

Centers for Medicare & Medicaid Services
Special Open Door Forum:
Adding Star Ratings to the Home Health Compare Website
Thursday, February 5, 2015
1:30pm – 3:00pm Eastern Time
Moderator: Jill Darling

Operator: Good afternoon, my name is Laurie and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services “Adding Star Ratings to the Home Health Compare website” Special Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speakers’ remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star on your telephone keypad. If you would like to withdraw your question, press the pound key.

Miss Jill Darling, you may begin your conference.

Jill Darling: Thank you Laurie, good morning and good afternoon everyone and welcome to today’s Special Open Door Forum. We’ll have a Q&A session at the end of the presentation today, so this call is till 3:00 p.m. eastern time. So, we’ll try and get in as many questions as we can. Before we begin, this special ODF is not intended for press. So, the press should contact press@cms.hhs.gov with any inquiries. So, I will hand the call over to Mary Pratt who’s the Director of the Division of Chronic and Post-Acute Care in the Centers for Clinical Standards and Quality.

Mary Pratt: Thank you Jill and welcome everyone. Thank you for joining today’s Special Open Door Forum. I am on slide number two with the agenda. The purpose of this call is in the service of receiving additional input and feedback from consumers, from health agencies, and other interested parties on the planned addition of star ratings to medicare.gov Home Health Compare website this coming July. This call is a follow-up to the Special Open Door Forum held on

December 17th of 2014. Today we will be summarizing and responding to your written comments on the star ratings methodology that we received following that meeting. In addition, we will describe updates to the methodology presented at the December Special Open Door Forum, as well as provide more detail regarding the timeline for publication of the star ratings including provider preview. Finally, we will leave plenty of time for your comments and questions as part of our ongoing commitment to stakeholder inputs and a transparent development process.

Return to slide number three, why star ratings for home health? As was noted at the December 17th, 2014 Special Open Door Forum, star ratings are part of CMS's long term strategy to provide quality of care information to consumers to support consumer choice and promote quality improvement. This is consistent with requirements under the Affordable Care Act to provide transparent information on quality that can be easily understood. Star ratings are already reported on Nursing Home and Physician Compare websites and most recently added to Dialysis Facility Compare.

Moving to slide four, during the development roll out process for star ratings, CMS is using a variety of modes to communicate with stakeholders about how star ratings will be calculated and reported. As already noted, we presented our preliminary methodology at the December 17th Special Open Door Forum. Public comments were collected via e-mail for one month through January 16th, 2015. The proposed star rating calculation methodology was then revised based on stakeholder feedback and additional analysis. In addition, we added a new webpage on January 30th under the home health quality initiative at cms.gov devoted specifically to information on star ratings. Finally, we will be seeking additional comments after today's call through February 13, 2015.

Slide number five; let's see – so to summarize, CMS received 14 sets of written comments from stakeholders which will be summarized over the next few slides. Several of these comments expressed concerns or questions about how consumers would interpret relative quality ratings and the fact that most agencies would receive a three star rating under the originally proposed methodology. They underscored the need for clear, consumer-friendly

language to assist in interpretation. A few commenters also requested more details about how often star ratings would be published and what date range they would represent.

Moving to slide number six; some comments endorsed the measure selected for inclusion in the star ratings calculations while other comments suggested adding or dropping specific measures. In particular a few commenters suggested adding stabilization measures to complement or replace the improvement measures proposed. Other comments addressed risk adjustment for the outcome measures that are currently reported on Home Health Compare and that were proposed for the star rating calculation, in some cases suggesting additional covariates. At least one comment proposed changing the measures included in the star rating calculations over time.

Slide number seven; commenters requested that CMS consider using half stars to adjust results based on statistical significance tests and that final star ratings be reported in half star increments. Several commenters asked that agencies be able to see their star rating before it was published and that agencies be allowed sufficient time for review and comments before publication. A few recommended that the source data for the star ratings which are already published on Home Health Compare for existing quality measures go through an independent audit. Two commenters ask why CMS did not use the formal rule making process to announce the implementation of star ratings and seek public comment. Finally many commenters suggested including measures-based patient experience-of-care data from the home health CAHPS (Consumer Assessment of Healthcare Providers and Systems in the star rating calculation.

Moving to slide number eight; implementation and preview timeline. Under the proposed schedule, CMS will provide home health agencies with two sets of preview reports at the end of March via CASPER. The first will be the standard preview report for the quality measures on Home Health Compare. The second report will show the final star rating and how it was derived using agencies' specific data. Home health agencies will have several weeks to review their star ratings and to provide feedback if they identify areas in the data that affect the final rating value. Our plan is to publish the star ratings on

Home Health Compare in mid-July and to update the stars quarterly thereafter. As noted earlier, the first star ratings will be based on OASIS data from calendar year 2014 and on claims data from October 2013 through September of 2014.

I think I jumped ahead.

Alan: I'll start at the slide titled, "Comments and Questions on Consumer Interpretation: Response". Thank you Mary and thank you all for your feedback, questions and suggestions to our original proposed Home Health Compare star rating methodology. As you'll see from the remainder of our presentation, we have included your feedback and suggestions into the proposed star rating methodology. As noted on this slide, this revised methodology will result in the flattened curve in the distribution of agency star ratings to provide consumers more information when comparing quality measure performance across home health agencies.

At the same time, we want to continue to work with stakeholders to design and further test language on the Home Health Compare Website; language that we will provide for consumers to use while comparing agencies. In particular, we want to clarify that star ratings are comparison of home health agency performance to other agencies and are not a judge of the quality of care being provided by the agency. For example, a 3-star rating does not mean that a home health agency is providing mediocre care. It means that the agency performance on the selected quality measures is on average with other home health agencies nationwide. We plan to begin publication of Home Health Compare star ratings this summer in the July 2015 release. Star ratings will then continue to be published quarterly along with the quarterly update to the quality measure data on Home Health Compare.

In order to allow home health agencies to have sufficient time to preview their measurement data star rating calculation and final star rating, we will be using OASIS and claims data ending respectively two and three quarters prior to the rating publication. For example, for the initial release of the July 2015 Home Health Compare star rating, we will be using OASIS data from January through December 2014 and as Mary just mentioned, claims data from

October 2013 to September 2014. Note that this change in the data reporting schedule will result in a one-time posting of similar data on Home Health Compare for the April 2015 and July 2015 release.

If we go to the next slide, this slide reiterates the criteria that were used to select the original ten proposed measures in the star rating algorithm. The criteria for selecting measures included that the measure applies to a substantial proportion of home health patients and has sufficient data to be reported from majority of agencies; the measure shows a variation among agencies and it is possible for the agencies to show improvement (in other words the measure is not topped out); the measure has high face validity and clinical relevance, and; the measure is stable and does not show wide random variation over time.

We reviewed your comments and suggestions for alternate measures and overall the alternate measures suggested for inclusion did not meet these selection criteria. For example, the stabilization measures are not currently reported on Home Health Compare, are all generally topped out and are not currently endorsed by the National Quality Forum. For a more detailed review on our measure selection process, please see Appendix A of the revised methodology report available on the Home Health Star Ratings webpage.

If we go to the next slide, we want to ensure that our outcome measures are robustly risk adjusted and include, from a large number of potential co-variates, those co-variates that sufficiently predict outcomes. For our OASIS measures, these potential co-variates are based on data from the start or resumption of care assessments, are periodically reviewed as part of measure maintenance process and are then updated as necessary. We expect that the Home Health Compare star rating methodology will be refined over time. This might potentially include new, revised and different measures as part of a future methodology

If we go to the next slide, based on your feedback, we've revised our proposed Home Health Compare star rating methodology. Among other changes, we now propose to use deciles, or half star rankings, and will adjust agencies by

half a star, rather than a full star, if the agency's result is not statistically significant from our national median. Our proposed methodology also now uses half stars for the agencies' final overall rating. As I mentioned previously, this revision will result in a flattened curve in the distribution of agency star ratings.

As I also previously mentioned, Home Health Compare star ratings will be published quarterly, along with the updates to the quality measurement data. Home health agencies will receive preview reports quarterly that will include the measurement data, star rating calculation and final star rating well before the posting on Home Health Compare. This will allow agencies several weeks to review their data, star rating calculation and final star rating and, if necessary, provide feedback. Our source data is quality checked prior to being published on Home Health Compare. This includes auditing of claims data, a data editing consistency check of submitted OASIS data and review of the OASIS data done during the survey and certification process.

Turning to the next slide, in place of rulemaking, we chose to use a variety of modes of stakeholder engagement and feedback for our roll out of Home Health Compare star ratings. This has allowed us to have iterative feedback and discussion, with an opportunity to provide additional input through informal stakeholder groups, such as today's Special Open Door Forum. And finally, in response to several requests to include HH CAHPS data as part of the star rating metric, we are planning to add a separate consumer experience-of-care star rating to Home Health Compare, not initially in this first posting in July 2015, but likely later this year. It will at first be a separate star rating, but may eventually be combined with quality measure performance data into a single star rating.

I'll now turn it over to Sara Galantowicz of Abt Associates to give further details on the revised proposed Home Health Compare star rating methodology.

Sara Galantowicz: Thank you Alan. Slide 13 lists the 10 measures from Home Health Compare that are included in the proposed calculation methodology for home health star ratings. These measures have not changed from the list that was

presented on December 17th and include four process measures and six outcome measures. The outcome measures are risk adjusted using models that were developed based on evaluating a large number of potential co-variates as Alan mentioned to determine the significant predictors of the outcome. As Alan noted earlier, these ten measures were chosen for the star rating methodology based on several criteria including variation across agencies, stability and results, broad relevance to most home health patients and face validity.

Slide 14 reiterates the information presented on December 17th regarding which agencies will receive a star rating. All Medicare certified agencies are eligible. As with the quality measures currently posted on Home Health Compare, an agency must have at least 20 complete episodes form measure results to be reported. Completed episodes are defined as a paired start or resumption of care and end of care OASIS. In addition the discharge date for the episode must fall within the 12 month reporting period. To calculate a star rating, the home health agency must have sufficient data to report on at least six of the ten measures included in the star ratings calculation.

Turning now to slide 15, since the December Special Open Door Forum, the research team has tested multiple alternate methodologies including suggested revisions from stakeholder comments received. Based on these analyses, the following modifications to the methodology were made. First, agencies are now divided into 10 equal groups of deciles instead of five based on the national distribution of results for each measure. Second, an agency's initial ranking within these 10 groups is evaluated by comparing the agency measure result to the national median or midpoint rather than the national average. This accounts for the skewness in many measure results whose distributions trend towards the upper end.

Based on the results of the statistical significance test, rankings are now adjusted by a half star rather than a full star. Finally, once the adjusted star ratings for the 10 individual quality measures are averaged, results are reported in half star increments on a scale from one to five stars. The next few slides describe these changes in greater detail. As noted on slide 16, calculating the final star rating is a multi-step process. First, all agencies are

ranked based on their measure score and divided into 10 equally sized groups for each of the 10 measures. These groups are assigned a value from .5 stars to five full stars and half star increments. The bottom 10 percent of values is assigned the lowest star, the next 10 percent one star and so forth.

Agencies whose measure score falls into the top ten percent of all scores receive an initial star rating of five stars for that measure. This process is the same as proposed previously except agencies are now divided into 10 groups instead of five with corresponding half star ratings. It is important to note that the values for these 10 groups vary from measure to measure. For example, the bottom 10 percent of first decile of measure results for the measure improvement in getting out of bed includes values from zero to 35 percent because that's where the bottom 10 percent of ranked agencies would fall. In contrast, the bottom 10 percent of measure results for flu shot received ranges from zero to 44 percent using OASIS data from calendar year 2013.

The second step in the calculation process is listed on slide 17. Once agencies receive an initial star rating for each measure, their measure result is compared to the national median or middle result of that measure using a test for statistical significance. If the agency's result is found to be statistically significantly different from the national median, no change is made to that initial star rating. In addition no change is made if the agency's initial star rating is already in the middle of the distribution, namely 2.5 or three stars. However if the agency's results look different from the national median but the statistical test finds this difference is not significant, the initial star rating is moved one half star closer to the middle. For example, a four star initial rating for that measure would become 3.5 stars and a 1.5 star initial rating would become two.

Step three on slide 18 is to average the adjusted star rating across each of the six to ten measures and assign results to the nearest half star. The initial star ratings can vary considerably across the ten quality measures as agencies may do better in some areas than other. Averaging these adjusted star ratings takes into account this variation. It is important to remember that the individual results for each of the quality measure included in the star ratings calculation will continue to be reported on Home Health Compare. So that consumers

will still be able to see the areas in which an agency performs well relative to other providers. The star rating however is meant to show how the agency performs across all 10 measures compared to all agencies nationwide.

The final step in the calculation process, step four, is to assign a final star rating value on a scale from one to five stars. There are nine total star rating categories with the middle value being three stars. The table; on slide 19 shows how the rounded numeric results, once all of the individual star ratings are averaged, are translated into a star graphic on the one to five star scales.

Slide 20 shows the distribution of star ratings when the revised methodology was applied using Home Health Compare data for calendar year 2013. Only agencies that had data for at least 20 patients for six of the 10 proposed measures were included in the analysis. The number of agencies with an overall rating of one star is less than one percent. While the number of home health agencies receiving five stars is close to three percent, slightly fewer than 25 percent, or a quarter of agencies, fall into the middle star category of three and a similar percentage rate, three and a half stars.

The actual distribution that roll out of star ratings on Home Health Compare will be based on more recent data and is likely to be slightly different. For comparison purposes, slide 21 shows the distribution resulting from the original methodology presented on December 17th relative to the distribution under the revised methodology described today. As you can see the overall result of the proposed modifications is to flatten the distribution and to increase the percent of agencies who receive more than three stars. I will now turn the presentation back over the Mary Pratt to review the implementation timeline next steps.

Mary Pratt: Thank you Sara. Under the proposed schedule, CMS will provide home health agencies with two sets of preview reports at the end of March via CASPER. The first will be the standard preview report for the quality measures on Home Health Compare. A second report will show the final star rating and how it was delivered using agency specific data. Home health agencies will have several weeks to review their star ratings and to provide feedback if they identify errors in the data that affect the final star rating value.

Our plan is to publish the star ratings on Home Health Compare in mid-July and to update the stars quarterly thereafter.

As noted earlier the first star ratings will be based on OASIS data from calendar year 2014 and on claims data from October 2013 through September of 2014. Moving to the next slide for next steps, following this call, stakeholders are invited to submit any additional comments via the home health star ratings mailbox through February 13th. We will then make any necessary adjustments to the methodology based on comments received today and during the comment period. A final methodology report will be posted on the new star ratings webpage and as noted earlier, individual preview reports showing the star rating calculation and final result will be provided to home health agencies around the end of March.

During this time, we will also develop and test consumer language for Home Health Compare to aid in understanding and interpreting the star ratings. Finally, our contractor will be working with industry organizations and advocacy groups to convene and inform stakeholder group to provide additional input on the star ratings and their interpretation. So at this time, I'm going to turn it back to Jill. Thank you.

Jill Darling: Thank you everyone, all of our speakers. Right now we'll go into our Q&A session. Laurie?

Operator: As a reminder ladies and gentlemen, if you would like to ask a question, please press star one on your telephone key pad. If you would like to withdraw your question, press the pound key. Please limit your questions to one question and one follow-up to allow other participants time for questions. If you require any further follow-up, you may press star one again to rejoin the queue.

Your first question comes from the line of (Deb Clayton). Can you please your organization? Your line is open.

(Deb Clayton): Strategic Healthcare Programs and our question was will the star ratings for each individual measure be included in the download of all Home Health

Compared data ()that's posted each (time) that the Home Health Compare Website is updated?

Female: Sara, do you want to take that question? You're asking for each – star rating for each quality measure did you say?

(Deb Clayton): Yes. So, the information for each provider you know and the national numbers are all included in that file, but for each provider and for each measure, will the star rating for that measure and provider be added to that database as an additional data point?

David: This is David from the University of Colorado. The star ratings for each individual measure will not be posted on Home Health Compare nor will they appear on the downloadable database. Those are really just sort of an intermediate way of getting to the final star rating. The final star rating will clearly be on Home Health Compare and will be on the downloadable database. But, only the actual measure values, not the translation of that into a star rating.

Alan: But on the preview report that you'll receive; you will receive each individual star rating and also an explanation of the calculation from that to the final star rating. It will be a separate preview report that you receive.

(Deb Clayton): Thank you.

Operator: Your next question comes from the line of (Mary Ann Laverd) of (Options Home Health). Your line is open.

(Mary Ann Laverd): Yes. I have a question on slide 20; you have a graph there that shows the percentage of agencies per star rating. Will that also be on the website instead of just having an explanation of what three stars mean or four stars mean? It would seem that it would be beneficial to the patient to see that, you know, a three star, even if there is an explanation of what that means I think it would basically mean mediocre. But if they see that the percentage of agencies that are in the three star categories, it would help them understand it a bit better.

- Alan Levitt: This is Alan Levitt. Thank you, thank you, we appreciate that feedback. That's the type of feedback that we're going to continue to want to elicit from the community in terms of helping to develop a website that will help educate consumers. So thank you.
- Operator: Your next question comes from the line of Laura Hughes of Maxim Healthcare. Your line is open.
- Laura Hughes: Thank you. My comment and then question is that OASIS is a great assessment tool that allows for focus quality planning and it works well for the general population as a national company who care for a large Medicaid population of younger medically fragile patients. We find that the OASIS does not seem to address the assessment needs of our patient population. And our concern is that the OASIS outcomes do not always reflect what is good outcome is for our patients. So my question is, is CMS planning on providing a different assessment tool for this type of population?
- Mary Pratt: That's a very good question. I think that sounds like something we should maybe explore further because at this time, I don't believe we have any plans and I can check with my colleagues here in the room who are shaking their heads but not that I'm aware of. Certainly if that comes to light, we would make that. And I hear what you're saying.
- Alan: Other than plans for a standardized assessment as we've been statutorily asked to do by Congress, by I think 2019.
- Female: Right.
- Laura Hughes: OK, thank you.
- Operator: Your next question comes from the line of (Jackie Hutsinger). Please state your organization, your line is open.
- (Jackie Hutsinger): Hello, I'm calling from (Pearl Healthcare Services). Our population is becoming more and more Medicare Advantaged based. Will the data include a combination of the OASIS responses from the Medicare Advantage participants as well as the traditional Medicare beneficiaries?

Female: Yes, yes indeed. It'll be all combined.

Operator: Your next question comes from the line of Rhonda Combs of Christiana Care. Your line is open.

Rhonda Combs: Yes, hi, I'm wondering about the measures selected "pneumococcal vaccine ever received". Talking to our infection control nurse, it's important to screen very carefully with the patient's medical record whether they've ever received it because often patients are not reliable indicators if they have or they have. Not like the flu. The flu if you would give the influenza vaccine not a problem if the patient gets an extra dose, PPV yes. So I'm wondering why that measure was selected?

Alan: Again, we have criteria as I've mentioned before in terms of our measure selections and that was one of the measures that did meet those criteria. We will continue in the future to continue to look at these measures and continue to decide as to what type of measures we will be including in the star rating calculations and we are always interested in your feedback on that.

Rhonda Combs: I think that would be a great measure for a physician office practice to be measured on but probably not too much as a home care agency. I think advice for the patient to check with their provider might be good but as being – having that as a home care measure might not be the best.

Alan: OK, thank you.

Operator: Your next question comes from the line of Mavis Frederick of Lutheran Haven Home Health. Your line is open.

Mavis Frederick: Yes. As I look at this, when there's a national average of 99 percent, does that mean that even if we get 99 percent, our star rating is going to be three because that's the average of the nation?

Alan: Right. But, we have selected measures that would not have 99 percent as the average. Part of the measure selection process was really trying to find measures where there was a performance gap and that hopefully those agencies

could show improvement in performance. So we're not using 99 percent or what we would call topped out measures in the ratings.

Mavis Frederick: But you do realize, if the national average for a lot of these things; are fairly high and whatever ones you pick, you have to – 99 percent or 85 percent looks a lot better than three stars. Three stars means “oh my gosh, they're barely making it”. You look at – you only have a choice of five stars. If you're not five stars, people are going to think, “Oh boy, I do not want have anything to do with this.” Whereas you know percentage gives you a much better idea.

Alan: And that's what we are going to educate consumers on. This is, remember, Home Health Compare. It's a compare website. We are comparing one agency to another and that's how we're going to explain the star rating. It's a comparison of agencies.

Mavis Frederick: Well, OK.

Operator: Your next question comes from the line of (Cathy Hozick) of (Partners), your line is open.

(Cathy Hozick): I actually have two questions; I will try to do the first two quickly. But, early when the other professional was mentioning about like the flu and pneumonia, have you considered some of these that you have picked in the 10 changed their data collection for 2015 such as the flu, the pneumonia. So because of that I think we're going to have data that's going to be reported for us come October that does not necessarily reflect the data going forward because of the changes with C1 and how those question were already identified to be problematic and how they were answered. So that's my first question; would you reconsider a question such as those that have already had their data aggregation changed? So it's going to be different data than we'll even use next year.

Female: Well that's a good point. We'll definitely take that into consideration as a new (inaudible) with the C1 version. Thank you for that comment.

(Cathy Hozick): And then second if I may, a little bit long, some of the other personnel's comments is the five star is so close to a grading system, A, B, C, D, F, that I

think it's going to be difficult undertaking to assist the general population and not putting that five star to a grading system since that's so common to us, was there any other thought besides the use of five star and I apologize for not knowing the total background so that they wouldn't have such an easy analogy to put to it to where it might not look so negative and not as good as 89 percent as a previous person had said.

Again, (inaudible) is not my intent but since it's such a – feel like we're a think tank so it's good to think about how they're going to extrapolate.

Alan: And once again, the goal here again, we all need to as a community get out of the concept of using the word five stars. I really think that we need to describe this amongst ourselves and amongst the consumers that we are trying to educate, that we call this Home Health Compare star ratings. This is a star rating that really is comparing agency to agency. If we ourselves get out of the language of five stars, that's the first step.

Female: And we have habit here that we have to change as well.

Alan: Yes, I work on this here too.

Female: But I think this is an important aspect of our consumer outreach as well as stakeholder engagement to see how we can best frame this consistently across these compare sites because clearly you know we have this challenge not only in home health but in the other sites that we had mentioned earlier.

(Cathy Hozick): Absolutely, appreciate it.

Female: Thank you.

Operator: Your next question comes from the line of Michele Garges of Florida Home Health. Your line is open.

Michele Garges: Thank you. My question is will there be a formal explanation differentiating between stars and percentages for the consumer when they open the home care compares website?

Alan: Our hope is that consumers will, when they look at an agency, use the star rating as part of all other information they're looking at as well in terms of location and services provided. And then once they look at the star rating, they then look at all the other measurement data that's there because some of that measurement data may really be more appropriate for some of the services that they may be looking at. So we're hoping that they look at both and we'll try to educate them to look at both.

Female: And I think we're – our intention through information stakeholder groups' moving forward is to help craft and test some of the consumer language that people are asking for and can – you know best frame the intention of the stars.

Michele Garges: I think that's very appropriate.

Operator: Your next question comes from the line of (Dennis Hyde) of (Pinnacle Home Health). Your line is open.

(Dennis Hyde): Yes thank you. I just had a question about the calculations itself. Does each category carry the same weight in determining the final star score and if so does that mean it says important to improve in the outcome side as it is to say having the influenza immunization received or a pneumococcal vaccine received?

Alan: In our current – Gene, you go ahead, or David.

Gene Nuccio: Gene Nuccio from the University of Colorado. Yes, each of the 10 categories receives an equal weight in the average so that no single category is over weighted. There is a certainly a difference in the number of process measures; there are four of those and there are six outcome measures which are risk adjusted. So it is slightly the overall star rating is – in fact slightly rated toward outcomes more so than process measures. And to get back to the question about what the typical median value for these measures are, it's like 75 percent for flu, 75 for pneumococcal, 59 for ambulation, 54 for transferring, 66 for bathing. So the numbers, the median value is not – is fully not topped out and we chose the measures that way as Alan pointed out.

- Male: I think as our constituents or patients are looking for care, I think just as a comment, they're looking more for outcomes than they are for being asked about influenza or pneumococcal vaccines. So that's just a comment.
- Female: Thank you.
- Operator: Your next question comes from the line of John Reisinger. Please state your organization, your line is open.
- John Reisinger: Yes. I'm from Innovative Financial Solutions for Home Health and although I think that the concept of what you're trying to do to inform the public is great, I have reservations with the star system just as I do with the – version of Home Health Compare and that I think there is a debilitating effect to agencies that carry a higher acuity type patient that are not going to be able to show changes in improvement and conditions as quickly and as readily as agencies that show it. How is that going to be adjusted for in this and identify? Thank you.
- Alan: Again we always try to risk adjust our measures to try to account for that. Our goal is obviously not to have agencies that take those sorts of higher acuity patients to perform worse in terms of their star ratings, and that's why we try to risk adjust as well as possible.
- Operator: Your next question comes from the line of (Jeremy Stock) of (Advantage Home Health). Your line is open.
- (Jeremy Stock): Hi and thanks for taking my call. I actually have two comments and they're going to mirror some of the other earlier comments as well. One of them I guess is a surprise that the measures are weighted equally when something like hospitalization seems to be so much more significant than influenza and pneumococcal specially since we're penalizing that financially, I would think an agency that maybe is just about a national average for influenza and pneumococcal vaccine that does really well with hospitalization, why that wouldn't be weighted higher and thus give them better stars, I guess. Again it's just surprising.

And then the second thing which has been I kind of comment on a little bit more; I believe is just a star system. People are going – if they're educated enough to come on line, I think they're going to default back to something like they see on Amazon. And Amazon is not like a comparison as they see a piece of furniture like a bench for instance. All the benches on the entire website can be fine except for one, it just depends on each person's satisfaction with that where this is weighted I think that too often. And we can change like, I think our syntax, our grammar, our word choice on the website to say, to educate the patient or the caregiver, this is why some say three or four but I think it's inherently weak because of that, because they're going to think back to that reflectively.

I don't know that the average consumer is going to know where the comparison difference is. It's like somebody is talking about rise or run versus elevation. Now you talk about degrees like a 45 degree angle, we're not talking about like snow sticking to a slope. I think they're going to be confused about that and I don't know how easily is going to be read by them. I just think we should be very clear to say almost like this is on Amazon. This is a comparison (now) we can get a five. Thanks.

Female: Thank you.

Alan: I mean again we'll continue to look at our methodology. As I said, this is something that we will continue to look at even after our ratings come out. Initially – yes, and we looked at different ways of designing this – that the average seems to be the best way. And again to answer your second question, if every agency was five stars or four and a half and five stars, we wouldn't be giving consumers' information to help them compare agency to agency. And that's our goal here.

Operator: Your next question comes from the line of (Karen Blacker). Please state your organization. Your line is open.

(Karen Blacker): Hi (Karen Blacker) here like (Center Homecare) in Florida. This question maybe a little bit off track but it does have a direct impact on what we're looking at achieving here and that a means of comparison between agencies.

Agencies should take you know more HMO and to reference that that is included in the data, I'd say the number one complaint that we get feedback on is that they feel that they didn't get enough treatments or visits or whatever when in fact it's their HMO plan that won't authorize any further treatment. Is there any means of incorporating some rating on some of these HMO's or providing some other alternate source for bringing, shedding more light on just how destructive some of these HMOs are actually with regards to patient outcomes and meeting patient needs.

Alan: This is Home Health Compare star ratings; that's what we're really looking at here today. I appreciate your comment.

Operator: Your next question comes from the line of (Rhea Navarro) of (The VNA) of Maryland. Your line is open.

(Rhea Navarro): Hi, thanks for taking our call. We would like to know how consumers were involved with changing the results that they can see from percentage from the star rating. Were the consumers surveyed that they really wanted to see star ratings or just seeing numbers as opposed to this?

Female: Are you referring to the testing that was completed to determine a star method versus a numeric and wanting to have more of an understanding of that?

(Rhea Navarro): Yes.

Female: OK, I think we can make some of that information available on our website and we'll look into that further and see what we can put up for that purpose.

(Rhea Navarro): All right, thank you.

Female: Sure.

Operator: Your next question is from (Mary Nascar) of (Quality Homecare). Your line is open. (Mary Nascar) of (Quality Homecare) your line is open.

(Mary Nascar): Can you hear me now?

Female: Yes, go ahead.

(Mary Nascar): OK, like on the acute care hospitalization, one thing we're finding is a they're coming home sicker or weaker and we're not getting good reports and we are having to send them back but they might tell us we're ambulating like 60 feet down the hall and we get them home and they can't even pivot to their chair, they're so weak. But that affects our scores when we send them back to the hospital. It seems like they're coming home in much worse shape than years ago, hospitals who are keeping them longer. So I guess that's just a comment. But also in the state of Iowa for example, our goal for our Medicaid patients isn't necessarily that they begin to bathe themselves or take their own meds or improve. It's to keep them safe by helping them bathe and keeping them out of the nursing home. The programs in Iowa's goal aren't to necessarily improve them in bathing or bed transferring; it's to keep them home and safe in using their walkers.

Whereas our Medicare goals are to rehabilitate them so they don't need their walkers anymore. So they can go home. Is there going to be any indication if this agency takes care of 75 percent Medicare patients and 25 percent Medicaid to kind of (skew) the results in that way? Does that make sense?

Female: Yes, I hear what you're saying and I think we want to get with our development team to see if there are ways, other through risk adjustments that maybe we can describe some of the characteristics of an agency and the population that's being served.

(Mary Nascar): From the way I see it, 75 percent of my patients are Medicaid and our goal is to keep them out of the nursing home by helping them bathe safely, making sure they're using their assistive devices for ambulation, not necessarily to get them better because they're so elderly but to keep them home and safe at which really skews my Medicare scores which is only 25 percent of my business where I'm rehabilitating knee surgeries and short term pneumonia stays and getting them better, that's only 25 percent of my business. So it looks like I'm a bad agency because I'm not getting those 75 percent of my patients better. When all reality, I'm meeting the goal of my state.

- Gene Nuccio: Well hi. This is Gene Nuccio from the University of Colorado. We do make use of what we call payer source from the OASIS instrument items to differentiate as a risk factor and many of the models use for improvement. So patients who are Medicaid patients would have that variable in their risk adjustment in the models currently. We're always looking you know to improve the models and so –
- (Mary Nascar): I'm very concerned that I'm not going to show a lot of improvement in that area but I know the state of Iowa for Medicaid doesn't want me to. They want me to keep them home and safe and out of the nursing home. Well I feel like I'm reaching that goal but then I'm failing in the national level. Thank you.
- Female: Thank you for your comment.
- Operator: Your next question comes from the line of (Joan Kerwin) of (Care Group Homecare). Your line is open.
- (Joan Kerwin): Hi, thank you for taking my call. I understand that the goal is enhanced transparency but going back to a prior call this question about risk adjusting for the dual eligible. Do you also risk adjust in your models if the primary payer is Medicare but the co-insurer is Medicaid? Because I didn't think that Medicare was using socio-economic status to risk adjust (yet).
- Gene Nuccio: Again hi, this is Gene Nuccio. We do not use socio-economic status because we have no variable in the OASIS data set that specifically identifies socio-economic status. At the National Quality Forum, the technical expert panel that I was a member of did in fact recommend that we begin to risk adjust for various socio-demographic variables and we as a group have been charged to look at how we might make sure a wider range of socio-demographic variables are in future risk adjustment models. And we plan to do that very aggressively in the next year.
- (Joan Kerwin): OK thank you. Have you done that with your SNF population where we're already using this five star model?
- Gene Nuccio: I can't speak to the SNF methodology because I don't work on that.

Mary Pratt: This is Mary Pratt. To date, well – the Nursing Home Compare website, there are measures that are targeted for more of the short stay or Medicare population and then there are the longer state measures. So there are some opportunities on that that we could learn from.

(Joan Kerwin): Thank you.

Operator: Your next question comes from the line of Regan Plain. Please state your organization and your line is open.

Regan Plain: Altru Health System. Altru Health System. My question is about – I want to make sure I'm understanding correctly that star rating will be based on older data than what has been reported in Home Health Compare.

Alan: In order to give sufficient time for preview reports for the agencies, and then for the agencies to review the data and to submit feedback, we will be moving back by a quarter the data that is on Home Health Compare.

Regan Plain: On going, are there plans to ever get it to sync.

Alan: It will remain then at that level. It will be just one quarter back from where it currently is. We'll still actually be more timely than it is on Dialysis Facility Compare, for example.

Regan Plain: OK. (Inaudible) a little bit confusing.

Alan: Yes. Right. From there on, they remain quarterly but it'll just always be a quarter back from where it was.

David Hittle: This is David Hittle from the University of Colorado. I'd like to make one clarification there. Everything will be moved back. So they will not be out of sync. The star rating will match the data that are being presented on Home Health Compare for the individual measures. It's just that everything will be three months, reported three months later than it has been.

Regan Plain: OK, that's actually good to know. Thank you very much. One other comment if I may, all right we talked about some language specifically on the flu and pneumonia vaccinations. I have commented in the past about the

consumer language about those two measures. I see that on the main screen of Home Health Compare in January that that wording was updated and is a little bit better but in the further information for consumers, it still says that the measure shows how often the home health team found out if a patient needed or already got a flu shot. When in fact that is not what the measure is measuring. We checked all of our patients, 100 percent but the measure is actually how many patients got the flu shots for the season. So I'm still concerned about consumer language and then going forward with the star ratings. We need to be careful.

Female: Thank you. Could you maybe send that comment into us in writing so that we're absolutely certain to – I mean we have it now on the call and on the transcript but that would help us you know go after it immediately? Thank you.

Regan Plain: Will do, thank you.

Operator: Your next question comes from the line of Cindy Krafft. Please state your organization. Your line is open.

Cindy Krafft: Kornetti and Krafft Health Care Solutions. I have a question in relation to – it's an issue currently present in the Home Health Compare data where on the outcomes, there is exclusive focus on improvement and how improvement would be what creates the foundation for those star ratings. How does it co-exist with the recent Gimmo decision and issues that have followed in relation to the emphasis on the skill level and the importance of the maintenance part of the benefit which will result in seeing more scores that are actually stabilized and not necessarily improvement?

Could this further just enhance a perception that really what it all comes down to is we only should make the priority improvement, if that's what's going to be publicly reported? Has any consideration been given to at least in the Home Health Compare data reporting stabilization (right) separated out because I think in the consumers mind, a lot of times you see improvement and kind of assume that the remaining percentage must be declined?

And the only other clarifying piece to that is I do a lot of education with home health agencies and it concerns me how in a very clear conversation, they will say that improvement is a positive outcome, clearly decline is a negative outcome but it very often puts stabilization in the same category as decline as a negative outcome because it doesn't "count" in the final step that's actually reported. So I'm just curious your thoughts about a star system that kind of further enhances that improvement is what we're really going to be talking about and kind of inadvertently devaluing stabilization.

Female: Thank you so much for these comments.

Alan: I mean our intent here is not to devalue stabilization. I think as I explained earlier during my discussion that the stabilization measures did not meet the criteria for being included in star rating. That doesn't mean that stabilization of patients is not important. It just meant that from the criteria of the measures we used, those measures would not be included.

Cindy Krafft: But I think what I hear from what you're saying that it is an important aspect and that this may be something we want to bring back to our methodology for the future to see how maybe we can have a more balanced look at some of these other aspects of care and treatment.

Alan: Right, or develop stabilization measures that we could then use in the future.

Female: Yes.

Cindy Krafft: But I think, if I may, even in the short term the data currently exist or the stabilization rates in declining rates in Home Health Compared data already. I'm just curious why even as a short term and this is on the value of stabilization, why they couldn't just be reported and not necessarily put immediately into the star system but at least visually accessible to the public as far as being able to see that there's actually three categories and not assume that there's only two. Because there's a big difference between if my remaining percentage is 50 percent, that 40 percent of it is stabilization and 10 percent is decline or that it's 40 percent decline and 10 percent stabilization.

Female: Thank you. Again if you would be open to writing in your comments we beg to follow up.

Cindy Krafft: Absolutely.

Female: Thank you.

Operator: Your next question comes from the line of Tim Mullaney. Please state your organization, your line is open.

Tim Mullaney: Thanks. I'm with Senior Housing News. My question is just related to consumer education. That's something that's called (inaudible) call I know, it seems to be mostly related to the language as it will appear on the star rating website which is obviously important but I'm thinking about the Nursing Home Compare star ratings and that's been around for years already and there's still a lot of discussion about consumers not understanding the nuances of what those ratings are and how they're meant to be used.

So I'm wondering if there's other consumer outreach planned provider education and how they're supposed to know best practices of telling potential patients how to use the system. Any other outreach efforts that maybe CMS is spearheading?

Tom Dudley: This is Tom Dudley speaking. So, are you from the media, is that correct?

Tim Mullaney: That's correct.

Tom Dudley: We asked – as we said at the beginning of the call, this call is not intended for the media or the press and we asked that you direct your inquiry to press@cms.hhs.gov and that's how we handle media inquiries.

Tim Mullaney: OK. Is that for this call – they didn't patch me through for the beginning of the call so I missed that caveat. And I've been reporting on open door forum consistently for two years. Is this simply for this call or –

Tom Dudley: No, it's a standard thing and if it hasn't been announced, it should have been announced at others.

Tim Mullaney: Just for home health or for nursing home?

Tom Dudley: No, for all open door forums are meant for the provider community.

Tim Mullaney: I understand that but and I understand you won't take my question but it's fair game to report on what this (would be used), correct?

Tom Dudley: Yes that's public information but I just want to make sure that the participants are from the appropriate audience. OK, I'm sorry.

Tim Mullaney: OK, thank you.

Operator: Your next question comes from the line of Kathy Michael. Please state your organization. Your line is open.

Kathy Michael: Hi this is Spectrum Health Visiting Nurses in Grand Rapids Michigan. And my question is thank you for that information. I have found this very beneficial but as a consumer looking on a website, the rating of you know when I want to go to a hotel, let's say five stars is really my preference. So you know I'm going to go to four, five star hotel. How is the public going to be able to determine a three star agency as being competent? That's my concern.

Female: Thank you for your comment and we will continue to work with the methodology with consumer groups and stakeholders to find the means by which to help educate and inform the public for – in terms of the purposes of the use of the comparison of the stars. And you know clearly we've got our work ahead cut out for us.

Kathy Michael: I appreciate that.

Female: Dr. Levitt, would you like to make any other comment?

Alan: No, just once again I appreciate your comment and our goal here is not to damage the reputation of home health agencies or the home health community. That's not our goal here at all. Our goal here is to provide a vehicle for consumers to be able to make health care decisions, and part of their decision-making would include them looking at comparison of different agencies in

terms of quality measures performance. That's what we're doing here; we are giving them additional information.

Kathy Michael: I appreciate your attention to that, thank you.

Operator: Your next question comes from the line of (Amy Hatcher). Please state your organization. Your line is open.

(Amy Hatcher): (Transitions Homecare). Yes, my question goes back to the patient acuity level where you were mentioning that that is risk adjusted as best possible. How is that pulled out or how is that level of patient adjusted or reflected in the star?

Gene Nuccio: Hello, this is Gene Nuccio again. It's not directly related in the star ratings, it's related to each of the individual or the six measures that are outcome measures on the metric so that there's a prediction model used to risk adjust the agency's performance based on its overall clientele. So those agencies that have more needy patients would get a – essentially a boost in their score because we are recognizing that they're working with more needy patients. And that would be reflected in their individual quality measure score and that begins the process of the star rating as has been described. So that would create a value in that initial step on the decile grouping. But we don't adjust the final star rating. We adjust the agency score on each of the six outcome measures that I used in the creation of this score.

Alan: And again this is Alan Levitt. As I mentioned during the last special open door forum, what we're using here are the same measures that have been used and reported on Home Health Compare. We're not making any changes to the measures, the measure values that have been up there, and that have been available for the public to see before. And we'll continue to use all the risk adjusters that we've used before to try to make those values to be as appropriate as possible in terms of being able to appropriately measure an agency's performance. We're going to take those measures that have always been on Home Health Compare and then we'll use ten of them to help in terms of designing our star rating.

(Amy Hatcher): Thank you for that. I do understand that, you know, it's coming from Home Health Compare and then their industry recognized. That's been a problem though even with the Home Health Compare and I was just looking for something that would relate to that as the person before me stated the stabilization of our patients is something that's huge. Plus, when you have fragile patients and the majority of them are not going to see any improvement in these areas. But I appreciate your explanation on that, thank you.

Alan: Thank you.

Male: Thank you.

Operator: Your next question is from Lisa Socha of Advance Care. Your line is open.

Lisa Socha: Yes. I have a comment and a question. First about the pneumonia and the flu vaccine; why you would chose those topics over other measures when we only gather data for that for six months, whereas we are doing a whole year's worth of bathing and very functional questions. That's my first one and with this Home Health Compare with those two questions, which is the part two, if we offer our patients a flu shot or a pneumonia shot and they refuse I feel like that's why our numbers are going down because a lot of our patients don't want it. They reported on TV this year that the flu shot was, you know, went into a different strain and it wasn't right so why should I take it, but with that because our patients refuse our numbers are lower. And that is really going to affect our stars, correct?

Alan: We appreciate our comment. I mean again, the reason that we chose these measures was if they met the criteria that we were looking for, in terms of measures to include within star rating. One thing to note is that again we are looking at 10 measures. So even if, for whatever reason for example, your performance on the influenza measure happened not to be good because you had patients who are refusing the vaccine, that you have nine other measures as well. Remember that this is going to be an average of those measures. But thank you for your comment.

Operator: Your next question comes from the line of Zeb Clayton. Please state your organization. Your line is open.

Zeb Clayton: Yes. This is Strategic Health Care Programs. We have a question about the reporting dates of Home Health Compare. I was a little confused on that, will Home Health Compare be an additional three months lag on the data as published?

Alan: That's correct, starting in July.

Zeb Clayton: OK, so currently the data is reported through I believe September so then it will be, that will be three months prior to that in July?

Alan: No, it gets updated each quarter, it's just that in July instead of being – the data that is posted in January goes on in September. In July, rather than going through March it will only go through calendar year 2014.

Zeb Clayton: OK, thank you.

Operator: Your next question comes from the line of (Maureen Fitzgibbons) of (Halos Home Healthcare). Your line is open.

(Maureen Fitzgibbons): What forum will we have to provide feedback on data errors on preview reports and what sort of data error should we anticipate? Hello?

Alan: First of all we hope that there'll be no data errors. But, we will be publishing that information well in advance as to how to submit if you had any feedback based on the preview reports, how to submit that feedback. We will have more than enough time that we've allotted, so that we can look at your comments and feedback as to what the values are.

(Maureen Fitzgibbons): What sort of data errors would we anticipate; I'm not clear on data errors from our (inaudible) data errors from calculations. Go ahead.

Alan: We don't anticipate any data errors but we wanted to give you the opportunity to be able to look the data and if you found any questions or errors to submit those to us.

(Maureen Fitzgibbons): All right, thanks.

Operator: Your next question comes from the line of Kermit Springstead of Broward Health Gold. Your line is open.

Kermit Springstead: Can you hear me? Hello, I'm just wondering since we already have Home Health Compare website and it's been open and available to consumers, was any needs assessment done to see if the consumers for any additional information about how to compare agencies or their ratings in terms of quality?

Female: So, we at CMS we have done some research and across our compare website and in an effort to be in compliance with a number of mandates, this needs to improve the transparency of our data to provide information to consumers that is more user-friendly and easy to understand format that we are consistently applying these across our compare websites. And, so yes.

Alan: I mean, again the Affordable Care Act has language to provide summary data for consumers and this is CMS's response to that, as an agency.

Operator: Your next question comes from the line of (Catherine Prescott). Please state your organization. Your line is open.

(Catherine Prescott): (SS Homecare) and I just want to add my voice to that of others to say that if the intent of the star system is to allow consumers to judge the overall quality of a home health agency based on what they want and need, I don't think that the flu vaccine and pneumonia vaccine questions are pertinent to that at all.

Female: Thank you. Thank you.

Operator: Your next question is from (Rhea Navarro) of (VNA of Maryland). Your line is open.

(Rhea Navarro): Hi. My question is relating to an answer that you all gave earlier about why the star rating was created in the first place and I believe you said your goal was to help the consumer to be able to more easily make a choice but it seems like from your calculation information, most of the agencies are going to fall with a score of 2.5 just 3.0. So, if you have a lot of agencies lumped in that

pile, can you maybe address how that is going to help the consumer make a more informed choice? And also why when an agency has a score of 2.5 or 3.0, if their scores are significantly different than, statistically significant different from the median score, why there's no addition of a half a star? Thank you.

Alan: Again part of our going to half star ranking for individual measures and then half star ratings for the total score was to flatten the curve and I think that we have successfully done that. When we're trying to give consumers more choice and so they will see as part of their choice the difference between two and a half, three, three and a half, four stars that'll be part of their choice. And what was your second question again?

(Rhea Navarro): Oh. When an agency, so when an agency has a rating of less than 2.5 but is significantly different from the median then it's adjusted up by half a star, can you discuss your thoughts about why when an agency has a rating of 2.5 or three if – why they wouldn't earn an extra half of a star if they're scores are statistically, significantly different from –

Alan: It goes both directions. I mean, again if an agency score is higher than the median and it is not statistically significant, it will be scored down by half a star for that measure. And also if it's below that, it will be scored up half a star for the measure. It isn't changed by the total ranking; it's changed only by the measure. So you may find that it will change for one measure and other measures it won't necessarily change.

(Rhea Navarro): Right, but it excludes the agencies that are in a score of 2.5 or 3 which are in the middle categories from being able to make any change upward because their initial score was already 2.5 or 3?

Alan: And again what we're trying to do is, we're trying to eliminate error for agencies that may either not be statistically higher or lower. We don't want to have outliers because of agencies size, for example.

(Rhea Navarro): Thank you.

Female: Laurie, (inaudible) one more question.

- Operator: Your final question comes from the line of (Karen Blacker). Please state your organization. Your line is open. (Karen Blacker) your line is open.
- (Karen Blacker): Thank you. Follow-up question, I'm looking at page 21 of the handout. It basically shows a (bell curve) and my question is: can an individual agency if we all are doing well, can we all be five stars or is this going to be statistically dispersed to where we will always have a (bell curve)?
- Alan: We're always trying to, with our star ratings, be able to give consumers choices here. So, we are looking in terms of the measures that we are choosing and then the methodology to be able to allow that to happen. Our goal is not to have everybody be one or one and a half stars on one end or four and a half and five stars in the other end. Our goal is too able to have enough of a dispersement of the rating to really help consumers with their choice.
- (Karen Blacker): Do does that mean an individual agency can always improve and theoretically become a five star in this system or are they – or certain agencies are always going to be forced down into the threes?
- Alan: Agencies can improve their performance versus other agencies and can improve their star rating. Inversely, they can do worse than other agencies. So, agencies will move up and down. But again it's comparison of an agency to an agency because this is a Compare website.
- Female: So, we're going to – I think, conclude today's call. I'd like to draw everyone's attention to the final slide where we were very much appreciate any further questions or if you're interested in understanding more, there are materials on our website, on our cms.gov website. And then there is an e-mail address, if you'd like to submit any further comments or questions. And finally there is the link to our Home Health Compare website, that's contained there as well. So thank you so much everyone for participating. We really, very much appreciate this and look forward to our future calls with you.
- Operator: Ladies and gentlemen this concludes today's conference call. You may now disconnect.

END