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For Second Time, Humana Tennessee Medicare Advantage HMO Plan Achieves Highest Quality Rating

Humana members in the statewide plan are enrolled in a plan with a 5 out of 5-star rating; rating attributed to focus on member care, despite COVID-19 challenges

Nashville, Tenn. — Oct. 8, 2021 – Leading health and well-being company [Humana Inc.](#) (NYSE: HUM) today announced that its statewide Humana HMO Medicare Advantage plan in Tennessee has once again achieved the highest possible 5-star rating from the Centers for Medicare & Medicaid Services (CMS). The 5-star Humana HMO plan, which also attained the highest rating for 2019, today is offered in all of Tennessee’s 95 counties. The plan is one of four Humana plans in the nation that received a 5-star rating, which reflects Humana’s commitment to high quality care, patient-centered clinical outcomes and reliable customer service.

The top rating does not surprise longtime Humana Medicare Advantage member and Tennessean Betty P. “Humana was putting my health first, they were trying to help me,” said Betty. “They had my health in their interest. I’ve been with them almost 10 years and they have never failed me.”

Doug Haaland, Humana’s Medicare President for Tennessee and Alabama, attributes the highest rating to a focus on member engagement and strong partnerships with physicians who worked closely with Humana’s more than 136,500 members on the Tennessee MA HMO plan to ensure member care was not disrupted during the pandemic.

“We’re incredibly proud of this repeat achievement, and it is especially meaningful to all of us that we were able to deliver the high quality patient and member experience during a time of unique challenges posed by the pandemic,” said Haaland. “There’s no doubt that it would not have been possible without the quality physicians who partner with us with the goals of delivering the best health outcomes for our members and our dedicated team of employees who work to provide the highest level of personal service.”

According to Haaland, one of the challenges posed by COVID-19 was ensuring that members completed needed preventive screenings and received routine care. To accomplish this, the Humana team helped to arrange virtual visits with physicians, arranged for in-home screenings and exams, and issued at-home tests for certain members in need of colorectal cancer screening and diabetic condition management.

About Medicare Advantage

Medicare Advantage’s unique public-private structure creates an atmosphere of competition that spurs innovation that can help drive down costs and focus care on a person’s whole health.

Medicare Advantage plans are focused on coordinating care for those with multiple chronic conditions, helping lead to cost-effective interventions to address the unique health needs of aging or disabled Americans. These are a few reasons why more than [40 percent](#) of all Medicare beneficiaries choose to be covered by Medicare Advantage plans.

About Medicare Advantage Enrollment

The Medicare Advantage and Prescription Drug Plan Annual Election Period (AEP) begins Oct. 15 and continues through Dec. 7, 2021. During this enrollment period, people eligible for Medicare can choose Medicare Advantage and Prescription Drug Plans for the upcoming year – with coverage that takes effect on Jan. 1, 2022.

People eligible for Medicare may make a one-time election to enroll in a plan offered by an MA organization with a Star Rating of 5 Stars during the year in which that plan has the 5-star overall performance rating, provided the enrollee meets the other requirements to enroll in that plan. This 5-star special election is available December 8 through November 30 of the following year.

For more information about Humana’s 2022 Medicare offerings, visit www.Humana.com/Medicare or call toll-free 1-800-213-5286 (TTY: 711). Licensed sales agents are available 8 a.m. to 8 p.m. local time, seven days a week.

About CMS Star Ratings

The CMS rating system measures the excellence of Medicare plans nationally each year. A plan may receive a rating between one and five stars, with five stars representing the highest rating. CMS uses information from member-satisfaction surveys, health plans, and health care providers to assign overall Star Ratings to plans. The rating system uses more than 40 different quality measures across nine categories, including:

- Staying Healthy: Screenings, Tests and Vaccines
- Managing Chronic (Long Term) Conditions
- Member Experience with Health Plan
- Member Complaints and Changes in the Health Plan’s Performance
- Health Plan Customer Service
- Drug Plan Customer Service
- Member Complaints and Changes in the Drug Plan’s Performance
- Member Experience with Drug Plan
- Drug Safety and Accuracy of Drug Pricing

About Humana

Humana Inc. is committed to helping our millions of medical and specialty members achieve their best health. Our successful history in care delivery and health plan administration is helping us create a new kind of integrated care with the power to improve health and well-being and lower costs. Our efforts are leading to a better quality of life for people with Medicare, families, individuals, military service personnel, and communities at large.

To accomplish that, we support physicians and other health care professionals as they work to deliver the right care in the right place for their patients, our members. Our range of clinical capabilities, resources and tools – such as in-home care, behavioral health, pharmacy services, data analytics and

wellness solutions – combine to produce a simplified experience that makes health care easier to navigate and more effective.

More information regarding Humana is available to investors via the Investor Relations page of the company's web site at www.humana.com, including copies of:

- Annual reports to stockholders
- Securities and Exchange Commission filings
- Most recent investor conference presentations
- Quarterly earnings news releases and conference calls
- Calendar of events
- Corporate Governance information

Humana is a Medicare Advantage HMO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Every year, Medicare evaluates plans based on a 5-star rating system.

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