



Impact of COVID-19 on Star Ratings



During this unprecedented time, please know that we are doing our best to support our communities, our members and the healthcare providers caring for them. To date, Humana has taken numerous actions to ensure the members we serve can access care, while promoting social distancing and minimizing potential exposure to Novel Coronavirus 2019 (COVID-19).

For information on benefit and process updates, visit www.humana.com/provider/coronavirus. As more guidance becomes available and Humana continues to reevaluate processes and policies in light of the COVID-19 public health emergency (PHE), information and resources on this site will be updated. We encourage you to visit regularly.

Interim Final Rule

In response to the COVID-19 PHE, the Centers for Medicare & Medicaid Services (CMS) released guidance via the Interim Final Rule, published April 6, 2020. This guidance minimizes exposure risks and grants flexibilities that enable health plans, healthcare providers and physician offices to focus on caring for Medicare beneficiaries – and avoid contributing to the strain on the healthcare system currently resulting from this pandemic.

In this document, we have summarized the changes to quality improvement and data collection activities for measurement years 2019 and 2020 that impact Star Ratings for plan years 2021 and 2022.

Measurement year 2019 impacts

Healthcare Effectiveness Data and Information Set (HEDIS®) measure scores and Star Ratings for measurement year (MY) 2018 will be used – in lieu of MY2019 activity – to determine Star Ratings for plan year 2021.

- Therefore, HEDIS data collection activity for MY2019, such as acquiring medical records, has halted.
- Plan All-Cause Readmissions (PCR) will remain excluded from the ratings.
 - PCR's MY2018 performance data will be used for the 2021 display page.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure scores and Star Ratings for MY2018 will also be used to determine health plan Star Ratings for plan year 2021.

- Humana has worked with our CAHPS survey vendors to close the MY2019 administration period to align with the Coronavirus Guidelines for America published by the Centers for Disease Control and Prevention (CDC).

Cut points, also referred to as thresholds, for both HEDIS and CAHPS measures provided in CMS' Medicare 2020 Part C & D Star Ratings Technical Notes will also apply to 2021 Star Ratings. For these cut points and more information about these measures, please reference our Medicare Advantage (MA) quality measures guide available at <https://www.humana.com/provider/medical-resources/clinical/quality-resources>.



Measurement year 2019 impacts, *continued*

At this time, there are no known impacts or operational changes for measures assessed via:

- The Health Outcomes Survey (HOS) – MA member cohorts assessed during the 2019 data collection period will be applied to Star Ratings for plan year 2021 as planned.
- Prescription drug events that occurred in 2019 – these events will be used to determine MA Part D/Patient Safety quality performance ratings for plan year 2021.
- Administrative data exchanges with CMS and their independent review entity (IRE), Maximus, related to:
 - Measures Capturing Access, such as Reviewing Appeals Decisions, and
 - Patients' Experience and Complaints Measures – for example, Complaints about the Health Plan

CMS has advised that should their resources become extraordinarily compromised, they will use health plans' overall 2020 Star Ratings – primarily based on MY2018 performance – for the plan year 2021 Star Ratings.

Measurement year 2020 impacts

To address safety concerns related to data collection activities, the HOS survey administration period scheduled to begin April 2020 has been postponed until late summer.

- If the COVID-19 PHE continues through this time and CMS decides not to proceed with this activity, information from the 2019 data collection period will be used to determine 2022 Star Ratings. 2019 survey data will be used to determine 2021 Star Ratings for HOS measures.

CMS expects health plans, like Humana, to continue to gather data during 2020 for submission in 2021. This data will be used to determine Star Ratings for plan year 2022. With this in mind, there are no other changes identified at this time for MY2020 data collection activities related to measures assessed via HEDIS, CAHPS, prescription drug events or administrative data exchanges with CMS or their IRE.

In March, we began assessing the outreach campaigns and other efforts designed to impact your Humana-covered patients' health outcomes, as well overall quality performance. We have paused campaigns with calls to action that could have resulted in individuals leaving their home and/or creating noncritical demand on the healthcare system. We will continue to monitor and reassess these activities, along with many other factors, including the impact of COVID-19 in the communities we serve.

Recent telehealth changes and their impact on Medicare Advantage (MA) quality

To support providers with caring for their Humana patients while promoting both patient and provider safety, Humana has expanded the scope, reimbursement rules and channels for telehealth services. For patients who had yet to complete their Annual Wellness Visit (AWV), you can perform these visits via telehealth.

On the following page, we have provided a table that highlights how MA quality measures can be addressed via telehealth, as well as with in-home test kits. You will see that during these visits you can satisfy a number of measures and positively impact the performance of others by discussing them with your patients.

Please visit <https://www.humana.com/provider/coronavirus/telemedicine> for more information including a frequently asked questions document with answers to many questions we have received regarding these changes.

If there are additional ways we can support you and your practice, please:

- Contact your Humana representative
- Call our Provider Relations department at 1-800-448-6262, 8 a.m. – 8 p.m. Eastern time or
- Send an email to AskStars@humana.com



Clinical HEDIS Measures	Can be SATISFIED by Telehealth (including audio only)	Can be DISCUSSED during a Telehealth Visit (including audio only)	Can be SATISFIED with an In-home Test Kit
Adult body mass index (BMI) assessment (ABA)	No	Yes	No
Breast cancer screening (BCS)	***	Yes	No
Care for older adults - Medication review (COA-Med)	Yes	Yes	No
Care for older adults - Pain screening (COA-Pain)	Yes	Yes	No
Colorectal cancer screening (COL)	***	Yes	Yes
Comprehensive diabetes care - Blood sugar controlled (CDC-A1C)	***	Yes	**
Comprehensive diabetes care - Eye exam (CDC-Eye)	***	Yes	No
Comprehensive diabetes care - Nephropathy (CDC-Neph)	No	Yes	Yes
Controlling blood pressure (CBP)	*	Yes	No
Rheumatoid arthritis management (ART)	No	Yes	No
Medication reconciliation post-discharge (MRP)	Yes	Yes	No
Osteoporosis management (OMW)	No	Yes	No
Plan all-cause readmissions (PCR)	No	Yes	No
Statin therapy for patients with cardiovascular disease (SPC)	No	Yes	No
<i>* Can be satisfied with a telehealth visit, along with remote monitoring services that digitally store and directly transmit results</i>			
<i>** Can be satisfied when a returned Hemoglobin A1c (HbA1c) test kit has results of 9% or less</i>			
<i>*** Can be satisfied during a telehealth visit when a patient-reported service is documented in a submitted medical record</i>			
Patient Safety (Part D) Measures			
Medication adherence for cholesterol (Statins) (MedA-Statins)	No	Yes†	No
Medication adherence for diabetes medications (MedA-Diabetes)	No	Yes†	No
Medication adherence for hypertension (angiotensin-converting enzyme (ACE) or angiotensin-receptor blocker (ARB) (MedA-HTN)	No	Yes†	No
Comprehensive medication review (CMR)	Yes	Yes	No
Statin use in persons with diabetes (SUPD)	No	Yes†	No
<i>† Can only be satisfied by pharmacy claims processed when patients fill prescriptions for applicable medications</i>			
Patient Experience (CAHPS/HOS)			
Access to care (Did you experience any difficulty scheduling your appointment?)	No	Yes	No
Access to care (Did you have trouble with your prescription drug plan covering any prescriptions drugs you were taking?)	No	Yes	No
Coordination of care (Did your personal doctor talk about all the prescription drugs you were taking?)	No	Yes	No
Coordination of care (Did your personal doctor seem informed and up to date about the care you got from specialists?)	No	Yes	No
Patient discussion (Did your doctor or other healthcare provider talk to you about falling or problems with balancing or walking?)	No	Yes	No
Patient discussion (Did your doctor or other healthcare provider suggest any healthcare treatment, such as using a cane or walker, having your blood pressure checked, or having regular vision or hearing test?)	No	Yes	No
Patient discussion (Have you ever talked with a doctor, nurse, or other healthcare provider about leaking of urine?)	No	Yes	No
Patient discussion (Did your doctor, nurse, or other healthcare provider talk to you about ways to control or manage leakage of urine?)	No	Yes	No
Patient discussion (Did your doctor or other healthcare provider advise you to start, increase, or maintain your level of exercise or physical activity?)	No	Yes	No
Patient discussion (Has your doctor or other healthcare provider talked to you about your mental or emotional health, or things like feelings of stress, depression or anxiety?)	No	Yes	No