



# Understanding Part D Star Ratings for 2025

Guidelines for improving quality of care and performance





## What’s the Medicare Star Rating System?

The Star Rating System measures how well Medicare Advantage and Part D plans perform. It was implemented to improve the quality of care and general health for people with Medicare. Plans are rated with quality measures in several categories, like staying healthy, customer service, and plan performance. Ratings range from one to five stars, with five being the highest and one being the lowest.

## How is data collected for the measures?

Data is collected through Part D pharmacy claims, surveys, and administrative means: encounters, enrollments, supplemental info received from partners, vendors, and provider systems.

## How is the data reported?

Data and gap-in-care reports are sent to our provider partners on a monthly basis and as requested.

## What are the Medicare Part D patient safety measures?

Part D patient safety measures are a list of quality measures that are part of the overall star rating. Unlike HEDIS measures, Part D measures are developed and endorsed by the Pharmacy Quality Alliance at [PQAalliance.org/pqa-measures](https://www.pqaalliance.org/pqa-measures). Please note: only a prescription drug event (PDE) or pharmacy claim can create compliance for these measures.

### Example:

Measure	Weight
Medication adherence: diabetes medications	<b>3X</b>
Medication adherence: hypertension (ACE/ARB)	<b>3X</b>
Medication adherence: cholesterol (statins)	<b>3X</b>
Statin use in persons with diabetes	<b>1X</b>

**Note:** This document is not intended as an all-inclusive list of all reportable measures or applicable codes. The measures included in this document are those that PacificSource targets for provider and member initiatives.

# Measures

## Comprehensive medication review

<b>Population</b>	Members 18 years or older
<b>Product line</b>	Medicare
<b>Star rating weight</b>	Display only
<b>What's reported</b>	<p>Percentage of Part D members eligible for and enrolled in the Medication Therapy Management (MTM) program for at least 60 days who received a comprehensive medication review (CMR) during the measurement year.</p> <p>To be eligible for MTM, members must:</p> <ul style="list-style-type: none"> <li>• Have a minimum of three chronic diseases, like: Alzheimer's disease, bone disease, arthritis, osteoporosis, chronic heart failure, diabetes, dyslipidemia, end-stage renal disease, HIV/AIDS, hypertension, mental health conditions, respiratory disease, and chronic lung disorders.</li> <li>• Be taking a minimum of eight Part D chronic or maintenance medications.</li> <li>• Have anticipated drug costs totaling more than \$1,623 per year.</li> </ul>
<b>Measurement period</b>	<ul style="list-style-type: none"> <li>• Measurement year (2025)</li> <li>• Star year (2027)</li> </ul>
<b>CMR components</b>	<ul style="list-style-type: none"> <li>• An interactive, person-to-person consultation conducted in real time that may be delivered face to face, via telehealth, or telephone interview.</li> <li>• During the appointment, the pharmacist or other qualified provider reviews the member's medications, including prescriptions, over-the-counter drugs, herbal supplements, and samples with the member and/or other authorized individual to improve the member's knowledge of their medications.</li> <li>• Once a member or their authorized representative completes a CMR, they will receive it in a standardized written format with a cover letter, personal medication list, and Medication Action Plan.</li> <li>• The member's prescriber(s) will receive patient-specific recommendations (through verbal communication, medical records, fax transmission, letter, or email) based on interventions identified by the pharmacist or another qualified provider from the CMR.</li> <li>• The program will also provide information on safe disposal of controlled medications to the members.</li> </ul>
<b>Exclusions</b>	Hospice care
<b>Tips for success</b>	<ul style="list-style-type: none"> <li>• Explain the importance and benefits of completing a CMR when asked by a member.</li> <li>• Help members achieve treatment goals with specific action items.</li> <li>• Address drug therapy problems communicated to you via fax, and ensure the Medication Action Plan is stored in the patient's permanent medical record.</li> <li>• If you have questions about PacificSource's MTM program, please contact PacificSource Medicare Customer Service at <b>888-863-3637</b>, TTY: 711. We accept all relay calls.</li> </ul>

## Concurrent use of opioids and benzodiazepines

Population	Members 18 years or older
Product line	Medicare
Star rating weight	1
What's reported	The percentage of Part D members, 18 years or older, with concurrent use of prescription opioids and benzodiazepines. A lower rate indicates better performance.
Measurement period	<ul style="list-style-type: none"> <li>• Measurement year (2025)</li> <li>• Star year (2027)</li> </ul>
<p>Medications included in the measure</p> <p>Please use the Medicare drug search tool at <a href="https://pacsrc.co/med-drug-search">PacSrc.co/med-drug-search</a> to check formulary status and check for formulary alternatives.</p>	<ul style="list-style-type: none"> <li>• Opioid medications* <ul style="list-style-type: none"> <li>– benzhydrocodone</li> <li>– buprenorphine</li> <li>– butorphanol</li> <li>– codeine</li> <li>– dihydrocodeine</li> <li>– fentanyl</li> <li>– hydrocodone</li> <li>– hydromorphone</li> <li>– levorphanol</li> <li>– meperidine</li> <li>– methadone</li> <li>– morphine</li> <li>– opium</li> <li>– oxycodone</li> <li>– oxymorphone</li> <li>– pentazocine</li> <li>– tapentadol</li> <li>– tramadol</li> </ul> </li> </ul> <p>*Excludes the following: injectable formulations; sublingual sufentanil (used in a supervised setting); and single-agent and combination buprenorphine products used to treat opioid use disorder (such as buprenorphine sublingual tablets, Probuphine® Implant kit subcutaneous implant, and all buprenorphine/naloxone combination products).</p>

## Concurrent use of opioids and benzodiazepines, *continued*

<p>Medications included in the measure</p> <p>Please use the Medicare drug search tool at <a href="http://PacSrc.co/med-drug-search">PacSrc.co/med-drug-search</a> to check formulary status and check for formulary alternatives.</p>	<ul style="list-style-type: none"> <li>• Benzodiazepine medications*             <ul style="list-style-type: none"> <li>– alprazolam</li> <li>– chlordiazepoxide</li> <li>– clobazam</li> <li>– clonazepam</li> <li>– clorazepate</li> <li>– diazepam</li> <li>– estazolam</li> <li>– flurazepam</li> <li>– lorazepam</li> <li>– midazolam</li> <li>– oxazepam</li> <li>– quazepam</li> <li>– temazepam</li> <li>– triazolam</li> </ul> </li> </ul> <p>*Excludes injectable formulations.</p>
<p>Exclusions</p>	<ul style="list-style-type: none"> <li>• Hospice</li> <li>• Cancer</li> <li>• Sickle cell disease</li> <li>• Palliative care</li> </ul>
<p>Tips for success</p>	<ul style="list-style-type: none"> <li>• Coordinate care with all patient-treating providers to avoid co-prescribing.</li> <li>• If co-prescribing is necessary, follow these principles from CMS for co-prescribing benzodiazepines and opioids:             <ul style="list-style-type: none"> <li>– Avoid initial combination by offering alternative approaches, such as cognitive behavioral therapy or other medication classes.</li> <li>– If new prescription is needed, limit the dose and duration.</li> <li>– Taper long-standing medications gradually and, when possible, discontinue.</li> <li>– Continue long-term co-prescribing only when necessary and monitor the patient closely.</li> <li>– Provide rescue medication (for example, naloxone) to high-risk patients and their caregivers, as co-prescribing increases risk of opioid overdose.</li> </ul> </li> </ul>



## Medication adherence for cholesterol medications

Population	Members 18 years or older
Product line	Medicare
Star rating weight	3
What's reported	Percentage of patients with Part D benefits with a prescription for cholesterol medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.
Measurement period	<ul style="list-style-type: none"><li>• Measurement year (2025)</li><li>• Star year (2027)</li></ul>
Formulary medications included in the measure	<ul style="list-style-type: none"><li>• Formulary statins<ul style="list-style-type: none"><li>– atorvastatin</li><li>– rosuvastatin</li><li>– simvastatin (+/-ezetimibe)</li><li>– lovastatin</li><li>– pravastatin</li></ul></li></ul>
Exclusions	<ul style="list-style-type: none"><li>• Hospice care</li><li>• End stage renal disease diagnosis or dialysis coverage dates</li></ul>
Tips for success	<ul style="list-style-type: none"><li>• Use motivational interviewing techniques to allow for open discussion with members to identify and resolve patient-specific adherence barriers.</li><li>• Reinforce members' understanding of the role of diabetes, cholesterol and hypertension medications in their therapy and the expected duration of the therapy.</li><li>• Promote 90-day fills and mail-order to decrease or eliminate trips to the pharmacy.</li><li>• Provide an updated prescription to the pharmacy if the patient's medication dose has changed since the original prescription.</li></ul>



## Medication adherence for diabetes medications

Population	Members 18 years or older
Product lines	Medicare
Star rating weight	3
What's reported	Percentage of patients with Part D benefits with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.
Measurement period	<ul style="list-style-type: none"> <li>• Measurement year (2025)</li> <li>• Star year (2027)</li> </ul>
<p>Medications included in the measure</p> <p>Please use the Medicare drug search tool at <a href="https://pacsrc.co/med-drug-search">PacSrc.co/med-drug-search</a> to check formulary status and check for formulary alternatives.</p>	<ul style="list-style-type: none"> <li>• Biguanide medications and combinations <ul style="list-style-type: none"> <li>– metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin)</li> </ul> </li> <li>• Sulfonylureas <ul style="list-style-type: none"> <li>– chlorpropamide</li> <li>– glimepiride (+/- pioglitazone, rosiglitazone)</li> <li>– glipizide (+/- metformin)</li> <li>– glyburide (+/- metformin)</li> <li>– tolazamide</li> <li>– tolbutamide</li> </ul> </li> <li>• Thiazolidinediones <ul style="list-style-type: none"> <li>– pioglitazone (+/- alogliptin, glimepiride, metformin)</li> <li>– rosiglitazone (+/- glimepiride, metformin)</li> </ul> </li> <li>• DPP-4 inhibitors <ul style="list-style-type: none"> <li>– alogliptin (+/- metformin, pioglitazone)</li> <li>– linagliptin (+/- empagliflozin, metformin)</li> <li>– saxagliptin (+/- metformin, dapagliflozin)</li> <li>– sitagliptin (+/- metformin, ertugliflozin)</li> </ul> </li> <li>• GLP-1 receptor agonists <ul style="list-style-type: none"> <li>– dulaglutide</li> <li>– exenatide</li> <li>– liraglutide</li> <li>– lixisenatide</li> <li>– semaglutide</li> <li>– tirzepatide</li> </ul> </li> <li>• Meglitinides <ul style="list-style-type: none"> <li>– nateglinide</li> <li>– repaglinide (+/- metformin)</li> </ul> </li> <li>• SGLT2 inhibitors <ul style="list-style-type: none"> <li>– bexagliflozin</li> <li>– canagliflozin (+/- metformin)</li> <li>– dapagliflozin (+/- metformin, saxagliptin)</li> <li>– empagliflozin (+/- metformin, linagliptin)</li> <li>– ertugliflozin (+/- sitagliptin, metformin)</li> </ul> </li> </ul>

## Medication adherence for diabetes medications, *continued*

Exclusions	<ul style="list-style-type: none"><li>• Hospice care</li><li>• End stage renal disease diagnosis or dialysis coverage dates</li><li>• One or more prescriptions for insulin</li></ul>
Tips for success	<ul style="list-style-type: none"><li>• Conduct open discussions with patients to identify and resolve patient-specific adherence barriers.</li><li>• Reinforce patients' understanding of the role of diabetes, cholesterol, and hypertension medications in their therapy and the expected duration of the therapy.</li><li>• Ask if transportation to the pharmacy is an issue for them. 90-day fills may offer less frequent trips to the pharmacy or eliminate them altogether in the case of mail delivery.</li><li>• Provide an updated prescription to the pharmacy if the patient's medication dose has changed.</li></ul>





## Medication adherence for hypertension

Population	Members 18 years or older
Product line	Medicare
Star rating weight	3
What's reported	Percentage of patients with Part D benefits with a prescription for renin angiotensin system antagonists who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.
Measurement period	<ul style="list-style-type: none"> <li>• Measurement year (2025)</li> <li>• Star year (2027)</li> </ul>
<p>Medications included in the measure</p> <p>Please use the Medicare drug search tool at <a href="https://www.pacsrc.co/med-drug-search">PacSrc.co/med-drug-search</a> to check formulary status and check for formulary alternatives.</p>	<ul style="list-style-type: none"> <li>• ACE Inhibitor Medications <ul style="list-style-type: none"> <li>– benazepril (+/- amlodipine, hydrochlorothiazide)</li> <li>– captopril (+/- hydrochlorothiazide)</li> <li>– enalapril (+/- hydrochlorothiazide)</li> <li>– fosinopril (+/- hydrochlorothiazide)</li> <li>– lisinopril (+/- hydrochlorothiazide)</li> <li>– moexipril (+/- hydrochlorothiazide)</li> <li>– perindopril (+/- amlodipine)</li> <li>– quinapril (+/- hydrochlorothiazide)</li> <li>–trandolapril (+/- verapamil)</li> </ul> </li> <li>• ARB Medications <ul style="list-style-type: none"> <li>– azilsartan (+/- chlorthalidone)</li> <li>– candesartan (+/- hydrochlorothiazide)</li> <li>– eprosartan (+/- hydrochlorothiazide)</li> <li>– irbesartan (+/- hydrochlorothiazide)</li> <li>– losartan (+/- hydrochlorothiazide)</li> <li>– olmesartan (+/- amlodipine, hydrochlorothiazide)</li> <li>– ramipril</li> <li>– telmisartan (+/- amlodipine, hydrochlorothiazide)</li> <li>– valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol)</li> </ul> </li> <li>• Direct Renin Inhibitor Medications <ul style="list-style-type: none"> <li>– aliskiren (+/- hydrochlorothiazide)</li> </ul> </li> </ul>
Exclusions	<ul style="list-style-type: none"> <li>• Hospice care</li> <li>• End stage renal disease diagnosis or dialysis coverage dates</li> <li>• One or more prescriptions for sacubitril/valsartan</li> </ul>
Tips for success	<ul style="list-style-type: none"> <li>• Conduct open discussions with patients to identify and resolve patient-specific adherence barriers.</li> <li>• Consider medications dosed once daily and encourage patients to contact office if experiencing any side effects.</li> <li>• Reinforce patients' understanding of the role of diabetes, cholesterol, and hypertension medications in their therapy and the expected duration of the therapy.</li> <li>• Ask if transportation to the pharmacy is an issue for them. 90-day fills may offer less frequent trips to the pharmacy or eliminate them altogether in the case of mail delivery.</li> <li>• Provide an updated prescription to the pharmacy if the patient's medication dose has changed since the original prescription.</li> </ul>

## Polypharmacy: Use of anticholinergic medications in older adults

Population	Members 65 years or older
Product line	Medicare
Star rating weight	1
What's reported	The percentage of Part D members, 65 years or older, with concurrent use of two or more anticholinergic medications.
Measurement period	<ul style="list-style-type: none"> <li>• Measurement year (2025)</li> <li>• Star year (2027)</li> </ul>
<p>Medications included in the measure</p> <p>Please use the Medicare drug search tool at <a href="https://www.pacsrc.co/med-drug-search">PacSrc.co/med-drug-search</a> to check formulary status and check for formulary alternatives.</p>	<ul style="list-style-type: none"> <li>• Antihistamine medications <ul style="list-style-type: none"> <li>– brompheniramine</li> <li>– chlorpheniramine</li> <li>– cyproheptadine</li> <li>– diphenhydramine (oral)</li> <li>– doxylamine</li> <li>– hydroxyzine</li> <li>– meclizine</li> <li>– triprolidine</li> </ul> </li> <li>• Antiparkinsonian medications <ul style="list-style-type: none"> <li>– benztropine</li> <li>– trihexyphenidyl</li> </ul> </li> <li>• Skeletal muscle relaxant medications <ul style="list-style-type: none"> <li>– cyclobenzaprine</li> <li>– orphenadrine</li> </ul> </li> <li>• Antidepressant medications <ul style="list-style-type: none"> <li>– amitriptyline</li> <li>– amoxapine</li> <li>– clomipramine</li> <li>– desipramine</li> <li>– doxepin (&gt;6 mg/day)</li> <li>– imipramine</li> <li>– nortriptyline</li> <li>– paroxetine</li> </ul> </li> <li>• Antipsychotic medications <ul style="list-style-type: none"> <li>– chlorpromazine</li> <li>– clozapine</li> <li>– olanzapine</li> <li>– perphenazine</li> </ul> </li> </ul>

## Polypharmacy: Use of anticholinergic medications in older adults, *continued*

<p>Medications included in the measure</p> <p>Please use the Medicare drug search tool at <a href="http://PacSrc.co/med-drug-search">PacSrc.co/med-drug-search</a> to check formulary status and check for formulary alternatives.</p>	<ul style="list-style-type: none"> <li>• Antimuscarinics medications             <ul style="list-style-type: none"> <li>– darifenacin</li> <li>– fesoterodine</li> <li>– flavoxate</li> <li>– oxybutynin</li> <li>– solifenacin</li> <li>– tolterodine</li> <li>– trospium</li> </ul> </li> <li>• Antispasmodic medications             <ul style="list-style-type: none"> <li>– atropine (excludes ophthalmic)</li> <li>– clidinium-chlordiazepoxide</li> <li>– dicyclomine</li> <li>– homatropine (excludes ophthalmic)</li> <li>– hyoscyamine</li> <li>– scopolamine (excludes ophthalmic)</li> </ul> </li> <li>• Antiemetic medications             <ul style="list-style-type: none"> <li>– prochlorperazine</li> <li>– promethazine</li> </ul> </li> </ul>
<p>Exclusions</p>	<p>Hospice care</p>
<p>Tips for success</p>	<ul style="list-style-type: none"> <li>• Utilize Electronic Medical Record (EMR) to identify high-risk anticholinergic medications, along with safer alternatives, as they are being prescribed.</li> <li>• Review the indication and duration of each anticholinergic medication at every visit. Work to transition to safer alternatives, or discontinue any medications for which potential harm outweighs benefits.</li> </ul>



## Statin use in persons with diabetes (SUPD)

Population	Members 40–75 years of age												
Product line	Medicare												
Star rating weight	1												
What's reported	Percentage of patients aged 40–75 with Part D benefits with at least two diabetic medication fills during the measurement year who also filled a statin medication during the measurement year.												
Measurement period	<ul style="list-style-type: none"> <li>• Measurement year (2025)</li> <li>• Star year (2027)</li> </ul>												
Formulary statin medications	<ul style="list-style-type: none"> <li>• atorvastatin</li> <li>• lovastatin</li> <li>• pravastatin</li> <li>• rosuvastatin</li> <li>• simvastatin</li> </ul>												
Exclusions	<ul style="list-style-type: none"> <li>• Members with the following ICD-10 codes within the measurement year will be excluded from the denominator.</li> </ul> <table border="1" data-bbox="443 911 1448 1272"> <thead> <tr> <th>Condition</th> <th>ICD-10 Code(s)</th> </tr> </thead> <tbody> <tr> <td>Myopathy or rhabdomyolysis</td> <td>G72.0, G72.89, G72.9, M60.9, M62.82</td> </tr> <tr> <td>Cirrhosis</td> <td>K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69</td> </tr> <tr> <td>End stage renal disease or dialysis</td> <td>I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2</td> </tr> <tr> <td>Prediabetes</td> <td>R73.03, R73.09</td> </tr> <tr> <td>Polycystic ovary syndrome</td> <td>E28.2</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• Members are also excluded if they have the following during the measurement year: <ul style="list-style-type: none"> <li>– Hospice care</li> <li>– Pregnancy, lactation, or fertility diagnosis, and/or medication for fertility.</li> </ul> </li> </ul>	Condition	ICD-10 Code(s)	Myopathy or rhabdomyolysis	G72.0, G72.89, G72.9, M60.9, M62.82	Cirrhosis	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69	End stage renal disease or dialysis	I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2	Prediabetes	R73.03, R73.09	Polycystic ovary syndrome	E28.2
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Prediabetes	R73.03, R73.09												
Polycystic ovary syndrome	E28.2												
Tips for success	<ul style="list-style-type: none"> <li>• Educate members on the importance of statin medications for diabetic patients in reducing cardiovascular risk, regardless of cholesterol levels.</li> <li>• Begin with low dose statin and gradually move to a higher dose to avoid side effects.</li> <li>• Exclude members with statin intolerance due to muscle pain with appropriate diagnosis codes within the measurement year.</li> </ul>												

# Questions

## General:

[PHPopulationHealth@PacificSource.com](mailto:PHPopulationHealth@PacificSource.com)

## Regional:

**Central Oregon:** Molly Taroli  
[Molly.Taroli@PacificSource.com](mailto:Molly.Taroli@PacificSource.com)

**Lane and Legacy:** Amanda Porttorf  
[Amanda.Porttorf@PacificSource.com](mailto:Amanda.Porttorf@PacificSource.com)

**Marion/Polk:** Samantha Martin  
[Samantha.Martin@PacificSource.com](mailto:Samantha.Martin@PacificSource.com)

**Columbia Gorge and Portland** (includes Legacy): Amy Solmonson  
[Amy.Solmonson@PacificSource.com](mailto:Amy.Solmonson@PacificSource.com)

**Washington:** Valeria Webb  
[Valeria.Webb@PacificSource.com](mailto:Valeria.Webb@PacificSource.com)

**Idaho:** Gloria Hanson  
[Gloria.Hanson@PacificSource.com](mailto:Gloria.Hanson@PacificSource.com)

**Montana:** Jason Stevens  
[Jason.Stevens@PacificSource.com](mailto:Jason.Stevens@PacificSource.com)