

Reform, litigation, and politics:

Medicare Advantage Star Ratings changes signaled

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Medicare Advantage (MA) and Part D Star Ratings continue to evolve, with several significant developments in recent months.

First, the Centers for Medicare and Medicaid Services (CMS) 2025 Star Ratings showed a decrease in the national average from 4.07 to 3.92,¹ which was followed by court-ordered recalculations^{2,3} for United and Centene contracts in December. Next, the 2026 Advance Notice, released by CMS on January 10, 2025,⁴ proposed substantial structural changes to the program's measurement approach. Finally, the Trump administration signaled priority shifts that could affect the Star Ratings program.^{5,6} This edition of our Star Ratings white paper series examines these developments and their potential implications for stakeholders.

KEY OBSERVATIONS AND CONCLUSIONS IN THIS PAPER INCLUDE:

- **2026 Advance Notice**
 - Major structural changes proposed in the 2026 Advance Notice, including removal of nine operational measures that currently have high average ratings (3.7-4.2 stars).
 - CMS' stated rationale of retiring high-performing measures could create ongoing downward pressure on ratings.
 - Potential 0.15-point decrease in average Star Ratings from measure removals, similar to the 0.15-point decrease seen in 2025 Star Ratings⁷ that resulted in an expected -0.69%⁸ impact to Medicare Advantage Organization (MAO) payments. This impact would be separate from other CMS-announced changes projected to cut MAO revenue by \$2.3 billion to \$4.6 billion by payment year (PY) 2028 (higher if the 5.0-star hold harmless threshold is finalized).⁹
 - New Universal Foundation measures focused on behavioral health and health equity.
 - CMS proposed increasing the components of members with social risk factors (SRFs), including geographic indicators.
- **Litigation and administration updates**
 - Recent litigation led to increased Star Ratings for multiple United and Centene contracts.
 - Recent executive orders regarding “equity” signed by the Trump administration could signal additional changes to the Star Ratings program.

Advance Notice highlights

The 2026 Advance Notice covered many topics relating to Medicare Advantage, with a general emphasis on topics directly relevant to the 2026 bids. However, CMS also included several Star Ratings proposals and discussion items. These items most notably included the potential removal of many operational measures. In addition, CMS also made many other changes with the stated goal of streamlining and refocusing the Star Ratings program, enhancing its focus on meaningful health outcomes, and aligning it more closely with CMS's broader quality measurement goals. As part of this process, CMS is seeking public comment on these proposed changes.

Universal Foundation measure alignment

As the Part C and D Star Ratings program continues to evolve, CMS stated it is considering ways to simplify and refocus the measure set, aligning it with the Universal Foundation of quality measures. This initiative is intended to streamline quality measures across several CMS quality programs, as initially discussed in the 2025 Proposed Rule.¹⁰

CMS also noted that RAND Corporation's Technical Expert Panel, convened in late October 2024, supported rethinking the measures included in the Part C and D Star Ratings program. Suggestions included adding more evidence-based clinical outcomes measures, considering the relevance and reliability of measures, and addressing issues such as provider burden and the sensitivity of measures to small changes.

This white paper references measure year (MY), Star Ratings year (SY), and payment year (PY). For example, a 2025 Star Rating (SY2025) influences the revenue in 2026 (PY2026) and is based on measure year 2023 (MY2023).

REMOVAL OF OPERATIONAL MEASURES

There are various measures currently in the measure set that focus on operational performance or the completion of required administrative processes. CMS stated that these measures, while valuable for monitoring and compliance purposes, may be better suited to exist outside the Star Ratings program. CMS also noted that many of these measures have seen improvement since the inception of the program with “fairly high” average measure scores, and that the ratings for many of these measures are sensitive to small changes in performance. The following operational measures were cited for potential retirement in the 2026 Advance Notice:

- **Medicare Plan Finder Price Accuracy (Part D), Complaints About the Health and Drug Plan (Part C and D), and Call Center – Foreign Language Interpreter and Teletypewriter (TTY) Availability (Part C and D):** These measures have high performance rates, can be used instead to monitor plan performance and compliance if applicable, and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey measures would still capture similar issues.
- **Plan Makes Timely Decisions About Appeals and Reviewing Appeals Decisions (Part C):** These measures have seen substantial improvement in performance rates, appeals data can be used to monitor plan performance and issue compliance actions, and access issues can be monitored through the CAHPS Survey.
- **Medication Therapy Management Program Completion Rate for Comprehensive Medication Review (Part D) and Special Needs Plan (SNP) Care Management (Part C):** These are process measures based on plan-reported data, and CMS stated that it wants to shift focus toward outcomes rather than completion rates.
- **Care for Older Adults – Medication Review and Care for Older Adults – Functional Status Assessment (Part C):** These are SNP-specific measures, not applicable to the broader set of contracts and enrollees, and CMS noted that they are process-of-care measures rather than outcome measures.
 - CMS also noted that the **Care for Older Adults – Pain Assessment (Part C)** measure is already being retired by the National Committee for Quality Assurance (NCQA) for the 2025 measurement year and will already be removed from the Star Ratings program starting with the 2027 Star Ratings.

Figure 1 summarizes the top 10 Medicare Advantage Prescription Drug (MA-PD) plan Star Ratings measures with the highest average Star Ratings included in the 2025 Technical Notes.¹¹

FIGURE 1: TOP 10 AVERAGE 2025 MA-PD STAR RATING MEASURE RESULTS¹²

MEASURE ID	MEASURE DESCRIPTION	WEIGHT	MAPD AVERAGE STAR RATING
C07	Care for Older Adults – Pain Assessment	1	4.2
C25	Complaints about the Health Plan	4	4.2
C28	Plan Makes Timely Decisions about Appeals	4	4.2
D02	Complaints about the Drug Plan	4	4.2
C06	Care for Older Adults – Medication Review	1	4.1
C30	Part C Call Center – Foreign Language Interpreter and TTY Availability	4	4.0
D01	Part D Call Center – Foreign Language Interpreter and TTY Availability	4	4.0
C10	Diabetes Care – Blood Sugar Controlled	3	3.7
C29	Reviewing Appeals Decisions	4	3.7
D11	MTM Program Completion Rate for CMR	1	3.7

It is important to note that changes to these measures, if made, could significantly impact Star Ratings in the future. As shown in Figure 1, these measures collectively have average Star Ratings far above the overall average of 3.50. The measures proposed for removal make up nine of the top 10 measures by average stars; the other two measures proposed for removal had median ratings.¹³

The removal of these measures could further accelerate the decline in national average Star Ratings across the industry. Currently, the average weighted MA-PD Star Rating included in Attachment C of the 2025 Technical Notes is 3.50. If the measures proposed by CMS for retirement are removed, this weighted average could drop to 3.34, representing a 0.15-point decrease in the raw average Star Rating. For comparison, CMS has announced that the national average enrollment-weighted 2025 Star Ratings also decreased by 0.15,¹⁴ with a revenue impact of -0.69%.¹⁵

This change makes the potential Star Rating decrease from the proposed measure removal comparable to the expected decrease for the 2026 payment year, although the revenue impact may vary depending on the mix of contracts shifting Star Ratings. For a detailed discussion of potential revenue impacts from Star Ratings changes, see the “Impact of Area and Savings Levels” section in “The Future Is Now: 2024 Star Ratings” white paper,¹⁶ which provides relevant historical context and methodology for analyzing Star Ratings shifts.

This potential Star Ratings decrease due to measure removal would be in addition to previously announced methodology changes. CMS projects the finalized methodology changes will reduce MAO revenue by \$2.3 billion by payment year 2028.¹⁷ If the hold harmless threshold increases from 4.0 Stars to 5.0 Stars, then projected revenue reduction would double to \$4.6 billion.¹⁸

CMS has indicated that one reason for removing these measures is that performance has improved. If CMS continues to use this rationale for future changes, it could create a more challenging environment for the industry, with CMS retiring additional measures after plans succeed in improving their performance levels.

ADDITION OF UNIVERSAL FOUNDATION MEASURES

CMS noted that it had submitted the following Universal Foundation measures to the 2024 Pre-Rulemaking Measure Review (PRMR) process:

- Adult Immunization Status (Part C)
- Depression Screening and Follow-up (Part C)
- Social Need Screening and Intervention (Part C)

They have also included a proposal to include the Initiation and Engagement of Substance Use Disorder Treatment (Part C) measure for the 2028 Star Ratings in the 2026 Proposed Rule.¹⁹

HEALTH EQUITY INDEX REWARD REVISION

Starting with 2027 Star Ratings (PY2028), Health Equity Index (HEI) replaces the current "legacy rewards" system that is based on consistent high performance across all metrics and all MA members. The new system focuses solely on social risk factor (SRF) populations (low-income, dual-eligible, and disabled members), with contracts earning 0.0-0.4 reward points based on SRF member percentage and relative performance.

CMS is considering adding additional SRFs to the HEI reward calculation and specifically called out geography as a factor under consideration. It noted urban versus rural as a specific consideration and has asked for preliminary feedback on the addition of geography and how it could be defined. CMS also noted that any changes to the HEI, such as this one, would be proposed through future rulemaking.

Rural counties have slightly higher rates of SRF populations than urban counties, with different SRF compositions (higher concentrations of disabled members but fewer low-income and dual-eligible members).²⁰ Adding new components to SRF calculations would likely raise the thresholds for maximum HEI rewards each contract could receive under the new system.

STAR RATINGS AND DISPLAY MEASURE ADJUSTMENTS

The National Committee for Quality Assurance (NCQA) and Pharmacy Quality Alliance (PQA) have provided detailed technical recommendations for several existing Star Ratings measures,²¹ which can be found in the 2026 Advance Notice, pages 120-123.

CMS also discussed technical updates for a handful of display measures²² and announced the retirement of the display measure Use of Opioids From Multiple Providers in Persons Without Cancer (2026 Advance Notice, pages 123-125).

CMS is soliciting comments on new measure concepts, methodological changes, and other changes discussed by the NCQA²³ to inform potential future changes to Star Ratings.

The full detail of these concepts and changes can be found in the 2026 Advance Notice, pages 125-127.

PREVIOUSLY ANNOUNCED CHANGES FOR 2026-2028

Figure 2 summarizes the list of previously announced Star Ratings changes over the last three years, which was included by CMS in the 2026 Advance Notice, and this white paper, as a reference.

FIGURE 2: PREVIOUSLY FINALIZED UPCOMING STAR RATING METHODOLOGY CHANGES

2026 STAR RATING	2027 STAR RATING	2028 STAR RATING
<ul style="list-style-type: none"> Return of physical and mental health outcome measures with revised specifications Patient experience / complaints / access measures decrease from weight of 4 to 2 Initial weight of 1 for physical and mental health measures Removal of special handling for Federal Emergency Management Agency (FEMA)-designated areas in cut point calculations 	<ul style="list-style-type: none"> Physical and mental health measures increase to weight of 3 Part D patient safety measure updates Implementation of Health Equity Index (HEI) reward Removal of the current reward factor, which is tied to consistently high performance on the ratings Removal of Care for Older Adults – Pain Assessment 	<ul style="list-style-type: none"> Changes to the three medication adherence measures—Medication Adherence for Diabetes Medications, Medication Adherence for Hypertension (RAS antagonists), and Medication Adherence for Cholesterol (Statins) Implementation of risk adjustment based on sociodemographic status (SDS) characteristics Removal of inpatient (IP)/skilled nursing facility (SNF) stay adjustment

As previously discussed, CMS expects that these previously announced methodology changes will reduce MAO revenue by \$2.3 billion by PY2028, or up to \$4.6 billion if the hold harmless threshold increases from 4.0 to 5.0 Stars.²⁴

Litigation updates

In our previous Star Ratings white paper, we noted that multiple major insurers had filed lawsuits against CMS²⁵ that could have substantial impacts on Star Ratings.²⁶ Since then, one of these lawsuits was ruled on in favor of the plaintiffs,²⁷ which resulted in recalculated Star Ratings.²⁸ On December 2, 2024, CMS released updated 2025 Star Ratings, affecting select Centene and United contracts, as shown in Figure 3.²⁹

FIGURE 3: LIST OF 2025 STAR RATING CONTRACT CHANGES IN THE DECEMBER 2, 2024, RELEASE

PARENT ORGANIZATION	ORGANIZATION TYPE	CONTRACT NUMBER	2025 STAR RATINGS	
			ORIGINAL RATINGS	UPDATED RATINGS
Centene Corporation	Local CCP	H1862	2.5	3.0
	Local CCP	H5590	3.0	3.5
	Local CCP	H5599	3.0	3.5
	Local CCP	H6348	3.0	3.5
	Local CCP	H7518	3.0	3.5
	Local CCP	H8189	3.5	4.0
	Local CCP	H8553	2.5	3.0
UnitedHealth Group, Inc.	Local CCP	H0543	3.0	3.5
	Local CCP	H0624	3.0	3.5
	Local CCP	H0710	4.5	5.0
	Local CCP	H0755	3.5	4.0
	Local CCP	H1045	4.0	4.5
	Local CCP	H1889	3.5	4.0
	Local CCP	H2247	3.0	3.5
	Local CCP	H3805	3.5	4.0
	Local CCP	H4544	3.0	3.5
	Local CCP	H5652	4.5	5.0
	Local CCP	H8768	3.0	3.5
	Regional CCP	R6801	3.0	3.5
	PDP	S5820	3.0	3.5
	PDP	S5921	2.0	2.5

Incoming Trump administration executive orders

Beginning on January 20, 2025, President Trump signed several executive orders that could impact the healthcare sector in the U.S. Since the start of the new administration, numerous presidential actions have been taken,³⁰ including several key executive orders that may influence the Medicare Advantage Star Ratings program:

- **Initial Rescissions of Harmful Executive Orders and Actions**³¹ executive order revokes previous executive orders related to advancing racial equity and supporting for underserved communities. Specifically, it revokes Executive Order 13985 (Advancing Racial Equity and Support for Underserved Communities Through the Federal Government), Executive Order 14070 (Continuing to Strengthen Americans' Access to Affordable, Quality Health Coverage), and Executive Order 14091 (Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government).

- **Regulatory Freeze Pending Review**³² executive order requires federal agencies to halt the issuance of new rules and withdraw or postpone the effective dates of existing rules for review and potential revision. This order stipulates that no new rules should be proposed or issued until reviewed and approved by a department or agency head appointed by the President. Furthermore, it mandates the immediate withdrawal of any rules that have been sent to the Office of the Federal Register (OFR) but not published, and the consideration of postponing the effective date of any rules that have been published but have not taken effect for 60 days. This allows for the review of any questions of fact, law, and policy raised by the rules.
- **Ending Illegal Discrimination and Restoring Merit-Based Opportunity**³³ executive order directs the Office of Management and Budget (OMB), assisted by the Attorney General, to review and revise all government-wide processes to excise references to diversity, equity, and inclusion (DEI) principles and terminate all equity-related mandates and programs. Specifically, this order mandates the termination of all “diversity,” “equity,” “equitable decision-making,” “equitable deployment of financial and technical assistance,” “advancing equity,” and similar mandates, requirements, programs, or activities.

POTENTIAL IMPACTS ON STAR RATINGS SYSTEM

The administration has not yet communicated its intent for most federal healthcare regulations, beyond a general assertion that Medicare funding will not be affected. The HEI rewards are not explicitly mentioned in any of the executive orders released to date; however, the executive order that drove their creation was rescinded by the new administration. Some of the language used to establish HEI rewards is included in the administration's list of targeted language for removal under the various DEI-focused executive orders. It is possible that the administration could seek to pull this rule back, on the basis that the HEI rewards provide incentive payments on the basis of health equity performance. Additionally, the HEI reward system could face increased scrutiny under the directive to review recent regulations that have not yet become effective, as they are not set to begin until the 2027 Star Ratings.³⁴

Similarly, the Categorical Adjustment Index (CAI), which adjusts Star Ratings based on socioeconomic status and disability, could be scrutinized as an equity measure. However, the CAI could potentially remain if it can be justified as a clinical or statistical adjustment rather than an equity initiative with incentive payments.

Quality measures in the Star Ratings program that promote “equity” could also be reviewed. For example, the Social Need Screening and Intervention measure tracks the percentage of members screened for unmet food, housing, and transportation needs. This measure targets social factors that contribute to disparities in care, and such measures may be reassessed under the new directives.

POTENTIAL NEXT STEPS

The recent executive orders represent a significant shift in federal policy, which may require the Medicare Advantage Star Ratings program to adapt to the new regulatory environment.

Stakeholders should stay informed about potential changes to Star Ratings, including monitoring potential guidance from CMS on how these executive orders may affect the Star Ratings program. This includes being prepared for midyear adjustments and future methodology changes. Medicare Advantage plans should also ensure they are ready to revise their quality improvement initiatives and reassess their strategies as needed.

It is important to note that these are potential implications, and we may need to wait for the administration to fill out the appointed positions within CMS before we get more certainty regarding the future of Star Ratings and other MA rules and regulations.

Limitations and Data Reliance

This analysis is based on the Advance Notice released January 10, 2025, as well as recent executive orders released by the Trump administration. Our analysis could be subject to change based on additional guidance such as further executive orders, Proposed or Final Rules, or the Final Notice, expected to be released by April 1, 2025.

We primarily relied on information and data provided by CMS, including both publicly released membership data and projections for model impacts. We also relied on other information provided by additional sources, primarily relating to policy analysis. Throughout this analysis, Milliman relied on data and other information provided by publicly available data sources. The estimates included in this paper are not predictions of the future; they are estimates based on the assumptions and data analyzed at a point in time. If the underlying data or other listings are inaccurate or incomplete, then the results may also be inaccurate or incomplete. Milliman has not audited or verified this data and other information but has reviewed it for reasonableness.

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ENDNOTES

1. Rogers, Hayley & Smith, Matthew H. (November 2024). Star Ratings in Retrograde: Decoding the 2025 Decline. Milliman White Paper. Retrieved February 9, 2025, from <https://www.milliman.com/en/insight/Star-Ratings%20in%20Retrograde%20Decoding%20the%202025%20Decline>.
2. See UnitedHealthcare Benefits of Texas, Inc. v. Centers for Medicare & Medicaid Services, No. 6:24-cv-357-JDK (E.D. Tex. filed November 22, 2024), at https://www.documentcloud.org/documents/25400225-unitedhealth_ma_stars_opinion/.
3. McGrath, C. (December 17, 2024). CMS pays Centene \$200m over star ratings controversy. Healthcare Brew. Retrieved February 9, 2024, from <https://www.healthcare-brew.com/stories/2024/12/17/cms-pays-centene-star-ratings-controversy>.
4. CMS (January 10, 2025). 2026 Advance Notice. Retrieved February 9, 2025, from <https://www.cms.gov/files/document/2026-advance-notice.pdf>.
5. White House (January 20, 2025). Executive Order: Initial Rescissions of Harmful Executive Orders and Actions. Retrieved February 9, 2025, from <https://www.whitehouse.gov/presidential-actions/2025/01/initial-rescissions-of-harmful-executive-orders-and-actions/>.
6. White House (January 21, 2025). Executive Order: Ending Illegal Discrimination and Restoring Merit-Based Opportunity. Retrieved February 9, 2025, from <https://www.whitehouse.gov/presidential-actions/2025/01/ending-illegal-discrimination-and-restoring-merit-based-opportunity/>.
7. CMS (October 10, 2024). Fact Sheet: 2025 Medicare Advantage and Part D Star Ratings. Retrieved February 9, 2025, from <https://www.cms.gov/newsroom/fact-sheets/2025-medicare-advantage-and-part-d-star-ratings>.
8. CMS (January 10, 2025). 2026 Medicare Advantage and Part D Advance Notice Fact Sheet. Retrieved February 9, 2025, from <https://www.cms.gov/newsroom/fact-sheets/2026-medicare-advantage-and-part-d-advance-notice-fact-sheet>.
9. Rogers, H., Smith, M. H., & Yurkovic, M. (October 2023). Future of Medicare Star Ratings: The Reimagined CMS Bonus System. Milliman White Paper. Retrieved February 9, 2025, from https://edge.sitecorecloud.io/millimaninc5660-milliman6442-prod27d5-0001/media/Milliman/PDFs/2023-Articles/10-6-23_Medicare-Star-Ratings-White-Paper_20231005.pdf.
10. The full text of CMS's 2025 Proposed Rule is available at: <https://public-inspection.federalregister.gov/2023-24118.pdf>.
11. CMS (October 3, 2024). Medicare 2025 Part C & D Star Ratings Technical Notes Updated. Retrieved February 9, 2025, from <https://www.cms.gov/files/document/2025-star-ratings-technical-notes.pdf>.
12. Ibid.
13. Diabetes Care – Blood Sugar Control was the only top 10 measure not proposed for removal. SNP Care Management and Medicare Plan Finder Price Accuracy had average MA-PD ratings of 3.4.
14. CMS, Fact Sheet: 2025 Medicare Advantage and Part D Star Ratings, op cit.
15. CMS, 2026 Medicare Advantage and Part D Advance Notice Fact Sheet, op cit.
16. Rogers, H., Smith, M. H., Nelson, P., & Yurkovic, M. (October 2023). The Future Is Now: 2024 Star Ratings Release. Milliman White Paper. Retrieved February 9, 2025, from <https://www.milliman.com/en/insight/the-future%20is%20now%202024%20star%20ratings%20release>.
17. Rogers, H., Smith, M. H., & Yurkovic, M., Future of Medicare Star Ratings: The Reimagined CMS Bonus System, op cit.
18. Ibid.
19. The full text of the Proposed Rule is available at <https://www.federalregister.gov/documents/2024/12/10/2024-27939/medicare-and-medicaid-programs-contract-year-2026-policy-and-technical-changes-to-the-medicare>.
20. Research Data Assistance Center. Master Beneficiary Summary File Base. Retrieved October 20, 2023, from <https://resdac.org/cms-data/files/mbsf-base/data-documentation>.
21. Statin Therapy for Patients With Cardiovascular Disease, Transitions of Care, Care for Older Adults: Functional Status Assessment and Medication Review, Monitoring Physical Activity, Reducing the Risk of Falling, Improving Bladder Control, Diabetes Care – Blood Sugar Controlled, Concurrent Use of Opioids and Benzodiazepines, Medication Adherence for Diabetes Medications, Medication Adherence for Hypertension (RAS Antagonists), Medication Adherence for Cholesterol (Statins), Statin Use in Persons With Diabetes, and Polypharmacy: Use of Anticholinergic Medications in Older Adults.
22. Social Need Screening and Intervention, Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease Exacerbation, Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (Poly-CNS), Use of Opioids at High Dosage in Persons Without Cancer, Initial Opioid Prescribing for Long Duration, Medication Adherence for Statins With Sociodemographic Status Adjustment, Medication Adherence for RAS Antagonists With SDS, Medication Adherence for Diabetes Medications With SDS, Antipsychotic Use in Persons With Dementia, Antipsychotic Use in Persons with Dementia – for Long-Term Nursing Home Residents, Persistence of Basal Insulin, Medication Therapy Management Program Completion Rate for Comprehensive Medication Review., Initial Opioid Prescribing for Long Duration, and Financial Reasons for Disenrollment (Part C & D)
23. Adult COVID-19 Immunization, Diabetes Foot Exam and Follow-Up, Colorectal Cancer Screening Follow-Up, Intimate Partner Violence, Disability Equity, End-Stage Renal Disease, Person-Centered Outcomes, and Respiratory Syncytial Virus (RSV) Immunization Indicator for Adult Immunization Status.
24. Rogers, Hayley, & Smith, Matthew H., Star Ratings in Retrograde: Decoding the 2025 Decline, op cit.
25. See UnitedHealthcare Benefits of Texas, Inc. v. Centers for Medicare & Medicaid Services, No. 6:24-cv-00357 (E.D. Tex. filed September 30, 2024), at https://www.documentcloud.org/documents/25183840-unitedhealth_stars_complaint; Humana Inc. v. U.S. Department of Health and Human Services, No. 4:24-cv-01004 (N.D. Tex. filed October 18, 2024), at https://www.documentcloud.org/documents/25244688-humana_hhs_stars_complaint; Centene Corporation v. Becerra, No. 4:24-cv-01415 (E.D. Mo. filed October 22, 2024), at https://www.documentcloud.org/documents/25247476-centene_stars_complaint; and Elevance et al. v. Becerra No 4:24-cv-01064-P, at <https://www.scribd.com/document/786902800/Elevance-Health-v-Becerra>.
26. Rogers, Hayley, & Smith, Matthew H., Star Ratings in Retrograde: Decoding the 2025 Decline, op cit.
27. See UnitedHealthcare Benefits of Texas, Inc., et al. v. Centers for Medicare and Medicaid Services et al., No. 6:24-cv-357-JDK, (E.D. Tex. November. 22, 2024), at https://www.documentcloud.org/documents/25400225-unitedhealth_ma_stars_opinion/.

28. Ibid.
29. See CMS 2025 Star Ratings Data Tables at <https://www.cms.gov/medicare/health-drug-plans/part-c-d-performance-data>.
30. A full list of presidential actions is available at <https://www.whitehouse.gov/presidential-actions/>.
31. White House Initial Rescissions of Harmful Executive Orders and Actions, op cit.
32. White House (January 20, 2025). Regulatory Freeze Pending Review. Retrieved February 9, 2025, from <https://www.whitehouse.gov/presidential-actions/2025/01/regulatory-freeze-pending-review/>.
33. White House, Ending Illegal Discrimination and Restoring Merit-Based Opportunity, op cit.
34. While the 2027 Star Ratings, the first to reflect HEI rewards, have not gone live yet, the performance period for some of the measures that will affect the HEI rewards has already begun.

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