

# CMS Star Rating for ACA Measure Details

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# Overview of ACA Stars

CMS created the Star Rating so consumers can compare plans while shopping on [Healthcare.gov](https://www.healthcare.gov). The **Overall Star Rating** is posted for easy viewing and is the sum of the weighted 3 sub-ratings below.

- **Member Experience, 16.67%**: CAHPS member survey that ask ease of getting services and appointments from PCP;
- **Medical Care, 66.67%**: HEDIS® measures like cancer screenings, vaccines, Rx adherence and diabetes;
- **Plan Administration, 16.67%**: access to needed information, network providers ordering appropriate tests and treatment.

Example Issuer

Example Health Insurance Plan

Metal Level | Product Type | Plan ID: 12345USA1231234

Deductible 1 Out-of-pocket maximum 1 Estimated total yearly costs 1

Individual total Individual total Add yearly cost

Star rating

Overall star rating 1 Overall star rating is based on the categories below

Member Experience 1 Based on member satisfaction surveys about their health care, doctors, and ease of getting appointments and services

Medical Care 1 Based on providers improving or maintaining the health of their patients with regular screenings, tests, vaccines, and condition monitoring.

Plan Administration 1 Based on how well a plan is run, including customer service, access to needed information, and providers ordering appropriate tests and treatment.

5 1  Compare

# ACA Star Rating spans years of data



**2026**

HEDIS includes Oscar members with 13+ months of continuous enrollment. This means your patient in 2024 that re-enrolled with Oscar is included.



**2027**

The CAHPS (QHP) member experience survey happens every year from February thru May.



**STAR YEAR 2027**

November 2026, CMS calculates the Star Ratings and publishes them for open enrollment.

# HEDIS Measures for ACA Star Rating Year 2027 (2026 dates of service)

# Measure & Description of Patient Population

MEASURE NAME	DESCRIPTION
Adult Immunization Status (AIS)	Patients 19 years of age and older who are up to date on recommended routine vaccines for influenza, Td or Tdap, zoster and pneumococcal.
Appropriate Treatment for Upper Respiratory Infection (URI)	Patients 3 years and older where they are diagnosed with an upper respiratory infection that did not result in an antibiotic prescription. <b>Compliance is met if the patient DID NOT receive antibiotic medication on the date of diagnosis to 3 days after.</b>
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	Patients ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. <b>Compliance is met if the patient DID NOT receive antibiotic medication on the date of diagnosis to 3 days after.</b>

# Measure & Description of Patient Population

MEASURE NAME	DESCRIPTION
Breast Cancer Screening (BCS-E)	Patients 50 to 74 years of age who had a mammogram to screen for breast cancer.
Cervical Cancer Screening (CCS-E)	Patients 21-64 years of age who were screened for cervical cancer using either of the following criteria: had cervical cytology performed within the last 3 years or had cervical high-risk human papillomavirus (hrHPV) testing performed alone or as cotesting within the last 5 years.
Child and Adolescents Well Child Visit (WCV)	Members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

# Measure & Description of Patient Population

MEASURE NAME	DESCRIPTION
Childhood Immunization Status (CIS-E)	Children who completed the DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, and Influenza immunizations on or before the child's 2nd birthday.
Chlamydia Screening (CHL)	Patients 16–24 years of age who were identified as sexually active and had at least one test for chlamydia annually.
Colorectal Cancer Screening (COL-E)	Patients aged 45 to 75 who had appropriate screenings for colorectal cancer.
Controlling High Blood Pressure (CBP)	The percentage of adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled <140/90 mm Hg.

# Measure & Description of Patient Population

MEASURE NAME	DESCRIPTION
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.
Eye Exam for Patient with Diabetes (EED)	The percentage of diabetic patients 18-75 with diabetes (type 1 and type 2) who had an eye exam (retinal) performed during the measurement year.
Glycemic Status Assessment for Patients With Diabetes (GSD)	Patients 18-75 whose most recent HbA1c level was >9.0% or who were not tested during the measurement year.

# Measure & Description of Patient Population

MEASURE NAME	DESCRIPTION
Follow-up After Hospitalization for Mental Illness (FUH)	Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days.
Immunizations for Adolescents (IMA-E)	Adolescents 13 years of age who had the completed immunizations of Meningococcal, Tdap, and HPV on or before their 13th birthday
Initiation and Engagement of Substance Use Disorder (IET)	Patients 13 years and older with a new episode of alcohol or other drug SUD abuse or dependence who received the following: Initiation of SUD within 15 days of dx and Engagement within 34 days of initial.

# Measure & Description of Patient Population

MEASURE NAME	DESCRIPTION
Kidney Health Evaluation for Patients with Diabetes (KED)	Patients 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin- creatinine ratio (uACR), during the measurement year.
Plan All-Cause Readmissions (PCR)	Assesses the rate of patients 18 -64 years of age in acute inpatient and observation stays that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge.
Timely Prenatal and Postpartum Care (PPC)	Percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in Oscar, and a postpartum visit on or between 7 and 84 days after delivery.

# Measure & Description of Patient Population

MEASURE NAME	DESCRIPTION
Use of Imaging Studies for Low Back Pain (LBP)	Patients 18–75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.
Weight and Assessment and Counseling for Nutrition and Physical Activity (WCC)	Patients 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during the measurement year and had evidence of: BMI percentile documentation; Counseling for nutrition; and Counseling for physical activity.
Well-Child Visits in the First 30 Months of Life (W30)	Children who turned 15 months old during the measurement year had 6 or more well-child visits.

# Consumer Assessment of Healthcare Providers and Systems (CAHPS), an annual member survey

# Member Survey Questions

TOPIC	SURVEY QUESTION(S)
<b>Access to Care</b>	<p>When care was needed right away, how often did you get care as soon as you needed it?</p> <p>How often did you see the person you came to see within 15 minutes of your appointment time?</p> <p>How often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?</p> <p>How often did you get an appointment to see a specialist as soon as you needed?</p> <p>How often was it easy to get the care, tests, or treatment needed?</p>

# Member Survey Questions

TOPIC	SURVEY QUESTION(S)
<b>Access to Information</b>	How often did written materials or the internet provide the information you needed about how your health plan works?
	How often were you able to find out from your health plan how much you would have to pay for a health care service or equipment before you got it?
	How often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?

# Member Survey Questions

TOPIC	SURVEY QUESTION(S)
<b>Plan Administration</b>	<p>How often did your health plan's customer service give you the information or help you needed?</p> <p>How often did your health plan's customer service staff treat you with courtesy and respect?</p> <p>How often did the time that you waited to talk to your health plan's customer service staff take longer than you expected?</p> <p>How often were the forms from your health plan easy to fill out?</p> <p>How often did the health plan explain the purpose of a form before you filled it out?</p>

# Member Survey Questions

TOPIC	SURVEY QUESTION(S)
<b>Care Coordination</b>	For scheduled appointments, how often did your doctor have your medical records or other information about your care?
	When your doctor ordered a blood test, x-ray, or other test for you, how often did: <ul style="list-style-type: none"><li>• someone from the doctor's office follow-up to give</li><li>• you those results?</li><li>• you get results as soon as you needed them?</li></ul>
	How often did you and your personal doctor talk about all the prescription medicines you were taking?
	How often did you get the help that you needed from your personal doctor's office to manage your care among these different providers and services?
	How often did your personal doctor seem informed and up-to-date about the care you got from specialists?

# Member Survey Questions

TOPIC	SURVEY QUESTION(S)
<b>Rating of All Health Care</b>	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months? Include in-person, telephone, or video appointments.
<b>Rating of Health Plan</b>	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
<b>Rating of Personal Doctor</b>	Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?
<b>Rating of Specialist</b>	We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

# Pharmacy Quality Alliance (PQA)

# Measure & Description of Patient Population

MEASURE NAME	DESCRIPTION
Proportion of Days Covered (PDC): 3 Rates	<p>Patients 18 years and older who met the PDC threshold of 80% during the measurement year.</p> <p>Report a rate for each of the following:</p> <ul style="list-style-type: none"><li>• Renin Angiotensin System Antagonists (PDC-RASA)</li><li>• Diabetes All Class (PDC-DR)</li><li>• Statins (PDC-STA)</li></ul> <p>A higher rate indicates better performance.</p>