

Frequently Asked Questions about the Home Health Compare Star Ratings

I. General

Q1: What is the purpose of Home Health Compare Star Ratings?

A1: CMS has created the Home Health Compare Star Ratings to help consumers in making informed decisions about where they would prefer to receive care. CMS believes that Home Health Compare Star Ratings will stimulate improvements in the quality of care provided and incentivize HHAs to maintain quality standards. CMS plans to roll-out Star Ratings on other Compare websites in the near future.

Q2: What is the purpose of HHC Star Ratings when the quality measure scores are already reported on HHC?

A2: Home Health Compare Star Ratings are calculated using a subset of the home health quality measures that are publically reported on Home Health Compare and are tailored to meet the needs of consumers. Home Health Compare Star Ratings are quick to read and comprehend and are in a format that is becoming increasingly familiar to consumers.

Q3: Do Home Health Compare Star Ratings provide all the information needed to choose a HHA?

A3: Consumers should consider multiple factors when choosing a HHA. The new Home Health Compare 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 Home Health Compare can be very useful. Also, consumers should consult their healthcare professionals when making healthcare decisions such as selecting a HHA.

Q4: When Home Health Compare Star Ratings are added to Home Health Compare, will any of the current information about the Home Health Compare measures be removed from the Website?

A4: No. The information currently displayed on Home Health Compare, including the downloadable databases, will remain available on the website when the Home Health Compare Star Ratings are added.

Q5: When will Home Health Agencies first see their Home Health Compare Star Ratings?

A5: The first public reporting of the Home Health Compare Star Ratings is currently targeted for the summer of 2015. HHAs will have an opportunity to see their Home Health Compare Star Ratings several weeks prior to posting on the Home Health Compare website when a preview report is posted in their CASPER folder.

II. HHA Eligibility

Q1: Which HHAs are included in Home Health Compare Star Ratings?

A1: All HHAs that receive payments from the Medicare Home Health Prospective Payment System (HH PPS) are potentially eligible to receive Home Health Compare Star Ratings. In addition, HHAs that have been certified for at least 6-months must have 20 or more complete episodes of care during the 12-month reporting period for at least 6 of the 10 measures used to calculate the Home Health Compare Star Ratings to be included in the Home Health Compare Star Ratings for that reporting period. Consistent with the standard applied in HH PPS, 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.”*

Q2: Why is it necessary to have at least 20 complete “episodes of care” to receive Home Health Compare Star Ratings?

A2: Home Health Compare star ratings based on fewer than 20 complete episodes of care do not have sufficient statistical reliability for Home Health Compare performance measurement.

Q3: Why did our HHA not receive a Home Health Compare Star Rating?

A3: To receive a Home Health Compare Star Rating, a HHA must receive payments under the Medicare Home Health Prospective Payment System and must have data on at least 6 of the 10 quality measures that contribute to the star rating. In order to receive a rating on 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 in HH PPS, 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. Home Health Compare Measures that Contribute to the Proposed Home Health Compare Star Ratings

Q1: Which Home Health Compare measures are being considered in the proposed calculation of the Home Health Compare Star Ratings?

A1: There are currently 27 quality measures publicly reported on Home Health Compare (i.e., 13 process measures, 9 outcome measures, and 5 patient experience of care measures). The Home Health Compare Star Ratings consider a subset of 10 out of the 27 quality measures reported on Home Health Compare for the proposed calculation. These measures include:

Process Measures

Timely Initiation of Care
Drug Education on all Medications Provided to Patient/Caregiver
Influenza Immunization Received for Current Flu Season
Pneumococcal Vaccine Ever Received

Outcome Measures

Improvement in Ambulation
Improvement in Bed Transferring
Improvement in Bathing
Improvement in Pain Interfering With Activity
Improvement in Dyspnea
Acute Care Hospitalization

Q2: How did you select Home Health Compare measures that are considered for use in the proposed calculation of the Home Health Compare Star Ratings?

A2: Specific measures are considered for inclusion in the proposed star rating 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 home health agencies, under the proposed methodology four measures are considered that reflect the process of care and the agency's use of evidence-based best practices; five 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.

IV. Proposed Methodology of Home Health Compare Star Ratings

Q1: What is the proposal for assigning Star Ratings for each HHA?

A1: Under the proposed methodology, calculating Home Health Compare Star Ratings is a multi-step process. First, HHAs are ranked according to their score on each of the 10 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 five categories by ranking such that 20 percent of

agencies fall into each category. These rankings correspond to a preliminary star rating for the HHAs on each of the ten measures to be considered in the rating calculation- 20% of HHAs to the lowest (one star) category, 20% to the next lowest (two stars), 20% to the middle (three stars) category, 20% to the next higher (four stars) category, and 20% to the highest (five stars) category.

The individual 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 average for that quality measure. If the agency's preliminary star rating for a measure is below three stars, and the agency's quality measure score is *not* statistically significantly different from the national average, the star rating is increased by one star (from one star to two stars, or from two stars to three 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 average, the preliminary star rating is decreased by one star (from five stars to four stars or from four stars to three stars). If an agency's preliminary star rating is 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 the 10 measures to obtain an overall star rating for the agency. Only the overall star rating will be reported on Home Health Compare. We welcome comments on this methodology.

For more details, please see the **Home Health Compare Star Ratings Methodology** report, which is available on the Home Health Quality Initiatives webpage at: <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-12-11-2.html>

V. Home Health Compare Star Ratings and Medicare Payments

Q1: Will Home Health Compare Star Ratings impact our annual market basket update payment?

A1: Home Health Compare Star Ratings are not used in the annual market basket update payment determination.