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WHITE PAPER

Cutting It Close

Initial Takeaways from 2027 Star Rating Changes

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INTRODUCTION

The Centers for Medicare & Medicaid Services (CMS) released the 2027 Medicare Advantage Star Rating Technical Notes in the Second Plan Preview on Tuesday, September 8, 2026. The publication of this document allows for analysis of measure-level cut point and reward factor threshold changes. This white paper highlights the most significant changes and examines how cut point shifts, guardrail impacts, and overall measure performance percentiles indicate a challenging year for the Star Ratings program and impending challenges for 2028 Medicare Advantage plan revenue.

This white paper is intended for readers with a working knowledge of the Star Ratings program; see **Appendix A** for additional background on Star Rating calculations and cut point methodology. The full list of 2027 Star Rating cut points can be found in **Appendix B**. Part D Plan (PDP) cut points have been excluded from this summary because they will have no impact on plan revenue in 2028.

REWARD FACTOR THRESHOLD CHANGES

The mean reward factor thresholds (including new measures) decreased notably at both the 65th and 85th percentiles, both with and without improvement measures. This change indicates a **significant decrease in market performance from 2026 to 2027 Star Ratings**.

	SY 2026		SY 2027		Change	
Mean	**65th**	**85th**	**65th**	**85th**	**65th**	**85th**
With Improvement	3.649	3.932	3.545	3.872	-0.104	-0.061
Without Improvement	3.687	3.953	3.603	3.896	-0.084	-0.058

The Star Rating reward factor thresholds are based on the 65th and 85th percentiles of the contract-level distribution of weighted-average Star Ratings, before applying the reward factor, Categorical Adjustment Index (CAI), or rounding. It is important to note that these thresholds reflect a *contract-level* distribution rather than an *enrollment-weighted* distribution. Given the significant variation in contract size, an enrollment-weighted distribution could produce materially different results. Nevertheless, the significant year-over-year decline shown above, both with and without Improvement measures, suggests a broader downward trend in Star Ratings. **This trend is likely to have a material negative impact on Quality Bonus Payments in 2028.**

SUMMARY OF CUT POINT CHANGES

Far more 2027 cut points have increased than decreased, indicating continued improvement in measure-level performance from 2024 to 2025. **Figures 1–4** show the number of Part C and Part D measure-level cut points that have shifted and the magnitude of their change. **Appendix C** lists all measures and identifies which cut points have increased or decreased.

Overall, more measure-level cut points have increased than decreased between the 2026 and 2027 Star Ratings. Most of these changes indicate improved performance between the 2024 and 2025 measurement years. Several measures, however, continue to increase due to the continued implementation of the Tukey Outer Fence Outlier removal logic (Tukey), which has been phased in over several years because guardrails have been limiting cut point movements each year.

It is important to note that increases in cut points indicate improvement in measure-level performance in some respects, but do not necessarily translate to improvements in Star Ratings. **Cut points can increase even as the resulting Star Ratings decline.** Cut points are used to map measure-level performance rates to measure-level Star Ratings, so a favorable change in cut points does not necessarily translate to a favorable change in Star Ratings. When viewed in conjunction with the reward factor threshold changes discussed above, the results in **Figures 1–4** suggest this is occurring in the 2027 Star Ratings.

Figure 1. 2-Star Cut Point Changes

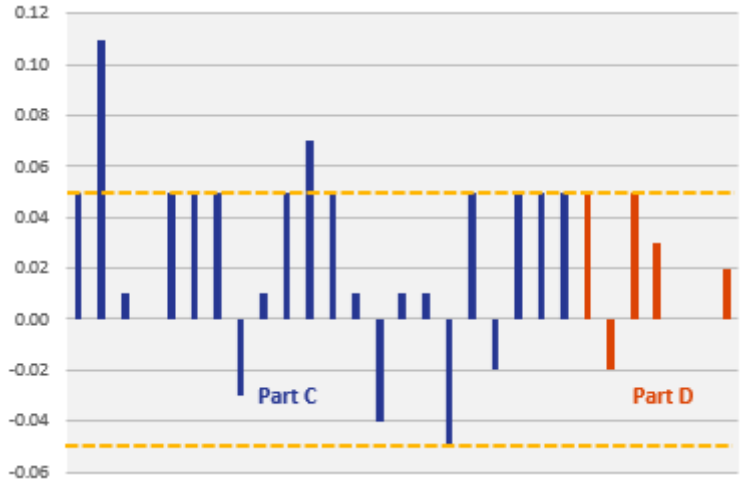


Figure 2. 3-Star Cut Point Changes

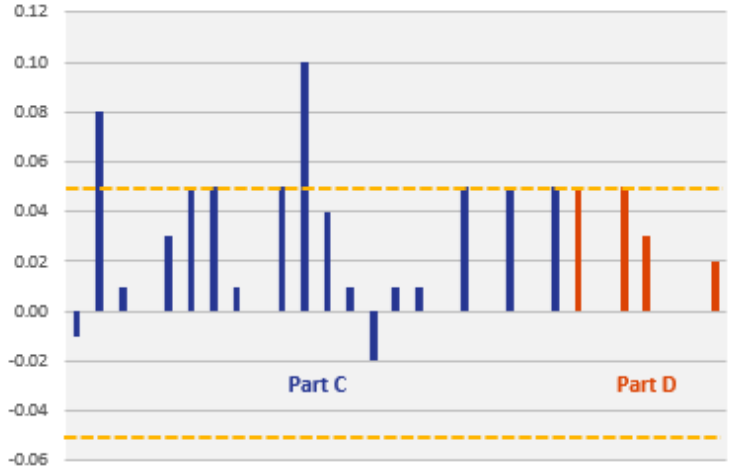


Figure 3. 4-Star Cut Point Changes

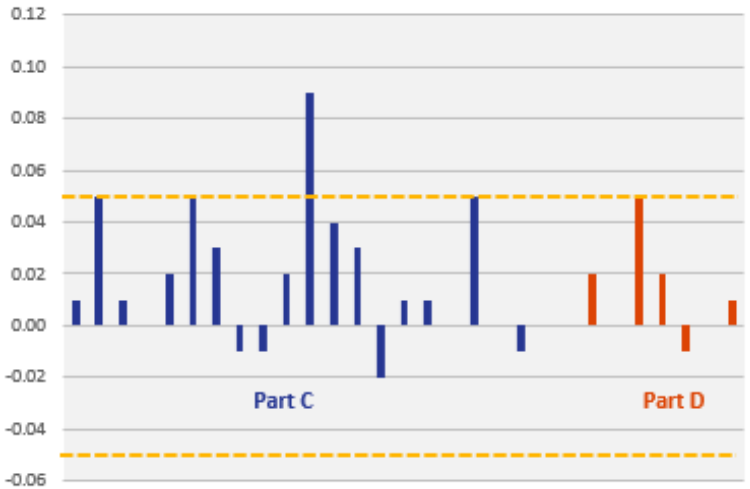
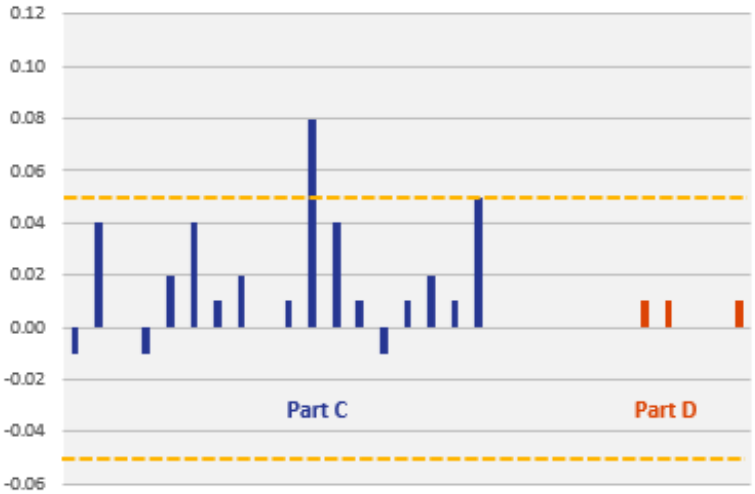


Figure 4. 5-Star Cut Point Changes



Figures 1–4 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 because they are not measured on a 0–1 scale. All of the measures shown above use the same 0–1 scale.
- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Measures.** Cut points for these measures do not use the clustering methodology and the 5% guardrails do not apply.
- **Care for Older Adults—Functional Status Assessment, Concurrent Use of Opioids and Benzodiazepines, and Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults.** These measures are new in 2027 and do not have 2026 cut points for comparison.

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

Additionally, the 5% guardrails do not apply to measures in their first three years of inclusion in the Star Ratings program or for the first three years following a substantive change. The Improving or Maintaining Physical Health, Improving or Maintaining Mental Health, and Kidney Health Evaluation for Patients with Diabetes measures were added to the Star Ratings program in 2026. They are now in their second year and therefore guardrails do not apply. Because Colorectal Cancer Screening had a substantive change in 2027, guardrails do not apply to this measure either, despite its continued inclusion in the Star Ratings program. The measures with cut point changes exceeding 5% in **Figures 1–4** above are Colorectal Cancer Screening and Kidney Health Evaluation for Patients with Diabetes, both Part C measures.

4-Star cut points show performance-driven improvements between the 2024 and 2025 measurement years.

Table 1 below summarizes the 4-Star cut point changes from 2026 to 2027, grouping measures by whether the cut points have gotten easier (as indicated by a year-over-year decrease for most measures), 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.

Table 1. 4-Star Cut Point Changes (2026–2027)

	HEDIS	CAHPS	Admin	Pharmacy	HOS	QI	All Measures
Easier	3	2	2	1	1	2	11
No Change	1	6	3	1	0	0	11
Harder	8	1	2	3	2	0	16
Total Measures	12	9	7	5	3	2	38
% 4-Star Cut Points Harder	**67%**	**11%**	**29%**	**60%**	**67%**	**0%**	**42%**
Prior Year (2026)	77%	22%	71%	67%	67%	100%	63%

The data in **Table 1** indicate that slightly less than half (42%) of 4-Star cut points became more difficult, a significantly lower proportion than in the previous year (63%). Only 11% of CAHPS and 29% of administrative measure cut points increased, indicating a decline in performance on these measures.

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 methodology change continues to have a distinct impact on cut point movement for the third year in a row, particularly for the 2- and 3-Star cut points. The 4 and 5-star cut points have largely stabilized, with just two measures bound by guardrails for 4 stars and 1 measure for 5 stars.[1]

[1] While Figure 3 indicates four distinct measures changed by 5% at the 4-star cut point level, two of these measures were not bound by the guardrails: Colorectal Cancer Screening, where guardrails do not apply in 2027, and MPF Price Accuracy, with a change of 5% exactly (no guardrail restriction).

CUT POINT CHANGES BY MEASURE TYPE

The following section summarizes cut point changes by measure type, in descending order of measure weight.

HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS) measures represent 23% of the total 2027 Overall Star Ratings weight. Cut points for these measures have almost all increased—several to the maximum amount allowed by the guardrails.

As mentioned above, the 5% guardrails do not apply for measures in their first three years of the Star Rating program or for the first three years following a substantive change. For this reason, Colorectal Cancer Screening and Kidney Health Evaluation for Patients with Diabetes both have cut point changes greater than 5%.

			Cutpoint Change			
Measure	**Type**	**Weight**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
C01: Breast Cancer Screening	Part C	1	0.05	-0.01	0.01	-0.01
C02: Colorectal Cancer Screening	Part C	1	0.11	0.08	0.05	0.04
C08: Care for Older Adults – Medication Review	Part C	1	0.05	0.05	0.03	0.01
C10: Osteoporosis Management in Women who had a Fracture	Part C	1	-0.03	0.01	-0.01	0.02
C11: Diabetes Care – Eye Exam	Part C	1	0.01	0.00	-0.01	0.00
C12: Diabetes Care – Blood Sugar Controlled	Part C	3	0.05	0.05	0.02	0.01
C13: Kidney Health Evaluation for Patients with Diabetes	Part C	1	0.07	0.10	0.09	0.08
C14: Controlling Blood Pressure	Part C	3	0.05	0.04	0.04	0.04
C17: Plan All Cause Readmissions *	Part C	3	0.01	0.01	0.01	0.01
C18: Statin Therapy for Patients with Cardiovascular Disease	Part C	1	0.01	0.01	0.01	0.02
C19: Transitions of Care	Part C	1	-0.05	0.00	0.00	0.01
C20: Follow-Up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	Part C	1	0.05	0.05	0.05	0.05

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

CAHPS

The CAHPS survey measures comprise 21% of the total 2027 Overall Star Ratings. CAHPS cut points are not determined using the clustering methodology and therefore are not impacted by Tukey. Most Part C and Part D cut points are relatively unchanged, indicating that contract performance for these measures is similar between 2027 (2025 measurement period) and 2026 (2024 measurement period). Annual Flu Vaccine experienced decreases in cut points across the board for the third consecutive year, although the decreases were smaller than in previous years.

			Cutpoint Change			
Measure	**Type**	**Weight**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
C03: Annual Flu Vaccine	Part C	1	-0.01	-0.01	-0.01	-0.01
C21: Getting Needed Care	Part C	2	0.00	0.00	0.01	0.00
C22: Getting Appointments and Care Quickly	Part C	2	0.00	0.00	0.00	0.00
C23: Customer Service	Part C	2	0.00	0.00	0.00	0.00
C24: Rating of Health Care Quality	Part C	2	0.01	0.00	0.00	0.00
C25: Rating of Health Plan	Part C	2	-0.01	0.00	0.00	0.00
C26: Care Coordination	Part C	2	0.00	0.00	0.00	0.00
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	0.01	0.01	0.00	0.00
D05: Rating of Drug Plan	Part D - PDP	2	0.00	0.00	0.00	0.00
D06: Getting Needed Prescription Drugs	Part D - PDP	2	-0.01	-0.01	0.00	0.00

Administrative

Administrative measures comprise 16% of the total 2027 Overall Star Ratings weight. While the 4- and 5-Star cut points remain relatively unchanged, almost all of the 2- and 3-Star cut points have increased, many of them by the maximum amount allowed by the guardrails. The Call Center measure cut points have historically been set very high, with a 5-star rating requiring a 100% measure value, and this remains the same for 2027. The 4-Star cut points remain high as well, now sitting at 97% for both Part C and Part D. 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 remains significant for 2027.

Note that some 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 0–100 scale. Although 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	0.05	0.05	0.05	0.04
C27: Complaints about the Health Plan * **	Part C	2	-0.05	-0.05	0.01	0.04
C28: Members Choosing to Leave the Plan *	Part C	2	-0.02	0.00	0.00	0.00
C30: Plan Makes Timely Decisions about Appeals	Part C	2	0.05	0.05	-0.01	0.00
C31: Reviewing Appeals Decisions	Part C	2	0.05	0.00	0.00	0.00
C32: Call Center – Foreign Language Interpreter and TTY Availability	Part C	2	0.05	0.05	0.00	0.00
D01: Call Center – Foreign Language Interpreter and TTY Availability	Part D - MAPD	2	0.05	0.05	0.02	0.00
D02: Complaints about the Drug Plan * **	Part D - MAPD	2	-0.05	-0.05	0.01	0.04
D03: Members Choosing to Leave the Plan *	Part D - MAPD	2	-0.02	0.00	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	0.00	0.00	0.00	0.00
D03: Members Choosing to Leave the Plan *	Part D - PDP	2	-0.04	-0.04	0.00	-0.01

** "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 comprise 16% of the total 2027 Overall Star Ratings weight. Most pharmacy measure cut points increased, though the Hypertension and Cholesterol Medication Adherence have mostly leveled out or declined slightly, a change from prior years when cut points consistently increased.

			Cutpoint Change			
Measure	**Type**	**Weight**	**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	0.03	0.02	0.01
D09: Medication Adherence for Hypertension (RAS antagonists)	Part D - MAPD	3	0.00	0.00	-0.01	0.00
D10: Medication Adherence for Cholesterol (Statins)	Part D - MAPD	3	0.00	0.00	0.00	0.00
D11: Statin Use in Persons with Diabetes (SUPD)	Part D - MAPD	1	0.02	0.02	0.01	0.01
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	0.01	0.01	0.01	0.03
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	0.00	0.01
D11: Statin Use in Persons with Diabetes (SUPD)	Part D - PDP	1	-0.01	0.00	0.01	0.01

Quality Improvement

Improvement measures comprise about 12% of the total 2027 Overall Star Ratings weight, and most of the Part C and Part D cut points decreased in 2027. The Part D 4- and 5-Star cut points are particularly interesting, with some larger than usual decreases for 2027 directly following large increases in 2026.

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

			Cutpoint Change			
Measure	**Type**	**Weight**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
C29: Health Plan Quality Improvement **	Part C	5	-0.06	0.00	-0.04	-0.05
D04: Drug Plan Quality Improvement **	Part D - MAPD	5	-0.06	0.00	-0.09	-0.07
D04: Drug Plan Quality Improvement **	Part D - PDP	5	0.04	0.00	-0.09	-0.17

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

HOS

Health Outcomes Survey (HOS) measures account for approximately 11% of the total 2027 Overall Star Ratings weight. The Improving or Maintaining Physical/Mental Health measures were reintroduced to the Star Rating program in 2026. Although new measure cut points typically fluctuate in the first few years of the program, these cut points remain relatively flat in 2027 indicating a consistent distribution of plan performance in these measures.

			Cutpoint Change			
Measure	**Type**	**Weight**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
C04: Improving or Maintaining Physical Health	Part C	3	0.01	0.01	0.01	0.00
C05: Improving or Maintaining Mental Health	Part C	3	0.00	0.00	0.00	-0.01
C06: Monitoring Physical Activity	Part C	1	0.05	0.03	0.02	0.02
C15: Reducing the Risk of Falling	Part C	1	0.01	0.01	0.03	0.01
C16: Improving Bladder Control	Part C	1	-0.04	-0.02	-0.02	-0.01

CONCLUSION

The early 2027 Star Rating data provides evidence of continued improvement in plan performance, with more measure-level cut points increasing than decreasing. However, the lower reward factor thresholds tell a different story: increases in cut points are outpacing increases in plan performance, resulting in an overall decline in contract-level Star Ratings across the Medicare Advantage market. In other words, plans may be performing better than they did in prior years, but not enough to keep pace with the higher thresholds required to achieve the same Star Rating. This dynamic will likely have meaningful implications for 2028 QBPs. With lower Star Ratings across the market, plans may face reduced revenue at a time when maintaining or improving performance continues to require significant investment.

Please contact the authors with any questions or to follow up on any of the concepts presented here.

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ABOUT WAKELY

Founded in 1999, Wakely Consulting Group, an HMA Company, is well known for its top-tier healthcare actuarial consulting services. With nine locations nationwide, Wakely has expertise in Medicare Advantage, Medicaid managed care, risk adjustment and rate setting, market analyses, forecasting, and strategy development. The firm's actuaries bring extensive experience across all sectors of the healthcare industry, collaborating with payers, providers, and government agencies.

APPENDIX A. REFRESHER ON CMS STAR RATING CUT POINT HISTORY

For each quality measure within the Medicare Star Ratings program, the Centers for Medicare & Medicaid Services (CMS) establishes a set of "cut points," or thresholds, that Medicare Advantage and Part D (MA-PD) plans must meet to receive a 2-, 3-, 4-, or 5-Star Ratings for each specific 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 to limit 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 "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. Because this change limited the movement in 2024 and 2025, we see continual change in 2027 2- and 3-Star cut points as a result of the ongoing migration toward Tukey cut points. This migration continues to make it harder each year for plans to improve or maintain their Star Rating overall.

Note that Tukey migration no longer appears to affect many 4- or 5-Star cut points. Although these cut points generally increased in the 2027 Star Ratings, the shift is primarily driven by contract performance improvements rather than Tukey.

APPENDIX B. 2027 MEASURE-LEVEL CUT POINTS

The following table contains the 2027 cut points that CMS released on Tuesday, September 8, 2026.

		2027 Star Rating Cut Points			
Measure	**Type**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
C01: Breast Cancer Screening	Part C	0.63	0.70	0.77	0.83
C02: Colorectal Cancer Screening	Part C	0.59	0.68	0.75	0.82
C03: Annual Flu Vaccine	Part C	0.56	0.60	0.67	0.72
C04: Improving or Maintaining Physical Health	Part C	0.67	0.71	0.73	0.75
C05: Improving or Maintaining Mental Health	Part C	0.81	0.83	0.85	0.87
C06: Monitoring Physical Activity	Part C	0.46	0.50	0.55	0.61
C07: Special Needs Plan (SNP) Care Management	Part C	0.47	0.65	0.78	0.92
C08: Care for Older Adults – Medication Review	Part C	0.63	0.90	0.96	0.99
C09: Care for Older Adults – Functional Status Assessment	Part C	0.65	0.78	0.87	0.95
C10: Osteoporosis Management in Women who had a Fracture	Part C	0.29	0.42	0.52	0.70
C11: Diabetes Care – Eye Exam	Part C	0.61	0.72	0.79	0.86
C12: Diabetes Care – Blood Sugar Controlled	Part C	0.59	0.82	0.89	0.92
C13: Kidney Health Evaluation for Patients with Diabetes	Part C	0.46	0.63	0.72	0.83
C14: Controlling Blood Pressure	Part C	0.72	0.79	0.84	0.90
C15: Reducing the Risk of Falling	Part C	0.52	0.58	0.65	0.72
C16: Improving Bladder Control	Part C	0.37	0.43	0.47	0.52
C18: Statin Therapy for Patients with Cardiovascular Disease	Part C	0.82	0.86	0.89	0.93
C19: Transitions of Care	Part C	0.39	0.56	0.69	0.80
C20: Follow-Up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	Part C	0.55	0.64	0.72	0.83
C21: Getting Needed Care	Part C	0.78	0.80	0.83	0.84
C22: Getting Appointments and Care Quickly	Part C	0.80	0.82	0.84	0.86
C23: Customer Service	Part C	0.88	0.89	0.91	0.92
C24: Rating of Health Care Quality	Part C	0.85	0.86	0.87	0.88
C25: Rating of Health Plan	Part C	0.83	0.85	0.87	0.89
C26: Care Coordination	Part C	0.85	0.86	0.88	0.89
C30: Plan Makes Timely Decisions about Appeals	Part C	0.79	0.95	0.98	1.00
C31: Reviewing Appeals Decisions	Part C	0.88	0.96	0.98	1.00
C32: Call Center – Foreign Language Interpreter and TTY Availabili	Part C	0.56	0.79	0.97	1.00
D01: Call Center – Foreign Language Interpreter and TTY Availabili	Part D	0.50	0.84	0.97	1.00
D05: Rating of Drug Plan	Part D	0.84	0.86	0.87	0.89
D06: Getting Needed Prescription Drugs	Part D	0.88	0.89	0.90	0.91
D07: MPF Price Accuracy	Part D	0.97	0.98	0.99	1.00
D08: Medication Adherence for Diabetes Medications	Part D	0.86	0.89	0.91	0.93
D09: Medication Adherence for Hypertension (RAS antagonists)	Part D	0.84	0.88	0.90	0.93
D10: Medication Adherence for Cholesterol (Statins)	Part D	0.84	0.88	0.90	0.93
D11: Statin Use in Persons with Diabetes (SUPD)	Part D	0.83	0.87	0.90	0.94

		2027 Star Rating Cut Points			
Measure	**Type**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
"Lower is better" measures					
C17: Plan All Cause Readmissions	Part C	0.13	0.11	0.10	0.08
C28: Members Choosing to Leave the Plan	Part C	0.37	0.28	0.17	0.08
D03: Members Choosing to Leave the Plan	Part D	0.37	0.28	0.17	0.08
D12: Concurrent Use of Opioids and Benzodiazepines	Part D	0.20	0.16	0.12	0.08
D13: Polypharmacy: Use of Multiple Anticholinergic Medications in	Part D	0.15	0.11	0.07	0.05
Measures not on 0-100 scale					
C27: Complaints about the Health Plan	Part C	1.29	0.66	0.33	0.15
C29: Health Plan Quality Improvement	Part C	-0.18	0.00	0.16	0.34
D02: Complaints about the Drug Plan	Part D	1.29	0.66	0.33	0.15
D04: Drug Plan Quality Improvement	Part D	-0.30	0.00	0.23	0.51

APPENDIX C. 2026 AND 2027 MEASURE-LEVEL CUT POINT CHANGES

The following table describes the measure-level cut point changes between 2026 and 2027 Star Ratings. Green shading indicates that it is easier to achieve that level of Star Rating than it was previously (i.e., the cut point has decreased), yellow indicates no change, and red indicates that it is more difficult now to achieve that measure-level Star Rating.

		Cut Point Change from 2026 to 2027			
Measure	**Type**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
C01: Breast Cancer Screening	Part C	0.05	-0.01	0.01	-0.01
C02: Colorectal Cancer Screening	Part C	0.11	0.08	0.05	0.04
C03: Annual Flu Vaccine	Part C	-0.01	-0.01	-0.01	-0.01
C04: Improving or Maintaining Physical Health	Part C	0.01	0.01	0.01	0.00
C05: Improving or Maintaining Mental Health	Part C	0.00	0.00	0.00	-0.01
C06: Monitoring Physical Activity	Part C	0.05	0.03	0.02	0.02
C07: Special Needs Plan (SNP) Care Management	Part C	0.05	0.05	0.05	0.04
C08: Care for Older Adults – Medication Review	Part C	0.05	0.05	0.03	0.01
C09: Care for Older Adults – Functional Status Assessment	Part C	0.00	0.00	0.00	0.00
C10: Osteoporosis Management in Women who had a Fracture	Part C	-0.03	0.01	-0.01	0.02
C11: Diabetes Care – Eye Exam	Part C	0.01	0.00	-0.01	0.00
C12: Diabetes Care – Blood Sugar Controlled	Part C	0.05	0.05	0.02	0.01
C13: Kidney Health Evaluation for Patients with Diabetes	Part C	0.07	0.10	0.09	0.08
C14: Controlling Blood Pressure	Part C	0.05	0.04	0.04	0.04
C15: Reducing the Risk of Falling	Part C	0.01	0.01	0.03	0.01
C16: Improving Bladder Control	Part C	-0.04	-0.02	-0.02	-0.01
C18: Statin Therapy for Patients with Cardiovascular Disease	Part C	0.01	0.01	0.01	0.02
C19: Transitions of Care	Part C	-0.05	0.00	0.00	0.01
C20: Follow-Up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	Part C	0.05	0.05	0.05	0.05
C21: Getting Needed Care	Part C	0.00	0.00	0.01	0.00
C22: Getting Appointments and Care Quickly	Part C	0.00	0.00	0.00	0.00
C23: Customer Service	Part C	0.00	0.00	0.00	0.00
C24: Rating of Health Care Quality	Part C	0.01	0.00	0.00	0.00
C25: Rating of Health Plan	Part C	-0.01	0.00	0.00	0.00
C26: Care Coordination	Part C	0.00	0.00	0.00	0.00
C30: Plan Makes Timely Decisions about Appeals	Part C	0.05	0.05	-0.01	0.00
C31: Reviewing Appeals Decisions	Part C	0.05	0.00	0.00	0.00
C32: Call Center – Foreign Language Interpreter and TTY Availabili	Part C	0.05	0.05	0.00	0.00
D01: Call Center – Foreign Language Interpreter and TTY Availabili	Part D	0.05	0.05	0.02	0.00
D05: Rating of Drug Plan	Part D	-0.01	0.00	-0.01	0.00
D06: Getting Needed Prescription Drugs	Part D	0.01	0.01	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	0.03	0.02	0.01
D09: Medication Adherence for Hypertension (RAS antagonists)	Part D	0.00	0.00	-0.01	0.00
D10: Medication Adherence for Cholesterol (Statins)	Part D	0.00	0.00	0.00	0.00
D11: Statin Use in Persons with Diabetes (SUPD)	Part D	0.02	0.02	0.01	0.01

		C7t Point Change from 2026 to 2027			
Measure	**Type**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
"Lower is better" measures					
C17: Plan All Cause Readmissions	Part C	0.01	0.01	0.01	0.01
C28: Members Choosing to Leave the Plan	Part C	-0.02	0.00	0.00	0.00
D03: Members Choosing to Leave the Plan	Part D	-0.02	0.00	0.00	0.00
D12: Concurrent Use of Opioids and Benzodiazepines	Part D	0.00	0.00	0.00	0.00
D13: Polypharmacy: Use of Multiple Anticholinergic Medications in	Part D	0.00	0.00	0.00	0.00
Measures not on 0-100 scale					
C27: Complaints about the Health Plan	Part C	-0.05	-0.05	0.01	0.04
C29: Health Plan Quality Improvement	Part C	-0.06	0.00	-0.04	-0.05
D02: Complaints about the Drug Plan	Part D	-0.05	-0.05	0.01	0.04
D04: Drug Plan Quality Improvement	Part D	-0.06	0.00	-0.09	-0.07