Frequently Asked Questions (FAQs) about the
Home Health Compare (HHC) Star Ratings

I.   General

IQ1:   What is the purpose of HHC Star Ratings and why is CMS choosing to add them to HHC now?

IA1:   The Affordable Care Act calls for transparent, easily-understood, public reporting of quality of care information. CMS has created the HHC Star Ratings to help provide transparency by comparing the quality of care delivered by various Home Health Agencies (HHAs) and assisting consumers in making informed decisions about where they would prefer to receive care. CMS believes that HHC Star Ratings will stimulate improvements in the quality of care provided and incentivize HHAs to maintain quality standards. This is part of an initiative to roll out star ratings across the various Compare websites.

IQ2:   What is the purpose of HHC Star Ratings when the quality measure scores are already reported on HHC?

IA2:   HHC Star Ratings are calculated using a subset of the home health quality measures that are publically reported on HHC and are tailored to meet the needs of consumers. HHC Star Ratings are quick to read and comprehend and are in a format that is becoming increasingly familiar to consumers through its use on Nursing Home Compare, Physician Compare, and Dialysis Facility Compare.

IQ3:   Do HHC Star Ratings provide all of the information needed to choose a HHA?

IA3:   Consumers should consider multiple factors when choosing a HHA. The new HHC Star Ratings summarize certain data about the quality of home health care provided by various HHAs in a format that is easy to view and understand. However, other data that are publicly reported on HHC can be very useful. Also, consumers should consult their healthcare professionals when making healthcare decisions such as selecting a HHA.

IQ4:   When HHC Star Ratings are added to HHC, will any of the current information about the HHC measures be removed from the website?

IA4:   No. The information currently displayed on HHC, including the individual measures and the downloadable databases, will remain available on the when the HHC Star Ratings are added.

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II.   HHA Eligibility

IIQ1:   **Which HHAs are included in HHC Star Ratings?**

IIA1:   All Medicare-certified HHAs are potentially eligible to receive HHC Star Ratings. In addition, HHAs must have been certified for at least 6 months and must have 20 or more complete episodes of care during the 12-month reporting period for at least 5 of the 9 measures used to calculate the HHC Star Ratings to be included in the HHC Star Ratings for that reporting period. Consistent with the standard applied under the home health quality reporting requirements, i.e., Pay-for-Reporting (P4R), an episode of care is defined as follows: *"the submission of a matching pair of OASIS assessments (i.e. - admission and discharge assessment) for [a] patient that has been admitted and discharged during the reporting period."*

IIQ2:   **Why is it necessary to have at least 20 complete "episodes of care" to receive HHC Star Ratings? Does this mean some small agencies may have a star rating one quarter and not the next?**

IIA2:   Quality measures used to compute the HHC Star Ratings with fewer than 20 complete episodes of care do not have sufficient statistical reliability for HHC performance measurement. Caseloads at some small agencies may vary, which could mean that they meet the threshold for reporting a quality measure for some quarters and not others. An agency must have 20 complete episodes for at least 5 of the 9 measures in order to have a star rating calculated.

IIQ3:   **Why did our HHA not receive a HHC Star Rating?**

IIA3:   To receive a HHC Star Rating, a HHA must have been certified for at least 6 months and must have reported data on at least 5 of the 9 quality measures that contribute to the star rating during the reporting period. In order to have reported data for a quality measure, a HHA must have 20 or more episodes of care with information on that measure for the 12-month reporting period. Consistent with the standard applied under the home health quality reporting requirements, i.e., Pay-for-Reporting (P4R), an episode of care is defined as follows: *"the submission of a matching pair of OASIS assessments (i.e. -admission and discharge assessment) for a patient that has been admitted and discharged during the reporting period."*

III.   HHC Measures that Contribute to the HHC Star Ratings

IIIQ1:   Which HHC measures are included in the calculation of the HHC Star Ratings?

IIIA1:   There are currently 27 quality measures publicly reported on HHC (i.e., 13 process measures, 9 outcome measures, and 5 patient experience of care measures). The HHC Star Ratings consider a subset of 9 out of the 27 quality measures reported on HHC for the calculation. These measures include:

<u>**Process Measures**</u>
Timely Initiation of Care
Drug Education on all Medications Provided to Patient/Caregiver
Influenza Immunization Received for Current Flu Season

<u>**Outcome Measures**</u>
Improvement in Ambulation
Improvement in Bed Transferring
Improvement in Bathing
Improvement in Pain Interfering With Activity
Improvement in Dyspnea
Acute Care Hospitalization

IIIQ2:   How did you select HHC measures for use in the calculation of the HHC Star Ratings?

IIIA2:   Specific measures were considered for inclusion in the HHC Star Ratings calculation based on several criteria:
- The measure applies to a substantial proportion of home health patients so that it can be reported for a majority of home health agencies.
- The measure shows a reasonable amount of variation among home health agencies, and it is possible for a home health agency to show improvement in performance (i.e., the measure cannot be "topped out".)
- The measure has high "face validity" (can be taken at face value) and clinical relevance.
- The measure cannot be susceptible to random variation over time.

To capture multiple dimensions of the quality of care provided by HHAs, 3 measures reflect the process of care and the agency's use of evidence-based best practices; 5 reflect patient clinical and functional improvement outcomes; and the remaining measure reflects service utilization (acute care hospitalization). All of the measures have been publicly reported since 2011, so beneficiaries and providers are likely to be familiar with them. More detailed analysis supporting the measure selection process is available in the **Home Health Star Rating Methodology Report** found in the "Downloads" section of http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings.html

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IIIQ3: **The methodology presented at the February 5, 2015 Special Open Door Forum included two process measures related to vaccines; Influenza Immunization Received for Current Flu Season and Pneumococcal Vaccine Ever Received. Doesn't this give too much weight to vaccines in the final star rating?**

IIIA3: Based on comments received after the February 5, 2015 Special Open Door Forum and additional analysis, the Pneumococcal Vaccine Ever Received measure was removed from the HHC Star Ratings calculation. This will minimize the emphasis on vaccination relative to the other measures used to compute the star rating. Reducing the total number of measures from 10 to 9 and the number needed for computation from 6 to 5 did not result in any reduction in the number of HHAs for which a HHC Star Ratings could be reported.

IIIQ4: **Will patient experience of care measures (based on the Home Health Consumer Assessment of Healthcare Providers and Systems or HHCAHPS data) be included in the HHC Star Ratings calculation?**

IIIA4: CMS is already working on potential methodologies for creating a star rating that is based on the patient experience of care data. We intend to roll out such ratings as soon as possible, and hope to do so during 2015.

IIIQ5: **Will survey results and consumer complaints be incorporated into the HHC Star Ratings?**

IIIA5: CMS will consider how additional information might be incorporated into the HHC Star Ratings under future refinements.

IIIQ6. **The HHC Star Ratings methodology includes five outcome measures that assess improvement in function, but no measures of stabilization. Why weren't stabilization measures included?**

IIIA6. The measures selected for inclusion were drawn from those already reported on HHC, which does not include any stabilization measure. In general, the stabilization measures included in the CASPER reports are "topped out" and would not have met the second selection criteria (see IIIA2) regarding opportunity for improvement. They also have not been endorsed by the National Quality Forum. Finally, the stabilization measures identify all patients whose function has not declined, including both those who have improved or stayed the same. Hence these measures overlap with the improvement measures. We anticipate the HHC Star Ratings methodology will evolve over time. Future revisions to the HHC Star Ratings methodology may add measures, including revised versions of the stabilization measures, as CMS recognizes this is an important home health objective.

IIIQ7. **Do the outcome measures included in the HHC Star Ratings calculation take into account differences in payer source, e.g. Medicaid, and patient acuity? What about socio-demographic status?**

IIIA7. All of the outcome measures reported on HHC, including those incorporated in the HHC Star Ratings calculation, are risk-adjusted. Payer source and acuity are among the many variables included in the risk models, if analysis shows they are a significant predictor of the outcome. The Acute Care Hospitalization measure is only calculated for Medicare fee-for-services patients, and is also risk-adjusted to account for differences in initial patient characteristics, including acuity. The National Quality Forum is undertaking a demonstration project with CMS looking at the incorporation of socio-demographic variables in risk models, and these may be explored for the Acute Care Hospitalization measure in the future.

IV. Methodology for Assigning HHC Star Ratings

IVQ1: **What is the methodology for assigning HHC Star Ratings for each HHA?**

IVA1: Calculating HHC Star Ratings is a multi-step process.

- First, HHAs are ranked according to their score on each of the 9 quality measures, separately. For all measures except acute care hospitalization, a higher measure value corresponds to a better score. For acute care hospitalizations, a lower measure value corresponds to better score.

- Next, for each measure, the scores across all HHAs are divided into ten categories by ranking such that approximately 10 percent of agencies fall into each category. These rankings correspond to a preliminary star rating for the HHAs on each of the nine measures to be considered in the rating calculation- 10% of HHAs to the lowest (one-half star) category, 10% to the next lowest (one stare), and so forth, with 10% falling in the highest (five stars) category.

- The HHA's preliminary star rating for each measure is then adjusted according to a statistical significance test of the difference between the agency's quality measure score and the national median for that quality measure. If the agency's preliminary star rating for a measure is below two and a half stars, and the agency's quality measure score is *not* statistically significantly different from the national average, the star rating is increased by one-half star (for example, from one star to one and a half stars, or from two stars to two and a half stars). Similarly, if an agency's preliminary star rating for a measure is above three stars and the agency's quality measure score is *not* statistically significantly different from the national median, the preliminary star rating is decreased by one-half star (for example, from five stars to four and a half stars or from four stars to three and a half stars). If an agency's preliminary star rating is two and a half or three stars, no changes are made based on the statistical significance test.

- Finally, for each HHA, the adjusted individual star ratings are averaged across all of the 9 measures and assigned a star value based on a scale from one to five stars, to

obtain an overall star rating for the agency. Only the overall star rating will be reported on HHC.

For more details, please see the **HHC Star Ratings Methodology** report, which is available in the "Downloads" section:

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings.html

CMS anticipates future modifications to the methodology, and welcomes comments for consideration.. They can be sent via email to <HHC_Star_Ratings_Helpdesk@cms.hhs.gov>

IVQ2: **Why are initial star ratings for each measure not adjusted for statistically-significant differences if they are two and a half or three stars?**

IVA2: The purpose of the adjustment based on statistically-significant differences is to distinguish which results are truly different from the national result or overall median. A value of two and a half or 3 stars indicates that, for a specific measure, the HHA is performing similar to this median or national rate.

IVQ3: **What is the statistical method used to compare the measure score to the median? If confidence intervals are used, how are they calculated and what are the criteria to define a score statistically different from median?**

IVA3: A one-sided binomial test is used to compare an agency's measure score to the national median (across all agencies). If the test yields a probability value (p-value) higher than 5 percent, the agency's measure score is considered *not* statistically significantly different from the national median.

IVQ4: **Does the HHC Star Rating include all patients eligible for reporting with OASIS, i.e. Medicaid and Medicare Advantage?**

IVA4: Medicaid and Medicare Advantage patients are not specifically excluded from the calculation of the HHC measures used in the HHC Star Ratings methodology, with the exception of the claims-based hospitalization measure. This measure is calculated for Medicare fee-for-service patients only.

V. Implementation of Star Ratings

VQ1: **When will HHAs first see their HHC Star Ratings?**

VA1: The first public reporting of the HHC Star Ratings is currently targeted for July 2015. HHAs will have an opportunity to see their HHC Star Rating when a preview report is posted in their CASPER folder around the end of March 2015.

VQ2. **Will HHAs be able to request a review of their star rating before publication?**

VA2. If a HHA has evidence that the data submitted to CMS that were used to calculate the measures included in their HHC Star Ratings are inaccurate or incomplete, and that due to the volume of these inaccurate data there may be an effect on the final HHC Star Rating, the HHA may request a review of their rating. This request must include specific information and provide documentation/examples about the inaccurate or missing data and a proposed timeline for correction. Depending on the results of the review, the HHA's HHC Star Rating may be suppressed for one reporting period, while corrections are made. HHAs will have about two and half weeks after receiving their Preview Reports to submit review requests and supporting documentation.

More information about making these requests will be posted on http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings.html.

VQ2: **What will be the reporting period for the first set of HHC Star Ratings?**

VA2: The HHC Star Ratings will have the same 12-month reporting period as the rest of the quality measures being reported on HHC at the same time. The HHC Star Ratings are just a summary of 9 of the other measures being reported. For OASIS-based measures there will be a delay of six months, e.g. measures posted in July 2015 will be based on CY2014 data, and for claims-based measures the delay will be 9 months, e.g. measures posted in July 2015 will be based on data from October 2013 through September 2014. This delay is necessary to allow HHAs sufficient time to preview their HHC Star Ratings before publication on HHC.

VQ3: **Will there be wording on the website to clarify what the star values signify? People generally think of three stars as "not so good." Will you do consumer testing to ensure that consumers understand the HHC Star Ratings correctly?**

VA3: The HHC website is designed to allow consumers to compare the performance of the HHAs that serve their area on a variety of measures and use this information, along with other considerations, in choosing a provider. While the HHC website display design is still under development, HHC Star Ratings will show which providers are performing at a level similar to most providers (two and a half or three stars) and which have performance that is better than the national median (three and a half to five stars) and which have performance that is lower than the national median (one to two stars). This will be clearly explained on the website. CMS is testing options for presenting star ratings to confirm that consumers comprehend the information being presented. This includes explanations about how comparative ratings, like the HHC Star Ratings, differ from quality ratings based on consumer satisfaction, such as those found on many retail websites.

VQ4: **How are you getting input on the HHC Star Ratings methodology from home health providers and other stakeholders? Will there be a public comment period?**

VA4: CMS solicited input from home health agencies and associations, from consumer advocates, and from other stakeholders.

- We have published the methodology at:

  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings.html

- We held our first Special Open Door Forum to present the methodology and receive stakeholder feedback on December 17, 2014. A second Special Open Door Forum was held on February 5, 2015 to present updates to the methodology and solicit additional feedback. Each session was followed by a public comment period. CMS chose this approach over formal rule-making to allow flexibility for more iterative development and comment. Information on both Special Open Door Forum sessions is posted here:

  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings.html

- Our design/implementation contractor is also convening a stakeholder group, to include representatives from stakeholder organizations to provide input on system design and implementation, and will be coordinating consumer testing of the content on HHC.

- We have also established an email box for submission of comments, questions, and suggestions about the HHC Star Ratings, and we encourage all interested parties to submit their input to: HHC_Star_Ratings_Helpdesk@cms.hhs.gov.

VI. Potential Impacts of Star Ratings

VIQ1: **Will HHC Star Ratings impact our annual market basket update payment?**

VIA1: HHC Star Ratings are not used in the annual market basket update payment determination.

VIQ2: **Will the HHC Star Ratings, or the measures used for the HHC Star Ratings, be used for value-based purchasing in the future?**

VIA2: The measures included in the HHC Star Ratings methodology were selected to support consumer choices among providers. The selection of measures to be used for value-based purchasing would presumably use different criteria and would therefore require a separate evaluation process.

VIQ3: Won't HHC Star Ratings create a disincentive for home health agencies to serve beneficiaries who are not expected to improve?

VIA3: The HHC quality measures that are based on patient improvement are already risk-adjusted in order to account for each agency's patients who are not expected to improve. This should address agencies' concerns about serving such patients.

VIQ4: How will HHC Star Ratings affect small agencies? Will we be excluded?

VIA4: Agencies with a very small number of patients with a given quality measure (fewer than 20) currently do not have the measure reported on HHC because with such a small number of patients, the result may reflect random variation and can be easily distorted by a single case. Since the HHC Star Ratings are based on data from 9 of the HHC measures, the current methodology requires that an agency have reportable data for at least five of those measures to receive a HHC Star Ratings. This is to ensure that the HHC Star Ratings reflect a reasonably wide range of performance measures for all agencies, and that they are comparable across providers. Using the data reported on HHC for calendar year 2013 to simulate the HHC Star Ratings, 9,623 out of 12,446 active agencies (77%) received HHC Star Ratings. The remaining 23% were too small or too new. When the HHC Star Ratings are posted on HHC, we will include language explaining that agencies without HHC Star Ratings were too small or too new, and that this absence does not reflect on agency quality or performance.

VIQ5: Since there are relatively few agencies that rate 4 or 5 stars under the HHC Star Ratings system, is it possible that some consumers will not have access to any 5-star agencies?

VIA5: Consumers who currently use HHC can easily compare the performance of their local home health agencies to the overall performance for their state and for the nation. Those who reside in areas served by relatively few agencies can already see how their agencies compare to the national performance rate. The HHC Star Ratings do not change the distribution of HHAs or their performance. The distribution of agencies across the HHC Star Ratings, and the concentration of agencies in the middle categories reflect that most agencies are performing well and there are relatively few agencies whose performance is significantly better or worse than HHAs nationwide. The explanatory language presented on Home Health Compare along with the HHC Star Ratings will emphasize that a three-star rating means "performance that is typical of HHAs nationally."