POINTING THE WAY: SUMMARY OF 2026 STAR RATING CUT POINT CHANGES

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CMS released the 2026 Medicare Advantage Star Rating Technical Notes in the Second Plan Preview on Tuesday, September 9th. The publication of this document allows for analysis of the measure-level cut point changes. This white paper highlights the most significant changes in Star Rating cut points and explains how ongoing quality improvement, guardrails, and the phased implementation of the Tukey Outer Fence Outlier removal logic (Tukey) have combined to push cut points to the highest levels in program history.

For the full list of 2026 Star Rating cut points, refer to Appendix B. While Part D Plan (PDP) cut points have also changed significantly, they have been excluded from this summary because they will not impact plan revenue in 2027.

Summary of Cut Point Changes

Far more 2026 cut points have increased than decreased, indicating a combined impact of the continued improvements to contract performance and migration to Tukey methodology between the 2023 and 2024 measurement years. Figures 1 through 4 below show the number of Part C and Part D measure-level cut points that have increased and decreased and the magnitude of their change. Appendix C of this report also lists all measures and identifies which cut points have increased or decreased. Overall, more measure-level cut points have seen increases than decreases between the 2025 and 2026 Star Ratings. The majority of these changes indicate improved performance between the 2023 and 2024 measurement years. However, there are also several measures that continue to increase due to the continued implementation of Tukey, which has been phased in over several years due to the guardrails limiting cut point movements each year.

Figure 1

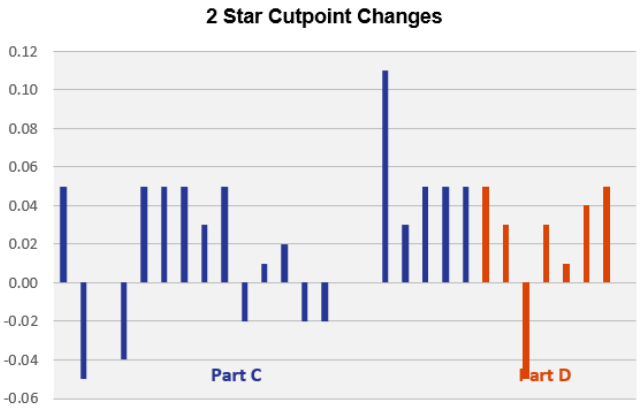


Figure 2

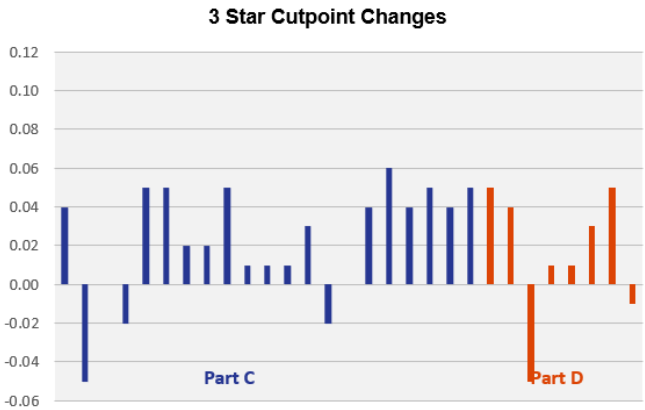


Figure 3

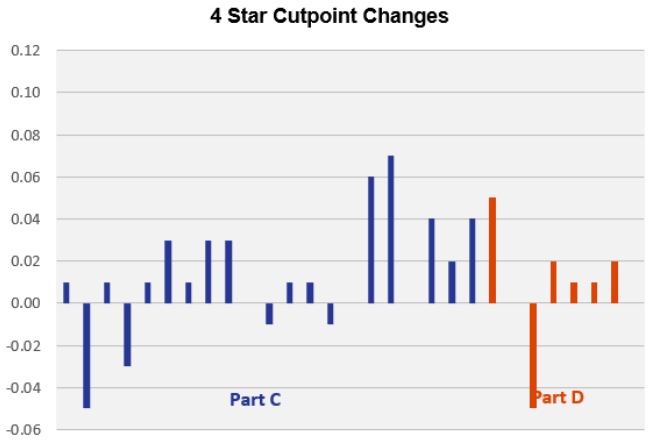
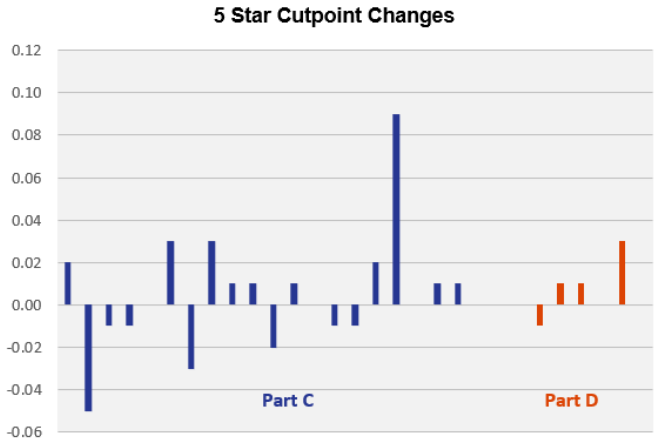


Figure 4



The figures above exclude the following measures:

- *Part C and D Improvement Measures, Complaints About the Health Plan, and Complaints About the Drug Plan*. These measures are excluded for illustrative purposes only because they are not measured on a 0 to 1 scale. All of the measures shown above use the same 0 to 100 scale.
- *CAHPS measures*. Cut points for these measures do not use the clustering methodology and the 5% guardrails do not apply.
- *Improving or Maintaining Physical Health, Improving or Maintaining Mental Health, and Kidney Health Evaluation for Patients with Diabetes.* These measures are new in 2026 and do not have 2025 cut points for comparison.

More information on the excluded measures can be found in the appendices.

Additionally, the 5% guardrails do not apply for measures in their first three years of the Star Rating program. The Follow-Up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions measure was added to the Star Rating program in 2025; therefore, this measure is now in its 2nd year and guardrails do not apply. This is the measure showing changes above 5% in Figures 1-4 above. The Transitions of Care measure was also added to the Star Rating program in 2025 and shows a change above 5% in Figure 3 above.

4-star cut points show performance-driven improvements between the 2023 and 2024 measurement years. With only a few measures still increasing due to the implementation of Tukey, the primary increase in 4-star cut points is likely driven by contract performance improvement between the 2023 and 2024 measurement years.

Chart 1 below summarizes the 4-star cut point changes from 2025 to 2026, grouping measures by whether the cut points have gotten easier (for the majority of measures, this is indicated by a year-over-year decrease), remained the same, or gotten harder (a year-over-year increase for most measures). QI indicates the Part C and Part D Quality Improvement measures

Chart 1
4-Star Cut Point Changes, 2025 to 2026

	HEDIS	CAHPS	Admin	Pharmacy	HOS	QI	All Measures
Easier	1	2	1	1	1	0	6
No Change	2	5	1	1	0	0	9
Harder	10	2	5	4	2	2	25
Total Measures	13	9	7	6	3	2	40

% 4-Star Cut Points Harder	**77%**	**22%**	**71%**	**67%**	**67%**	**100%**	**63%**
Prior Year (2025)	77%	44%	86%	83%	67%	50%	70%

This data indicates that the majority (63%) of 4-star cut points have gotten harder; however, this number is down from 70% in the prior year. Also, only 22% of CAHPS cut points have increased, indicating a performance decline in these measures. And finally, the Quality Improvement (QI) measures have both increased, indicating that plans may struggle to reach 4 stars in these measures even if they have improved performance.

Guardrails continue to significantly limit cut point movement in 2 and 3-star cut points. Due to the implementation of Tukey being limited by guardrails, the change in methodology is still having a distinct impact on cut point movement for the 3rd year in a row, particularly for the 2 and 3-star cut points.

There is emerging evidence of Tukey reducing year-over-year cut point volatility. Despite the large changes in cut points in recent years, there is now multi-year evidence of a reduction in cut point volatility following the implementation of Tukey.

Chart 2 below shows the number of Part C and Part D measure-level cut points that were limited by guardrails to 5% movement between the 2025 and 2026 Star Ratings. These counts exclude the same measures as Figures 1 through 4.

Chart 2
SY 2026 Measure Cut Point Changes Limited by 5% Guardrails

	2 Star	3 Star	4 Star	5 Star	Total
Part C	8	5	0	1	14
Part D	3	3	2	0	8
Total	11	8	2	1	22

For comparison, Chart 3 below shows the same figures for the changes between the 2024 and 2025 Star Ratings.

Chart 3
SY 2025 Measure Cut Point Changes Limited by 5% Guardrails

	2 Star	3 Star	4 Star	5 Star	Total
Part C	9	8	2	0	19
Part D	2	2	1	0	5
Total	11	10	3	0	24

While the number of cut points being limited by guardrails is still high, there is a continued decrease from the prior cycle. This aligns with the expectation that the migration to Tukey, limited by the guardrails, will take a few years to completely play out, but changes should decrease in each subsequent year.

Cut Point Changes by Measure Type

The discussion that follows summarizes cut point changes by measure type, in descending order of measure weight.

HEDIS. HEDIS measures represent 26% of the total 2026 Overall Star Ratings weight. Cut points for these measures have almost all increased, several of them to the maximum amount allowed by the guardrails. Notably, Colorectal Cancer Screening cut points decreased by the full allowable 5% across the board. This is the first hybrid measure to transition to Electronic Clinical Data Systems (ECDS) beginning in 2026. It will be followed by Controlling Blood Pressure in 2030 and Diabetes Care – Blood Sugar Controlled, Care for Older Adults, and Transitions of Care in 2031. For additional background on this change, please see the "Transition to Digital Measurement Reporting" section of Wakely's previous whitepaper titled "Medicare Advantage Star Ratings: 2024 Measurement Year Changes".[1]

As mentioned above, the 5% guardrails do not apply for measures in their first three years of the Star Rating program; therefore, Transitions of Care and Follow-Up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions both have cut point changes greater than 5%.

[1] https://www.wakely.com/blog/medicare-advantage-star-ratings-2024-measurement-year-changes/

Measure	Type	Weight	Cutpoint Change 2 Star	3 Star	4 Star	5 Star
C01: Breast Cancer Screening	Part C	1	0.05	0.04	0.01	0.02
C02: Colorectal Cancer Screening	Part C	1	-0.05	-0.05	-0.05	-0.05
C08: Care for Older Adults – Medication Review	Part C	1	0.05	0.05	0.01	0.00
C09: Care for Older Adults – Pain Assessment	Part C	1	0.05	0.05	0.03	0.03
C10: Osteoporosis Management in Women who had a Fracture	Part C	1	0.05	0.02	0.01	-0.03
C11: Diabetes Care – Eye Exam	Part C	1	0.03	0.02	0.03	0.03
C12: Diabetes Care – Blood Sugar Controlled	Part C	3	0.05	0.05	0.03	0.01
C14: Controlling Blood Pressure	Part C	3	-0.02	0.01	0.00	0.01
C17: Medication Reconciliation Post-Discharge	Part C	1	-0.02	0.03	0.01	0.00
C18: Plan All Cause Readmissions *	Part C	3	-0.02	-0.02	-0.01	-0.01
C19: Statin Therapy for Patients with Cardiovascular Disease	Part C	1	0.00	0.00	0.00	-0.01
C20: Transitions of Care	Part C	1	0.00	0.04	0.06	0.02
C21: Follow-Up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	Part C	1	0.11	0.06	0.07	0.09

** "Lower is better" measure: lower cutpoints are more difficult to achieve*

CAHPS. Consumer Assessment of Healthcare Provider and Systems (CAHPS) survey measures comprise 22% of the total 2026 Overall Star Ratings. CAHPS cut points are not determined using the clustering methodology and therefore are not impacted by Tukey. Most of the Part C and Part D cut points are either unchanged or slightly increased, indicating that contract performance for these measures is similar between 2026 (2024 measurement period) and 2025 (2023 measurement period). Annual Flu Vaccine experienced decreases in cut points across the board for the second year in a row.

Measure	Type	Weight	Cutpoint Change 2 Star	3 Star	4 Star	5 Star
C03: Annual Flu Vaccine	Part C	1	-0.04	-0.04	-0.03	-0.03
C22: Getting Needed Care	Part C	2	0.01	0.01	0.00	0.01
C23: Getting Appointments and Care Quickly	Part C	2	0.00	0.00	0.00	0.00
C24: Customer Service	Part C	2	0.00	0.00	0.00	0.00
C25: Rating of Health Care Quality	Part C	2	0.00	0.01	0.00	0.00
C26: Rating of Health Plan	Part C	2	0.00	-0.01	-0.01	0.00
C27: Care Coordination	Part C	2	0.01	0.01	0.01	0.01
D05: Rating of Drug Plan	Part D - MAPD	2	0.01	0.00	0.01	0.00
D06: Getting Needed Prescription Drugs	Part D - MAPD	2	0.00	0.00	0.00	0.00
D05: Rating of Drug Plan	Part D - PDP	2	0.03	0.01	0.01	0.01
D06: Getting Needed Prescription Drugs	Part D - PDP	2	0.02	0.02	0.01	0.01

Administrative. Administrative measures comprise 17% of the total 2026 Overall Star Ratings weight. Cut points for these measures have almost all increased, many of them by the maximum amount allowed by the guardrails. The Call Center measures have been notoriously schismatic with a 5-star rating requiring a 100% measure value, and this has remained the same for 2026. However, the 4-star cutpoints have now climbed very high as well, sitting at 97% for Part C and 95% for Part D. We can anticipate Part D to reach even higher in future years since the 95% would have also been 97% without the guardrail

limitation. One or two phone calls have been known to have a sizable impact on these measure rates across contracts within a parent organization, so the proximity of the 4 and 5-star cut points on these measures is a significant change for 2026.

Note that some of the administrative measures (Complaints about the Health/Drug Plan and Members Choosing to Leave the Plan) are "lower is better" measures, so the direction of the cut point change should be considered in the opposite direction as other measures. In addition, Complaints about the Health/Drug Plan measures reflect the rate of complaints about the health/drug plan per 1,000 members; these are not measured on a 0 to 100 scale. While this measure is bound by the guardrails, the calculation of the guardrail is different than for all other measures – it is 5 percent of the difference between the minimum and maximum measure values after the removal of Tukey outliers.

			Cutpoint Change			
Measure	Type	Weight	2 Star	3 Star	4 Star	5 Star
C07: Special Needs Plan (SNP) Care Management	Part C	1	-0.04	-0.02	-0.03	-0.01
C28: Complaints about the Health Plan * **	Part C	2	-0.05	-0.05	-0.05	-0.01
C29: Members Choosing to Leave the Plan *	Part C	2	0.03	0.04	0.00	0.00
C31: Plan Makes Timely Decisions about Appeals	Part C	2	0.05	0.05	0.04	0.01
C32: Reviewing Appeals Decisions	Part C	2	0.05	0.04	0.02	0.01
C33: Call Center – Foreign Language Interpreter and TTY Availability	Part C	2	0.05	0.05	0.04	0.00
D01: Call Center – Foreign Language Interpreter and TTY Availability	Part D - MAPD	2	0.05	0.05	0.05	0.00
D02: Complaints about the Drug Plan * **	Part D - MAPD	2	-0.05	-0.05	-0.05	-0.01
D03: Members Choosing to Leave the Plan *	Part D - MAPD	2	0.03	0.04	0.00	0.00
D01: Call Center – Foreign Language Interpreter and TTY Availability	Part D - PDP	2	0.05	0.05	0.00	0.00
D02: Complaints about the Drug Plan * **	Part D - PDP	2	-0.01	-0.01	-0.01	-0.01
D03: Members Choosing to Leave the Plan *	Part D - PDP	2	-0.05	-0.05	-0.04	-0.02

** "Lower is better" measure: lower cutpoints are more difficult to achieve*

*** Measure on differing scale: measure values are not on a 0-100% scale*

Pharmacy. Pharmacy measures make up 16% of the total 2026 Overall Star Ratings weight. As with other measure types, most of the pharmacy measure cut points increased. The tide has turned on Medication Adherence measures with almost all cut points (11 out of 12 total) increasing in 2026 after a few years of remaining mostly stagnant.

Measure	Type	Weight	Cutpoint Change 2 Star	3 Star	4 Star	5 Star
D07: MPF Price Accuracy	Part D - MAPD	1	-0.05	-0.05	-0.05	-0.01
D08: Medication Adherence for Diabetes Medications	Part D - MAPD	3	0.03	0.01	0.02	0.01
D09: Medication Adherence for Hypertension (RAS antagonists)	Part D - MAPD	3	0.01	0.01	0.01	0.01
D10: Medication Adherence for Cholesterol (Statins)	Part D - MAPD	3	0.04	0.03	0.01	0.00
D11: MTM Program Completion Rate for CMR	Part D - MAPD	1	0.05	0.05	0.02	0.03
D12: Statin Use in Persons with Diabetes (SUPD)	Part D - MAPD	1	0.00	-0.01	0.00	0.00
D07: MPF Price Accuracy	Part D - PDP	1	-0.05	-0.05	-0.05	-0.01
D08: Medication Adherence for Diabetes Medications	Part D - PDP	3	0.00	0.00	0.00	-0.01
D09: Medication Adherence for Hypertension (RAS antagonists)	Part D - PDP	3	0.01	0.01	0.01	0.01
D10: Medication Adherence for Cholesterol (Statins)	Part D - PDP	3	0.01	0.01	0.01	0.00
D11: MTM Program Completion Rate for CMR	Part D - PDP	1	-0.03	-0.04	0.02	0.03
D12: Statin Use in Persons with Diabetes (SUPD)	Part D - PDP	1	0.02	0.00	-0.01	-0.01

Improvement. Improvement measures comprise about 13% of the total 2026 Overall Star Ratings weight, and most of the Part C and Part D cut points increased in 2026. The Part D 4 and 5-Star cut points are particularly interesting with some larger than usual increases for 2026.

Note that the 3-star cut point remains unchanged because CMS sets this cut point to 0.00 every year.

Measure	Type	Weight	Cutpoint Change 2 Star	3 Star	4 Star	5 Star
C30: Health Plan Quality Improvement **	Part C	5	0.06	0.00	0.03	-0.03
D04: Drug Plan Quality Improvement **	Part D - MAPD	5	-0.01	0.00	0.08	0.08
D04: Drug Plan Quality Improvement **	Part D - PDP	5	0.10	0.00	0.06	0.10

*** Measure on differing scale: measure values are not on a 0-100% scale*

HOS. HOS measures make up about 6% of the total 2026 Overall Star Ratings weight. Previous analyses have shown that Tukey has almost no impact on these measures, so these changes are expected to be primarily driven by changes in performance.

Measure	Type	Weight	Cutpoint Change 2 Star	3 Star	4 Star	5 Star
C06: Monitoring Physical Activity	Part C	1	0.00	0.00	0.01	-0.01
C15: Reducing the Risk of Falling	Part C	1	0.01	0.01	-0.01	-0.02
C16: Improving Bladder Control	Part C	1	0.02	0.01	0.01	0.01

Conclusion

The large number of increasing cut points is consistent with prior year increases; however, the implementation of the Tukey Outer Fence Outlier removal logic, which was spread out over several years due to guardrails limiting changes, is beginning to abate for 4 and 5 stars. This means that the majority of 4 and 5-star increases indicate an improvement in plan performance. The 4-star rating continues to

get more difficult to achieve, further highlighting the need for continued performance improvement every year.

Please contact Lisa Winters at Lisa.Winters@wakely.com or Suzanna-Grace Tritt at SuzannaGrace.Tritt@wakely.com with any questions or to follow up on any of the concepts presented here.

Appendix A: Refresher on the CMS Star Rating Cut Points

For each quality measure within the Medicare Star Rating program, CMS establishes a set of "cut points" or thresholds that Medicare Advantage and Part D (MA-PD) contracts need to meet in order to receive a 2, 3, 4, or 5-star rating for that individual measure. Contracts with measure scores CMS identifies to be based on inaccurate or biased data receive 1 star. These cut points are determined based on a clustering algorithm that groups contracts with similar measure-level performance. For this reason, if all contracts were to decline in quality performance, cut points would likely decline as well.

The Tukey Outer Fence Outlier removal logic ("Tukey") was applied for the first time within the 2024 Star Ratings. The initially published 2024 Star Ratings (October 2023) applied guardrails limiting the movement by 5% between the CMS-simulated 2023 cut points with Tukey and the 2024 cut points. On June 19, 2024, CMS published new cut points with guardrails instead limiting the movement by 5% between the actual 2023 cut points, without Tukey (rather than the simulated Tukey 2023 cut points), and the 2024 cut points.

As the final planned step in improving cut point stability, Tukey removes contracts' data points that are deemed as "outlier performers" before applying the clustering logic to the measure-level cut points. Because there are often more low-performing outliers than high-performing outliers – demonstrated by the historically volatile 2 and 3-star cut points – this change increased many cut points for 2024, but the changes were bound by the updated application of guardrails. As this change limited the movement in 2024 and 2025, we are still seeing a significant change in 2026 Star Ratings 2 and 3-star cut points due to the ongoing migration towards Tukey cut points. This migration continues to make it harder each year for contracts to improve or maintain their Star Rating overall.

Note that Tukey migration does not appear to be impacting many 4 or 5-star cut points. Although these cut points generally increased in the 2026 Star Ratings, the increase is primarily driven by contract performance improvements rather than Tukey.

Appendix B: 2026 Measure-Level Cut Points

The table below contains the 2026 cut points released by CMS on Tuesday, September 9th.

		2026 Star Rating Cut Points			
Measure	**Type**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
C01: Breast Cancer Screening	Part C	0.58	0.71	0.76	0.84
C02: Colorectal Cancer Screening	Part C	0.48	0.60	0.70	0.78
C03: Annual Flu Vaccine	Part C	0.57	0.61	0.68	0.73
C04: Improving or Maintaining Physical Health	Part C	0.66	0.70	0.72	0.75
C05: Improving or Maintaining Mental Health	Part C	0.81	0.83	0.85	0.88
C06: Monitoring Physical Activity	Part C	0.41	0.47	0.53	0.59
C07: Special Needs Plan (SNP) Care Management	Part C	0.42	0.60	0.73	0.88
C08: Care for Older Adults – Medication Review	Part C	0.58	0.85	0.93	0.98
C09: Care for Older Adults – Pain Assessment	Part C	0.65	0.86	0.95	0.99
C10: Osteoporosis Management in Women who had a Fracture	Part C	0.32	0.41	0.53	0.68
C11: Diabetes Care – Eye Exam	Part C	0.60	0.72	0.80	0.86
C12: Diabetes Care – Blood Sugar Controlled	Part C	0.54	0.77	0.87	0.91
C13: Kidney Health Evaluation for Patients with Diabetes	Part C	0.39	0.53	0.63	0.75
C14: Controlling Blood Pressure	Part C	0.67	0.75	0.80	0.86
C15: Reducing the Risk of Falling	Part C	0.51	0.57	0.62	0.71
C16: Improving Bladder Control	Part C	0.41	0.45	0.49	0.53
C17: Medication Reconciliation Post-Discharge	Part C	0.40	0.60	0.74	0.87
C19: Statin Therapy for Patients with Cardiovascular Disease	Part C	0.81	0.85	0.88	0.91
C20: Transitions of Care	Part C	0.44	0.56	0.69	0.79
C21: Follow-Up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	Part C	0.50	0.59	0.67	0.78
C22: Getting Needed Care	Part C	0.78	0.80	0.82	0.84
C23: Getting Appointments and Care Quickly	Part C	0.80	0.82	0.84	0.86
C24: Customer Service	Part C	0.88	0.89	0.91	0.92
C25: Rating of Health Care Quality	Part C	0.84	0.86	0.87	0.88
C26: Rating of Health Plan	Part C	0.84	0.85	0.87	0.89
C27: Care Coordination	Part C	0.85	0.86	0.88	0.89
C31: Plan Makes Timely Decisions about Appeals	Part C	0.74	0.90	0.99	1.00
C32: Reviewing Appeals Decisions	Part C	0.83	0.96	0.98	1.00
C33: Call Center – Foreign Language Interpreter and TTY Availability	Part C	0.51	0.74	0.97	1.00
D01: Call Center – Foreign Language Interpreter and TTY Availability	Part D	0.45	0.79	0.95	1.00
D05: Rating of Drug Plan	Part D	0.85	0.86	0.88	0.89
D06: Getting Needed Prescription Drugs	Part D	0.87	0.88	0.90	0.91
D07: MPF Price Accuracy	Part D	0.92	0.93	0.94	0.99
D08: Medication Adherence for Diabetes Medications	Part D	0.83	0.86	0.89	0.92
D09: Medication Adherence for Hypertension (RAS antagonists)	Part D	0.84	0.88	0.91	0.93
D10: Medication Adherence for Cholesterol (Statins)	Part D	0.84	0.88	0.90	0.93
D11: MTM Program Completion Rate for CMR	Part D	0.62	0.82	0.91	0.96
D12: Statin Use in Persons with Diabetes (SUPD)	Part D	0.81	0.85	0.89	0.93

Measure	Type	2026 Star Rating Cut Points			
		2 Star	3 Star	4 Star	5 Star
"Lower is better" measures					
C18: Plan All Cause Readmissions	Part C	0.12	0.10	0.09	0.07
C29: Members Choosing to Leave the Plan	Part C	0.39	0.28	0.17	0.08
D03: Members Choosing to Leave the Plan	Part D	0.39	0.28	0.17	0.08
Measures not on 0-100 scale					
C28: Complaints about the Health Plan	Part C	1.34	0.71	0.32	0.11
C30: Health Plan Quality Improvement	Part C	-0.12	0.00	0.20	0.39
D02: Complaints about the Drug Plan	Part D	1.34	0.71	0.32	0.11
D04: Drug Plan Quality Improvement	Part D	-0.23	0.00	0.32	0.58

Appendix C: 2025 and 2026 Measure-Level Cut Point Changes

The table below describes the measure-level cut point changes between 2025 and 2026 Star Ratings. Green shading indicates that it is easier to achieve that level of star rating than previously (or in other words, the cut point has decreased), yellow indicates no change, and red indicates that it is harder than before to achieve that measure level star rating.

		Cut Point Change from 2025 to 2026			
Measure	Type	2 Star	3 Star	4 Star	5 Star
C01: Breast Cancer Screening	Part C	0.05	0.04	0.01	0.02
C02: Colorectal Cancer Screening	Part C	-0.05	-0.05	-0.05	-0.05
C03: Annual Flu Vaccine	Part C	-0.04	-0.04	-0.03	-0.03
C04: Improving or Maintaining Physical Health	Part C	0.00	0.00	0.00	0.00
C05: Improving or Maintaining Mental Health	Part C	0.00	0.00	0.00	0.00
C06: Monitoring Physical Activity	Part C	0.00	0.00	0.01	-0.01
C07: Special Needs Plan (SNP) Care Management	Part C	-0.04	-0.02	-0.03	-0.01
C08: Care for Older Adults – Medication Review	Part C	0.05	0.05	0.01	0.00
C09: Care for Older Adults – Pain Assessment	Part C	0.05	0.05	0.03	0.03
C10: Osteoporosis Management in Women who had a Fracture	Part C	0.05	0.02	0.01	-0.03
C11: Diabetes Care – Eye Exam	Part C	0.03	0.02	0.03	0.03
C12: Diabetes Care – Blood Sugar Controlled	Part C	0.05	0.05	0.03	0.01
C13: Kidney Health Evaluation for Patients with Diabetes	Part C	0.00	0.00	0.00	0.00
C14: Controlling Blood Pressure	Part C	-0.02	0.01	0.00	0.01
C15: Reducing the Risk of Falling	Part C	0.01	0.01	-0.01	-0.02
C16: Improving Bladder Control	Part C	0.02	0.01	0.01	0.01
C17: Medication Reconciliation Post-Discharge	Part C	-0.02	0.03	0.01	0.00
C19: Statin Therapy for Patients with Cardiovascular Disease	Part C	0.00	0.00	0.00	-0.01
C20: Transitions of Care	Part C	0.00	0.04	0.06	0.02
C21: Follow-Up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	Part C	0.11	0.06	0.07	0.09
C22: Getting Needed Care	Part C	0.01	0.01	0.00	0.01
C23: Getting Appointments and Care Quickly	Part C	0.00	0.00	0.00	0.00
C24: Customer Service	Part C	0.00	0.00	0.00	0.00
C25: Rating of Health Care Quality	Part C	0.00	0.01	0.00	0.00
C26: Rating of Health Plan	Part C	0.00	-0.01	-0.01	0.00
C27: Care Coordination	Part C	0.01	0.01	0.01	0.01
C31: Plan Makes Timely Decisions about Appeals	Part C	0.05	0.05	0.04	0.01
C32: Reviewing Appeals Decisions	Part C	0.05	0.04	0.02	0.01
C33: Call Center – Foreign Language Interpreter and TTY Availability	Part C	0.05	0.05	0.04	0.00
D01: Call Center – Foreign Language Interpreter and TTY Availability	Part D	0.05	0.05	0.05	0.00
D05: Rating of Drug Plan	Part D	0.01	0.00	0.01	0.00
D06: Getting Needed Prescription Drugs	Part D	0.00	0.00	0.00	0.00
D07: MPF Price Accuracy	Part D	-0.05	-0.05	-0.05	-0.01
D08: Medication Adherence for Diabetes Medications	Part D	0.03	0.01	0.02	0.01
D09: Medication Adherence for Hypertension (RAS antagonists)	Part D	0.01	0.01	0.01	0.01
D10: Medication Adherence for Cholesterol (Statins)	Part D	0.04	0.03	0.01	0.00
D11: MTM Program Completion Rate for CMR	Part D	0.05	0.05	0.02	0.03
D12: Statin Use in Persons with Diabetes (SUPD)	Part D	0.00	-0.01	0.00	0.00

		Cut Point Change from 2025 to 2026			
Measure	**Type**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
"Lower is better" measures					
C18: Plan All Cause Readmissions	Part C	-0.02	-0.02	-0.01	-0.01
C29: Members Choosing to Leave the Plan	Part C	0.03	0.04	0.00	0.00
D03: Members Choosing to Leave the Plan	Part D	0.03	0.04	0.00	0.00
Measures not on 0-100 scale					
C28: Complaints about the Health Plan	Part C	-0.05	-0.05	-0.05	-0.01
C30: Health Plan Quality Improvement	Part C	0.06	0.00	0.03	-0.03
D02: Complaints about the Drug Plan	Part D	-0.05	-0.05	-0.05	-0.01
D04: Drug Plan Quality Improvement	Part D	-0.01	0.00	0.08	0.08

OUR STORY

Five decades. Wakely began in 1969 and eventually evolved into several successful divisions. In 1999, the actuarial arm became the current-day Wakely Consulting Group, LLC, which specializes in providing actuarial expertise in the healthcare industry. Today, there are few healthcare topics our actuaries cannot tackle.

Wakely is now a subsidiary of Health Management Associates. HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. We serve government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations. Every client matters. Every client gets our best. With more than 20 offices and over 400 multidisciplinary consultants coast to coast, our expertise, our services, and our team are always within client reach.

Broad healthcare knowledge. Wakely is experienced in all facets of the healthcare industry, from carriers to providers to governmental agencies. Our employees excel at providing solutions to parties across the spectrum.

Your advocate. Our actuarial experts and policy analysts continually monitor and analyze potential changes to inform our clients' strategies – and propel their success.

Our Vision: To partner with clients to drive business growth, accelerate success, and propel the health care industry forward.

Our Mission: We empower our unique team to serve as trusted advisors with a foundation of robust data, advanced analytics, and a comprehensive understanding of the health care industry.

Learn more about Wakely Consulting Group at www.wakely.com