



Use Medicare's Information on Quality to Help You Compare Plans

Medicare Options Compare and the Medicare Prescription Drug Plan Finder at www.medicare.gov have tools to help you compare Medicare health and prescription drug plans in your area. You should consider the plan's costs, coverage, and quality before you decide which plan is best for you.

Medicare health and prescription drug plans get an overall summary rating that summarizes all category measures into a single rating; one for Part C and one for Part D. The overall summary score of the plan's performance makes it easy for people with Medicare to compare plans based on cost, coverage, quality, and performance ratings. The plan ratings will help people with Medicare review their current plan or choose a new plan that meets their needs and performs well in the new rating categories.

The previous year's plan summary rating is displayed for comparison to the current year's summary ratings. Plans get a star rating for each category and every individual topic within the category. If you want more detail, you can see the actual numbers or percentages for each category. For eight (8) topics, you can also compare performance of health plans to performance of Original Medicare in the same general location. Due to data limitations or new plan offerings, some organizations may not be measured in all star ratings.

A plan can get ratings between one to five stars.

- ★★★★★ means excellent
- ★★★★ means very good
- ★★★ means good
- ★★ means fair
- ★ means poor

The plan rating information will help you choose a plan that meets your needs and performs well based on the categories and topics listed below.



Part D Drug Plans are rated on how well they perform in four different categories:

1. Drug Plan Customer Service (7 measures)

- How long members wait on hold when they call the drug plan's customer service number.
- How long pharmacists wait on hold when they call the drug plan's pharmacy help desk.
- How often customer service representatives give accurate information.
- How often TTY services and foreign language interpretation are available for members.
- How often a drug plan failed to make a timely appeals decision.
- How often an independent reviewer agrees with the drug plan's appeal decision.
- How often the drug plan provides pharmacists with up-to-date and complete enrollment information about plan members.

2. Drug Plan Member Complaints, Members Who Choose to Leave, and Medicare Audit Findings (4 measures)

- How many complaints Medicare got about joining and leaving the drug plan.
- How many other complaints Medicare got about the drug plan.
- The percent of plan members who chose to leave the plan.
- The seriousness of problems Medicare found when it has done audits to check on how well the drug plan is following rules set by Medicare.

3. Member Experience with Drug Plan (3 measures)

- How often the drug plan provides information or help when members need it.
- How members rate the drug plan overall.
- How often members could get prescriptions filled easily using the drug plan.



Part D Drug Plans are rated on how well they perform in four different categories: (continued)

4. Drug pricing and patient safety (5 measures)

- Whether the drug plan has complete information on members who need Extra Help.
- The percent of the drug plan prices on the Medicare Web site that don't increase more than expected.
- Whether the drug plan prices on the Medicare Web site are similar to the prices members pay at the pharmacy.
- The percent of the drug plan members age 65 and older that use certain drugs with a high risk of side effects, when there may be safer drug choices.
- Whether drug plan members with diabetes who also have high blood pressure are given a type of blood pressure medication that is recommended for people with diabetes.

Part C Health Plans are rated on how well they perform in five different categories:

1. Ratings of Health Plan Responsiveness and Care (6 measures)

- What plan members say about how well their doctors communicate.
- What plan members say about how quickly they can get appointments and care.
- What plan members say about how easily they can get information and help.
- What plan members say about how easily they get needed care, including from specialists.
- How plan members rate their health care overall.
- How plan members rate their health plan overall.



Part C Health Plans are rated on how well they perform in five different categories: (continued)

2. Managing Chronic (Long-Lasting) Conditions (7 measures)

- Whether women members with bone fractures are tested for brittle bones (osteoporosis).
- Whether members with diabetes are getting recommended care.
- Whether members with high blood pressure are able to maintain healthy blood pressure.
- Whether plan members with arthritis are taking drugs to manage their condition.
- Whether plan members with Chronic Obstructive Pulmonary Disease (COPD) got appropriate tests to confirm the diagnosis.
- Whether plan members with bladder control problems got treatment.
- Whether plan members with a problem falling, walking or balancing got treatment to reduce their risk of falling.

3. Health Plan Telephone Customer Service (3 measures)

- How long members wait on hold when they call the health plan's customer service number.
- How often customer service representatives give accurate information.
- How often TTY services and foreign language interpretation are available for members.

4. Staying Healthy: Screenings, Tests and Vaccines (12 measures)

- The percent of all plan members who saw their primary care doctor during the year.
- How often women members got mammograms.
- How often plan members are appropriately screened for colon cancer.
- The percent of plan members with diabetes or heart disease who get tested for bad (LDL) cholesterol.
- The percent of plan members age 65 and older who get glaucoma eye exams for early detection.
- How often plan members taking long-term medications are appropriately monitored.
- The percent of plan members age 65 and older who got a vaccine (flu shot) before flu season.



Part C Health Plans are rated on how well they perform in five different categories: (continued)

4. Staying Healthy: Screenings, Tests and Vaccines (12 measures) (continued)

- The percent of plan members age 65 and older who ever got a vaccine (shot) to prevent pneumonia.
- The percent of plan members who maintained or improved their physical health.
- The percent of plan members who maintained or improved their mental health.
- The percent of women members age 65 and older who were tested for fragile bones (osteoporosis).
- The percent of plan members age 65 and older whose doctor advised them to start, increase, or maintain their physical activity.

5. Health Plan Member Complaints, Appeals, and Choosing to Leave the Health Plan (5 measures)

- How many complaints Medicare received about the health plan.
- How often plan members got a timely response when they appealed a plan decision to refuse payment or coverage.
- How often an independent reviewer agrees with the health plan's appeal decision.
- The percent of plan members who chose to leave the plan.
- The seriousness of problems Medicare found when it has done audits to check on how well the health plan is following rules set by Medicare.

Use the following resources to get plan ratings:

1. Visit www.medicare.gov. Select “Compare Medicare Prescription Drug Plans” and then “Find and Compare Plans.” For health plan ratings, select “Compare Health Plans and Medigap Policies in Your Area.” You should then enter the appropriate information for a general or personalized search. Once you see the list of plans, you can view the star ratings by selecting the plan name, which will direct you to the “Plan Drug Details” page. Or, you can select up to three plans to compare.
2. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.