

# 2024 MEDICARE ADVANTAGE STAR RATINGS

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## (Tu)Key Takeaways

*Note that this white paper assumes the reader has a technical understanding of the Centers for Medicare and Medicaid Services (CMS) Part C and D Medicare Part C and D Star Rating program<sup>1</sup>.*

On October 13<sup>th</sup>, CMS publicly released the 2024 Medicare Part C and D Star Ratings. The latest data indicates a significant decline in Star Ratings for many Medicare Advantage Organizations, or MAOs, which will result in lower Quality Bonus Payments in 2025.

The primary driver of this decline is a change to the 2024 Star Rating program: the adoption of the Tukey outlier deletion cut point methodology. This change increases Stars measure cut points and depresses measure scores in turn. The analysis and discussion below review all changes to 2024 Overall Star Ratings, with a particular focus on the impact of the Tukey methodology change.

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### General Trends in 2024 Star Ratings

The change in 2024 Star Ratings will result in between \$600 and \$700 million less in Quality Bonus Payments, or QBPs, in 2025. This change is influenced by multiple factors:

- Changes in contract performance between the 2021 and 2022 measurement years
- Changes to measure-level Star Rating cut points, which were materially impacted by the implementation of the Tukey outlier deletion methodology
- The addition and removal of several Stars measures, along with changes to measure weights

CMS has published a sufficient summary of the 2024 Star Rating changes in the [Star Ratings Fact Sheet](#), which we will not cover in detail here. The remainder of this paper will focus specifically on the introduction of Tukey outlier deletion in the 2024 Star Ratings. While CMS has reported the impact of Tukey as both positive and negative<sup>2</sup>, our analysis finds that the impact is overwhelmingly negative. The large negative impact of Tukey on 2024 Star Ratings was mitigated by performance improvement in several large

<sup>1</sup> <https://www.cms.gov/medicare/health-drug-plans/part-c-d-performance-data>

<sup>2</sup> <https://www.cms.gov/files/document/2024technotes20230929.pdf>

contracts for the 2022 measurement year. This paper attempts to isolate the impact of Tukey on Overall 2024 Star Ratings and identify key changes from this methodology change.

## Key Impacts of Tukey Outlier Deletion on Overall 2024 Star Ratings

The adoption of the Tukey outlier deletion cut point methodology in the 2024 Star Ratings increases Stars measure cut points and, in turn, depresses measure scores. For a review of changes to the 2024 Stars measure cut points, refer to Wakely's earlier white paper [Cut to the Point: A Summary of 2024 Star Rating Cut Point Changes](#).

To assess the impact of Tukey outlier deletion on Overall 2024 Star Ratings, we began with the 2023 simulated Tukey cut points published by CMS<sup>3</sup>. By recalculating the 2023 Star Ratings using simulated 2023 Tukey cut points, we were able to isolate the impact of this significant change to the Star Rating methodology. Although Tukey was implemented in 2024, the analysis that follows primarily focuses on 2023 Star Ratings, as it is the only year with data available for a direct comparison between Tukey and non-Tukey cut points. Due to the rounding rules of the Star Rating program, the impact of Tukey cut points could vary, potentially significantly, between Star Rating years. For a full description of the methodology used for this paper, see Appendix A.

**The implementation of Tukey outlier deletion results in an Overall Star Rating decline of 0.2 Stars on average and a 9% enrollment decline in contracts with 4 or more Stars.** Table 1 below summarizes the impact of Tukey outlier deletion on the 2023 Star Ratings compared to published 2023 Star Ratings (without Tukey) and published 2024 Star Ratings (with Tukey).

**Table 1**  
**Overall Star Rating Distribution of 2023 and 2024 Contracts**

Overall Rating	2023 Published <i>without Tukey</i>		2023 Calculated <i>with Tukey</i>		2024 Published <i>with Tukey</i>	
	# of Contracts	% of Enrollment	# of Contracts	% of Enrollment	# of Contracts	% of Enrollment
5 stars	57	21.9	36	7.9	31	7.0
4.5 stars	67	25.9	65	25.9	75	30.9
4 stars	136	24.3	111	29.6	123	35.9
3.5 stars	116	18.7	132	25.6	138	17.8
3 stars	90	6.7	87	6.8	128	7.1
2.5 stars	37	2.4	58	3.4	46	1.4
2 stars	4	0.1	18	0.8	4	0.0
Total Rated Contracts	507		507		545	
<b>Average Star Rating*</b>	<b>4.14</b>		<b>3.94</b>		<b>4.04</b>	
<b>% Enrollment in 4 or more Star Contracts</b>	<b>72.1</b>		<b>63.4</b>		<b>73.7</b>	

\* The average Star Rating is weighted by September 2023 enrollment.

<sup>3</sup> <https://www.cms.gov/files/zip/tukey-outlier-deletion-simulations.zip>

The implementation of Tukey has the largest impact on 5 Star contracts, moving over 20 contracts from 5 to 4.5 Stars. This is a 14% decrease in the total Medicare Advantage enrollment in 5 Star contracts<sup>4</sup>, from 21.9% to 7.9%.

The largest incremental increase in quality bonus payments, or QBPs, occurs between Overall Star Ratings of 3.5 and 4.0 Stars. Only contracts with 4 or more (4+) Stars receive the 5% QBP bonus. Our analysis indicates a steep decline in 4+ Star enrollment in the Tukey-simulated 2023 Star Ratings, from 72% to 63%. These results indicate that the implementation of Tukey alone would drastically decrease QBP payments in 2025, with nearly 9% of MA-PD membership losing the 5% bonus. However, other changes in the 2024 Star Ratings more than offset the impact of Tukey, bringing the 4+ Star enrollment back up to 74% in the published 2024 Star Ratings.

**The implementation of Tukey outlier deletion results in a disproportionate downward impact on small and midsize Medicare Advantage Organizations.** As Chart 1 illustrates below, the change in Star Ratings due to the implementation of Tukey is downward across all organization sizes. The magnitude of this downward impact varies from a 10% decline in 4+ Star enrollment for the Top 10 organizations to a 12% decline on small organizations with less than 20,000 members.

However, the 2024 published Star Ratings show a rebound in 4+ Star enrollment, from 73% in 2023 published Star Ratings to 76% in 2024. This is an offset to Tukey's negative impact, indicating an improvement in performance between 2023 Star Ratings (based on 2021 measurement year performance) and 2024 Star Ratings (based on 2022 measurement year performance). We do not see a similar rebound in 2024 Star Ratings for organizations with less than 20,000 members.

While the difference in 4+ Star enrollment between large, national organizations and smaller, regional plans was already quite significant, the implementation of Tukey has notably increased this disparity. The result is less than 40% of small plan enrollment at 4+ Stars, compared to over 75% of the enrollment in Top 10 organizations.

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<sup>4</sup> All enrollment percentages are based on September 2023 enrollment and include only MA-PD Medicare Advantage contracts that receive an Overall Star Rating.

**Chart 1**  
**Enrollment in Contracts with 4 or More Stars**

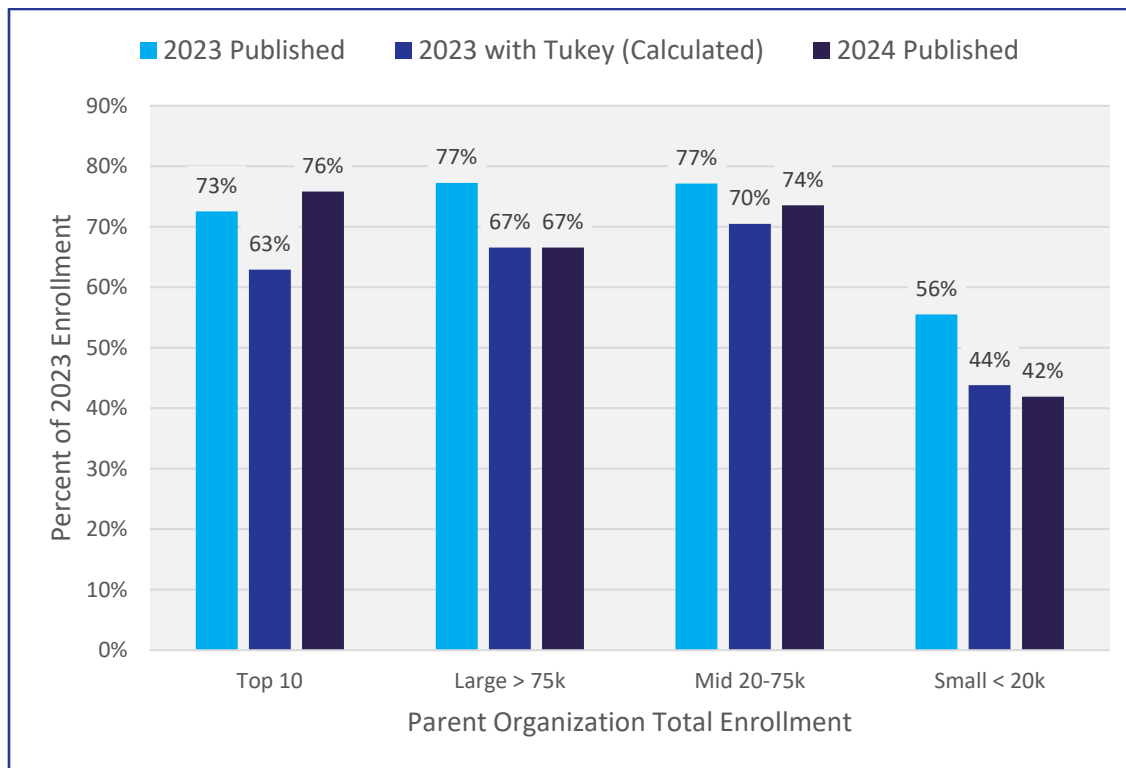


Table 2 below summarizes average 2023 and 2024 Overall Star Ratings for the Top 10 organizations based on 2023 enrollment. Enrollment in 4+ Star contracts increased by 3% between 2023 and 2024 from 73% to 76%. This indicates performance improvements that more than offset the 10% decrease in 4+ Star enrollment between 2023 Star Ratings and simulated 2023 Star Ratings with Tukey.

**Table 2**  
**Top 10 Organizations, Enrollment in Contracts with 4 or More Stars**

	2023 Enrollment (millions)	2023 Published <i>a</i>	2023 with Tukey (Calculated) <i>b</i>	2024 Published <i>c</i>	2023 Tukey Impact <i>b - a</i>	Change 2023-2024 <i>c - a</i>
UnitedHealth Group, Inc.	8.1	80%	65%	77%	-16%	-4%
Humana Inc.	5.8	97%	84%	94%	-13%	-3%
CVS Health Corporation	3.3	21%	19%	87%	-2%	66%
Elevance Health, Inc.	2.0	66%	54%	35%	-12%	-31%
Kaiser Foundation Health Plan, Inc.	1.9	100%	100%	81%	0%	-19%
Centene Corporation	1.3	3%	3%	0%	0%	-2%
Blue Cross Blue Shield of Michigan Mutual Ins. Co.	0.7	98%	98%	97%	0%	-2%

	2023 Enrollment (millions)	2023 Published <i>a</i>	2023 with Tukey (Calculated) <i>b</i>	2024 Published <i>c</i>	2023 Tukey Impact <i>b - a</i>	Change 2023-2024 <i>c - a</i>
CIGNA	0.6	65%	62%	66%	-3%	1%
Highmark Health	0.4	100%	100%	100%	0%	0%
Guidewell Mutual Holding Corporation	0.3	42%	42%	71%	0%	29%
<b>Total Top 10</b>	<b>24.2</b>	<b>73%</b>	<b>63%</b>	<b>76%</b>	<b>-10%</b>	<b>3%</b>

Notable organizations that contribute to the increase in 4+ Star enrollment include CVS (Aetna) with a 66% increase in 4+ Star enrollment and Guidewell with a 29% increase.

**Tukey outlier deletion has the biggest impact on HEDIS and Administrative measures.** CMS introduced the Tukey outlier deletion methodology to all non-CAHPS cut points in the 2024 Star Ratings. In analyzing the impact of Tukey on simulated 2023 Star Rating cut points, we determined that the average impact to measure-level Star Ratings is -0.15. This is the largest component within the total weighted-average Star Rating change of 0.2 reported above in Table 1. The breakdown of these changes by measure type contributing to the measure-level Star Rating change of -0.15 is shown below, in Table 3.

A further review of the individual Stars measures indicates that Administrative and HEDIS measures are driving the decline in average measure-level Star Ratings. This is due to large upward movements in cut points for these measures with the introduction of the Tukey outlier deletion methodology, making it considerably more difficult for contracts to maintain their prior Star Ratings in these measures.

**Table 3**  
**Change in Average Measure-Level Star Ratings**

	Administrative	HEDIS	Pharmacy	CAHPS	HOS	Part C and D Improvement	Total
Total Measure Weights	33	13	12	33	3	10	104
% of Overall Star Rating	32%	13%	12%	32%	3%	10%	
2023 Published	4.19	3.81	3.19	3.34	3.20	2.58	3.54
2023 with Tukey (Calculated)	3.80	3.52	3.25	3.34	3.20	2.58	3.39
<i>Change</i>	-0.39	-0.29	0.06	0.00	0.00	0.00	-0.15
%	-9%	-8%	2%	0%	0%	0%	-4%

For a full mapping of Stars measures to measure types, refer to Appendix B.

There are several measure types in the table above that were not impacted by Tukey for the following reasons:

- CAHPS measure cut points are not determined using the clustering methodology, and therefore are not impacted by the Tukey outlier deletion methodology.
- HEDIS/HOS measures use data that is delayed by one year, relative to other measures. For the 2023 Star Ratings, these measures reflect 2020 measurement year performance. CMS designated all contracts as “affected” in the 2020 measurement year due to COVID-19; therefore, all contracts receive the “better of” their 2022 or 2023 measure-level Star Ratings. In this simulation, Tukey did not have an impact on these measures. Note that Tukey will impact these measures beginning with 2024 Star Ratings, but that impact was not measured in this study due to a lack of available data.
- The Part C and D improvement measure cut points were unchanged in the CMS simulated Tukey cut point data set, therefore Tukey is estimated to have no impact.

Table 4 identifies the individual measures with the largest change in average measure-level Star Ratings using the simulated 2023 Tukey cut points. This table includes all measures with a change larger than 0.5 Stars. Note that the averages reported in Table 4 are contract-weighted rather than enrollment-weighted.

**Table 4**  
**Change in Average Measure-Level Star Ratings**

	Measure Type	2023 Published	2023 with Tukey (Calculated)	Change
Part C/D: Complaints about the Health/Drug Plan	Admin	4.29	3.53	-0.76
Part C: Diabetes Care – Eye Exam	HEDIS	3.91	3.18	-0.74
Part C: Plan Makes Timely Decisions about Appeals	Admin	4.55	3.93	-0.62
Part C: Care for Older Adults – Medication Review	HEDIS	4.42	4.05	-0.37

**In addition to lowering the average measure-level Star Ratings, Tukey reduces the number of contracts utilizing the Hold Harmless provision.** Since high performing contracts have less room for improvement and consequently may have lower ratings on the Part C and D improvement measures, CMS applies a “Hold Harmless” provision to avoid penalizing contracts receiving 4+ Stars consistently, without improvement year over year. If a contract reaches 4 Stars based on the average measure-level Star Ratings after rounding without the Part C and D improvement measures, the improvement measures will only be included if they increase the average measure-level Star Rating, and in turn the Overall Star Rating.

Of the total 507 rated contracts in the 2023 Star Ratings, 207 contracts utilized the Hold Harmless provision. For these contracts, the weighted average measure-level Star Rating was both a) at or above 4 Stars, after rounding, and b) higher without the improvement measures than with them.

In the simulated 2023 Star Ratings with Tukey, only 150 contracts utilized the Hold Harmless provision, a decline of 57 contracts, or 28%. This is due to the decline in average measure-level Star Ratings described above. This change brings many contracts below the 4.0 Star threshold required to apply the Hold Harmless provision. Thus, while Tukey only directly impacts cut points for individual measures, it has an additional downward impact on the Overall Star Rating for many contracts due to the loss of the ability to utilize the Hold Harmless provision. The impact of this change in the Hold Harmless provision utilization was an additional -0.05 on the average 2023 Star Rating beyond the -0.15 decrease in Star Ratings due to individual measure-level Star Rating changes (reported in Table 3), resulting in the total Star Rating change of -0.2 caused by the implementation of Tukey outlier deletion (reported in Table 1).

## Conclusion

The Tukey outlier deletion logic was applied for the first time within the 2024 Star Ratings. This significant methodology change resulted in drastic cut point increases to many Stars measures and, in turn, a significant decline in Overall Star Ratings.

While this change affected all Medicare Advantage organizations, the impact is not uniform. Particular Stars measures were affected more than others, particularly the HEDIS and Administrative measures. In addition, the resulting decline in Overall Star Ratings is more concentrated within smaller organizations with Medicare Advantage enrollment of less than 20,000. The outcome of this change will be a large reduction in 2025 Medicare Advantage Quality Based Payments. Wakely's findings highlight the importance of heightened focus and investment in Star Ratings as Tukey is here to stay and CMS has additional changes planned for the future that will only increase Star Rating challenges for Medicare Advantage organizations.

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## OUR STORY

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## Appendix A: Methodology

### Methodology Overview

Wakely used the published 2023 Star Ratings Data Tables<sup>5</sup> to evaluate the impact of the Tukey outlier deletion methodology on the 2023 Star Ratings. These tables include measure level data (ex. a contract scoring 83% on the Breast Cancer Screenings measure), measure level Star Ratings (ex. a contract receiving 4 stars out of 5 on the Breast Cancer Screenings measure), Part C and D cut points for each measure, and Overall Star Ratings. We replicated the CMS calculations for the 2023 Overall Star Ratings for every contract by calculating raw Overall Star Ratings (weighting each measure with the CMS defined measure weight) and then adjusting for Part C and D Improvement Measure “hold harmless” provisions, Reward Factors, and the Categorical Adjustment Index (CAI).

With all contracts aligned in their starting point – the published 2023 Overall Star Rating – the 2023 Star Ratings cut points were replaced with the simulated 2023 Tukey cut points, allowing us to calculate simulated 2023 Overall Star Ratings under the new Tukey outlier deletion methodology.

### Better of 2022 and 2023 Measure Level Star Ratings

In the 2023 Star Rating year, several contracts qualified under the 25% rule as being subject to an “Extreme and Uncontrollable Circumstance” (EUC). These contracts received measure level Star Ratings that are the better of 2020 and 2021 performance for all measures except the Part C and D Call Center – Foreign Language Interpreter and TTY Availability measures.

The 2023 Star Ratings Data Tables publish the “better of” measure-level values for EUC-qualified contracts. If the “better of” value is based on 2020 performance, the associated Star Rating would be the result of mapping that value using the 2022 cut points; therefore, the published measure values for EUC-qualified contracts cannot all be mapped correctly using the published 2023 cut points. The published measure-level Star Ratings were used in the calculation of the simulated 2023 Star Ratings with Tukey for EUC-qualified contracts.

### Reward Factor

The reward factor adjustment varies from 0.0 to 0.4 and is added to a contract’s Summary and Overall Star Ratings based on the variance and mean across all measure-level Star Ratings. When we adjusted each contract to measure-level Star Ratings using the simulated 2023 Tukey cut points, we also brought these new measure-level Star Ratings into the reward factor calculation. Mean and variance thresholds were re-calculated using the updated measure-level Star Ratings. Using the simulated 2023 Tukey cut points, the mean thresholds decreased and variance thresholds increased for all combinations of percentile, with vs. without Improvement, and with vs. without added in 2023.

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<sup>5</sup> <https://www.cms.gov/files/zip/2024-star-ratings-data-tables-oct-13-2023.zip>

### Improvement Measure Hold Harmless

The “Hold Harmless” clause for Improvement Measures allows contracts rated 4.0 Stars or higher to receive the higher Overall Star Rating between *with* and *without* the Improvement Measures included. This provision was re-calculated with the measure-level Star Ratings using the simulated 2023 Tukey cut points.

### New Contracts Under an Existing Parent Organization

Contracts under an existing parent organization that were new in 2023 or later do not have their own 2024 Star Rating – instead, these contracts will receive 2025 MA payments based on the weighted average 2024 Star Rating of the parent organization. The weighted average 2024 Star Rating is calculated using enrollment from November of 2023.

For contracts that were too new to receive a 2024 Star Rating, we calculated the average parent organization Star Rating using September 2023 enrollment (since November 2023 enrollment was not yet available).

### MA Spending Changes

The above sections describe how changes in Overall Star Ratings were determined for all contracts based on the CMS Star Rating methodology. The last step in the analysis was to quantify the resulting financial impact of these changes. Table A1 demonstrates the relationship between contract Star Ratings, QBP, and rebate percentages.

**Table A1: Quality Bonus and Rebate Percentages, by Star Rating**

Plan Rating	Bonus Payment	Quality Bonus Quartile-Adjusted Benchmark	Rebate Percentage
5.0 Stars	5.0%	105% of Benchmark	70%
4.5 Stars	5.0%	105% of Benchmark	70%
4.0 Stars	5.0%	105% of Benchmark	65%
3.5 Stars	0.0%	100% of Benchmark	65%
3.0 or Less Stars	0.0%	100% of Benchmark	50%
New Plans under New MAOs	3.5%	103.5% of Benchmark	65%
Low Enrollment Contracts	3.5%	103.5% of Benchmark	65%
Plans Not Reporting	0.0%	100% of Benchmark	50%

First, we excluded contracts that do not have MA payments tied to Overall Star Rating. This includes PDP, Demo, 1876 Cost, and MSA contracts. We also excluded contracts without published CMS enrollment. CMS does not report enrollment for plans with less than 10 members in each county, therefore we cannot estimate the MA spending impact on these contracts. After applying these

exclusions, we reduced the number of contracts from 857 in the 2024 published Star Rating file to 755 in our MA spend analysis. Within these 755 contracts, 545 received a Star Rating. The remaining contracts received either the New/Low Enrollment QBP status or the weighted-average 2024 Star Rating of their Parent Organization.

To quantify the MA spending impact of the Star Rating changes, first, Individual county-level benchmarks for 2025<sup>6</sup> were determined for every contract at each 2024 Star Rating from 1.0 to 5.0. This involved utilizing published September 2023 county-level enrollment and Wakely internal county benchmark projections based on the known quartile changes, ACA benchmark caps, qualifying “double bonus” counties, and current CMS benchmark projections. A bid estimate was derived for each Star Rating by applying an estimated bid to benchmark ratio to the contract level benchmark. The bid to benchmark ratios were developed at the county, product, and SNP type-level based on historic publicly available bids and benchmarks and trends in bid to benchmark ratios by quartile. Using this established bid and benchmark, the resulting MA revenue was then determined for all individual plans at each Star Rating.

Because Employer Group Waiver Plans (EGWP) do not submit a bid, the revenue for these plans at each Star Rating was determined by the EGWP payment rate. The MA spending impact of a change in Star Rating, therefore, is based on the change in the payment rates based on Star Ratings.

Finally, the quantified impact to MA spending was multiplied by the estimated contract risk score. Risk scores were developed from 2021 publicly available data at the county, product, and SNP type level. They were applied to the contract based on their enrollment distribution at the county, product, and SNP type level.

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<sup>6</sup> Contract level benchmarks for 2025 assumed a constant county level enrollment distribution from 2023.

### Appendix B: Stars Measure Types

	Measure Type
Part C: Breast Cancer Screening	HEDIS
Part C: Colorectal Cancer Screening	HEDIS
Part C: Annual Flu Vaccine	CAHPS
Part C: Monitoring Physical Activity	HOS
Part C: Special Needs Plan (SNP) Care Management	Admin
Part C: Care for Older Adults – Medication Review	HEDIS
Part C: Care for Older Adults – Pain Assessment	HEDIS
Part C: Osteoporosis Management in Women who had a Fracture	HEDIS
Part C: Diabetes Care – Eye Exam	HEDIS
Part C: Diabetes Care – Blood Sugar Controlled	HEDIS
Part C: Controlling Blood Pressure	HEDIS
Part C: Reducing the Risk of Falling	HOS
Part C: Improving Bladder Control	HOS
Part C: Medication Reconciliation Post-Discharge	HEDIS
Part C: Plan All-Cause Readmissions	HEDIS
Part C: Statin Therapy for Patients with Cardiovascular Disease	HEDIS
Part C: Transitions of Care	HEDIS
Part C: Follow-Up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	HEDIS
Part C: Getting Needed Care	CAHPS
Part C: Getting Appointments and Care Quickly	CAHPS
Part C: Customer Service	CAHPS
Part C: Rating of Health Care Quality	CAHPS
Part C: Rating of Health Plan	CAHPS
Part C: Care Coordination	CAHPS
Part C: Complaints about the Health Plan	Admin
Part C: Members Choosing to Leave the Plan	Admin
Part C: Health Plan Quality Improvement	Improvement

Part C: Plan Makes Timely Decisions about Appeals	Admin
Part C: Reviewing Appeals Decisions	Admin
Part C: Call Center – Foreign Language Interpreter and TTY Availability	Admin
Part D: Call Center – Foreign Language Interpreter and TTY Availability	Admin
Part D: Complaints about the Drug Plan	Admin
Part D: Members Choosing to Leave the Plan	Admin
Part D: Drug Plan Quality Improvement	Improvement
Part D: Rating of Drug Plan	CAHPS
Part D: Getting Needed Prescription Drugs	CAHPS
Part D: MPF Price Accuracy	Pharmacy
Part D: Medication Adherence for Diabetes Medications	Pharmacy
Part D: Medication Adherence for Hypertension (RAS antagonists)	Pharmacy
Part D: Medication Adherence for Cholesterol (Statins)	Pharmacy
Part D: MTM Program Completion Rate for CMR	Pharmacy
Part D: Statin Use in Persons with Diabetes (SUPD)	Pharmacy