

2021 Star ratings

KEY TAKEAWAYS

The Centers for Medicare & Medicaid Services (CMS) has released the 2021 Star Ratings for Medicare Advantage Prescription Drug Plans. We're sharing a few key takeaways and some guidance on how Medicare Advantage Plans could close out the 2022 rating cycle.¹

Results at a glance



The percentage of contracts at or above 4 stars fell from **52%** (210 contracts) to **49%** (194 contracts).

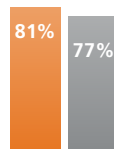


The number of plans receiving a **4.5-Star rating is down 11%** year-over-year.

The weighted average dropped from **4.16** stars in 2020 to **4.06** stars in 2021.



Although **81%** of members were in a 4-star contract for Star ratings 2020, only **77%** of members were in 4-star contracts for Star ratings 2021.



Most national plans saw one or more contracts **fall below 4 stars.**



Where some plans fell short

Earlier this year, CMS announced it would reuse the 2020 Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measure ratings for 2021. This shift resulted in a few challenges for some health plans:

- CAHPS and administrative measures **increased to 2x weight**. Since the average rating is 3.31 across all CAHPS measures, this put a drag on some plan ratings.
- Statin Use in Persons with Diabetes (SUPD) **increased to 3x weight**. With a national average rating of 3.0, this measure in combination with the change in CAHPS weighting hindered many plans' performance.



Ensuring you develop **deep connections and engagement** with members can help maximize your Star ratings for 2022.

Looking ahead: Top three areas of focus for 2021

The 2020 HEDIS and CAHPS ratings will be reused for 2021. This provides the industry with as close to a controlled study as we can have to analyze the impact of increasing CAHPS measure to 2x weight for 2021. Since these measures will increase to 4x beginning Jan. 1, 2021, below are three key steps your organization can take now to start preparing for next year.

1

CMS has issued a final rule allowing plans to use the higher of their 2021 final rating or earned rating in 2022 for non-CAHPS measures. This will allow health plans that perform higher in non-CAHPS measures the opportunity to focus more on member experience for 2022 ratings.² As a result, plans should carefully review the math to ensure they are focusing on the right activities to maximize Star ratings for 2022.

2

While member experience is becoming more central to plan performance, health plans are struggling to engage members as active participants in their health. Ensuring that you develop deep connections with your members and get more involved in addressing their underlying barriers to care compliance will be critical for CAHPS improvement.

3

Many plans stumble by pursuing interventions for medication adherence, controlling high blood pressure and the Comprehensive Diabetes Care (CDC)-A1c controlled measures separately from HEDIS interventions without realizing they are related. Since many members are in four or sometimes all five of these denominators, coordinated interventions performed persistently drive a higher return, particularly when simultaneously supporting CAHPS measure needs.

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1. This material presents Optum views of the general impact of the 2021 Star ratings on the average Medicare Advantage organization (MAO). Each MAO should consult its own legal and compliance advisors to assess the impact on its own operations based on its specific circumstances.
2. Centers for Medicare & Medicaid Services. Contract Year 2021 Medicare Advantage and Part D Final Rule (CMS-4190-F1) Fact Sheet. 2020. [cms.gov/newsroom/fact-sheets/contract-year-2021-medicare-advantage-and-part-d-final-rule-cms-4190-f1-fact-sheet](https://www.cms.gov/newsroom/fact-sheets/contract-year-2021-medicare-advantage-and-part-d-final-rule-cms-4190-f1-fact-sheet). Accessed October 14, 2020.

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