



American Academy
of Value Based Care

Medicare STAR RAS Inhibitor Adherence Quick Reference Guide

2025

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1. MEASURE SNAPSHOT

CMS Part D Star Measure: D09 - Medication Adherence for Hypertension (RAS antagonists) (MA-H)

Definition: Percentage of **Medicare Part D members aged ≥18 years** who filled prescriptions for a renin-angiotensin system (RAS) antagonist (ACE inhibitors, ARBs, or direct renin inhibitors) to cover **≥80% of days** in the measurement period.^{1, 2}

Measure Weight: Triple-weighted (3×) under Star Ratings; MA≈30% of total Part D rating^{1, 2}

Exclusions: Members in hospice, palliative care, ESRD, advanced illness/frailty programs, or long-term care facilities, **MAH specific exclusion: prescription for sacubitril/valsartan.**^{1, 2}

2025 Financial Impact: **\$12.7 billion** in total Quality Bonus Payments (QPBs) across all MA-PD contracts.³; **\$372–\$438 per enrollee annually** (depending on plan performance tier)³

Star Thresholds:¹⁻⁵

- **Adherent Patient:** PDC ≥80%
- **4-Star Plan:** >80% members adherent (historical 4 Star minimum)
- **5-Star Plan:** >88% members adherent (historical standard)
- Achieving 5 stars requires very high medical adherence(MA), typically requiring that over 90% of its members achieve the ≥ 80% PDC threshold
- 2024 analysis of the **2025 Star Ratings cutpoints** demonstrated high and rising thresholds for MA
 - **MAH (Hypertension): ≥ 93%**

CMS Cut Points:¹

Plan Type	1 Star	2 Star	3 Star	4 Star	5 Star
MA-PD	< 84%	84% – <88%	88% – <91%	91% – <93%	≥ 93%
PDP	< 88%	88% – <90%	90% – <91%	91% – <93%	≥ 93%

Current Industry Performance (2024 → 2025 Trend)^{4, 5}

- **62%** of enrollees are in **4+ star contracts, down from 79% in 2023**⁴
- **Only 1.8%** of members are in **5-star contracts**, reflecting increased adherence variability and plan stratification risk⁴

Financial Stakes by Rating

Star Rating	Benchmark Bonus	Rebate	Marketing Rights
5 stars	5% increase + QBP	70%	Year-round enrollment
4.5 stars	5% increase + QBP	70%	Standard windows
4 stars	5% increase + eligible for QBP	65%	Standard windows
< 4 stars	None	50-65%	Limited

2. PDC CALCULATION

Formula

$$PDC = \frac{\text{Total days with medication available}}{\text{Days in measurement period}} \times 100$$

Success Threshold: ≥ 80% PDC

Calculation Rules (Non-Negotiable)^{6, 7}

	Specification (2025 CMS/PQA Standard)	Operational Note
Measurement Start Date	Date of first RAS antagonist fill ≥ 91 days before December 31	Ensures sufficient observation window for annual PDC
Member Eligibility	Becomes eligible at 2nd fill within measurement year	Confirms chronic use vs trial
Data Source	Part D Pharmacy claims only (paid by plan)	Samples, cash-pays, 340B fills excluded
Supply Overlap	Overlapping days shift forward (no double-count)	Avoids inflated PDC (>100% errors)
Hospital or SNF Days	Excluded from denominator if covered stay > 7 days	Avoids penalizing temporary non-access
Class Aggregation	ACE + ARB + Direct Renin Inhibitors = one RAS class	Therapy switch counts as continuous adherence
End of Measurement	Dec 31 or disenrollment date (whichever comes first)	Defines final denominator for PDC calculation

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