2027 Medicare Advantage and Part D Star Ratings – Major Findings

October 11, 2026

Overview. CMS published its 2027 Star Ratings on October 8, 2026. The results will guide consumers during 2027 open enrollment and affect Medicare Advantage (MA) quality bonus payments in 2028. Overall, fewer MA prescription drug (MA-PD) contracts cleared the four-star threshold, even as most enrollment remains in higher-rated contracts.

1. Fewer MA-PD contracts achieved at least four stars. 188 of 508 rated MA-PD contracts (37.0%) earned four or more stars for 2027, down from 229 of 516 (44.4%) in 2026. The enrollment-weighted overall average declined from 4.01 to 3.99 stars. This raises financial and competitive risks for contracts below the quality-bonus threshold.

2. Five-star contracts declined substantially. Only 15 MA-PD contracts received five stars for 2027, compared with 22 in 2026 and 38 in 2024. Just six of the 2027 five-star contracts also held that rating in 2026, highlighting the challenges of sustaining top performance.

3. Most MA-PD enrollment is still in higher-rated contracts. Approximately 71% of current MA-PD enrollees are in contracts that will carry four or more stars in 2027. Thus, the fall in the share of high-rated contracts does not translate into an equivalent drop in the share of enrollees in those contracts; enrollment is concentrated in higher-rated plans.

4. Standalone Part D plans improved on several aggregate indicators. Eleven of 41 rated standalone Part D contracts (approximately 27%) received at least four stars in 2027, versus seven of 40 (17.5%) in 2026. The share of PDP enrollment in four-star-or-better contracts jumped from roughly 2% to 22%, and the enrollment-weighted average improved from 3.01 to 3.22 stars. No standalone PDP received five stars.

5. Physical and mental health outcomes receive much more weight. CMS increased the weight of the "Improving or Maintaining Physical Health" and "Improving or Maintaining Mental Health" measures from one to three each. Plans will have greater incentive to improve patient-reported outcomes, including functional health and behavioral health, rather than focusing exclusively on process compliance.

6. Chronic-disease measures show weakness, but care transitions improved. Average measure stars declined for diabetes-medication adherence (3.1 to 2.7), blood-pressure control (3.4 to 3.0), kidney-health evaluation in diabetes (3.5 to 3.2), and follow-up after emergency department visits for high-risk patients (2.8 to 2.5). Conversely, plan all-cause readmissions improved from 2.9 to 3.4, and transitions of care improved from 3.1 to 3.4. These are average measure star ratings, not underlying clinical rates.

7. Ownership, experience, medication safety and data integrity matter. About 44% of nonprofit MA-PD contracts received four or more stars, compared with 34% of for-profit contracts; plans with 10 or more years of MA experience generally outperformed newer plans. CMS added opioid/benzodiazepine concurrent-use and anticholinergic polypharmacy measures, increased oversight of appeals-data completeness and applied scaled reductions for identified data-integrity issues.

Selected 2026–2027 Performance Measures

Average measure star rating	2026	2027
Diabetes medication adherence	3.1	2.7
Controlling blood pressure	3.4	3.0
Kidney health evaluation for diabetes	3.5	3.2
ED follow-up: high-risk chronic conditions	2.8	2.5
Plan all-cause readmissions	2.9	3.4
Transitions of care	3.1	3.4

Bottom line. The most consequential signal is the decline in four-star-or-higher MA-PD contracts, alongside greater weight on health outcomes. The 2027 ratings affect 2028 MA quality bonus payments.

Source: CMS, "2027 Medicare Advantage and Part D Star Ratings," October 8, 2026. https://www.cms.gov/newsroom/fact-sheets/2027-medicare-advantage-part-d-star-ratings