Centers for Medicare & Medicaid Services
Hospital Compare Star Ratings: Overview of HCAHPS Star Ratings
MLN Connects National Provider Call
Moderator: Abe Hollander
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Contents

Operator: At this time I would like to welcome everyone to today's MLN Connects National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. I will now turn the call over to Mr. Abe Hollander. Thank you, you may begin.

Announcements and Introduction

Abe Hollander: Hello, I'm Abe Hollander from the Provider Communications Group here at CMS, and I will be your moderator today. I would like to welcome you to this MLN Connects National Provider Call on Hospital Compare Star Ratings: Overview of HCAHPS Star Ratings.

MLN Connects Calls are part of the Medicare Learning Network. During this call CMS presenters will provide information on Hospital Compare Star Ratings: Overview of HCAHPS Star Ratings. The presentation will include information on CMS's plans to begin publicly reporting Hospital Consumer Assessment of Healthcare Providers and Systems, HCAHPS, Star Ratings on the Hospital Compare website in April of 2015.

During this MLN Connects National Provider Call, CMS will discuss the implementation of the HCAHPS Star Ratings. Participants will gain an understanding of the HCAHPS Star Ratings and how they are calculated. CMS is adopting Star Ratings across Medicare.gov compare websites to help consumers more easily understand the information on the websites and make more informed decisions when comparing and choosing health care providers.

A question-and-answer session will follow the presentation. Before we get started I have some logistical information to provide. First, you should have received a link to the slide presentation for today's call in the – in previous registration emails. If you have not already done so, please view or download the presentation from the following URL, www.cms.gov/npc. Again, that's www.cms.gov/npc. At the left side of the webpage, select National Provider Calls and Events, then select the date of today's call, October 8th, from the list. You'll be directed to the event page for today's call and the link to the Adobe PDF file will appear under the heading of Call Materials.

Second, this call is being recorded and transcribed. An audio recording and written transcript will be posted to the MLN Connects Call website. An announcement will be placed in the MLN Connects Provider eNews when these are available. And, finally, registrants for this call were given the opportunity to submit questions in advance. We thank everyone who submitted questions, and today's presenters will begin our Q&A session after the presentation with those questions.

Now, I would like to turn the call over to Dr. Kate Goodrich, Director of the Quality Measure Health Assessment Group. Kate.

Presentation

Dr. Kate Goodrich: Thank you Abe. Hi everybody, this is Kate Goodrich. Thank you for joining the call. We are very pleased to be talking with you today about the Star Ratings and look forward to your questions towards the end of the call. My job today is to put into context for you the use of Star Ratings on Hospital Compare and the rest of our compare websites here at CMS.

Background on Star Ratings

So I am now on slide 6 if you're following the slides along. So, a little bit of background on the Star Ratings. So in 2014 and 2015 Star Ratings will be introduced on the three compare sites that currently do not have Star Ratings. Those are Dialysis Facility Compare, Home Health Compare, and Hospital Compare. Earlier this year, in February, we introduced Star Ratings on the Physician Compare website for large physician group practices. And in 2008, Star Ratings were introduced on the Nursing Home Compare site.

Moving on to slide 7. Overall the context for all of the work that we do here at CMS really is driven by the CMS vision and the three aims for CMS, as well as for the National Quality Strategy. And the CMS vision is to optimize health outcomes by improving clinical quality and transforming the health system. And the three aims include better care for individuals, better health for the population, and lower cost through improvement.

And moving on to slide 8, you will see the six goals of the CMS Quality Strategy that address these three aims. These correspond directly to the six priorities of the National Quality Strategy and they include:

- Making care safer by reducing harm caused in the delivery of care,
- Strengthening person and family engagements,
- Promotion of effective communication and coordination of care,
- Promotion of effective prevention and treatment of chronic disease,
- Working with communities to promote healthy living, and
- Making care affordable.

Moving on to slide 9, a little bit about where we get some of our authority for public reporting of quality data. So the Affordable Care Act led to a major expansion of the compare websites. First of all, it provided for the creation of Physician Compare and also provided for new reporting requirements on Hospital Compare and Nursing Home Compare. So for Hospital Compare, as you all are familiar, we now include measures for Value-Based Purchasing programs and also measures on hospital-acquired conditions. And for Nursing Home repair – Compare – we have information on staffing data, beneficiary complaints, and links to state survey and certification websites.

Moving on to slide 10. The Affordable Care Act further expanded online public reporting through new requirements for reporting of quality information on care settings that before that really didn't have any quality information available or that was required to be reported to CMS. And that includes quality reporting – new quality reporting programs for long-term acute care hospitals, inpatient rehabilitation facilities, hospices, ambulatory surgical centers, certain cancer hospitals, and inpatient psychiatric facilities. And all of those programs are up and running, and we will be reporting quality information from those sites in the near future.

The next slide describes the digital government strategy, which comes from the Office of the President, and the work that we're doing on the compare sites with the Star Ratings – but otherwise really does directly address this strategy. It was issued by the Obama Administration in 2012, and it lays out milestone actions for enabling American people to access high-quality digital government information and services.

And the next slide describes CMS's support for the digital government strategy. So on slide 12 — and this includes data contributions to Data.gov and Medicare.Data.gov, sites you may be familiar with — mobile optimization of compare websites, which allows for data that are on the compare websites to be configured for mobile devices, use of web analytics data to improve our compare sites, and importantly, use of visitor surveys to also improve our sites.

Slide 13, so why move to Star Ratings for compare websites – or expand I should say – for the compare sites? Well, consumers are the primary audience for the compare websites. We do understand that many stakeholders go to our sites, including many of you, so providers, researchers, policymakers, etc., but consumers really are the primary audience for this site. And the National Quality Strategy very clearly articulates effective public reporting as a key driver for improving the health care system as a whole because consumers do consult ratings for a lot of things.

Consumers choose the care that is best for them and their family, and we hope the providers are incentivized to improve quality in order to retain their existing patients, as well as to attract new ones. And the compare sites can help facilitate all of these.

Finally on slide 14, just to give you all our over-arching principles for the Star Ratings. We want to report what is most important to patients and in a way that they can understand. We want to leverage knowledge and lessons learned from existing sites. We know that not all quality measures are appropriate for Star Ratings. For example, measures that are topped out or for which there is across the board very, very high performance with little further opportunity for improvement, those may not be the most appropriate measures for Star Ratings.

We want to be transparent about our methodology for the Star Ratings and display that with the stakeholders, which is why we are here today. And we also know that the Star

Ratings are not intended to replace what is on Hospital Compare. They are intended to supplement the information that is already on Hospital Compare. And, finally, we have been working across CMS to coordinate these efforts across all of the compare sites.

And I will now turn it back to Abe. Thank you.

Abe Hollander: Thank you Kate. Now I'd like to introduce two of the presenters for today. Liz Goldstein is the Director of the Division of Consumer Assessment and Plan Performance here at CMS. William "Bill" Lehrman is the Government Task Leader for the HCAHPS survey at CMS. Bill.

HCAHPS Star Ratings Methodology

Bill Lehrman: Thank you, Abe, and let me thank again the audience for spending some of their valuable time with us today to learn about the HCAHPS Star Ratings. As Kate mentioned, we think this is a – going to be a very new and exciting addition to the Hospital Compare website.

Slide 16 is where I'll begin, with an overview of an HCAHPS Star Rating. As Kate mentioned, CMS will add Star Ratings with the HCAHPS measures beginning with the April 2015 public reporting on Hospital Compare and April '15 public reporting – April 2015 public reporting will be composed of patients just discharged between July '13 and June of 2014. As Kate mentioned, no current HCAHPS information will be removed from the Hospital Compare website when HCAHPS Star Ratings are introduced. HCAHPS Star Ratings are an addition to the information currently on the website.

And just a little bit of background about HCAHPS, in case some of you – some of you out there aren't as familiar with it as we are. The HCAHPS survey was implemented on a national basis in 2006. Public reporting of HCAHPS measure scores began in 2008, and HCAHPS scores are refreshed on a quarterly basis on the Hospital Compare website. And we feel that the HCAHPS survey has become well known and well accepted in the hospital community.

As Kate mentioned, and I mentioned earlier, this is an addition to Hospital Compare to help consumers interpret and use the data currently on Hospital Compare. Using a format that is stars is becoming increasingly familiar to consumers. And just to give you an idea of the scope and impact of Hospital Compare and HCAHPS survey, in a recent public reporting on Hospital Compare, the results were based on more than 3 million completed surveys from patients at nearly 4,000 hospitals.

Another way of looking at it is, who does the survey? Every day on average more than 8,400 patients complete the HCAHPS survey. So it's widespread, it is well known, and we think it's a good place to begin Star Ratings on Hospital Compare.

Slide 17. Just to reiterate, the Star Ratings are based on the same data that is used to construct the HCAHPS measures reported on Hospital Compare. The data come from the survey, which is a national standardized survey, 32 items, so not too long– of patients – of recently discharged patients' experience of care during a hospital stay.

A couple key features of the HCAHPS survey:

- It is conducted after discharge so the patient has left the hospital by at least 2 days, and
- It must be completed or at least begun within 42 days of discharge from hospital.

It is – the HCAHPS survey is presented to a random sample of hospital discharges. We allow four modes of administration – mail; telephone; mixed mode, which is mail followed by telephone; and interactive voice response. There's ongoing data collections throughout every month – throughout each month and throughout the entire year. The survey mandates that there are multiple attempts to contact patients to complete the survey, and no proxy respondents are allowed in the HCAHPS survey.

HCAHPS Star Ratings Dry Run

OK, slide 18. We are currently providing a dry run of the HCAHPS Star Ratings in the preview reports for the Hospital Inpatient Quality Reporting Program. This is the preview period for the December 2014 public reporting. This preview period began on September 15th and will run through October 14th. And it's very important to note that the HCAHPS Star Ratings dry run is for informational purposes only, and this information will not be publicly reported in December. So hospitals have access right now to the preview reports. They can see their ratings on the preview report. We're providing the dry run so that they can become familiar with the methodology, the look, and feel of Star Ratings.

We will begin public reporting HCAHPS Star Ratings in April of 2015 in that release of Hospital Compare. And before the April 2015 Hospital Compare release there will be another preview period. And those preview reports will be available, we think, beginning December 31st of this year, and those will contain the HCAHPS Star Ratings for the time period – the patients discharged between July 2013 and June 2014, which is the time period for the April 2015 Hospital Compare release.

OK, slide 19. Those of you who are familiar with HCAHPS know that there are 10 and now 11 measures for which hospitals receive an HCAHPS measure. There are now seven composite measures: communication with nurses and with doctors, staff responsiveness, pain management, communication about medicines, discharge information, and beginning in December of this year, a care transitions measure will be added to Hospital Compare.

There are also four items that are single items that will publicly report on [Hospital Compare](#). Cleanliness of the hospital environment and its quietness and then, would the patient recommend the hospital to friends and family and the patient's overall hospital rating. So each of these 11 measures will receive a Star Rating beginning – well, they are in the dry run reports right now and they will be on [Hospital Compare](#) in April of next year.

Eligibility for Star Ratings

I should mention here that what we created, a roll-up of the HCAHPS Stars called the HCAHPS Summary Star Rating, and I'll mention more about that a little bit later. Eligibility for receiving hospital – for HCAHPS Star Ratings, the main criterion, is that hospitals must have at least 100 completed surveys during the four-quarter reporting period in order to receive a Star Rating. Hospitals must otherwise be eligible for public reporting on [Hospital Compare](#). So if a hospital has fewer than 100 completed surveys during the four-quarter period used for the HCAHPS measures, we will still report that hospital's HCAHPS measures on [Hospital Compare](#), but it would not receive Star Ratings on [Hospital Compare](#). Some people have asked us whether there's a difference between large and small hospitals. We treat all hospitals the same way in terms of calculating the HCAHPS Star Ratings.

Let's talk a bit about how we create the Star Ratings. Step one is on slide 21, construction and adjustment of what we call the HCAHPS Linear Mean Scores. We're creating a new type of metric to create the HCAHPS Star Ratings. They're called the HCAHPS – it is called the HCAHPS Linear Mean Score. To create the linear mean score for each HCAHPS measure, all server responses are used. If you're familiar with the HCAHPS survey, you know that most of the responses are Never, Sometimes, Usually, and Always. And hospital – I'm sorry, patients have the option of choosing one of those responses to each – or to most of the HCAHPS items.

We're going to take all of that data and convert it into a linear mean score for each measure. So the linear mean score for each HCAHPS measure will summarize all of the responses in the survey items included in that measure. And as you know, composite measures are composed of two or three separate HCAHPS survey items.

To try to maybe clarify a bit more, if you're familiar with HCAHPS on [Hospital Compare](#), there we report the percentage of patients who chose what we call the Top Box, Middle Box, or Bottom Box response item to the survey – so the percent of patients who chose Always, say, for cleanliness. The percentage showed the Middle Box, which is Usually, and the bottom box Sometimes or Never. So Hospital Compare breaks out the response of the survey into three categories: Top Box, Middle Box, and Bottom Box for most HCAHPS measures.

In HCAHPS Star Ratings we're going to use the full range of all responses to the item and distill it into one number, which is the linear mean score. It's important to point out – to

reiterate that the same data is used to construct the scores as reported on Hospital Compare and the Top Box, Middle Box, and Bottom Box categories as the HCAHPS Star Ratings. All of the ratings – all the measures are based on the same data.

Slide 23, converting HCAHPS Star Ratings or converting HCAHPS survey responses into a linear mean score. We convert each of the responses to each item in the survey to a number between zero and 100, and you can see it – see on this slide the exact way we would convert the responses to a number for each of the types of response categories to the items. So those of you who are familiar with the HCAHPS survey know there are actually five sets of response options. Never to Always is the most popular. There are a few items that have Strongly Disagree to Strongly Agree, No or Yes, zero to 100 for the ratings, or Definitely No to Definitely Yes for the recommend item. So each of these items is converted to a number between zero and 100 and then converted into a linear mean score.

And the next slide, slide 24. As mentioned, the linear mean captures the full distribution responses to the HCAHPS survey item, not just the Top Box or the most positive response. Those linear mean scores are then adjusted for patient mix and mode of survey administration. We do this for all publicly reported HCAHPS scores. In order to allow for fair comparison of hospitals we have to adjust to the mode of the survey, that is mail, telephone, mixed, or IVR and a mix of patients in the hospital who took the survey.

Creating Star Categories

Slide 25, converting linear mean scores to HCAHPS Star Ratings. And for this I'll turn it over to Liz Goldstein.

Liz Goldstein: Thank you. So on slide 26, I'm going to talk a little bit about how we create the Star categories and the cut points for each of the 11 measures. So we use a technique for HCAHPS that we've been using since 2008 for the Part C and Part D Star Rating systems. This is a Star Rating system used for Medicare health plans and drug plans. And so we use a statistical clustering technique, and let me give you a little information about this technique.

The Star Rating for each of the individual 11 HCAHPS measures is determined by applying the statistical clustering algorithm to each of the individual measure scores. So conceptually, the clustering algorithm identifies the gaps in the data and creates five categories, one for each of the Star Ratings such that scores of hospitals in the same score category, or Star Rating, are as similar as possible and scores of hospitals in different categories, or Star Ratings, are as different as possible. So basically this clustering algorithm identifies Star groups that maximize differences between groups and minimizes the differences within each group.

For this method there are no predetermined quotas for the Star categories, so we don't require 10 percent of hospitals or 15 percent of hospitals or a certain number of hospitals to get a particular Star value. From our experience for Medicare health and drug plans, the distribution of stars is unique for each measure, and it really depends on, you know, how hospitals – in this case, on how hospitals are performing. So for certain measures it may be that you get very few one or two star hospitals on that particular measure, wherein another measure you may get more, you know, one, two, and three stars than fours and fives. So this technique has been, you know, very useful in this setting and so we have, you know, applied it here for HCAHPS.

On the next slide, through this algorithm we assign whole stars. So we assign a star of one, two, three, four, or five. In some settings we do half stars, but for hospitals they are whole stars. I'm going to turn it back over to Bill.

The HCAHPS Summary Star Ratings

Bill Lehrman: Thank you Liz. On slide 28 we begin to talk about the calculation of the HCAHPS Summary Star Rating. OK. I know the names are very similar, but this is actually a different number we're putting on Hospital Compare. The HCAHPS Summary Star Rating combines the Star Ratings of all 11 HCAHPS measures. So we're creating – the HCAHPS Summary Star Rating is a rollup of the 11 HCAHPS Stars that were created for each of the 11 HCAHPS measures. So this is a way to summarize information that has one number – or one number stars that summarizes all the information from the HCAHPS survey for a hospital.

OK, so the HCAHPS Summary Star Rating is the average of nine components. Seven Star Ratings from the HCAHPS composite measures – recall that there are seven HCAHPS composite measures now – and then we take the average of the Cleanliness and Quietness stars and the average of the Overall Rating and the Recommend stars. And I'll say a bit more about well – as mentioned Cleanliness and Quietness are combined, in effect we give each of those stars a half weighting in the creation of the HCAHPS Summary Star Rating Star, that's a little bit redundant. This is the same approach that has been taken for the patient experience domain in the Hospital Value-Based Purchasing Program.

And we chose to do this because on the HCAHPS survey, Cleanliness is one item and Quietness is one item. We report them on Hospital Compare because they're important, but we don't want to overweight the importance of a single item on the HCAHPS survey in the creation of the Summary Star Rating, just as we didn't in the creation of the Hospital Value-Based Purchasing Patient Experience of Care domain. So we combine Cleanliness and Quietness stars and they, in effect, have a half weight each in the creation of the Summary Star Rating. For Rating and Recommend, similar reason to combine. Rating and Recommend stars combined in effect, each one is given a half weighting in the creation of the Summary Star Rating.

Those of you who are familiar with the Value-Based Purchasing Program know that only Hospital Rating is used in Hospital Value-Based Purchasing. We don't use Recommend in hospital VBP because Rating and Recommend are highly correlated, but we're used – we are using both Rating and Recommend to create HCAHPS Summary Star Rating. And similar to Cleanliness and Quietness, Rating and Recommend will get a half weight each in the creation of the Summary Star Rating.

OK, slide 30. Normal rounding rules are applied to the HCAHPS Summary Star Rating average to assign one, two, three, four, or five stars, just like for the HCAHPS measure stars. And again, no half stars will be assigned in the HCAHPS Summary Star Rating.

On slide 31, we – I'll try to illustrate this and walk you through the process a little bit to, hopefully, make it a little more easier to understand. OK, you can see in slide 31 the – first of all, all the 11 measures located in the leftmost column and then the 11 measure Star Ratings, so you can see for instance, Communication with Nurses, this hospital receives four stars, Communication with Doctors, three stars, and down the line. Then the first step in creating the Summary Star Rating is to combine Cleanliness and Quietness to create one star for the Summary Star Rating and combine Overall Rating and Recommend Hospital into one star for the Summary Star Rating.

So you can see here that this hospital had a five for Cleanliness and a five for Quietness. We add them, divided by two, so they'll get a five for what we call the HCAHPS individual items – element in the HCAHPS Summary Star Rating.

For Overall Rating the hospital got four stars and – but three stars for Recommend. So we add the two, seven divided by two, it gets 3.5 for the HCAHPS global items in the creation of the Summary Star Rating. We add up all the nine elements in the next column and divide by nine because there are nine elements here, and we get a number – in this case 3.944. As mentioned in the previous slide, we use normal rounding – normal rounding rules to create the Summary Star Rating, which is one number – one, two, three, four, five. In this case, the number 3.944 rounds to four stars for the Summary Star Rating.

Full details of how we create the HCAHPS Measure Stars and the Summary Star Rating can be found in the HCAHPS Star Rating Technical Notes document, which is available in our HCAHPS online website, and we'll show you where that link is a little bit later in this presentation.

HCAHPS Summary Star Ratings in the Dry Run

OK, turning next to slide 32, CMS has been doing a lot of looking at the data and analyzing it, perfecting a method to create HCAHPS Summary – HCAHPS Star Ratings. Let's present here some information about the distribution of the HCAHPS Summary Star Rating in the dry run, in the period that will be reported in the – on the preview

report for the December public reporting, but again HCAHPS Stars will not be publicly reported in December.

So on slide 33, you can see the distribution of one through five stars for the HCAHPS Summary Star Rating. The number of hospitals that receive each Star Rating and the percent of all hospitals that received that Star Rating. Again, this is for illustrative purposes only. We're not going to publicly report the dry run hospital – the dry run data for HCAHPS Star Ratings. If you look at these numbers, you can see that they roughly approximate a normal distribution, thin tales and most hospitals getting three or four starts on the Summary Star Rating.

As Liz mentioned, each measure – each of the 11 measures and the HCAHPS Summary Star Rating – has a unique distribution. Each one will be a bit different. We are not forcing a certain number or percentage of hospitals into the Star Rating categories. So the Star Rating distributions will reflect performance of hospitals on that individual measure.

And as I mentioned, we have done some – we have done a lot of research on the creation of Summary Star and other Star Ratings for HCAHPS, and we note that the distribution of stars is stable across time, which increases our confidence that this is a good and valid measure to put on Hospital Compare.

Frequently Asked Questions

OK, as Abe mentioned at the outset, hospitals and others had the opportunity to send in questions prior to this National – National Provider Call, thank you. And we had that opportunity to create some answers to some of the frequently asked questions that have come in, and we also have a document on our HCAHPS online website that gives answers to frequently asked questions about Star Ratings, but from what people have submitted to us, we'd like to include a few here.

Slide 35. Which hospitals included in HCAHPS Star Ratings?

All hospitals that participate in the HCAHPS survey are eligible to be in HCAHPS Star Ratings, both IPPS hospitals and critical access hospitals, provided hospitals have at least 100 completed surveys in the 12-month public reporting period or four-quarter public reporting period. So all hospitals are eligible – all hospitals that do HCAHPS and are eligible for public reporting on Hospital Compare will receive Star Ratings so long as they have at least 100 – 100 completed surveys.

So, why are 100 completed surveys necessary to complete Star Ratings?

Our testing has shown that HCAHPS scores based on fewer than 100 completed surveys lack sufficient statistical reliability for performance measurement. This is the same standard we use for the Hospital Value-Based Purchasing program. Hospitals, in this

case for VBP, they must be IPPS hospitals, they must have at least 100 completed surveys before we create Star Ratings or before we give a measure – a domain score for HCAHPS in hospital VBP.

So H – so 100 completed surveys is the minimum threshold for inclusion in the program. Of course, we'd like hospitals to have more than 100 completed surveys for all the HCAHPS measures, including Star Ratings. If you're familiar with Hospital Compare you will recognize that if hospitals – if HCAHPS measures are based on fewer than 100 or fewer than 50 completed surveys, there's a footnote on Hospital Compare next to the measure to alert users that the data is based on fewer than a 100 surveys, so please be careful in how you interpret it.

A question we also have received is: Why did our hospital not receive Star Ratings?

This is kind of a softball because it's just a follow-on from last slide. If your hospital didn't have 100 completed surveys, it won't receive Star Ratings. Or maybe for some reason your hospital is not eligible to publicly report on [Hospital Compare](). In that case, too, it will not receive Star Ratings.

Slide 38 – we've heard this question from a couple of sources: What is the purpose of the HCAHPS Summary Star Rating? Isn't the Overall Hospital Rating item on the survey sufficient?

I'd like to point out here that the Overall Hospital Rating is a single item on the HCAHPS survey. It's an important item and that's why it's on the survey, but it's just one item that asks the respondent to – based upon everything and anything, to give the hospital rating. The HCAHPS Summary Star Rating is much broader, much broader. It summarizes all the responses to all of the patient experience items on the survey. So this is actually a sort of a mathematical summary of all the responses to the survey – to all survey items. So we think that the Summary Star Rating is reporting something different than the Overall Hospital Rating, that's why we created the Summary Star Rating rather than using say the Star Rating for the Overall Hospital Rating item on the survey.

Slide 39, some people wonder whether the number of hospitals that receive five stars will differ for each of the 11 HCAHPS measures.

And as Liz mentioned, yes, this is almost invariably going to be true. The clustering algorithm empirically determines the number of hospitals in each Star Rating category and it does so independently for each HCAHPS measure. And as mentioned earlier, CMS does not force a predetermined number or percentage of hospitals into a specific Star Rating category. So it's highly likely that there'll be different number of hospitals that receive, say, five stars, for instance, for Nurse Communication, and five stars, for say, Discharge Information, just as a matter of how the algorithm works.

Why do the HCAHPS Star Ratings use linear mean scores, this new metric, instead of Top Box scores?

I've covered this a bit earlier, but to reiterate a few important points here, the linear mean scores and the Top Box scores are both statistically valid methods to summarize HCAHPS performance – or hospital performance on the HCAHPS survey. The linear mean score utilizes the full range of survey responses to each survey item, while the Top Box Score is based on responses – or based on the percentage of patients who chose the most positive response to a survey item. And again, on Hospital Compare we report Top Box as well as Middle Box and Bottom Box, and we think that's a valid use of the information. And we hope consumers and hospitals use that information.

It's important to know how many – what percent of patients chose the Top Box – the most positive. It is equally important to know the percentage of patients who chose the Bottom Box or the least positive or most negative responses to the survey item. So these are – Top Box scores and linear mean scores – are both valid ways of reporting responses of the HCAHPS survey. There – we created the linear mean score for HCAHPS Star Ratings because we wanted a way to summarize all the responses to all the items.

Slide 41: Do Star Ratings affect Hospital Value-Based Purchasing payment?

We've heard this a lot already. The answer is simple, no. HCAHPS Star Ratings are not used in the Hospital VBP Program. HCAHPS Star Ratings will only be – will be used to display to the public on a Hospital Compare website as a way to summarize and make the information on Hospital Compare easier to digest and easier to use. But no, HCAHPS Star Ratings will not affect Hospital Value-Based Purchasing payment. And with that I will turn it back to Abe.

Keypad Polling

Abe Hollander: Thanks Bill. At this time we'll pause for a few minutes before we get to our Q&A session to complete keypad polling so that CMS has an accurate count of the number of participants on the line with us today. Please note there will be a few moments of silence while we tabulate the results. Salema, we're ready to start polling.

Operator: CMS appreciates that you minimize the government's teleconference expense by listening to these calls together using one phone line. At this time, please use your telephone keypad and enter the number of participants that are currently listening in. If you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9.

Once again, if you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more

of you in the room, enter 9. Please hold while we complete the polling. Please hold while we complete the polling. Please continue to hold while we complete the polling. Thank you for your participation. I'd now like to turn the call back over to Mr. Hollander.

Presentation continued

Abe Hollander: Thank you Salema. Since our presenters received questions in advance of today's call, we'll start our Q&A session with those. We will also take additional questions from participants on this call after that. Questions will be managed by our speakers Bill and Liz and they will be joined by Kristie Baus, Hospital Compare Team Leader for questions related to policy, and Marc Elliott of the Rand Corporation. Marc is the statistician for the HCAHPS survey and a number of other CMS CAHPS surveys and also leads the Medicare Advantage and Prescription Drug Plan CAHPS survey. Kristie?

The Preview Report

Kristie Baus: Hi, my name is Kristie Baus. I am the Hospital Compare Team Lead and before we get to our Q&A session, I just wanted to go through a couple of slides on what the preview report looks like.

On slide 43, you'll see a sample of our preview report. This particular preview report is not hospital-specific, it is made up. You will not see any hospital identifying information on here. You'll notice at the top of the survey we have information on how many HCAHPS surveys were completed and survey response rates. There's also a third row that says HCAHPS Summary Star Ratings and the number three. When we do begin to publicly report the Star Ratings on Hospital Compare, that number three will turn – be turned into an illustration of three stars.

Below the first three rows, you'll see information on the HCAHPS composites and information – I'm sorry – individual items. The first two columns contain information about the HCAHPS composite, namely what the measure names are. The second two columns are specific to the HCAHPS Star Rating. The first column under HCAHPS Star Rating shows what the rating is, zero out of five stars. And as Liz had stated earlier, we're not using half stars at this point in time, we're just using whole stars. The second column is the linear score that was calculated using the HCAHPS methodology. Once again, the numbers in the Star Rating column when publicly reported will be transferred into an – will be transferred into an illustration of that number of stars.

The second page of the preview report, which is slide 44, contains more information about the rest of the composite HCAHPS measures, as well as the individual HCAHPS measures, including the new Care Transition module and also more information about the HCAHPS stars.

Number – slide 45 is just a sample legend of what one would see on the preview report, which includes the footnote legend as well as the Star Rating legend. And from that, I will turn it – let me just go over the resources really fast.

Resources

Resources for the Star Ratings can be found on slide 47. I don't think I need to read through all of them. You have them there in front of you. We have several different websites, several different email boxes for different questions pertaining to the Star Ratings.

And with that, I'll turn it back over to Abe.

Questions Submitted in Advance

Abe Hollander: Thanks. Are we ready for the advanced questions? OK, Liz?

Liz Goldstein: Thank you. So, we'd like to first thank everyone who submitted questions in advance. And so we're going to go through some of those prior to opening up the phone line. So we tried to group the questions where we could into categories, and some of the questions were covered in the presentation today, but we'll try to go through as many as we can.

One of the questions that we got was, does the rating system weight more heavily for hospitals that get the greater number of survey responses?

And all hospitals have an equal weight in the calculation of the HCAHPS Star Ratings.

The next set of questions focused on the linear mean scores, and really the use of linear mean scores in other settings. So the couple of questions in this area were, could the use of linear mean scores for the Star Ratings potentially mean that CMS might utilize linear mean reporting for other CAHPS surveys, such as the Emergency Department CAHPS Survey and the Out-Patient Surgery CAHPS? And when will the Out-Patient Surgery area be included in the HCAHPS scoring?

So a couple of things related to this. We currently use the linear mean scoring methodology for Medicare Advantage and Prescription Drug plans. So in their starring system we are currently doing development of the patient experience of care surveys related to Emergency Departments and Outpatient Surgery. They're actually not CAHPS surveys yet, so the field testing is still going on, and so these surveys have not been finalized yet. So once we finish the development of these surveys and, you know, move or potentially move to implementation, then we'll be making some decisions about what scoring approach will work for those surveys.

We got a few questions related to the cut points and the Star Ratings. So some of the questions were, will the cut offs be based on quintiles or standard deviations, you know, how will they be determined?

So, as I said during the presentation, those cut points for the HCAHPS Star Rating categories will be determined empirically by the clustering algorithm. They'll be determined independently for each of the 11 HCAHPS measures, and they're going to differ across the various measures.

I also wanted to note that these cut points will be updated, so as we get new data into our warehouse and as we update the information on Hospital Compare, these cut points can change over time. Our experience to date with this methodology is the cut points will not change much from quarter to quarter. They don't change much very quickly, but they can change over time.

So, one of the questions that we got, are the differences between the stars meaningful? Are they statistically meaningful or, you know, practically, are they meaningful?

So the clustering algorithm – and that's why we use it –the whole intent is to try to maximize differences between star groups and to minimize differences within each group or star category. So that's why we're using this approach and that's why we've used it for the Medicare Advantage and Prescription Drug Plan program for years.

We do, in terms of statistical significance, the mean performance of hospitals in each Star Rating category is statistically different than the mean performance of hospitals in every other star category.

We received some questions about the Summary Star Rating. And one of the questions that we received focused on the rationale for using stars to calculate the HCAHPS Summary Star Rating rather than using linear scores.

So we're assuming this question meant that, you know, you – if you use linear scores, it would somehow average off the wrong numeric scores to get some type of summary ratings and then assign a star to that score.

As we said in the presentation, the HCAHPS Summary Star Rating is an average of the HCAHPS Measure Star Ratings, and we do this for a couple of different reasons. The Summary Star Rating – we wanted it to be on the same scale as the HCAHPS Star Ratings. We wanted this – to do this to facilitate the interpretation of the information and we were concerned if you directly used HCAHPS Linear Mean Scores for that HCAHPS Summary Star Rating, it could result in some cases in a Star Rating or summary that was different, higher or lower, who knows, than any of the individual star ratings. We received a number of different questions about how are the HCAHPS Star Ratings linked to Hospital Value-Based Purchasing.

And as Bill said, that the HCAHPS Star Ratings are not used for Hospital Value-Based Purchasing.

We received, you know, some questions, what is the financial impact?

There will be no financial impact.

We got a question, why are you using a different calculation than you're using for Value-Based Purchasing for Star Ratings?

So, in the Hospital Value-Based Purchasing Program, it only impacts payment for IPPS hospitals, so critical access hospitals are not included. The information on Hospital Compare is for both IPPS hospitals as well as critical access hospitals. So we need to use the methodology that would include all hospitals. The – for Value-Based Purchasing, it is not just based on attainment or achievement of certain levels of performance but also includes an improvement component and a consistency component.

So we wanted the Star Rating System to more closely reflect the data that's currently on Hospital Compare. So the Star Rating system for HCAHPS was set up so it combines all the various information currently on the website, which includes Top Box scores, and then you can drill down to see the full distribution.

We received a couple of questions related to the April 2015 planned public reporting of HCAHPS Stars on Hospital Compare. One of the questions is: What time period will be reflected in the Star Ratings made public in April 2015?

And so, the Star Rating would reflect the same time period as the HCAHPS measure scores that will be displayed in April. So that will be based on patients discharged between April 1st, 2013, and March 31st, 2014.

So another question, and this is related to the preview reports that Kristie just went over, is: Will these reports be available on an ongoing basis?

And, yes, they will be available on an ongoing basis as they are today. And the Star Rating information will be available in these reports on an ongoing basis for the April 2015 refresh of the website. The preview report is scheduled to become available on December 31st, 2014, and normally these are available for 30 days.

The next group of questions was related to public reporting on Hospital Compare. Will the Star Ratings replace the current data?

And so, as we said, it will not replace the current data. All the current information on Hospital Compare will still be there, so this is complementing the information that is already there.

So in terms of the cut points, there are some questions related to that. The cut points are currently available in our technical notes that they'll reference and are available on HCAHPS online. And the cut points will be updated on HCAHPS online quarterly as the data is refreshed.

We received some questions regarding the downloadable database from Hospital Compare, and specifically whether the linear mean scores will be included in these downloadable files.

And so, right now, we're looking into the feasibility of adding the HCAHPS linear mean scores to the downloadable databases. I can't yet give you a date for that. Currently, the HCAHPS linear mean scores appear only in the hospital's preview reports.

So some of the other questions that we got in, and I'm just trying to see if there's some things that are a little bit different than these questions are, how are you measuring facilities that perform higher risk procedures and may have a higher infection rate than a facility that does low risk with no infection?

So currently, as most of you know, we do not adjust the HCAHPS scores for hospital characteristics. We do adjust it for characteristics that – and these are patient characteristics that affect response tendencies.

The other question that we got: Is there any consideration to the response rate before publicizing results that may not be representative?

So response rates for the survey are publicly reported on Hospital Compare. As part of HCAHPS, the survey is administered to a random sample of eligible patients. If the number of responses is very low, we do note that through a footnote on the website. We also – as I said before – we do control for patient mix. And this, in most cases, helps account for nonresponse.

So we got some questions related to trying to understand why CMS is moving to stars for Hospital Compare. And so we are trying across, as Kate said, across all the compare tools, to try to make that easier to understand for consumers. And so summarizing the information through a Star Rating is one way to make the information easier to understand. We know through some testing we've done with consumers stars, that some consumers clearly want the, you know, details and the more in-depth information. So we feel it's important to be able to drill down and see all the information that is available today.

One question that we got is, why are you only using the stars for the CAHPS data?

And so I want to emphasize this is just a first step for Hospital Compare. There will be stars in other parts of Hospital Compare going forward, but this is where we've decided

to start. Often, the CAHPS information is a part of the website that resonates with consumers. It's a little bit easier to understand patient experience information compared to some of the clinical information. So we thought this was a good place to start, but there will be – this is kind of just a first step for this website.

I think now I'm going to turn it back over to Abe to open it up for questions.

Question-and-Answer Session

Abe Hollander: OK. Thank you very much Liz. All right, so at this point in the call, we'll go ahead and begin our question-and-answer session for live questions for participants on the call. I would like to remind everyone that this call is being recorded and transcribed.

Before asking your question, please state your name and the name of your organization. And in an effort to get to as many of your questions as possible, we ask you to limit your question to just one. In fairness, if you would like to ask a followup question or have more than one question, you may press star 1 to return to the queue and we'll address additional questions as time permits.

All right, Salema, we are ready to take our first question.

Operator: To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to assure clarity.

Please note your line will remain open during the time you're asking your question so anything you say or any background noise will be heard in the conference. Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster.

And the first question comes from the line of Keith Mason.

Keith Mason: Hi, this is Keith Mason at Bailey Medical Center. My question is, is there any consideration taken into account for hospitals that are surgical hospitals with no ERs or hospitals that do have ERs – very busy ERs and admit a lot of patients? Patients going into the surgical hospitals are all elective, whereas general hospitals tend not to be.

Liz Goldstein: We do for the HCAHPS scores, as I said before, do control for patient mix. So a couple of the variables that we do control for is the – whether it's a maternity, medical, or surgical patient. We also control for self-reported health status of the patient.

Abe Hollander: Thank you.

Operator: Your next question comes from the line of Becky Means.

Becky Means: We were just wondering – this is Becky Means from Capital Medical Center, and we're wondering where can we find information on our hospital from the dry run or if that's available to us?

Liz Goldstein: So have you looked in the preview report or having trouble accessing the preview report?

Becky Means: Where is the preview report?

Kristie Baus: This is Kristie. You can access your preview report by going to QualityNet.org, entering your user ID and password if you're a participant in the IQR or OQR program. You should have a designated person at your hospital who has access to those reports, and you can download them from your inbox.

Becky Means: OK, thank you.

Kristie Baus: You're welcome.

Abe Hollander: Thank you.

Operator: The next question comes from the line of Gina Seneca.

Gina Seneca: Hi, good afternoon. I'm Gina Seneca from Broward Health Imperial Point and I'm calling to – I'm asking you, are you taking any suggestions for revisions or deletion of any of our current HCAHPS questions?

Liz Goldstein: If you have any suggestions for the survey, you can email us at one of the email boxes provided or HCAHPS technical assistance email address. We're always looking for input into our survey.

Gina Seneca: Thank you.

Abe Hollander: Thank you.

Operator: The next question comes from the line of Diane Wilson.

Karen Allen: Hi, this is Karen Allen from Butler Health System. Can you explain why on the preview report, the Sometimes to Never column is combined? Since the Sometimes is rated at 33 and a third and the Never is zero.

Liz Goldstein: This is how it is shown on Hospital Compare. So the preview report is mimicking how it's currently displayed on Hospital Compare. In the preview report we provided the linear mean score and that uses the scoring that Bill talked about.

Abe Hollander: Thank you.

Operator: The next question comes from the line of Becca Schickling.

Becca Schickling: Hi, this is Becca Schickling from Valley View Hospital and I was wondering, the preview report does not include the Summary Star Rating. I know it's something we can calculate, but I was wondering if we can make sure that it's correct when it goes to Hospital Compare.

Bill Lehrman: Hi, this is Bill Lehrman at CMS. As Kristie noted, if you look at the very top of the HCAHPS section of the preview report, it should have the HCAHPS Summary Star Rating there.

Becca Schickling: Oh, I do see it.

Bill Lehrman: OK?

Becca Schickling: Thank you.

Abe Hollander: Thank you.

Operator: The next question comes from the line of Kelli Shephard.

Kelli Shephard: Yes, this is Kelli Shephard from Patient Experience Partners. I was wondering if you could say more about the numerical value of the linear score and how it's attributed to the individual responses?

Liz Goldstein: Could you explain a little bit more what you're asking?

Kelli Shephard: So the score of zero to 100, I don't quite understand what numerical value you're giving to the Sometimes and Never, the Usually, or the Always.

Marc Elliott: So, this is Marc Elliott from Rand. And what we do is we spread out the scores so that the worst possible score is zero and the best possible score is 100, and the other scores are evenly spaced throughout. So, for example, if an item runs from Never to Always, Never is zero, Always is 100. And then the Sometimes and Usually are equally spaced in between at 33 and a third and 66 and two-thirds. A similar approach is used for all the other items, with response scales that run from No Definitely to Yes Definitely, or from zero to 10.

Kelli Shephard: So a Usually would be given a score of 66 and two-thirds?

Marc Elliott: That's right.

Kelli Shephard: OK. Thank you.

Abe Hollander: Thank you.

Operator: Your next question comes from the line of Mohammed Sylla.

Mohammed Sylla: Yes, thank you, Mohammed Sylla from Wheaton Franciscan Healthcare. My question is the following. I read a technical report about the ward minimum distance used for the clustering techniques. So I was wondering which kind of – from the PMA adjustment, how – I mean, how did you run it and allocate it to a specific star within your dendrogram?

Marc Elliott: This is Marc Elliott from Rand. So first, the scores using patient mix adjustments and whatever – everything else that goes into the derivation of an official score happens, and then just the set of final scores enter the cluster in the algorithm.

Mohammed Sylla: OK, OK. Thank you.

Abe Hollander: Thank you.

Operator: Your next question comes from the line of John Walker.

John Walker: Hi, this is John Walker at Medical Center of McKinney. I was wondering where we can find the actual clustering algorithm.

Liz Goldstein: So the technical notes have an appendix with basic information about the algorithm. And if you would like additional information beyond that, you can email us and we could provide that.

John Walker: OK.

Abe Hollander: Thank you.

Operator: Your next question comes from the line of Andy Knight.

Randy Knight: This is Randy Knight at Thomas Medical Center. It has to do with the dry run. So I must have somebody here at the hospital that can get that dry run, but are we supposed to somehow validate it or…

Liz Goldstein: It's hard to hear you. Are you supposed to – for the dry run data? We missed that part, OK?

Randy Knight: Yes. I heard the previous question that somebody has to go on a website, the Quality Net, to get it. But are we then expected to validate it at that point or is it just a sample for us?

Liz Goldstein: It's for informational purposes.

Randy Knight: But it ties back to our actual report?

Liz Goldstein: Right. It's based on your actual data that will be displaying on Hospital Compare in December. So, all the…

Randy Knight: OK.

Liz Goldstein: … information that normally is displayed will be on the website in December.

Randy Knight: In December, OK.

Liz Goldstein: But our information is just informational for you based on that data.

Randy Knight: OK, OK. Thank you.

Liz Goldstein: You're welcome.

Abe Hollander: Thank you.

Operator: Your next question comes from the line of Mario Lopez.

Mario Lopez-Luna: Hi, on your presentation, slide 33, you had the Dry Run Star Rating from one through five. I want to know if it's possible for you to include the average size of the – the average number of beds that the hospitals have by Star Ratings.

Liz Goldstein: So you would like us in the future to put this information out?

Mario Lopez-Luna: Yes, I would because, you know, if it comes out that your Five Star Rating are in hospitals with 60 beds or less, and that's telling you something.

Liz Goldstein: I mean, we can see what additional information we can make available, but in terms of, you know, how the HCAHPS is normally displayed is we do not adjust it for hospital characteristics because those hospital characteristics are under the control

of the hospital. So we do know from prior work and from other information this is available on HCAHPS online, that scores do differ across different types of hospital.

So the only thing currently HCAHPS is adjusted for is for characteristics of a patient that would impact response tendencies and are not under the control of the hospital.

Bill Lehrman: In addition...

Mario Lopez-Luna: Good.

Bill Lehrman: Mario, if you go to HCAHPS online, we have a set of tables of hospital characteristics HCAHPS scores. So if you're interested in how different – how hospital characteristics vary with HCAHPS scores, you can look at that document. It's on our HCAHPS online website. It's one of the – one of the buttons on the left side, I believe.

Abe Hollander: Thank you.

Mario Lopez-Luna: OK, I will take a look. Thank you.

Operator: As a reminder, to ask an audio question, please press star then the number 1. Your next question comes from the line of Erika Pineda.

Erika Pineda: Hello, this is Erika Pineda from Pacific Alliance Medical Center. And my question is in regards to the preview report. There's a section where it states, "survey response rate." Is that the response rate based on the surveys sent ...?

Liz Goldstein: Yes.

Erika Pineda: ... or received?

Liz Goldstein: Yes. It's the response rate based on the surveys that were sent out or based on telephone, depending on how you're doing on the survey.

Erika Pineda: Is there an average of survey response rates?

Liz Goldstein: All of that information, it's on…

Bill Lehrman: Hospital Compare.

Liz Goldstein: Hospital Compare. And I think it's on HCAHPS online, the response rates.

Bill Lehrman: The national – the national response rate is about 32, 33 percent.

Erika Pineda: Thank you.

Abe Hollander: Thank you.

Operator: Your next question comes from the line of Stephanie Fishkin.

Stephanie Fishkin: Hello, this is Stephanie Fishkin from Kaiser Permanente. I wanted to know if you have given any consideration to in the future removing scores that are topping out. For example, the communication with doctors tends to be pretty high across all hospitals.

Marc Elliott: This is Marc Elliott at Rand, and one thing I'd add and I – like Liz and Bill have more to add, is that although the mean score for Doctor Communication is fairly high, it still does actually have high levels of reliability at the hospital level. There's an index which measures the ability of a score to distinguish performance of hospitals, and it still scores quite high on that. So we continue to monitor both the mean scores and their reliability, but my understanding is that as long as they continue to reliably distinguish hospital performance, they're likely to be retained.

Liz Goldstein: So in other programs that I mentioned, for example, the Medicare Advantage Program, this is something that we look at each year, and as there eventually is no variation and, you know, performance may be high and so that results in low reliability in the measure, then we do, you know, remove that from the Star Rating system. So I envision for HCAHPS that we'll be doing that same work each year, looking at the reliability of each of the individual measures and as they become topped out or, you know, as the variation drops across hospitals, we would consider removing them from this.

Abe Hollander: Thank you.

Operator: The next question comes from the line of Boris Kalanj.

Boris Kalanj: Yes, hi, I was just wondering, what's your intent with the technical advisory panel that your – is being started in relation to the star ratings? Do you anticipate that as a result of the work of the panel, there will be changes to this work?

Kristie Baus: Hi, this is Kristie. The technical expert panel is being put together to help us come out with the Summary Star Rating that will be a summary for all of the different domains of scores of stars that we have on the site. Our star ratings on Hospital Compare are being done in like a phased approach.

So, we started with HCAHPS. We are now determining which group of measures that we'll be going out with next. And the technical expert panel's purpose will help us to focus on different criteria for what measures to add to the Star Ratings or what measures should be taken off or not included in the Star Ratings, as well as to determine

a methodology to come up with that Hospital Summary Star Rating. It's not specific to HCAHPS.

Boris Kalanj: Thank you.

Abe Hollander: Thank you.

Operator: Your next question comes from the line of Lynn Charbonneau.

Lynn Charbonneau: Hi, this is Lynn Charbonneau at Waterbury Hospital. And I'm calling because – and you may have answered this, and I apologize if I didn't hear it. I'm currently looking at our preview report for first quarter '13 through fourth quarter '13. So, again, I always get confused with quarters because we operate differently. But January through December of 2013, that's the current preview report I have with the Star Ratings. And if I understood correctly, we're going to get another preview report in December that will be available for 30 days, or when will that come out for publication, in April? Is that correct?

Bill Lehrman: Hi, this is Bill Lehrman from CMS. Let me try to clarify a little bit.

Lynn Charbonneau: OK.

Bill Lehrman: The report you're looking at will be for the December public reporting.

Lynn Charbonneau: OK, for December.

Bill Lehrman: So, you should have the HCAHPS Star Ratings on there and linear mean scores.

Lynn Charbonneau: It does, yes.

Bill Lehrman: It does. OK. And then for April 2015 public reporting, there'll be a new preview report just for that public reporting and that should become available around December 31st for 30 days.

Lynn Charbonneau: OK, OK. I just wanted to clarify it. OK. Thank you.

Abe Hollander: Thank you.

Operator: Your next question comes from the line of Luanne Ventura.

JoAnn Ventura: Hi, my name is JoAnn Ventura from the Bellevue Hospital. And I have a question. When the stars appear – (laughs) – that sounds funny, but when the stars appear on the Hospital Compare site, how will they be described? Like if you – a five star

is going to be an excellent rating or a three star is an average rating. I mean, how is it going to be described to the public?

Kristie Baus: So we're still working out those details with our expert panel. And we'll have more information by the April release.

JoAnn Ventura: OK, thank you.

Abe Hollander: Thank you.

Operator: And the final question comes from the line Pita Bungadrin.

Seeta Gangadharan: Hello, this is Seeta Gangadharan. And this question was answered earlier, I believe so, but I just wanted to confirm. The December 2nd dry run release that's going to come out in December is going to be the data that's available in the April Hospital Compare update, is that correct?

Bill Lehrman: Hi, this is Bill Lehrman at CMS. Yes, it's not a second dry run. It is the regular normal preview report for the April 2015 Hospital Compare public reporting. It will have the updated information on all the HCAHPS measures and the HCAHPS stars and everything else from the Hospital Compare.

And, as always, there will be a 30-day period when hospitals can go to their account and download that report.

Seeta Gangadharan: OK, thank you.

Abe Hollander: Thank you. Salema, are we done with questions?

Operator: There are no further questions.

Additional Information

Abe Hollander: Excellent. And we've ended on time then. If you do come up with additional questions, please refer to slide 47 for contact information to submit additional questions. An audio recording and written transcript of today's call will be posted to the [Medicare Learning Network Connects Call](#) website.

We will release an announcement in the MLN Connects Provider eNews when these are available. On slide 50 of today's presentation, you will find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. We hope you'll take a few minutes to evaluate your MLN Connects Call experience.

On slide 51, you'll see that we have an upcoming MLN Connects Call tomorrow. The topic is Hospital Appeals Settlement Update. It begins at 1:30 p.m. Registration will end at noon tomorrow, if you're interested.

Again, my name is Abe Hollander, and I have been your moderator today. I'd like to thank our presenters and also thank you for participating in today's MLN Connects Call on Hospital Compare Star Ratings, Overview of HCAHPS Star Ratings. Have a great day, everyone.

Operator: This concludes today's call.

-END-