



What is the CMS Star Rating Program?

The Star Rating Program was created by the Centers for Medicare & Medicaid Services (CMS) to raise the quality of care for Medicare Advantage (MA) enrollees and to reduce federal healthcare expenditures. The program holds health plans accountable for the care provided to MA members by physicians, hospitals and other healthcare providers.

CMS uses a five-star quality rating system to measure Medicare patients' experiences with their health plans and the entire healthcare system. This rating system applies to MA plans, and its results are posted on www.medicare.gov to help participants choose from available plans.

CMS also uses these ratings to determine whether Humana receives quality bonus payments, which Humana shares with physicians through its Provider Quality Recognition program and other value-based relationships. Some of the same metrics in the Star Rating Program are used to promote quality improvement with participating healthcare providers.



How are Star Ratings derived?

Ratings for Humana's Medicare Advantage prescription drug (MAPD*) plans are based on the following categories that relate to both health and drug plan services:

- Staying healthy: screenings, tests and vaccines
- Managing chronic (long-term) conditions
- Member experience with the health and drug plan
- Member complaints and changes in the health and drug plan's performance
- Health and drug plan's customer service
- Patient safety and accuracy of drug pricing

Our prescription drug plans (PDPs) are based on measures in four categories:

- Drug plan customer service
- Member complaints and changes in the health and drug plan's performance
- Members' experience with the drug plan
- Drug safety and accuracy of drug pricing



Humana's commitment

Humana is strongly committed to providing high-quality Medicare health plans that meet or exceed all CMS quality benchmarks. By doing this, we are able to use our quality bonuses to increase benefits and keep member premiums low.

Health Equity Index

In 2023, CMS added the Health Equity Index (HEI) to the Star Rating Program for MA plans. The purpose is to identify social risk factors (SRFs) among MA patients and remove barriers to ensure patients receive high-quality care.

The HEI focuses on patients with one or more of these SRFs, as determined by CMS:

- Dual eligible (full or partial)
- Qualified disabled¹
- Low-Income Subsidy (LIS)

Humana is aligned with the CMS commitment to address equitable healthcare experiences and outcomes for patients. We're supporting our providers, communities and others to innovate together to advance health equity and improve health outcomes for our members. For more information on HEI, please visit <https://assets.humana.com/is/content/humana/Stars%20Health%20Equity%20Index%20Overview%20recording>.

Tips for physicians and healthcare clinicians

- Encourage patients to obtain preventive screenings annually or when recommended.
- Communicate clearly and thoroughly with patients. Ask, "What questions do you have?"
- Talk with patients about flu shots, ways to reduce their risk of falling and bladder control.
- Determine clinical care opportunities for patients prior to their appointments.
- Strive to reduce wait times and triage patients as efficiently as possible.
- Submit to Humana complete encounters/claims with appropriate codes, as well as clinical data, including lab results.
- Review CMS-administered annual surveys, which evaluate population health outcomes and patient satisfaction with the healthcare system.
 - Health Outcomes Survey (HOS): www.hosonline.org/en/survey-instrument/
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey: Survey Instruments and Specifications (ma-pdpcahps.org)
- Work with your Humana representative to obtain quality reports with information on care opportunities for your Humana-covered patients.

For more information

- Humana's Quality Resources webpage: Humana.com/provider/medical-resources/clinical/quality-resources
- CMS Part C and D Star Ratings: www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData

* Humana's Medicare Advantage plans without prescription drug coverage carry the same overall Star Ratings as MAPD plans but are only available to contracted retirement groups.

1. www.ssa.gov/disabilityresearch/wi/medicare.htm

Benefits to physicians and healthcare clinicians

Humana's goal is to support physicians by identifying care opportunities that will improve the health outcomes and care experience of your patients.

Listed below are a few of the benefits healthcare providers may experience from the program:

- Improved communications with patients and health plans
- Stronger benefits to support chronic-condition management
- Greater focus on preventive medicine and early disease detection
- Increased awareness of drug safety issues
- Opportunities to improve patient health outcomes
- Additional compensation for physicians in value-based relationships who meet Star goals

Benefits to patients

Humana encourages patients to become engaged in their preventive and chronic-care management through outreach and screening opportunities. Listed below are a few of the benefits patients may experience from the program:

- Improved relations with their doctors
- Greater health plan focus on access to care
- Increased levels of customer service
- Greater focus on preventive services for peace of mind, early detection and healthcare that matches their individual needs
- Improved health and lower care costs