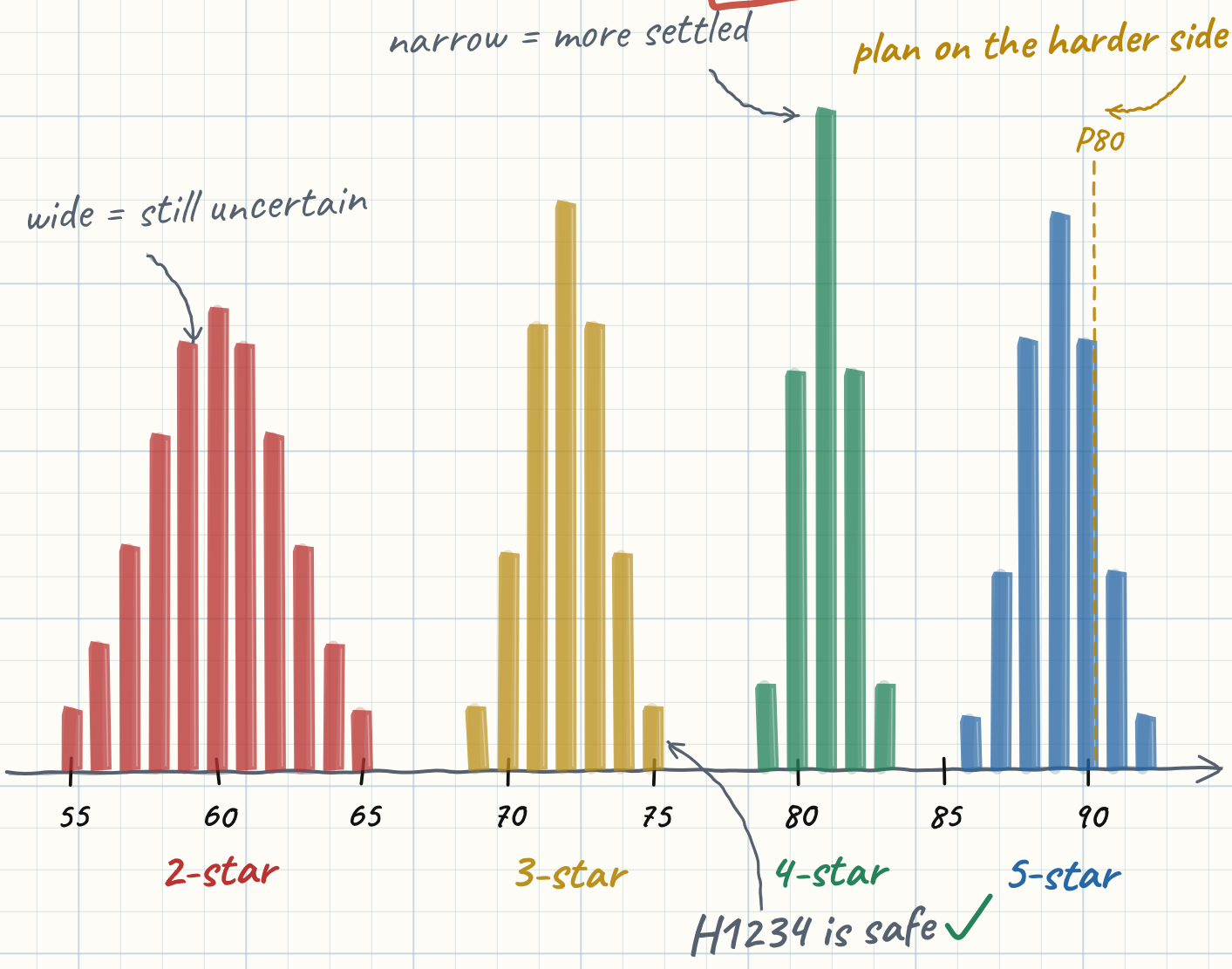
STARSCAPE
ANALYTICS

CUTPOINT FORECAST

(and nowcast?)

MY26 & MY27

DEMO

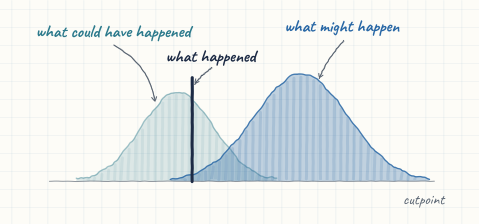


cutpoint possibilities

STARSCAPE ANALYTICS | CUTPOINT FORECASTS

Plan for moving cutpoints.

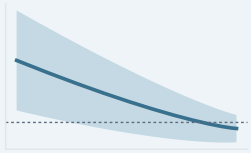
Forecasting cutpoints is hard, and for many plans, the stakes have never been higher. The problem deserves more than a trendline or a finger in the wind. Whether you need a second opinion or help navigating the methodology, Starscape can help.



Data Science. Industry Knowledge. AI Acceleration.

01

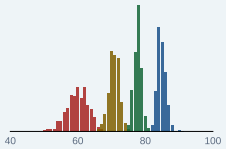
Fit the models



Statistical growth models are fit and backtested carefully considering spec changes and other factors. Variable growth patterns are fit at plan level for the entire industry.

02

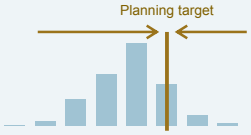
Simulate outcomes



Industry projections are carried out one and two years forward. Probabilistic programming allows for thousands of plausible scenarios rather than a single point prediction.

03

Set a buffer

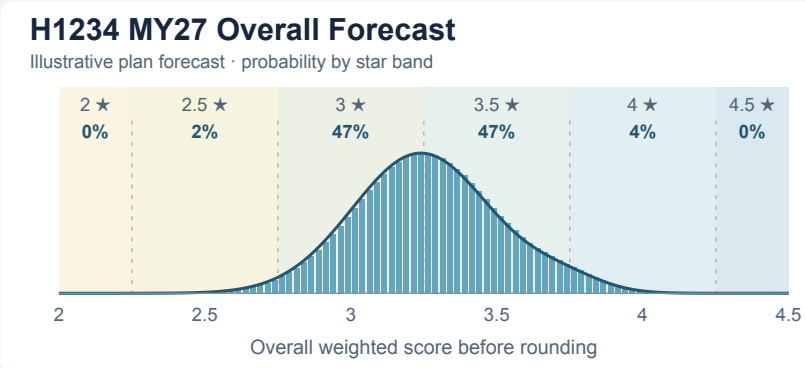


Choose a performance cushion based on your plan's risk appetite, or use Starscape's recommended conservative target, which represents the 80th percentile hardest outcome from that cutpoint's simulation.

Integrate with your measure and contract-level forecasts

Simulations, not scenarios

Starscape's tools integrate forecasts across the full distribution for a Monte Carlo simulation of plan outcomes.[1]



OR

Use your current framework

Use cutpoint data as scenarios in your existing forecasting framework.

Starscape delivers a report and data files of cutpoint forecasts.

[1] Contract-level scenario reports and forecasting tools are available as separate offerings.

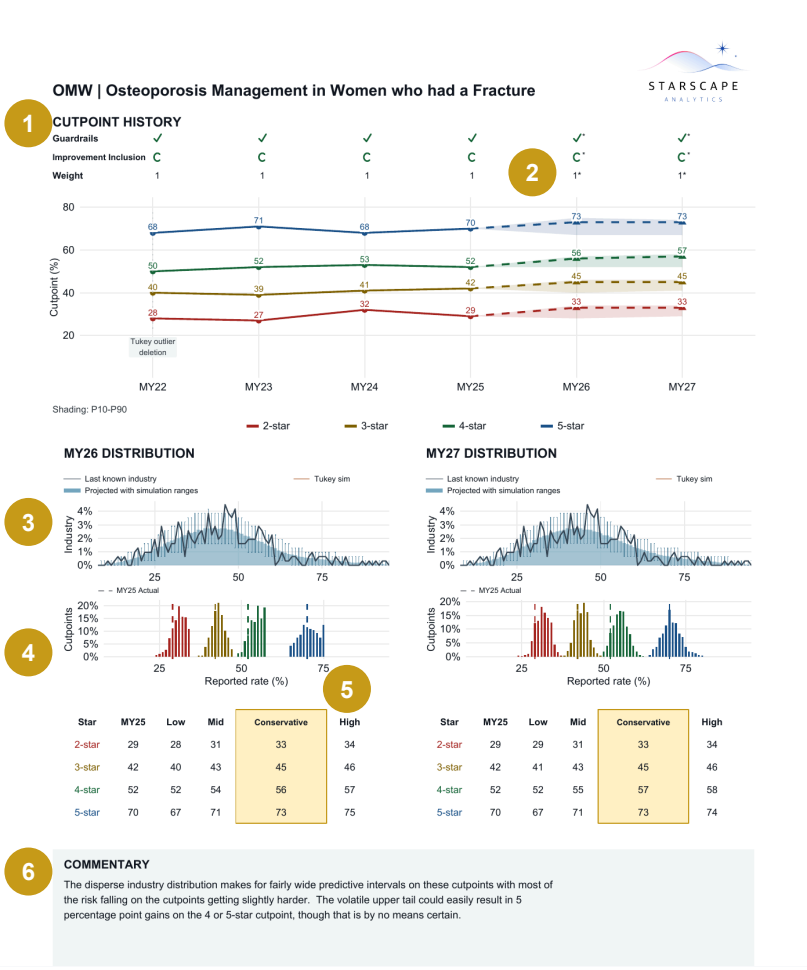
In this book

4	**OMW**	Osteoporosis Management in Women who had a Fracture	HEDIS
5	**KED**	Kidney Health Evaluation for Patients with Diabetes	HEDIS
6	**HOS_RRF**	Reducing the Risk of Falling	HOS
7	**SUPD**	Statin Use in Persons with Diabetes	Pharmacy
8	**DISENROLL**	Members Choosing to Leave the Plan (Parts C & D)	Operational
9	**Display**	Five display measure cutpoint estimates	Appendix
10	**FAQ**	Frequently asked questions	About Starscape
11	**Contact**	How to work with Starscape	Get in touch

How to read a measure page

A GUIDED TOUR USING OSTEOPOROSIS MANAGEMENT

Every measure page in this book follows the same layout.



1 Rule status by year
Whether guardrails cap movement, how the measure counts toward Quality Improvement, and its weight. An asterisk marks projected status.

2 History and forecast
Solid lines are published CMS thresholds; dashed lines are planning targets. Shading spans the 10th–90th percentile of simulated cutpoints. Notes flag specification changes.

3 Projected industry
The simulated contract distribution (blue) against the last known industry (outline). Orange shading marks the Tukey outlier zone.

4 Where thresholds land
How often each star threshold fell at each value across all simulations. Dashed lines show MY25 actual cutpoints.

5 Planning table
Low, Mid, Conservative and High values for each star. The highlighted Conservative column is the suggested planning target.

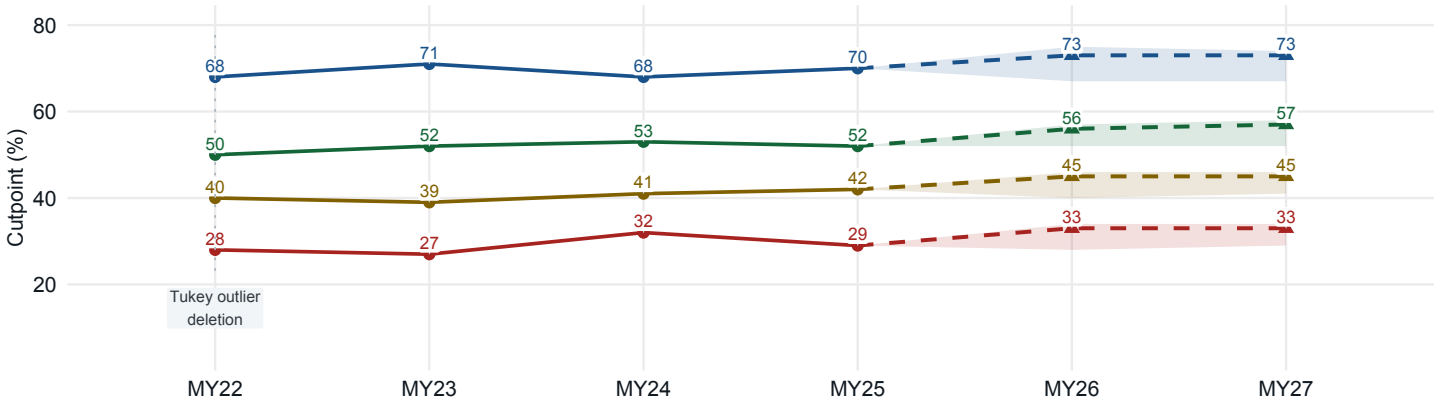
6 Analyst commentary
What drives the forecast, where the risk sits and how much cushion to build.

Reading the forecasts: ranges summarize simulated uncertainty given the data and assumptions available today.

OMW | Osteoporosis Management in Women who had a Fracture

CUTPOINT HISTORY

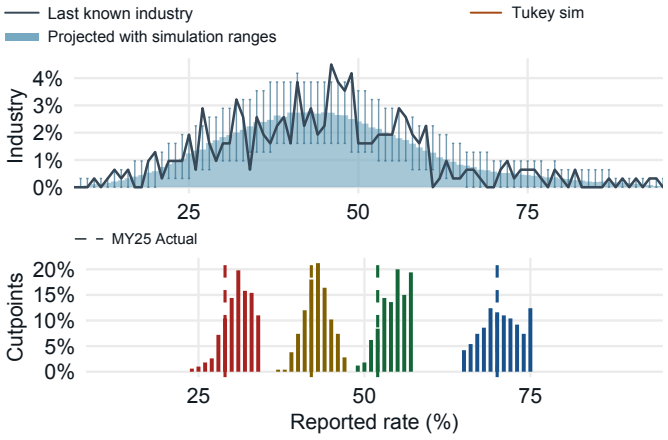
	MY22	MY23	MY24	MY25	MY26	MY27
Guardrails	✓	✓	✓	✓	✓*	✓*
Improvement Inclusion	C	C	C	C	C*	C*
Weight	1	1	1	1	1*	1*



Shading: P10-P90

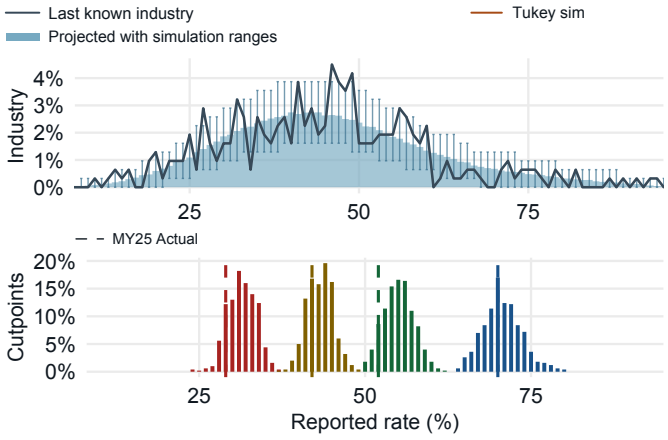
2-star 3-star 4-star 5-star

MY26 DISTRIBUTION



Star	MY25	Low	Mid	Conservative	High
2-star	29	28	31	33	34
3-star	42	40	43	45	46
4-star	52	52	54	56	57
5-star	70	67	71	73	75

MY27 DISTRIBUTION



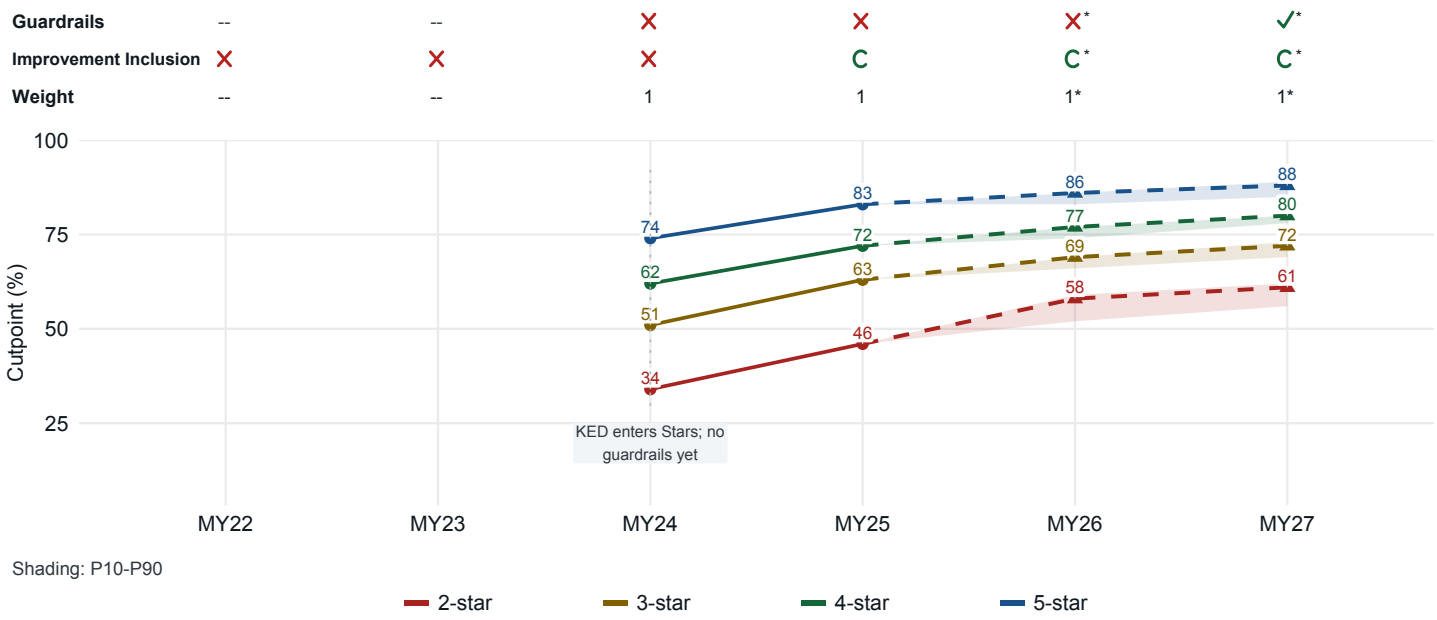
Star	MY25	Low	Mid	Conservative	High
2-star	29	29	31	33	34
3-star	42	41	43	45	46
4-star	52	52	55	57	58
5-star	70	67	71	73	74

COMMENTARY

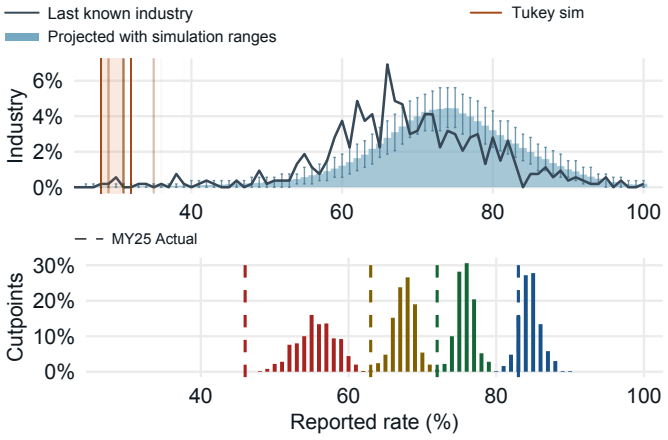
The disperse industry distribution makes for fairly wide predictive intervals on these cutpoints with most of the risk falling on the cutpoints getting slightly harder. The volatile upper tail could easily result in 5 percentage point gains on the 4 or 5-star cutpoint, though that is by no means certain.

KED | Kidney Health Evaluation for Patients with Diabetes

CUTPOINT HISTORY

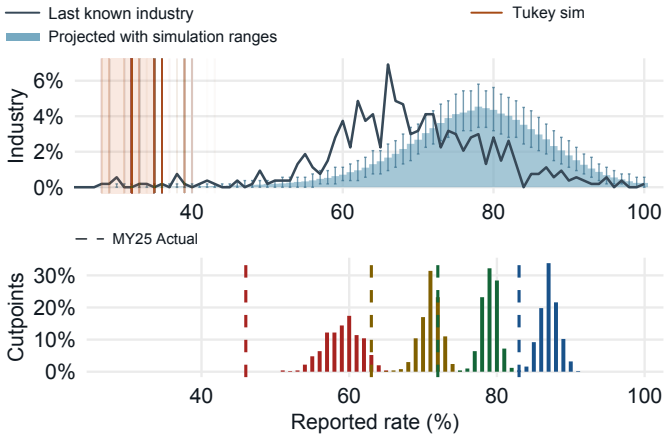


MY26 DISTRIBUTION



Star	MY25	Low	Mid	Conservative	High
2-star	46	52	56	58	59
3-star	63	66	68	69	69
4-star	72	74	76	77	77
5-star	83	83	85	86	86

MY27 DISTRIBUTION



Star	MY25	Low	Mid	Conservative	High
2-star	46	56	59	61	62
3-star	63	69	71	72	73
4-star	72	78	79	80	80
5-star	83	85	87	88	89

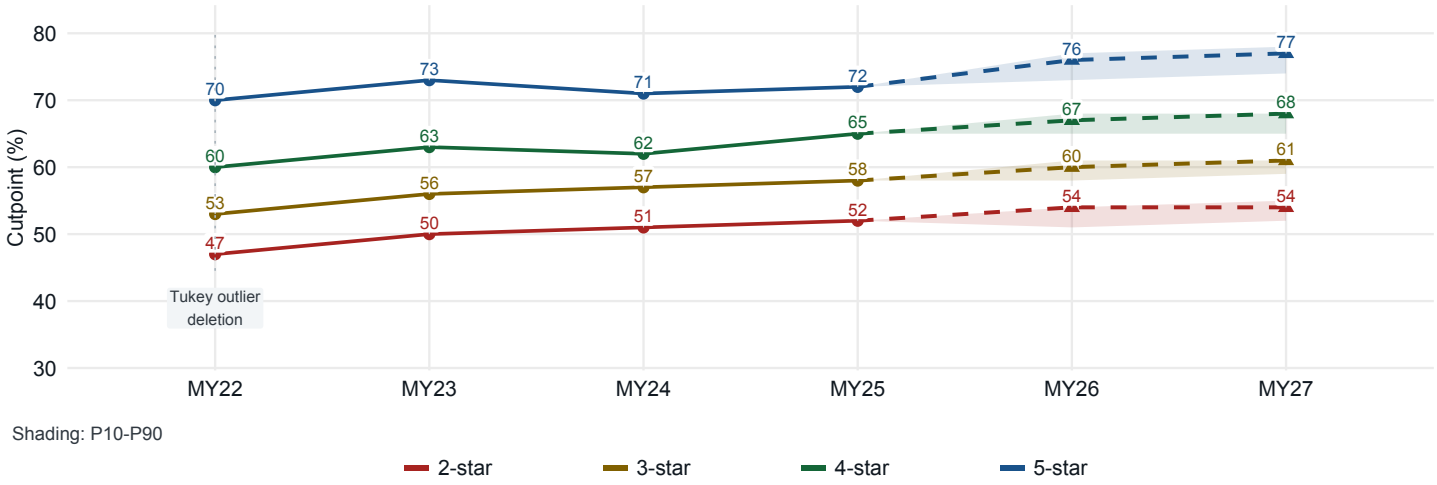
COMMENTARY

High industry growth, no guardrails, and a long low-performance tail combine to create fairly large statistical uncertainty around shifts for the kidney evaluation measure. The 2-star cutpoint is especially vulnerable to these shifts, and may shift by as much as 10 percentage points. Plans will need to perform in high 70s for four-star performance in MY27.

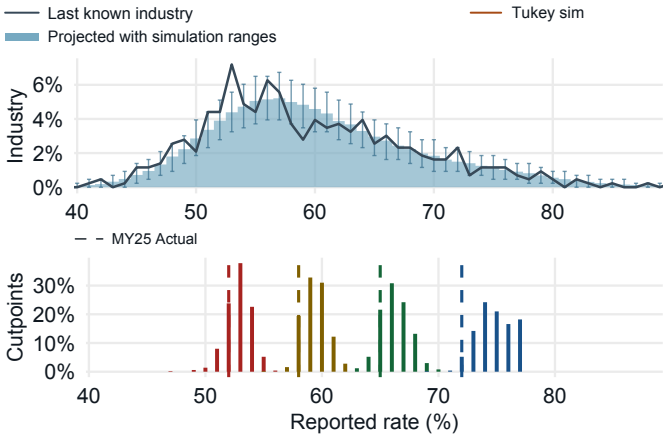
HOS_RRF | Reducing the Risk of Falling

CUTPOINT HISTORY

	MY22	MY23	MY24	MY25	MY26	MY27
Guardrails	✓	✓	✓	✓	✓*	✓*
Improvement Inclusion	C	C	C	C	C*	C*
Weight	1	1	1	1	1*	1*

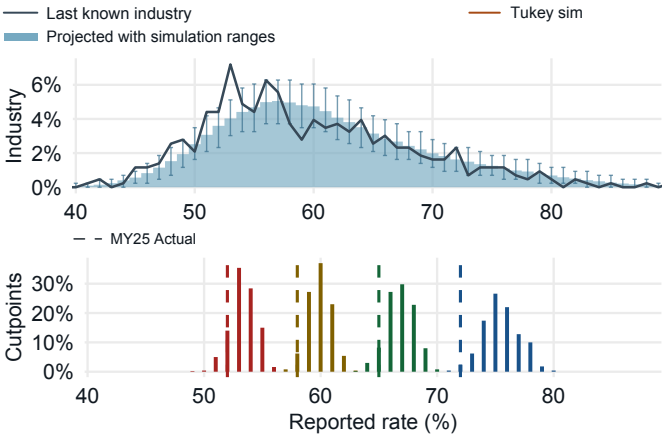


MY26 DISTRIBUTION



Star	MY25	Low	Mid	Conservative	High
2-star	52	51	53	54	54
3-star	58	58	59	60	61
4-star	65	65	66	67	68
5-star	72	73	75	76	77

MY27 DISTRIBUTION



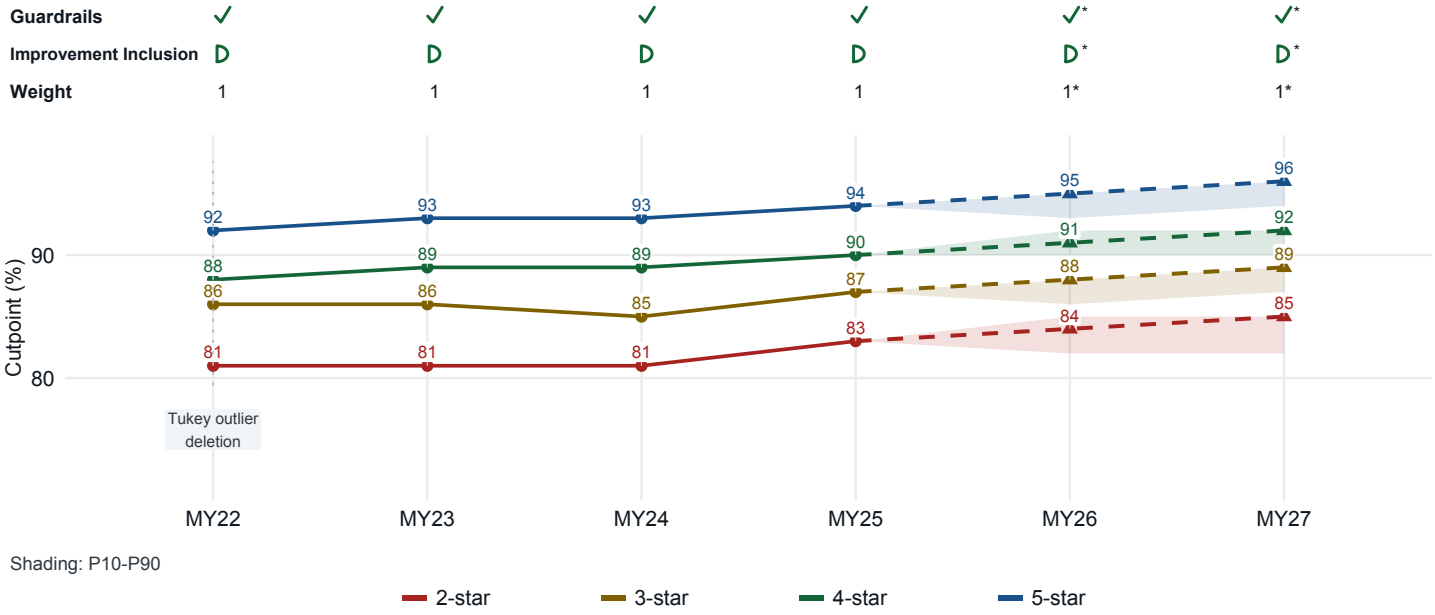
Star	MY25	Low	Mid	Conservative	High
2-star	52	52	53	54	55
3-star	58	59	60	61	61
4-star	65	65	67	68	68
5-star	72	74	75	77	78

COMMENTARY

Continued upward pressure is expected in fall-risk management, with modest additional movement at the higher star levels in MY27. Conservative planning targets for 4- and 5-star performance rise from 67% and 76% in MY26 to 68% and 77% in MY27. Plans close to these thresholds should build a performance buffer rather than rely on maintaining their current rates.

SUPD | Statin Use in Persons with Diabetes (SUPD)

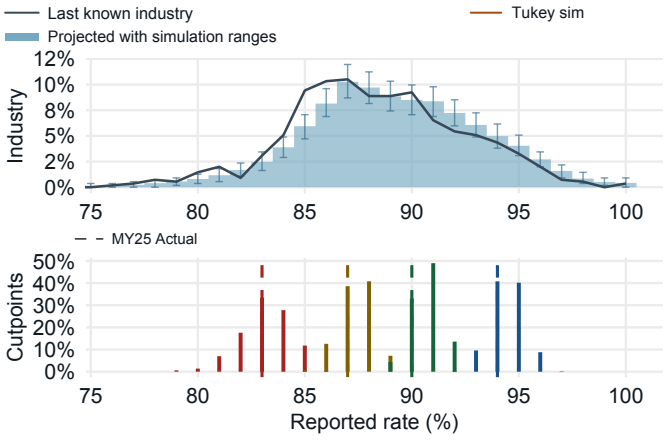
CUTPOINT HISTORY



Shading: P10-P90

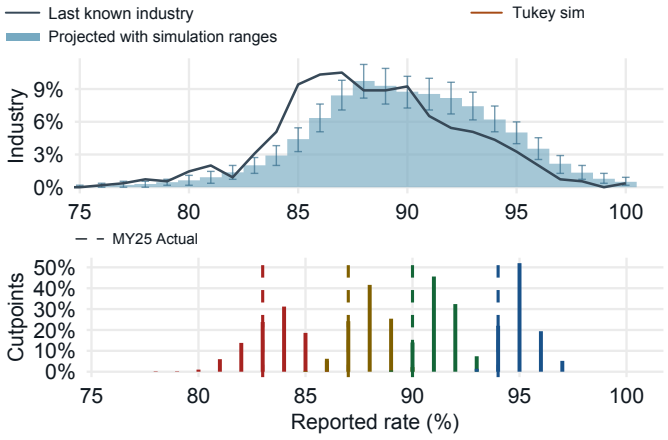
2-star 3-star 4-star 5-star

MY26 DISTRIBUTION



Star	MY25	Low	Mid	Conservative	High
2-star	83	82	83	84	85
3-star	87	86	87	88	88
4-star	90	90	91	91	92
5-star	94	93	94	95	95

MY27 DISTRIBUTION



Star	MY25	Low	Mid	Conservative	High
2-star	83	82	84	85	85
3-star	87	87	88	89	89
4-star	90	90	91	92	92
5-star	94	94	95	96	96

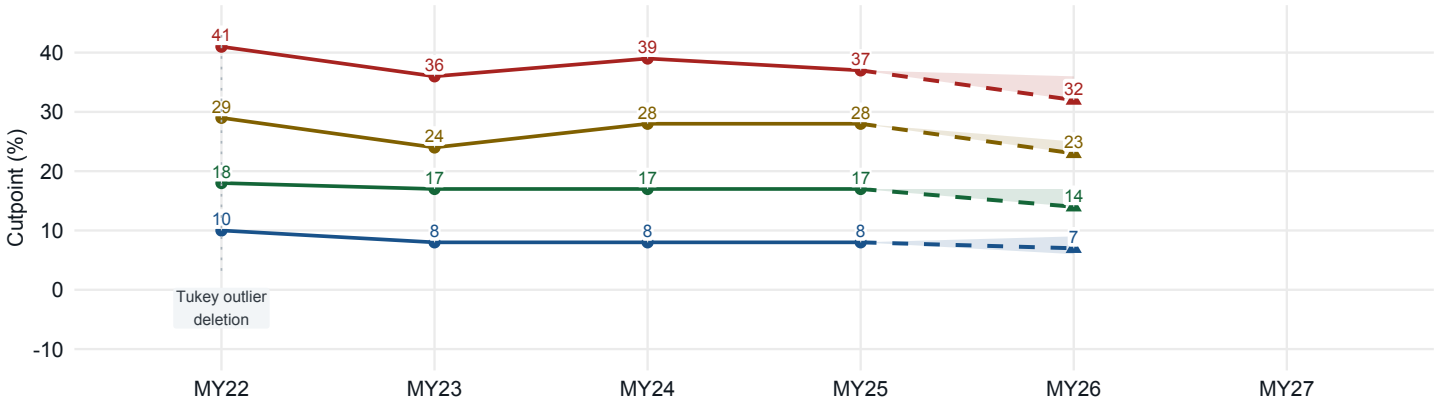
COMMENTARY

Continued improvement is expected in statin use among persons with diabetes. Conservative targets rise one percentage point above MY25 cutpoints at every star level in MY26, with another point of increase in MY27. The upper end remains competitive, with 5-star planning targets reaching 95% and 96%. Plans should prepare for gradual tightening rather than assume that maintaining current performance will preserve their star level.

DISENROLLD & DISENROLLC | Members Choosing to Leave the Plan

CUTPOINT HISTORY

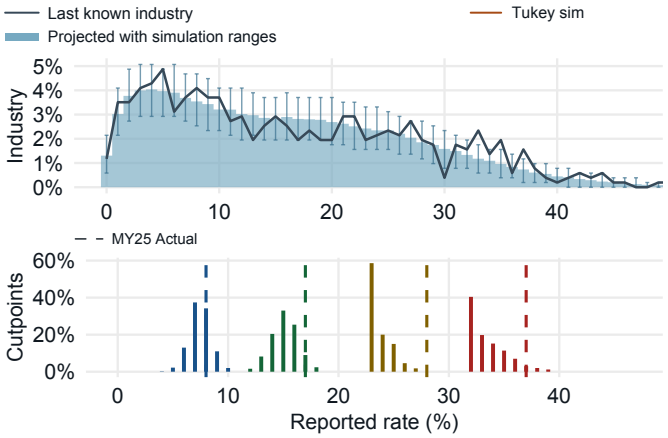
	MY22	MY23	MY24	MY25	MY26	MY27
Guardrails	✓	✓	✓	✓	✓*	--
Improvement Inclusion	C&D	C&D	C&D	C&D	C&D*	✗*
Weight	4	4	2	2	2*	--



Shading: Part D P10-P90 | Both parts removed MY27

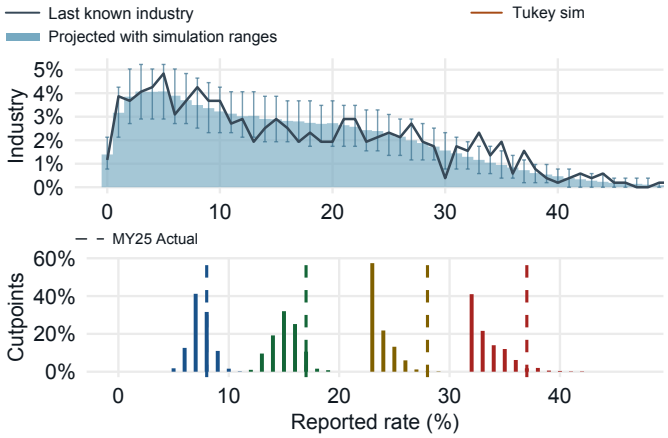
2-star 3-star 4-star 5-star

MY26 | PART D DISTRIBUTION



Star	MY25	Low	Mid	Conservative	High
2-star	37	32	33	32	36
3-star	28	23	24	23	25
4-star	17	14	15	14	17
5-star	8	6	7	7	9

MY26 | PART C DISTRIBUTION



Star	MY25	Low	Mid	Conservative	High
2-star	37	32	33	32	36
3-star	28	23	24	23	25
4-star	17	13	15	14	17
5-star	8	6	7	7	9

COMMENTARY

3-Star represents the greatest movement risk for plans this cycle. "Holes" near the tail of this distribution can create gaps the clustering algorithm can pick up on but where exactly these fall can be volatile (consider that the MY23 cutpoint was 24). Over 60% of simulations trigger the guardrail for the 3-star cutpoint.

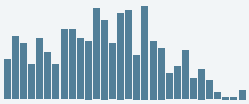
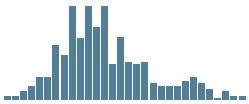
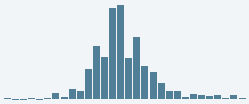
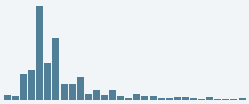
Display Measure Cutpoint Estimates

Selected MA-PD display indicators

2026 display release | Reported populations held fixed; no growth or guardrails.

Cells: median estimate, with P10-P90 below. Illustrative clustering; not official CMS cutpoints.

Sparklines: observed rates, independently scaled; endpoints show reported units.

Measure / period	Industry distribution	N	2-star	3-star	4-star	5-star
AIS_AVG | Adult Immunization Status - Average 01/01/2024 - 12/31/2024	 2% 83%	618	**20** 19 - 20	**31** 30 - 32	**45** 44 - 47	**58** 56 - 60
HPC | Hospitalization for Potentially Preventable Complications * 01/01/2024 - 12/31/2024	 7/1k 81/1k	552	**57** 56 - 58	**43** 42 - 44	**33** 33 - 34	**24** 23 - 25
PST_INS | Persistence to Basal Insulin (PST-INS) 01/01/2024 - 12/31/2024	 46% 94%	610	**64** 63 - 64	**69** 68 - 69	**73** 73 - 73	**83** 82 - 83
HOS_PFADL | Physical Functioning Activities of Daily Living * 07/19/2024 - 11/01/2024	 0 100	493	**88** 87 - 88	**92** 91 - 92	**95** 95 - 95	**97** 97 - 97
POLY_CNS | Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults 01/01/2024 - 12/31/2024	 3% 46%	647	**24** 24 - 24	**18** 17 - 18	**13** 13 - 14	**9** 9 - 9

Know where you stand when considering rule changes.

Complete display measure estimates are available with the full report.

* Source unit-format conflict: magnitudes retained as reported. † Some runs have coincident cutpoints.

-- Insufficient observations for clustering. N = numeric contracts; 1,000 saved algorithm runs where available.

Directions follow source metadata. Adoption, retirement and scoring methods may differ; no forecast implied.

Frequently asked questions

How accurate are the forecasts?

This is Starscape's first forecast release. The methodology builds on prior forecasting experience that outperformed last-known cutpoints and the vendor forecasts I evaluated across the metrics I examined. That experience informs this release; it is not a measured track record for this product.

Accuracy metrics alone don't tell the whole story. Measures differ in weight, uncertainty, and how much a plan can influence performance. Underestimating the target for a triple-weighted measure can be far more costly than overestimating one for a single-weighted measure—even if an accuracy metric treats those errors equally.

Ultimately, a plan's leadership should decide its risk appetite. That decision shouldn't be buried in a data scientist's assumptions. That's why I started Starscape and committed to transparent, probabilistic forecasts: the assumptions shape the forecast, and plans should understand both.

Is any proprietary data used?

No. These forecasts use publicly available CMS data. A large book of business can seem like an advantage, but it is not a random sample of the industry. Cutpoints are particularly sensitive to gaps in the performance distribution, so more data does not automatically mean a better forecast. Additional data can help when used appropriately, but I've generally found CMS data sufficient for this work.

Starscape also offers consulting to incorporate a plan's own information into customized forecasts—for example, planned contract terminations or consolidations that could change the industry distribution.

Will I receive a forecast for all measures?

The full report will provide a forecast for all rated measures in MY26 and MY27 besides CAHPS, including measures currently on display and those moving to risk adjustment. Data limitations are noted where applicable.

What about CAHPS?

CAHPS uses a different methodology: percentile rankings are combined with reliability to assign stars. Survey timing and limited visibility into upcoming results make CAHPS less actionable as a measure to "chase" during the year. For that reason, this package does not include CAHPS cutpoint forecasts, though I'll consider adding them if there is enough demand.

That does not mean CAHPS should be held constant in a plan forecast. Starscape's contract simulation tools account for CAHPS transition risk and correlations across measures. CAHPS is too important to reduce to a single assumed outcome. Plans need to understand their downside risk—and what performance on other measures may be needed to compensate.

Do you forecast QI measures?

Yes, reluctantly. Historically, I held QI fixed in forecasts, but the landscape is changing too much not to try.

I've tested heuristics that approximate current cutpoints reasonably well despite gaps in publicly available CMS data. These forecasts carry additional uncertainty, but I believe they can still be useful to plans that track improvement measures closely and understand the assumptions behind them.

Do you have a PDP forecast?

Not yet, but I am willing to do one on demand and have forecasted PDP cutpoints before.

As a caveat, with the terminations in the PDP landscape, I think the cutpoint system is fundamentally broken for that group. The clustering methodology just doesn't make sense applied to such a small pool of contracts of vastly different sizes.

Why tiered pricing?

Tiered pricing makes forecasts accessible to smaller plans and provider groups while recognizing that their value scales with membership.

500,000+ members: the highest tier, covering relatively few organizations.
10,000–499,999 members: the middle tier.
Fewer than 10,000 members and provider groups: the lowest tier.

If your organization doesn't fit one of these categories, we'll work something out.

Does Starscape only do Stars?

No. Stars is a core focus (as well as Medicaid and Marketplace quality), but I also offer consulting in statistical modeling, forecasting, model validation, program evaluation, outreach planning, and other data science challenges. I have almost 15 years of data science experience on both the consulting and payer side.

I enjoy data science problems of all kinds and am open to working with companies outside healthcare, especially where uncertainty needs to be quantified.

STARSCAPE
ANALYTICS

How to work with Starscape

1 Get the cutpoint forecasts

The full MY26 & MY27 report and supporting data files, with forecast ranges, recommended conservative targets, and measure-level commentary. Email the address below to purchase or schedule a discussion.

2 Layer Your Plan's Data

Contract-level simulations that combine your measure forecasts with cutpoint uncertainty—including CAHPS and Quality Improvement—to explore possible overall Stars outcomes. This is a next generation tool for forecasting and target setting. Currently in beta and seeking pilot partners.

3 Work through a specific problem

Consulting for Stars strategy, forecasting, cutpoint scenarios, statistical modeling, model validation, program evaluation, outreach planning and other data science challenges. I have almost 15 years of data science experience both on the consulting and payer side.

I also enjoy data science problems of all kinds and am open to working with companies in other industries—especially in domains where uncertainty needs to be quantified.

Joe Dean

Starscape Analytics

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starscapeanalytics.com

scan me