Star 2027 Rating Performance Review and Improvement Plan for the Blue Shield Medicare PPO

November 12, 2026

Understanding Medicare Star Ratings

CMS annually evaluates Medicare Advantage and Part D contract performance.

1–5 STARS



Five stars represents the highest overall performance.

Important indicator—not the sole measure of care quality or member value.

Clinical quality

Preventive care and health outcomes

Member experience

Access, satisfaction and service

Prescription drugs

Medication safety and adherence

Star Ratings for SFHSS Medicare Plans

Overall CMS contract ratings, 2025–2027 | Supplied by SFHSS

PLAN / CMS CONTRACT	2025	2026	2027
Kaiser California MAPD HMO CMS contract H0524	4.5	4.5	4.5
Blue Shield MAPD PPO CMS contract H4937	2.5	3.5	2.5

CMS rates the full contract—not SFHSS separately. SFHSS retirees represent more than half of enrollment in the Blue Shield PPO contract.

Why Star Ratings Matter to SFHSS

A quality oversight tool that complements member experience, affordability and access.

Quality & care

Clinical outcomes, access to services, prescription drug performance and member satisfaction.

Financial sustainability

Ratings can affect Medicare Advantage funding and plan economics in subsequent years.

Carrier accountability

SFHSS monitors performance, seeks corrective actions and considers quality in future plan decisions.

Next: Blue Shield’s explanation of the 2027 rating decline and its performance improvement plan

Understanding the 2027 Medicare Star Rating for Group Medicare PPO

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2027 Star Rating Medicare Contract Performance

Key points:

- Blue Shield's Medicare Stars performance improved for 2027 Star Rating (based on Measurement Year 2025) despite cut point fluctuation.
- Two Blue Shield Medicare contracts achieved 4 Stars.
- The Medicare PPO contract in place for SFHSS Medicare retirees declined 1 full Star Rating.

	Blue Shield Classic HMO	Blue Shield PPO	Dual Eligible Special Needs Plan (D-SNP)	Promise Legacy
2025 Star Rating	3.5 Star	2.5 Star	-	3.5 Star
2026 Star Rating	4 Star	3.5 Star	3.5 Star	3.5 Star
2027 Star Rating	4 Star	2.5 Star	4 Star	3.5 Star

Medicare Stars are a quality report card

For 2027, Medicare Advantage plans are rated on 40+ measures. CMS converts performance into measure-level ratings and an overall contract rating.

1 PREVENTIVE CARE

Care and health outcomes

2 ACCESS

Ability to get needed care

3 EXPERIENCE

How members perceive the plan and providers

4 PRESCRIPTIONS

Safe and effective drug services

The rating looks backward: **Our 2027 rating reflects 2025 performance**



MEASURE

Members receive care and interact with the plan

CALCULATE

Data are collected and performance is assessed

PUBLISH

The rating is displayed for 2027 plan selection

IMPACT

The rating affects 2028 quality bonus payments

Three factors had the greatest impact on the 2027 result

Medicare Stars is rated on over 40 measures across clinical, pharmacy, consumer assessment, and operations. Year over year volatility can occur, particularly for members who are new to the plan. The greatest contributor to the Star decline was a result of consumer assessment survey results and care gap closures.

CAHPS survey results were the largest contributing factor

What drove it:

- In 2025, retirees experienced difficulties navigating new benefits, providers, and resources.
- This was reflected in CAHPS, an anonymous survey assessing member experience with the plan and providers.

What it can feel like for members:

- Friction for new members with benefit access and navigation.

Pharmacy Star Ratings below target

What drove it:

- Challenges due to drug scarcity (primarily GLP-1s).
- Limitations on pharmacist outreach due to missing member contact information.

What it can feel like for members:

- Difficulty accessing drugs.
- Limited medication adherence support.

Data and engagement gaps impacted outreach efforts

What drove it:

- Blue Shield was unable to conduct robust targeted member outreach due to missing emails (88%) and missing phone numbers (30%).

What it can feel like for members:

- Fewer timely reminders, less scheduling assistance and fewer proactive interventions.

The Medicare PPO contract saw strong year-over-year performance in several measures including Complaints (achieved 5 Stars) and Transition of Care measures.

CAHPS = Consumer Assessment of Healthcare Providers & Systems

We are already seeing improvements

A dedicated PPO Program Manager has been hired to drive Medicare Stars strategy, execution, and performance improvement for the Medicare PPO.
These improvements are expected to have a positive impact on 2028 Star Ratings.

Area of Focus	What we are doing	2026 early indicators	What does this mean for the member?
Clinical Outcomes	• Improving contact data and targeted outreach • Deploying provider attribution and strengthening provider engagement	9 of 13 clinical measures performing ahead of prior year	Better ability to reach members needing care, more timely reminders, benefit guidance, targeted provider support, and coordinated preventive care.
Medication Adherence	• Expanding medication adherence interventions • Increased pharmacist outreach	5 of 6 pharmacy measures performing ahead of prior year	Better support starting, refilling and staying on needed medications to manage conditions.
Member Experience	• Proactively addressing member pain points through member outreach. • Targeted SFHSS assessment and interventions	SFHSS simulation survey showed improvement across all 8 measures	Clearer information and easier navigation when members need help

Note: These are early indicators, not a final Star rating. Final Measurement Year 2026 results will depend on complete-year performance and CMS thresholds which will be released in September 2027.



Blue Shield of California is an independent member of the Blue Shield Association