

Fact Sheet - 2022 Part C and D Star Ratings

Note: The information included in this Fact Sheet is based on the 2022 Star Ratings published on the Medicare Plan Finder on October 8, 2021. For details on the Medicare Advantage (MA) and Part D Star Ratings, please refer to the 2022 Part C & D Star Ratings Technical Notes available at <http://go.cms.gov/partcanddstarratings>.

Introduction

The Centers for Medicare & Medicaid Services (CMS) publishes the Medicare Advantage (Medicare Part C) and Medicare Part D Star Ratings each year to measure the quality of health and drug services received by consumers enrolled in Medicare Advantage (MA) and Prescription Drug Plans (PDPs or Part D plans). The Star Rating system helps Medicare consumers compare the quality of Medicare health and drug plans being offered. As part of this effort, patients are empowered to make health care decisions that are best for them. An important component of this effort is to provide Medicare consumers and their caregivers with meaningful information about quality alongside information about benefits and costs to assist them in being informed and active health care consumers.

Highlights of Contract Performance in 2022 Star Ratings¹

Changes in the Methodology for the 2022 Star Ratings

Medicare Advantage with prescription drug coverage (MA-PD) contracts are rated on up to 38 unique quality and performance measures; MA-only contracts (without prescription drug coverage) are rated on up to 28 measures; and stand-alone PDP contracts are rated on up to 12 measures. Each year, CMS conducts a comprehensive review of the measures that make up the Star Ratings by assessing the reliability of the data, clinical recommendations, and feedback received from stakeholders. The updated Medicare Plan Finder (MPF) Price Accuracy measure was re-specified and the updated measure was moved off the display page and into the 2022 Star Ratings as a new measure². The Care for Older Adults - Functional Status Assessment measure was temporarily moved to the display page (found at <http://go.cms.gov/partcanddstarratings>) for the 2022 and 2023 Star Ratings because the National Committee for Quality Assurance (NCQA) made substantive changes to the measure specification³. Three measures have been retired starting in 2022: Adult Body Mass Index (BMI) Assessment (Part C

¹ Percentages in the Tables may not sum to 100 due to rounding.

² See April 2018 final Part C and D rule (CMS-4182-F) found at <https://www.federalregister.gov/documents/2018/04/16/2018-07179/medicare-program-contract-year-2019-policy-and-technical-changes-to-the-medicare-advantage-medicare>.

³ See Announcement of Calendar Year (CY) 2021 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies released on April 6, 2020 and found at <https://www.cms.gov/files/document/2021-announcement.pdf>.

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measure), Appeals Auto-Forward (Part D measure), and Appeals Upheld (Part D measure)⁴. See 42 C.F.R. §§ 422.164, 423.184.

CMS adopted a number of changes to address the impact of the 2019 Novel Coronavirus (COVID-19) public health emergency (PHE) on Star Ratings in the Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency Interim Final Rule, effective March 31, 2020 (85 FR 19230, April 6, 2020) (“March 31st COVID-19 IFC”).⁵ The March 31st COVID-19-IFC adopted changes to the 2022 Star Ratings to account for expected changes in plan performance. Given the extraordinary circumstances under which the healthcare system was operating, CMS wanted plans to have some degree of certainty related to Star Ratings program requirements and wanted to make sure plans were focused on what was most important: ensuring that Medicare consumers received the care and treatment they needed. The issues facing the health care system, including significant differences across regions and demographic groups, created unique challenges for the 2022 Star Ratings calculations. Below we summarize some specific provisions of the March 31st COVID-19 IFC:

- Delayed implementation of guardrails⁶ for one year to the 2023 Star Ratings so cut points for the 2022 Star Ratings (based on 2020 measurement year) could change by more than 5 percentage points if national performance declined as a result of the COVID-19 PHE. Guardrails are bi-directional caps that restrict upward and downward movement of a measure’s cut points for the current year’s measure-level Star Ratings compared to the prior year’s measure-threshold specific cut points.
- Expanded the existing hold harmless provision for the Part C and D improvement measures to include all contracts for the 2022 summary and overall ratings, so the improvement measures cannot cause a contract’s summary or overall rating to decrease due to lower scores as a result of the COVID-19 PHE.

More changes were adopted through the interim final rule titled Medicare and Medicaid Programs, Clinical Laboratory Improvement Amendments (CLIA), and Patient Protection and Affordable Care Act; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (85 FR 54820, September 2, 2020), published in the Federal Register and effective on September 2, 2020. This rule modified the application of the extreme and uncontrollable circumstances policy for calculation of the 2022 Part C and D Star Ratings by removing the 60 percent exclusion rule

⁴ See Announcement of Calendar Year (CY) 2020 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter released on April 1, 2019 found at <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>.

⁵ See <https://www.federalregister.gov/documents/2020/04/06/2020-06990/medicare-and-medicaid-programs-policy-and-regulatory-revisions-in-response-to-the-covid-19-public>.

⁶ The introduction of guardrails was finalized for the 2022 Star Ratings in the April 2019 final Part C and D rule.

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for cut point calculations for most measures⁷. This allowed us to calculate 2022 measure-level Star Ratings, since all contracts qualify for disaster adjustments during measurement year 2020 as a result of the COVID-19 PHE.

Due to validity concerns related to the COVID-19 PHE, CMS calculated the 2022 Star Ratings without the use of the measures *Improving or Maintaining Physical Health* and *Improving or Maintaining Mental Health*⁸.

Measure Level Changes

During measurement year 2020, there were significant challenges in providing care to Medicare consumers as a result of the COVID-19 pandemic. Data from the 2020 measurement period (2022 Star Ratings) help us understand how the PHE impacted the care delivery system. Tables 1-3 below include information at the national level about the overall change in average measure-level scores from the 2021 to 2022 Star Ratings (for all measures without a substantive specification change between the two years). The scores are shown prior to any disaster adjustments. The arrows indicate whether the change in scores is positive or negative. Please note some of these changes are negligible at the national level. The last column of these tables highlights more substantive changes of 2 percentage points or more in either direction.

- Part C clinical measures are displayed in Table 1 for MA contracts. Scores for most (but not all) measures show a decline for the 2020 measurement year compared to data from the prior year, with the size of the decline differing by measure.
- Part D measures are displayed in Tables 2 and 3 for MA and PDP contracts, respectively. Measure scores for medication adherence, statin therapy, medication reconciliation post-discharge, and Medication Therapy Management (MTM) services show increases for the 2020 measurement year from the prior year.
- Scores on Part C and D patient experience of care measures were generally higher than the prior year, as shown in Tables 1-3.

⁷ See www.federalregister.gov/documents/2020/09/02/2020-19150/medicare-and-medicaid-programs-clinical-laboratory-improvement-amendments-clia-and-patient.

⁸ See HPMS Memo titled *Medicare Health Outcomes Survey (HOS) Outcome Measures Moved to Display for 2022 and 2023 Star Ratings* released on August 5, 2021 at <https://www.cms.gov/httpseditcmgovresearch-statistics-data-and-systemscomputer-data-and-systemshpms-hpms-memos-archive/hpms-memos-wk-1-august-2-6>.

Table 1: Changes in Part C Measure Scores from 2021 to 2022 Star Ratings for MA Contracts

Measure	2021 National Average*	2022 National Average	Change in Average	Increase / Decrease in Performance	Change > 2 points
Special Needs Plan (SNP) Care Management	69.86	72.74	2.87	↑	> 2 points
Statin Therapy for Patients with Cardiovascular Disease	80.86	83.32	2.46	↑	> 2 points
Medication Reconciliation Post-Discharge	64.53	66.93	2.40	↑	> 2 points
Improving Bladder Control	43.75	45.46	1.72	↑	
Reviewing Appeals Decisions	92.26	93.94	1.67	↑	
Rating of Health Plan	86.28	87.41	1.13	↑	
Rating of Health Care Quality	86.18	87.14	0.96	↑	
Getting Appointments and Care Quickly	78.14	78.96	0.82	↑	
Annual Flu Vaccine	72.64	73.07	0.43	↑	
Customer Service	90.55	90.87	0.32	↑	
Care Coordination	85.99	86.21	0.22	↑	
Complaints about the Plan	0.19	0.21	0.02**	↓	
Getting Needed Care	83.13	83.01	-0.13	↓	
Plan Makes Timely Decisions about Appeals	95.86	94.98	-0.88	↓	
Rheumatoid Arthritis Management	78.84	77.89	-0.95	↓	
Reducing the Risk of Falling	56.30	55.30	-1.00	↓	
Diabetes Care – Kidney Disease Monitoring	95.64	94.43	-1.20	↓	
Call Center – Foreign Language Interpreter and TTY Availability	93.30	92.09	-1.21	↓	
Colorectal Cancer Screening	74.23	72.87	-1.35	↓	
Monitoring Physical Activity	50.94	49.52	-1.42	↓	
Members Choosing to Leave the Plan	13.16	14.68	1.52**	↓	
Care for Older Adults – Pain Assessment	92.86	90.37	-2.49	↓	> 2 points
Care for Older Adults – Medication Review	92.42	89.78	-2.65	↓	> 2 points
Breast Cancer Screening	74.73	71.17	-3.56	↓	> 2 points
Diabetes Care – Blood Sugar Controlled	80.26	76.35	-3.91	↓	> 2 points
Diabetes Care – Eye Exam	75.00	70.51	-4.49	↓	> 2 points
Osteoporosis Management in Women who had a Fracture	48.03	39.64	-8.39	↓	> 2 points

* Measures from HEDIS and CAHPS used data from the 2020 Star Ratings (collected in 2019 and unaffected by the COVID-19 PHE).

**For *Complaints about the Plan* and *Members Choosing to Leave the Plan* a lower score is better. An increase in scores for these 2 measures is a decrease in performance. The *Complaints about the Plan* measure is a rate of complaints about the plan per 1,000 members.

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Table 2: Changes in Part D Measure Scores from 2021 to 2022 Star Ratings for MA-PD Contracts

Measure	2021 National Average*	2022 National Average	Change in Average	Increase / Decrease in Performance	Change > 2 points
MTM Program Completion Rate for CMR	76.89	83.35	6.46	↑	> 2 points
Medication Adherence for Cholesterol (Statins)	82.35	86.24	3.89	↑	> 2 points
Medication Adherence for Diabetes Medications	82.61	86.03	3.43	↑	> 2 points
Statin Use in Persons with Diabetes (SUPD)	80.25	82.86	2.61	↑	> 2 points
Medication Adherence for Hypertension (RAS antagonists)	84.58	87.04	2.46	↑	> 2 points
Rating of Drug Plan	85.05	86.43	1.38	↑	
Getting Needed Prescription Drugs	90.06	91.05	1.00	↑	
Complaints about the Plan	0.19	0.21	0.02**	↓	
Call Center – Foreign Language Interpreter and TTY Availability	91.74	91.02	-0.73	↓	
Members Choosing to Leave the Plan	13.16	14.68	1.52**	↓	

* Measures from CAHPS used data from the 2020 Star Ratings (collected in 2019 and unaffected by the COVID-19 PHE).

**For *Complaints about the Plan* and *Members Choosing to Leave the Plan* a lower score is better. An increase in scores for these 2 measures is a decrease in performance. The *Complaints about the Plan* measure is a rate of complaints about the plan per 1,000 members.

Table 3: Changes in Part D Measure Scores from 2021 to 2022 Star Ratings for PDP Contracts

Measure	2021 National Average*	2022 National Average	Change in Average	Increase / Decrease in Performance	Change > 2 points
MTM Program Completion Rate for CMR	44.54	53.74	9.20	↑	> 2 points
Medication Adherence for Cholesterol (Statins)	84.32	87.08	2.76	↑	> 2 points
Medication Adherence for Diabetes Medications	84.65	86.68	2.02	↑	> 2 points
Medication Adherence for Hypertension (RAS antagonists)	86.62	88.45	1.83	↑	
Statin Use in Persons with Diabetes (SUPD)	78.73	80.34	1.61	↑	
Getting Needed Prescription Drugs	89.97	90.56	0.59	↑	
Rating of Drug Plan	83.61	84.15	0.54	↑	
Complaints about the Plan	0.04	0.06	0.02**	↓	
Members Choosing to Leave the Plan	9.71	10.65	0.94**	↓	
Call Center – Foreign Language Interpreter and TTY Availability	92.43	88.71	-3.72	↓	> 2 points

* Measures from CAHPS used data from the 2020 Star Ratings (collected in 2019 and unaffected by the COVID-19 PHE).

**For *Complaints about the Plan* and *Members Choosing to Leave the Plan* a lower score is better. An increase in scores for these 2 measures is a decrease in performance. The *Complaints about the Plan* measure is a rate of complaints about the plan per 1,000 members.

Measure-level Disaster Adjustments

All Part C and D contracts qualified for the extreme and uncontrollable circumstances policy for the 2022 Star Ratings as a result of the COVID-19 PHE. Therefore, for most measures if a measure-level Star Rating is lower in the current year, the measure-level Star Rating (and numeric score) reverts to the

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rating (and numeric score) from the prior year (see 42 C.F.R. §§ 422.166(i), 423.186(i)). Below we summarize how often contracts in the 2022 Star Ratings reverted to the measure-level 2021 Star Ratings.

- For Part C non-SNP specific measures, MA contracts reverted to the measure-level 2021 Star Rating on average 3.9 times out of 20 measures eligible for the disaster adjustment due to COVID-19.
- For Part C SNP-specific measures,⁹ MA contracts reverted to the measure-level 2021 Star Rating on average 0.6 times out of 3 measures.
- For Part D measures, MA-PD contracts reverted to the measure-level 2021 Star Rating on average 1.4 times out of 9 measures.
- For Part D measures, PDP contracts reverted to the measure-level 2021 Star Rating on average 2.8 times out of 9 measures.

Rating Distribution

The last row in Table 4 details the trend in the average overall Star Ratings weighted by enrollment for MA contracts offering prescription drug coverage (MA-PDs) from 2019 to 2022. The change in distribution from 2021 to 2022 Star Ratings is influenced by changes in measure scores in both the positive and negative directions and the unusual circumstance of all contracts qualifying for the disaster adjustment for the 2022 Star Ratings.

- Approximately 68 percent of MA-PDs (322 contracts) that will be offered in 2022 earned 4 stars or higher for their 2022 overall rating.
- Weighted by enrollment, approximately 90 percent of MA-PD enrollees are currently in contracts that will have 4 or more stars in 2022.

Table 4: 2019 - 2022 Overall Star Rating Distribution for MA-PD Contracts

Overall Rating	2019			2020			2021			2022		
	# of Contracts	%	Weighted by Enrollment	# of Contracts	%	Weighted by Enrollment	# of Contracts	%	Weighted by Enrollment	# of Contracts	%	Weighted by Enrollment
5 stars	14	3.72	8.93	20	4.99	10.96	21	5.25	9.15	74	15.71	26.59
4.5 stars	64	17.02	26.35	72	17.96	31.41	63	15.75	21.92	96	20.38	33.21
4 stars	94	25.00	40.08	118	29.43	38.82	110	27.50	45.76	152	32.27	29.87
3.5 stars	124	32.98	17.41	131	32.67	15.82	141	35.25	18.97	122	25.90	8.49
3 stars	66	17.55	7.00	55	13.72	2.93	61	15.25	4.14	25	5.31	1.80
2.5 stars	14	3.72	0.23	4	1.00	0.05	4	1.00	0.06	2	0.42	0.03
2 stars	0	0.00	0.00	1	0.25	0.02	0	0.00	0.00	0	0.00	0.00
Total Rated Contracts	376	100		401	100		400	100		471	100	
Average Star Rating*	4.06			4.16			4.06			4.37		

* The average Star Rating is weighted by enrollment.

⁹ The SNP-specific measures include SNP Care Management, Care for Older Adults – Medication Review, and Care for Older Adults – Pain Assessment.

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The last row in Table 5 details the trend in the average Part D Ratings weighted by enrollment for stand-alone PDPs from 2019 to 2022.

- Approximately 54 percent of PDPs (29 contracts) that will be active in 2022 received 4 or more stars for their 2022 Part D Rating.
- Weighted by enrollment, about 42 percent of PDP enrollees are in contracts with 4 or more stars.

Table 5: 2019 - 2022 Part D Rating Distribution for PDPs

Overall Rating	2019			2020			2021			2022		
	# of Contracts	%	Weighted by Enrollment	# of Contracts	%	Weighted by Enrollment	# of Contracts	%	Weighted by Enrollment	# of Contracts	%	Weighted by Enrollment
5 stars	4	7.69	1.92	2	3.70	0.76	5	9.09	0.13	10	18.52	0.93
4.5 stars	5	9.62	0.69	7	12.96	1.78	7	12.73	2.38	5	9.26	4.74
4 stars	7	13.46	0.83	7	12.96	25.04	11	20.00	14.13	14	25.93	36.21
3.5 stars	15	28.85	68.61	21	38.89	42.12	19	34.55	81.24	20	37.04	52.84
3 stars	16	30.77	21.77	14	25.93	29.45	9	16.36	1.01	3	5.56	3.84
2.5 stars	2	3.85	0.37	3	5.56	0.84	4	7.27	1.10	2	3.70	1.44
2 stars	2	3.85	5.45	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
1.5 stars	1	1.92	0.35	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Total Rated Contracts	52	100		54	100		55	100		54	100	
Average Star Rating*	3.34			3.50			3.58			3.70		

* The average Star Rating is weighted by enrollment.

5-Star Contracts

A total of 87 contracts are highlighted on the Medicare Plan Finder with a high performing icon¹⁰ indicating they earned 5 stars; 74 are MA-PD contracts (Table A1 in Appendix), 3 are 1876 Cost contracts (Table A2 in Appendix), and 10 are PDPs (Table A3 in Appendix). For 2022, 60 contracts receiving the high performing icon did not receive it in 2021.

Consistently Low Performers

There are no contracts identified on the Medicare Plan Finder with a low performance icon¹¹ for consistently low quality ratings. Last year, one contract received this warning.

Tax Status and Performance

Organizations that are non-profit more frequently earn higher ratings than organizations that are for-profit. For MA-PDs, approximately 82% of the non-profit contracts received 4 or more stars compared

¹⁰ 42 C.F.R. §§ 422.166(h)(1)(i), 423.186(h)(1)(i).

¹¹ 42 C.F.R. §§ 422.166(h)(1)(ii), 423.186(h)(1)(ii).

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to 62% of the for-profit MA-PDs. Similarly, for PDPs approximately 64% of non-profit PDPs received 4 or more stars compared to 45% of the for-profit PDPs.

Below is the ratings distribution by tax status for MA-PD (Table 6) and PDP (Table 7) contracts.

Table 6: Distribution of Overall Star Ratings for For-profit and Non-profit MA-PDs

2022 Overall Rating	Count For-Profit	% For-Profit	Weighted by Enrollment For-Profit	Count Non-Profit	% Non-Profit	Weighted By Enrollment Non-Profit
5 stars	34	10.53	20.46	40	27.03	45.73
4.5 stars	51	15.79	33.31	45	30.41	32.91
4 stars	115	35.60	34.28	37	25.00	16.12
3.5 stars	99	30.65	10.15	23	15.54	3.31
3 stars	22	6.81	1.76	3	2.03	1.94
2.5 stars	2	0.62	0.04	0	0.00	0.00
Total Number of Contracts	323			148		

Table 7: Distribution of Part D Ratings for For-profit and Non-profit PDPs

2022 Overall Rating	Count For-Profit	% For-Profit	Weighted by Enrollment For-Profit	Count Non-Profit	% Non-Profit	Weighted By Enrollment Non-Profit
5 stars	4	12.90	0.42	6	27.27	17.22
4.5 stars	2	6.45	3.20	2	9.09	28.21
4 stars	8	25.81	37.21	6	27.27	13.98
3.5 stars	12	38.71	53.68	8	36.36	40.58
3 stars	3	9.68	3.99	0	0.00	0.00
2.5 stars	2	6.45	1.50	0	0.00	0.00
Total Number of Contracts	31			22		

Length of Time in Program and Performance

Generally, higher overall Star Ratings are associated with contracts that have more experience in the MA program. MA-PDs with 10 or more years in the program are more likely to have 4 or more stars compared to contracts with less than 5 years in the program. For PDPs, the relationship is similar in that PDPs with 10 or more years in the program do better in the Star Ratings relative to contracts with less experience. The tables below show the distribution of ratings by the number of years in the program (MA-PDs are shown in Table 8 and PDPs in Table 9).

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Table 8: Distribution of 2022 Overall Star Ratings by Length of Time in Program for MA-PDs

2022 Overall Rating	Number of Contracts with less than 5 Years	% Less than 5 Years	Number of Contracts with 5 years to Less than 10 Years	% 5 Years to Less than 10 Years	Number of Contracts with 10 or More Years	% 10 or More Years
5 stars	9	6.98	9	12.16	56	20.90
4.5 stars	12	9.30	13	17.57	71	26.49
4 stars	47	36.43	23	31.08	82	30.60
3.5 stars	41	31.78	26	35.14	55	20.52
3 stars	18	13.95	3	4.05	4	1.49
2.5 stars	2	1.55	0	0.00	0	0.00
Total Number of Contracts	129		74		268	

Table 9: Distribution of 2022 Part D Ratings by Length of Time in Program for PDPs

2022 Overall Rating	Number of Contracts with less than 5 Years	% Less than 5 Years	Number of Contracts with 5 years to Less than 10 Years	% 5 Years to Less than 10 Years	Number of Contracts with 10 or More Years	% 10 or More Years
5 stars	0	0.00	2	40.00	8	18.18
4.5 stars	0	0.00	1	20.00	4	9.09
4 stars	0	0.00	0	0.00	14	31.82
3.5 stars	2	40.00	2	40.00	16	36.36
3 stars	1	20.00	0	0.00	2	4.55
2.5 stars	0	0.00	0	0.00	0	0.00
2 stars	2	40.00	0	0.00	0	0.00
Total Number of Contracts	5		5		44	

Average Star Rating for Each Measure

Below we list the average Star Ratings for 2019, 2020, 2021, and 2022 Part C and D measures (Tables 10, 11 and 12) using all measure scores for contracts that are publicly reported in a given year. The 2022 average Star Rating is after the disaster adjustment has been applied. Please note that Star Rating measure averages (means) do not always reflect performance changes, as measure-level cut points change to reflect significant changes in industry performance and distribution of scores¹².

¹² For more information about cut points, see April 2019 final Part C and D rule (CMS-4185-F) found at <https://www.federalregister.gov/documents/2019/04/16/2019-06822/medicare-and-medicaid-programs-policy-and-technical-changes-to-the-medicare-advantage-medicare>

For HEDIS and CAHPS measures, the 2021 average star does not always equal the 2020 average star even though the same data were used for those measures (per the March 31st COVID-19 IFC), because the set of contracts has changed slightly from year to year.

Table 10: 2019 - 2022 Average Star Rating by Part C Measure

Measure	2019 Average Star	2020 Average Star	2021 Average Star	2022 Average Star
Breast Cancer Screening	3.4	3.5	3.5	3.9
Colorectal Cancer Screening	3.8	3.8	3.9	3.9
Annual Flu Vaccine	3.2	3.2	3.2	3.4
Monitoring Physical Activity	2.8	3.2	3.5	3.1
Special Needs Plan (SNP) Care Management	3.2	3.1	3.4	3.6
Care for Older Adults – Medication Review	4.4	4.3	4.3	4.4
Care for Older Adults – Pain Assessment	4.0	4.4	4.5	4.4
Osteoporosis Management in Women who had a Fracture	2.6	3.1	3.1	3.1
Diabetes Care – Eye Exam	3.7	3.8	3.8	3.8
Diabetes Care – Kidney Disease Monitoring	4.2	4.1	4.2	4.2
Diabetes Care – Blood Sugar Controlled	3.7	4.2	4.2	4.3
Rheumatoid Arthritis Management	3.0	3.6	3.6	3.7
Reducing the Risk of Falling	3.0	2.5	3.0	2.5
Improving Bladder Control	3.1	3.2	3.2	2.7
Medication Reconciliation Post-Discharge	2.9	3.0	3.0	3.5
Statin Therapy for Patients with Cardiovascular Disease	3.3	3.1	3.1	3.5
Getting Needed Care	3.3	3.3	3.3	3.6
Getting Appointments and Care Quickly	3.4	3.4	3.4	3.6
Customer Service	3.4	3.5	3.5	3.8
Rating of Health Care Quality	3.3	3.3	3.3	3.6
Rating of Health Plan	3.3	3.2	3.2	3.5
Care Coordination	3.4	3.4	3.4	3.7
Complaints about the Plan	4.0	4.9	4.8	4.7
Members Choosing to Leave the Plan	3.9	3.9	4.0	4.1
Health Plan Quality Improvement	3.4	3.4	3.2	3.7
Plan Makes Timely Decisions about Appeals	4.2	4.4	4.3	4.6
Reviewing Appeals Decisions	3.9	4.1	4.5	4.6
Call Center – Foreign Language Interpreter and TTY Availability	4.3	4.3	4.3	4.6

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Table 11: 2019 - 2022 Average Star Rating by Part D Measure for MA-PDs

Measure	2019 MA-PD Average Star	2020 MA-PD Average Star	2021 MA-PD Average Star	2022 MA-PD Average Star
Call Center – Foreign Language Interpreter and TTY Availability	4.3	4.6	4.4	4.5
Complaints about the Plan	4.0	4.9	4.8	4.7
Members Choosing to Leave the Plan	3.9	3.9	4.0	4.1
Drug Plan Quality Improvement	4.2	3.7	3.5	4.2
Rating of Drug Plan	3.2	3.0	3.0	3.4
Getting Needed Prescription Drugs	3.5	3.5	3.5	3.8
MPF Price Accuracy	4.8	4.8	4.9	4.0
Medication Adherence for Diabetes Medications	3.7	3.9	3.7	3.7
Medication Adherence for Hypertension (RAS antagonists)	3.1	3.3	3.2	3.9
Medication Adherence for Cholesterol (Statins)	3.2	3.4	3.3	3.6
MTM Program Completion Rate for CMR	3.3	3.6	3.7	4.0
Statin Use in Persons with Diabetes (SUPD)	3.3	3.5	3.1	3.4

Table 12: 2019 – 2022 Average Star Rating by Part D Measure for PDPs

Measure	2019 PDP Average Star	2020 PDP Average Star	2021 PDP Average Star	2022 PDP Average Star
Call Center – Foreign Language Interpreter and TTY Availability	4.2	4.1	4.2	4.2
Complaints about the Plan	3.6	4.4	4.9	4.8
Members Choosing to Leave the Plan	4.1	3.8	4.1	4.2
Drug Plan Quality Improvement	4.2	3.7	4.1	4.1
Rating of Drug Plan	3.3	3.5	3.5	3.8
Getting Needed Prescription Drugs	3.4	3.5	3.6	3.9
MPF Price Accuracy	4.6	4.8	4.9	3.3
Medication Adherence for Diabetes Medications	2.6	3.3	3.9	3.9
Medication Adherence for Hypertension (RAS antagonists)	3.0	3.2	3.1	3.5
Medication Adherence for Cholesterol (Statins)	3.1	3.3	3.6	3.6
MTM Program Completion Rate for CMR	2.6	3.3	3.6	3.7
Statin Use in Persons with Diabetes (SUPD)	2.9	3.0	3.0	3.3

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APPENDIX

Table A1: MA-PD Contracts Receiving the 2022 High Performing Icon

Contract	Contract Name	Parent Organization	Enrolled 10/2021	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year	SNP
H0154	VIVA HEALTH, INC.	Triton Health Systems, L.L.C.	49,828	1 or more counties in AL	1 or more counties in AL	No	Yes
H0169	UNITEDHEALTHCARE OF THE MIDWEST, INC.	UnitedHealth Group, Inc.	56,487	1 or more counties in IA, KS, MO, NE	Not applicable	No	Yes
H0292	HUMANA HEALTH PLAN OF OHIO, INC.	Humana Inc.	8,104	1 or more counties in KY	Not applicable	No	No
H0294	CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY	UnitedHealth Group, Inc.	44,651	1 or more counties in MI, WI	Not applicable	No	Yes
H0332	KS PLAN ADMINISTRATORS, LLC	Kelsey-Seybold Medical Group, PLLC	39,100	1 or more counties in TX	1 or more counties in TX	Yes	No
H0524	KAISER FOUNDATION HP, INC.	Kaiser Foundation Health Plan, Inc.	1,295,548	1 or more counties in CA	Not applicable	Yes	Yes
H0630	KAISER FOUNDATION HP OF CO	Kaiser Foundation Health Plan, Inc.	112,250	1 or more counties CO	1 or more counties in CO	Yes	Yes
H0710	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	UnitedHealth Group, Inc.	39,930	1 or more counties in AL, AZ, CO, CT, DE, FL, GA, IA, IL, IN, MD, ME, MN, MO, MS, NC, NH, NJ, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA	1 or more counties in AK, AL, AR, AS, AZ, CA, CO, DC, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MP, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY	Yes	Yes
H1019	CAREPLUS HEALTH PLANS, INC.	Humana Inc.	196,637	1 or more counties in FL	Not applicable	Yes	Yes
H1170	KAISER FOUNDATION HP OF GA, INC.	Kaiser Foundation Health Plan, Inc.	33,989	1 or more counties in GA	1 or more counties in GA	Yes	Yes
H1230	KAISER FOUNDATION HP, INC.	Kaiser Foundation Health Plan, Inc.	34,310	1 or more counties in HI	Not applicable	Yes	Yes
H1365	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.	Martin's Point Health Care, Inc.	1,146	1 or more counties in ME, NH	Not applicable	No	No

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Contract	Contract Name	Parent Organization	Enrolled 10/2021	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year	SNP
H1537	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	UnitedHealth Group, Inc.	2,117	1 or more counties in AK, AL, AR, AS, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MP, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY	1 or more counties in AK, AL, AR, AS, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY	Yes	No
H1951	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	Humana Inc.	185,652	1 or more counties in LA	Not applicable	No	Yes
H1961	PEOPLES HEALTH, INC.	UnitedHealth Group, Inc.	84,540	1 or more counties in LA	1 or more counties in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY	No	Yes
H1994	SELECTHEALTH, INC.	Intermountain Health Care, Inc.	40,095	1 or more counties in ID, NV, UT	1 or more counties in ID, UT	No	Yes
H2001	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	UnitedHealth Group, Inc.	1,524,329	1 or more counties in ME, UT	1 or more counties in AK, AL, AR, AS, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, MP, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY	No	No
H2172	KAISER FDTN HLTH PLAN OF THE MID-ATLANTIC STATES	Kaiser Foundation Health Plan, Inc.	101,395	1 or more counties in MD, DC, VA	Not applicable	Yes	No
H2225	COMMONWEALTH CARE ALLIANCE, INC.	Commonwealth Care Alliance, Inc.	12,058	1 or more counties in MA	Not applicable	No	Yes
H2226	UNITEDHEALTHCARE INSURANCE COMPANY	UnitedHealth Group, Inc.	20,168	1 or more counties in MA	Not applicable	Yes	Yes
H2235	BAYCARE SELECT HEALTH PLANS, INC.	BayCare Health System, Inc.	11,126	1 or more counties in FL	Not applicable	No	No

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Contract	Contract Name	Parent Organization	Enrolled 10/2021	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year	SNP
H2256	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	Point32Health, Inc.	104,990	1 or more counties in MA	Not applicable	Yes	No
H2292	OXFORD HEALTH INSURANCE, INC.	UnitedHealth Group, Inc.	8,638	1 or more counties in NY	Not applicable	No	Yes
H2416	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	PrimeWest Rural MN Health Care Access Initiative	1,857	1 or more counties in MN	Not applicable	No	Yes
H2419	SOUTH COUNTRY HEALTH ALLIANCE	South Country Health Alliance	1,462	1 or more counties in MN	Not applicable	No	Yes
H2422	HEALTHPARTNERS, INC.	HealthPartners, Inc.	4,876	1 or more counties in MN	Not applicable	Yes	Yes
H2425	BLUE PLUS	Aware Integrated, Inc.	8,388	1 or more counties in MN	Not applicable	No	Yes
H2459	UCARE MINNESOTA	UCare Minnesota	116,476	1 or more counties in MN	1 or more counties in ND, SD, WI	No	Yes
H2462	GROUP HEALTH PLAN, INC. (MN)	HealthPartners, Inc.	4,157	1 or more counties in MN, ND, SD, WI	1 county in WI	No	No
H2610	ESSENCE HEALTHCARE, INC.	Essence Group Holdings Corporation	63,175	1 or more counties in IL, MO	Not applicable	No	Yes
H3344	INDEPENDENT HEALTH BENEFITS CORPORATION	Independent Health Association, Inc.	5,766	1 or more counties in NY	1 or more counties in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	No	No
H3351	EXCELLUS HEALTH PLAN, INC.	Lifetime Healthcare, Inc.	94,711	1 or more counties in NY	1 or more counties in NY	No	No
H3362	INDEPENDENT HEALTH ASSOCIATION, INC.	Independent Health Association, Inc.	59,224	1 or more counties in NY	1 or more counties in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	No	Yes
H3388	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.	Capital District Physicians' Health Plan, Inc.	42,258	1 or more counties in NY	1 or more counties in NY	No	No

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Contract	Contract Name	Parent Organization	Enrolled 10/2021	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year	SNP
H3416	HEALTHPARTNERS UNITYPOINT HEALTH, INC.	HealthPartners UnityPoint Health, Inc.	3,104	1 or more counties in IA, IL	1 or more counties in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	No	No
H3557	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	Blue Cross & Blue Shield of Rhode Island	8,140	1 or more counties in RI	1 or more counties in AK, AL, AR, AS, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MP, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY	No	No
H3597	AETNA HEALTH INC. (ME)	CVS Health Corporation	14,070	1 or more counties in ME	1 or more counties in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	No	Yes
H3664	AULTCARE HEALTH INSURING CORPORATION	Aultman Health Foundation	15,407	1 or more counties in OH	1 or more counties in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	No	No
H3794	CARE IMPROVEMENT PLUS WISCONSIN	UnitedHealth Group, Inc.	21,493	1 or more counties in WI	Not applicable	No	Yes

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Contract	Contract Name	Parent Organization	Enrolled 10/2021	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year	SNP
	INSURANCE COMPANY						
H3907	UPMC HEALTH PLAN, INC.	UPMC Health System	154,545	1 or more counties in OH, PA	1 or more counties in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY	No	No
H3916	HIGHMARK SENIOR HEALTH COMPANY	Highmark Health	161,520	62 counties in PA	1 or more counties in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY	No	No
H3952	KEYSTONE HEALTH PLAN EAST, INC.	Independence Health Group, Inc.	82,851	1 or more counties in PA	Not applicable	No	No
H3957	HIGHMARK CHOICE COMPANY	Highmark Health	74,113	1 or more counties in PA	1 or more counties in PA	No	No
H4152	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	Blue Cross & Blue Shield of Rhode Island	54,115	1 or more counties in RI	1 county in CT, MA	No	Yes
H4172	NHC ADVANTAGE, LLC	Missouri Healthcare Advisors, LLC	925	1 or more counties in MO, SC, TN	Not applicable	No	Yes
H4461	CARITEN HEALTH PLAN INC.	Humana Inc.	136,513	1 or more counties in TN	Not applicable	No	Yes
H4497	MEDICAL MUTUAL OF OHIO	MEDICAL MUTUAL OF OHIO	8,241	1 or more counties in OH	1 or more counties in AK, AL, AR, AS, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MP, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN,	No	No

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Contract	Contract Name	Parent Organization	Enrolled 10/2021	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year	SNP
					TX, UT, VA, VI, VT, WA, WI, WV, WY		
H4590	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.	UnitedHealth Group, Inc.	314,930	1 or more counties in TX	Not applicable	No	Yes
H4882	HEALTHPARTNERS, INC.	HealthPartners, Inc.	35,878	1 or more counties in MN, WI	1 or more counties in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	No	No
H5010	ASURIS NORTHWEST HEALTH	Cambia Health Solutions, Inc.	913	1 or more counties in WA	Not applicable	No	No
H5042	CDPHP UNIVERSAL BENEFITS, INC.	Capital District Physicians' Health Plan, Inc.	6,680	1 or more counties in NY	1 or more counties in NY	Yes	No
H5050	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	Kaiser Foundation Health Plan, Inc.	98,260	1 or more counties in WA	Not applicable	No	No
H5087	WELLCARE OF CALIFORNIA, INC.	Centene Corporation	69,388	1 or more counties in CA	Not applicable	No	Yes
H5209	My Choice Wisconsin Health Plan, Inc.	My Choice Wisconsin, Inc.	2,024	1 or more counties in WI	Not applicable	No	Yes
H5215	NETWORK HEALTH INSURANCE CORPORATION	Network Health, Inc.	65,611	1 or more counties in WI	1 or more counties in WI	No	Yes
H5253	UNITEDHEALTHCARE OF WISCONSIN, INC.	UnitedHealth Group, Inc.	679,094	1 or more counties in AZ, IA, IL, KY, NC, OH, TN, VA, WI	1 or more counties in AZ, IA, NC	No	Yes
H5262	QUARTZ HEALTH PLAN CORPORATION	University of Wisconsin Hospitals and Clinics Autho	23,024	1 or more counties in IA, IL, WI	Not applicable	Yes	No
H5386	SHARP HEALTH PLAN	Sharp Healthcare	6,997	1 county in CA	Not applicable	No	No
H5410	HEALTHSPRING OF FLORIDA, INC.	CIGNA	61,020	1 or more counties in FL	1 or more counties in FL	Yes	Yes
H5420	MEDICA HEALTHCARE PLANS, INC.	UnitedHealth Group, Inc.	42,550	1 or more counties in FL	Not applicable	No	Yes
H5431	HEALTHSUN HEALTH PLANS, INC.	Anthem Inc.	57,295	1 or more counties in FL	Not applicable	Yes	Yes

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Contract	Contract Name	Parent Organization	Enrolled 10/2021	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year	SNP
H5522	HEALTHASSURANCE PENNSYLVANIA, INC.	CVS Health Corporation	86,216	1 or more counties in PA	1 or more counties in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	No	No
H5526	Highmark Western and Northeastern New York Inc.	Highmark Health	18,265	1 or more counties in NY	1 or more counties in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	Yes	No
H5533	UPMC HEALTH NETWORK, INC.	UPMC Health System	7,875	1 or more counties in PA	1 or more counties in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY	No	No
H5591	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.	Martin's Point Health Care, Inc.	53,423	1 or more counties in ME, NH	Not applicable	Yes	Yes
H5594	OPTIMUM HEALTHCARE, INC.	Anthem Inc.	52,655	1 or more counties in FL	Not applicable	No	Yes
H5652	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	UnitedHealth Group, Inc.	5,301	1 or more counties in CO, FL, KS, MA, MD, MI, NC, NJ, PA, TX, VA	Not applicable	Yes	Yes
H5883	BLUE CARE NETWORK OF MICHIGAN	Blue Cross Blue Shield of Michigan Mutual Ins. Co.	91,548	1 or more counties in MI	1 or more counties in MI	No	No
H5938	CAPITAL HEALTH PLAN	Guidewell Mutual Holding Corporation	22,950	1 or more counties in FL	1 or more counties in FL	No	No

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Contract	Contract Name	Parent Organization	Enrolled 10/2021	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year	SNP
H9003	KAISER FOUNDATION HP OF THE N W	Kaiser Foundation Health Plan, Inc.	101,266	1 or more counties in OR, WA	1 county in OR, WA	Yes	No
H9047	PROVIDENCE HEALTH ASSURANCE	Providence Health & Services	61,891	1 or more counties in OR, WA	Not applicable	No	Yes
H9096	DEAN HEALTH PLAN, INC.	SSM Health Care Corporation	8,467	1 or more counties in WI	Not applicable	No	No
H9808	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA	Moses H. Cone Memorial Hospital Corp.	15,331	1 or more counties in NC	Not applicable	No	No
H9834	QUARTZ HEALTH PLAN MN CORPORATION	University of Wisconsin Hospitals and Clinics Autho	2,777	1 or more counties in MN	Not applicable	Yes	No

Table A2: 1876 Cost Contracts Receiving the 2022 High Performing Indicator*

Contract ID	Contract Name	Parent Organization	Enrolled 10/2021	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year
H1651	MEDICAL ASSOCIATES HEALTH PLAN, INC.	Medical Associates Clinic, P.C.	14,336	1 or more counties in IA and IL	Not applicable	Yes
H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN	Medical Associates Clinic, P.C.	3,766	1 or more counties in WI	Not applicable	No
H5264	DEAN HEALTH PLAN, INC.	SSM Health Care Corporation	15,920	1 or more counties in WI	Not applicable	Yes

*1876 Cost Contracts do not offer SNPs

Table A3: PDP Contracts Receiving the 2022 High Performing Indicator

Contract ID	Contract Name	Parent Organization	Enrolled 10/2021	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year
E3014	PSERS HOP PROGRAM	Commonwealth of PA Pub Schools Retirement System	96,559	Not applicable	Entire US	No
S0586	MVP HEALTH PLAN, INC.	MVP Health Care, Inc.	605	Not applicable	35 regions	No
S0655	TUFTS INSURANCE COMPANY	Point32Health, Inc.	8,800	Not applicable	35 regions	Yes
S1822	HEALTHPARTNERS, INC.	HealthPartners, Inc.	2,937	Not applicable	35 regions	Yes
S3521	EXCELLUS HEALTH PLAN, INC.	Lifetime Healthcare, Inc.	6,872	Not applicable	39 regions	Yes
S4219	HEALTH ALLIANCE MEDICAL PLANS	The Carle Foundation	785	Not applicable	39 regions	Yes
S4501	INDEPENDENT HEALTH BENEFITS CORPORATION	Independent Health Association, Inc.	7,108	Not applicable	34 regions	No
S5975	MODA HEALTH PLAN, INC.	Moda Partners, Inc.	25,134	Not applicable	39 regions	No
S6875	QCC INSURANCE COMPANY	Independence Health Group, Inc.	3,335	Not applicable	34 regions	No
S9701	DEAN HEALTH INSURANCE, INC.	SSM Health Care Corporation	57,581	Not applicable	35 regions	No

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