FACT SHEET

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2025 Medicare Advantage and Part D Star Ratings

Note: The information included in this Fact Sheet is based on the 2025 Star Ratings published on the Medicare Plan Finder on October 10, 2024. For details on the Medicare Advantage (MA) and Part D Star Ratings, please refer to the 2025 Part C & D Star Ratings Technical Notes available at http://go.cms.gov/partcanddstarratings.

Introduction

Ensuring that Medicare works for seniors and people with disabilities, and that people with Medicare have access to robust, stable, high-quality, and affordable options for the coverage they need, are top priorities for the Centers for Medicare & Medicaid Services (CMS). As part of this, CMS is focused on continuing to improve the quality of the MA and Part D programs. As the results for the 2025 Star Ratings demonstrate, CMS continues to implement enhancements to the MA and Part D Star Ratings program to promote continual quality improvement to help ensure that Medicare enrollees receive high quality care and to incentivize plans to continue to strive for higher quality.

CMS publishes the Medicare Advantage (Medicare Part C) and Medicare Part D Star Ratings each year to measure the quality of health and prescription drug services received by consumers enrolled in MA and Part D prescription drug plans (PDPs or Part D plans). The Star Ratings system helps people with Medicare compare the quality of Medicare health and drug plans being offered so they are empowered to make the best health care decisions for themselves. An important component of this effort is to provide people with Medicare and their caregivers with meaningful information about quality, alongside information about benefits and costs, to assist them in comparing plans and choosing the Medicare coverage option that best fits their health needs.

The 2025 Stars being announced today appear on Medicare Plan Finder for 2025 open enrollment and will impact 2026 MA quality bonus payments.

Highlights of Contract Performance in 2025 Star Ratings

Medicare Advantage Prescription Drug (MA-PD) contracts are rated on up to 40 unique quality and performance measures; MA-only contracts (without Part D coverage) are rated on up to 30 measures; and PDP contracts are rated on up to 12 measures. For each measure, CMS establishes thresholds called "cut points" that are used to determine whether each contract's performance for that measure receives a 1-, 2-, 3-, 4- or 5-star rating.

Changes in the Methodology for the 2025 Star Ratings

There were no major methodological changes in the 2025 Star Ratings. Minor methodological changes were included for 2025, such as increasing the weight for the Part C Plan All-Cause Readmissions measure from one to three.[1] Since the Part D Medicare Plan Finder measure is no longer treated as a new measure, bi-directional guardrails are now applied, as needed, starting with the 2025 Star Ratings to this measure after mean resampling if cut points change by more than 5%. Guardrails were not applied to this measure for the 2025 Star Ratings since cut points did not move more than 5%.

CMS made changes to the methodology through previous notice and comment rulemaking for the 2024 Star Ratings that affect the 2025 Star Ratings. In the Medicare Program, Contract Year 2021 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program Final Rule (85 FR 33796)[2], we added Tukey outlier deletion to the hierarchical clustering methodology that is used to set cut points for non-Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures, in order to improve accuracy and stability of the Star Ratings measure-level cut points (i.e., the performance level needed to receive a certain measure star), starting with the 2024 Star Ratings. Tukey outlier deletion results in more accurate cut points that are not influenced by a small number of extreme outliers, often at the low end of performance. When a small number of extreme outliers at the low end of performance are dropped, there is an upward shift in cut points because the few outliers on the lower end of performance are no longer having an undue influence on cut points. However, in some cases, guardrails, which limit upward and downward movement of cut points year-over-year, prevent cut point adjustments from reflecting the full impact of Tukey outlier deletion.

Rating Distribution[3]

The last row in Table 1 shows the trend in the average overall Star Ratings weighted by enrollment for MA-PDs from 2022 to 2025 after any adjustments for extreme and uncontrollable circumstances.[4]

- Approximately 40% of MA-PDs (209 contracts) that will be offered in 2025 earned four stars or higher for their 2025 overall rating.

- Weighted by enrollment, approximately 62% of MA-PD enrollees are currently in contracts that will have four or more stars in 2025.

Changes in Star Ratings year-over-year are normal and expected and vary by measure. The Star Ratings are intended to capture a contract's performance during the measurement period and some contracts perform better or worse in different years. The cut points are recalculated each year based on performance during the measurement period. Many of the measure-level cut points increased from the 2024 Star Ratings, meaning that, overall, contracts had to achieve higher performance on these measures to receive a high Star Rating. Increases in measure-level cut points result both from contracts' performance and from CMS policies that continue to drive quality improvement for the program. The changes in measure-level cut points for 2025 Star Ratings were impacted by various factors, including:

1. For measures that had extreme outliers, they were more often removed from the lower end of performance, as described above; thus, for these measures there was an upward shift in cut points to more accurately measure performance.
2. For some measures, performance is returning to pre-pandemic levels, resulting in some increases in cut points.
3. A more compressed distribution of scores, which generally resulted in increases in cut points.
4. An increasing number of very high-scoring contracts for some measures such as Breast Cancer Screening (Part C) pushed cut points for those measures higher.
5. An increase in scores for contracts at the lower end of the distribution for some measures, such as Colorectal Cancer Screening (Part C) pushed cut points higher for those measures.

Table 1: 2022-2025 Overall Star Rating Distribution for MA-PD Contracts

Overall Rating	2022			2023			2024			2025		
	# of Contracts	%	Weighted by Enrollment	# of Contracts	%	Weighted by Enrollment	# of Contracts	%	Weighted by Enrollment	# of Contracts	%	Weighted by Enrollment
5 stars	74	15.71	26.59	57	11.24	21.87	38	6.97	7.64	7	1.34	1.79
4.5 stars	96	20.38	33.21	67	13.21	25.92	81	14.86	31.76	86	16.51	28.87
4 stars	152	32.27	29.87	136	26.82	24.26	123	22.57	36.94	116	22.26	31.47
3.5 stars	122	25.90	8.49	116	22.88	18.71	141	25.87	15.89	165	31.67	27.71
3 stars	25	5.31	1.80	90	17.75	6.73	126	23.12	6.77	123	23.61	9.16
2.5 stars	2	0.42	0.03	37	7.30	2.39	32	5.87	0.96	23	4.41	1.00
2 stars	0	0	0	4	0.79	0.12	4	0.73	0.03	1	0.19	0.01
Total Rated Contracts	471	100		507	100		545	100		521	100	
Average Star Rating*	4.37			4.14			4.07			3.92		

* The average overall MA-PD Star Rating is weighted by enrollment. The overall rating is a weighted average of the Part C and D measure stars.

The last row in Table 2 shows the average Part D ratings weighted by enrollment for stand-alone PDPs from 2022 to 2025 after any adjustments for extreme and uncontrollable circumstances.[4]

- Approximately 27% of PDPs (11 contracts) that will be active in 2025 received four or more stars for their 2025 Part D Rating.

- Weighted by enrollment, about 5% of PDP enrollees are currently in contracts that will have four or more stars in 2025.

Table 2: 2022-2025 Part D Rating Distribution for PDPs

Part D Rating	2022			2023			2024			2025		
	# of Contracts	%	Weighted by Enrollment	# of Contracts	%	Weighted by Enrollment	# of Contracts	%	Weighted by Enrollment	# of Contracts	%	Weighted by Enrollment
5 stars	10	18.52	0.93	2	3.85	0.06	2	4.17	0.04	2	4.88	0.04
4.5 stars	5	9.26	4.74	7	13.46	0.90	4	8.33	0.60	6	14.63	0.94
4 stars	14	25.93	36.21	7	13.46	7.89	12	25.00	22.82	3	7.32	3.60
3.5 stars	20	37.04	52.84	11	21.15	36.89	10	20.83	24.45	10	24.39	47.44
3 stars	3	5.56	3.84	16	30.77	49.10	14	29.17	49.56	11	26.83	10.21
2.5 stars	2	3.70	1.44	4	7.69	3.18	2	4.17	0.04	7	17.07	29.03
2 stars	0	0	0	4	7.69	0.58	4	8.33	2.48	2	4.88	8.75
1.5 stars	0	0	0	1	1.92	1.39	0	0.00	0.00	0	0.00	0.00
Total Rated Contracts	54	100		52	100		48	100		41	100	
Average Star Rating*	3.70			3.25			3.34			3.06		

* The average Star Rating is weighted by enrollment.

5-Star Contracts

A total of 11 contracts are highlighted on the Medicare Plan Finder with a high performing icon[5] indicating they earned five stars; seven are MA-PD contracts (Table A1 in Appendix), two are section 1876 Cost Contracts (Table A2 in Appendix), and two are PDPs (Table A3 in Appendix). For 2025, 10 of the contracts receiving the high performing icon also received it in 2024. Six of the seven MA-PD contracts receiving five stars have plan benefit packages that include dual eligible special needs plans (D-SNP).

Consistently Low Performers

There are eight contracts identified on the Medicare Plan Finder with a low performing icon[6] for 2025 for consistently low quality ratings (Table A4 in Appendix). Last year, six contracts received this icon. Seven are MA-PD contracts and one is a PDP. Two of the MA-PD contracts have D-SNP plan benefit packages.

Tax Status and Performance

Organizations that are non-profit more frequently earn higher ratings than organizations that are for-profit. For MA-PDs, approximately 50% of non-profit contracts received four or more stars compared to 36% of for-profit MA-PDs. Similarly, for PDPs, approximately 41% of non-profit PDPs received four or more stars compared to 17% of for-profit PDPs.

Below is the ratings distribution by tax status for MA-PD (Table 3) and PDP (Table 4) contracts after any adjustments for extreme and uncontrollable circumstances.[4]

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[5] 42 C.F.R. §§ 422.166(h)(1)(i), 423.186(h)(1)(i).
[6] 42 C.F.R. §§ 422.166(h)(1)(ii), 423.186(h)(1)(ii).

Table 3: Distribution of 2025 Overall Star Ratings for For-profit and Non-profit MA-PDs

2025 Overall Rating	Number of Contracts that are For-Profit	% For-Profit	Weighted By Enrollment For-Profit	Number of Contracts that are Non-Profit	% Non-Profit	Weighted By Enrollment Non-Profit
5 stars	6	1.66	2.09	1	0.63	0.75
4.5 stars	48	13.30	21.04	38	23.75	55.87
4 stars	75	20.78	33.31	41	25.63	25.12
3.5 stars	118	32.69	32.06	47	29.38	12.71
3 stars	95	26.32	10.43	28	17.50	4.80
2.5 stars	18	4.99	1.07	5	3.13	0.74
2 stars	1	0.28	0.01	0	0.00	0.00
Total Rated Contracts	361			160		

Table 4: Distribution of 2025 Part D Ratings for For-profit and Non-profit PDPs*

2025 Part D Rating	Number of Contracts that are For-Profit	% For-Profit	Weighted By Enrollment For-Profit	Number of Contracts that are Non-Profit	% Non-Profit	Weighted By Enrollment Non-Profit
5 stars	1	4.35	0.01	1	5.88	1.27
4.5 stars	2	8.70	0.46	4	23.53	19.02
4 stars	1	4.35	3.48	2	11.76	9.09
3.5 stars	6	26.09	48.51	4	23.53	21.96
3 stars	5	21.74	8.45	5	29.41	47.94
2.5 stars	6	26.09	30.03	1	5.88	0.73
2 stars	2	8.70	9.06	0	0.00	0.00
Total Rated Contracts	23			17		

*One PDP is missing information about tax status.

Length of Time in Program and Performance

Generally, higher overall Star Ratings are associated with contracts that have more experience in the MA program. MA-PDs with 10 or more years in the program are more likely to have four or more stars compared to contracts with fewer than five years in the program. For PDPs, there are very few PDPs with fewer than 10 years of experience in the program, so the relationship is not as clear. There is only one PDP with fewer than five years of experience and it received two stars. There are only three PDPs that have at least five years but fewer than 10 years of experience, and two of the three received four or more stars. The tables below show the distribution of ratings by the number of years in the program (MA-PDs are shown in Table 5 and PDPs in Table 6 after adjustments for extreme and uncontrollable circumstances).[4]

Table 5: Distribution of 2025 Overall Star Ratings by Length of Time in Program for MA-PDs

2025 Overall Rating	Number of Contracts with Fewer than Five Years	Percent Fewer than Five Years	Number of Contracts with Five years to Fewer than 10 Years	Percent Five Years to Fewer than 10 Years	Number of Contracts with 10 or More Years	Percent 10 or More Years
5 stars	2	1.37	0	0.00	5	1.76
4.5 stars	14	9.59	11	12.09	61	21.48
4 stars	25	17.12	23	25.27	68	23.94
3.5 stars	49	33.56	35	38.46	81	28.52
3 stars	42	28.77	20	21.98	61	21.48
2.5 stars	13	8.90	2	2.20	8	2.82
2 stars	1	0.68	0	0.00	0	0.00
Total Rated Contracts	146		91		284	

Table 6: Distribution of 2025 Part D Ratings by Length of Time in Program for PDPs

2025 Part D Rating	Number of Contracts with Fewer than Five Years	Percent Fewer than Five Years	Number of Contracts with Five years to Fewer than 10 Years	Percent Five Years to Fewer than 10 Years	Number of Contracts with 10 or More Years	Percent 10 or More Years
5 stars	0	0.00	1	33.33	1	2.70
4.5 stars	0	0.00	1	33.33	5	13.51
4 stars	0	0.00	0	0.00	3	8.11
3.5 stars	0	0.00	1	33.33	9	24.32
3 stars	0	0.00	0	0.00	11	29.73
2.5 stars	0	0.00	0	0.00	7	18.92
2 stars	1	100.00	0	0.00	1	2.70
Total Rated Contracts	1		3		37	

Average Star Rating for Each Measure

Below we list the average Star Ratings for 2022, 2023, 2024, and 2025 Part C and D measures (Tables 7, 8, and 9) using all measure scores for contracts that are publicly reported in a given year. All Star Ratings referenced in Tables 7, 8, and 9 are after adjustments for extreme and uncontrollable circumstances have been applied.[4]

Table 7: 2022-2025 Average Star Rating by Part C Measure

Measure	2022 Average Star	2023 Average Star	2024 Average Star	2025 Average Star
Breast Cancer Screening	3.9	3.7	3.7	3.4
Colorectal Cancer Screening	3.9	3.8	3.7	3.4
Annual Flu Vaccine	3.4	3.2	3.1	3.2
Monitoring Physical Activity	3.1	3.2	3.0	3.1
Special Needs Plan (SNP) Care Management	3.6	3.3	3.4	3.4
Care for Older Adults – Medication Review	4.4	4.4	4.1	4.1
Care for Older Adults – Pain Assessment	4.4	4.3	4.0	4.2
Osteoporosis Management in Women who had a Fracture	3.1	2.6	2.8	2.7
Diabetes Care – Eye Exam	3.8	3.7	3.5	3.4
Diabetes Care – Blood Sugar Controlled	4.3	4.1	3.8	3.7
Controlling Blood Pressure	NA	3.5	3.4	3.0
Reducing the Risk of Falling	2.5	2.9	2.9	2.6
Improving Bladder Control	2.7	3.3	3.2	3.0
Medication Reconciliation Post-Discharge	3.5	3.4	3.4	3.6
Plan All-Cause Readmissions	NA	NA	2.9	3.1
Statin Therapy for Patients with Cardiovascular Disease	3.5	3.5	3.3	3.0
Transitions of Care	NA	NA	2.5	3.0
Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	NA	NA	3.0	3.2
Getting Needed Care	3.6	3.4	3.4	3.3
Getting Appointments and Care Quickly	3.6	3.5	3.5	3.5
Customer Service	3.8	3.4	3.6	3.5
Rating of Health Care Quality	3.6	3.4	3.3	3.5
Rating of Health Plan	3.5	3.2	3.1	3.2
Care Coordination	3.7	3.5	3.6	3.6
Complaints about the Plan	4.7	4.3	4.1	4.2
Members Choosing to Leave the Plan	4.1	3.5	3.6	3.6
Health Plan Quality Improvement	3.7	2.6	2.9	3.6
Plan Makes Timely Decisions about Appeals	4.6	4.6.	4.3	4.2
Reviewing Appeals Decisions	4.6	4.4	3.7	3.7
Call Center – Foreign Language Interpreter and TTY Availability	4.6	4.3	4.5	4.0

Table 8: 2022-2025 Average Star Rating by Part D Measure for MA-PDs

Measure	2022 MA-PD Average Star	2023 MA-PD Average Star	2024 MA-PD Average Star	2025 MA-PD Average Star
Call Center – Foreign Language Interpreter and TTY Availability	4.5	4.4	4.5	4.0
Complaints about the Plan	4.7	4.3	4.1	4.2
Members Choosing to Leave the Plan	4.1	3.5	3.6	3.6
Drug Plan Quality Improvement	4.2	2.7	3.4	3.3
Rating of Drug Plan	3.4	3.2	3.2	3.4
Getting Needed Prescription Drugs	3.8	3.4	3.5	3.3
MPF Price Accuracy	4.0	4.2	3.6	3.4
Medication Adherence for Diabetes Medications	3.7	3.0	3.3	3.2
Medication Adherence for Hypertension (RAS antagonists)	3.9	3.4	3.4	3.3
Medication Adherence for Cholesterol (Statins)	3.6	3.1	3.2	3.3
MTM Program Completion Rate for CMR	4.0	3.9	3.6	3.7
Statin Use in Persons with Diabetes (SUPD)	3.4	3.1	2.7	2.8

Table 9: 2022-2025 Average Star Rating by Part D Measure for PDPs

Measure	2022 PDP Average Star	2023 PDP Average Star	2024 PDP Average Star	2025 PDP Average Star
Call Center – Foreign Language Interpreter and TTY Availability	4.2	4.1	3.6	3.6
Complaints about the Plan	4.8	4.4	4.6	4.6
Members Choosing to Leave the Plan	4.2	4.0	3.9	3.7
Drug Plan Quality Improvement	4.1	2.2	3.0	3.0
Rating of Drug Plan	3.8	3.3	3.4	3.5
Getting Needed Prescription Drugs	3.9	3.5	3.5	3.7
MPF Price Accuracy	3.3	3.5	3.6	3.1
Medication Adherence for Diabetes Medications	3.9	2.9	2.6	2.4
Medication Adherence for Hypertension (RAS antagonists)	3.5	2.7	2.6	2.9
Medication Adherence for Cholesterol (Statins)	3.6	3.1	3.0	2.9
MTM Program Completion Rate for CMR	3.7	3.1	3.2	3.0
Statin Use in Persons with Diabetes (SUPD)	3.3	2.9	2.4	2.7

APPENDIX

Table A1: MA-PD Contracts Receiving the 2025 High-Performing Icon

Contract ID	Contract Name	Parent Organization	10/2024 Enrollment	5 Star Last Year	Includes SNP Plan Benefit Packages
H3957	HIGHMARK CHOICE COMPANY	Highmark Health	55,015	Yes	No
H4286	LEON HEALTH, INC.	LMC Family Holdings, LLC	38,877	Yes	Yes
H5215	NETWORK HEALTH INSURANCE CORPORATION	Network Health, Inc.	77,798	Yes	Yes
H5296	ALIGNMENT HEALTH PLAN OF NORTH CAROLINA, INC.	Alignment Healthcare USA, LLC	6,212	Yes	Yes
H5431	HEALTHSUN HEALTH PLANS, INC.	Elevance Health, Inc.	56,202	Yes	Yes
H5577	MCS ADVANTAGE, INC.	MHH Healthcare, L.P.	284,055	Yes	Yes
H5594	OPTIMUM HEALTHCARE, INC.	Elevance Health, Inc.	62,883	Yes	Yes

Table A2: 1876 Cost Contracts Receiving the 2025 High-Performing Icon*

Contract ID	Contract Name	Parent Organization	10/2024 Enrollment	5 Star Last Year
H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN	Medical Associates Clinic, P.C.	4,536	Yes
H5264	DEAN HEALTH PLAN, INC.	Medica Holding Company	12,192	Yes

*1876 Cost Contracts do not offer SNPs

Table A3: PDP Contracts Receiving the 2025 High-Performing Icon

Contract ID	Contract Name	Parent Organization	10/2024 Enrollment	5 Star Last Year
S3389	UPMC HEALTH BENEFITS, INC.	UPMC Health System	1,474	No
S4501	INDEPENDENT HEALTH BENEFITS CORPORATION	Independent Health Association, Inc.	7,329	Yes

Table A4: Contracts Receiving the Low Performing Icon for the 2025 Star Ratings

Contract ID	Contract Name	Parent Organization	Reason for Low-Performance Warning	10/2024 Enrollment
H0724	BUCKEYE HEALTH PLAN COMMUNITY SOLUTIONS, Inc.	Centene Corporation	Part C or D	*
H2853	CENTENE VENTURE COMPANY TENNESSEE	Centene Corporation	Part C or D	*
H4982	AETNA BETTER HEALTH OF CALIFORNIA INC.	CVS Health Corporation	Part C or D	26,484
H5475	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.	Centene Corporation	Part C or D	23,615
H6713	WELLCARE OF ILLINOIS, INC.	Centene Corporation	Part C or D	10,819
H7330	ZING HEALTH, INC.	Zing Health Consolidator, Inc	Part C or D	3,360
H8553	WELLCARE HEALTH INSURANCE OF THE SOUTHWEST, INC.	Centene Corporation	Part C or D	1,952
S6946	CLEAR SPRING HEALTH INSURANCE COMPANY	Group 1001	Part D	340,855

*No enrollment is showing for this contract in the CMS enrollment files. This contract only has 800 series plans for employer group enrollees.