

Fact Sheet - 2017 Star Ratings

One of the Centers for Medicare & Medicaid Services' (CMS) most important strategic goals is to improve the quality of care and health status for Medicare beneficiaries. CMS publishes the Part C and D Star Ratings each year to: incentivize quality improvement in Medicare Advantage (MA) and Prescription Drug Plans (PDPs or Part D plans), assist beneficiaries in finding the best plan for them, and determine MA Quality Bonus Payments. Moreover, the ratings support the efforts of CMS to improve the level of accountability for the care provided by physicians, hospitals, and other providers. Star Ratings are driving improvements in Medicare quality. The information included in this Fact Sheet is evidence of such improvement and is based on the 2017 Star Ratings published on Medicare Plan Finder (MPF) on October 12, 2016.

Background

Medicare Advantage with prescription drug coverage (MA-PD) contracts are rated on up to 44 unique quality and performance measures; MA-only contracts (without prescription drug coverage) are rated on up to 32 measures; and stand-alone PDP contracts are rated on up to 15 measures. Each year, CMS conducts a comprehensive review of the measures that make up the Star Ratings, considering the reliability of the measures, clinical recommendations, feedback received from stakeholders, and data issues. Changes to existing measures are summarized in Attachment A of this document. The 2017 Star Ratings also include an adjustment to account for the socioeconomic status of enrollees. This adjustment is described in Attachment B.

The Star Ratings measures span 5 broad categories:

- Outcomes
- Intermediate Outcomes
- Patient Experience
- Access
- Process

For the 2017 Star Ratings, outcomes and intermediate outcomes continue to be weighted 3 times as much as process measures, and patient experience and access measures are weighted 1.5 times as much as process measures. CMS assigns a weight of 1 to all new measures. The Part C and D quality improvement measures receive a weight of 5 to further reward contracts for the strides they made to improve the care provided to Medicare enrollees.

Highlights of Contract Performance in 2017 Star Ratings¹

Changes in Ratings from 2016

- Approximately 49 percent of MA-PDs (178 contracts) that will be active and rated in 2017 earned 4 stars or higher for their 2017 overall rating.
- Weighted by enrollment, close to 68 percent of MA-PD enrollees are in contracts with 4 or more stars.
- The number of active and rated contracts, and the percent of MA-PD enrollees weighted by enrollment in contracts with 4 or more stars in 2017 is approximately the same in 2017 as compared to 2016.
- In 2017, weighted by enrollment, over 90% of MA-PD enrollees are in contracts with ratings of 3.5 or more stars.

¹ Tables contained in this document may not have sums of percentages of 100.00 due to rounding.

Table 1: 2014 - 2017 Overall Star Rating Distribution for MA-PD Contracts*

Overall Rating	2014			2015			2016			2017		
	Number of Contracts	%	% Weighted By Enrollment	Number of Contracts	%	% Weighted By Enrollment	Number of Contracts	%	% Weighted By Enrollment	Number of Contracts	%	% Weighted By Enrollment
5 stars	11	2.55	9.56	11	2.78	9.88	12	3.25	10.23	14	3.85	9.80
4.5 stars	64	14.85	20.55	61	15.44	19.59	65	17.62	25.02	67	18.41	23.65
4 stars	87	20.19	21.68	86	21.77	30.32	102	27.64	35.71	97	26.65	34.57
3.5 stars	143	33.18	30.49	136	34.43	26.78	112	30.35	19.55	107	29.40	22.40
3 stars	109	25.29	16.63	73	18.48	10.98	66	17.89	8.60	67	18.41	8.87
2.5 stars	16	3.71	1.09	26	6.58	2.37	12	3.25	0.90	12	3.30	0.72
2 stars	1	0.23	0.01	2	0.51	0.08	0	0.00	0.00	0	0.00	0.00
Total Number of Contracts	431	100		395	100		369	100		364	100	
Average Star Rating*	3.86			3.92			4.03			4.00		

* The average Star Rating is weighted by enrollment.

Table 2 details the trend in the average Part D ratings unweighted and weighted by enrollment for PDPs per rating category for the period of 2014 to 2017. The last row details the trend in the average Part D rating weighted by enrollment for PDPs for the same period.

- Approximately 49 percent of PDPs (27 contracts) that will be active and rated in 2017 received 4 or more stars for their 2017 Part D rating.
- Weighted by enrollment, close to 41 percent of PDP enrollees are in contracts with 4 or more stars.
- There is nearly a 9 percentage point increase in PDP enrollees in contracts with 4 or more stars compared to 2016, despite the number of PDP contracts decreasing each year.

Table 2: 2012 - 2017 Part D Rating Distribution for PDPs

Part D Rating	2014			2015			2016			2017		
	Number of Contracts	%	% Weighted By Enrollment	Number of Contracts	%	% Weighted By Enrollment	Number of Contracts	%	% Weighted By Enrollment	Number of Contracts	%	% Weighted By Enrollment
5 stars	5	6.94	0.13	3	4.92	1.5	2	3.39	0.13	6	10.91	2.28
4.5 stars	6	8.33	3.34	11	18.03	7.28	10	16.95	1.63	8	14.55	0.65
4 stars	16	22.22	5.29	17	27.87	43.94	12	20.34	29.95	13	23.64	37.74
3.5 stars	18	25.00	52.39	18	29.51	40.4	12	20.34	21.76	16	29.09	25.55
3 stars	17	23.61	14.16	7	11.48	0.61	14	23.73	38.88	9	16.36	31.84
2.5 stars	8	11.11	5.62	3	4.92	5.99	8	13.56	7.65	3	5.45	1.94
2 stars	1	1.39	0.00	1	1.64	0.01	1	1.69	0.01	0	0.00	0.00
1.5 stars	1	1.39	19.07	1	1.64	0.27	0	0.00	0.00	0	0.00	0.00
Total Number of Contracts	72	100		61	100		59	100		55	100	
Average Star Rating*	3.05			3.75			3.40			3.55		

* The average Star Rating is weighted by enrollment.

5-Star Contracts

23 contracts are highlighted on MPF with a high performing (gold star) icon: 14 are MA-PD contracts (Table 3), 3 are MA-only contracts (Table 4), and 6 are PDPs (Table 5).

The 12 new 5-star contracts for this year are:

- KS Plan Administrators, LLC (H0332)
- BCBS of Massachusetts HMO Blue, Inc. (H2261)
- Aultcare Health Insurance Corporation (H3664)
- Physicians Health Choice of Texas, LLC (H4527)
- CDPHP Universal Benefits, Inc. (H5042)
- Optimum Healthcare, Inc. (H5594)

- Kaiser Foundation HP, Inc. (H6052)
- Anthem Insurance Co. & BCBSMA & BCBSRI & BCBSVT (S2893)
- Excellus Health Plan, Inc. (S3521)
- BCBS of Michigan Mutual Insurance Company (S5584)
- Wellmark IA & SD, & BCBS MN, MT, NE, ND, & WY (S5743)
- Dean Health Insurance, Inc. (S9701)

Table 3: MA-PD Contracts Receiving the 2017 High Performing Icon

Contract	Contract Name	Enrolled 10/2016	Non-EGHP Service Area*	EGHP Service Area*	5 Star Last Year	SNP
H0332	KS Plan Administrators, LLC	30,769	4 counties in TX	251 counties in TX	No	No
H0524	Kaiser Foundation HP, INC.	1,086,961	31 counties in CA	Not applicable	Yes	Yes
H0630	Kaiser Foundation HP of CO	104,117	17 counties in CO	Not applicable	Yes	Yes
H2150	Kaiser Foundation of the Mid-Atlantic Sts.	68,575	D.C., 11 counties in MD, 9 counties in VA	Not applicable	Yes	No
H2256	Tufts Associated Health Maintenance Organization	107,311	10 counties in MA	Not applicable	Yes	Yes
H2261	BCBS of Massachusetts HMO BLUE, Inc.	10,302	11 counties in MA	Not applicable	No	No
H2462	Group Health Plan, Inc. (MN)	53,633	87 counties in MN, 8 counties in WI	Not applicable	Yes	No
H3664	Aultcare Health Insuring Corporation	21,048	12 counties in OH	Most of the U.S.	No	No
H4527	Physicians Health Choice of Texas LLC	31,035	19 counties in TX	Not applicable	No	Yes
H5042	CDPHP Universal Benefits, Inc.	3,827	Not applicable	62 counties in NY	No	No
H5262	Gundersen Health Plan	14,462	1 county in IA, 8 counties in WI	Not applicable	Yes	No
H5594	Optimum Healthcare, Inc.	45,153	25 counties in FL	Not applicable	No	Yes
H5652	Sierra Health and Life Insurance Company, Inc.	4,630	1 county in CO, 1 county in KS, 2 counties in MA, 3 counties in MD, 1 county in MI, 2 counties in NJ, 2 counties in PA, 2 counties in TX, 1 county in VA	Not applicable	Yes	Yes
H9003	Kaiser Foundation HP of the N W	84,567	9 counties in OR, 4 counties in WA	1 county in OR, 1 county in WA	Yes	No

*An EGHP is a non-Employer Group and Employer Group Health Plan.

Table 4: MA-only Contracts Receiving the 2017 High Performing Icon²

Contract	Contract Name	Enrolled 10/2016	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year
H1651	Medical Associates Health Plan, Inc.	10,930	6 counties in IA, 1 county in IL	Not applicable	Yes
H5264	Dean Health Plan, Inc.	23,739	8 counties in WI	Not applicable	Yes
H6052	Kaiser Foundation HP, Inc.	867	21 counties in CA	Not applicable	No

Table 5: PDP Contracts Receiving the 2017 High Performing Icon

Contract	Contract Name	Enrolled 10/2016	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year
S0655	Tufts Insurance Company	8,524	Not applicable	35 regions	Yes
S2893	Anthem Insurance Co. & BCBSMA & BCBSRI & BCBSVT	155,120	1 region - Central New England (Connecticut, Massachusetts, Rhode Island, and Vermont)	37 regions	No
S3521	Excellus Health Plan, Inc.	9,486	Not applicable	39 regions	No
S5584	BCBS of Michigan Mutual Insurance Company	46,659	1 region - Michigan	38 regions	No
S5743	Wellmark IA & SD, & BCBS MN, MT, NE, ND, & WY	288,017	1 region - Upper Midwest and Northern Plains (Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming)	33 regions	No
S9701	Dean Health Insurance, Inc.	34,369	Not applicable	35 regions	No

² MA-only contracts cannot offer SNPs.

Low Performers

There are 2 contracts identified on the MPF with the Low Performing Icon (LPI) for consistently low quality ratings as detailed in Table 6. Both contracts are receiving the LPI for Part C summary ratings of 2.5 or fewer stars from 2015 through 2017.

Table 6: 2017 Contracts with a Low Performing Icon (LPI)

Contract	Contract Name	Parent Organization	Reason for LPI	Enrolled 10/2016
H5985	Phoenix Health Plans, Inc.	Tenet Healthcare Corporation	Part C	13,777
H6801	GHS Managed Health Care Plans, Inc.	Health Care Service Corporation	Part C	4,550

*These contracts are eligible for termination at the end of 2017.

Tax Status and Performance

Organizations that are non-profit tend to receive higher ratings than those that are for-profit. For MA-PDs, approximately 70% of the non-profit contracts received 4 or more stars compared to 39% of the for-profit MA-PDs. Similarly, for PDPs approximately 63% of non-profit PDPs received 4 or more stars compared to 24% of the for-profit PDPs. Non-profit organizations also performed better than for-profit organizations last year.

Below is the ratings distribution by tax status for MA-PD (Table 7) and PDP (Table 8) contracts.

Table 7: Distribution of Overall Star Ratings for For-profit and Non-profit MA-PDs

2017 Overall Rating	Number of For-Profit	% For-Profit	% Weighted By Enrollment For-Profit	Number of Non-Profit	% Non-Profit	% Weighted By Enrollment Non-Profit
5 stars	4	1.67	0.98	10	8.00	27.57
4.5 stars	33	13.81	20.88	34	27.20	29.22
4 stars	59	24.69	37.96	38	30.40	27.74
3.5 stars	77	32.22	27.63	30	24.00	11.86
3 stars	58	24.27	11.73	9	7.20	3.09
2.5 stars	8	3.35	0.81	4	3.20	0.53
Total Number of Contracts	239	100		125	100	

Table 8: Distribution of Part D Ratings for For-profit and Non-profit PDPs

2017 Part D Rating	Number of For-Profit	% For-Profit	% Weighted By Enrollment For-Profit	Number of Non-Profit	% Non-Profit	% Weighted By Enrollment Non-Profit
5 stars	2	6.67	0.19	3	12.50	40.09
4.5 stars	2	6.67	0.14	6	25.00	14.37
4 stars	7	23.33	38.72	6	25.00	18.60
3.5 stars	10	33.33	25.73	6	25.00	25.41
3 stars	7	23.33	33.25	2	8.33	0.16
2.5 stars	2	6.67	1.97	1	4.17	1.37
Total Number of Contracts	30	100		24	100	

Length of Time in Program and Performance

On average, higher Star Ratings are associated with more experience in the MA program. We see a similar pattern for PDPs. The tables below show the distribution of ratings by the number of years in the program (MA-PDs are shown in Table 9 and PDPs in Table 10).

Table 9: Distribution of Overall Star Ratings by Length of Time in Program for MA-PDs

2017 Overall Rating	Count Less than 5 years	% Less than 5 years	Count 5 years to less than 10 years	% 5 years to less than 10 years	Count 10 years or Greater	% 10 years or Greater
5 stars	0	0.00	3	3.45	11	5.05
4.5 stars	7	11.86	7	8.05	53	24.31
4 stars	12	20.34	26	29.89	59	27.06
3.5 stars	12	20.34	28	32.18	67	30.73
3 stars	22	37.29	22	25.29	23	10.55
2.5 stars	6	10.17	1	1.15	5	2.29
2 stars	0	0.00	0	0.00	0	0.00
1.5 stars	0	0.00	0	0.00	0	0.00
1 star	0	0.00	0	0.00	0	0.00
Total Number of Contracts	59		218		87	

Table 10: Distribution of Part D Ratings by Length of Time in Program for PDPs

2017 Part D Rating	Count Less than 5 years	% Less than 5 years	Count 5 years to less than 10 years	% 5 years to less than 10 years	Count 10 years or Greater	% 10 years or Greater
5 stars	1	8.33	1	7.14	4	10.53
4.5 stars	1	8.33	3	21.43	4	10.53
4 stars	0	0.00	4	28.57	9	23.68
3.5 stars	3	25.00	1	7.14	12	31.58
3 stars	2	16.67	2	14.29	5	13.16
2.5 stars	1	8.33	1	7.14	1	2.63
2 stars	0	0.00	0	0.00	0	0.00
1.5 stars	0	0.00	0	0.00	0	0.00
1 star	0	0.00	0	0.00	0	0.00
Total Number of Contracts	12		38		14	

Performance of Contracts Eligible to Receive Low Income Subsidy (LIS) Auto-assignees

Most contracts with a Star Rating and eligible to receive LIS auto-assignees (LIS contracts) continue to earn a Star Rating of 3 or more (Table 11).

- Approximately the same percentage of contracts earned a Star Rating of 3 or more in 2017 compared to 2016.

Table 11: Distribution of Part D Ratings for PDPs Eligible to Receive LIS Auto-assignees

Part D Rating	2014 Number of LIS Contracts	2014 % of LIS Contracts	2015 Number of LIS Contracts	2015 % of LIS Contracts	2016 Number of LIS Contracts	2016 % of LIS Contracts	2017 Number of LIS Contracts	2017 % of LIS Contracts
5 stars	0	0.00	0	0.00	0	0.00	1	7.14
4.5 stars	0	0.00	1	5.88	0	0.00	0	0.00
4 stars	4	20.00	4	23.53	2	13.33	3	21.43
3.5 stars	6	0.00	8	47.06	4	26.67	2	14.29
3 stars	6	30.00	2	11.76	7	46.67	6	42.86
2.5 stars	3	15.00	1	5.88	2	13.33	2	14.29
2 stars	0	0.00	0	0.00	0	0.00	0	0.00
1.5 stars	1	5.00	1	5.88	0	0.00	0	0.00
1 star	0	0.00	0	0.00	0	0.00	0	0.00
Total Number of Contracts	20		17		15		14	

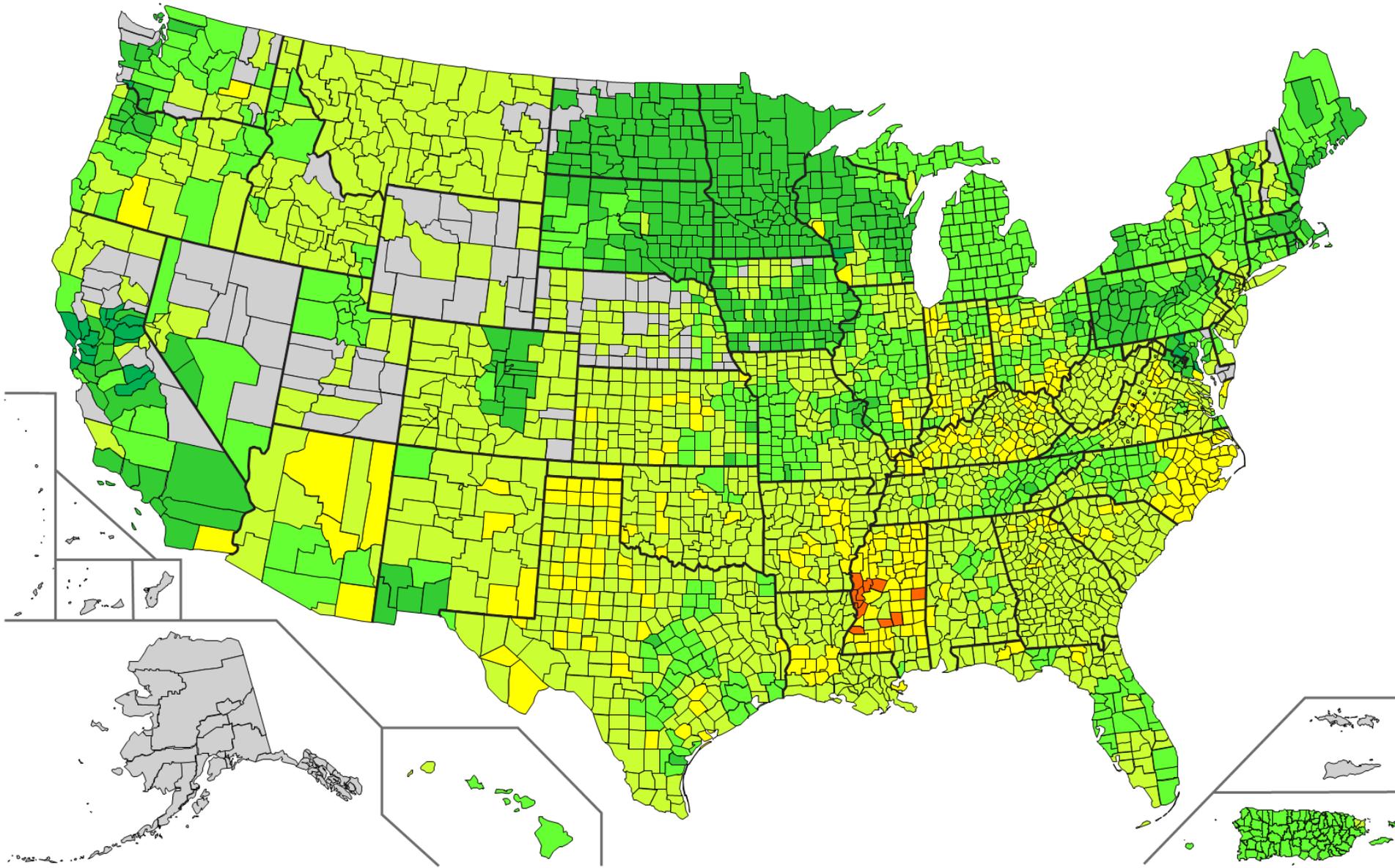
Geographic Variation

The following 8 maps illustrate the average Star Ratings weighted by enrollment per county for MA-PDs and PDPs across the U.S., including territories, between 2014 and 2017.³ These maps exclude the employer group health plans. Counties shaded in green indicate that the average overall Star Rating weighted by enrollment in the county for MA-PDs or average Part D rating for PDPs is 4 or more stars. Counties shaded in yellow indicate that the average rating weighted by enrollment for the county for MA-PDs or PDPs is 3 stars. Areas shaded in orange indicate that the average rating weighted by enrollment is less than 3 stars. Areas in gray indicate data are not available for those counties. Among the changes and updates are:

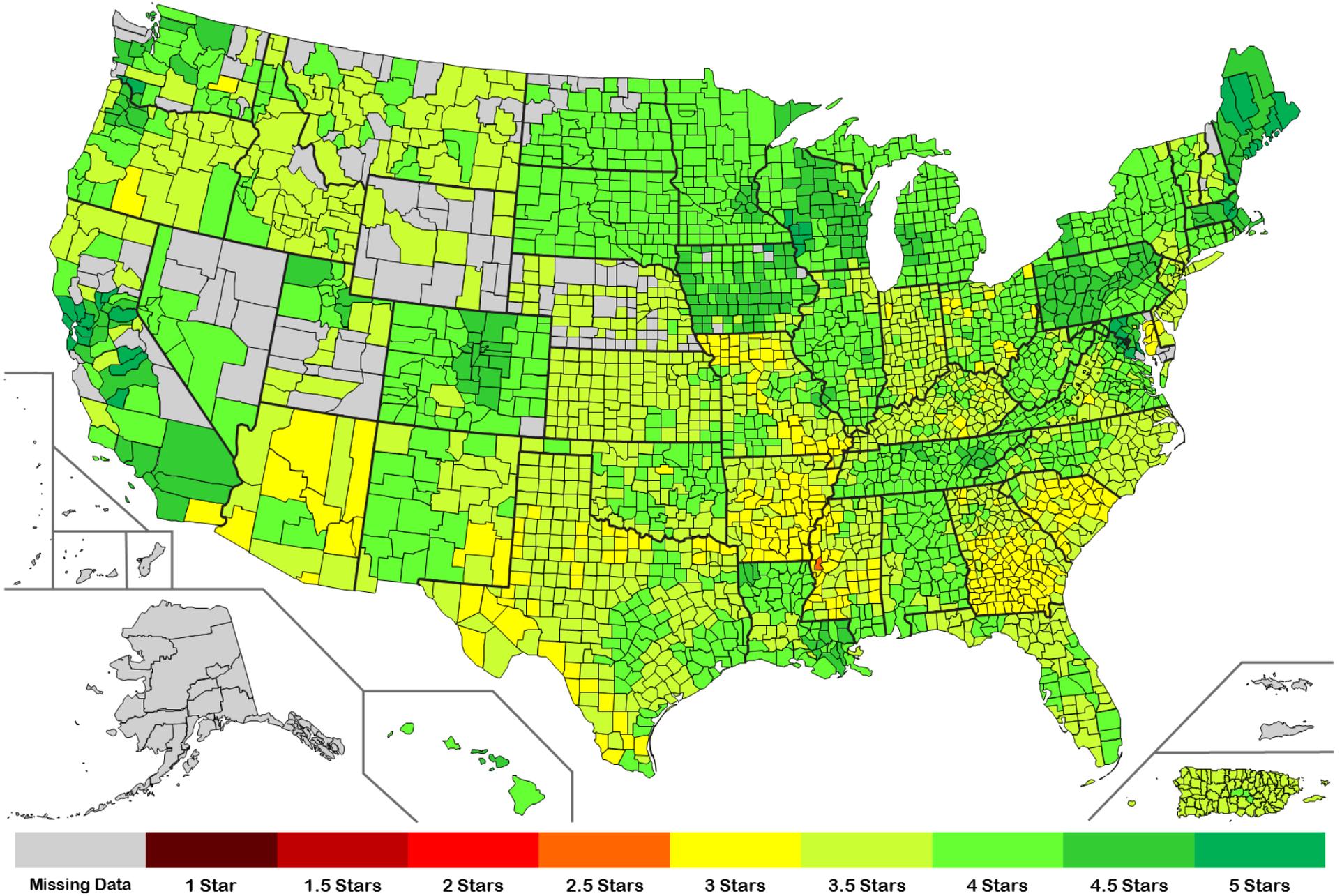
- The availability of highly rated MA-PDs has increased since 2014.
- The MA-PD maps for 2017 compared to 2014 show the distribution of Star Ratings across the country shifting toward higher rated plans as compared to 2014.
- The PDP map for 2017 compared to 2016 shows that there is a shift in the distribution of Star Ratings across the country and a large increase in the number of plans with 4 or more stars (regions represented by darker shades of green).
- In 2017 the average rating weighted by enrollment for PDPs across the country is at least 3 stars.

³ Comparisons of Star Ratings across years do not reflect annual revisions made by CMS to the Star Ratings methodology or measure set.

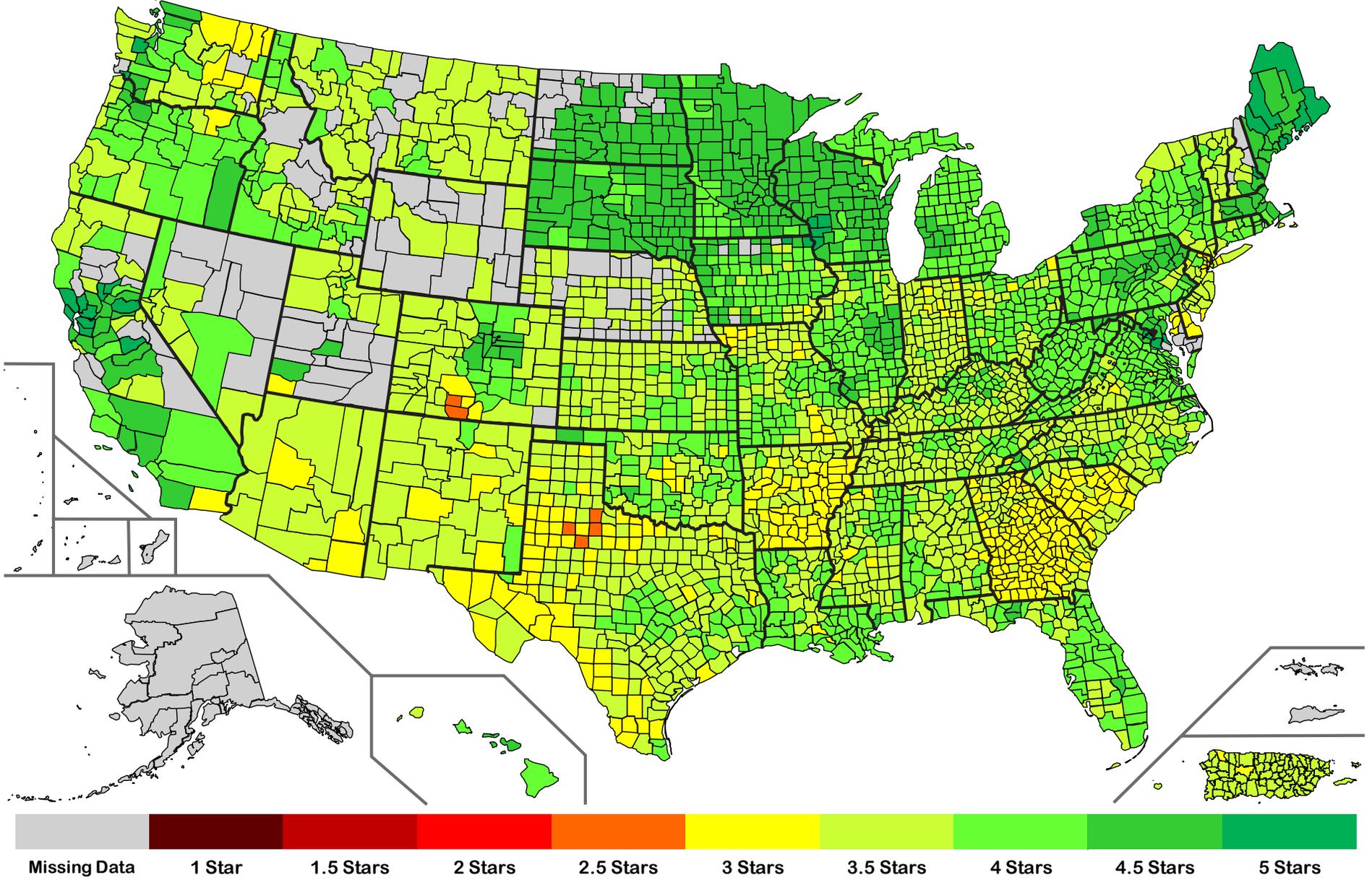
2017 Star Ratings - Enrollment Weighted Average MA-PD Overall Rating in Non-EGHP Counties



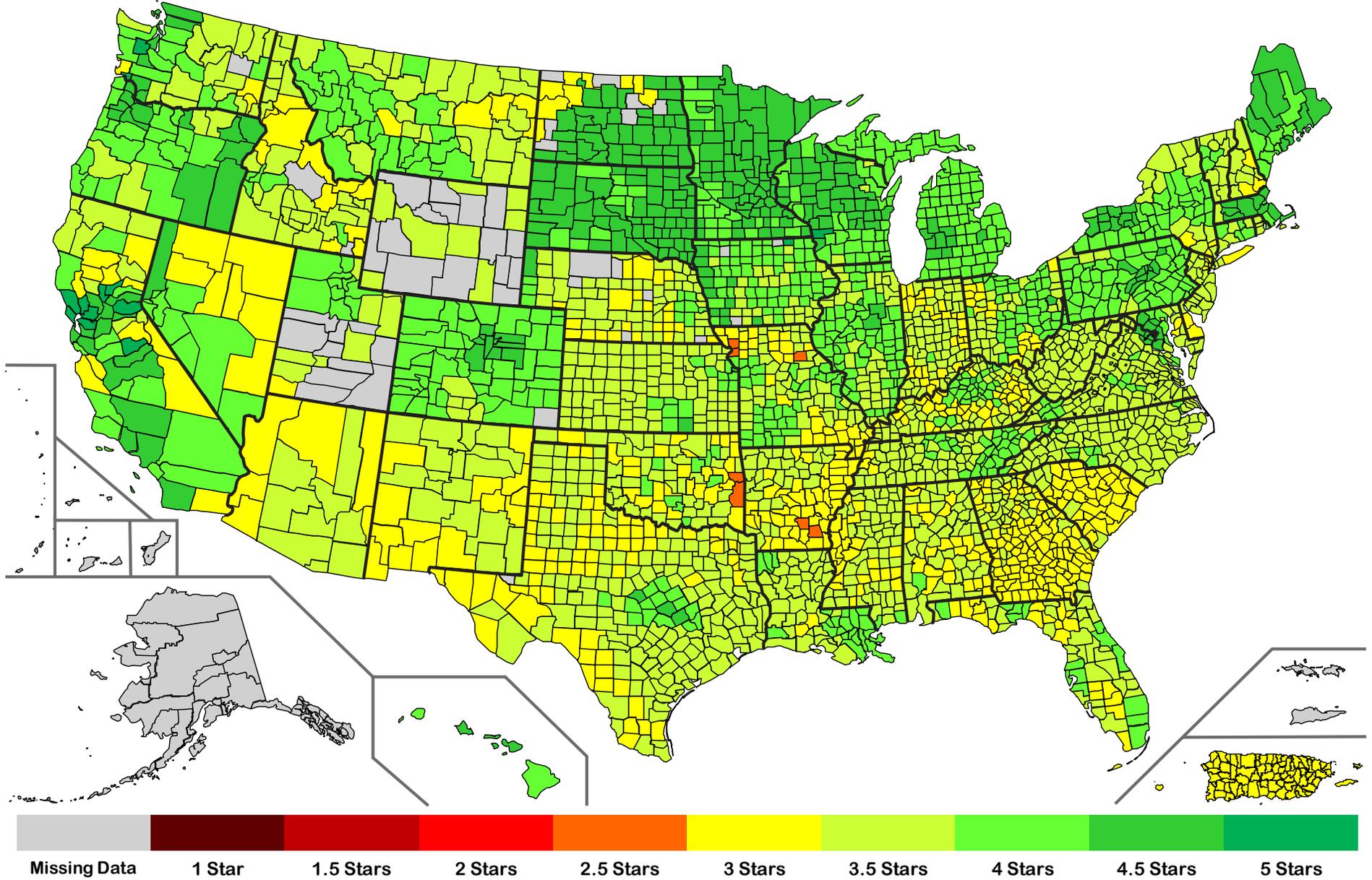
2016 Star Ratings - Enrollment Weighted Average MA-PD Overall Rating in Non-EGHP Counties



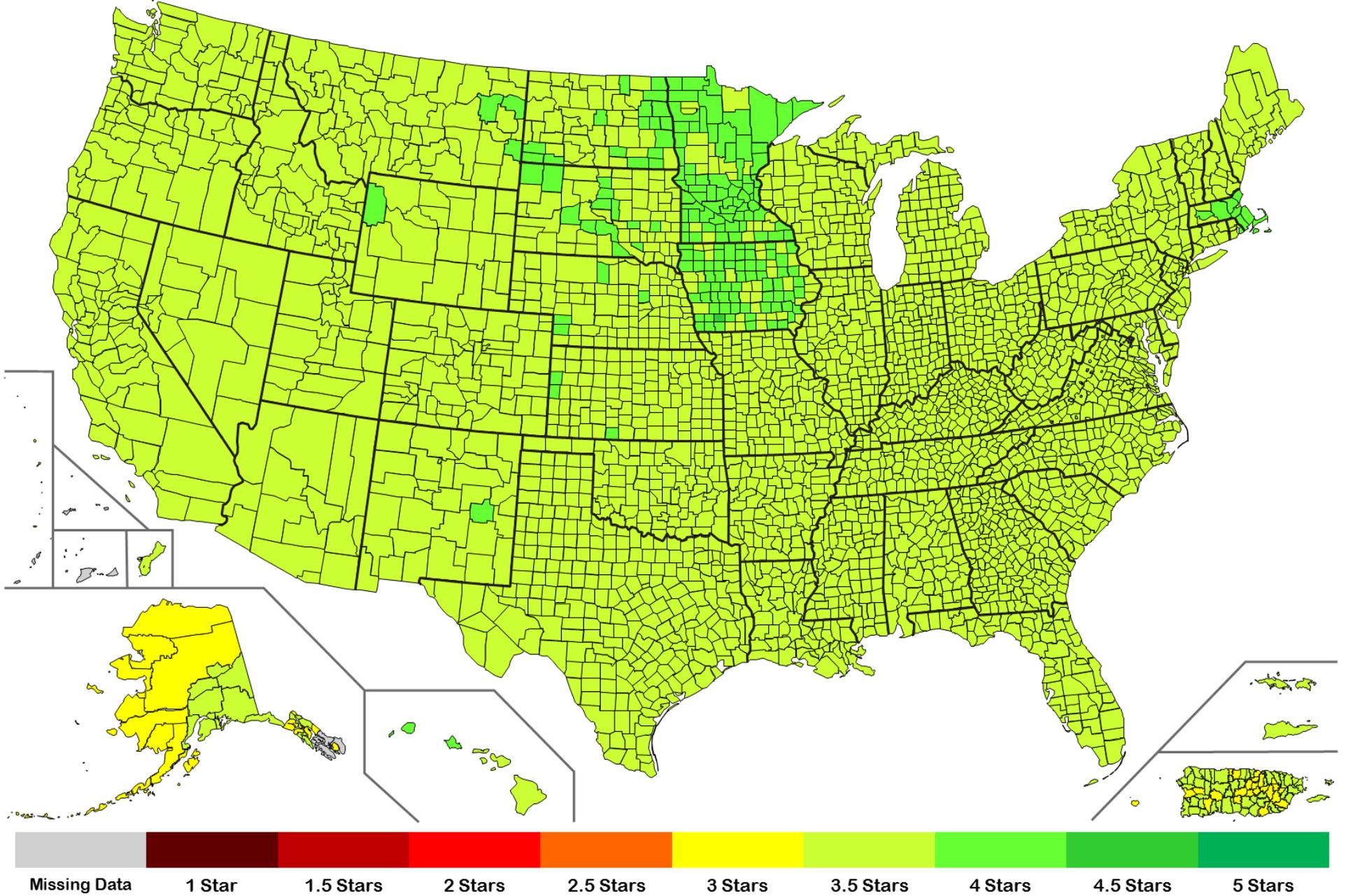
2015 Star Ratings - Enrollment Weighted Average MA-PD Overall Rating in Non-EGHP Counties



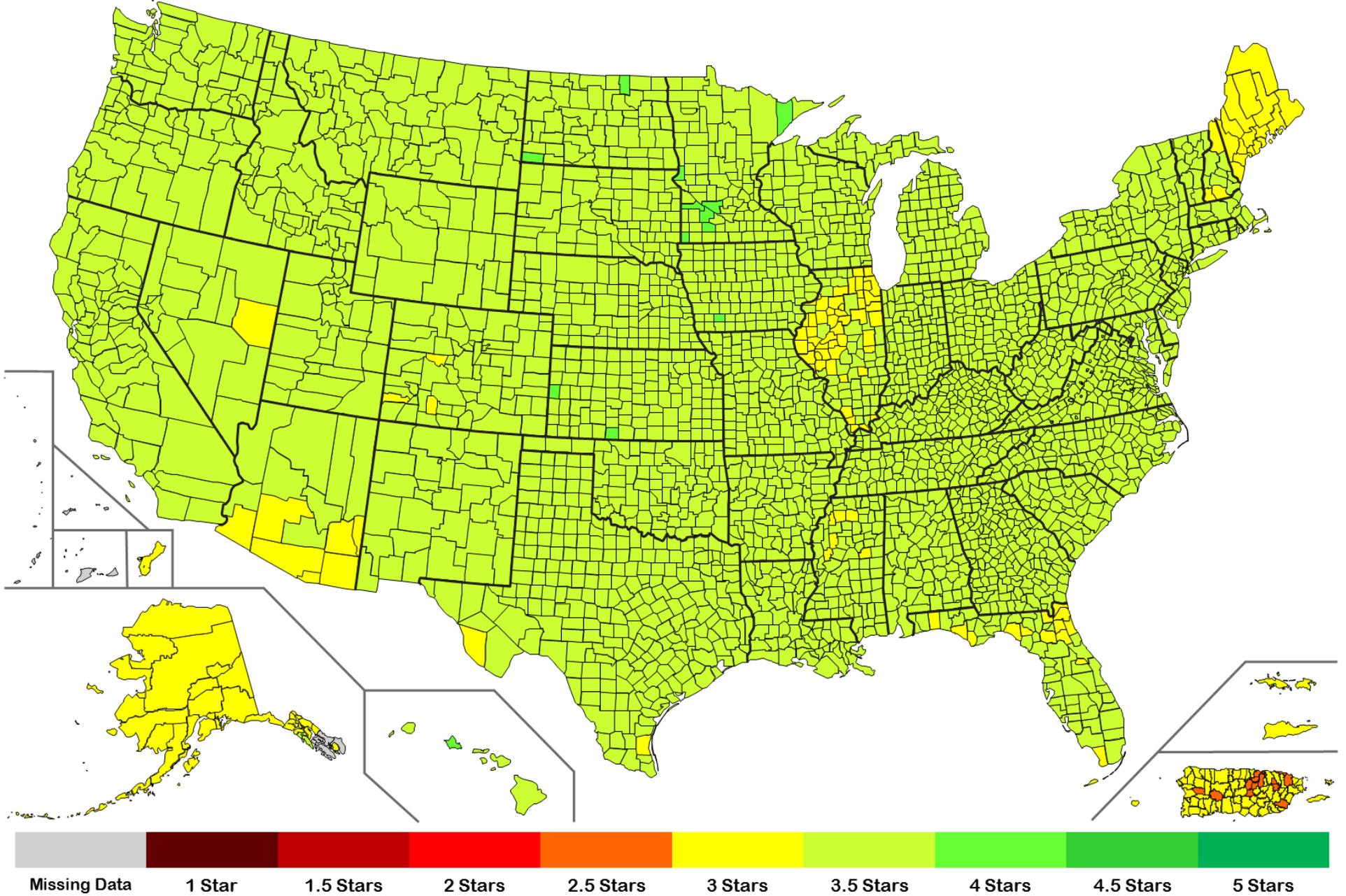
2014 Star Ratings - Enrollment Weighted Average MA-PD Overall Rating in Non-EGHP Counties



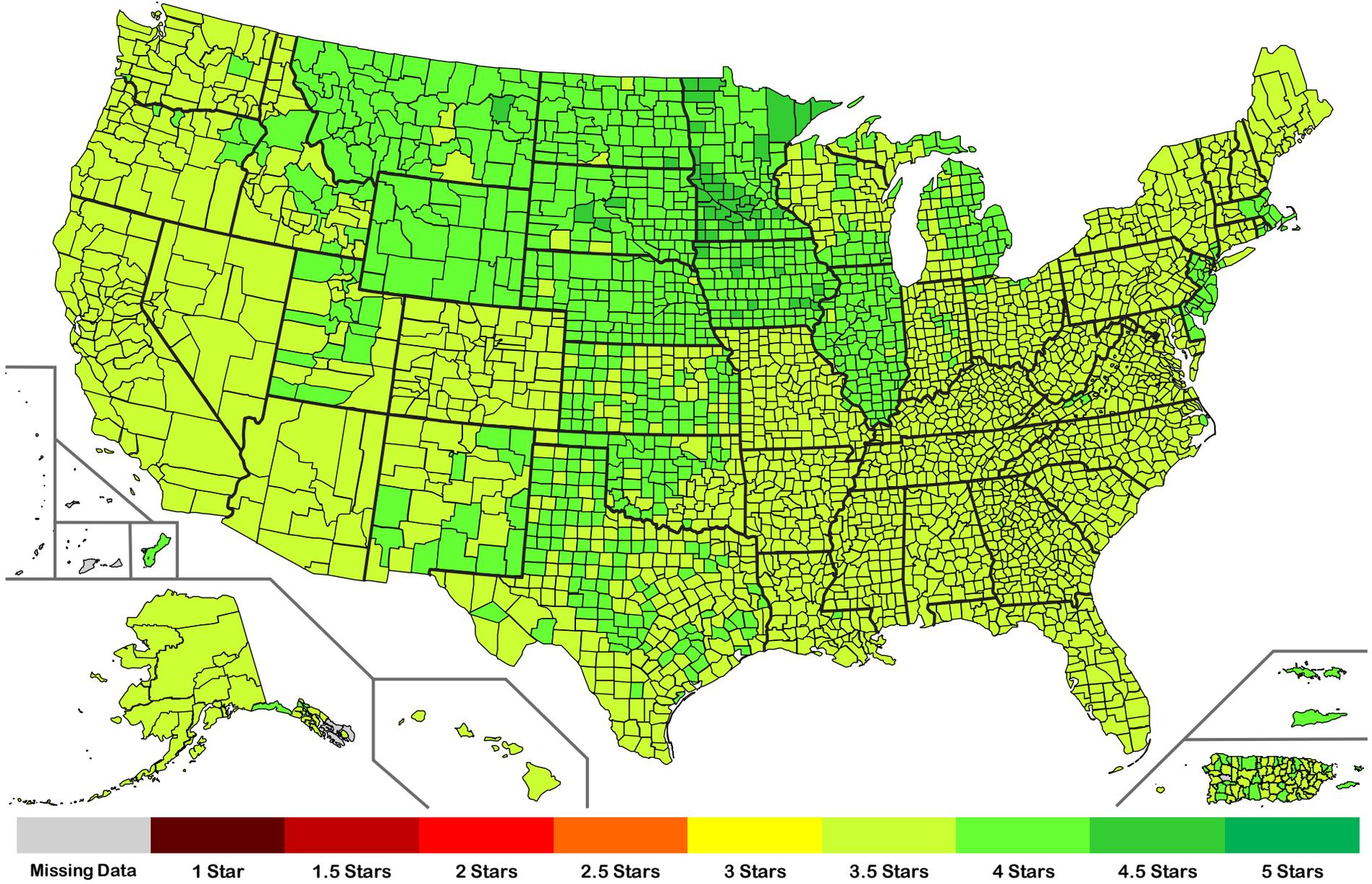
2017 Star Ratings - Enrollment Weighted Average PDP Part D Rating in Non-EGHP Counties



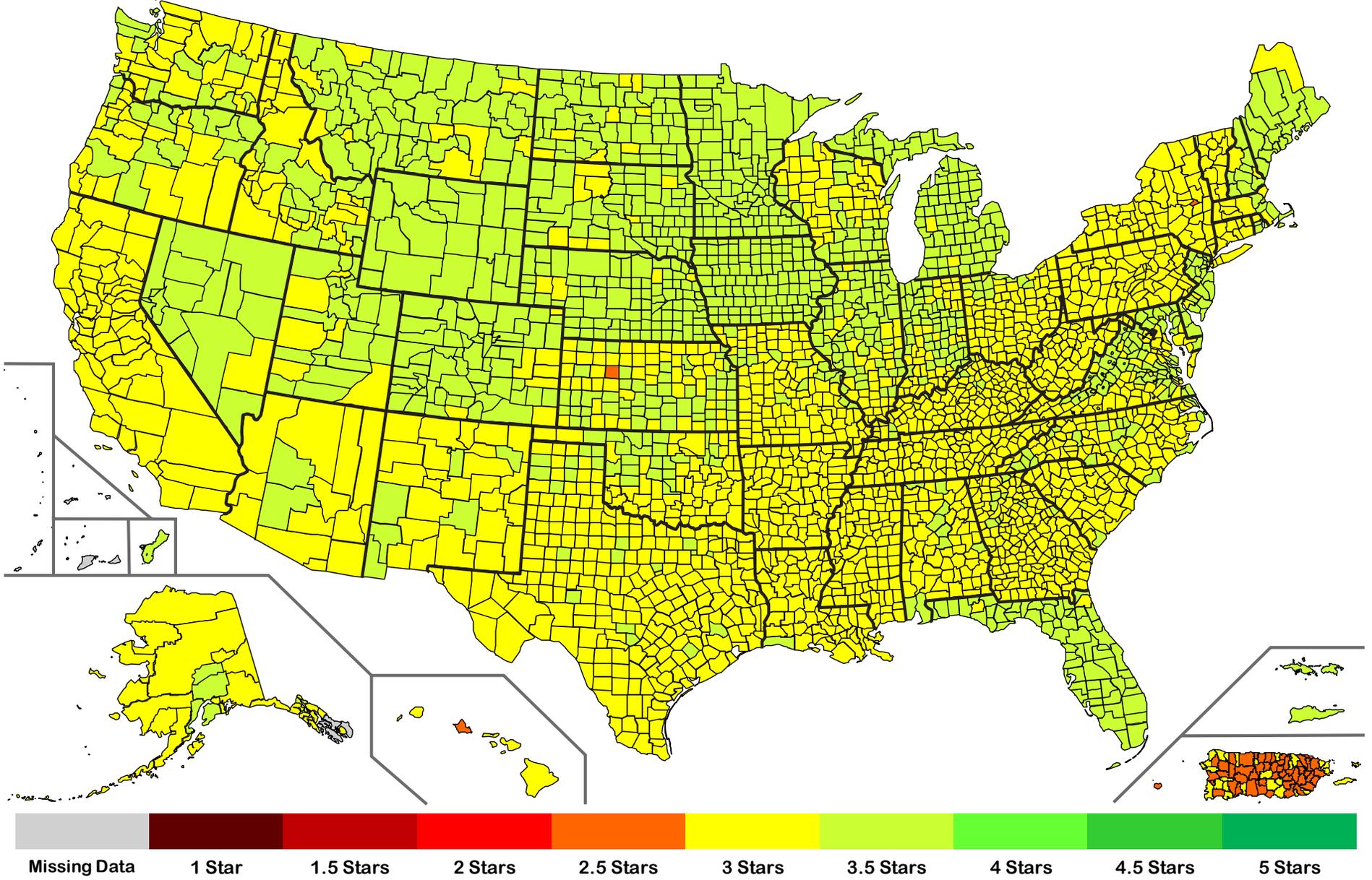
2016 Star Ratings - Enrollment Weighted Average PDP Part D Rating in Non-EGHP Counties



2015 Star Ratings - Enrollment Weighted Average PDP Part D Rating in Non-EGHP Counties



2014 Star Ratings - Enrollment Weighted Average PDP Part D Rating in Non-EGHP Counties



Average Star Rating for Each Measure

Below we list the average Star Ratings for 2014, 2015, 2016, and 2017 Part C and D measures (Tables 12 and 13). In general, Star Ratings have gone up from 2014 to 2017 for most measures.⁴

Table 12: Average Star Rating by Part C Measure

2017 Measure Number	Measure	2014 Average Star	2015 Average Star	2016 Average Star	2017 Average Star
C01	Breast Cancer Screening	3.3	n/a - not used in 2015	3.6	4.0
C02	Colorectal Cancer Screening	3.9	4.2	3.2	3.2
C03	Annual Flu Vaccine	3.4	3.3	3.3	3.3
C04	Improving or Maintaining Physical Health	4.5	4.6	3.3	2.6
C05	Improving or Maintaining Mental Health	2.0	2.5	3.3	3.6
C06	Monitoring Physical Activity	2.4	2.2	2.9	2.9
C07	Adult BMI Assessment	3.8	3.8	4.1	4.4
C08	Special Needs Plan (SNP) Care Management	n/a – new in 2015	2.7	2.5	3.0
C09	Care for Older Adults – Medication Review	3.6	3.9	4.3	4.4
C10	Care for Older Adults – Functional Status Assessment	3.4	3.4	3.9	4.0
C11	Care for Older Adults – Pain Assessment	3.2	4.0	4.1	4.5
C12	Osteoporosis Management in Women who had a Fracture	1.9	2.1	2.5	2.7
C13	Diabetes Care – Eye Exam	4.0	3.7	3.1	3.4
C14	Diabetes Care – Kidney Disease Monitoring	4.5	4.2	3.3	3.6
C15	Diabetes Care – Blood Sugar Controlled	3.3	3.3	3.9	3.7
C16	Controlling Blood Pressure	3.5	3.7	3.4	4.0
C17	Rheumatoid Arthritis Management	3.7	3.5	3.2	3.9
C18	Reducing the Risk of Falling	3.4	3.3	2.7	2.4
C19	Plan All-Cause Readmissions	3.5	3.0	3.3	3.3
C20	Getting Needed Care	3.6	3.4	3.5	3.3
C21	Getting Appointments and Care Quickly	3.5	3.5	3.4	3.3
C22	Customer Service	3.5	3.5	3.5	3.3
C23	Rating of Health Care Quality	3.7	3.7	3.4	3.4
C24	Rating of Health Plan	3.4	3.4	3.3	3.2
C25	Care Coordination	3.4	3.4	3.4	3.4
C26	Complaints about the Health Plan	3.0	4.2	3.9	4.6
C27	Members Choosing to Leave the Plan	3.7	4.3	4.2	4.3
C28	Beneficiary Access and Performance Problems	3.4	n/a - not used in 2015	4.2	4.2
C29	Health Plan Quality Improvement	3.5	3.5	3.4	3.1
C30	Plan Makes Timely Decisions about Appeals	4.1	4.2	4.1	3.8
C31	Reviewing Appeals Decisions	3.3	3.7	3.6	3.7
C32	Call Center – Foreign Language Interpreter and TTY Availability	4.4	n/a - not used in 2015	4.3	4.2

⁴ Changes in the average Star Rating do not always reflect changes in performance since for some measures there have been significant changes in industry performance and shifts in the distribution of scores. The pre-determined star thresholds were removed for the 2016 Star Ratings. Some measures may have greater shifts from 2015 to 2016 compared to other time periods due to the revision to the methodology used to determine the rating.

Table 13: Average Star Rating by Part D Measure for MA-PDs

2017 Measure Number	Measure	2014 MA-PD Average Star	2015 MA-PD Average Star	2016 MA-PD Average Star	2017 MA-PD Average Star
D01	Call Center – Foreign Language Interpreter and TTY Availability	3	n/a – not used in 2015	4.2	4.3
D02	Appeals Auto-Forward	3.4	3.6	4.5	3.9
D03	Appeals Upheld	3.3	3.7	3.3	2.9
D04	Complaints about the Drug Plan	3	4.2	3.9	4.6
D05	Members Choosing to Leave the Plan	3.7	4.3	4.2	4.3
D06	Beneficiary Access and Performance Problems	3.3	n/a – not used in 2015	4.2	4.1
D07	Drug Plan Quality Improvement	3.7	4.1	3.8	3.6
D08	Rating of Drug Plan	3.4	3.5	3.3	3.3
D09	Getting Needed Prescription Drugs	3.5	3.4	3.4	3.6
D10	MPF Price Accuracy	3.9	4.6	3.5	4.7
D11	High Risk Medication	3.6	3.2	4.1	3.7
D12	Medication Adherence for Diabetes Medications	3.7	3.5	3.9	3.5
D13	Medication Adherence for Hypertension (RAS antagonists)	3.7	3.1	4.1	4.0
D14	Medication Adherence for Cholesterol (Statins)	3.6	3.3	4.0	3.5
D15	MTM Program Completion Rate for CMR	n/a – new in 2016	n/a – new in 2016	2.3	2.4

Table 14: Average Star Rating by Part D Measure for PDPs

2017 Measure Number	Measure	2014 PDP Average Star	2015 PDP Average Star	2016 PDP Average Star	2017 PDP Average Star
D01	Call Center – Foreign Language Interpreter and TTY Availability	3.7	n/a – not used in 2015	4.0	3.6
D02	Appeals Auto-Forward	2.7	2.5	4.1	4.1
D03	Appeals Upheld	3.3	3.9	3.1	3.3
D04	Complaints about the Drug Plan	3.4	4.3	3.5	4.3
D05	Members Choosing to Leave the Plan	3.3	3.7	3.6	4.4
D06	Beneficiary Access and Performance Problems	3.8	n/a – not used in 2015	3.9	4.4
D07	Drug Plan Quality Improvement	3.6	4.2	3.8	3.8
D08	Rating of Drug Plan	3.7	3.9	3.2	3.4
D09	Getting Needed Prescription Drugs	4.1	3.8	3.6	3.6
D10	MPF Price Accuracy	4.1	4.7	4.7	4.8
D11	High Risk Medication	2.8	2.7	3.1	3.6
D12	Medication Adherence for Diabetes Medications	3.1	3.0	2.7	3.3
D13	Medication Adherence for Hypertension (RAS antagonists)	3.6	3.8	3.6	3.7
D14	Medication Adherence for Cholesterol (Statins)	3.6	4.2	3.5	3.6
D15	MTM Program Completion Rate for CMR	n/a – new in 2016	n/a – new in 2016	2.3	2.8

Attachment A – 2017 Star Ratings Measure Changes

Below are some additional changes to the 2017 Star Ratings in terms of the measures included.

Specification Changes

- Part C & D measures: C30 – Plan Makes Timely Decisions about Appeals, C31 – Reviewing Appeals Decisions, and D03 – Appeals Upheld: updated each to change re-opening deadline from April 1, 2016 to May 1, 2016.
- Part D measure D03 – Appeals Upheld: removed exclusion for hospice stay.
- Part C & D measures: C28 & D06 – Beneficiary Access and Performance Problems: return to its normal weight of 1.5.
- Part C & D measures C29 – Health Plan Quality Improvement and D07 – Drug Plan Quality Improvement: the CAHPS low reliability “hold harmless” rule has been implemented for contracts affected by very low reliability exclusion of enrollees with less than 6 months in the 2015 survey.
- Part C measure C29 – Health Plan Quality Improvement: added the following measures to the calculation (C01 – Breast Cancer Screening, C26 – Complaints about the Health Plan, C30 – Plan Makes Timely Decisions about Appeals, and C32 – Call Center – Foreign Language Interpreter and TTY Availability).
- Part D measure D07 – Drug Plan Quality Improvement: added the following measures to the calculation (D01 – Call Center – Foreign Language Interpreter and TTY Availability, D03 – Appeals Upheld, D04 – Complaints about the Drug Plan, and D15 – MTM Program Completion Rate for CMR).

Additions

- None

Transitioned Measures

Transitioned measures are measures that have moved to the display page which can be found on the CMS website at this address: <http://go.cms.gov/partcanddstarratings>

- None

Retired measures

- None

Attachment B – 2017 Interim Analytical Adjustment for Socioeconomic Status

As announced in the final 2017 Call Letter⁵ and detailed in the Medicare Part C & D Star Rating Technical Notes⁶, CMS implemented an interim analytical adjustment, the Categorical Adjustment Index (CAI). The CAI is a factor that is added to or subtracted from a contract's overall and/or summary Star Ratings to adjust for the average within-contract disparity in performance associated with a contract's percentages of beneficiaries with Low Income Subsidy/Dual Eligible (LIS/DE) and disability status. The value of the CAI varies by a contract's percentages of beneficiaries with Low Income Subsidy/Dual Eligible (LIS/DE) and disability status.

Below are the changes to the 2017 Star Ratings process to incorporate the interim analytical adjustment for socioeconomic status.

- The summary and overall rating calculation formulas were updated to include the CAI adjustment methodology.
- For contracts whose non-employer service area only covers Puerto Rico, an additional adjustment, a contract-level modified LIS/DE percentage, was determined to address the lack of LIS in Puerto Rico to categorize the contracts for the Categorical Adjustment Index final adjustment category.
- For contracts whose non-employer service area only covers Puerto Rico, the weights for the adherence measures (D12, D13 & D14) were set to 0 in the summary and overall rating calculations. The weights of the adherences were retained at 3 for the improvement measure calculations.

⁵ The final 2017 Call Letter can be found at:

<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2017.pdf>

⁶ The Medicare Part C & D Star Rating Technical Notes can be found on the CMS website at this address:

<http://go.cms.gov/partcanddstarratings>