

Centers for Medicare & Medicaid Services
Special Open Door Forum:
“All About Home Health Patient Survey (HHAHPS) Star Ratings”
Thursday, May 7, 2015
1:30-2:30 pm Eastern Time
Moderator: Natalie Highsmith

Operator: Good afternoon. My name is (Phoenix) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services Home Health CAHPS Star Ratings on this Home Health Compare Special Open Door Forum.

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

Natalie Highsmith, you may begin your conference.

Natalie Highsmith: Thank you, (Phoenix) and welcome everyone to today's special open door forum which is all about the Home Health CAHPS survey Star Ratings. The Special Open Door Forum will describe the rationale and give an overview of the Home Health CAHPS Survey Star Ratings, and this is your opportunity to learn more about how CMS plans to use the Home Health CAHPS Survey results to create the patient survey Star Ratings for the Home Health Compare website and as always you can ask questions.

The links to the Technical Paper and FAQs and the PowerPoint slides are in the call announcement and specifically, I wanted to point out the PowerPoint slides are located on the homehealthcahps.org website; that is <https://homehealthcahps.org>. Now, I would turn the call over to Lori Teichman, CMS project officer for the Home Health CAHPS Survey.

Lori Teichman: Thank you so much, Natalie. Thank you. Welcome everyone and thank you for joining us today. Today, we will focus on Home Health CAHPS survey Star Ratings methodology and also I would like to note that we will be saying “Patient Survey Star Ratings” as well as saying “HHCAHPS Star Ratings” which is meaning the same thing.

On slide 3, we have some factors that summarize useful definitions for Star Ratings. CMS is using Star Ratings as one of the tools to increase transparency and clear messaging of important health quality information. The HHCAHPS Star Ratings fit in the CMS plan to adopt Star Ratings across all Medicare.gov websites.

In slide 5, we have a question; “How does CMS ensure the quality of the data that is collected in the Home Health CAHPS Survey?” CMS requires that agencies contract with an approved HHCAHPS survey vendor. By using independent survey vendors to conduct the Home Health CAHPS Survey, we ensure that patients receiving home health care do not feel pressured to respond in a particular way about the care that they receive.

CMS provides ongoing training of all approved Home Health CAHPS Survey vendors. CMS’ federal contractor conducts in person site visits to ensure that the vendors are administering the Home Health CAHPS Survey in adherence to established survey protocols. These survey protocols are in a large manual called the “HHCAHPS Survey Protocols and Guidelines Manual” which is updated annually and it provides specific information on how the survey is to be standardized and administered the same way across the nation by ensuring uniform survey administration by all approved vendors.

The Home Health CAHPS Survey website serves as the central point for all communication about HHCAHPS, and it is a useful tool to survey vendors, to agencies and to the public as well and it ensures that everyone stays informed about updates about the HHCAHPS survey and it provides complete transparency about the survey. Finally, the CMS federal contractor conducts ongoing review of the submitted HHCAHPS survey data and this provides additional quality control. Now, I have the honor of introducing a key member of the federal contractor team, Dr. Laura Smith who is leading the

HHCAHPS Star Ratings development and data testing. Dr. Smith is a health analyst in the performance measure development and improvement program at RTI International.

Laura Smith: In this section, I'll be describing the methods used to assign Star Ratings for Home Health CAHPS. On slide seven, the first time that Star Ratings for Home Health CAHPS will be publicly reported is in January 2016. The January 2016 reporting period includes data from patients who receive skilled home health services during the period of July 2014 through June 2015.

Slide 8 shows that Star Ratings data uses the same data that are used to prepare the five publicly reported measures currently available on home health compared.

These are the three composite measures composed of multiple questions and two global ratings questions. These data come from the Home Health CAHPS Survey which is a national survey of patients who recently received skilled home health care services. As we mentioned earlier, the survey is administered by independent survey vendors using standardized data collection protocols.

Also, the Home Health CAHPS Survey was endorsed by the National Quality Forum (NQF) in 2009 and recently re-endorsed by NQF in 2015. Slide 9, Star Ratings will be assigned to four of the five Home Health CAHPS measures that are currently being publicly reported on Home Health Compare. These are listed here, there are three composite measures: care of patients, communication between providers and patient, and specific care issues. Again, the composites are comprised of multiple questions on the Home Health CAHPS Survey.

Star Ratings will also be assigned to one of the two global ratings currently being reported called the overall rating of care provided by the home health agency. In addition, there will be a Survey Summary Star. The Survey Summary Star is simply the average of the four star ratings that I just reviewed. Note, that there will not be a Star Rating assigned to the measure called "willingness to recommend this agency to family and friends."

Although the Willingness to recommend measure is reported on Home Health Compare, this measure provides information that is very similar to the Overall Rating measure.

Slide 10, so which agencies are eligible to receive Star Ratings? The agencies must be eligible to be publicly reported on Home Health Compare. This means that they must have at least 12 months of Home Health CAHPS data. Second, agencies must have at least 40 completed surveys over the four quarters of the public reporting period.

Note that agencies that do not have at least 40 completed surveys while not receiving Star Ratings, will still have their Home Health CAHPS Survey data publicly reported as long as they have the required number of months of survey data in that public reporting period. However, these measures will not have Star Ratings attributed to them.

Now, I'm going to walk through the calculations behind creating the star ratings. The first step is to construct what we call linearized scores for each Home Health CAHPS measure. Once we have the linearized score, we will adjust them for patient mix. I'll talk a little bit later about what the patient mix adjustment process is and why we do it.

Slide 12, On Home Health Compare, CMS reports the percentage of respondents who provide "top box" or most favorable responses. But for the Star Ratings, ALL survey response levels are used to develop the linearized scores. This means that we don't just look at the most positive responses. We use all the level of responses that an agency's respondents give. We assign a higher value to the more positive responses and a lower value to the less positive responses but we still use the full range of response levels.

Composite scores are based on the mean of the linearized responses to the questions that make up that composite.

Slide 13, this slide shows; how different types of responses are converted to a score with a range from 1 to 100. The response scales are converted to numbers that can be averaged. For some examples, the response scale of

Never, Sometimes, Usually, and Always is assigned a value shown where Never is assigned a value of 0 and Always is assigned the maximum value of 100.

Another example is the Overall Rating scale which asks respondents for their overall rating of the home health agency on a scale of 0 to 10. The linear score assigns a 0 rating to the value of 0, a 10 to a rating of 1, 20 to a rating of 2, ... all the way to 100 for a rating of 10. To get the final measure score, the Home Health CAHPS linearized scores are averaged, after adjusting for patient mix.

Slide 14, as I mentioned in prior slides, to get an agency's final score we need to take the linearized scores and adjust them for patient mix. On the next slide, I will be showing you the patient mix adjustors used in the Home Health CAHPS Survey. The idea behind patient mix adjustment is that all agencies may not serve similar populations and this could affect their ratings. Patient mix adjustment statistically adjusts for certain patient characteristics that impact scores but over which the agency has no control.

As an example, one of the patient mix factors we use on the Home Health CAHPS Survey is whether the patient lives alone. Patients who live alone tend to give lower scores and this is clearly outside of the agency's control so this is something that we statistically adjust for.

Slide 15, The set of patient characteristics which are used as patient adjustment factors are Age, Education, Self-reported health, and mental or emotional status, Diagnoses of Schizophrenia and of Dementia, whether the patient lives alone, Whether the survey was answered by a proxy, and the language in which the survey was completed. Data elements are supplied by agencies and patients and collected through survey vendors.

Slide 16, Now that we have the adjusted linearized scores, how do we get the Star Ratings? In these next few slides, I will discuss how we convert the scores to Star Ratings.

Slide 17, To assign stars we need to understand how the various scores are distributed across all of the eligible agencies. That is, those agencies with at least 40 completed surveys. We then want to group them into clusters that represent logical groups, based on the scores in that group.

Normal rounding rules are applied to the measure scores before the stars are assigned. So, if an agency has a score for a particular measure of 94.5, we would round that to 95, and then look for a star group that includes 95 in its range. We use statistical clustering techniques to put all of these scores into groups such that we minimize the differences in scores within the groups and maximize the difference between the groups.

It's important to note here that this is a statistical process. There are no predetermined numbers of agencies or proportions of agencies that are put into a given group or star category. Essentially the statistical program creates the best five groups from the data. This is the same statistical program method that is used for Star Ratings on the CMS Part C and Part D Star Ratings programs and on Hospital CAHPS. This methodology is highly respected by the Medicare plans that receive Star Ratings on Medicare Plan Finder.

Slide 18, each of the four publicly reported measures that is getting a star is then assigned a rating based on which group the agency falls into -- either a 1, 2, 3, 4, or 5.

Slide 19, On this slide, I wanted to point out that the boundaries or cut points for each star cluster are re-estimated with each new set of quarterly data that are added to the rolling 4-quarter publicly reported data.

This means; that each quarter, as we drop off the oldest quarter of survey data and add the newest quarter of survey data, we rerun the clustering algorithm and establish new cut points based on these data. Sometimes the cut points will change from public reporting to public reporting period and sometimes they may not change.

We will make the cut points available to agencies via their Preview Report on <https://homehealthcahps.org> and we will also make the linearized scores available to each agency via their Preview Report.

Slide 20, on this slide we show the cut points for the Star Ratings clusters for the data covering the public reporting period of July 2013 through June 2014.

You can see that the scores are shown as rounded values, as we discussed in the prior slide. In this example, you can see for the Care of Patient Star Ratings, which is in the second column, that an agency would have to have a score of 97 or higher to be assigned 5 stars.

Slide 21, in these next few slides I'm going to share with you the distribution of Star Ratings across each of the publicly reported measures using data from July 2013 through June 2014.

Slide 22, as a reminder, this slide shows the four measures that are publicly reported on Home Health Compare that will receive Star Ratings. In addition, as I mentioned previously, there will be a Survey Summary Star which I will discuss the calculation of in just a bit.

Slide 23, in this slide, we see the distribution of the care of patients composite measure Star Rating. The first column shows the Star Rating categories. The second column shows a count of agencies in each of the Star Rating categories, and the third column shows the percent of agencies in each of Star Rating categories.

For the Care of Patient's composite, looking at the second to the bottom row, you can see that 14.3 percent of agencies received 5 stars.

For this composite, the largest proportion of agencies receives 4 stars, or 39.3%. The next largest proportion of agencies received 3 stars, or 28.4%.

On Slide 24, we can see the distribution of the Communication between Providers and Patients composite measure Star Rating. For this measure, we see again that the largest proportion of agencies falls into the 4-star category

with 41.9%, but for this measure the next most common rating was 5-stars, with 36.0% of agencies falling into this group.

On Slide 25, we show the Star Rating distribution of the composite called Specific Care Issues. For this measure, the most common star assignments are 4 stars with 27.9% of agencies, followed by 3 stars with 26.8% of agencies. Almost 20% of agencies received 5 stars for this measure.

On Slide 26, we see the distribution of Star Ratings for the Home Health CAHPS Overall Rating of the Agency measure. In this slide, you can see that the majority of agencies fall into the 3-star and 4-star category for this measure; very few agencies are in the 1-star category, and just under 10 percent fall into the 5-star category.

Slide 27, A few words about the Survey Summary Star Rating before I show you its distribution.

The Survey Summary Star is based on an average of the four publicly reported measure star ratings that we just looked at.

We take the average and then follow normal rounding rules to assign this summary star. We provide guidance here on how normal rounding rules are applied. As an example, if the unrounded four-quarter average of the linear score is 3.2, we would round the score down to a value of 3, because 3.2 is less than 3.5, which is the cut off for determining whether to round up or round down.

Slide 28, with regard to the Survey Summary Star Rating which is shown in the table on this slide; the most common rating was 4 stars with 42.8% of agencies receiving this rating. 28.4% of agencies received 3 stars. There were 17.5% of agencies receiving 5 stars, just over a percent received only 1 star.

Slide 29, we mentioned that the first public reporting of the Home Health CAHPS Star Ratings will take place in January 2016. However, CMS is going to conduct a dry run of the Star Ratings during the October 2015 public reporting period. The dry run Preview Reports will reflect survey data

collected from patients who received home health care during the period of April 2014 through March 2015.

With these dry run Preview Reports for the October 2015 public reporting period, agencies will have the opportunity to see their Star Ratings on these four measures and the Survey Summary Star Rating.

Note that the Star Ratings for HHCAHPS will NOT be public reported in October. This is just an opportunity for agencies to see the stars that would have been assigned based on the data that are still going to be reported on Home Health Compare in October. Beginning with the January 2016 public reporting period, both the publicly reported data and the Star Ratings will be reported for HHCAHPS Survey data on Home Health Compare. The January 2016 publicly reported data with the Star Ratings will pertain to the period of July 2014 through June 2015.

Slide 30, we wanted to include a quick reminder for home health agencies about how to access and view their Preview Reports on <https://www.homehealthcahps.org>. Agencies should log on to the Home Health CAHPS website using their unique username and password and then select the preview reports link which is under the tab labelled “For HHAs”. Each agency’s report will be displayed. As a reminder, Home Health CAHPS survey vendors and the public do not have access to these preview reports. Only home health agencies can view their own preview reports.. These reports are posted two weeks prior to the date that the data are posted on the Home Health Compare website.

Now, we’d like to share some Frequently Asked Questions and Answers about the Home Health CAHPS Star Ratings. Before I start though, note that there is a full set of FAQs available as mentioned at the beginning of this presentation. They are available on the CMS website along with a copy of the slides and technical notes explaining the Star Ratings methodology in more detail.

First question is listed on Slide 32, “Which agencies are included in Home Health CAHPS Star Ratings?” All home health agencies that participate in

Home Health CAHPS Survey are eligible to receive Home Health CAHPS Star Ratings. However, the smallest agencies, those with fewer than 40 completed surveys, will not be assigned stars and those agencies that did not participate each month during the full 12-month period being publicly reported will also not be seeing Star Ratings.

“Why are at least 40 completed Home Health CAHPS surveys necessary to receive Home Health CAHPS Star Ratings?” Home Health CAHPS scores with fewer than the 40 completed surveys do not have sufficient statistical reliability to ensure that you are measuring true performance and not “noise” in the data for reporting these performance measures.

Caseloads at some small home health agencies may vary, which could mean that they meet the threshold for reporting on quality measure for some quarters and not others. The 40 or more surveys must be completed over the four-quarter reporting period to have Home Health CAHPS Star Ratings calculated.

Slide 34, “Why might our HHA not receive Home Health CAHPS Star Ratings? There are two reasons why an agency might not have a Star Rating assigned for HHCAHPS Survey data. First, if an agency is small--that is, if there are fewer than 40 completed surveys for the 12- month period being publicly reported, then that agency will not receive Star Ratings. Second, if the agency is new to Home Health CAHPS or otherwise does not have the full 12-months of survey data required for public reporting, that agency will similarly not receive Star Ratings.

Slide 35, “Does the number of agencies that receive 5 stars differ for each of the Home Health CAHPS measures?” Yes, the clustering algorithm empirically determines the number of agencies in each Star Rating category independently for each Home Health CAHPS measure. It is also worth pointing out that CMS does not have any predetermined number or proportions of agencies that it places in any given star cluster. The data are clustered according to the clustering algorithm.

Slide 36, “Will an agency’s Star Rating change over time?” The answer to this question is Yes. As noted in an earlier slide the cut points or boundaries

are re-estimated each quarter, so it is possible that a score that was part of one star cluster in one public reporting period may be placed into a different cluster in the next period, even if the score itself did not change.

Slide 37, “Why do Home Health CAHPS Star Ratings use linearized scores instead of “Top-Box” scores?” The “Top-Box”, scores maybe easier for the public to understand when the Home Health Compare website only provided numeric scores. But, now that we will have stars, we will expect that the stars will be very popular. We want to use all of the available information that we have to create them.

Slide 38, “Do Home Health CAHPS Star Ratings affect an agency’s Annual Payment Update?” The answer to this question is No. CMS does not use Star Ratings to determine whether a home health agency is in compliance with the APU quality reporting requirements.

At this time, I would like to turn the presentation back over to Dr. Lori Teichman who will present a list of resources available at this time.

Loir Teichman: Thank you so much, Laura. We are going to leave you today with a list of resources that will be available to you as we continue developing Star Ratings for Home Health CAHPS. The only official website about “Home Health CAHPS” is the one that appears in the first bullet which is <https://homehealthcahps.org>. This is the website that contains everything about the Home Health CAHPS Survey from the very beginning of the survey up to the current day.

We have all of the information that is relevant to today’s presentation including the Slides, the Star Rating Technical Notes as well as the Frequently Asked Questions document posted on the Home Health CAHPS website. And there is all the information about the Home Health CAHPS Survey that is available to the review, as well as the Home Health CAHPS Survey instrument which is available in English, Spanish and four other languages.

If you would like to provide feedback about the presentation today or when we have questions that for any reason there is another issues that you think of after the presentation, today, that's great and you could e-mail us at hhcahps@rti.org that is the e-mail address that is in the very last bullet on slide 40. Thank you so much and now we welcome your questions.

Natalie Highsmith: (Phoenix) if you can just remind everyone on how to get into the queue to ask their question and everyone, please remember when it is your turn to restate your name and your organization and what state you are calling from.

Operator: As a reminder ladies and gentlemen, if you would like to ask a question, please press star then one on your telephone keypad. If you would like to withdraw your question, please press the pound key. Please limit your questions to one question and one follow up to allow other participants time for questions. If you require any further follow-up, you may press star one again to rejoin the queue and I'll pause for a moment to compile the Q&A roster.

Operator: Your first question comes from the line of Maryann Laverde of Options Home Health; your line is now open.

Maryann Laverde: Yes, I just want to clarify, there will be two Star Ratings, one that is measures the process and outcomes quality measures from OASIS measures, and then one from the HHCAHPS survey, is that correct?

Liz Goldstein: This is Liz Goldstein from CMS, and that is correct. Initially when we roll out these Star Ratings there will two summary Star Ratings. CMS will be working in the future to see if we could eventually, create one Overall Star Rating. More work would need to be done in that area.

Maryann Laverde: Now, the OASIS Star Rating is coming out in a couple of months, is that correct as well?

Liz Goldstein: That is correct. Again, that is being rolled out first, and then the Home Health CAHPS one will be rolled out early next year.

Maryann Laverde: How will the patients on Home Health Compare differentiate between the two Star Ratings when you know you have two Star Ratings, I think that would be a little confusing. How are you going to make that clear to patients?

Liz Goldstein: Yes, it will be clear on the website that one is related to the patient experience of care information where the other one is related more to the clinical measures.

Maryann Laverde: Thank you.

Operator: Your next question comes from the line of Kelle Okonkwo of Kanddid Healthcare; your line is now open.

Kelle Okonkwo: Good morning. I'm sorry how do the survey vendors pick the clients they interview?

Liz Goldstein: This Liz Goldstein, so for the Home Health CAHPS survey, it is a random sample of patients at that agency.

Kelle Okonkwo: Thank you very much.

Liz Goldstein: So, the agencies are not involved in choosing the patients. It's done through their survey vendor.

Kelle Okonkwo: OK and they will actually, they will be calling the client or sending something in the mail? I was wondering how it was collected, the information.

Liz Goldstein: Oh, how the survey is collected? So it's not the agencies being surveyed but it's the patients.

Kelle Okonkwo: Right, how would the patients receive it?

Liz Goldstein: There are a few modes of survey administration, there's mail only mode, a telephone only mode and a mix survey mode, which is mail with telephone follow-up of non-respondents. When the agencies contract with a CMS approved HHCAHPS survey vendor, the agencies can choose which survey mode to use in the survey administration.

Kelle Okonkwo: OK, thank you.

Liz Goldstein: You're welcome.

Operator: Your next question comes from Eric Berger of Partnership for Quality; your line is now open.

Eric Berger: Yes, thank you very much. Eric for Partnership for Quality Home Health Care. Really appreciate this call. Very informative, there is one question that's a recommendation, have you considered (inaudible).

Liz Goldstein: You're breaking up, so we could not hear the question. Are you able to repeat the question? If you can hear us, I'm not sure if you can, if you can – if you're unable to ask a question, please e-mail us at that e-mail address that we provided on Slide 40.

Operator: Eric Berger's line has disconnected. Your next question comes from Stephanie Fishkin of Kaiser Permanente; your line is now open.

Stephanie Fishkin: Good morning. On the Hospital Compare website, the stars are communicated to the public to mean that more stars indicate a better quality of care but a lower star score doesn't necessarily mean that you will receive poor care from a hospital. Is similar wording expected to be on the compare site for Home Health CAHPS stars?

Liz Goldstein: Yes, we are currently working on the language for the Home Health Compare website, so we haven't finalized that yet. For the Home Health CAHPS stars, it will probably be similar to the language that is used for the Hospital CAHPS survey, on Hospital Compare.

Stephanie Fishkin: Thank you.

Liz Goldstein: You're welcome.

Operator: Your next question comes from Bibi Morozow of Acute Home Healthcare; your line is now open.

Bibi Morozow of Acute Home Healthcare, your line is now open.

Bibi Morozow: Sorry, about that. Thank you so much. My question is, how do agencies that are being competitive in today's market, and accepting a lot of the Managed Medicare, compete and actually have a good rating on the Home Health Compare, because of dealing with managed care? Very often especially within therapy, the therapist evaluations and the therapy amount of visits that are given through the insurance companies aren't up to par with perhaps what a lot of the therapists would like, and therefore there are limitations due to the patients' types of insurance.

Liz Goldstein: This is Liz Goldstein. So, the Survey is measuring patient experience. A lot of the questions are focused on things such as communication, being informed about when the therapist or the nurse will get to the home, so whether there are issues with managed care or not, a lot of these types of survey questions should not hurt agencies that survey a large managed care population.

Bibi Morozow: OK, I just feel like the clinical outcomes perhaps won't be as great as getting with the straight Medicare. For example, the insurance would call for two, twice a week for seven weeks, when a managed care will most often not be given that amount of quantity for therapy services.

Liz Goldstein: Right, but I think what the Survey is measuring that they probably would still do OK on that.

Bibi Morozow: OK, but overall, it does lower, the Star Ratings would you not say?

Liz Goldstein: I'm not sure that would lower the CAHPS Star Rating because it is measuring patient experiences regardless of the number of visits for example, the agency and the staff and the therapist and the nurses can communicate well with the patient. So, even if it is a limited number of visits, for these experience items on Home Health CAHPS there should not be an issue because it is managed care and not managed care.

Bibi Morozow: Oh, but I think that sometimes with patients though you know they really have to be explained which very often you know they are that it is the insurance that we have to work through to get that authorization for additional visits and they have very much, you know they have a difficult time understanding that

it's you know it's not us even though the therapist would perhaps want additional visits. You know we can only do a certain amount. Thank you so much.

Liz Goldstein: Thank you.

Operator: Your next question comes from Natalie Carey of Cabrini, your line is now open.

Natalie Carey: Good afternoon. I am curious as to why the question "Willingness to Recommend your Agency to Family and Friends" was kept off the Survey Summary Star Rating.

Liz Goldstein: "The Willingness to Recommend" measure is very similar to the Overall Rating of the Agency measure, so we're only putting one in that summary roll up, so we're not double counting very similar measures. In terms of the "Overall Rating" and the "Willingness to Recommend", the "Overall Rating" one has better measurement properties.

Natalie Carey: Alright, thank you.

Liz Goldstein: You're welcome.

Operator: As a reminder, if you would like to ask a question over the phone, press star then the number one on your telephone keypad. Your next question comes from Eric Berger of Partnership for Quality; your line is now open.

Eric Berger: Hi, Eric Berger of Partnership for Quality Home Health Care. So sorry for the bad signal before, I've switched phones. I wanted to thank you for what you're doing. I think this is very important and the call is very helpful. The question and perhaps a recommendation I wanted to offer is whether and I hope I haven't missed it while I was dialing back in whether you have considered incorporating a half Star Rating component to this as you have with the other Star Rating mechanism.

Liz Goldstein: We have had discussions and looked at whether we could do half stars for this survey for this Star Ratings, and looking at the data and the distribution, that

we don't feel that we could create meaningful distinctions across agencies by doing half stars. We feel like given the measurement properties, we feel more confident saying there are differences between one star or two stars or three stars or five stars, or whatever it may be for the agencies. We don't feel that half star distinctions would be giving true differences in performance. That's something we have looked at.

Eric Berger: OK, thank you very much.

Operator: Your next question comes from Peggy Webb of Continuous Home Care; your line is now open.

Peggy Webb: Thank you, I hope this isn't something that's already been covered. It's very basic just a question I have in looking at the rating score card, the information we have regarding drug education on all medications, the national median score was 90-98 and yet when we move over to the preview of the score that of the quality measure for January through December, the national average is reported on that same drug education measure is reported as 92.8. My question is #1, do you know what will account for their difference and #2 would that then impact for our agencies in as the rating score that we attain based on those different scores? I couldn't find the reason for the difference.

Liz Goldstein: So this score is for what measure?

Peggy Webb: The score is for drug education on all medications, the national median score was 96, on the rating score – star rating score card and yet on the preview of the quality scores was 92, the national score.

Liz Goldstein: Is this for the clinical measures?

Peggy Webb: OK, I'm sorry it's a process measure.

Liz Goldstein: OK, process measure. Thank you. So if you could send that question to CMS and I'm just looking to see which mailbox we should be sending that to – you could send hbc_star_ratings_helpdesk@cms.hhs.gov.

Peggy Webb: Is that one listed somewhere in the other materials that I have because I know I didn't get that and I don't want to take more of your time. Is it in one of the articles – I mean the other materials that are available to us?

Female: If you go to the CMS website for home health care, it is in the second paragraph after home health Star Ratings.

Peggy Webb: Thank you so very much.

Female: You're welcome.

Operator: Your next question comes from (Linda Loyola) of Apex Home healthcare, your line is now open.

(Linda Loyola): Where do they get re-hospitalization gradings of a patient, is rehab center counted as re-hospitalization on the rating?

Male: And we get the measure from claims and re-hospitalization is hospitalization.

(Linda Loyola): So is the rehab centers?

Male: (Inaudible).

(Linda Loyola): It wasn't quite clear. Can you please repeat if rehab centers are counted as re-hospitalizations?

Male: It is a re-hospitalization to an acute care hospital. Does the question?

(Linda Loyola): Not quite. No, it did not because we are trying – we are receiving patients who are quite ill and they are – they are discharged prematurely and therefore like after admitting them for a day or two and then they needed to be re-hospitalized or taken to the ER again so we are trying to you know we are trying to know if that is counted as re-hospitalization if we send them to a rehab center instead of an acute hospital.

Male: Re-hospitalization measure is for acute care hospital and it would not be for an admission to a rehabilitation center although I'm not sure how you would directly do that.

(Linda Loyola): OK, because let's say the patient is still weak and could not manage at home, so we send them to a rehab center to continue to recuperate, gain strength. Otherwise at home you know the danger, the fall risk is very high so that's why we are – instead of sending them back to the acute care hospital then we send them to a rehab where they can be getting IV probably you know for hydration and maybe more often PT/OT you know to gain more strength because they are still weak so we just would like to know if that one is counted as re-hospitalization and the answer is?

Male: No.

(Linda Loyola): It's not.

Male: Correct.

(Linda Loyola): OK. It's good to know.

Male: Acute care is to an acute care hospital. It's not if you were admitting the patient to another facility for example a skilled nursing facility or inpatient rehab facility that is not a numerator of the measure.

(Linda Loyola): Alright, well that is very clear. Thank you very much and so I wanted to make clear how the samples are collected earlier was said by phone or mail?

Liz Goldstein: So the agency decides when they contact with the CMS approved survey vendor if they want do a mail only survey, a telephone only survey or a mix, a mail with telephone follow-up.

(Linda Loyola): OK and my third question is the Star Rating, let's say if we were able to read our rating on the first quarter, do we have the chance to raise the rating throughout the four quarters?

Liz Goldstein So the Star rating from Home Health CAHPS is going to be recalculated every quarter so each quarter when it is recalculated, it is going to roll up the oldest quarter and add the newest quarter to it. So if your scores are changing over time you're rating potentially with change also.

(Linda Loyola): So it could improve?

Liz Goldstein: Yes it could.

(Linda Loyola): Yes. thank you, very much. It was clear to me now.

Liz Goldstein: OK, great.

Operator: There are no further phone questions over the line at this time.

Natalie Highsmith: OK, Lori did you have any closing remarks?

Lori Teichman: No, I don't Natalie but thank you and I just again want to thank everybody for joining us today and if you think of any more questions, please e-mail us at hcahps@rti.org and we would welcome your inputs. Thank you.

Liz Goldstein: Also if you have any comments on the methodology we welcome you know and feedback that you may have.

Natalie Highsmith: Thank you everyone.

Operator: This concludes today's conference call. You may now disconnect.

END