


AEP Stars Guidance

The AEP Stars Guidance is provided as a source of Stars information to be used by sales agents when responding to applicants / members questions about plan Stars ratings. This Stars document provides information on different subjects about which members might ask during an enrollment conversation. More detailed information on a plan's Stars ratings may be found at www.medicare.gov.

What is Stars?	<p>“Stars” is a Centers for Medicare and Medicaid Services (CMS) program to improve quality for Medicare Advantage members.</p> <ul style="list-style-type: none"> • CMS provides quality related information to Medicare members to help them choose the highest quality plans available in their area. To do this, CMS measures how well plans perform on over 50 measures. • Each contracted plan receives an overall rating that summarizes all categories and measures into a single star rating. Quality ratings are assigned at the contract level, rather than the individual plan level (most contracts cover multiple plans), and every Medicare Advantage plan covered under the same contract receives the same rating.
Using the Star score as a selling feature	<ul style="list-style-type: none"> • Agents must provide overall Star Ratings information to beneficiaries through the standardized Star Ratings information document (applies only to face to face enrollment meetings.) The Star Ratings information document must be distributed with any enrollment form. • Agents may only promote a contract's individual measures in conjunction with its Plan Overall Rating. Agents may not use their Star Rating in a lower category or measure to imply higher overall or summary Star Ratings. For example, a Plan that received an overall rating of 2 stars and a 5-Star Rating in the category of customer service may not promote itself as a “5-Star plan.” • When appropriate, agents may proudly promote a plans overall rating in conversation with members. For example, an agent may express: “This plan is the highest rated plan available in this area.” or “This plan is the only 4 Star rated plan in the state.” <p>Agents may direct Medicare members to www.Medicare.gov for more information on Star Ratings.</p>
Plan Stars Scores Published on the Medicare Plan Finder and on www.Humana-Medicare.com	<p>The Plan Summary Rating combines scores for the types of services each plan offers:</p> <ul style="list-style-type: none"> • For plans covering health services, the overall score for quality of those services covers 37 different topics in 5 categories: <ul style="list-style-type: none"> ○ Staying healthy: screenings, tests, and vaccines ○ Managing chronic (long-term) conditions ○ Member experience with the health plan ○ Member complaints, problems getting services, and improvement in the health plan's performance ○ Health plan customer service • For plans covering drug services, the overall score for quality of those services covers 18 different topics in 4 categories: <ul style="list-style-type: none"> ○ Drug plan customer service ○ Member complaints, problems getting services, and improvement in the drug plan's performance ○ Member experience with plan's drug services ○ Patient safety and accuracy of drug pricing • For plans covering both health and drug services, the overall score for quality of those services covers all of the 55 topics listed above.

Plan Scores published in the Medicare and You Handbook	<p>The rating published in the Medicare and You Handbook is a simple percentage of member responses to questions contained in the CAHPS survey regarding the members' perception of the health plan. For example, the notation might read like this: "90% of members rated this plan highest." This is NOT a Stars rating, not to be confused with the overall Star rating of the plan.</p>
Five-Star Plans	<p>Agents may market plans with a five-star summary rating and enroll Medicare members throughout the current plan year.</p> <ul style="list-style-type: none"> • Enrollment under the Five-Star Special Enrollment Period (SEP) will take effect on the first of the following month during the period for which the plan has the five-star rating (January 1- December 1). • If the plan loses the five star rating, marketing it under the Five-Star SEP must cease by November. • Humana's CMS Star Strategy is to improve members health by providing appropriate guidance to members and providers. • Agents can help Humana plans achieve a Five-Stars Rating SEP <ul style="list-style-type: none"> ○ Encourage Medicare members to have their preventive screenings, as recommended by their doctors, to maintain a healthy life. ○ Remind members to ask their personal doctor about: <ul style="list-style-type: none"> • Exercise and physical activity • Prescription medicines • Balance problems and the risk of falls ○ Encourage Medicare members to take their medications as prescribed. If the member mentions any issues with taking their medications, advise them to discuss with their doctor. ○ Ensure that the member understands that you as their Humana agent are a secondary resource if they have issues with their plan during the year. <ul style="list-style-type: none"> • This will reduce the number of member calls to 800-MEDICARE which negatively impacts Humana Stars performance • If you are unable to resolve the issue and need assistance from Customer Service, contact Strategic Alliance Support by email, sasupport@humana.com <p>Doing your part is a smart business practice. A Five-Star Plan Rating means you will be able to enroll Medicare members all year long.</p>
Low Performing Plans	<p> When you see this symbol near a plan name, it means that Medicare has given the plan a low Overall Summary, Part C Summary, or Part D Summary rating for 3 years in a row</p> <ul style="list-style-type: none"> • Online enrollment on the Medicare Plan Finder will be disabled for low performing plans; Medicare members may continue to enroll in these plans via other methods, including agent assisted enrollment, our telephonic enrollment line, etc. • Members in low performing contracts will receive a letter from CMS about their plan's low-performing status • These letters are not limited to Humana members; All contracts from every plan that offers Medicare health plans are evaluated for low performance • These members will have a one-time SEP to enroll in a plan rated 3 Stars or better • Members of the low-performing plan have the option of changing health plans but are not required to do so; Members' current plan will automatically continue in the next plan year <p><i>Humana stands committed to improving our products and services and will continue to focus on member satisfaction. Please make sure our members understand that they are not required to change health plans as a result of the plan Star rating. If members want to stay in their current plan, there is nothing they need to do. Their current plan will automatically continue.</i></p>