

## Humana Member Summary overview

This document provides details on some of the key sections of the Humana Member Summary.

### Patient quality

#### Star measures: Medicare members

- The reported time period varies based on the Star measure.
- The measures are predominantly based on the National Committee for Quality Assurance's (NCQA's) Healthcare Effectiveness Data and Information Set (HEDIS®).
- The 2019 HEDIS Star measures information comprises 13 possible measures for women and 11 possible measures for men.
- A compliance indicator of "Y" (yes) indicates that the patient has received screenings at suggested patient-specific intervals, "N" (no) that the patient has not. Please review the compliance date to verify if/when a Star measure requires action. Humana recognizes that physicians may have access to compliance-related data not available in Humana systems.
- Data are based on claims data and may lag up to 30 days.
- The HEDIS Star measure ABA (BMI) – adult body mass index assessment – currently requires record review to verify compliance. The compliance indicator will reflect "N" until the patient record review is complete for the current year.
- The "Member Specific" indicator in the "Screening Frequency" section depicts the frequency of the required test and depends on the specific screening the patient received for the listed measure; e.g., colonoscopy frequency can vary between patients.

#### Care alerts: Medicare and commercial members

- Rolling 12-month care alert information is shown for patient(s).
- "N" (no) indicates that Humana identified an opportunity to address a quality care opportunity.
- Only quality care opportunities are displayed.
- Information is refreshed every 24 hours.

### Health condition history

#### Hierarchical condition categories (HCC): Medicare members only

- Medicare risk adjustment diagnosis information for the current plan year and previous plan year is shown, if available.
- Data lag up to seven days. They are based on claims data, which are refreshed daily

## **Pharmacy history – 365-day period reported**

A rolling 12-month pharmacy history is shown based on claims and pharmacy and vendor data. This section includes medication, vaccination and allergy data

- The “Drug Name and Information” indicator shows the prescribed drug name, prescribed dosage and the form of the drug.
- The “Times Filled” indicator represents the number of times a patient filled the prescribed medication.
- Other indicators include:
  - “Managing Prescriber”
  - “Source Identity”
- New prescriptions of the same drug are reflected as separate entries in the “Last Date Filled” indicator.
- Data lag time is minimal.

## **Lab results – 365-day period reported**

- A rolling 12-month lab history is shown based on data available to Humana.
- Indicators include:
  - Logical Observation Identifiers Names and Codes (LOINC) and the representative codes
  - “Ordering Physician”
- Data are based on claims and direct lab feeds, e.g., LabCorp, and lag seven to 30 days.

## **Patient admission/readmission and emergency room (ER) visit summary – last 365 days**

- This section reflects hospital admissions/readmissions and ER visits for a member in the last 12 months, as available
- Re-admission is defined as an admission within 30 days of previous admission, regardless of the diagnosis code
- Data are based on claims and may lag up to 30 days.

## **Oral and ocular health history – last 365 days**

- These sections reflect the member's available dental and vision health history for the last 12 months.
- Data lag time is minimal.