

Medicare Advantage & Part D Final Rule



11 measures:

Administrative Star Rating measures removed to reduce burden



Outcomes first:

Clinical outcomes and patient experience reprioritized in ratings



IRA codified:

Inflation Reduction Act Part D benefit redesign now in regulation

STAR RATINGS REDESIGN

Streamlined Star Ratings shift focus to what matters

CMS is removing 11 administrative measures from the Star Ratings program to reduce reporting burden and refocus quality measurement on meaningful clinical outcomes and patient experience. This makes real-world performance data – not compliance paperwork – the primary driver of plan ratings.

What's Changing in Star Ratings

11 administrative measures removed

Clinical outcomes prioritized

Patient experience weighted higher

Other Notable Policy Changes

Supplemental Benefits Oversight

1. Stronger transparency standards for supplemental benefit eligibility
2. Clearer benefit design standards to ensure appropriate use

Regulatory Burden Reduction

1. Eliminated or scaled back certain reporting and program requirements
2. Simplifies program administration while maintaining accountability

Implications By Stakeholder

For MA plans:

Demonstrating real-world performance

1. Prove outcomes on utilization, access, and patient experience
2. Ensure appropriate use of supplemental benefits and services
3. Partner with organizations that operationalize care – not just support compliance

For post-acute providers:

Thriving in an outcomes-focused environment

1. Timely and appropriate placement into the right care setting
2. Improved care transitions and reduced avoidable utilization
3. Data-driven proof of value to MA plan partners

What This Means for Post-Acute Care Organizations



Prove Value with Outcomes:

Demonstrate real-world performance on utilization, access, and quality



Optimize Network Performance:

Identify high-performing partners and improve care transitions to reduce avoidable utilization

