

Fact Sheet - 2016 Star Ratings

One of the Centers for Medicare & Medicaid Services' (CMS) most important strategic goals is to improve the quality of care and general health status for Medicare beneficiaries. CMS publishes the Part C and D Star Ratings each year to: measure quality 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. CMS continues to see increases in the number of Medicare beneficiaries in high-performing Medicare Advantage (MA) plans. 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 2016 Star Ratings published on Medicare Plan Finder (MPF) on October 8, 2015.

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. All measures transitioned from the Star Ratings are included in the display measure available from this page <http://go.cms.gov/partcanddstarratings>. Changes to existing measures are summarized in Attachment A.

The Star Ratings measures span five broad categories:

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

For the 2016 Star Ratings, outcomes and intermediate outcomes continue to be weighted three 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. CMS continues to lower the overall Star Rating for contracts with serious compliance issues, defined as the imposition of enrollment or marketing sanctions.

Highlights of Contract Performance in 2016 Star Ratings¹

Changes in Ratings from 2015

The last row in Table 1 details the trend in the average overall Star Ratings weighted by enrollment for MA-PDs for the period of 2013 to 2016.

- Approximately 49 percent of MA-PDs (179 contracts) that will be active in 2016 earned four stars or higher for their 2016 overall rating.
- This is nearly a 9 percentage point increase from 40 percent of active contracts earning four stars or higher for their 2015 overall rating.
- Weighted by enrollment, close to 71 percent of MA-PD enrollees are in contracts with four or more stars.
- This is nearly an 11 percentage point increase from 60 percent of enrollees in contracts with four or more stars in 2015.

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

Table 1: 2013 - 2016 Overall Star Rating Distribution for MA-PD Contracts

Overall Rating	2013			2014			2015			2016		
	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	2.46	9.42	11	2.55	9.56	11	2.78	9.88	12	3.25	10.23
4.5 stars	54	12.08	15.81	64	14.85	20.55	61	15.44	19.59	65	17.62	25.02
4 stars	62	13.87	12.56	87	20.19	21.68	86	21.77	30.32	102	27.64	35.71
3.5 stars	131	29.31	36.48	143	33.18	30.49	136	34.43	26.78	112	30.35	19.55
3 stars	127	28.41	20.25	109	25.29	16.63	73	18.48	10.98	66	17.89	8.60
2.5 stars	60	13.42	5.28	16	3.71	1.09	26	6.58	2.37	12	3.25	0.90
2 stars	2	0.45	0.21	1	0.23	0.01	2	0.51	0.08	0	0.00	0.00
Total Number of Contracts	447			431			395			369		
Average Star Rating*	3.71			3.86			3.92			4.03		

* The average Star Rating is weighted by enrollment.

The last row in Table 2 details the trend in the average Part D Ratings weighted by enrollment for PDPs for the period of 2013 to 2016 (Table 2).

- Approximately 41 percent of PDPs (24 contracts) that will be active in 2016 received four or more stars for their 2016 Part D rating.
- Weighted by enrollment, close to 32 percent of PDP enrollees are in contracts with four or more stars.

There were more significant changes in the PDP scores this year due to one measure being retired (Diabetes Treatment), and 3 measures were included that were not used in the prior year. Given the smaller number of measures for PDPs, these changes have a more significant impact.

Table 2: 2012 - 2016 Part D Rating Distribution for PDPs

Part D Rating	2013			2014			2015			2016		
	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	4	5.71	1.85	5	6.94	0.13	3	4.92	1.50	2	3.39	0.13
4.5 stars	5	7.14	3.52	6	8.33	3.34	11	18.03	7.28	10	16.95	1.63
4 stars	17	24.29	12.2	16	22.22	5.29	17	27.87	43.94	12	20.34	29.95
3.5 stars	17	24.29	23.35	18	25.00	52.39	18	29.51	40.40	12	20.34	21.76
3 stars	17	24.29	55.08	17	23.61	14.16	7	11.48	0.61	14	23.73	38.88
2.5 stars	9	12.86	3.23	8	11.11	5.62	3	4.92	5.99	8	13.56	7.65
2 stars	1	1.43	0.77	1	1.39	0.00	1	1.64	0.01	1	1.69	0.01
1.5 stars	0	0.00	0.00	1	1.39	19.07	1	1.64	0.27	0	0.00	0
Total Number of Contracts	70			72			61			59		
Average Star Rating*	3.30			3.05			3.75			3.40		

* The average Star Rating is weighted by enrollment.

5-Star Contracts

17 contracts are highlighted on MPF with a high performing (gold star) icon; 12 are MA-PD contracts (Table 3), 3 are MA-only contracts (Table 4), and 2 are PDPs (Table 5).

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

- Cigna Healthcare of Arizona, Inc. (H0354)
- Tufts Associated Health Maintenance Organizations (H2256)
- Group Health Plan, Inc. (MN) (H2462)
- Essence Healthcare Inc. (H2610)
- Medical Associates Clinic Health Plan (H5256)
- Sierra Health and Life Insurance Company, Inc. (H5652)
- Tufts Insurance Company (S0655)

Table 3: MA-PD Contracts Receiving the 2016 High Performing Icon

Contract	Contract Name	Enrolled 10/2015	Non-EGHP Service Area*	EGHP Service Area*	5 Star Last Year	SNP
H0354	CIGNA HEALTHCARE OF ARIZONA, INC.	43,881	3 counties in AZ	13 counties in AZ	No	Yes
H0524	KAISER FOUNDATION HP, INC.	1,037,349	31 counties in CA	Not applicable	Yes	Yes
H0630	KAISER FOUNDATION HP OF CO	98,584	17 counties in CO	Not applicable	Yes	Yes
H1230	KAISER FOUNDATION HP, INC.	31,396	3 counties in HI	Not applicable	Yes	Yes
H2150	KAISER FNDN HP OF THE MID-ATLANTIC STS	63,681	D.C., 11 counties in MD, 9 counties in VA	Not applicable	Yes	No
H2256	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	104,812	10 counties in MA	Not applicable	No	Yes
H2462	GROUP HEALTH PLAN, INC. (MN)	49,484	87 counties in MN, 8 counties in WI	Not applicable	No	No
H2610	ESSENCE HEALTHCARE, INC.	52,525	3 counties in IL, 10 counties in MO	Not applicable	No	No
H5262	GUNDERSEN HEALTH PLAN	14,287	5 counties in IA, 11 counties in WI	Not applicable	Yes	No
H5591	MARTIN'S POINT GENERATIONS, LLC	32,611	16 counties in ME, 2 counties in NH	Most of the U.S.	Yes	Yes
H5652	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	4,502	1 county in CO, 1 county in KS, 2 counties in MA, 3 counties in MD, 1 county in MI, 3 counties in NJ, 2 counties in PA, 2 counties in TX, 1 county in VA	Not applicable	No	Yes
H9003	KAISER FOUNDATION HP OF THE N W	79,591	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 2016 High Performing Icon²

Contract	Contract Name	Enrolled 10/2015	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year
H1651	MEDICAL ASSOCIATES HEALTH PLAN, INC.	10,398	6 counties in IA, 1 county in IL	Not applicable	Yes
H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN	3,176	4 counties in WI	Not applicable	No
H5264	DEAN HEALTH PLAN, INC.	24,898	8 counties in WI	Not applicable	Yes

Table 5: PDP Contracts Receiving the 2016 High Performing Icon

Contract	Contract Name	Enrolled 10/2015	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year
S0655	TUFTS INSURANCE COMPANY	7,874	Not applicable	35 regions	No
S5753	WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION	22,999	1 region - Wisconsin	38 regions	Yes

Low Performers

6 contracts are identified on the MPF with the Low Performing Icon (LPI) for consistently low quality ratings.

- 3 contracts are receiving the LPI for low Part C ratings of 2.5 or fewer stars from 2014 through 2016.
- 3 contracts are receiving the LPI for low Part C or D ratings of 2.5 or fewer stars from 2014 through 2016.

Below is the list of contracts receiving an LPI for 2016 (Table 6).

Table 6: 2016 Contracts with a Low Performing Icon (LPI)

Contract	Contract Name	Parent Organization	Reason for LPI	Enrolled 10/2015
H1903	WELLCARE OF LOUISIANA, INC.	WellCare Health Plans, Inc.	Part C or D	10,167
H2905*	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	UnitedHealth Group, Inc.	Part C	3,490
H3327	TOUCHSTONE HEALTH HMO, INC.	Touchstone Health Partnership, Inc.	Part C or D	10,864
H4866*	CUATRO LLC	Cuatro LLC.	Part C	4,519
H5698*	WINDSOR HEALTH PLAN, INC.	WellCare Health Plans, Inc.	Part C	40,606
H6801	GHS MANAGED HEALTH CARE PLANS, INC.	Health Care Service Corporation	Part C or D	4,422

*These contracts are eligible for termination at the end of 2016.

² MA-only contracts cannot offer SNPs.

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

2016 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	3	1.20	0.96	9	7.63	28.96
4.5 stars	33	13.15	23.83	32	27.12	27.41
4 stars	61	24.30	38.56	41	34.75	29.97
3.5 stars	90	35.86	25.70	22	18.64	7.12
3 stars	52	20.72	9.61	14	11.86	6.55
2.5 stars	12	4.78	1.34	0	0.00	0.00
Total Number of Contracts	251			118		

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

2016 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	1	2.94	0.03	1	4.17	2.38
4.5 stars	4	11.76	0.40	5	20.83	13.53
4 stars	3	8.82	28.69	9	37.50	53.96
3.5 stars	7	20.59	20.96	5	20.83	19.9
3 stars	12	35.29	40.54	2	8.33	1.82
2.5 stars	7	20.59	9.37	1	4.17	8.22
2 stars	0	0.00	0.00	1	4.17	0.18
Total Number of Contracts	34			24		

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

2016 Overall Rating	% Less than 5 years	% 5 years to less than 10 years	% Greater than 10 years
5 stars	0.00	0.81	5.45
4.5 stars	13.64	8.94	23.76
4 stars	25.00	21.14	32.18
3.5 stars	18.18	39.02	27.72
3 stars	29.55	28.46	8.91
2.5 stars	13.64	1.63	1.98
Total Number of Contracts	44	123	202

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

2016 Part D Rating	% Less than 5 years	% 5 years to less than 10 years
5 stars	0.00	6.00
4.5 stars	0.00	20.00
4 stars	40.00	26.00
3.5 stars	0.00	34.00
3 stars	40.00	8.00
2.5 stars	0.00	6.00
2 stars	20.00	0.00
Total Number of Contracts	5	50

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).

- Thirteen out of 15 LIS contracts (86.7%) earned a Star Rating of 3 or more in 2016 compared to 15 contracts (93.8%) in 2015, 16 (84.2%) in 2014, and 17 (89.5%) in 2013.

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

Part D Rating	2013 Number of LIS Contracts	2013 % of LIS Contracts	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
4.5 stars	0	0.00	0	0.00	1	6.25	0	0.00
4 stars	1	5.26	4	21.05	4	25.00	2	13.30
3.5 stars	6	31.58	6	31.58	8	50.00	4	26.70
3 stars	10	52.63	6	31.58	2	12.50	7	46.70
2.5 stars	2	10.53	3	15.79	1	6.25	2	13.30
2 stars	0	0.00	0	0.00	0	0.00	0	0.00
1.5 stars	0	0.00	0	0.00	0	0.00	0	0.00
Total Number of Contracts	19		19		16		15	

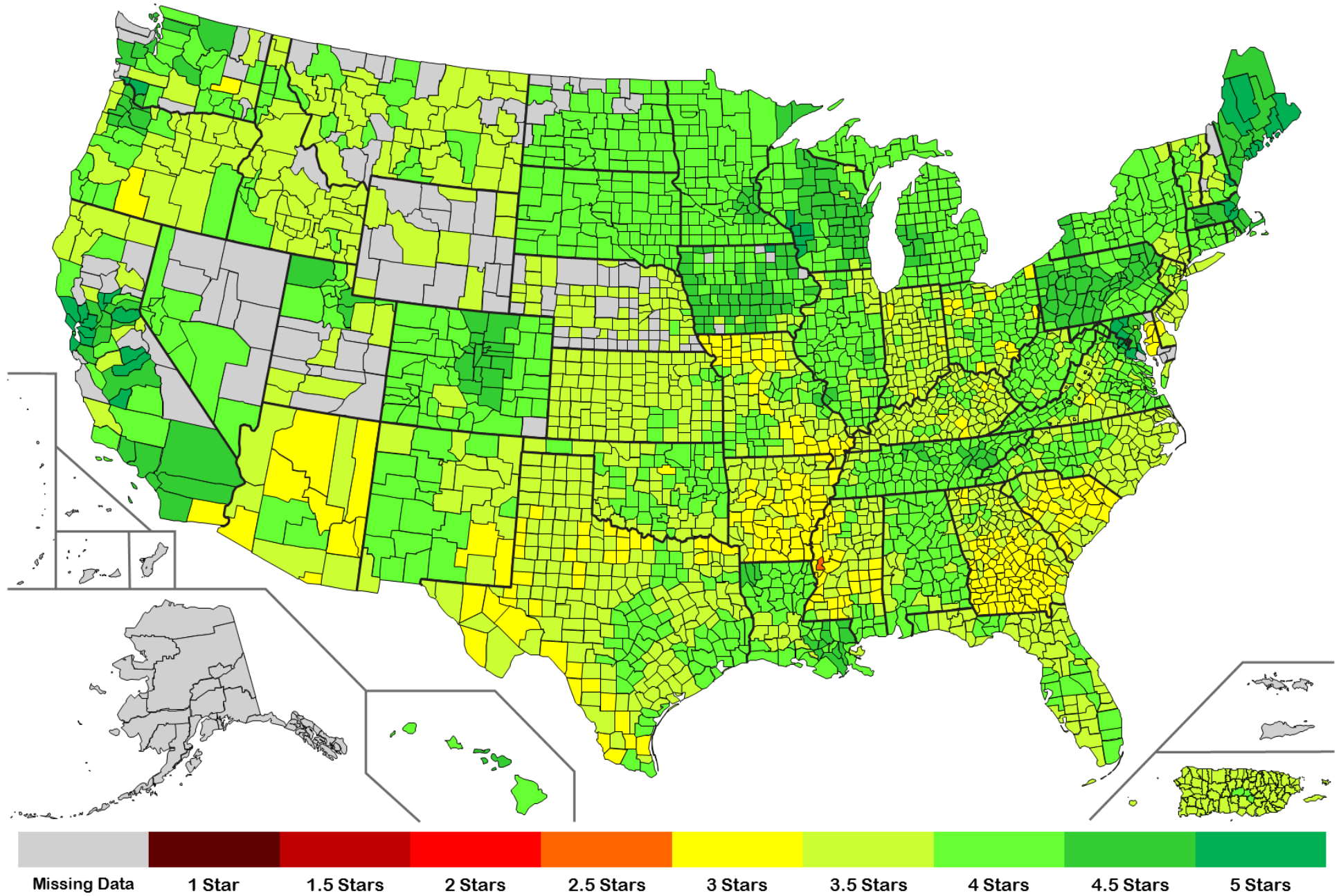
Geographic Variation

The following eight maps illustrate the average Star Ratings weighted by enrollment per county for MA-PDs and PDPs across the U.S., including territories, between 2013 and 2016.³ 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 four or more stars. Counties shaded in yellow indicate that the average rating weighted by enrollment for the county for MA-PDs or PDPs is three stars. Areas shaded in orange indicate that the average rating weighted by enrollment is less than three stars. Areas in gray indicate data are not available for those counties. Among the changes and updates are:

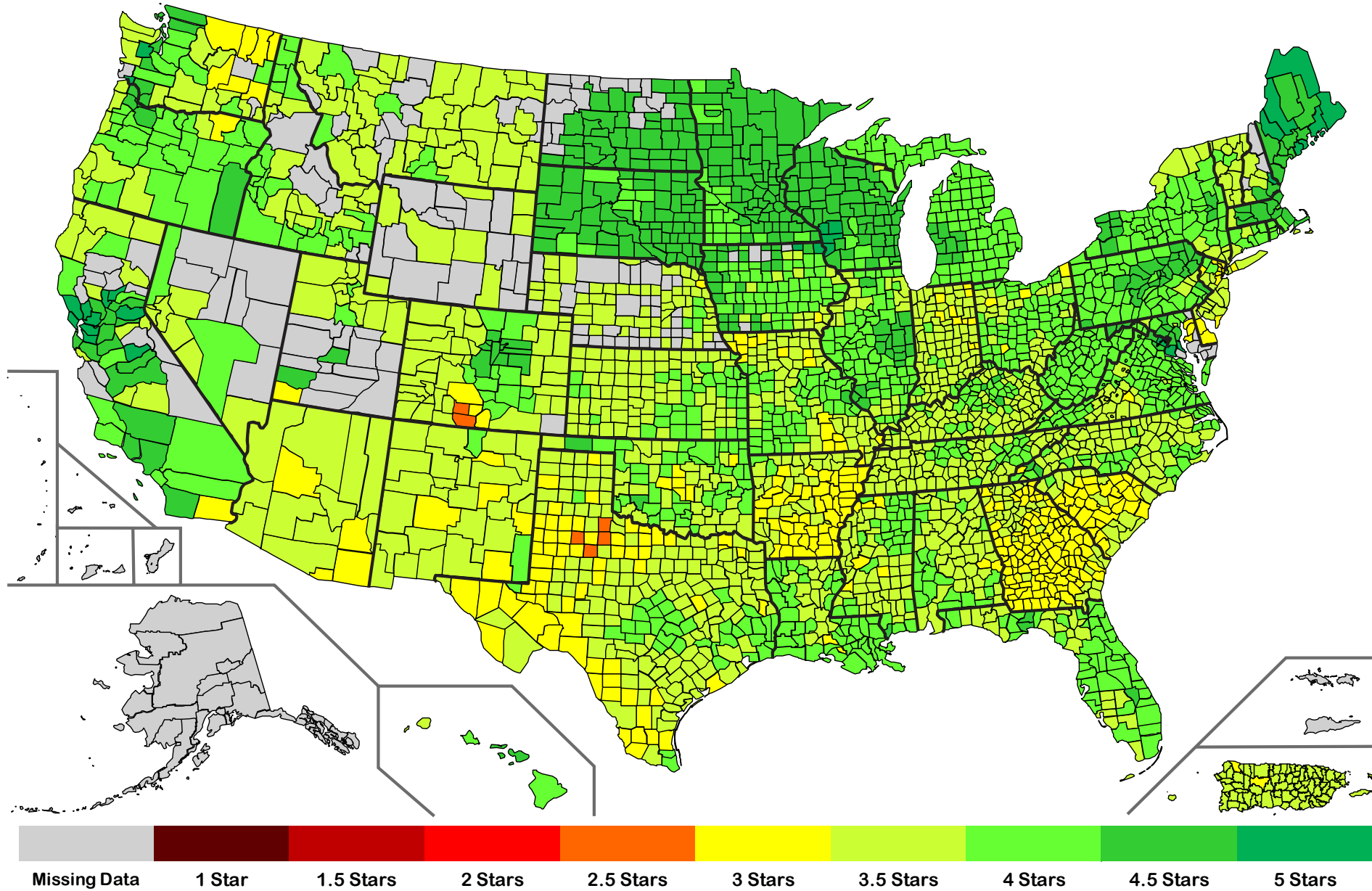
- The availability of highly rated MA-PDs has increased since 2013.
- The MA-PD maps for 2016 compared to 2013 show significantly more light green (3.5 stars) and green (4 or more stars) compared to yellow (3 stars) and orange (2.5 stars) in 2013.
- In 2016 the average rating weighted by enrollment for PDPs across the county is at least 3.0 stars.

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

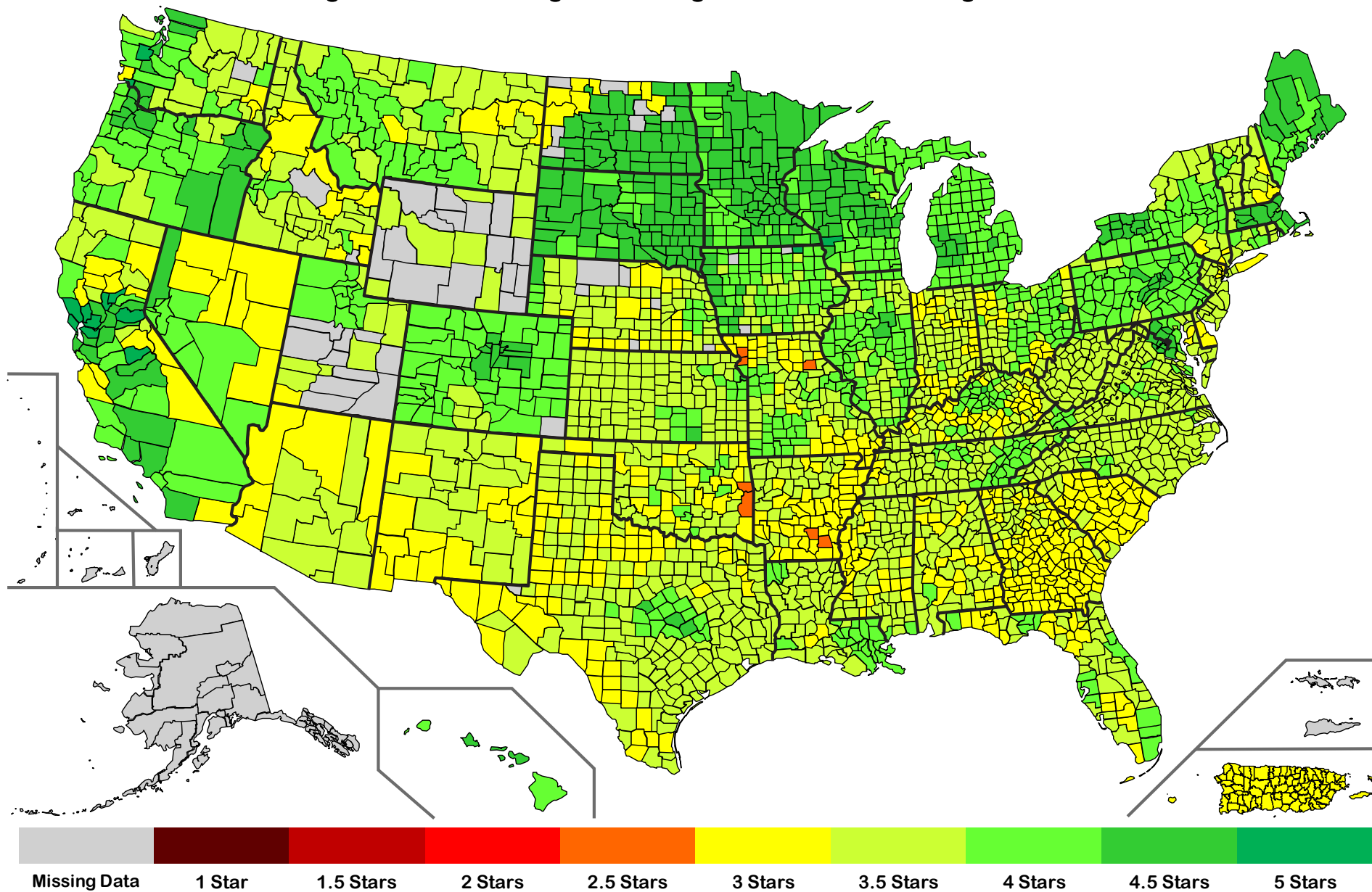
2016 Star Ratings - Enrollment Weighted Average MA-PD Overall Rating in Non-EGHP Counties



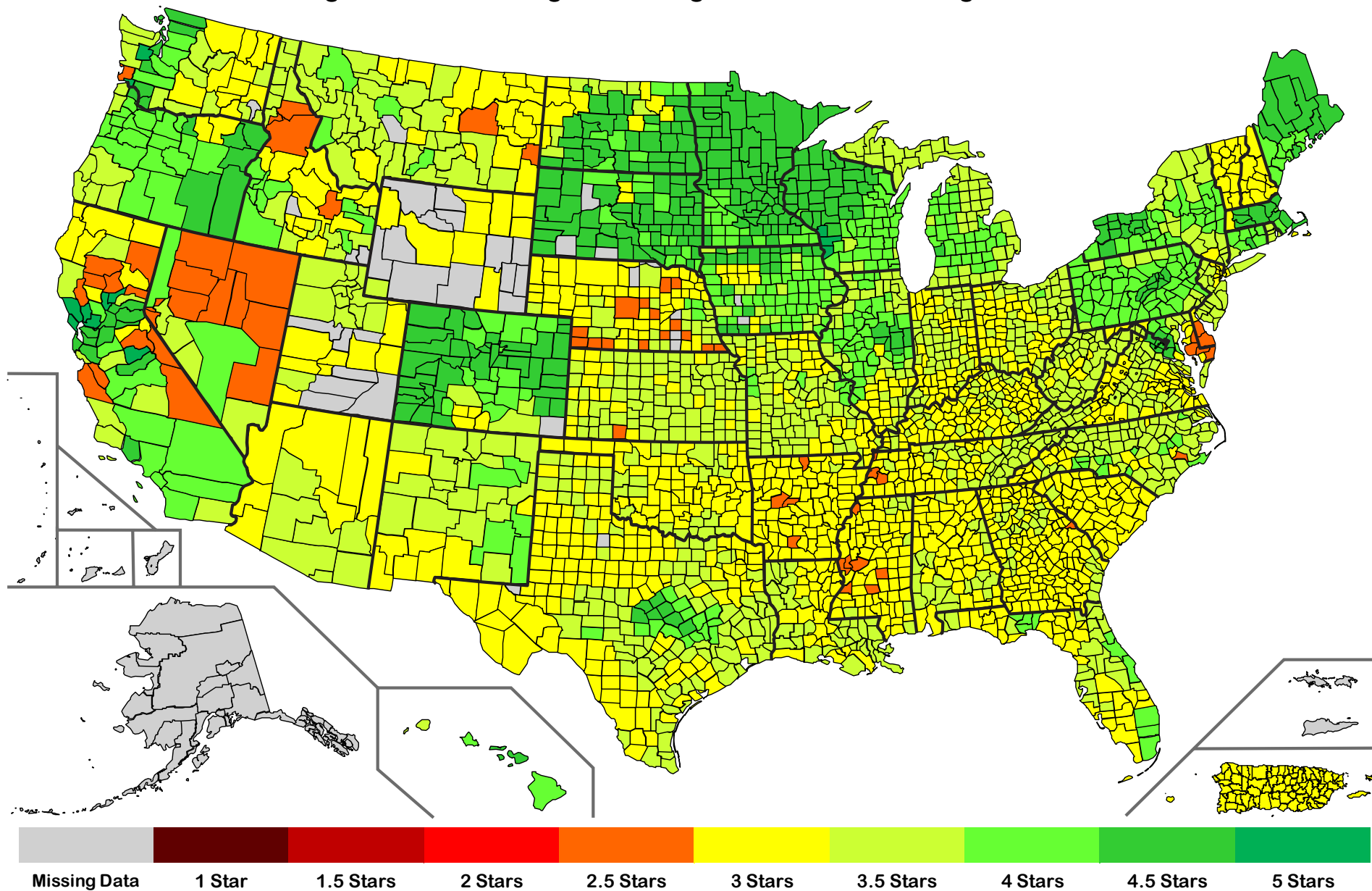
2015 Star Ratings - Enrollment Weighted Average MA-PD Overall Rating in Non-EGHP Counties



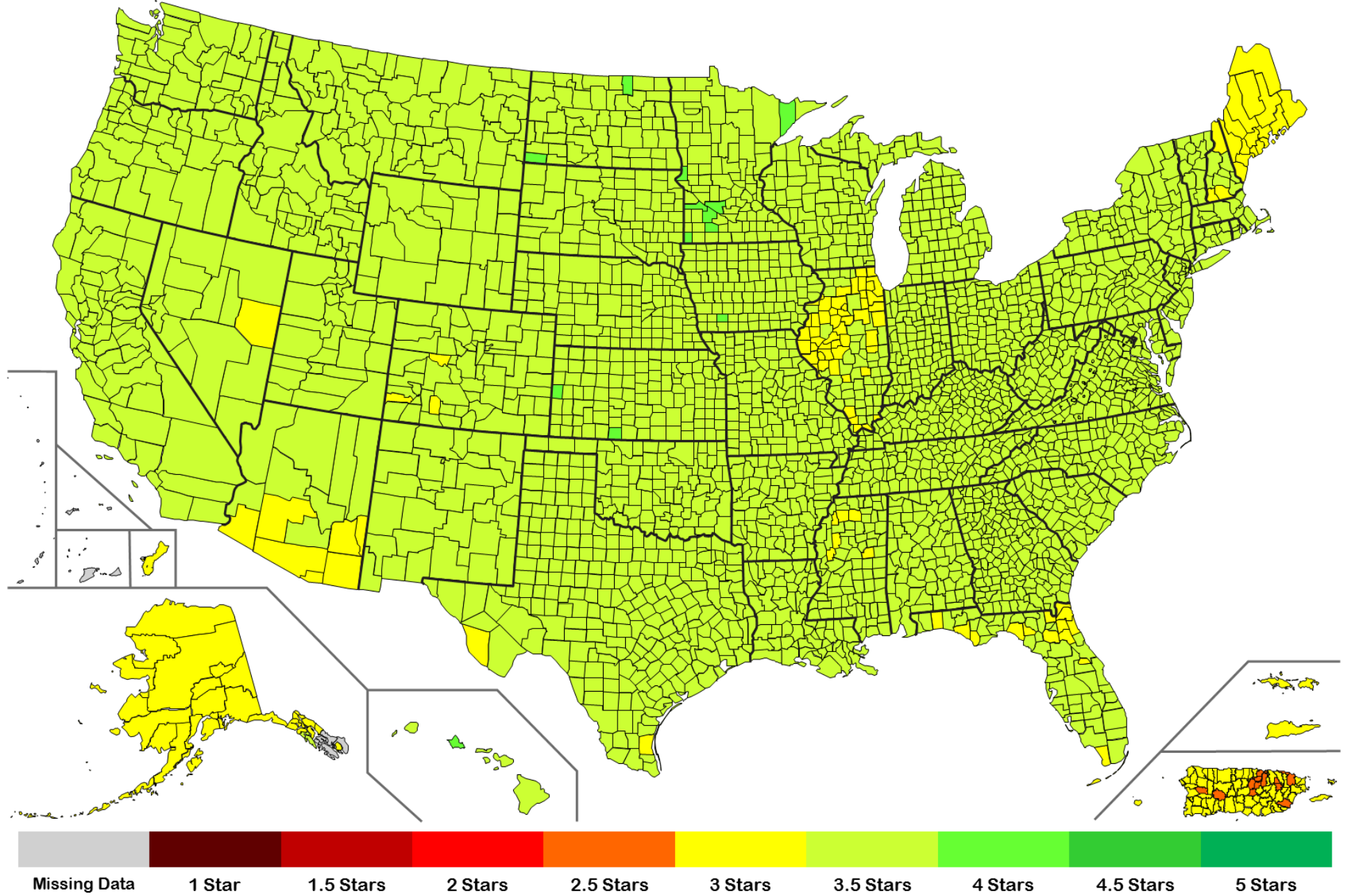
2014 Star Ratings - Enrollment Weighted Average MA-PD Overall Rating in Non-EGHP Counties



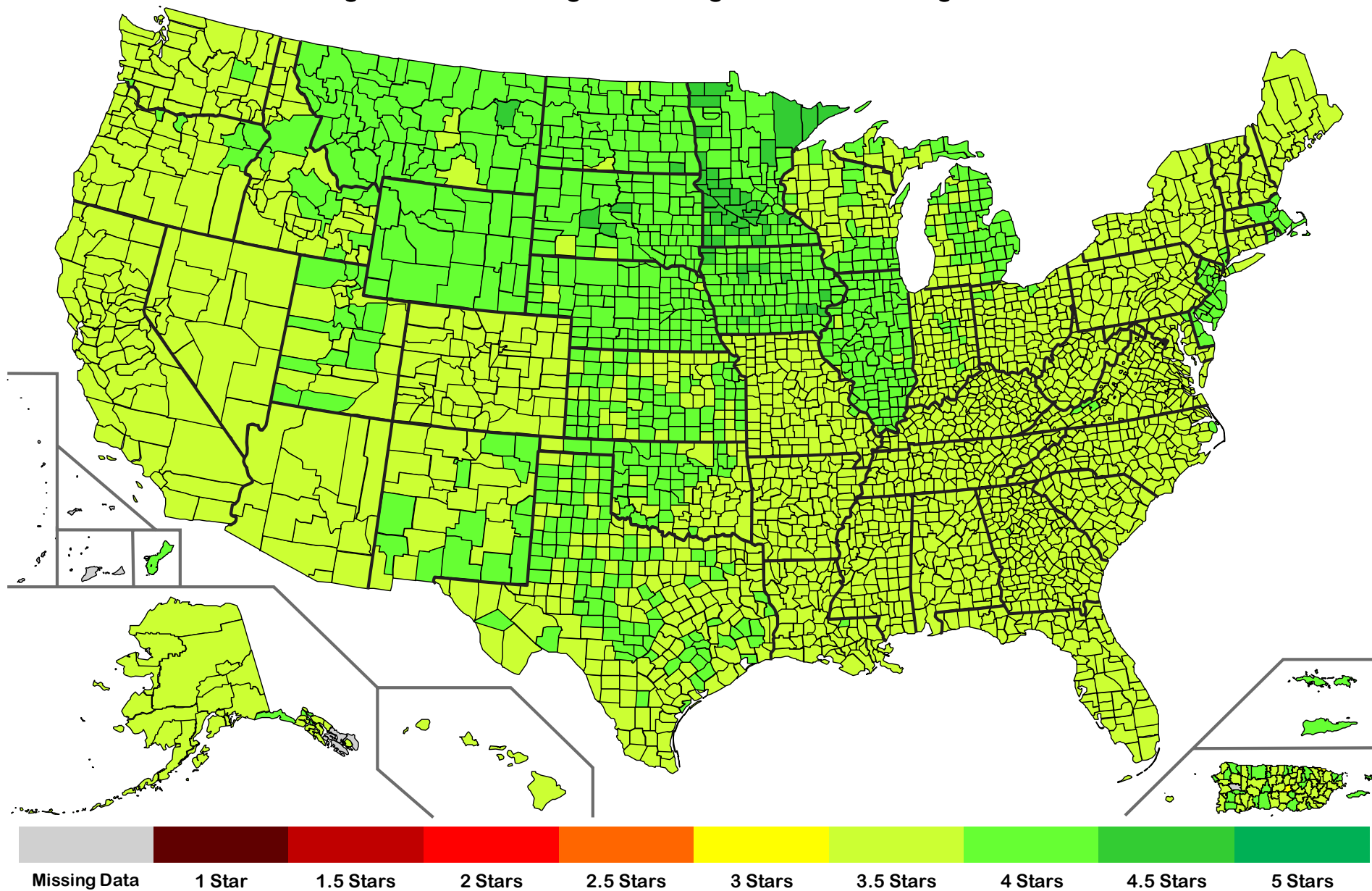
2013 Star Ratings - Enrollment Weighted Average MA-PD Overall Rating in Non-EGHP Counties



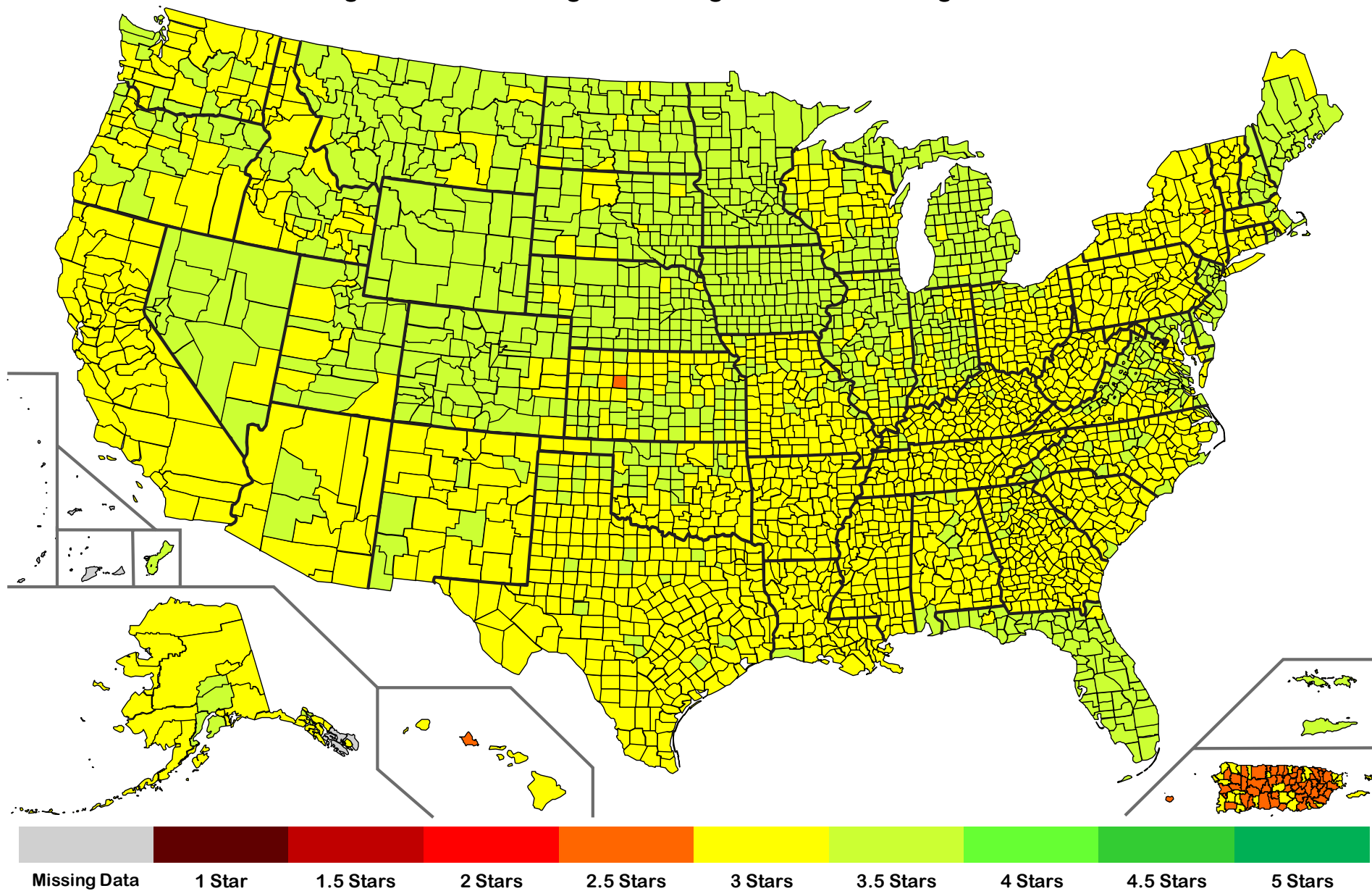
2016 Star Ratings - Enrollment Weighted Average PDP Part D Rating in Non-EGHP Counties



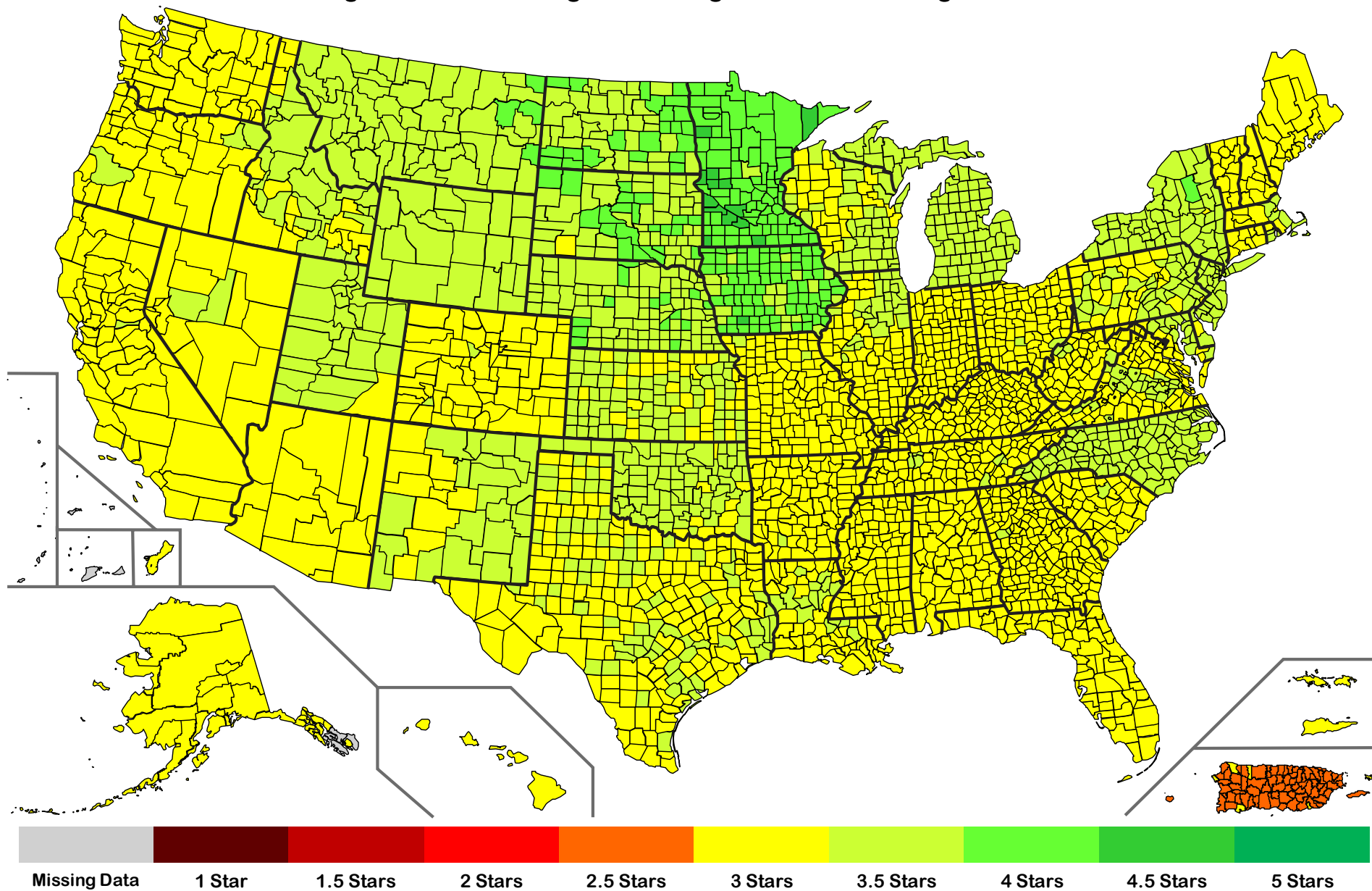
2015 Star Ratings - Enrollment Weighted Average PDP Part D Rating in Non-EGHP Counties



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



2013 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 2013, 2014, 2015, and 2016 Part C and D measures (Tables 12 and 13). In general, Star Ratings have gone up from 2013 to 2016 for most measures.⁴

Table 12: Average Star Rating by Part C Measure

2016 Measure Number	Measure	2013 Average Star	2014 Average Star	2015 Average Star	2016 Average Star
C01	Breast Cancer Screening	3.0	3.3	n/a - not used in 2015	3.6
C02	Colorectal Cancer Screening	3.5	3.9	4.2	3.2
C03	Annual Flu Vaccine	3.2	3.4	3.3	3.3
C04	Improving or Maintaining Physical Health	4.4	4.5	4.6	3.3
C05	Improving or Maintaining Mental Health	2.2	2.0	2.5	3.3
C06	Monitoring Physical Activity	2.1	2.4	2.2	2.9
C07	Adult BMI Assessment	3.7	3.8	3.8	4.1
C08	Special Needs Plan (SNP) Care Management	n/a – new in 2015	n/a – new in 2015	2.7	2.5
C09	Care for Older Adults – Medication Review	3.0	3.6	3.9	4.3
C10	Care for Older Adults – Functional Status Assessment	2.8	3.4	3.4	3.9
C11	Care for Older Adults – Pain Assessment	3.2	3.2	4.0	4.1
C12	Osteoporosis Management in Women who had a Fracture	1.4	1.9	2.1	2.5
C13	Diabetes Care – Eye Exam	3.4	4.0	3.7	3.1
C14	Diabetes Care – Kidney Disease Monitoring	4.3	4.5	4.2	3.3
C15	Diabetes Care – Blood Sugar Controlled	3.1	3.3	3.3	3.9
C16	Controlling Blood Pressure	3.5	3.5	3.7	3.4
C17	Rheumatoid Arthritis Management	3.3	3.7	3.5	3.2
C18	Reducing the Risk of Falling	3.3	3.4	3.3	2.7
C19	Plan All-Cause Readmissions	3.0	3.5	3.0	3.3
C20	Getting Needed Care	3.5	3.6	3.4	3.5
C21	Getting Appointments and Care Quickly	3.4	3.5	3.5	3.4
C22	Customer Service	3.4	3.5	3.5	3.5
C23	Rating of Health Care Quality	3.7	3.7	3.7	3.4
C24	Rating of Health Plan	3.3	3.4	3.4	3.3
C25	Care Coordination	3.4	3.4	3.4	3.4
C26	Complaints about the Health Plan	3.0	3.0	4.2	3.9
C27	Members Choosing to Leave the Plan	3.5	3.7	4.3	4.2
C28	Beneficiary Access and Performance Problems	3.5	3.4	n/a - not used in 2015	4.2
C29	Health Plan Quality Improvement	3.1	3.5	3.5	3.4
C30	Plan Makes Timely Decisions about Appeals	4.0	4.1	4.2	4.1
C31	Reviewing Appeals Decisions	3.3	3.3	3.7	3.6
C32	Call Center – Foreign Language Interpreter and TTY Availability	4.2	4.4	n/a - not used in 2015	4.3

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

2016 Measure Number	Measure	2013 MA-PD Average Star	2014 MA-PD Average Star	2015 MA-PD Average Star	2016 MA-PD Average Star
D01	Call Center – Foreign Language Interpreter and TTY Availability	3.7	3	n/a – not used in 2015	4.2
D02	Appeals Auto-Forward	3.4	3.4	3.6	4.5
D03	Appeals Upheld	3.2	3.3	3.7	3.3
D04	Complaints about the Drug Plan	3.0	3	4.2	3.9
D05	Members Choosing to Leave the Plan	3.5	3.7	4.3	4.2
D06	Beneficiary Access and Performance Problems	3.5	3.3	n/a – not used in 2015	4.2
D07	Drug Plan Quality Improvement	3.4	3.7	4.1	3.8
D08	Rating of Drug Plan	3.4	3.4	3.5	3.3
D09	Getting Needed Prescription Drugs	3.5	3.5	3.4	3.4
D10	MPF Price Accuracy	3.8	3.9	4.6	3.5
D11	High Risk Medication	3.1	3.6	3.2	4.1
D12	Medication Adherence for Diabetes Medications	3.1	3.7	3.5	3.9
D13	Medication Adherence for Hypertension (RAS antagonists)	3.0	3.7	3.1	4.1
D14	Medication Adherence for Cholesterol (Statins)	3.1	3.6	3.3	4.0
D15	MTM Program Completion Rate for CMR	n/a – new in 2016	n/a – new in 2016	n/a – new in 2016	2.3

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

2016 Measure Number	Measure	2013 PDP Average Star	2014 PDP Average Star	2015 PDP Average Star	2016 PDP Average Star
D01	Call Center – Foreign Language Interpreter and TTY Availability	3.8	3.7	n/a – not used in 2015	4.0
D02	Appeals Auto-Forward	2.4	2.7	2.5	4.1
D03	Appeals Upheld	3.3	3.3	3.9	3.1
D04	Complaints about the Drug Plan	3.7	3.4	4.3	3.5
D05	Members Choosing to Leave the Plan	3.7	3.3	3.7	3.6
D06	Beneficiary Access and Performance Problems	3.8	3.8	n/a – not used in 2015	3.9
D07	Drug Plan Quality Improvement	4.1	3.6	4.2	3.8
D08	Rating of Drug Plan	3.6	3.7	3.9	3.2
D09	Getting Needed Prescription Drugs	3.7	4.1	3.8	3.6
D10	MPF Price Accuracy	4.2	4.1	4.7	4.7
D11	High Risk Medication	3.1	2.8	2.7	3.1
D12	Medication Adherence for Diabetes Medications	3.3	3.1	3.0	2.7
D13	Medication Adherence for Hypertension (RAS antagonists)	3.2	3.6	3.8	3.6
D14	Medication Adherence for Cholesterol (Statins)	3.2	3.6	4.2	3.5
D15	MTM Program Completion Rate for CMR	n/a – new in 2016	n/a – new in 2016	n/a – new in 2016	2.3

Attachment A – 2016 Star Ratings Measure Changes

Below are some additional changes to the 2016 Star Ratings in terms of the measures included.

Specification Changes

- Part C measure: C12 – Osteoporosis Management in Women who had a Fracture – NCQA has added an upper age limit, extended the look back period for exclusions due to prior bone mineral testing, removed estrogens from this measure, and removed single-photon absorptiometry and dual-photon absorptiometry tests from the list of eligible bone-density tests.
- Part C measure: C16 – Controlling Blood Pressure – measure updated to include two different blood pressure thresholds based on age and diagnosis.
- Part C measure: C19 – Plan All-Cause Readmissions – now excludes planned readmissions from the measure and removes the current exclusion from the denominator for hospitalizations with a discharge date in the 30 days prior to the Index Admission Date.
- Part C measure: C30 – Plan Makes Timely Decisions about Appeals – removed dismissed appeals from the measure.
- Part C & D measures: C26 & D04 – Complaints about the Health/Drug Plan – modified the measurement period from 6 months of the current year to 12 months of the prior year.
- Part D measure: D03 – Appeals Upheld – modified the measurement period to coincide with the 12 month period of the Part D Appeals Auto-forward measure.
- Part D measures: D12 & D13 – both measures adjusted to account for beneficiaries with End-Stage Renal Disease (ESRD).
- Part D measures: D12, D13 & D14 – calculating the proportion of days now uses the date of death for a member instead of the last day of the month.
- Part D measures: D11 – D14 - Implemented PQA's 2014 obsolete NDCs methodology.
- Part C & D CAHPS measures: Implemented CAHPS methodology modifications which permit low-reliability contracts to receive 5 stars or 1 star.
- Eliminated pre-determined 4-star thresholds
- Included data in HEDIS measures for contracts with 500-999 enrolled in July of the measurement year.

Additions

- Part C measure: C01 - Breast Cancer Screening: with a weight of 1.
- Part D measure: D15 – Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews: with a weight of 1.
- Parts C & D measure: C32 & D01 - Call Center – Foreign Language Interpreter and TTY Availability: with a weight of 1.5.
- Parts C & D measures: C28 & D06 - Beneficiary Access and Performance Problems: with a weight of 1.

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>

- Part C measure: Improving Bladder Control

Retired measures

- Part C measure: Cardiovascular Care: Cholesterol Screening
- Part C measure: Diabetes Care: Cholesterol Screening
- Part C measure: Diabetes Care: Cholesterol Controlled
- Part D measure: Diabetes Treatment