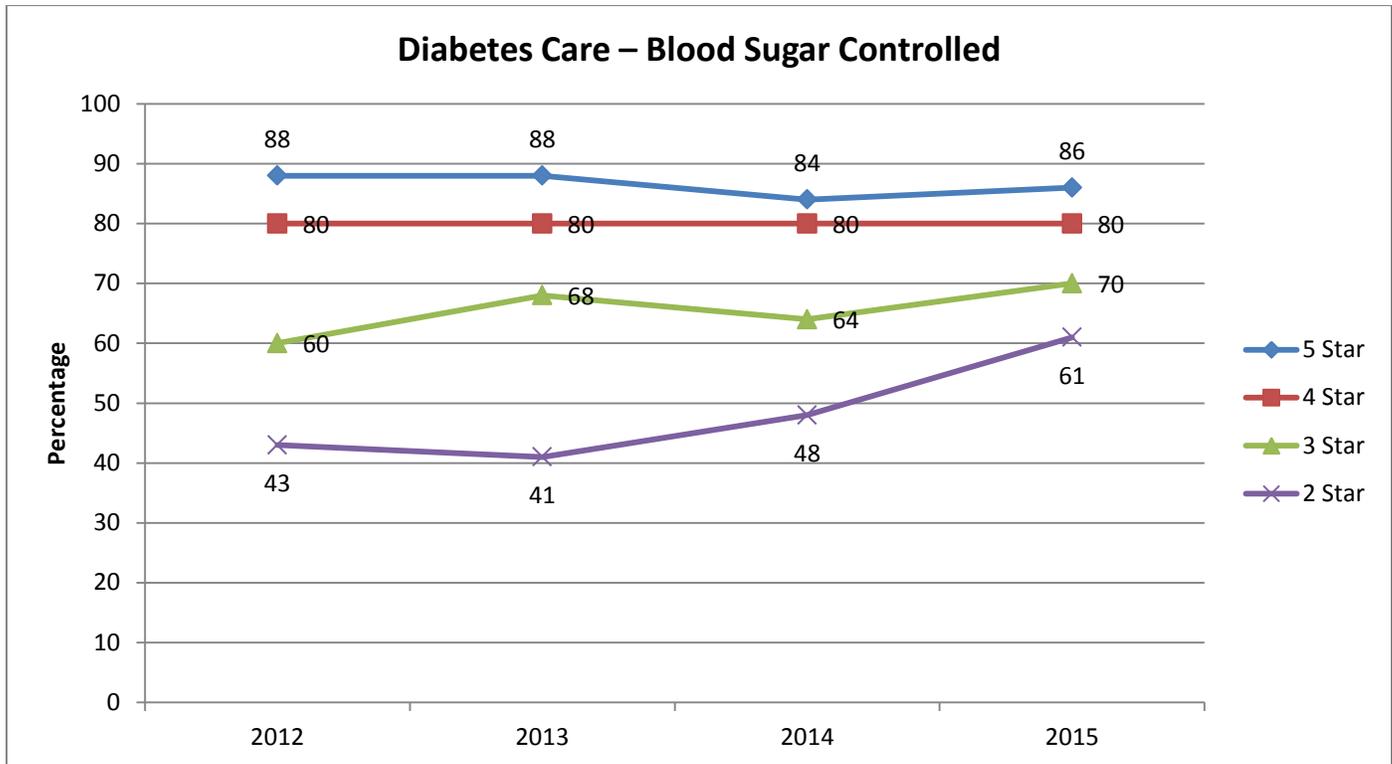
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 74%	≥ 74% to < 83%	≥ 83% to < 85%	≥ 85% to < 89%	≥ 85%	≥ 89%
2013	< 78%	≥ 78% to < 82%	≥ 82% to < 85%	≥ 85% to < 90%	≥ 85%	≥ 90%
2014	< 80%	≥ 80% to < 83%	≥ 83% to < 85%	≥ 85% to < 89%	≥ 85%	≥ 89%
2015	< 82%	≥ 82% to < 83%	≥ 83% to < 85%	≥ 85% to < 94%	≥ 85%	≥ 94%

Measure: C16 - Diabetes Care – Blood Sugar Controlled



Description: Percent of plan members with diabetes who had an A-1-C lab test during the year that showed their average blood sugar is under control.

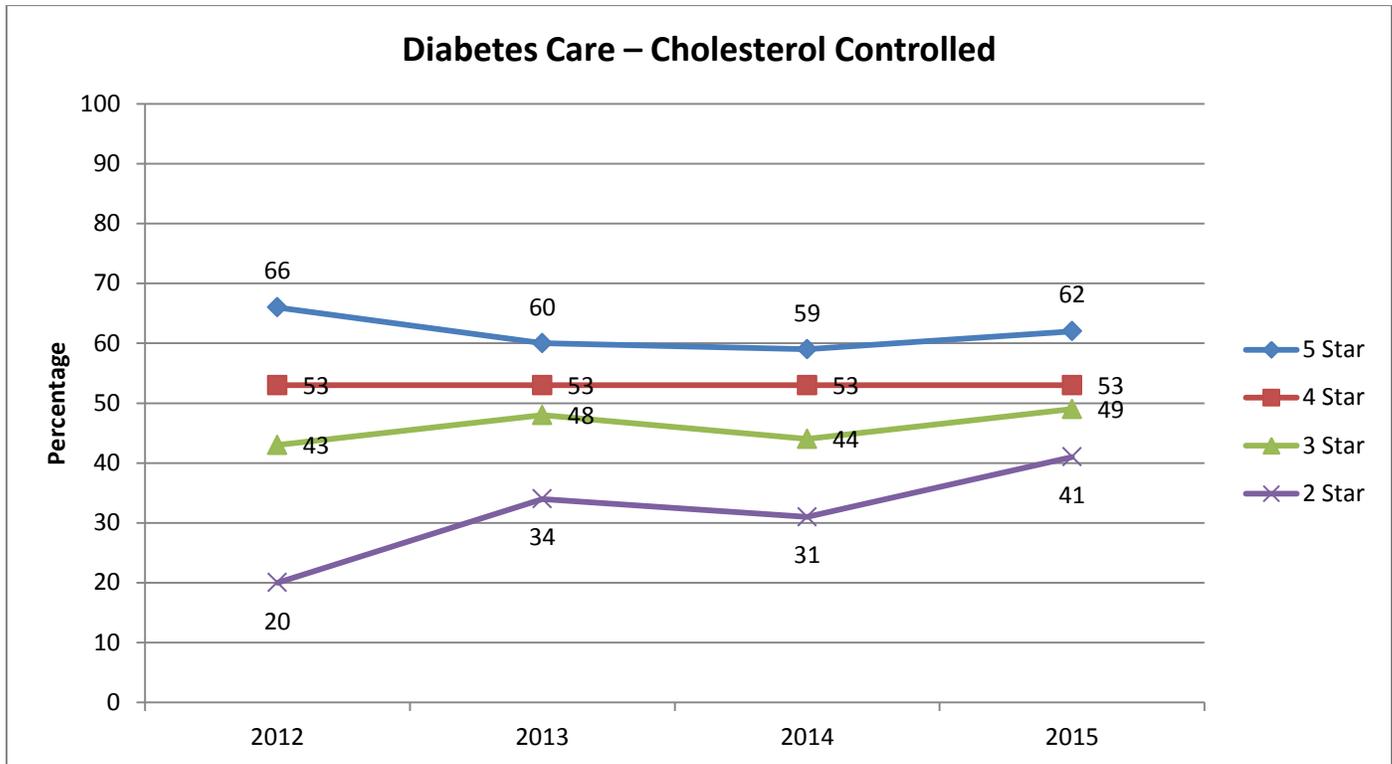
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 43%	≥ 43% to < 60%	≥ 60% to < 80%	≥ 80% to < 88%	≥ 80%	≥ 88%
2013	< 41%	≥ 41% to < 68%	≥ 68% to < 80%	≥ 80% to < 88%	≥ 80%	≥ 88%
2014	< 48%	≥ 48% to < 64%	≥ 64% to < 80%	≥ 80% to < 84%	≥ 80%	≥ 84%
2015	< 61%	≥ 61% to < 70%	≥ 70% to < 80%	≥ 80% to < 86%	≥ 80%	≥ 86%

Measure: C17 - Diabetes Care – Cholesterol Controlled



Description: Percent of plan members with diabetes who had a cholesterol test during the year that showed an acceptable level of “bad” (LDL) cholesterol.

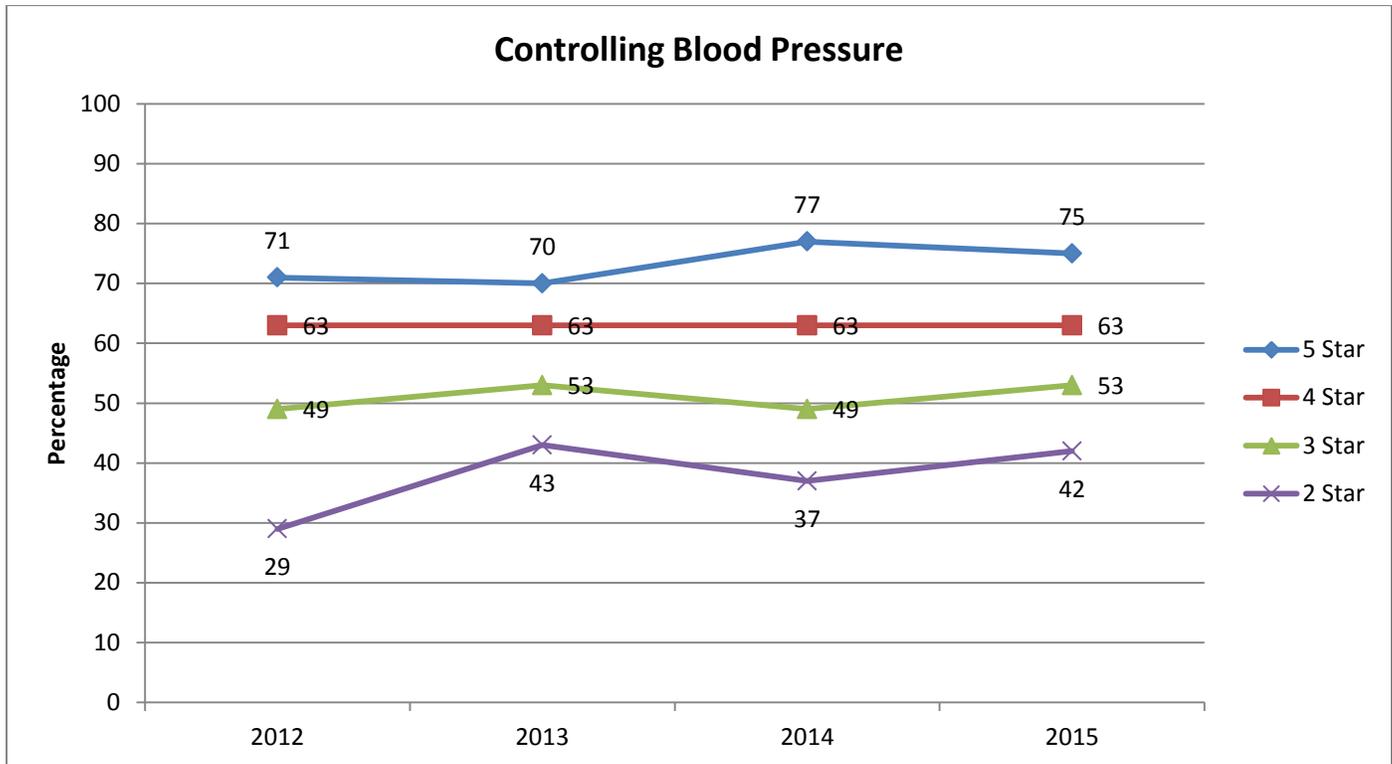
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 20%	≥ 20% to < 43%	≥ 43% to < 53%	≥ 53% to < 66%	≥ 53%	≥ 66%
2013	< 34%	≥ 34% to < 48%	≥ 48% to < 53%	≥ 53% to < 60%	≥ 53%	≥ 60%
2014	< 31%	≥ 31% to < 44%	≥ 44% to < 53%	≥ 53% to < 59%	≥ 53%	≥ 59%
2015	< 41%	≥ 41% to < 49%	≥ 49% to < 53%	≥ 53% to < 62%	≥ 53%	≥ 62%

Measure: C18 - Controlling Blood Pressure



Description: Percent of plan members with high blood pressure who got treatment and were able to maintain a healthy pressure.

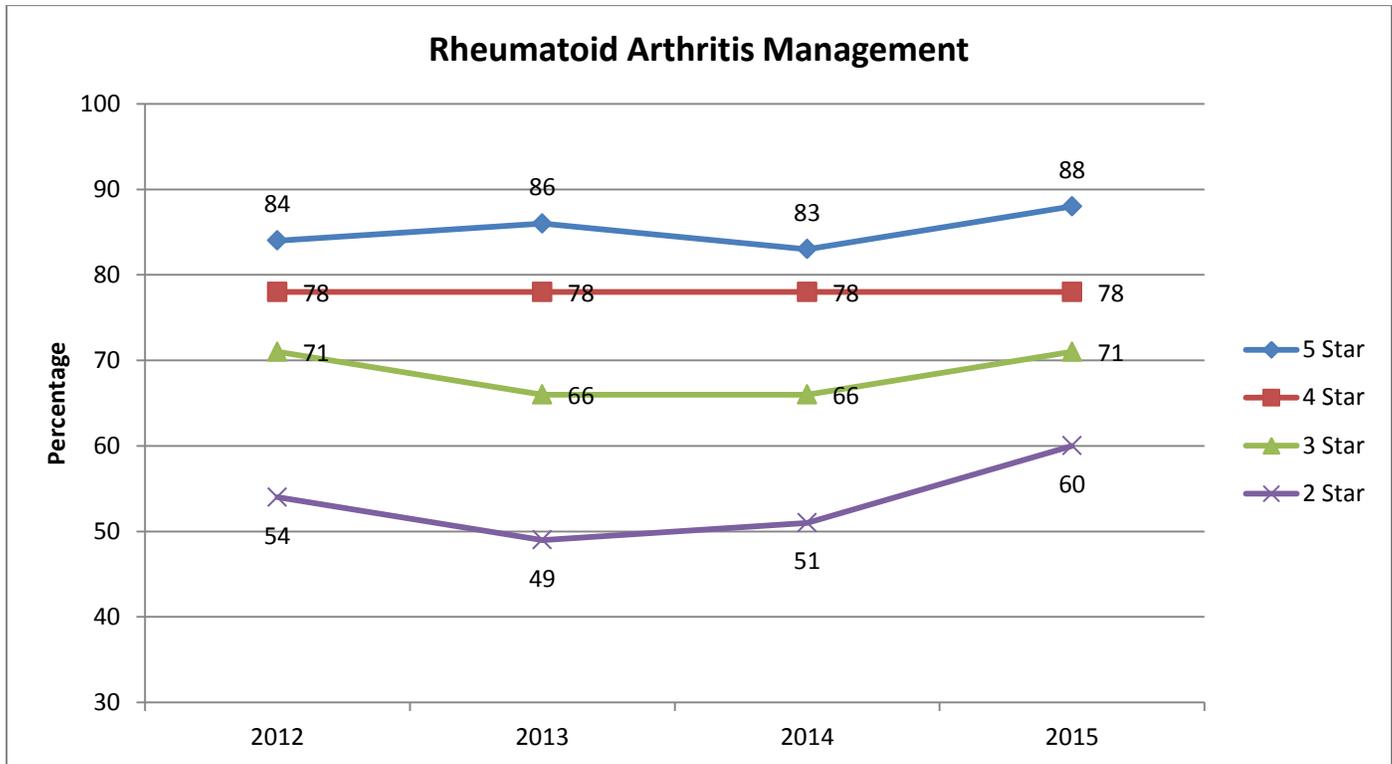
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 29%	≥ 29% to < 49%	≥ 49% to < 63%	≥ 63% to < 71%	≥ 63%	≥ 71%
2013	< 43%	≥ 43% to < 53%	≥ 53% to < 63%	≥ 63% to < 70%	≥ 63%	≥ 70%
2014	< 37%	≥ 37% to < 49%	≥ 49% to < 63%	≥ 63% to < 77%	≥ 63%	≥ 77%
2015	< 42%	≥ 42% to < 53%	≥ 53% to < 63%	≥ 63% to < 75%	≥ 63%	≥ 75%

Measure: C19 - Rheumatoid Arthritis Management



Description: Percent of plan members with Rheumatoid Arthritis who got one or more prescription(s) for an anti-rheumatic drug.

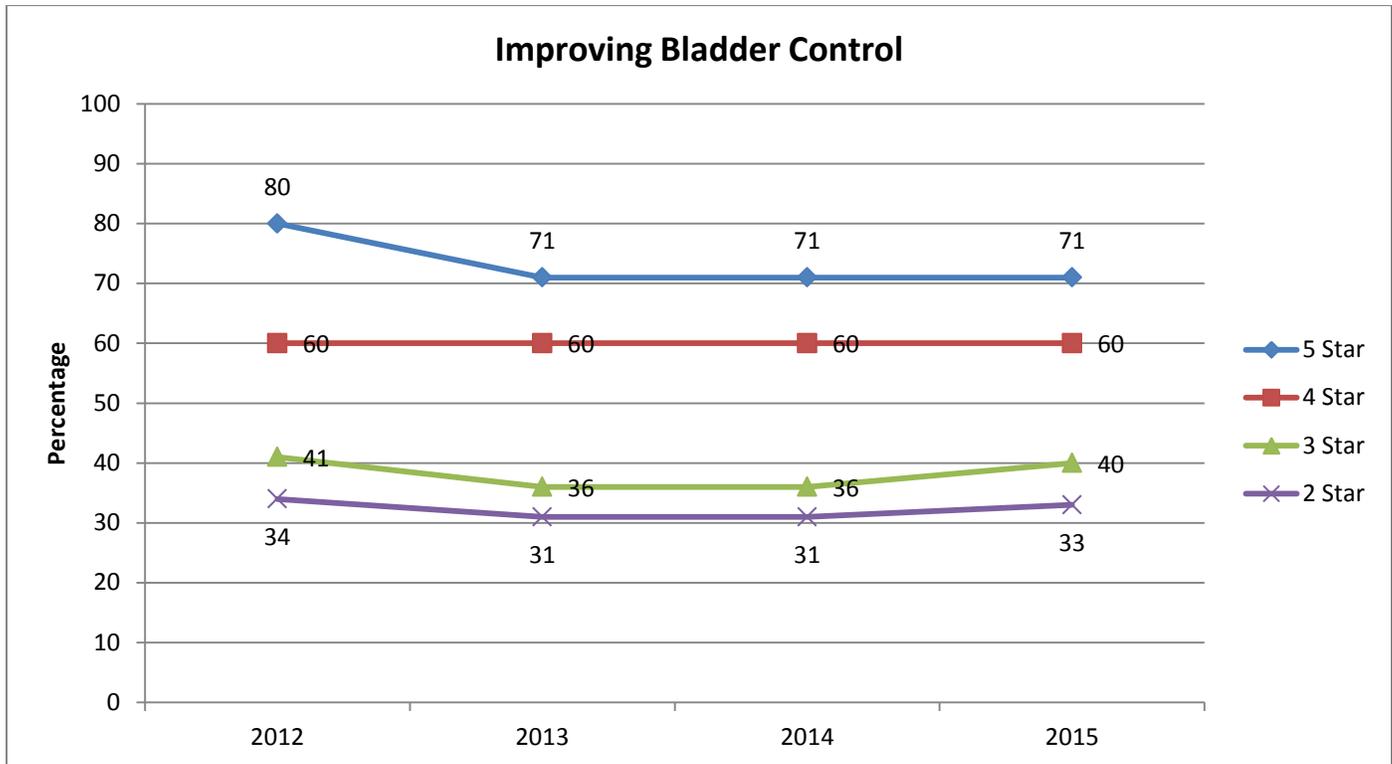
Data Source: HEDIS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 54%	≥ 54% to < 71%	≥ 71% to < 78%	≥ 78% to < 84%	≥ 78%	≥ 84%
2013	< 49%	≥ 49% to < 66%	≥ 66% to < 78%	≥ 78% to < 86%	≥ 78%	≥ 86%
2014	< 51%	≥ 51% to < 66%	≥ 66% to < 78%	≥ 78% to < 83%	≥ 78%	≥ 83%
2015	< 60%	≥ 60% to < 71%	≥ 71% to < 78%	≥ 78% to < 88%	≥ 78%	≥ 88%

Measure: C20 - Improving Bladder Control



Description: Percent of plan members with a urine leakage problem who discussed the problem with their doctor and got treatment for it within 6 months.

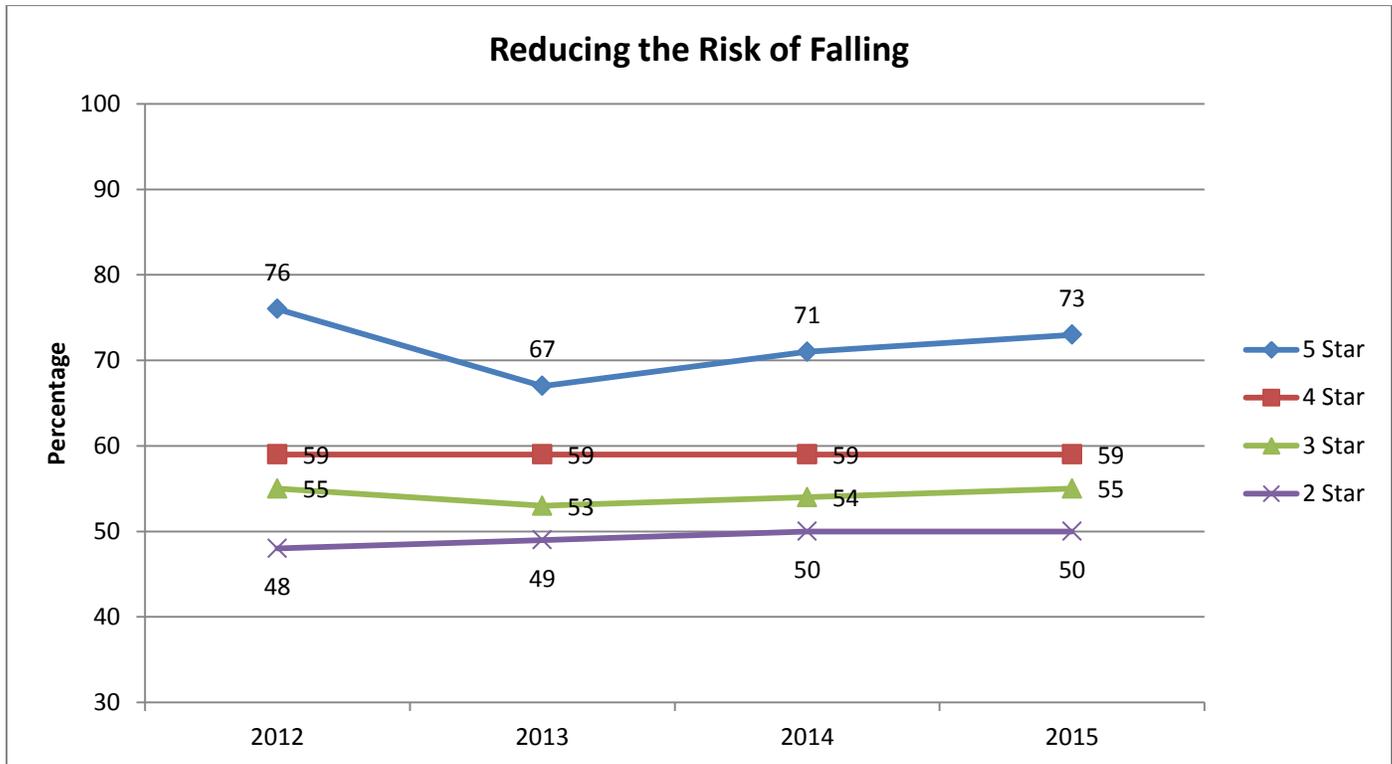
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 34%	≥ 34% to < 41%	≥ 41% to < 60%	≥ 60% to < 80%	≥ 60%	≥ 80%
2013	< 31%	≥ 31% to < 36%	≥ 36% to < 60%	≥ 60% to < 71%	≥ 60%	≥ 71%
2014	< 31%	≥ 31% to < 36%	≥ 36% to < 60%	≥ 60% to < 71%	≥ 60%	≥ 71%
2015	< 33%	≥ 33% to < 40%	≥ 40% to < 60%	≥ 60% to < 71%	≥ 60%	≥ 71%

Measure: C21 - Reducing the Risk of Falling



Description: Percent of plan members with a problem falling, walking or balancing who discussed it with their doctor and got treatment for it during the year.

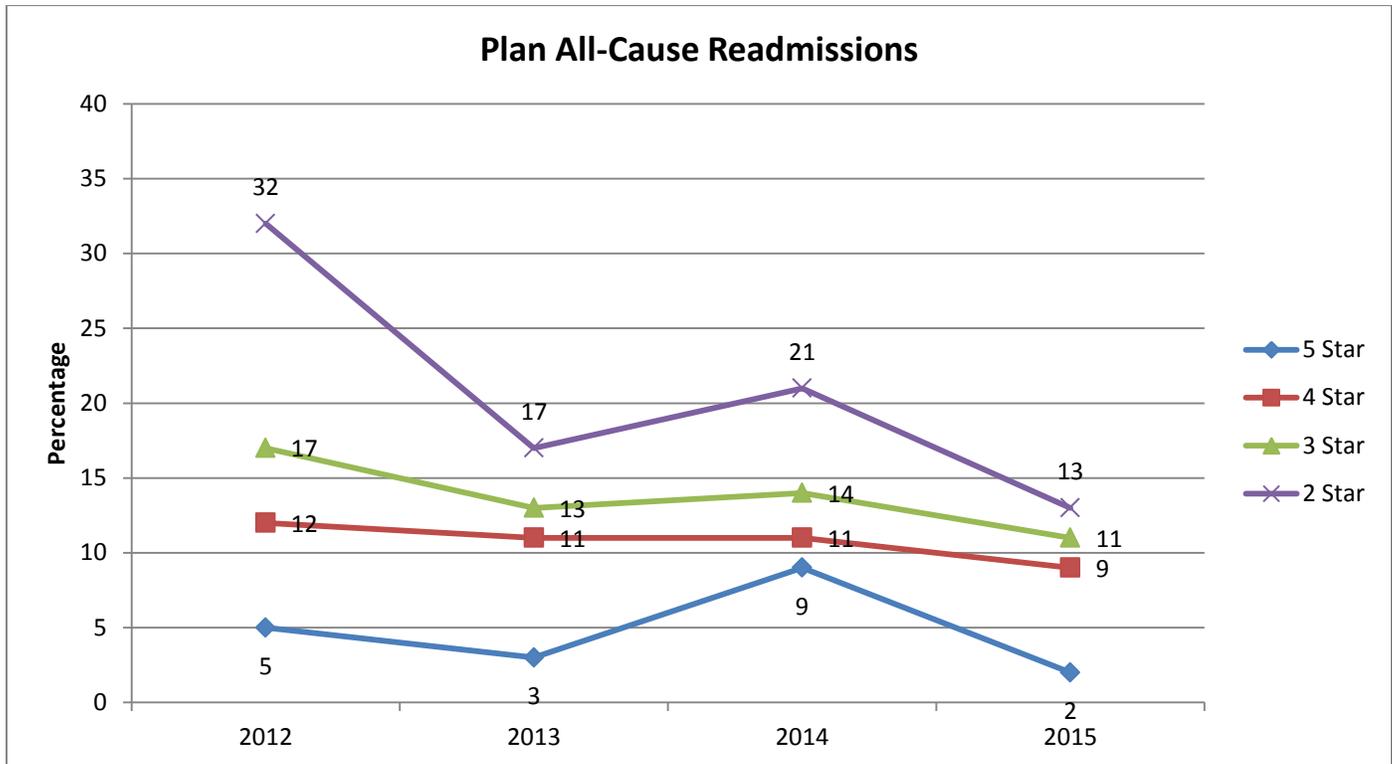
Data Source: HEDIS / HOS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 48%	≥ 48% to < 55%	≥ 55% to < 59%	≥ 59% to < 76%	≥ 59%	≥ 76%
2013	< 49%	≥ 49% to < 53%	≥ 53% to < 59%	≥ 59% to < 67%	≥ 59%	≥ 67%
2014	< 50%	≥ 50% to < 54%	≥ 54% to < 59%	≥ 59% to < 71%	≥ 59%	≥ 71%
2015	< 50%	≥ 50% to < 55%	≥ 55% to < 59%	≥ 59% to < 73%	≥ 59%	≥ 73%

Measure: C22 - Plan All-Cause Readmissions



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.)

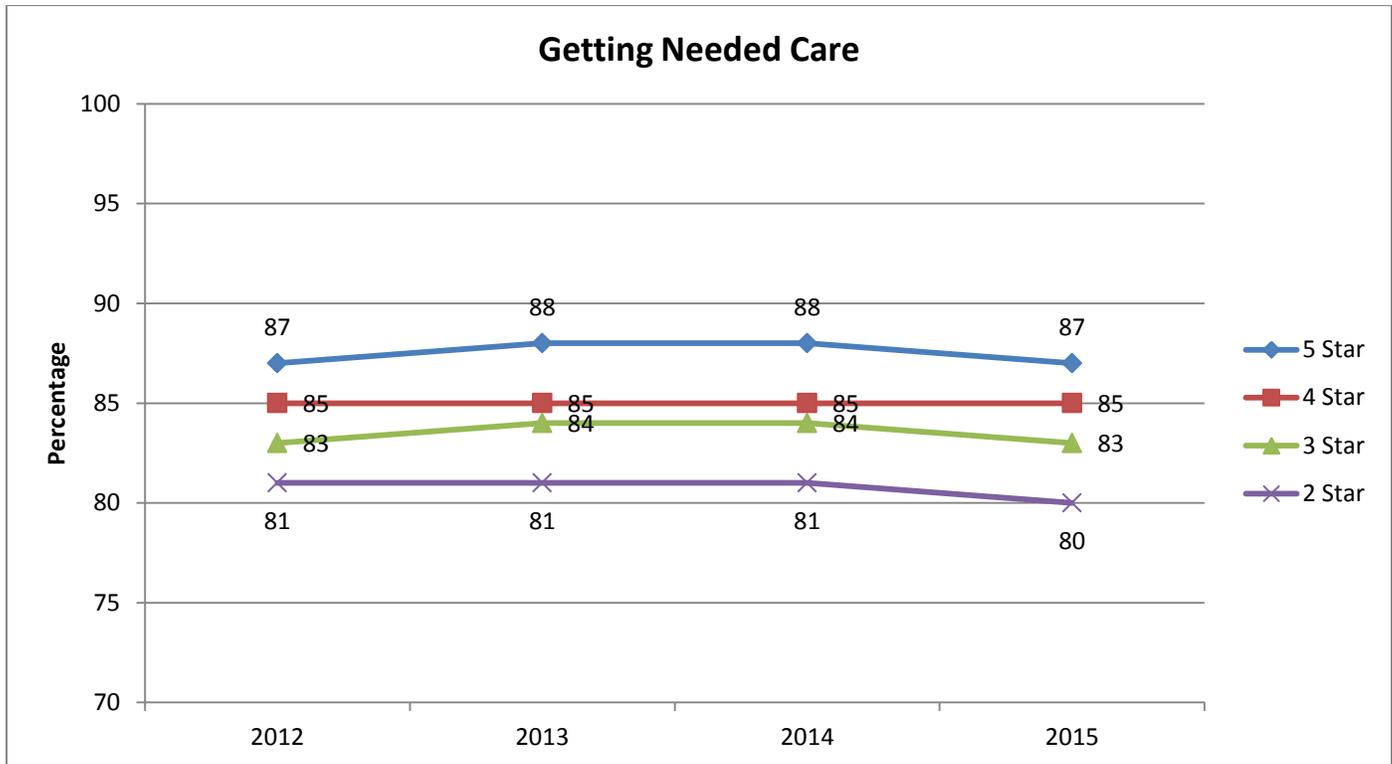
Data Source: HEDIS

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	> 32%	> 17% to ≤ 32%	> 12% to ≤ 17%	> 5% to ≤ 12%	Not predetermined	≤ 5%
2013	> 17%	> 13% to ≤ 17%	> 11% to ≤ 13%	> 3% to ≤ 11%	Not predetermined	≤ 3%
2014	> 21%	> 14% to ≤ 21%	> 11% to ≤ 14%	> 9% to ≤ 11%	Not predetermined	≤ 9%
2015	> 13%	> 11% to ≤ 13%	> 9% to ≤ 11%	> 2% to ≤ 9%	Not predetermined	≤ 2%

Measure: C23 - Getting Needed Care



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.

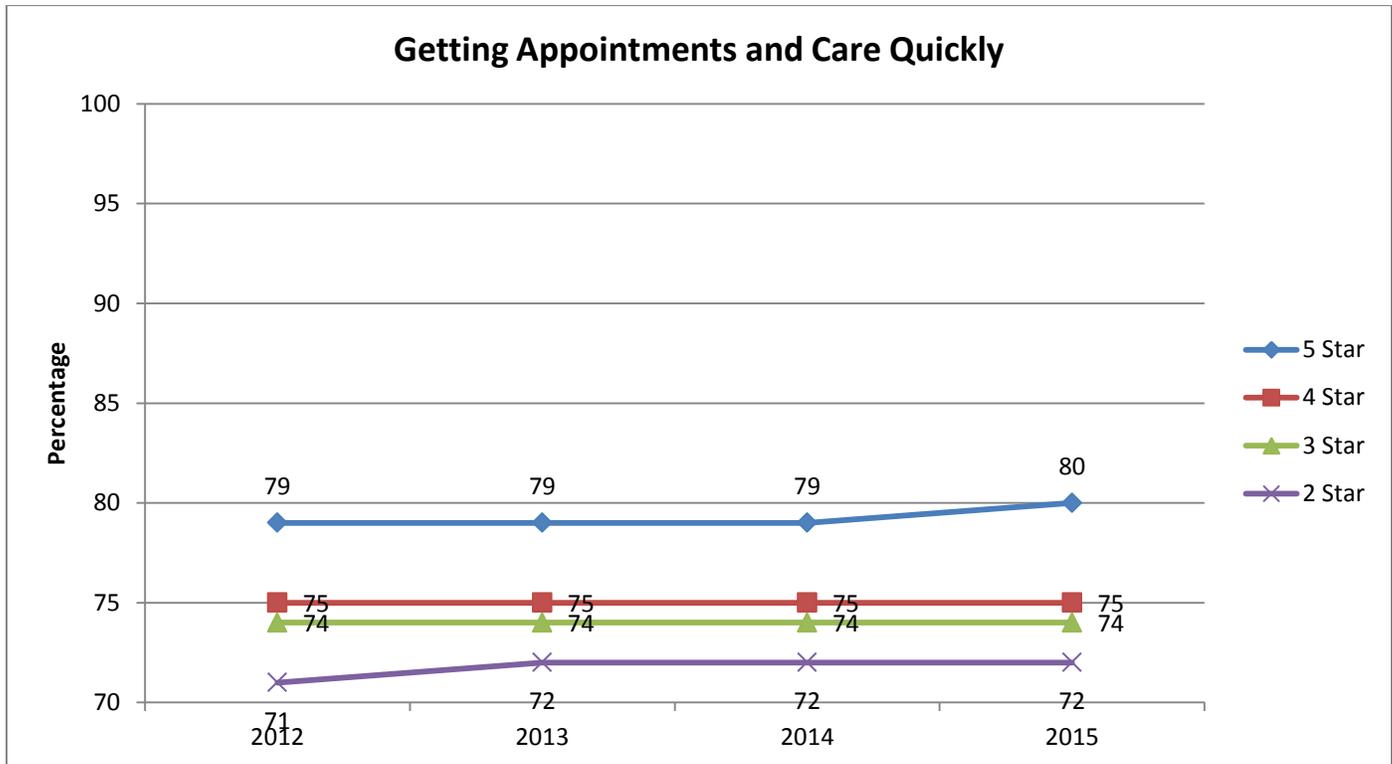
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 81%	≥ 81% to < 83%	≥ 83% to < 85%	≥ 85% to < 87%	≥ 85%	≥ 87%
2013	< 81%	≥ 81% to < 84%	≥ 84% to < 85%	≥ 85% to < 88%	≥ 85%	≥ 88%
2014	< 81%	≥ 81% to < 84%	≥ 84% to < 85%	≥ 85% to < 88%	≥ 85%	≥ 88%
2015	< 80%	≥ 80% to < 83%	≥ 83% to < 85%	≥ 85% to < 87%	≥ 85%	≥ 87%

Measure: C24 - Getting Appointments and Care Quickly



Description: Percent of the best possible score the plan earned on how quickly members get appointments and care.

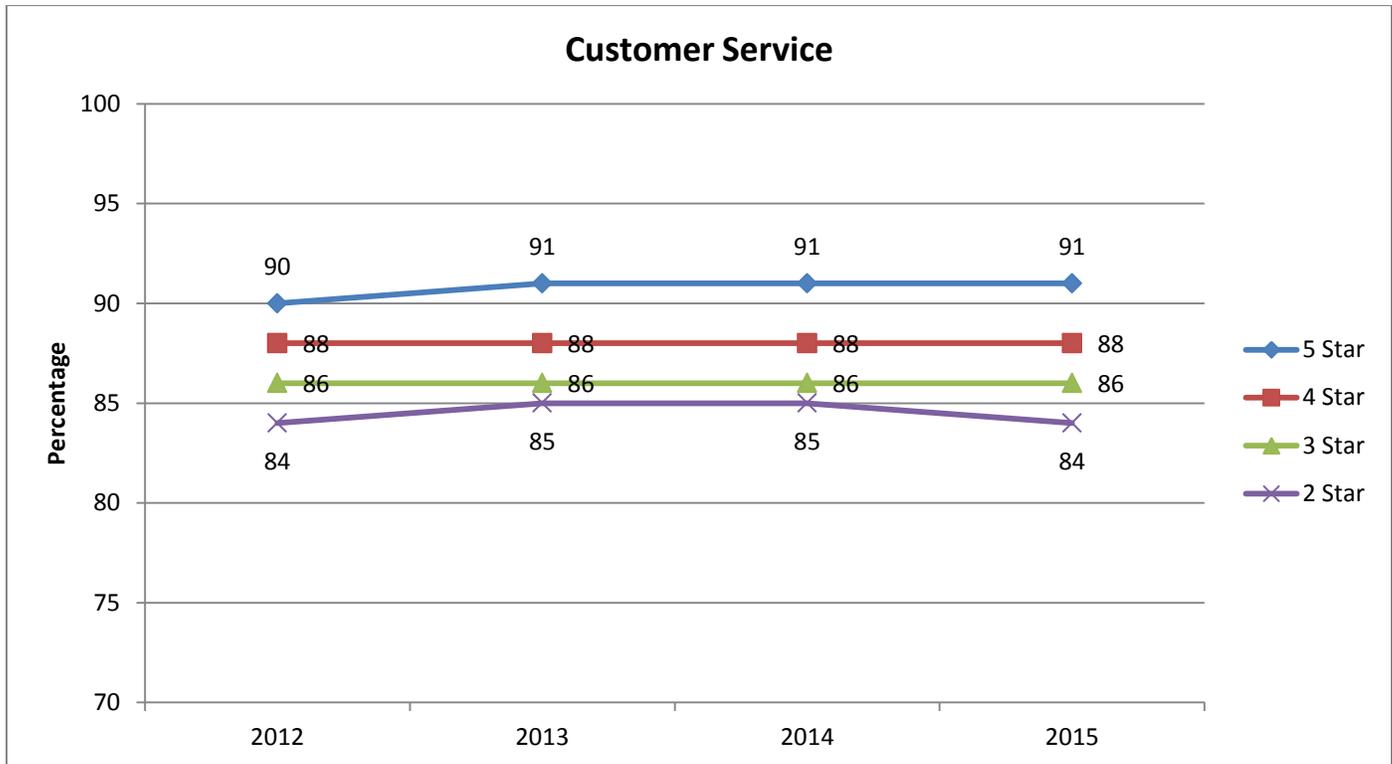
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 71%	≥ 71% to < 74%	≥ 74% to < 75%	≥ 75% to < 79%	≥ 75%	≥ 79%
2013	< 72%	≥ 72% to < 74%	≥ 74% to < 75%	≥ 75% to < 79%	≥ 75%	≥ 79%
2014	< 72%	≥ 72% to < 74%	≥ 74% to < 75%	≥ 75% to < 79%	≥ 75%	≥ 79%
2015	< 72%	≥ 72% to < 74%	≥ 74% to < 75%	≥ 75% to < 80%	≥ 75%	≥ 80%

Measure: C25 - Customer Service



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.

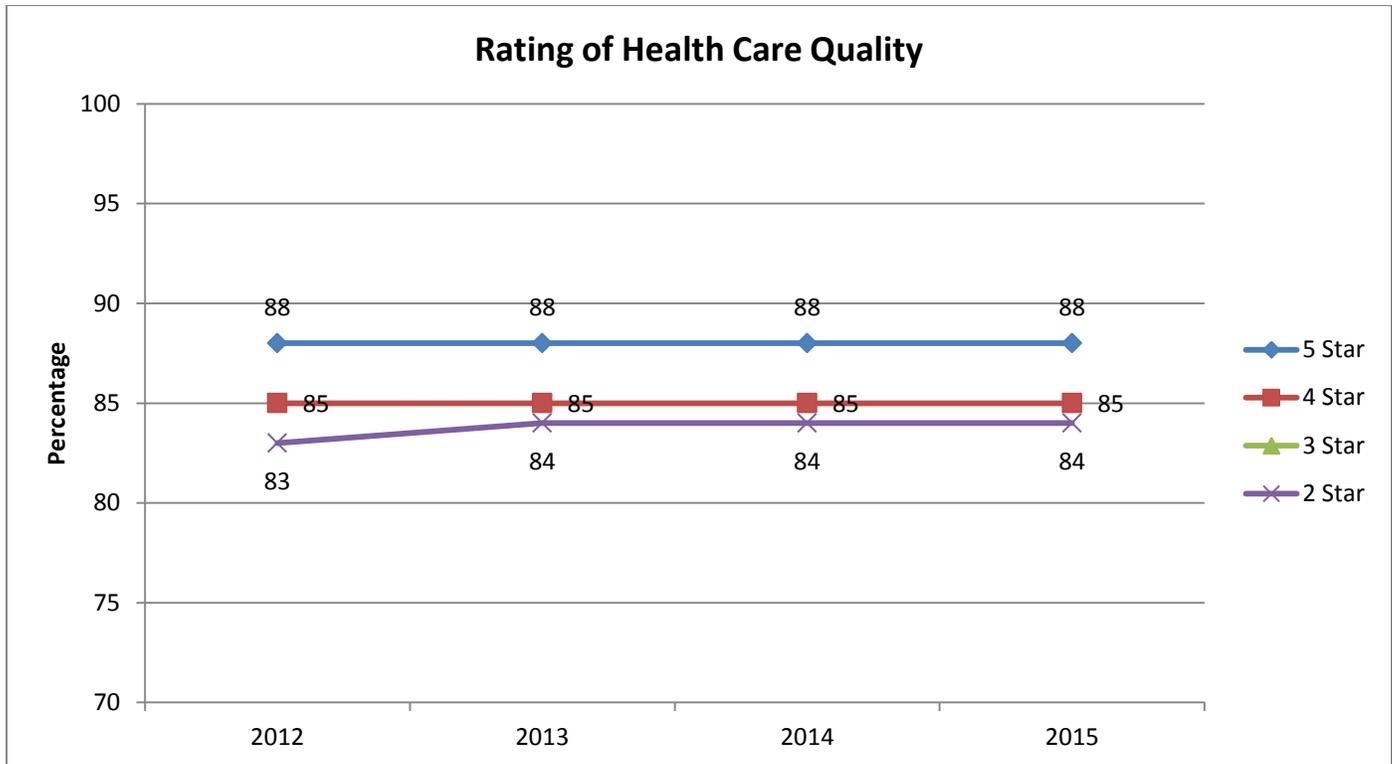
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 84%	≥ 84% to < 86%	≥ 86% to < 88%	≥ 88% to < 90%	≥ 88%	≥ 90%
2013	< 85%	≥ 85% to ≤ 86%	> 86% to < 88%	≥ 88% to < 91%	≥ 88%	≥ 91%
2014	< 85%	≥ 85% to < 86%	≥ 86% to < 88%	≥ 88% to < 91%	≥ 88%	≥ 91%
2015	< 84%	≥ 84% to < 86%	≥ 86% to < 88%	≥ 88% to < 91%	≥ 88%	≥ 91%

Measure: C26 - Rating of Health Care Quality



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

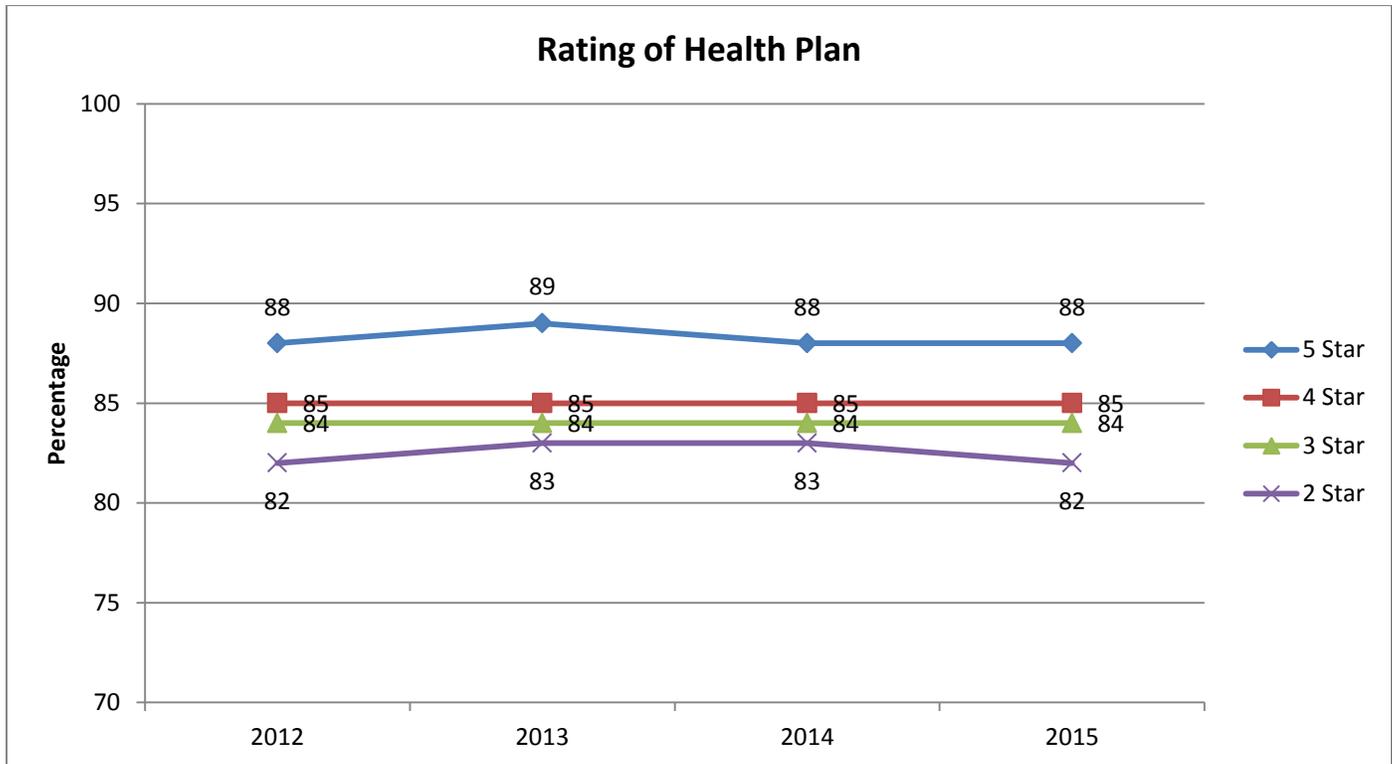
General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 83%	≥ 83% to ≤ 84%	*	≥ 85% to < 88%	≥ 85%	≥ 88%
2013	< 84%	≥ 84% to < 85%	*	≥ 85% to < 88%	≥ 85%	≥ 88%
2014	< 84%	≥ 84% to < 85%	*	≥ 85% to < 88%	≥ 85%	≥ 88%
2015	< 84%	≥ 84% to < 85%	*	≥ 85% to < 88%	≥ 85%	≥ 88%

* Due to rounding and the placement of the predetermined 4-star cutoff, no contracts were assigned 3 base stars; all contracts meeting the cutoff for 3 base stars also met the cutoff for 4 base stars. However after application of the further criteria of significance and reliability, some plans with fewer than 3 base stars may have been assigned 3 final stars.

Measure: C27 - Rating of Health Plan



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

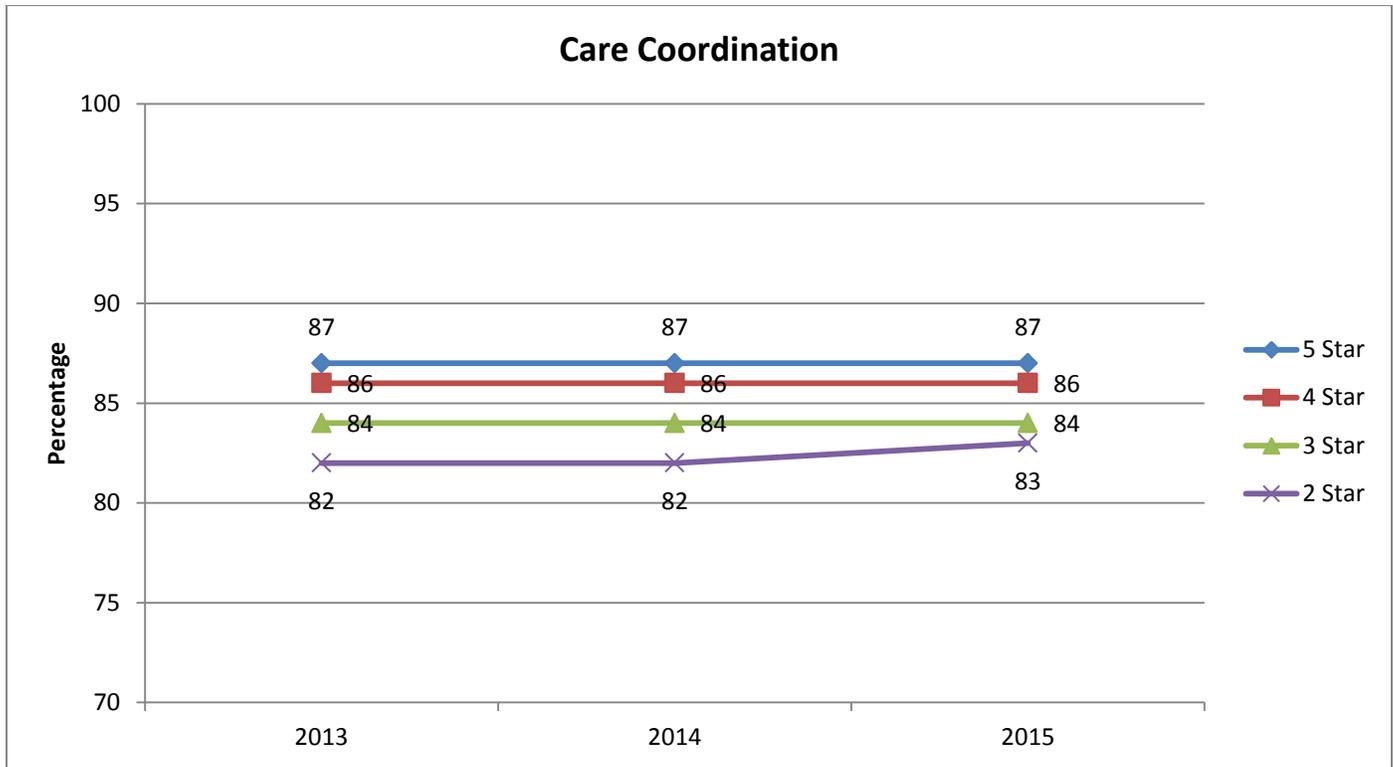
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 82%	≥ 82% to < 84%	≥ 84% to < 85%	≥ 85% to < 88%	≥ 85%	≥ 88%
2013	< 83%	≥ 83% to < 84%	≥ 84% to < 85%	≥ 85% to < 89%	≥ 85%	≥ 89%
2014	< 83%	≥ 83% to < 84%	≥ 84% to < 85%	≥ 85% to < 88%	≥ 85%	≥ 88%
2015	< 82%	≥ 82% to < 84%	≥ 84% to < 85%	≥ 85% to < 88%	≥ 85%	≥ 88%

Measure: C28 - Care Coordination



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 need about members' care and how quickly members got their test results.)

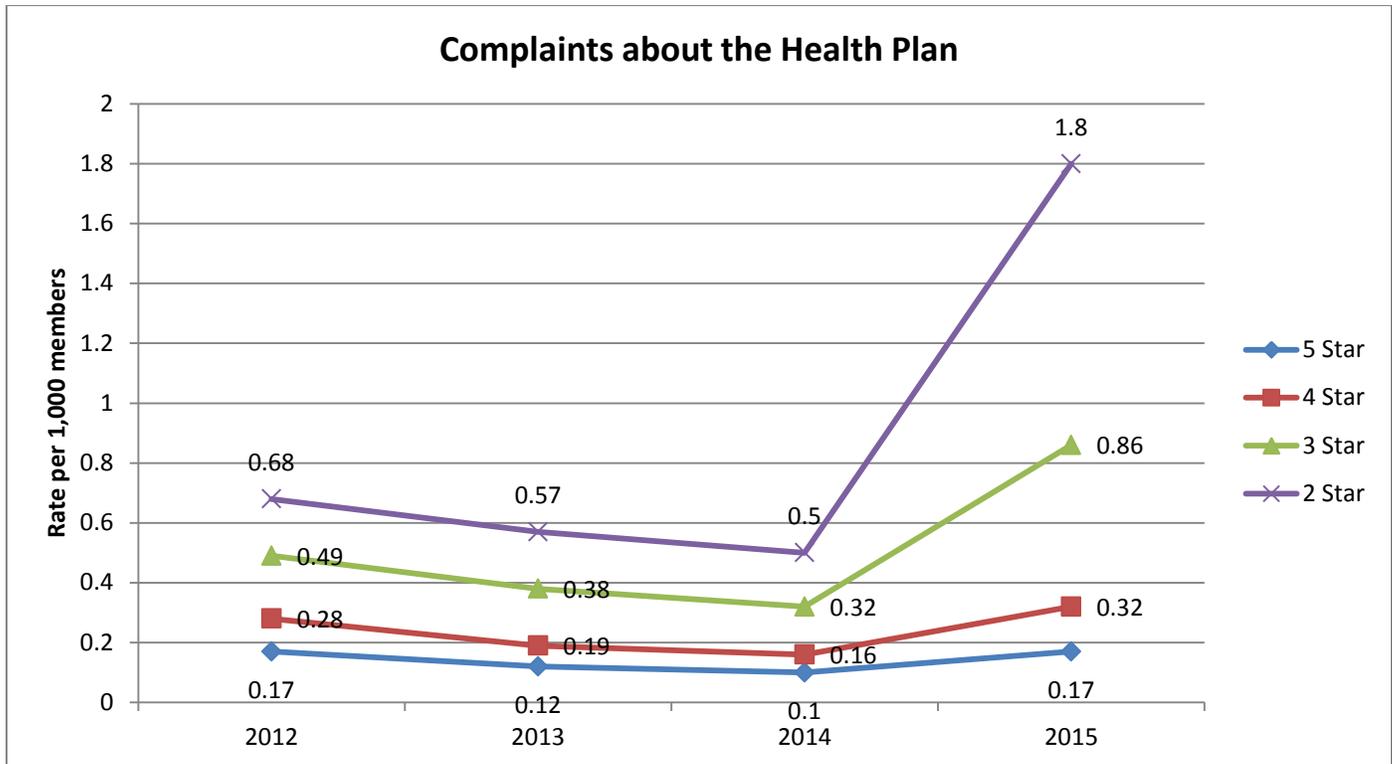
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2013	< 82%	≥ 82% to < 84%	≥ 84% to < 86%	≥ 86% to < 87%	Not Predetermined	≥ 87%
2014	< 82%	≥ 82% to < 84%	≥ 84% to < 86%	≥ 86% to < 87%	Not predetermined	≥ 87%
2015	< 83%	≥ 83% to < 84%	≥ 84% to < 86%	≥ 86% to < 87%	Not predetermined	≥ 87%

Measure: C29 - Complaints about the Health Plan



Description: How many complaints Medicare received about the health plan.

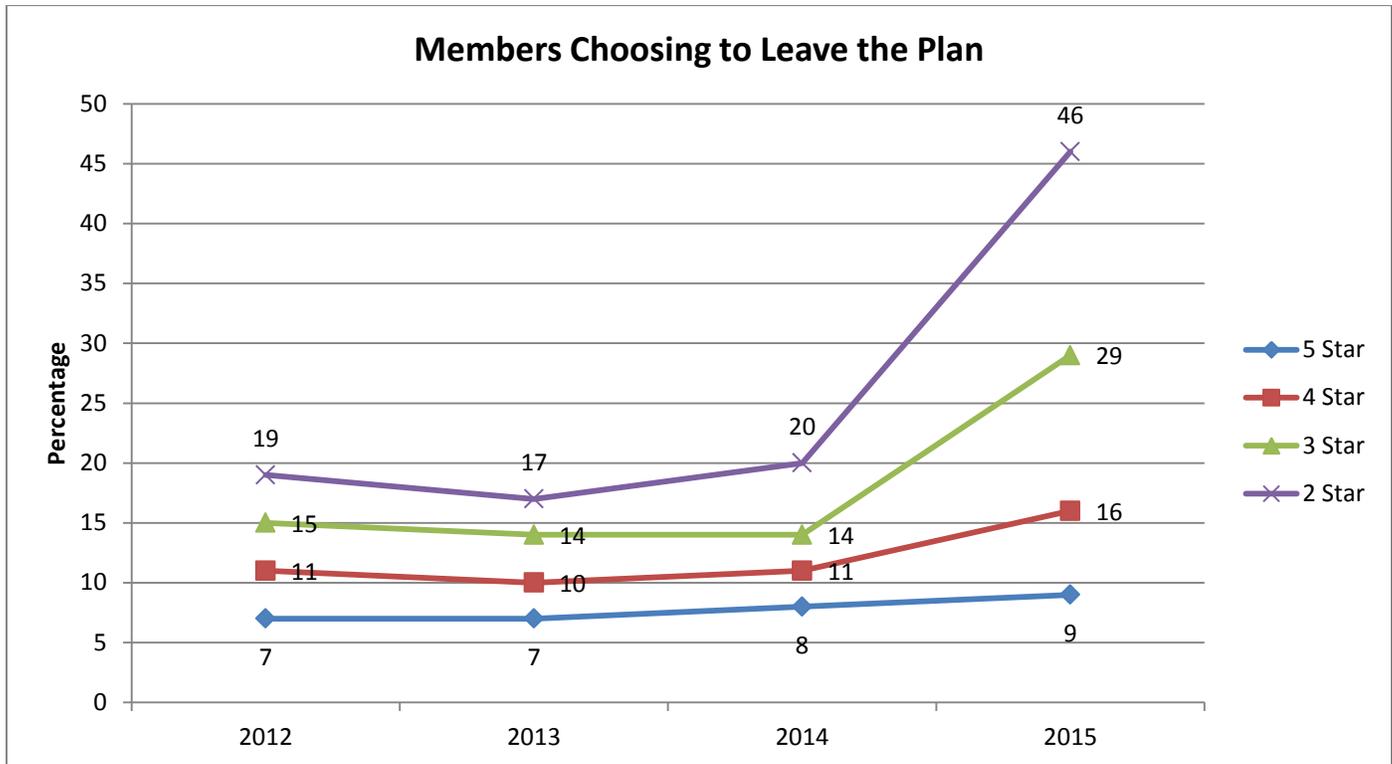
Data Source: CTM

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	> 0.68	> 0.49 to ≤ 0.68	> 0.28 to ≤ 0.49	> 0.17 to ≤ 0.28	Not predetermined	≤ 0.17
2013	> 0.57	> 0.38 to ≤ 0.57	> 0.19 to ≤ 0.38	> 0.12 to ≤ 0.19	Not predetermined	≤ 0.12
2014	> 0.50	> 0.32 to ≤ 0.50	> 0.16 to ≤ 0.32	> 0.10 to ≤ 0.16	Not predetermined	≤ 0.10
2015	> 1.80	> 0.86 to ≤ 1.80	> 0.32 to ≤ 0.86	> 0.17 to ≤ 0.32	Not predetermined	≤ 0.17

Measure: C30 - Members Choosing to Leave the Plan



Description: The percent of plan members who chose to leave the plan in 2013. (This does not include members who did not **choose** to leave the plan, such as members who moved out of the service area.)

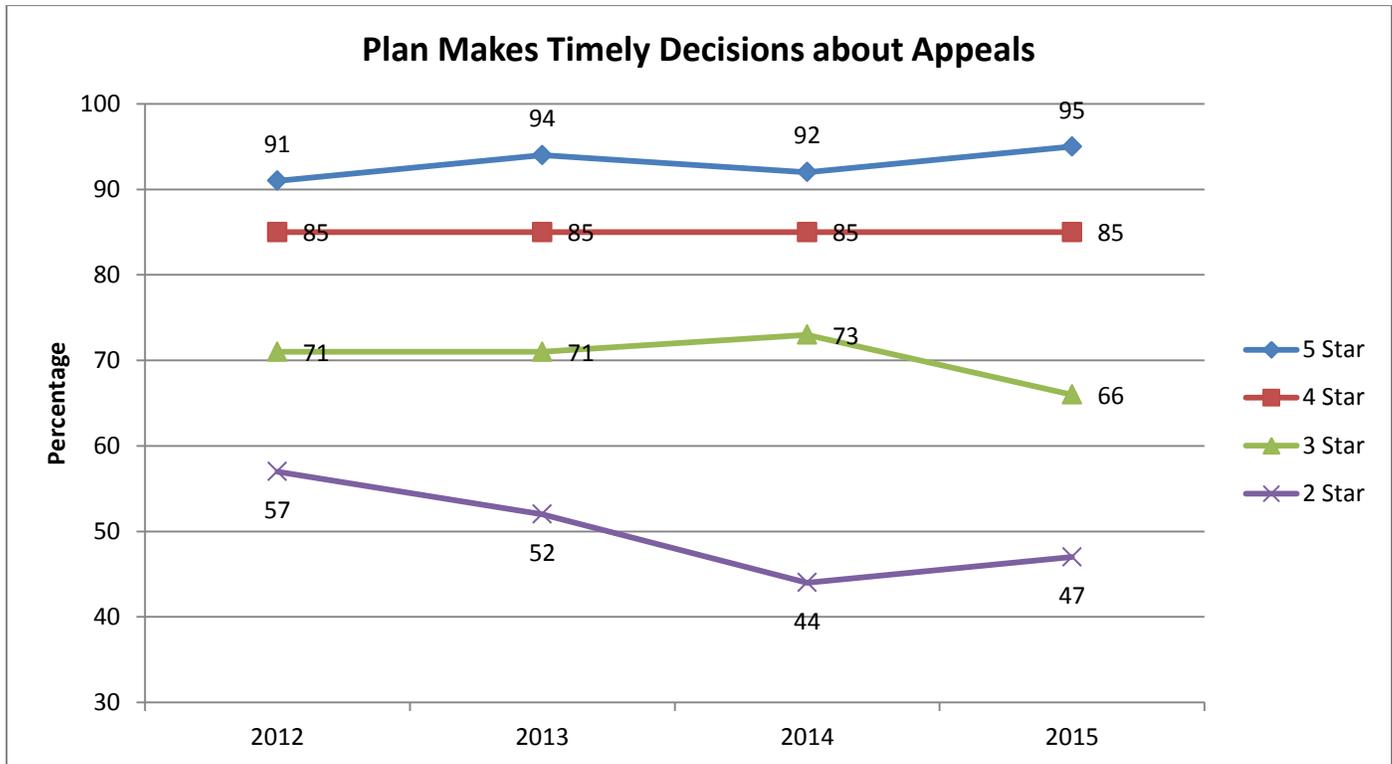
Data Source: Medicare Beneficiary Database Suite of Systems

General Trend: Lower is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	> 19%	> 15% to ≤ 19%	> 11% to ≤ 15%	> 7% to ≤ 11%	Not predetermined	≤ 7%
2013	> 17%	> 14% to ≤ 17%	> 10% to ≤ 14%	> 7% to ≤ 10%	Not predetermined	≤ 7%
2014	> 20%	> 14% to ≤ 20%	> 11% to ≤ 14%	> 8% to ≤ 11%	Not predetermined	≤ 8%
2015	> 46%	> 29% to ≤ 46%	> 16% to ≤ 29%	> 9% to ≤ 16%	Not predetermined	≤ 9%

Measure: C32 - Plan Makes Timely Decisions about Appeals



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.

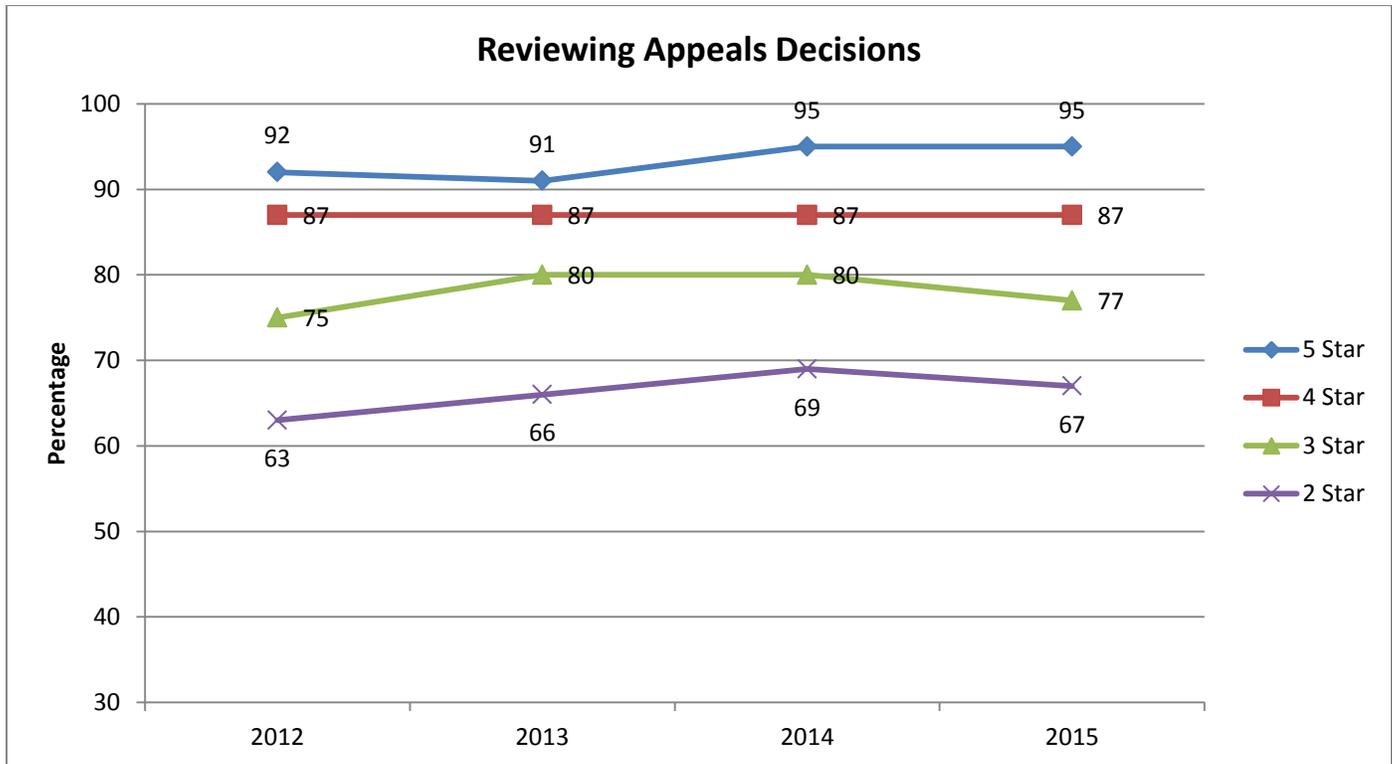
Data Source: IRE

General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 57%	≥ 57% to < 71%	≥ 71% to < 85%	≥ 85% to < 91%	≥ 85%	≥ 91%
2013	< 52%	≥ 52% to < 71%	≥ 71% to < 85%	≥ 85% to < 94%	≥ 85%	≥ 94%
2014	< 44%	≥ 44% to < 73%	≥ 73% to < 85%	≥ 85% to < 92%	≥ 85%	≥ 92%
2015	< 47%	≥ 47% to < 66%	≥ 66% to < 85%	≥ 85% to < 95%	≥ 85%	≥ 95%

Measure: C33 - Reviewing Appeals Decisions



Description: This measure/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 do deny an appeal.)

Data Source: IRE

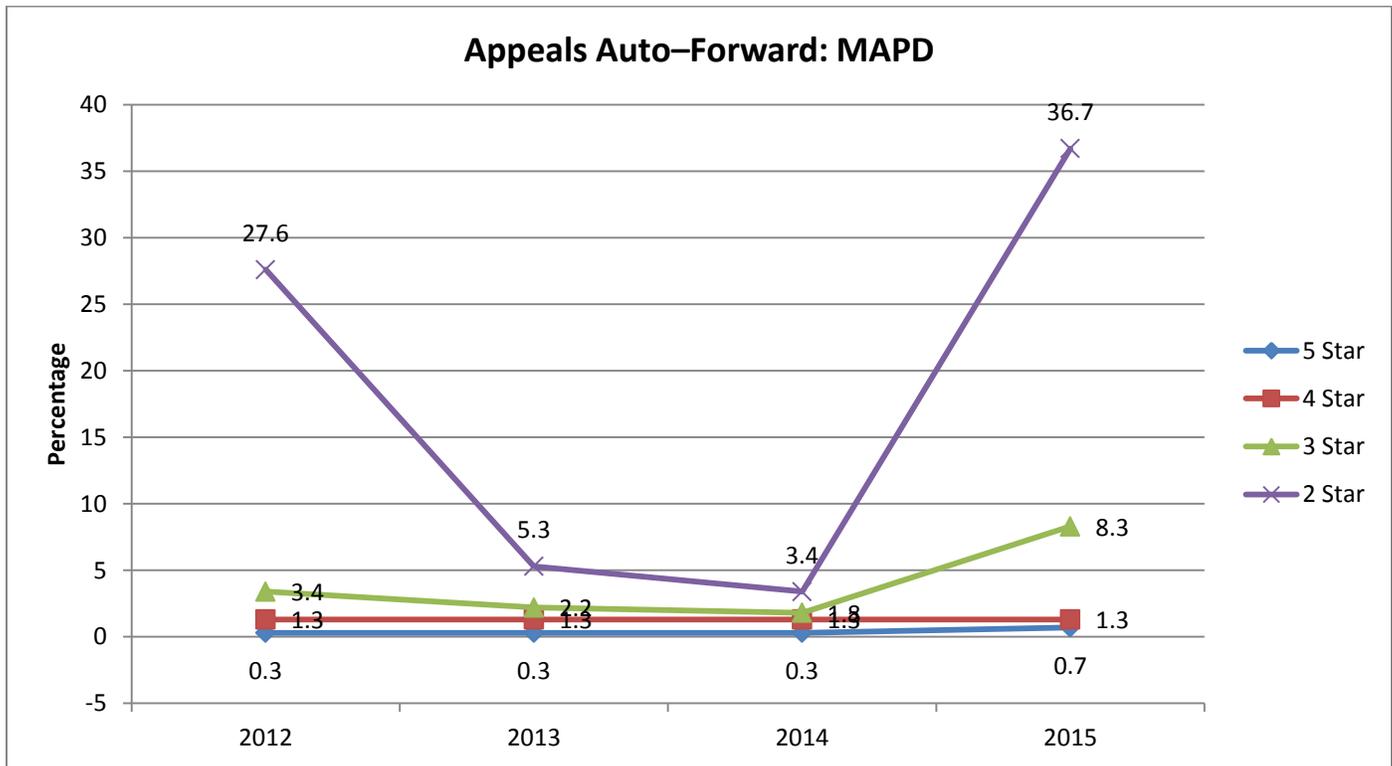
General Trend: Higher is better

Cut Points:

Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
2012	< 63%	≥ 63% to < 75%	≥ 75% to < 87%	≥ 87% to < 92%	≥ 87%	≥ 92%
2013	< 66%	≥ 66% to < 80%	≥ 80% to < 87%	≥ 87% to < 91%	≥ 87%	≥ 91%
2014	< 69%	≥ 69% to < 80%	≥ 80% to < 87%	≥ 87% to < 95%	≥ 87%	≥ 95%
2015	< 67%	≥ 67% to < 77%	≥ 77% to < 87%	≥ 87% to < 95%	≥ 87%	≥ 95%

Part D Measures

Measure: D01 - Appeals Auto-Forward



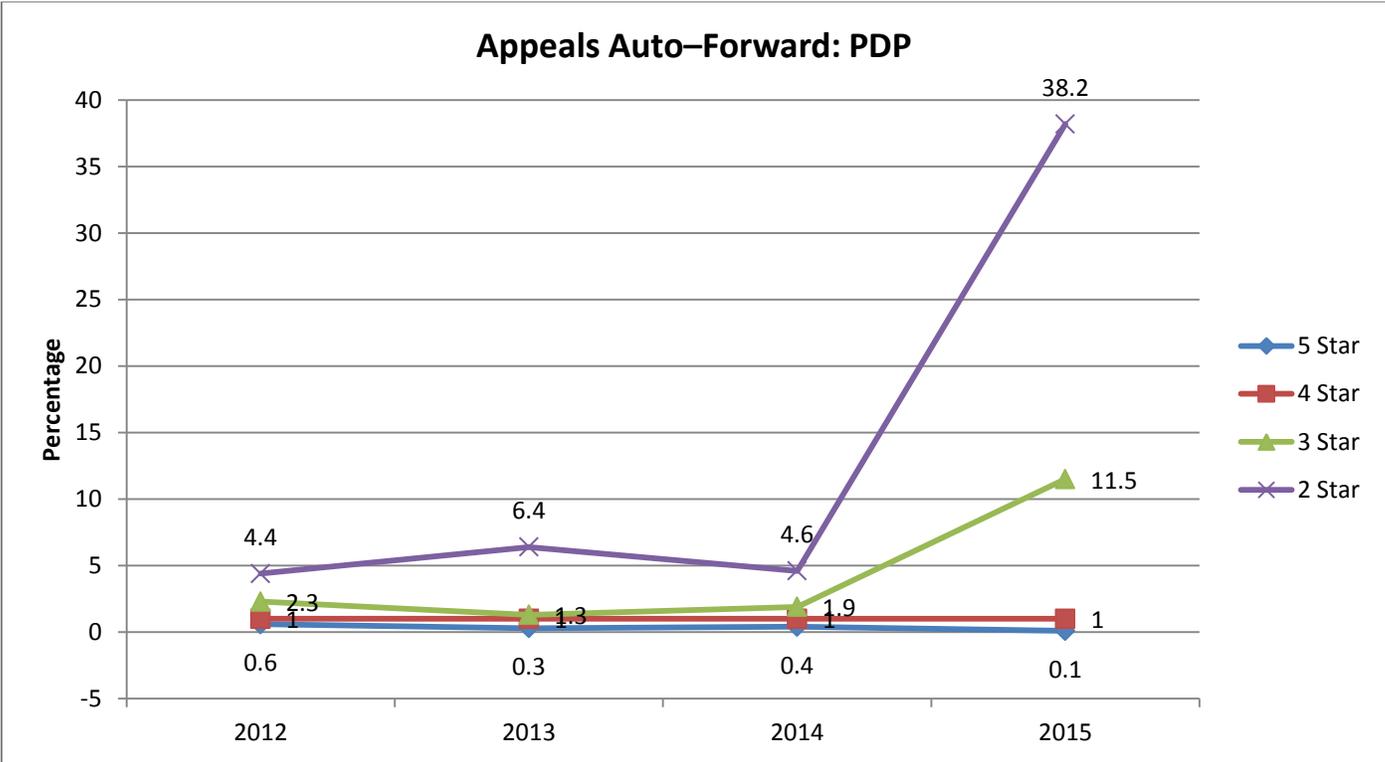
Description: Percent of plan members who got a timely response when they made an appeal request to the drug plan about a decision to refuse payment or coverage.

Data Source: IRE

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
MAPD	2012	> 27.6	> 3.4 to ≤ 27.6	> 1.3 to ≤ 3.4	> 0.3 to ≤ 1.3	≤ 1.3	≤ 0.3
MAPD	2013	> 5.3	> 2.2 to ≤ 5.3	> 1.3 to ≤ 2.2	> 0.3 to ≤ 1.3	≤ 1.3	≤ 0.3
MAPD	2014	> 3.4	> 1.8 to ≤ 3.4	> 1.3 to ≤ 1.8	> 0.3 to ≤ 1.3	≤ 1.3	≤ 0.3
MAPD	2015	> 36.7	> 8.3 to ≤ 36.7	> 1.3 to ≤ 8.3	> 0.7 to ≤ 1.3	≤ 1.3	≤ 0.7



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

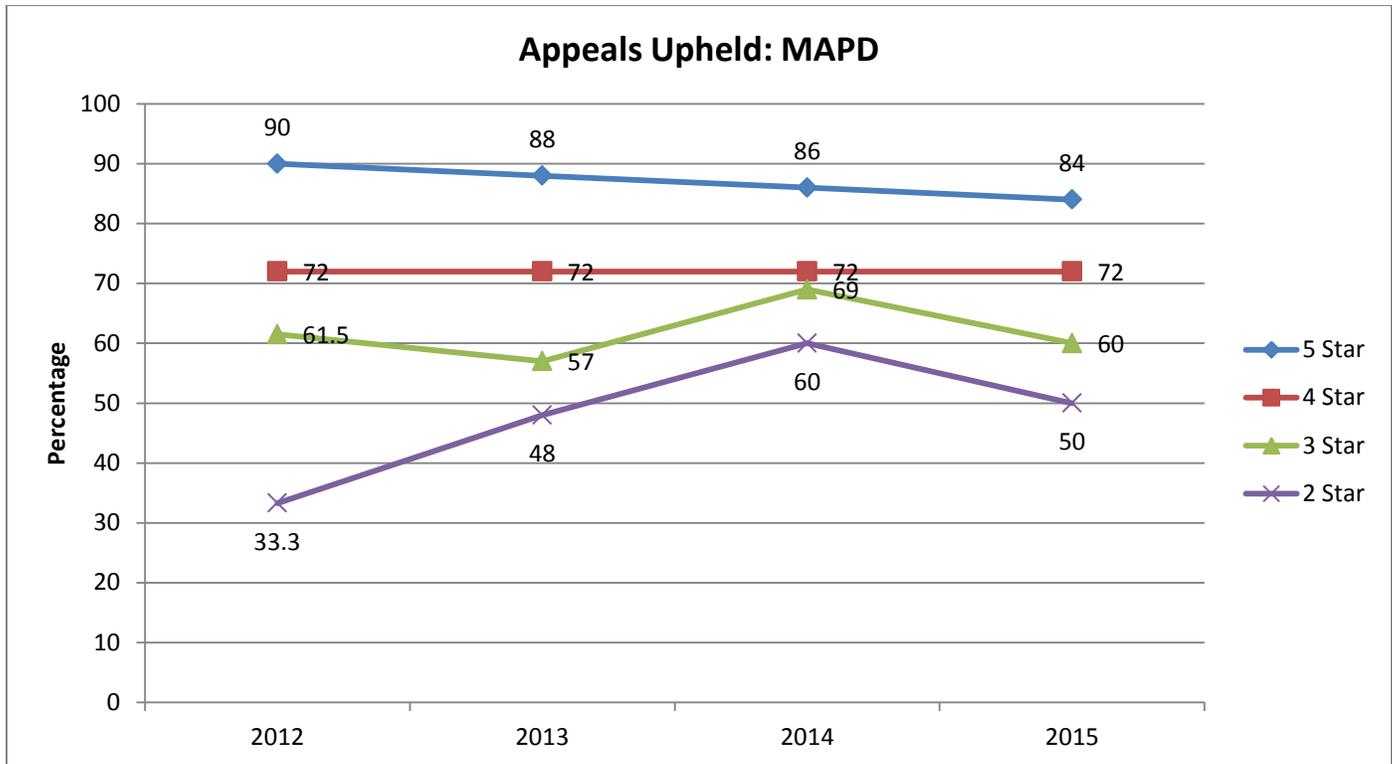
Data Source: IRE

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
PDP	2012	> 4.4	> 2.3 to ≤ 4.4	> 1.0 to ≤ 2.3	> 0.6 to ≤ 1.0	≤ 1.0	≤ 0.6
PDP	2013	> 6.4	> 1.3 to ≤ 6.4	> 1.0 to ≤ 1.3	> 0.3 to ≤ 1.0	≤ 1.0	≤ 0.3
PDP	2014	> 4.6	> 1.9 to ≤ 4.6	> 1.0 to ≤ 1.9	> 0.4 to ≤ 1.0	≤ 1.0	≤ 0.4
PDP	2015	> 38.2	> 11.5 to ≤ 38.2	> 1.0 to ≤ 11.5	> 0.1 to ≤ 1.0	≤ 1.0	≤ 0.1

Measure: D02 - Appeals Upheld



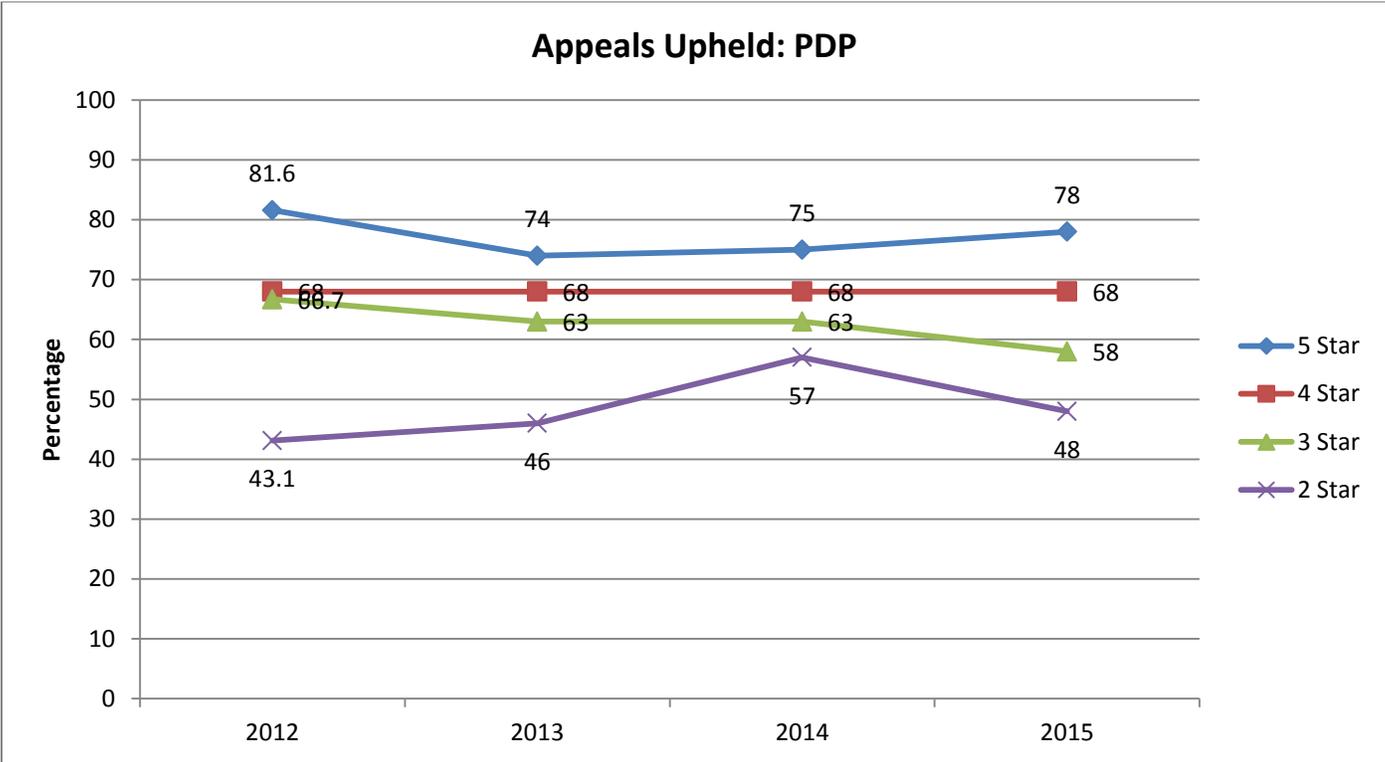
Description: This measure/rating shows how often an Independent Reviewer thought the drug plan’s decision to deny an appeal was fair. This includes appeals made by plan members and out-of-network providers. (This rating is not based on how often the plan denies appeals, but rather *how fair* the plan is when they do deny an appeal.)

Data Source: IRE

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
MAPD	2012	< 33.3%	≥ 33.3% to < 61.5%	≥ 61.5% to < 72.0%	≥ 72.0% to < 90.0%	≥ 72%	≥ 90.0%
MAPD	2013	< 48%	≥ 48% to < 57%	≥ 57% to < 72%	≥ 72% to < 88%	≥ 72%	≥ 88%
MAPD	2014	< 60%	≥ 60% to < 69%	≥ 69% to < 72%	≥ 72% to < 86%	≥ 72%	≥ 86%
MAPD	2015	< 50%	≥ 50% to < 60%	≥ 60% to < 72%	≥ 72% to < 84%	≥ 72%	≥ 84%



Description: This measure/rating shows 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 do deny an appeal.)

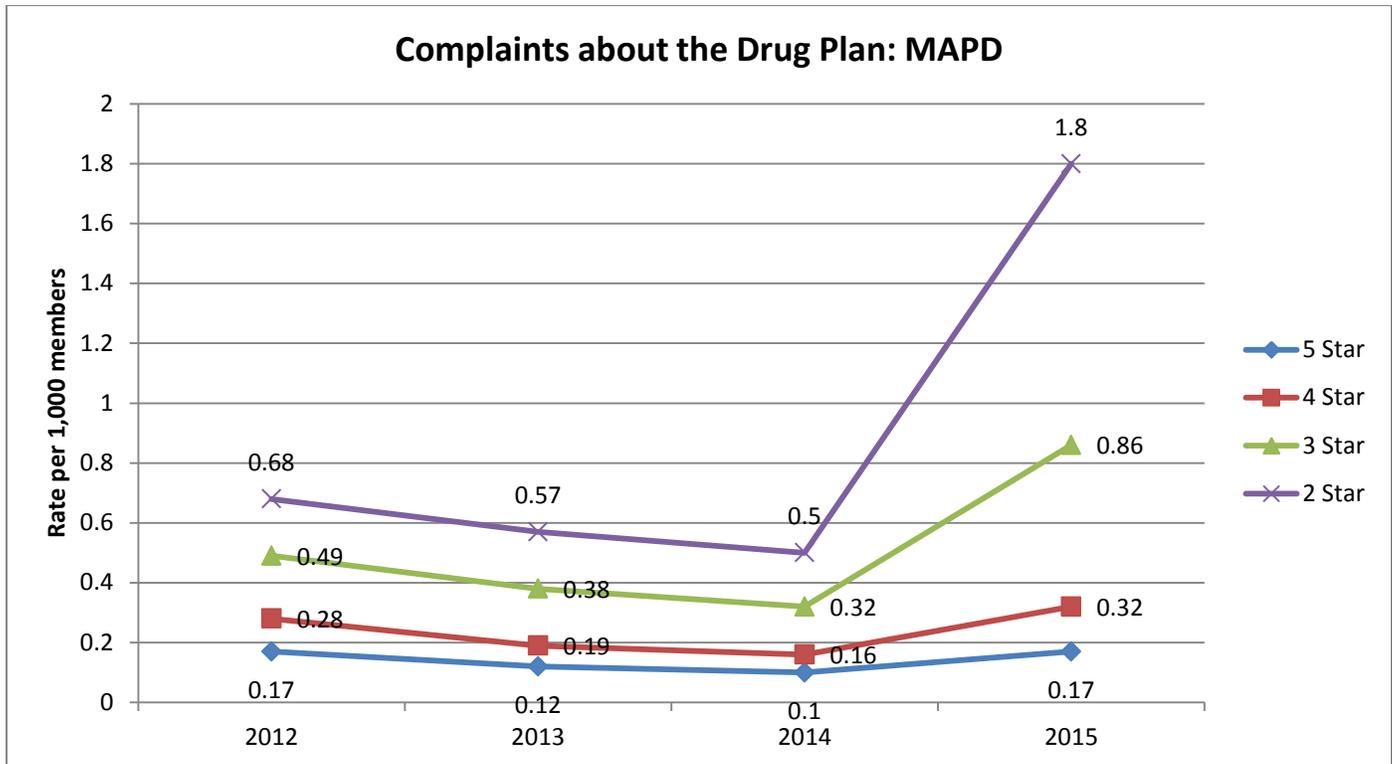
Data Source: IRE

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
PDP	2012	< 43.1%	≥ 43.1% to < 66.7%	≥ 66.7% to < 68.0%	≥ 68.0% to < 81.6%	≥ 68%	≥ 81.6%
PDP	2013	< 46%	≥ 46% to < 63%	≥ 63% to < 68%	≥ 68% to < 74%	≥ 68%	≥ 74%
PDP	2014	< 57%	≥ 57% to < 63%	≥ 63% to < 68%	≥ 68% to < 75%	≥ 68%	≥ 75%
PDP	2015	< 48%	≥ 48% to < 58%	≥ 58% to < 68%	≥ 68% to < 78%	≥ 68%	≥ 78%

Measure: D03 - Complaints about the Drug Plan



Description: How many complaints Medicare received about the drug plan.

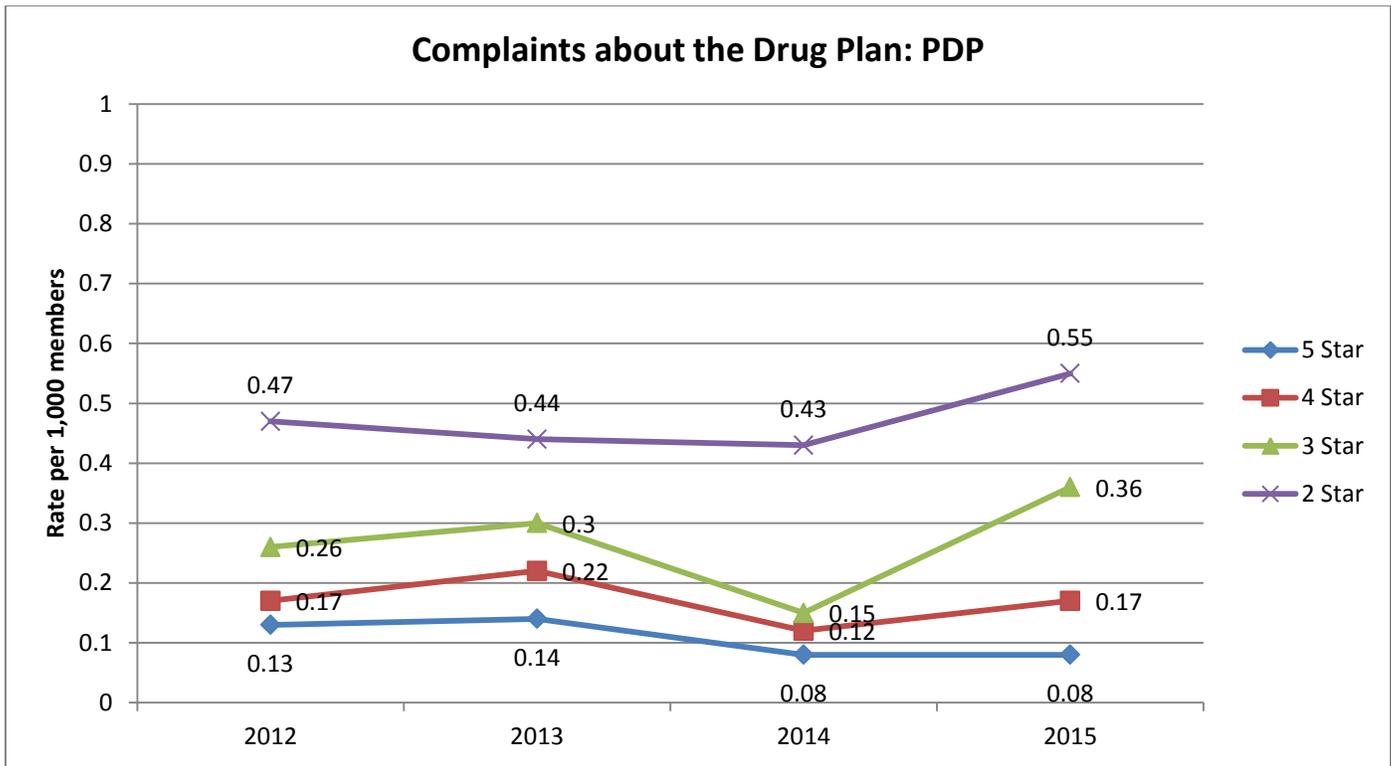
Data Source: CTM

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
MAPD	2012	> 0.68	> 0.49 to ≤ 0.68	> 0.28 to ≤ 0.49	> 0.17 to ≤ 0.28	Not predetermined	≤ 0.17
MAPD	2013	> 0.57	> 0.38 to ≤ 0.57	> 0.19 to ≤ 0.38	> 0.12 to ≤ 0.19	Not predetermined	≤ 0.12
MAPD	2014	> 0.50	> 0.32 to ≤ 0.50	> 0.16 to ≤ 0.32	> 0.10 to ≤ 0.16	Not predetermined	≤ 0.10
MAPD	2015	> 1.80	> 0.86 to ≤ 1.80	> 0.32 to ≤ 0.86	> 0.17 to ≤ 0.32	Not predetermined	≤ 0.17

Complaints about the Drug Plan: PDP



Description: How many complaints Medicare received about the drug plan.

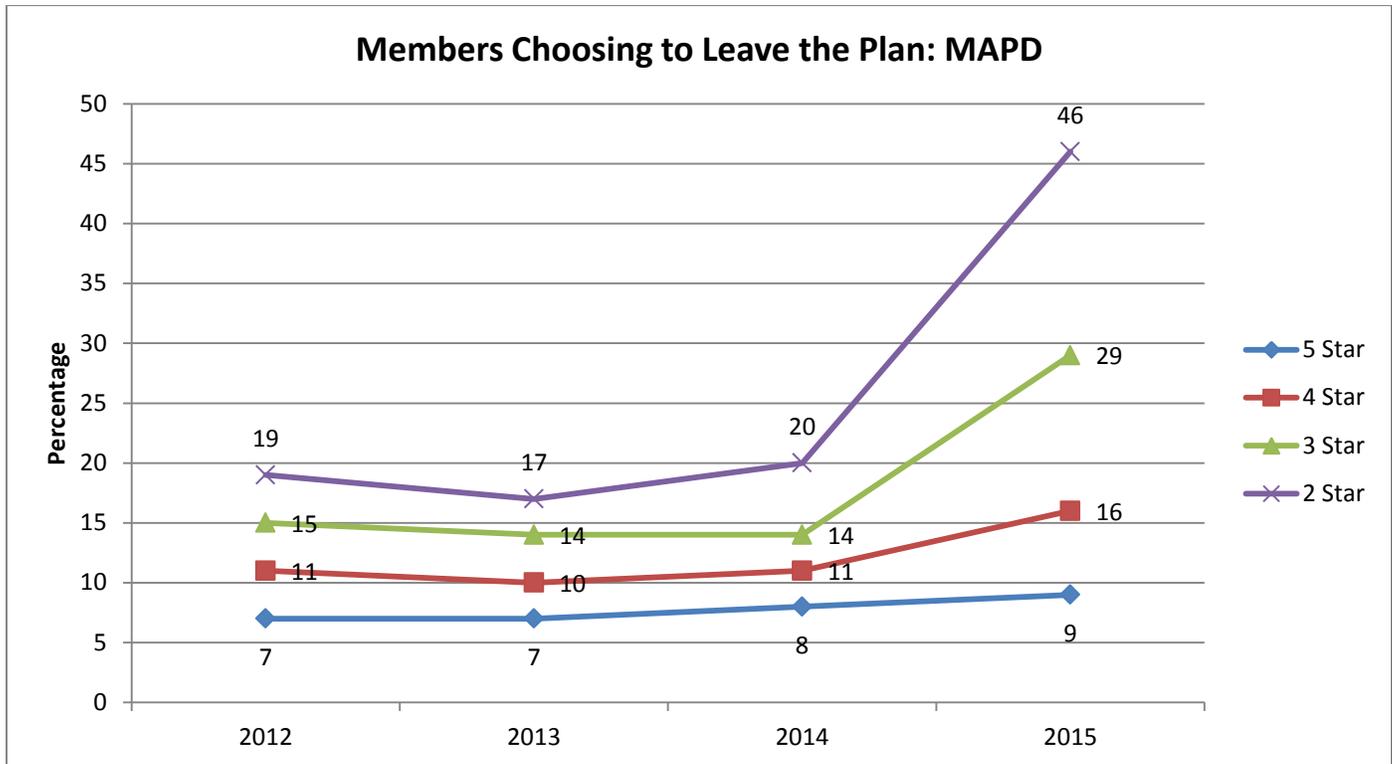
Data Source: CTM

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
PDP	2012	> 0.47	> 0.26 to ≤ 0.47	> 0.17 to ≤ 0.26	> 0.13 to ≤ 0.17	Not predetermined	≤ 0.13
PDP	2013	> 0.44	> 0.30 to ≤ 0.44	> 0.22 to ≤ 0.30	> 0.14 to ≤ 0.22	Not predetermined	≤ 0.14
PDP	2014	> 0.43	> 0.15 to ≤ 0.43	> 0.12 to ≤ 0.15	> 0.08 to ≤ 0.12	Not predetermined	≤ 0.08
PDP	2015	> 0.55	> 0.36 to ≤ 0.55	> 0.17 to ≤ 0.36	> 0.08 to ≤ 0.17	Not predetermined	≤ 0.08

Measure: D04 - Members Choosing to Leave the Plan



Description: The percent of plan members who chose to leave the plan in 2013. (This does not include members who did not **choose** to leave the plan, such as members who moved out of the service area.)

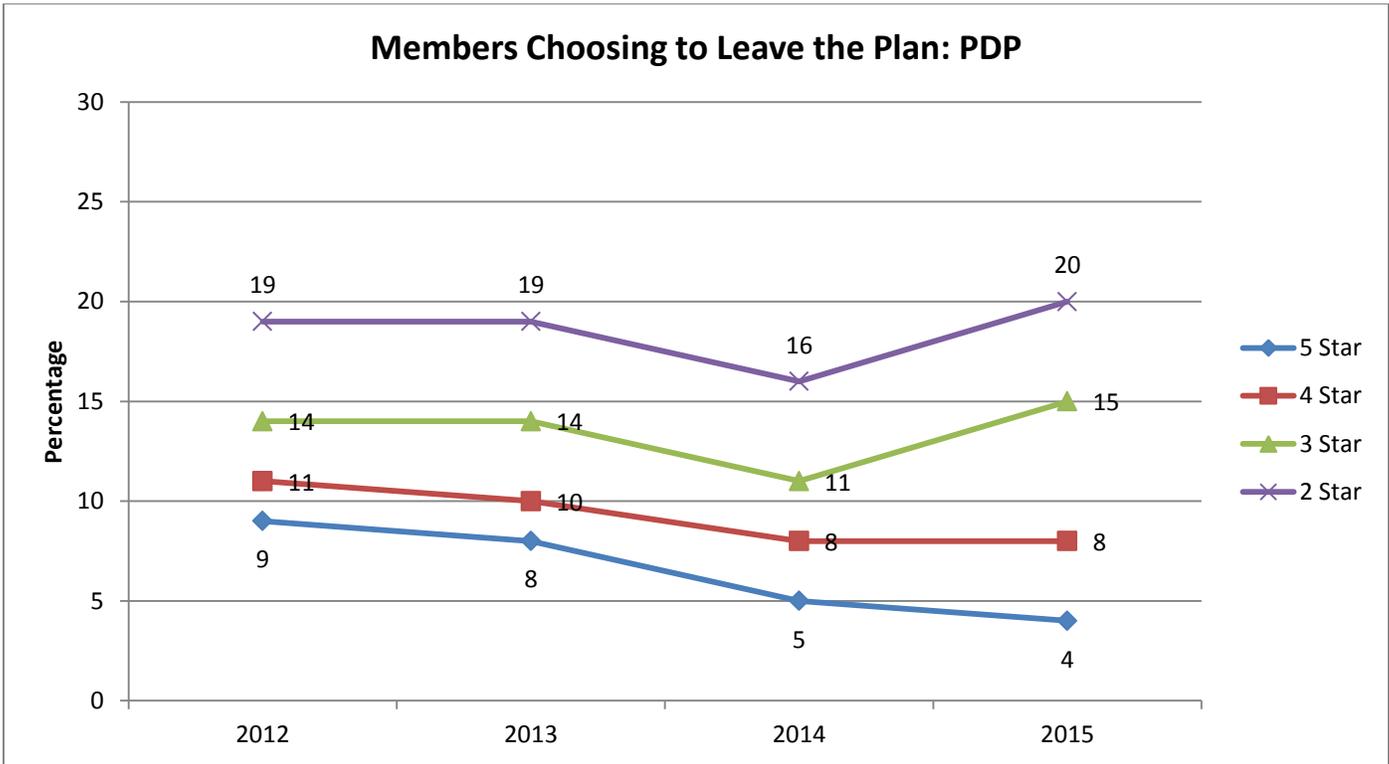
Data Source: Medicare Beneficiary Database Suite of Systems

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
MAPD	2012	> 19%	> 15% to ≤ 19%	> 11% to ≤ 15%	> 7% to ≤ 11%	Not predetermined	≤ 7%
MAPD	2013	> 17%	> 14% to ≤ 17%	> 10% to ≤ 14%	> 7% to ≤ 10%	Not predetermined	≤ 7%
MAPD	2014	> 20%	> 14% to ≤ 20%	> 11% to ≤ 14%	> 8% to ≤ 11%	Not predetermined	≤ 8%
MAPD	2015	> 46%	> 29% to ≤ 46%	> 16% to ≤ 29%	> 9% to ≤ 16%	Not predetermined	≤ 9%

Members Choosing to Leave the Plan: PDP



Description: The percent of plan members who chose to leave the plan in 2013. (This does not include members who did not **choose** to leave the plan, such as members who moved out of the service area.)

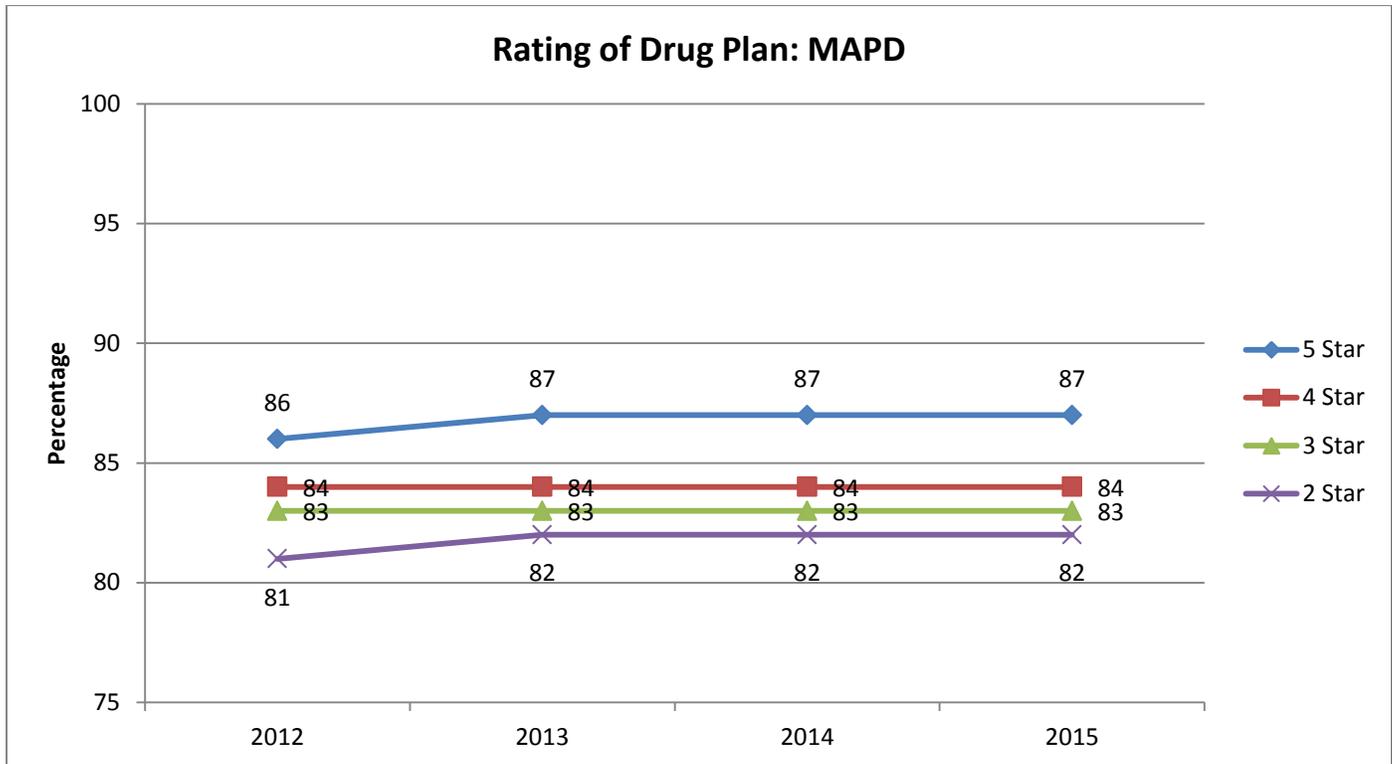
Data Source: Medicare Beneficiary Database Suite of Systems

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
PDP	2012	> 19%	> 14% to ≤ 19%	> 11% to ≤ 14%	> 9% to ≤ 11%	Not predetermined	≤ 9%
PDP	2013	> 19%	> 14% to ≤ 19%	> 10% to ≤ 14%	> 8% to ≤ 10%	Not predetermined	≤ 8%
PDP	2014	> 16%	> 11% to ≤ 16%	> 8% to ≤ 11%	> 5% to ≤ 8%	Not predetermined	≤ 5%
PDP	2015	> 20%	> 15% to ≤ 20%	> 8% to ≤ 15%	> 4% to ≤ 8%	Not predetermined	≤ 4%

Measure: D06 - Rating of Drug Plan



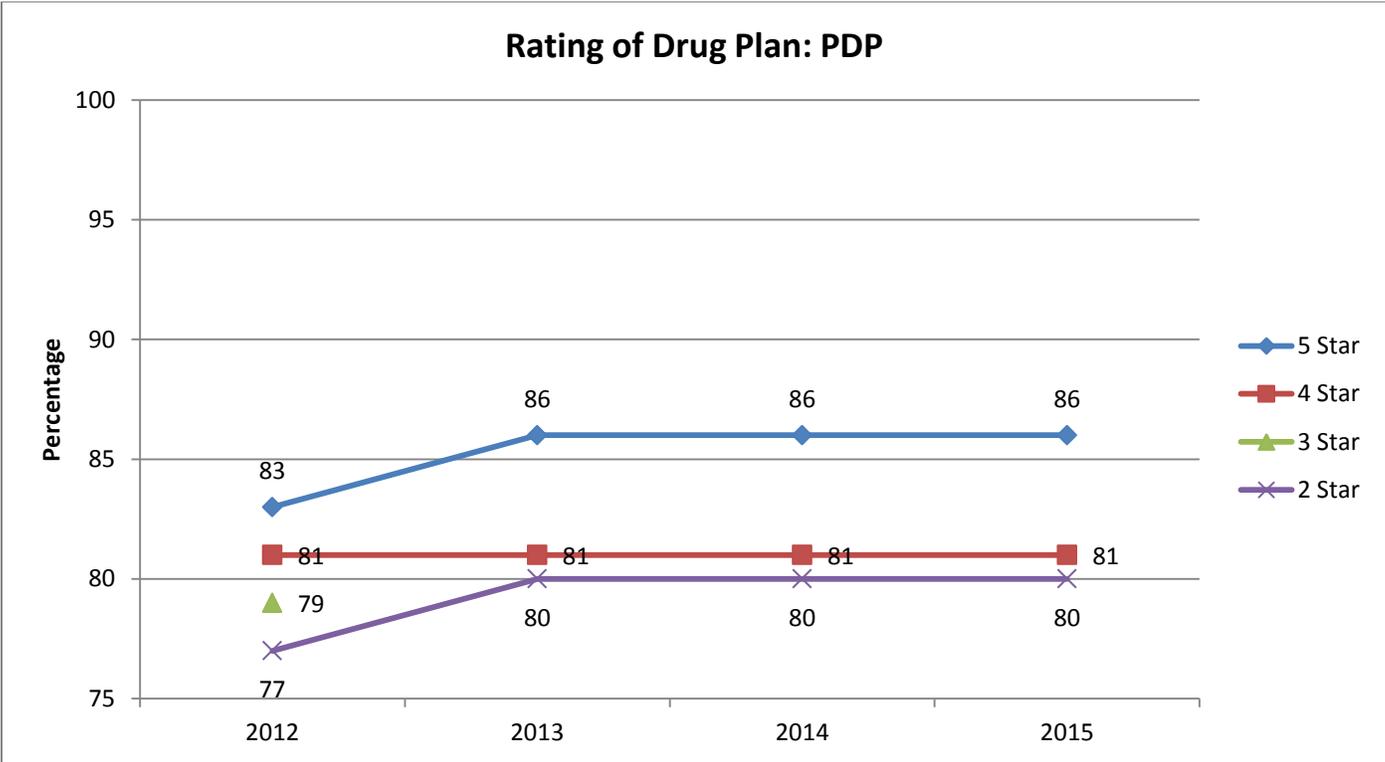
Description: Percent of the best possible score the plan earned from members who rated the prescription drug plan.

Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
MAPD	2012	< 81%	≥ 81% to < 83%	≥ 83% to < 84%	≥ 84% to < 86%	≥ 84%	≥ 86%
MAPD	2013	< 82%	≥ 82% to < 83%	≥ 83% to < 84%	≥ 84% to < 87%	≥ 84%	≥ 87%
MAPD	2014	< 82%	≥ 82% to < 83%	≥ 83% to < 84%	≥ 84% to < 87%	≥ 84%	≥ 87%
MAPD	2015	< 82%	≥ 82% to < 83%	≥ 83% to < 84%	≥ 84% to < 87%	≥ 84%	≥ 87%



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

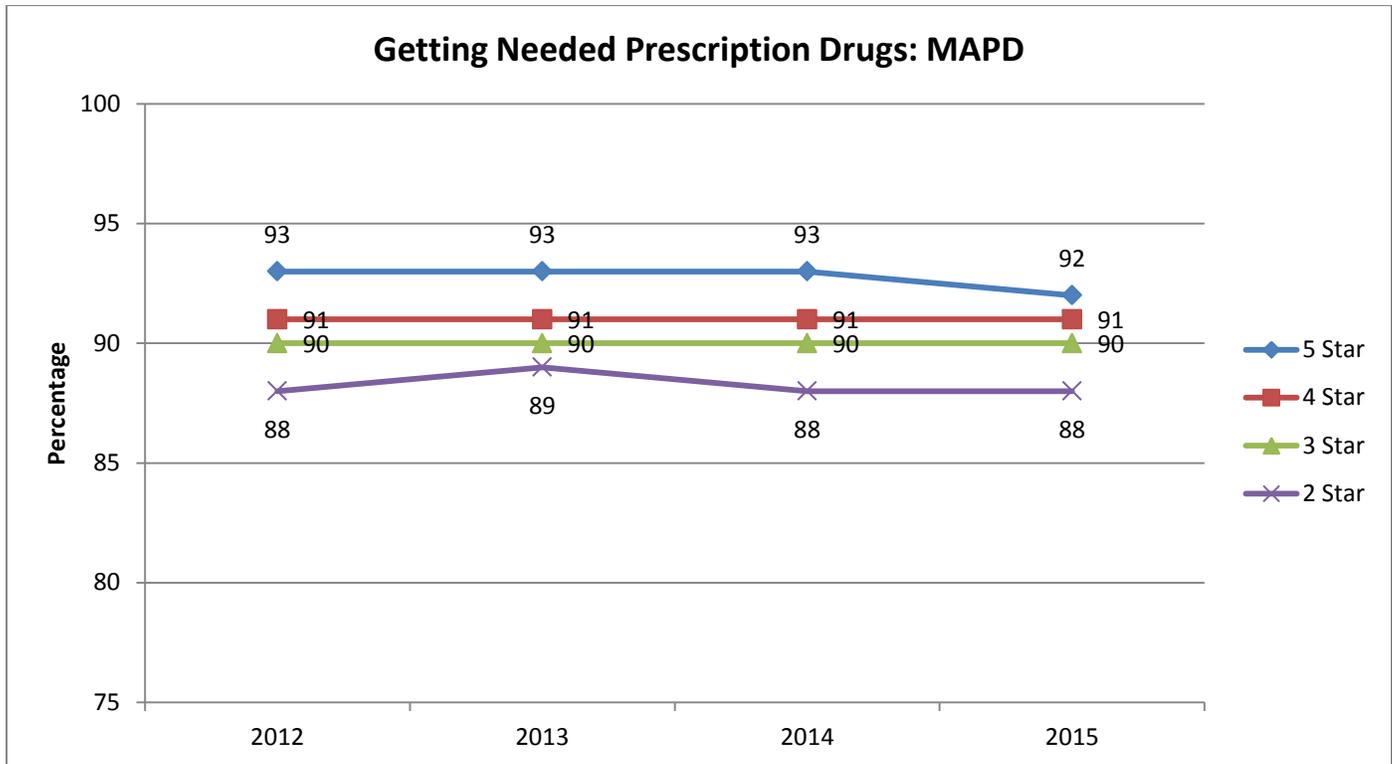
Data Source: CAHPS

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
PDP	2012	< 77%	≥ 77% to < 79%	≥ 79% to < 81%	≥ 81% to < 83%	≥ 81%	≥ 83%
PDP	2013	< 80%	≥ 80% to < 81%	*	≥ 81% to < 86%	≥ 81%	≥ 86%
PDP	2014	< 80%	≥ 80% to < 81%	*	≥ 81% to < 86%	≥ 81%	≥ 86%
PDP	2015	< 80%	≥ 80% to < 81%	*	≥ 81% to < 86%	≥ 81%	≥ 86%

Measure: D07 - Getting Needed Prescription Drugs



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

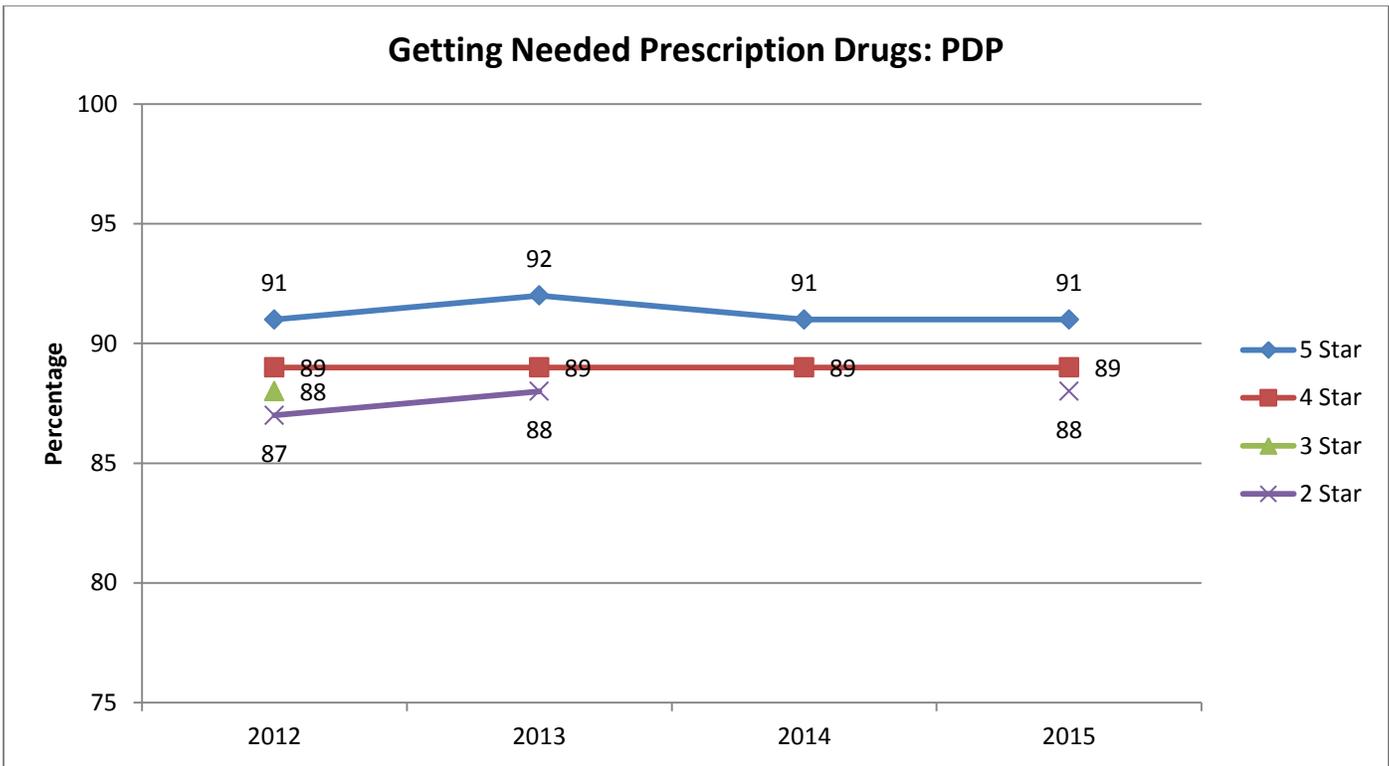
General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
MAPD	2012	< 88%	≥ 88% to < 90%	≥ 90% to < 91%	≥ 91% to < 93%	≥ 91%	≥ 93%
MAPD	2013	< 89%	≥ 89% to < 90%	≥ 90% to < 91%	≥ 91% to < 93%	≥ 91%	≥ 93%
MAPD	2014	< 88%	≥ 88% to < 90%	≥ 90% to < 91%	≥ 91% to < 93%	≥ 91%	≥ 93%
MAPD	2015	< 88%	≥ 88% to < 90%	≥ 90% to < 91%	≥ 91% to < 92%	≥ 91%	≥ 92%

* Due to rounding and the placement of the predetermined 4-star cutoff, no contracts were assigned 3 base stars; all contracts meeting the cutoff for 3 base stars also met the cutoff for 4 base stars. However after application of the further criteria of significance and reliability, some plans with fewer than 3 base stars may have been assigned 3 final stars.

Getting Needed Prescription Drugs: PDP



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

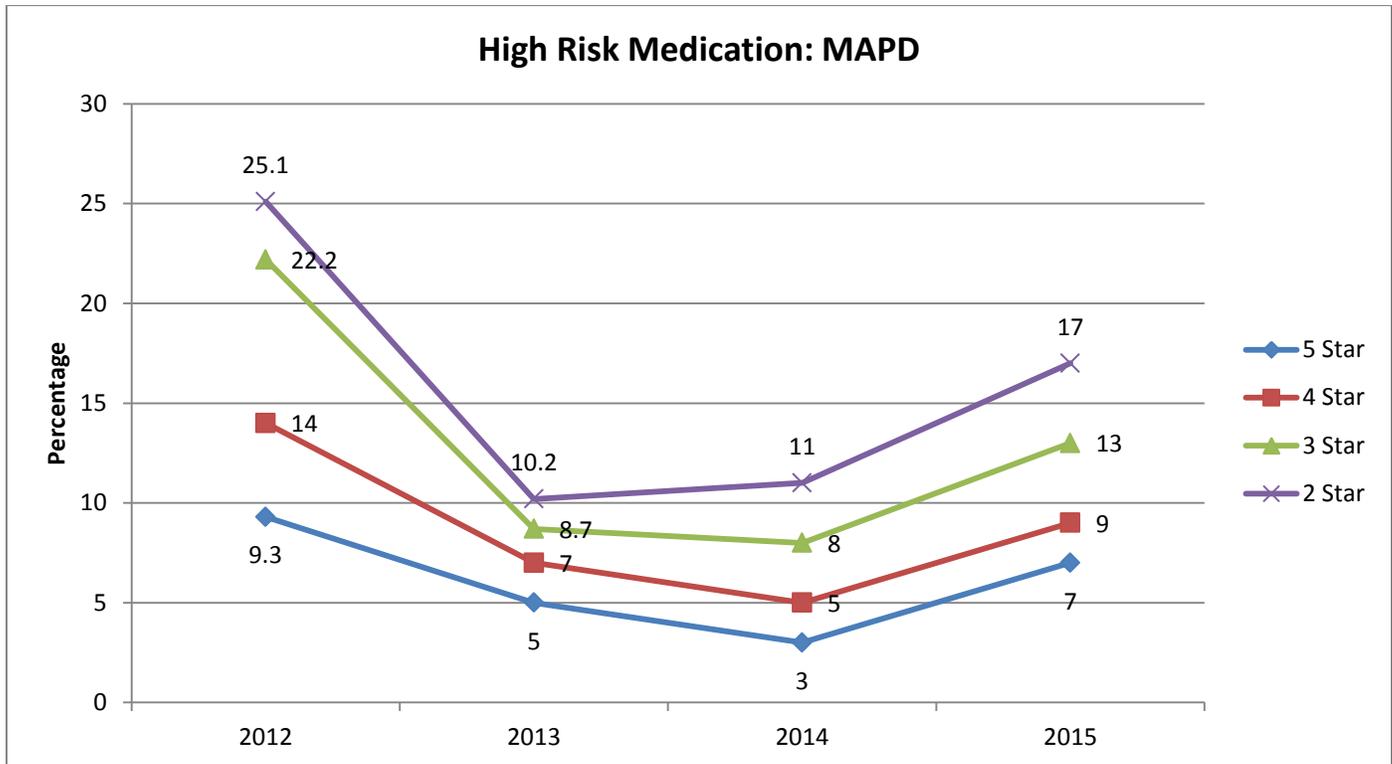
General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
PDP	2012	< 87%	≥ 87% to < 88%	≥ 88% to < 89%	≥ 89% to < 91%	≥ 89%	≥ 91%
PDP	2013	< 88%	≥ 88% to < 89%	*	≥ 89% to < 92%	≥ 89%	≥ 92%
PDP	2014	< 89%	*	*	≥ 89% to < 91%	≥ 89%	≥ 91%
PDP	2015	< 88%	≥ 88% to < 89%	*	≥ 89% to < 91%	≥ 89%	≥ 91%

* Due to rounding and the placement of the predetermined 4-star cutoff, no contracts were assigned 3 base stars; all contracts meeting the cutoff for 3 base stars also met the cutoff for 4 base stars. However after application of the further criteria of significance and reliability, some plans with fewer than 3 base stars may have been assigned 3 final stars.

Measure: D09 - High Risk Medication



Description: The percent of plan members who got prescriptions for certain drugs with a high risk of serious side effects, when there may be safer drug choices.

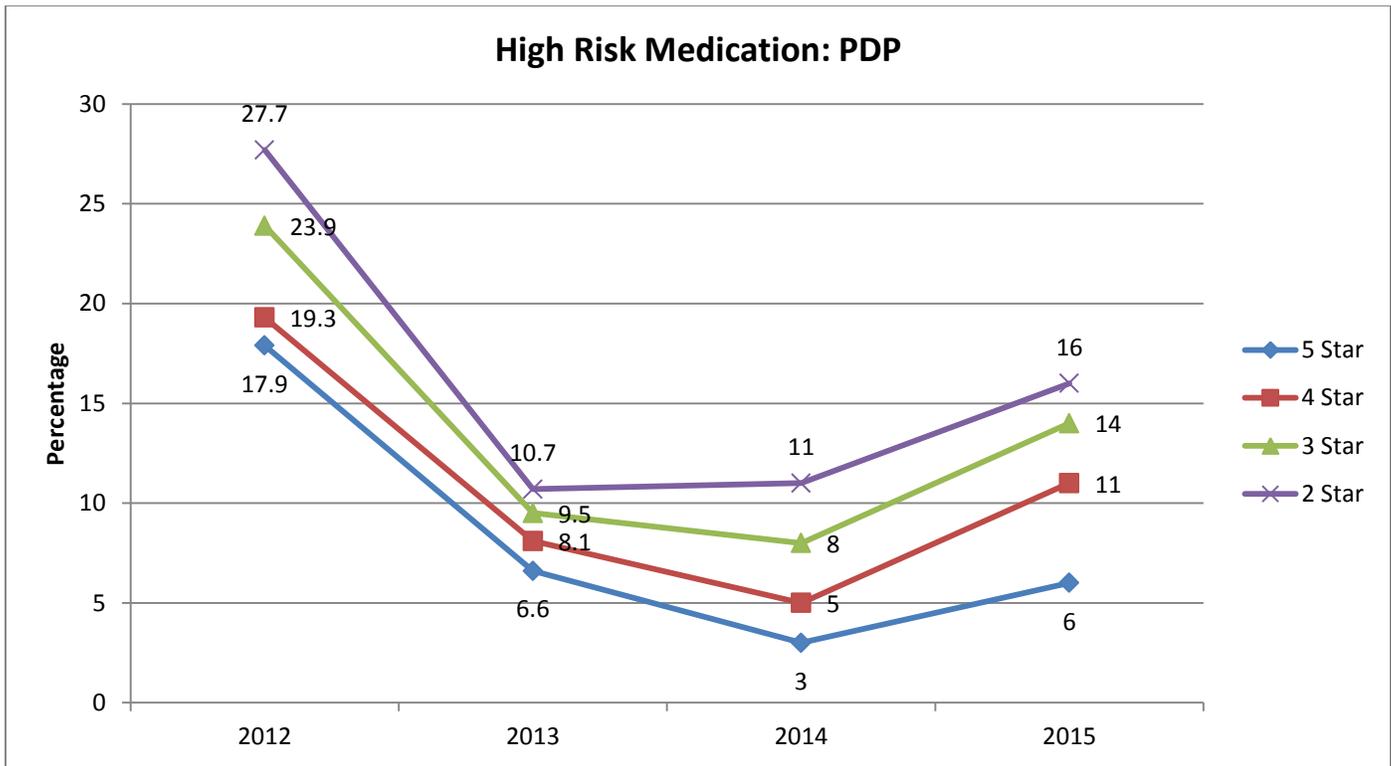
Data Source: Prescription Drug Event (PDE) data

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
MAPD	2012	> 25.1%	> 22.2% to ≤ 25.1%	> 14.0% to ≤ 22.2%	> 9.3% to ≤ 14.0%	≤ 14.0	≤ 9.3%
MAPD	2013	> 10.2%	> 8.7% to ≤ 10.2%	> 7.0% to ≤ 8.7%	> 5.0% to ≤ 7.0%	Not predetermined	≤ 5.0%
MAPD	2014	> 11%	> 8% to ≤ 11%	> 5% to ≤ 8%	> 3% to ≤ 5%	Not predetermined	≤ 3%
MAPD	2015	> 17%	> 13% to ≤ 17%	> 9% to ≤ 13%	> 7% to ≤ 9%	Not predetermined	≤ 7%

High Risk Medication: PDP



Description: The percent of plan members who got prescriptions for certain drugs with a high risk of serious side effects, when there may be safer drug choices.

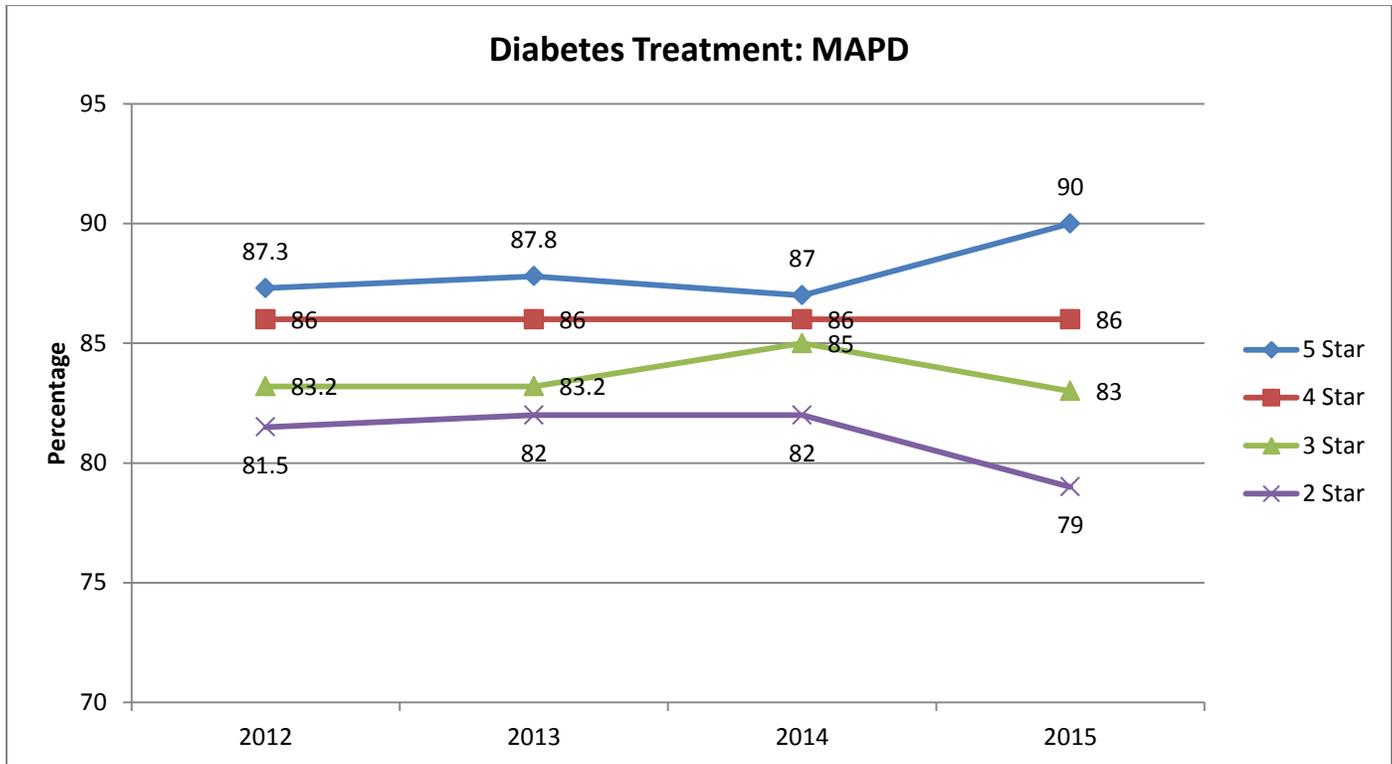
Data Source: Prescription Drug Event (PDE) data

General Trend: Lower is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
PDP	2012	> 27.7%	> 23.9% to ≤ 27.7%	> 19.3% to ≤ 23.9%	> 17.9% to ≤ 19.3%	≤ 19.3	≤ 17.9%
PDP	2013	> 10.7%	> 9.5% to ≤ 10.7%	> 8.1% to ≤ 9.5%	> 6.6% to ≤ 8.1%	Not predetermined	≤ 6.6%
PDP	2014	> 11%	> 8% to ≤ 11%	> 5% to ≤ 8%	> 3% to ≤ 5%	Not predetermined	≤ 3%
PDP	2015	> 16%	> 14% to ≤ 16%	> 11% to ≤ 14%	> 6% to ≤ 11%	Not predetermined	≤ 6%

Measure: D10 - Diabetes Treatment



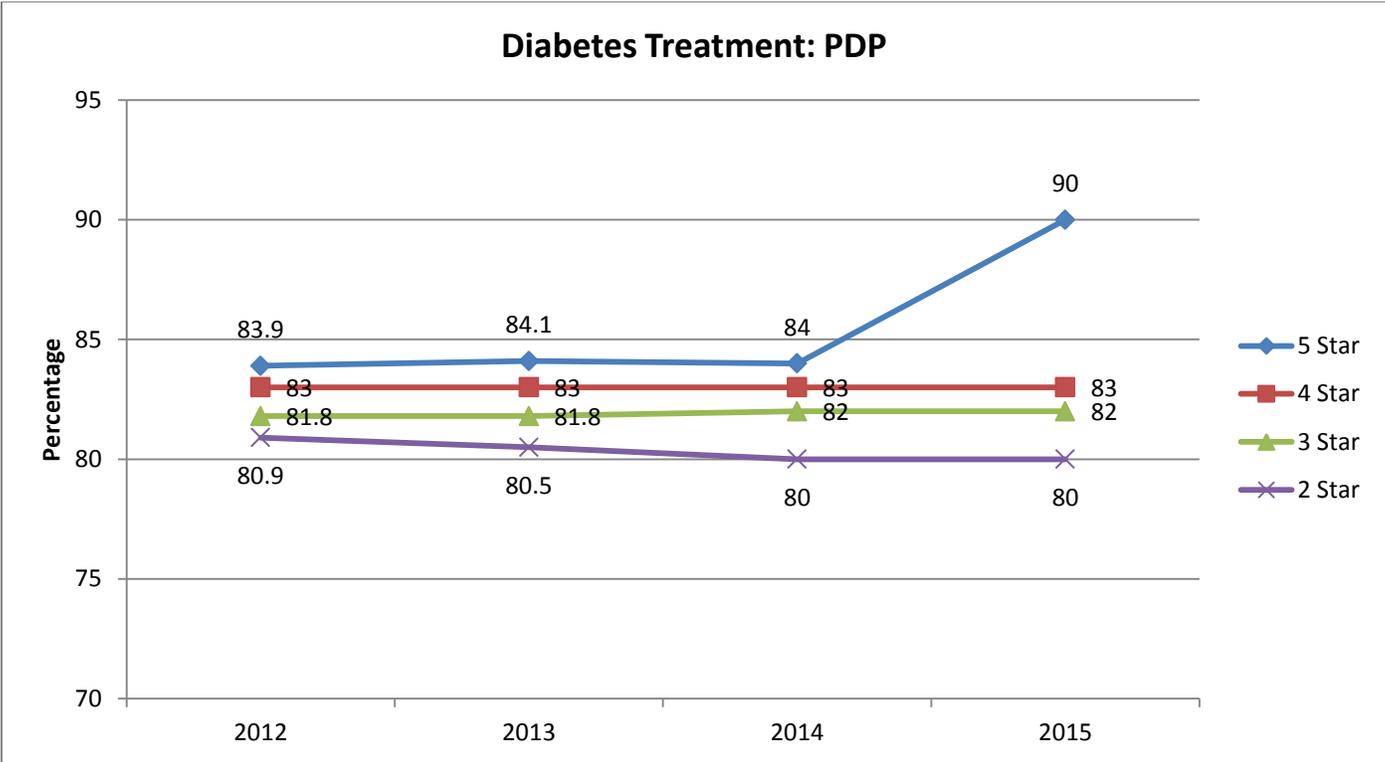
Description: When people with diabetes also have high blood pressure, there are certain types of blood pressure medication recommended. This tells what percent got one of the recommended types of blood pressure medicine.

Data Source: Prescription Drug Event (PDE) data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
MAPD	2012	< 81.5%	≥ 81.5% to < 83.2%	≥ 83.2% to < 86.0%	≥ 86.0% to < 87.3%	≥ 86%	≥ 87.3%
MAPD	2013	< 82.0%	≥ 82.0% to < 83.2%	≥ 83.2% to < 86.0%	≥ 86.0% to < 87.8%	≥ 86%	≥ 87.8%
MAPD	2014	< 82%	≥ 82% to < 85%	≥ 85% to < 86%	≥ 86% to < 87%	≥ 86%	≥ 87%
MAPD	2015	< 79%	≥ 79% to < 83%	≥ 83% to < 86%	≥ 86% to < 90%	≥ 86%	≥ 90%



Description: When people with diabetes also have high blood pressure, there are certain types of blood pressure medication recommended. This tells what percent got one of the recommended types of blood pressure medicine.

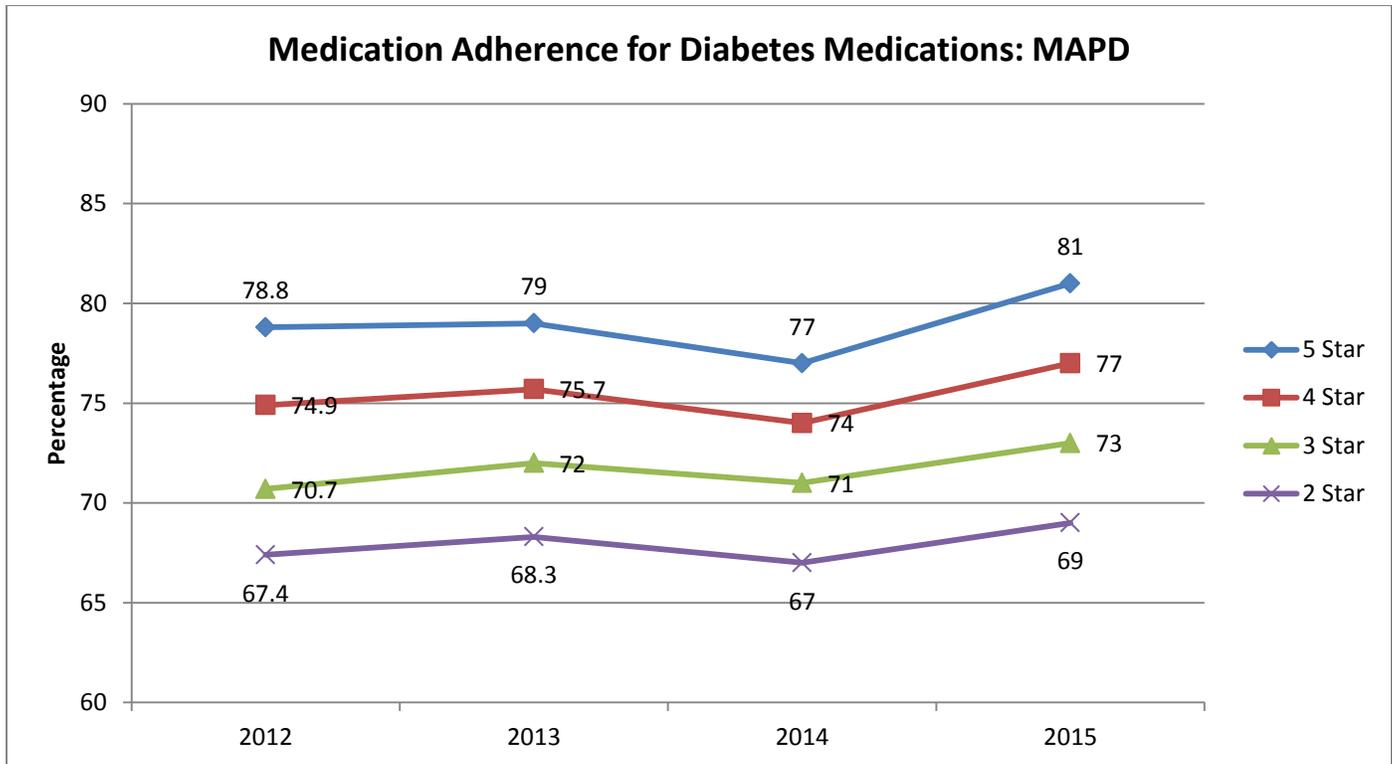
Data Source: Prescription Drug Event (PDE) data

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
PDP	2012	< 80.9%	≥ 80.9% to < 81.8%	≥ 81.8% to < 83.0%	≥ 83.0% to < 83.9%	≥ 83%	≥ 83.9%
PDP	2013	< 80.5%	≥ 80.5% to < 81.8%	≥ 81.8% to < 83.0%	≥ 83.0% to < 84.1%	≥ 83%	≥ 84.1%
PDP	2014	< 80%	≥ 80% to < 82%	≥ 82% to < 83%	≥ 83% to < 84%	≥ 83%	≥ 84%
PDP	2015	< 80%	≥ 80% to < 82%	≥ 82% to < 83%	≥ 83% to < 90%	≥ 83%	≥ 90%

Measure: D11 - Medication Adherence for Diabetes Medications



Description: One of the most important ways you can manage your health is by taking your medication as directed. The plan, the doctor, and the member can work together to find ways to help the member take their medication as directed. 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. (“Diabetes medication” means a *biguanide drug*, a *sulfonylurea drug*, a *thiazolidinedione drug*, a *DPP-IV inhibitor*, an *incretin mimetic drug*, or a *meglitinide drug*. Plan members who take insulin are not included.)

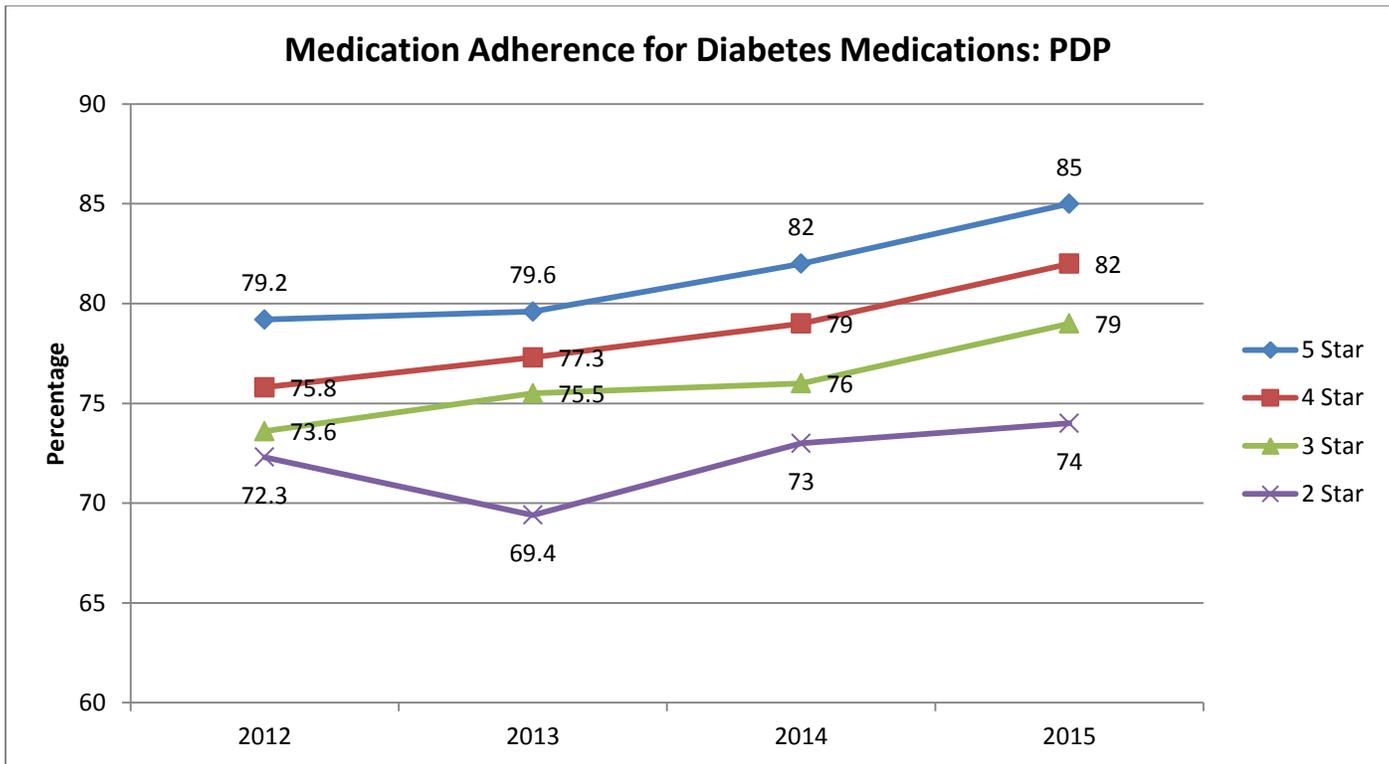
Data Source: Prescription Drug Event (PDE) data; Medicare Enrollment Database (EDB) File; Common Working File (CWF)

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
MAPD	2012	< 67.4%	≥ 67.4% to < 70.7%	≥ 70.7% to < 74.9%	≥ 74.9% to < 78.8%	Not predetermined	≥ 78.8%
MAPD	2013	< 68.3%	≥ 68.3% to < 72.0%	≥ 72.0% to < 75.7%	≥ 75.7% to < 79.0%	Not predetermined	≥ 79.0%
MAPD	2014	< 67%	≥ 67% to < 71%	≥ 71% to < 74%	≥ 74% to < 77%	Not predetermined	≥ 77%
MAPD	2015	< 69%	≥ 69% to < 73%	≥ 73% to < 77%	≥ 77% to < 81%	Not predetermined	≥ 81%

Medication Adherence for Diabetes Medications: PDP



Description: One of the most important ways you can manage your health is by taking your medication as directed. The plan, the doctor, and the member can work together to find ways to help the member take their medication as directed. 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. (“Diabetes medication” means a *biguanide drug*, a *sulfonylurea drug*, a *thiazolidinedione drug*, a *DPP-IV inhibitor*, an *incretin mimetic drug*, or a *meglitinide drug*. Plan members who take insulin are not included.)

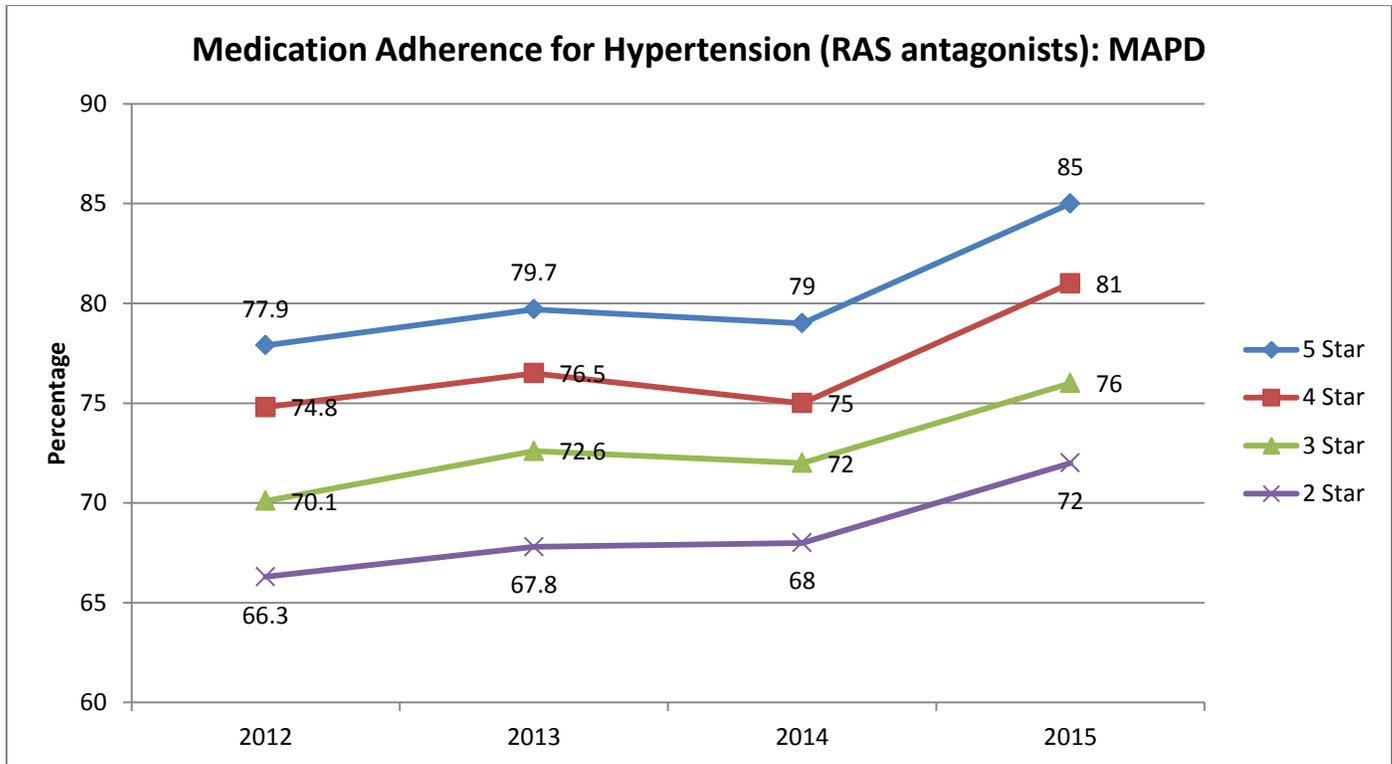
Data Source: Prescription Drug Event (PDE) data; Medicare Enrollment Database (EDB) File; Common Working File (CWF)

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
PDP	2012	< 72.3%	≥ 72.3% to < 73.6%	≥ 73.6% to < 75.8%	≥ 75.8% to < 79.2%	Not predetermined	≥ 79.2%
PDP	2013	< 69.4%	≥ 69.4% to < 75.5%	≥ 75.5% to < 77.3%	≥ 77.3% to < 79.6%	Not predetermined	≥ 79.6%
PDP	2014	< 73%	≥ 73% to < 76%	≥ 76% to < 79%	≥ 79% to < 82%	Not predetermined	≥ 82%
PDP	2015	< 74%	≥ 74% to < 79%	≥ 79% to < 82%	≥ 82% to < 85%	Not predetermined	≥ 85%

Measure: D12 - Medication Adherence for Hypertension (RAS antagonists)



Description: One of the most important ways you can manage your health is by taking your medication as directed. The plan, the doctor, and the member can work together to find ways to help the member take their medication as directed. 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. (“Blood pressure medication” means an *ACE (angiotensin converting enzyme) inhibitor*, an *ARB (angiotensin receptor blocker)*, or a *direct renin inhibitor drug*.)

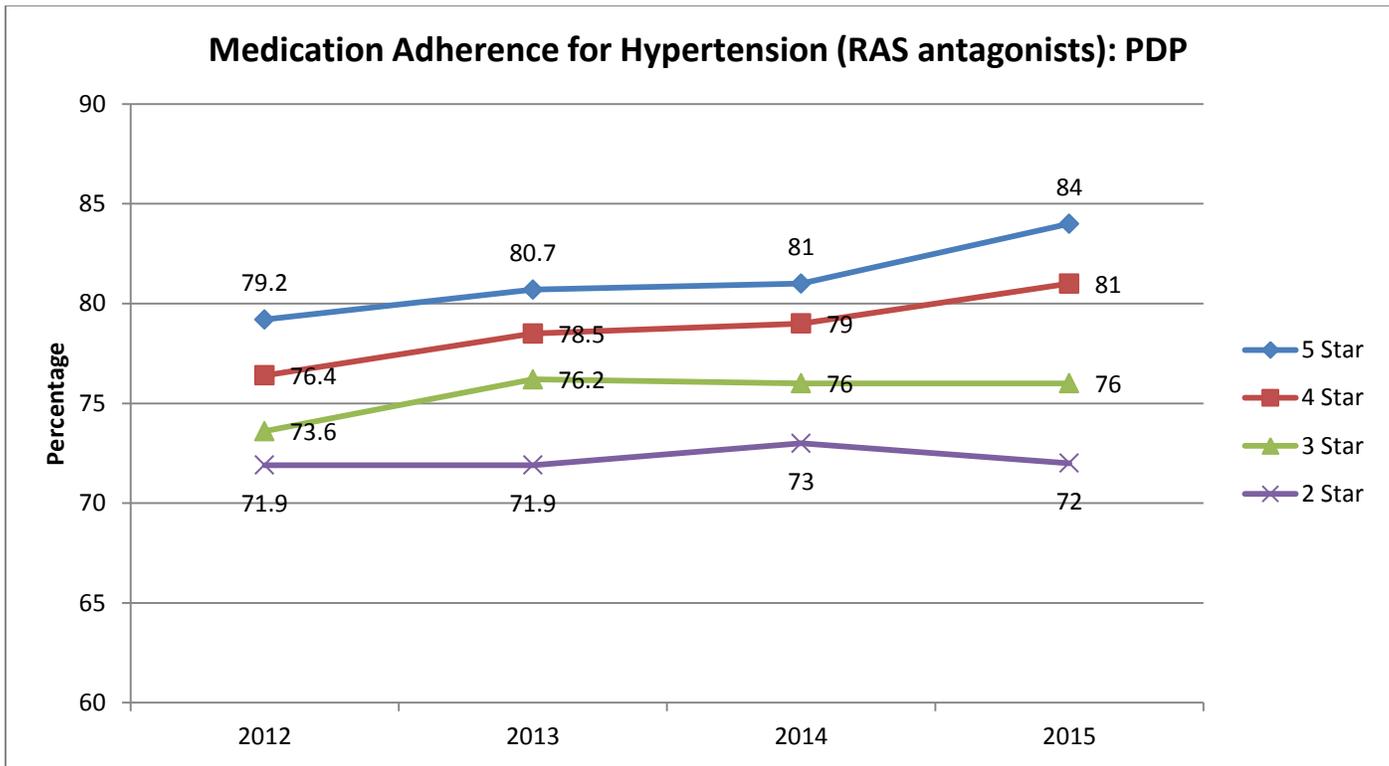
Data Source: Prescription Drug Event (PDE) data; Medicare Enrollment Database (EDB) File; Common Working File (CWF)

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
MAPD	2012	< 66.3%	≥ 66.3% to < 70.1%	≥ 70.1% to < 74.8%	≥ 74.8% to < 77.9%	Not predetermined	≥ 77.9%
MAPD	2013	< 67.8%	≥ 67.8% to < 72.6%	≥ 72.6% to < 76.5%	≥ 76.5% to < 79.7%	Not predetermined	≥ 79.7%
MAPD	2014	< 68%	≥ 68% to < 72%	≥ 72% to < 75%	≥ 75% to < 79%	Not predetermined	≥ 79%
MAPD	2015	< 72%	≥ 72% to < 76%	≥ 76% to < 81%	≥ 81% to < 85%	Not predetermined	≥ 85%

Medication Adherence for Hypertension (RAS antagonists): PDP



Description: One of the most important ways you can manage your health is by taking your medication as directed. The plan, the doctor, and the member can work together to find ways to help the member take their medication as directed. 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. (“Blood pressure medication” means an ACE (angiotensin converting enzyme) inhibitor, an ARB (angiotensin receptor blocker), or a direct renin inhibitor drug.)

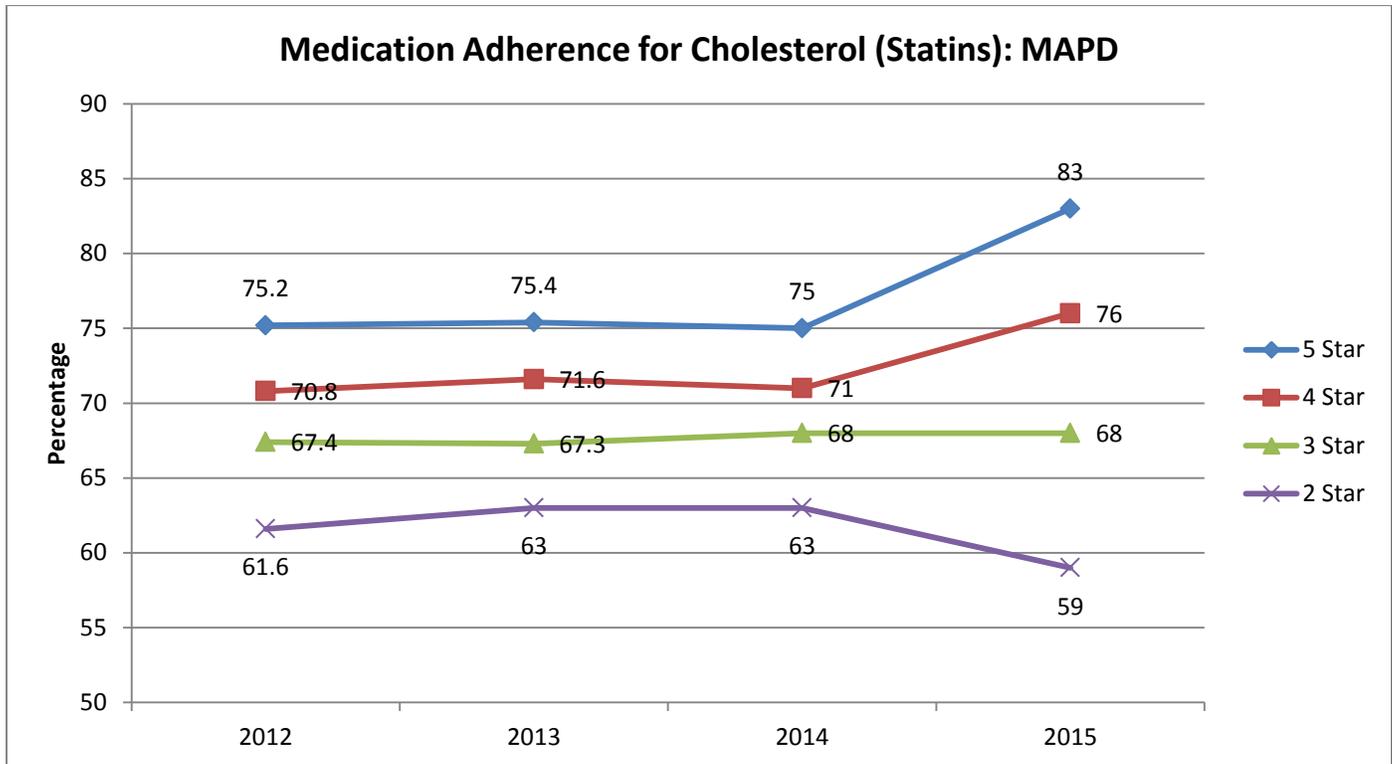
Data Source: Prescription Drug Event (PDE) data; Medicare Enrollment Database (EDB) File; Common Working File (CWF)

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
PDP	2012	< 71.9%	≥ 71.9% to < 73.6%	≥ 73.6% to < 76.4%	≥ 76.4% to < 79.2%	Not predetermined	≥ 79.2%
PDP	2013	< 71.9%	≥ 71.9% to < 76.2%	≥ 76.2% to < 78.5%	≥ 78.5% to < 80.7%	Not predetermined	≥ 80.7%
PDP	2014	< 73%	≥ 73% to < 76%	≥ 76% to < 79%	≥ 79% to < 81%	Not predetermined	≥ 81%
PDP	2015	< 72%	≥ 72% to < 76%	≥ 76% to < 81%	≥ 81% to < 84%	Not predetermined	≥ 84%

Measure: D13 - Medication Adherence for Cholesterol (Statins)



Description: One of the most important ways you can manage your health is by taking your medication as directed. The plan, the doctor, and the member can work together to find ways to help the member take their medication as directed. 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.

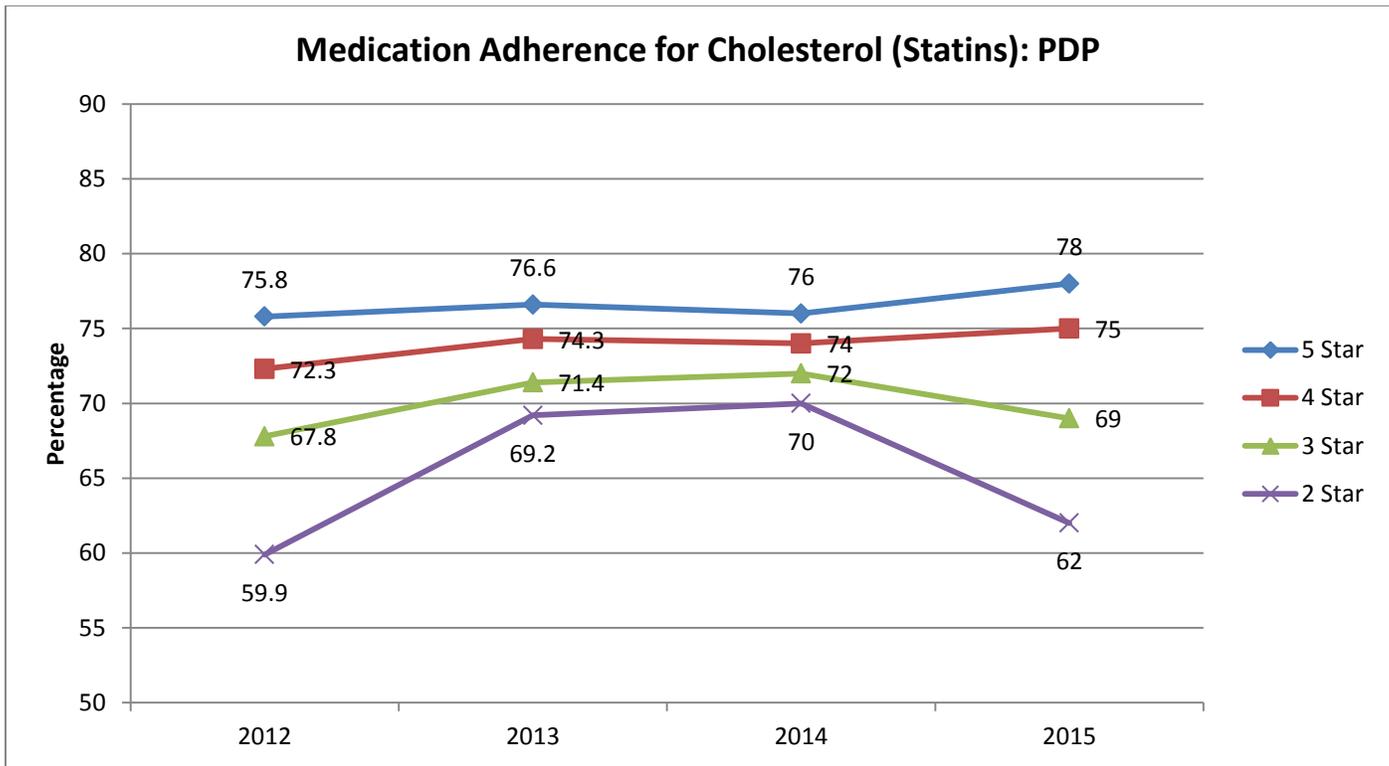
Data Source: Prescription Drug Event (PDE) data; Medicare Enrollment Database (EDB) File; Common Working File (CWF)

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
MAPD	2012	< 61.6%	≥ 61.6% to < 67.4%	≥ 67.4% to < 70.8%	≥ 70.8% to < 75.2%	Not predetermined	≥ 75.2%
MAPD	2013	< 63.0%	≥ 63.0% to < 67.3%	≥ 67.3% to < 71.6%	≥ 71.6% to < 75.4%	Not predetermined	≥ 75.4%
MAPD	2014	< 63%	≥ 63% to < 68%	≥ 68% to < 71%	≥ 71% to < 75%	Not predetermined	≥ 75%
MAPD	2015	< 59%	≥ 59% to < 68%	≥ 68% to < 76%	≥ 76% to < 83%	Not predetermined	≥ 83%

Medication Adherence for Cholesterol (Statins): PDP



Description: One of the most important ways you can manage your health is by taking your medication as directed. The plan, the doctor, and the member can work together to find ways to help the member take their medication as directed. 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.

Data Source: Prescription Drug Event (PDE) data; Medicare Enrollment Database (EDB) File; Common Working File (CWF)

General Trend: Higher is better

Cut Points:

Type	Year	1 Star	2 Star	3 Star	4 Star	4 Star Threshold	5 Star
PDP	2012	< 59.9%	≥ 59.9% to < 67.8%	≥ 67.8% to < 72.3%	≥ 72.3% to < 75.8%	Not predetermined	≥ 75.8%
PDP	2013	< 69.2%	≥ 69.2% to < 71.4%	≥ 71.4% to < 74.3%	≥ 74.3% to < 76.6%	Not predetermined	≥ 76.6%
PDP	2014	< 70%	≥ 70% to < 72%	≥ 72% to < 74%	≥ 74% to < 76%	Not predetermined	≥ 76%
PDP	2015	< 62%	≥ 62% to < 69%	≥ 69% to < 75%	≥ 75% to < 78%	Not predetermined	≥ 78%