



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 on the web have tools to help you compare Medicare health and prescription drug plans in your area. Before you join a Medicare plan, you should consider the plan's costs, coverage, and customer service before you decide which plan is best for you. Based on consumer feedback, Medicare's plan ratings have been improved to show more difference between plan options. Now, you can compare the quality and costs of plans at one glance.

Medicare health and prescription drug plans get an overall score that summarizes all category measures into a single rating; one for Part C and one for Part D. The overall summary score of the drug plan's performance makes it easy for people with Medicare to compare drug plans based on cost, 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 overall summary score will include half-stars to provide more differences between plan options. If you want more detail, you can see the actual numbers or percentages for each category. Additionally, plans get a star rating for each category and every individual topic within the category. 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 (6 measures)

- How long members wait on hold when they call the drug plan's call center.
- The percent of calls disconnected by a drug plan's call center.
- How long pharmacists wait on hold when they call the drug plan's pharmacy help desk.
- The percent of calls disconnected by a drug plan's pharmacy help desk.
- How often the drug plan did not meet Medicare's deadlines for timely appeals decisions.
- How often an independent reviewer agrees with the drug plan's decision to deny or say no to a member's appeal.

2. Member complaints and staying with drug plan (5 measures)

- How many complaints Medicare got about the drug plan's benefits and drug access.
- How many complaints Medicare got about joining and leaving the drug plan.
- How many complaints Medicare got about the drug plan's prices and out-of-pocket costs.
- How many other complaints Medicare got about the drug plan.
- The percent of members who choose to stay with the same drug plan from one year to the next.

3. Member satisfaction with drug plan (3 measures)

- The percent of the best possible score that the plan earned on how easy it is for members to get information from their drug plan about prescription drug coverage and cost.
- The percent of the best possible score that the drug plan earned from members who rated the drug plan for its coverage of prescription drugs.
- The percent of the best possible score that the drug plan earned on how easy it is for members to get the prescription drugs they need using the 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)

- How well the drug plan's enrollment records match Medicare's records for drug plan members who qualify for extra help paying for their drug costs.
- How often the drug plan updates their price and formulary information on the Medicare website.
- The percent of the drug plan's drug prices on the Medicare website that did not increase more than expected during the year.
- How similar a drug plan's estimated prices on the Medicare website are to prices members pay at the pharmacy.
- The percent of the drug plan members who get prescriptions for certain drugs with a high risk of serious side effects, when there may be safer drug choices.

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)

- Doctors who Communicate Well
- Getting Appointments and Care Quickly
- Customer Service
- Overall Rating of Health Care Quality
- Overall Rating of Health Plan
- Call Answer Timelines

2. Managing Chronic (Long-Lasting) Conditions (12 measures)

- Osteoporosis Management
- Diabetes Care—Eye Exam
- Diabetes Care—Kidney Disease Monitoring
- Diabetes Care—Blood Sugar Controlled
- Diabetes Care—Cholesterol Controlled
- Antidepressant Medication management (6 months)
- Controlling Blood Pressure
- Rheumatoid Arthritis Management
- Testing to Confirm Chronic Obstructive Pulmonary Disease
- Continuous Beta-Blocker Treatment
- Improving Bladder Control
- Reducing the Risk of Falling



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

3. Getting Timely Care From Doctors and Specialists (4 measures)

- Access to Primary Care Doctor Visits
- Getting Needed Care without Delays
- Doctor Follow up for Depression
- Follow-up Visit after Hospital Stay for Mental Illness (within 30 days of discharge)

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

- Breast Cancer Screening
- Colorectal Cancer Screening
- Cardiovascular Care – Cholesterol Screening
- Diabetes Care – Cholesterol Screening
- Glaucoma Testing
- Appropriate Monitoring of Patients Taking Long-term Medications
- Annual Flu Vaccine
- Pneumonia Vaccine
- Improving or Maintaining Physical Health
- Improving or Maintaining Mental Health
- Osteoporosis Testing
- Monitoring Physical Activity

5. How Well and Quickly Health Plans Handled Appeals (2 measures)

- Plan Makes Timely Decisions about Appeals
- Reviewing Appeals Decisions

Use the following resources to get plan rating information:

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.