

WHITE PAPER

Medication Management's Role in Medicare Advantage Stars

A Strategic Overview of Shifting Priorities, Clinical Outcomes, and the Measures that Matter Most

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Executive Summary

The Medicare Advantage (MA) Star Ratings program is undergoing a fundamental shift. Instead of primarily rewarding health plans' operational compliance and administrative performance, the focus is moving toward measurable clinical outcomes and member experience.

As a result, medication management will increasingly **influence both Star Ratings performance and financial outcomes**, making it a critical area for plans to prioritize.

How the Stars Program Is Changing

For years, the Stars program grew more complex, layering administrative, operational, and member experience measures on top of clinical quality.

CMS is now proposing to change that approach.

The agency has proposed retiring 12 measures across Star Years 2028 and 2029. CMS has cited that these measures are topped out, were low value, or no longer differentiated performance in a meaningful way.

Their removal signals a shift away from administrative oversight toward a higher emphasis on clinical outcomes and patient-reported experience within the healthcare system, subsequently pushing health plans to increase performance in areas tied directly to their members' health status.

Measures Proposed for Retirement Star Years 2028 - 2029

- Appeals Timeliness
- Complaints to Medicare
- Disenrollment
- SNP Care Management
- MPF Price Accuracy
- Customer Service (CAHPS)
- Rating of Health Care Quality (CAHPS)
- (+ additional measures)

An Emphasis on Member Experience

Despite the removal of several administrative measures, member experience remains a major driver of overall Star Ratings. This includes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and the Health Outcomes Survey (HOS).

CAHPS

Continues to play a significant role in how plans are evaluated

HOS

Becoming more influential as CMS adjusts how physical and mental health outcomes are assessed

Together, these changes make member experience harder to overlook.

Plans will need to focus on year-round engagement, providing the necessary levels of healthcare access, and ensuring coordination across clinical care.

Why Medication Management Is Key

01

ADHERENCE MEASURES CARRY ENORMOUS WEIGHT

Medication adherence for diabetes, hypertension, and cholesterol has historically been triple-weighted in the Stars program, making it one of the most influential performance areas. Although temporarily reduced to single weighting in MY2026, adherence returns to triple weighting in MY2027. As a result, even small changes can affect a contract's Star Rating.

Adherence is also one of the few Stars measures plans can reliably influence at scale. Unlike many clinical outcomes, it can be predicted using claims data, social risk factors, and risk models. It can also be improved through targeted outreach, medication synchronization, packaging, and pharmacy partnerships. Because adherence can be tracked in near real time, plans can monitor performance continuously and adjust quickly.

ADHERENCE WEIGHTING TIMELINE

MY2026

Adherence temporarily reduced

SINGLE WEIGHTING

MY2027

Adherence returns to full weight

TRIPLE WEIGHTING

02

MEDICATION MANAGEMENT DIRECTLY IMPACTS CLINICAL OUTCOMES

Clinical outcomes are closely tied to how medications are managed. Adherence, medication safety, and appropriate therapy influence hospitalization rates, chronic disease control, and behavioral health treatment. As clinical measures account for a larger share of Stars performance and the cut points continue to rise, plans will need to employ both proactive and reactive approaches to medication management to achieve high performance with 4- to 5-Star ratings.

Why Medication Management Is Key

03

MTM EXPANSION INCREASES THE NUMBER OF MEMBERS

Recent changes to Medication Therapy Management (MTM) eligibility starting in 2025 significantly expanded the number of members plans must support.

At the same time, this expansion also creates more opportunities to improve appropriate medication use and monitor for potential at-risk members to allow for early intervention.

With the CMR Completion Rate returning as a Star Rating measure in MY2027, MTM is once again positioned to play a meaningful role in overall performance.

WHAT THIS MEANS FOR PLANS

Plans Face

- Increased demand for interactive comprehensive medication reviews (CMRs)
- Increased outreach, documentation, and follow-up

Opportunities Created

- Improve appropriate medication use
- Monitor for potential at-risk members for early intervention

Why Medication Management Is Key

04

BEHAVIORAL HEALTH PERFORMANCE RELIES ON MEDICATION MANAGEMENT

Behavioral health continues to grow in importance within the Medicare space. CMS proposes to add the display page measure Depression Screening and Follow-Up to the Part C Star Measures for MY2027, which would join the existing triple-weighted Improving or Maintaining Mental Health measure.

There are also multiple display measures centered around substance use disorder (SUD) treatment. These quality measures go beyond screening and rely on access to appropriate medications and continual follow-up.

KEY FACTORS INCLUDE

01

Antidepressant initiation to continued adherence to therapy

02

Medication-assisted treatment (MAT) for SUD

03

Polypharmacy safety

04

Opioid prescribing safeguards

Without strong coordination between pharmacy, healthcare providers, and patients, plans may struggle to maintain treatment continuity and improve behavioral health outcomes.

2026 Call to Action

With increased emphasis on high-quality clinical care for Medicare beneficiaries, medication management will be one of the primary levers shaping the Star Ratings space in the years ahead.

To prepare for these changes, health plans should:

01 ENSURE
their MTM programs can support a larger eligible population.

02 INCORPORATE
sociodemographic factors such as dual eligibility and disability into adherence strategies.

03 USE
medication-focused outreach to support CAHPS and HOS performance through consistent, year-round engagement.

The plans that act early and strategically will be best positioned to achieve superior performance and member outcomes.

Key Takeaways

01

PROGRAM SHIFT

The Stars program is shifting from administrative compliance to clinical outcomes and member experience.

02

MEASURES RETIRING

CMS is retiring 12 measures across Star Years 2028 and 2029, signaling a higher emphasis on clinical outcomes.

03

ADHERENCE WEIGHTING

Medication adherence returns to triple weighting in MY2027.

04

MTM EXPANSION

MTM eligibility expanded in 2025, and the CMR Completion Rate returns as a Star Rating measure in MY2027.

05

BEHAVIORAL HEALTH

Behavioral health is growing in importance, with Depression Screening and Follow-Up proposed for MY2027.

06

ACT EARLY

The plans that act early and strategically will be best positioned to achieve superior performance and member outcomes.



Medication Management's Role in Medicare Advantage Stars

Get in touch with us today to learn how Clarest can help you achieve your Star Ratings goals.

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