

How States Can Use Medicare Advantage Star Ratings to Assess Dual Eligible Special Needs Plan Quality and Performance

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What are Medicare Advantage (MA) Star Ratings?

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to evaluate the performance of Medicare Advantage (MA) health plans. This Star Rating system enables individuals, payers, and others to compare plans across multiple dimensions. CMS publishes the Star Ratings each year – usually in October – to help individuals find the best plan for them and to determine MA quality bonus payments to plans. The lowest-ranking plans receive one star, and the highest-ranking plans receive five stars. The 2025 Star Ratings are now available on CMS' website: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>, including an 11-page Fact Sheet with highlights from the actual Star Rating data tables: <https://www.cms.gov/files/document/fact-sheet-2025-medicare-advantage-and-part-d-star-ratings.pdf>. Star Ratings for each plan are also displayed on Medicare Plan Finder: <https://www.medicare.gov/plan-compare>.

Why are the MA Star Ratings useful to states?

States can use the MA Star Ratings to assess the quality and performance of MA plans operating in their state, and in some instances can review measures and ratings for dual eligible special needs plans (D-SNPs) specifically (more information on this below). D-SNPs are required to have contracts with states to coordinate Medicare and Medicaid services for dually eligible enrollees, and some states require D-SNPs to cover Medicaid benefits, as well. Star Ratings can help inform states as they work with the D-SNPs in their state and make D-SNP contracting decisions.

Keep in mind

Typically, CMS awards a legal entity only one contract for each product type (for example, HMO, PPO, etc.) it seeks to offer for all plans across all states. As a result, Star Ratings are assigned at the contract level, not at the individual plan level. This is important to understand because a single MA contract may include more than one type of special needs plan (SNP) (i.e., chronic condition, institutional, and/or dual eligible), as well as non-SNP MA plans. A single MA contract may also include plans in more than one state. The Star Rating assigned to the contract applies to all plans under the contract and reflects the collective performance of all of those plans.

CMS codified a pathway at 42 CFR 422.107(e) through which states can require that D-SNPs with exclusively aligned enrollment establish contracts with CMS that only include one or more D-SNPs within a state. Electing this opportunity has numerous benefits, including enabling submission of quality measures and calculation of Star Ratings specific to each D-SNP-only contract, thereby providing the state and the public with greater transparency on outcomes and experiences specific to dually eligible individuals in the state. More information about this opportunity can be found on the CMS website: <https://www.cms.gov/files/document/stateoppsintegratedcareprogs.pdf>.

How are MA Star Ratings calculated?

MA Star Ratings are comprised of a variety of quality and performance measures that are drawn from multiple data sources, including the Healthcare Effectiveness Data and Information Set (HEDIS), the Medicare Health Outcomes Survey (HOS), the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, and others. Most of these measures are reported at the contract level, with the exception of three SNP-specific measures that are reported at the individual plan level (more detail provided below). The measures are organized within five domains of services covered by Medicare Part C¹:

- 1. Staying Healthy: Screenings, Tests and Vaccines.** This domain has four measures, including Breast Cancer Screening, Colorectal Cancer Screening, Annual Flu Vaccine, and Monitoring Physical Activity;
- 2. Managing Chronic (Long Term) Conditions.** This domain has 14 measures and includes the three SNP-specific measures mentioned previously: SNP Care Management and two Care for Older Adults measures – Medication Review and Pain Assessment;
 - The three SNP-specific measures (C06 to C8) are summarized on p. 25 of the **Medicare 2025 Part C & D Star Ratings Technical Notes** (<https://www.cms.gov/files/document/2025-star-ratings-technical-notes.pdf>) and detailed specifications are on pp. 37-41. These measures may be of particular interest to states using the MA Star Ratings to monitor the performance of D-SNPs operating in the state.
- 3. Member Experience with Health Plan.** This domain has six measures, including Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, Rating of Health Care Quality, Rating of the Health Plan, and Care Coordination;
- 4. Member Complaints and Changes in the Health Plan's Performance.** This domain has three measures, including Complaints about the Health Plan, Members Choosing to Leave the Plan, and Health Plan Quality Improvement; and
- 5. Health Plan Customer Service.** This domain has three measures, including Plan Makes Timely Decisions about Appeals, Reviewing Appeals Decisions, and Call Center – Foreign Language Interpreter and TTY Availability.

In addition to these Part C domains, four domains provide information about the plan's provision of Medicare Part D (prescription drug) coverage. The Part D domains include:

¹ Medicare "Part C" refers to coverage of Part A and B services that is provided by MA managed care plans, including D-SNPs.

- 1. Drug Plan Customer Service.** This domain has one measure, Call Center – Foreign Language Interpreter and TTY Availability;
- 2. Member Complaints and Changes in the Drug Plan’s Performance.** This domain has three measures, including Complaints about the Drug Plan, Members Choosing to Leave the Plan, and Drug Plan Quality Improvement;
- 3. Member Experience with Drug Plan.** This domain has two measures, including Rating of Drug Plan and Getting Needed Prescription Drugs; and
- 4. Drug Safety and Accuracy of Drug Pricing.** This domain has six measures, including Medicare Plan Finder Price Accuracy, Medication Adherence measures for Diabetes, Hypertension, and Cholesterol, Medication Therapy Management Program Completion Rate for Comprehensive Medication Review, and Statin Use in Persons with Diabetes.

How can I find Star Ratings for D-SNPs in my state?

1. Locate the **Contract Number** for each D-SNP in your state.
 - Use the most recent monthly **SNP Comprehensive Report** (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>) and filter or sort by state and SNP type (D-SNP) to find all of the D-SNPs in your state and their contract numbers.
2. Open the 2025 Medicare Report Card **Master Table**:
 - Click on the 2025 Star Ratings Data Tables (ZIP) (<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>). Or, download the zip file directly: (<https://www.cms.gov/files/zip/2025-star-ratings-data-tables.zip>).
 - Open on the 2025 Report Card Master Table zip file (Oct 11, 2024)
 - Go to the “Summary Rating” tab.
3. Find the D-SNPs in your state by their contract number and scroll to the right to find the corresponding Part C, Part D, and **Overall Star Rating** in each overall contract.

Other information in the Master Table

- Use the first three tabs to identify how each D-SNP’s contract performed on specific domains and measures.
- The Master Table contains a “Low Performing Contracts” tab for contracts that had Part C and/or Part D ratings of 2.5 stars or less for the last three years. These contracts are assigned a “Low Performing Icon” (LPI) in Medicare Plan Finder and are subject to termination by CMS.
- Also see the **Medicare 2025 Part C & D Star Ratings Technical Notes** (<https://www.cms.gov/files/document/2025-star-ratings-technical-notes.pdf>) for an overview of Star Ratings and changes for 2025, as well as more detailed information on how the Star Ratings are calculated.

Other related D-SNP contracting performance monitoring documents for state use

- **MA HEDIS Public Use File** (<https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data/ma-hedis-public-use-files>). CMS publishes HEDIS measure data reported by MA organizations at the contract level. Many of these measures are used in Star Ratings.
- **SNP HEDIS Public Use File** (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/SNP-HEDIS-Public-Use-Files.html>): States can use the SNP HEDIS measures to compare D-SNP performance on certain quality measures to other D-SNPs in the state and to overall D-SNP performance nationally. For example, measures include “Follow up after Hospitalization for Mental Illness,” and “Care for Older Adults.” SNPs are required to report these HEDIS measures at the plan level, in addition to the broader set of HEDIS measures that are required reporting at the contract level.
- **Program Audit Results** (<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ProgramAuditResults.html>): CMS health plan program audit results can be used to help states identify D-SNP audit results and the number and types of Corrective Actions Required (CAR). CMS audits D-SNPs on a variety of compliance measures, such as timely performance of health risk assessments, and plans receive an audit score based on the number of CARs received. Note that program audit results are provided at the parent organization level and may include other contracts in addition to D-SNPs.
- **Ad hoc Corrective Action Plans (CAPs)** (<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/PartCandPartDComplianceActions.html>): Reviewing CMS Ad hoc Corrective Action Plans can help states identify which D-SNP sponsors in their state were issued an Ad hoc Corrective Action Plan for persistent and/or serious plan performance issues, such as failure to achieve at least three stars for the overall Star Rating.

Other resources

- **2025 Landscape Files** (<https://www.cms.gov/medicare/coverage/prescription-drug-coverage>): A preliminary list of D-SNPs continuing to operate or entering the market in 2025, by state and county.
- **D-SNP-Only Contracts: Benefits and Key Steps for States** (ICRC Webinar, March 2024) (<https://www.integratedcareresourcecenter.com/resource/d-snp-only-contracts-benefits-and-key-steps-states>). A webinar that describes the opportunity for states to require D-SNPs that operate with exclusively aligned enrollment to establish contracts with the CMS that only include one or more D-SNPs within a state.
- **Improving Quality and Performance in Dual Eligible Special Need Plans (D-SNPs): Monitoring and Oversight Tips for States** (ICRC Webinar, November 2023) (<https://integratedcareresourcecenter.com/resource/improving-quality-and-performance-dual-eligible-special-need-plans-d-snps-monitoring-and>). A webinar that describes the Medicare

resources available to states to monitor D-SNP performance and provide tips for states on incorporating D-SNPs into Medicaid quality improvement activities.

- **How States Can Monitor Dual Eligible Special Needs Plan Performance: A Guide to Using CMS Data Resources** (ICRC TA Tool, January 2018)
(https://www.integratedcareresourcecenter.com/PDFs/ICRC_How_States_Can_Monitor_DSNP_Performance%201.26.18.pdf): A guide to data sources available on the Centers for Medicare & Medicaid Services website that may be useful to states in designing, developing, refining, and monitoring programs that use contracts with D-SNPs to coordinate Medicare and Medicaid services for dually eligible individuals.
- See the **ICRC Oversight and Monitoring of Dual Eligible Special Needs Plans** page (<https://www.integratedcareresourcecenter.com/resources-by-topic/oversight-and-monitoring-dual-eligible-special-needs-plans>) for more information and resources.

About ICRC

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