



Group Medicare Insights: Plan quality, design, and performance

Star Ratings 2026: What's changed in the scoring process?

The Star Ratings are a grading system established by the Centers for Medicare & Medicaid Services (CMS), with grades assigned annually to Medicare Advantage (MA) plans and prescription drug plans. Star Ratings are intended to help plan sponsors and retirees evaluate plan quality. The methodology is constantly evolving—every year, measures are added, revised and retired. To calculate a plan's Star Rating, CMS gathers information from member satisfaction surveys, health plans and healthcare providers.



Beginning in 2026 and continuing over the next few years, the Star Ratings system will undergo major changes, focusing more on clinical quality and measurable health outcomes. This revamped system will reward plans that perform well in areas such as closing gaps, improving clinical outcomes, reducing disparities and earning member trust.

For the 2026 Star Ratings, CMS is introducing some new measures and shifting the weight assigned to other measures in calculating the scores. Here's a breakdown of what plan sponsors and members can expect in 2026.

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Measure	What is it?	What is the significance?
Patients' experience and complaints measures	These measures include getting needed care, getting appointments quickly, customer service, rating of healthcare quality, rating of health plan and more. In 2026 these measures' weight is decreasing from 4x to 2x.	<ul style="list-style-type: none"> MA plans have invested resources into these measures over the past several years, with their weight having increased from 1x to 4x. The weight reduction reflects a shift to more clinical and outcome-based measures, with Star Ratings focusing more on helping members stay healthy.
Health Outcome Survey measures: Improving or maintaining physical health and improving or maintaining mental health	These are newly re-introduced measures for 2026.	<ul style="list-style-type: none"> The re-introduction of these measures signals that CMS is placing more emphasis on preventive and behavioral health, with greater focus on outcome-oriented quality measures. This shows that CMS is encouraging plans to promote quality improvements in care delivery.
Kidney health evaluation for patients with diabetes	This is a new Star Ratings measure for 2026. It identifies the percentage of plan members with diabetes who received a kidney health evaluation during the year.	<ul style="list-style-type: none"> This new measure recognizes the importance of proactive chronic kidney disease (CKD) screening. This measure is significant because diabetes is a leading cause of CKD. Up to 40% of diabetes patients develop CKD,¹ however, 61% do not receive the recommended testing.²
Medication safety (in Part D portion of Star Ratings)	<p>New Part D quality measures are being added to the 2026 Star Ratings, including:</p> <ul style="list-style-type: none"> Concurrent use of opioids and benzodiazepines Polypharmacy use of multiple anticholinergic medications in older adults Polypharmacy use of multiple central nervous system active medications in older adults 	<ul style="list-style-type: none"> These new measures reflect a stronger commitment to medication safety and preventing inappropriate prescribing. Polypharmacy contributes to poor medication compliance, drug interactions, and avoidable adverse drug events.



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Sources

<https://www.cms.gov/files/document/2026-star-ratings-measures.pdf>

<https://www.cms.gov/files/document/2026-announcement.pdf>

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1. IDF Atlas Reports, "[Diabetes and kidney disease](#)," International Diabetes Federation, 2023, accessed Dec. 27, 2025
 2. "[Chronic kidney disease: quality care begins with measurement](#)," National Kidney Foundation, accessed Dec. 27, 2025

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